PHAB

Advancing public health performance

Public Health Accreditation Board

STANDARDS & Measures

VERSION 1.0

APPLICATION PERIOD 2011-JULY 2014

APPROVED MAY 2011

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 for public health departments preparing for accreditation, as well as site visit teams that meet with health department staff and review documentation submitted by applicant health departments. It also serves anyone offering consultation or technical assistance to health departments, including PHAB's Board of Directors and staff as they administer the accreditation program. This document will assist health departments and their Accreditation Coordinators as they select documentation for each measure. It will direct the 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 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 the most appropriate documentation to meet a measure.

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

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 meet the standards and measures. **The focus of the standards, measures, and required documentation is "what" the health department provides in services and activities, irrespective of "how" they are provided or through what organizational structure or arrangement.**

Health departments are encouraged to 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 chronic disease and should address the needs 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 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 and dated 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 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.
- 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 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.

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.
- *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.

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

Timeframes

Documentation used to demonstrate conformity with measures should be dated within the five years prior to the date of submission to PHAB, unless otherwise directed in the measure, documentation requirements, or required documentation guidance. Other timeframes are defined below and in the **PHAB Acronyms and Glossary of Terms**. There are references throughout the measures and required documentation to timeframes, starting from the date of 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.

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 the standards and measures and in the accreditation process.

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

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.

The Essential Public Health Services and Core Functions
Source: Core Public Health Functions Steering Committee, Fall 1994

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 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.

Public health activities may be provided directly by the health department or by another organization or entity through formal arrangements, such as contracts, compacts, or memoranda of agreement. However, 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.

[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.

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	Guidance
This section lists the documentation that the health department must provide as evidence that 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.* *1. Xxx* *2. Xxx* *a) xxx* *b) xxx*

Domain 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community

Domain 1 focuses on the 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 process for the development of a shared, comprehensive health assessment of the community.

DOMAIN 1 INCLUDES FOUR STANDARDS:

Standard 1.1	Participate in or Conduct a Collaborative Process Resulting in a Comprehensive Community Health Assessment
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
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
Standard 1.4	Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Interventions

STANDARD 1.1: PARTICIPATE IN OR CONDUCT A COLLABORATIVE PROCESS RESULTING IN A COMPREHENSIVE COMMUNITY HEALTH ASSESSMENT.

The purpose of the community health assessment is to learn about the health status of the population. Community health assessments describe the health status of the population, identify areas for health improvement, determine factors that contribute to health issues, and identify assets and resources that can be mobilized to address population health improvement. Community health assessments are developed at the Tribal, state, and local levels 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, and planning actions to improve the population's health. The development of a population 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 include data and information on demographics; socioeconomic characteristics; quality of life; 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.

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

Measure	Purpose	Significance
1.1.1 S Participate in or conduct a state partnership that develops a comprehensive state community health assessment of the population of the state	The purpose of this measure is to assess the state health department's collaborative process for sharing and analyzing data concerning state health status, state health issues, and state resources towards the development of a state level community health assessment.	The development of a community health assessment requires partnerships with other organizations in order to access data, provide various perspectives in the data analysis, present data and findings, and share a commitment for using the data. Assets and resources in the state should be addressed in the assessment, as well as health status challenges. Data are provided from a variety of sources and through various methods of data collection.

Required Documentation	Guidance
1. Participation of representatives of various sectors	1. The state health department must provide documentation 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 include, but not be limited to, representatives of local or regional health departments in the state, representatives of Tribal health departments in the state, hospitals and healthcare providers, academic institutions, other departments of government, and statewide non-profits (for example, Kids Count, Childhood Death Review organizations, Cancer Society, environmental public health groups, etc.). A membership list and meeting attendance records could provide this documentation.

Required Documentation	Guidance
2. Regular meetings or communications with partners	2. The state health department must document that the partnership meets or communicates throughout the process on a regular basis to consider new data sources, review newly collected data, consider changing assets and resources, and conduct additional data analysis. The frequency of meetings or communications is determined by the partnership and may change, as required by 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 methods. Meeting agenda, meeting minutes, and copies of emails could provide this documentation.
3. Description of the process used to identify health issues and assets	3. The state health department must provide documentation of the collaborative process 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 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 assessment include: community asset mapping, National Public Health Performance Standards Program (NPHPSP), Assessment Protocol for Excellence in Public Health (APEX/PH), Healthy People 2020, and Protocol for Assessing Community Excellence in Environmental Health (PACE-EH).

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

Measure	Purpose	Significance
1.1.1 T/L Participate in or conduct a Tribal/local partnership for the development of 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 concerning health status, health issues, 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 data analysis, present data and findings, and share a commitment for using the data. Assets and resources in the Tribal/local community should be addressed in the assessment, as well as health status challenges. Data are provided from a variety of sources and through various methods of data collection.

Required Documentation	Guidance
1. Participation of representatives of various sectors of the Tribal or local community	1. The health department must provide documentation that the process for the development of a community health assessment included participation of partners outside of the health department that represent Tribal/community populations and health challenges. The collaboration could include hospitals and healthcare providers, academic institutions, local schools, other departments of government, community non-profits, and the state health department. Tribal health departments may include local health department representatives, and local health departments may include Tribal health department representatives. A membership list and meeting attendance records could provide this documentation.

Required Documentation	Guidance
2. Regular meetings	2. The health department must document that the partnership meets or communicates on a regular basis to consider new data sources, review newly collected data, consider changing assets and resources, and conduct additional data analysis. The frequency of meetings or 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 methods. Meeting agenda, meeting minutes, and copies of emails could provide this documentation.
3. Description of the process used to identify health issues and assets	3. The health department must provide documentation of the collaborative process 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 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: community asset mapping, National Public Health Performance Standards Program (NPHPSP), Assessment Protocol for Excellence in Public Health (APEX/PH), Healthy People 2020, and Protocol for Assessing Community Excellence in Environmental Health (PACE-EH).

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

Measure	Purpose	Significance
1.1.2 S Complete 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, 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 health status of the population 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	Guidance
1. A state level community health assessment dated within the last five years that includes: a. Documentation that data and information from various sources contributed to the community	1. The state health department must provide documentation that identifies and describes 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 must be dated within the last five years and 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. Sources may include: federal, Tribal, state, and local data, hospitals and healthcare providers, schools, academic

Required Documentation	Guidance
health assessment and how the data were obtained	institutions, other departments of government (education, transportation, etc.), statewide non-profits, surveys, asset mapping, focus groups, town forums and listening sessions, and other data sources, such as the County Health Rankings. The assessment must include both primary and secondary data.
b. A description of the demographics of the population	b. A description of the demographics of the population served by the state health department, such as gender, race, age, income, disabilities, mobility (travel time to work or to health care), educational attainment, home ownership, employment status, etc.
c. A general description of health issues and specific descriptions of population groups with particular health issues	c. A narrative description of the health issues in the state and their distribution, based on analyses of the data listed in a) above. The description should include heath issues of the uninsured/low income and minority populations.
d. A description of contributing causes of state health challenges	d. A discussion of the contributing causes of the health challenges, such as behavioral risk factors, environmental (including the built environment), socio-economic factors, morbidity and mortality, injury, maternal and child health, communicable and chronic disease, and other unique characteristics of the state that affect health status. Health status disparities, health equity, and high health-risk populations must be addressed.
e. A description of state assets or resources to address health issues	e. A listing or description of state assets that can be mobilized and employed to address health issues. These may 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. Documentation that the state population at large has had an opportunity to review drafts and contribute to the community health assessment	2. The health department must provide documentation that preliminary findings of the state level community health assessment were distributed to the population at large and that their input was sought. 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.

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

Measure	Purpose	Significance
1.1.2 T/L Complete 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 setting priorities, planning, program development, funding applications, 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 health status of the population and 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	Guidance
1. A Tribal or local community health assessment dated within the last five years that includes: a. Documentation that data and information from various sources contributed to the community health assessment and how the data were obtained	1. The health department must provide documentation that identifies and describes the Tribe or community 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 be dated within the last five years and 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. Sources may 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

Required Documentation	Guidance
	forums and listening sessions; and other data sources such as the County Health Rankings. The assessment must also include both primary data and secondary data. Non-traditional and non-narrative data collection techniques are acceptable. 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. A description of the demographics of the population	b. A description of the demographics of the population of the jurisdiction served by the local health department, such as gender, race, age, income, disabilities, mobility (travel time to work or to health care), educational attainment, home ownership, employment status, etc.
c. A general description of health issues and specific descriptions of population groups with particular health issues	c. A narrative description of the health issues of the population and the distribution of health issues, based on the analysis of data listed in a) above. The description should include heath issues of the uninsured/low income and minority populations.
d. A description of contributing causes of community health issues	d. A discussion of the contributing causes of the health challenges, including: behavioral risk factors, environmental (including the built environment), socio-economic factors, morbidity and mortality, injury, maternal and child health, communicable and chronic disease, and other unique characteristics of the community that impact on health status. Health status disparities, health equity, and high health-risk populations must be addressed.
e. A description of existing community or Tribal assets or resources to address health issues	e. The assessment must include 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 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. Documentation that the Tribal or local community at large has had an opportunity to review and contribute to the assessment	2. The department must provide documentation that preliminary findings of the assessment were distributed to the community at large and that the community's input was sought. Methods to seek community input include: publication of a summary of the findings in the 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.

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

Measure	Purpose	Significance
1.1.3 A Ensure that the community health assessment is accessible 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 in 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	Guidance
1. Documentation that the community health assessment has been distributed to partner organizations	1. Health departments must provide two examples of how the community health assessment is distributed to partners, stakeholders, other agencies, entities, and organizations. Samples of emails to partners and stakeholders providing information of how to access the assessment could be provided.
2. Documentation that the community health assessment and/or its findings have been made available to the population of the jurisdiction served by the health department	2. Health departments must provide two examples of how they communicated the community health assessment results to the public. Documentation of distribution to libraries could provide evidence, as could the publication of the community health assessment on the department's websites. Summaries of the findings could also be published in newspapers.

STANDARD 1.2: COLLECT AND MAINTAIN RELIABLE, COMPARABLE, AND VALID DATA THAT PROVIDE INFORMATION ON CONDITIONS OF PUBLIC HEALTH IMPORTANCE AND ON 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, 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.

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.

Measure	Purpose	Significance
1.2.1 A Maintain a surveillance system 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 capacity to receive and monitor reports on the health status and health issues of the population in a standardized, systematic manner.	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	Guidance
1. Processes and/or protocols to maintain the comprehensive collection, review, and analysis of data on multiple health conditions from multiple sources	1. The health department must provide written processes and/or protocols to collect comprehensive data from multiple sources and to review and analyze those data. Processes and protocols 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 surveillance system must be able to receive reports at any time. The health department defines from whom the reports are received. 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

Required Documentation	Guidance
	system partners. Since many Tribal surveillance systems include multiple partners outside of the Tribe, 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 data are maintained in a secure and confidential manner	2. The written processes and/or protocols must specify which surveillance data are and are not confidential and assure that confidential data are maintained and handled in a secure and confidential manner.
3. Current 24/7contact information	3. The health department must provide current 24/7 contact information. 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 documentation.
4. Reports of 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.

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.

Measure	Purpose	Significance
1.2.2 A Communicate with surveillance sites at least annually	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 at least annually about their surveillance responsibilities.

Required Documentation	Guidance
1. 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.
2. Documentation of trainings/meetings held with surveillance sites regarding reporting requirements, reportable diseases/conditions, and timeframes	2. The health department must provide at least one example of a training or a meeting held with surveillance site members regarding reporting requirements, reportable diseases/conditions, and timeframes. Records must include when the training or meeting was held, who attended the training, and what topics were covered. Sign-in sheets and agendas could provide this documentation.
3. Surveillance data concerning two different topics by reporting sites	3. The health department must provide two examples of reports of surveillance data that address two different topics (for example, reports of flu cases, animals with confirmed rabies, or environmental public health monitoring data) itemized by reporting site.
4. Documentation of distribution of surveillance data	4. The health department must provide documentation of the distribution of surveillance data to others. Documentation may be copies of emails, documented phone calls, newsletters, presentations, and meetings.

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.

Measure	Purpose	Significance
1.2.3 A Collect additional primary and secondary data on population health status	The purpose of this measure is to assess the health department's collection of public health status data other than surveillance data.	Data collected by the health department (primary data) provides data specific to the health department's priorities and plans. 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 status 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 assessment is broad and includes collection of information by other Tribal, state, and local departments, health agencies, and partners on communicable disease (food/water/air/waste/vector-borne), injuries (including needle-stick injuries), chronic disease/disability and morbidity/mortality for the purpose of analysis and use in health data reports.

Required Documentation	Guidance
1. Documented aggregated primary and secondary data collected and the sources of each	1. The health department must provide two reports, each of which aggregates primary and secondary data. That is, each report 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. Primary data are collected by or on behalf of the health department. Examples of primary data include: communicable disease reports, healthcare provider reports of occupational conditions, and environmental public health hazard reports. Other primary data sources include: community surveys, registries, vital records 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 parties. 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.
2. Documentation of standardized data collection instruments	2. The health department must provide two examples of standardized data collection instruments that they have used. These two examples must collect data in two different program areas. Standardized instruments are those that are recognized as national, state-wide, or local 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. The health department can provide the tools used for the required documentation listed under the first required documentation for this measure. Or they can be examples from different data collection activities, showcasing four different data sets. 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

Required Documentation	Guidance
	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.

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.

Measure	Purpose	Significance
1.2.4 S Provide reports of primary and secondary data 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	Guidance
1. Written reports to local health departments 2. Written reports to Tribal health departments in the state (if one or more is located in the state)	1. The state health department must provide two examples of reports of primary and secondary data that it has distributed to local health departments located in the state. 2. If there is one or more Tribal health departments located in the state, the state health department must provide two examples of 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 for the state, the Tribal or local health department, or for a region of the state. Examples can include data collected at the

Required Documentation	Guidance
	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 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 communicable disease reporting systems. The reports 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. Documentation showing distribution of these reports to local and Tribal health departments may include distribution lists, distribution protocols, email confirmation of receipt of reports, etc.

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.

Measure	Purpose	Significance
1.2.4 L Provide reports of primary and secondary data to the state health department and Tribal health departments in the state	The purpose of this measure is to assess local health department's role and process for sharing data with their state health departments and nearby Tribal health departments.	State health departments should have access to local data that pertains to health status of the state's population. Likewise, Tribal health departments should have access to local data that pertains to the health status 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	Guidance
1. Reports of data to the state health department and to a Tribal health department (if one or more is located in the state)	1. The local health department must submit two examples of reports of 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 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 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 communicable disease reporting systems. The reports 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. Documentation showing distribution of these reports to state and Tribal health departments may include distribution lists, distribution protocols, email confirmation of receipt of reports, etc.

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.

Measure	Purpose	Significance
1.2.4 T Provide reports of primary and secondary data to the state health department and local health departments in the state	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 status of the state's population. Likewise, state and local health departments should have access to Tribal data that pertains to the health status 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	Guidance
1. Reports of data to the state health department and one example of reports of data to a local health department	1. The Tribal health department must provide two examples of reports of 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 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 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 communicable disease reporting systems. The reports may also address social conditions that have an impact on the health of the population served, such as unemployment, poverty, or lack of accessible facilities for physical activity. Documentation showing distribution of these reports to state and local health departments may include distribution lists, entries in registries, faxed paper reports, distribution protocols, email confirmation of receipt of reports, etc.

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. The purpose of data analysis is to identify and understand current, emerging, or potential health problems or environmental public health hazards. Data can identify trends in behaviors, disease incidence, opinions, and other factors that aid in understanding health issues and in designing and evaluating programs and interventions.

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.

Measure	Purpose	Significance
1.3.1 A Analyze and draw conclusions from public health data	The purpose of this measure is to assess the health department's capacity to analyze and utilize public health data to identify trends over time, clusters, health problems, behavioral risk factors, environmental public health hazards, and 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. This analysis is critical for program design and for evaluation of programs aimed at continuous quality improvement.

Required Documentation	Guidance
1. Reports containing analysis of data collected and conclusions from review of the data with the following characteristics:	1. The health department must provide two examples of reports, each containing analysis and conclusions drawn from data. Data reports used in the analysis are not required, but evidence of the health department's analysis and conclusions is required. Examples of reports include: epidemiologic reports, workplace fatality or disease investigation reports, cluster identification or investigation reports, outbreak investigation reports, environmental and occupational public health hazard reports, population health status or key health indicator reports, community survey results and conclusions, outbreak after action reports, reports of hospital data, reports of non-profit organizations' data (for example, poison control center data or child health chart book), health disparities reports, environmental justice

Required Documentation	Guidance
	reports, and community health indicator reports. Since Tribal Epidemiology Centers provide surveillance data, analysis and reporting on behalf of the Tribes, one example of Tribal Epidemiology Center reports may be used as documentation. However, these reports should not be the sole source of surveillance data collection and analysis. The Tribal health department must provide another example of data analysis and reporting from in-house that clearly focuses on specific Tribal indicators, conditions and data. Program examples could include an After Action Report for an H1N1 outbreak, an investigation report for a food borne disease outbreak involving a local restaurant, environmental hazard trends with arsenic in well water, or a trends report of all reported communicable diseases over the past five years. The reports may also point out social conditions that have an impact on the health of the population served, such as unemployment, poverty, or lack of accessible facilities for physical activity.
a. Reports are within defined timelines based on policy guidelines and/or evidence-based practice	a. Data used in the report must be distinct to a specific time period, such as fiscal year 08-09, calendar year 2008, years 2003-2007. The type of analytic process used must be stated in the report and/or be evidence-based with the citation available. The intent is to have conclusions based on solid analysis, not just collections of data.
b. Reports compare data to other agencies and/or the state or nation, and/or other Tribes, and/or similar data over time to provide trend analysis	b. 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 population gathered at an earlier time to establish trends. Examples of trend analysis are conclusions based on rates of sexually transmitted diseases over the past five years, or childhood immunization rates over the past eight quarters.
2. Documentation of meetings to review and discuss selected data reports	2. The health department must provide documentation of review of data analysis reports. Minutes or documentation of meetings must be provided to show the presentation, review and discussion of data reports. The meetings may be internal, with governing entities, with community groups, with other health or social service organizations, or provided to elected bodies.

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.

Measure	Purpose	Significance
1.3.2 S Provide statewide public health data to various audiences on a variety of public health issues at least annually	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	Guidance
1. Two examples of analytic reports designed to address public health issues, distributed to specific audiences with proof of distribution	1. The state health department must document the distribution of two analytical public health reports to specific audiences in the state. Reports must be provided at least annually, so the two examples must be from two different years. Each report should include data on one or more specific public health issues, such as health behaviors; disease clusters or trends; or health indicators, such as infant mortality rate. Distribution of the reports 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.

Required Documentation	Guidance
	The documentation could provide evidence of a range of methods of distributions, including: mailing lists, email lists, presentations, workshops, web postings, meeting minutes, published editorials, and press releases. The report 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 the contents of the report. The report 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.

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.

Measure	Purpose	Significance
1.3.2 L Provide public health data to the community in the form of reports on a variety of public health issues, at least annually	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	Guidance
1. Analytic reports designed to address community public health issues, distributed to specific audiences with proof of distribution	1. The local health department must document distribution of two analytical public health reports to specific audiences in the community. Reports must be provided at least annually, so the two examples must be from two different years. Each report should 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 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.

Required Documentation	Guidance
	The documentation could provide evidence of a range of methods of distribution, including: mailing lists, email lists, presentations, workshops, web postings, meeting minutes, published editorials, and press releases. The report 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.

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.

Measure	Purpose	Significance
1.3.2 T Provide public health data to the Tribal community on a variety of public health issues, at least annually	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	Guidance
1. Analytic reports designed to address community public health issues, distributed to specific audiences with proof of distribution	1. The Tribal health department must document distribution of two analytical public health reports to specific audiences in the community. Reports must be provided at least annually, so the two examples must be from two different years. The reports must reflect a focus that is inclusive of all Tribal communities within the Tribe's jurisdiction. Each report should 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 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.

Required Documentation	Guidance
	The documentation could provide evidence of a range of methods of distribution, including: mailing lists, email lists, presentations, workshops, web postings, meeting minutes, published editorials, and press releases. The report 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 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 POLICY, 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.

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

Measure	Purpose	Significance
1.4.1 A Use data 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	Guidance
1. Data used to inform public health policy, processes, programs and/or interventions	1. The health department must provide documentation that public health data has 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. Examples could include: minutes of a meeting, changes to the health department web site, documented program improvements, or a revised or new policy and procedure. Examples could also include: Tribal Council resolutions and Health Oversight Committee meeting minutes, which demonstrate that data was used to inform policy, processes, programs and/or interventions. 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. The two examples used for this measure must show the use of two different data sets.

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

Measure	Purpose	Significance
1.4.2 S Develop and distribute statewide health data profiles 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 profiles 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 or program specific data profiles. These will focus on a particular issue, such as health behaviors or the incidence of flu. It is important that others have access to health data profiles to inform their program planning and activities at the state level. Health profiles 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 are not the same as a comprehensive state health assessment. A profile can take several forms. It can be an overview, summary, or synopsis of a particular health issue, such as cancer. Or it can address a set of issues, such as the health issues of the states' 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	Guidance
1. Completed state health data profiles at least every five years	1. The state health department must provide two examples of data profiles that summarize the state's data concerning a particular health issue regarding the population served. The profiles may be a set of fact sheets, each dedicated to a single topic, or a single document comprised of several profiles of data. The state health data profiles must have been completed within the last five years. The profiles may be updated more frequently, as desired. Health profiles must include a broad array of assessment indicators, supported by primary and secondary data.
2. Documented distribution of state health profiles to public health system partners, community groups and key stakeholders	2. The state health department must provide documentation of the distribution of health 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. Distribution may be documented by 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.

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

Measure	Purpose	Significance
1.4.2 T/L Develop and distribute Tribal/community health data profiles 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 profiles 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 or program specific data profiles. These will focus on a particular issue, such as health behaviors or the incidence of flu. 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. A health data profile is not a comprehensive health assessment. A profile can take several forms. It can be an overview, summary, or synopsis of a particular health issue, such as cancer. Or it can address a set of issues, such as the health issues of a community's adolescents. It may also focus on select key indicators of a community's health, such as health behaviors like tobacco use or healthful eating.

Required Documentation	Guidance
1. Completed health data profiles at least every five years	1. The Tribal or local health department must provide two examples of Tribal/community health data profiles that summarize the community's data concerning a particular health issue regarding the population served. The profiles may be a set of fact sheets, each dedicated to a single topic, or a single document comprised of several profiles of data.The health data profiles must have been completed within the last five years. The profiles may be updated more frequently, as desired. 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 and analyzed by the Tribe. Community health profiles produced by the state health department for the local health departments are insufficient documentation of the measure, unless the local health department demonstrates how the profile developed by the state was supplemented with additional data collected and analyzed by the local health department.
2. Documented distribution of health profiles to public health system partners, community groups and key stakeholders such as governing entities or community advisory groups, via email and websites, etc.	2. The Tribal or local health department must provide documentation of the distribution of health profiles 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 governing entities and 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. Distribution may be documented by 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.

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

Measure	Purpose	Significance
1.4.3 S Provide support to Tribal and local health departments in the state concerning the development and use of community health data profiles	The purpose of this measure is to assess the state health department's support to Tribal and local health departments within the state concerning the development and use of community or Tribal health data profiles.	State health departments have access to and compile data that are not available to Tribal 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 this data both to develop and implement community health profiles.

Required Documentation	Guidance
1. Tools and guidance	1. The state health department must provide documentation 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. Completed community health data profiles	2. The state health department must provide completed profiles of the Tribal or local community. These must be general profiles and may include data collected by other state agencies, such as educational attainment, unemployment, types of employment, or crime statistics.

Required Documentation	Guidance
3. Documentation of the state health department asking the Tribal and local health departments about what support or assistance is needed	3. The state health department must provide documentation that it has asked the Tribal and local health departments about what support or technical assistance is needed or requested. Documentation could be through documented phone calls, faxes, newsletters, memos, meeting minutes, etc.
4. Documentation of technical assistance to Tribal and local health departments on the use of health data profiles	4. The state health department must provide documentation of the assistance that it has provided to Tribal or local health departments concerning the use of data profiles. Documentation could be through documented phone calls, faxes, newsletters, memos, meeting minutes, etc. States without Tribal health departments are excluded from providing support to Tribal health departments, but must provide evidence that there is no Tribal health department in the state.

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.

DOMAIN 2 INCLUDES FOUR STANDARDS:

Standard 2.1	Conduct Timely Investigations of Health Problems and Environmental Public Health Hazards
Standard 2.2	Contain/Mitigate Health Problems and Environmental Public Health Hazards
Standard 2.3	Ensure Access to Laboratory and Epidemiologic/Environmental Public Health Expertise and Capacity to Investigate and Contain/Mitigate Public Health Problems and Environmental Public Health Hazards
Standard 2.4	Maintain a Plan with Policies and Procedures for Urgent and Non-Urgent Communications

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 disease outbreaks or illness.

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

Measure	Purpose	Significance
2.1.1 A Maintain 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 timely response and thorough investigation into the cause of a public health problem or environmental public health hazard so that further disease and illness can be prevented.

Required Documentation	Guidance
1. Current written protocols that include: a. Assignment of responsibilities for investigations of health problems, environmental, and/or occupational public health hazards	1. The health department must provide current written protocols that include a procedure for conducting investigations of suspected or identified health problems and environmental and occupational public health hazards. Health problems that require investigation include: communicable disease, sexually transmitted disease/infection, injury, chronic disease, chemical emissions, and drinking water contamination. a. The protocol must delineate the assignment of 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

Required Documentation	Guidance
	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. Identifying information about the health problem or hazard, case investigation steps and timelines, and reporting requirements	b. The protocol must contain information about 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. They may be in paper form or electronic.

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

Measure	Purpose	Significance
2.1.2 S Demonstrate capacity to conduct and/or support multiple investigations of infectious or communicable diseases simultaneously	The purpose of this measure is to assess the state health department's capacity to engage in more than one investigation of infectious or communicable disease health problems at the same time.	More than one health problem that requires an investigation may occur simultaneously. 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	Guidance
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. Documentation could include: 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. 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.

Required Documentation	Guidance
	The state health department does not have to perform all functions of an investigation, but must have the capacity to respond when needed.
2. Audits, programmatic evaluations, case reviews or peer reviews of investigation reports against protocols	2. The state health department must provide audits, 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.
3. Completed After Action Reports (AARs)	3. The state health department must provide two completed After Action Reports (AARs). The AAR provided as documentation for this measure should address the capacity of the department to conduct multiple investigations.

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

Measure	Purpose	Significance
2.1.2 T/L Demonstrate 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	Guidance
	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.

Required Documentation	Guidance
1. Audits, programmatic evaluations, case reviews or peer reviews of investigation reports against protocols	1. The Tribal/local health department must provide two examples of audits, 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.
2. Completed After Action Report (AAR)	2. The Tribal/local health department must provide a completed After Action Report (AAR). The focus for this measure is on the capacity of the department to conduct investigations. The AAR provided as documentation for this measure should address this aspect.

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

Measure	Purpose	Significance
2.1.3 A Demonstrate 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	Guidance
	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 and root causes. 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.
1. Completed investigation of a non-infectious health problem or hazard	1. The health department must provide one example of an investigation of a non-infectious health problem or hazard that was completed within the previous five years. There is no specified format for the contents. Departments can provide a report of the investigation, executive summary, presentation or investigation records, including logs and notes. If this activity is provided through a contract/MOA/MOU, then written assurance that the investigation was completed must be provided.

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

Measure	Purpose	Significance
2.1.4 A Work collaboratively 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 investigations.

Required Documentation	Guidance
1. Established 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 two examples of contracts/MOAs/MOUs/agreements that document 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. Evidence of working with partners to conduct investigations	2. The department must provide two examples of working with partners to conduct investigations. The examples must be from two different investigations of reportable diseases or environmental public health investigations. This can be demonstrated through investigation reports and records, AARs, meeting minutes, presentations, and news articles.
3. Provision for laboratory testing for notifiable/reportable diseases	3. The department must provide a public health laboratory list of services that includes testing for notifiable/reportable diseases.

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

Measure	Purpose	Significance
2.1.5 A Monitor 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	Guidance
1. Current 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 on reporting, including lab test results and investigation results. The department can choose between a log and a report. The log would be used to track various elements of an investigation. Note: If a log is provided, it must include timelines.
2. Copy of applicable laws	2. The department must provide a copy of laws relating to the reporting of notifiable/reportable diseases. This can be a hard copy or a link to an electronic version. This can include a posting on a website or a department intranet, or a link to another website. State health departments can include laws for local health departments to report to the state, as well as for states reporting to CDC.

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

Measure	Purpose	Significance
2.1.6 S Provide consultation, technical assistance, and/or information to Tribal and local health departments in the state regarding disease outbreak and environmental public health hazard management	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 disease outbreaks and public health hazard management.	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 environmental and occupational public health hazards.

Required Documentation	Guidance
1. Documentation of consultation, technical assistance, and/or information provided	1. The state health department must provide documentation to demonstrate how it provided 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.

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

Measure	Purpose	Significance
2.2.1 A Maintain 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	Guidance
1. Current written protocols that address containment/mitigation of public health problems and environmental public health hazards	1. The health department must provide two examples of written protocols for containment/mitigation of health problems and hazards. This includes disease-specific procedures for follow-up and reporting during outbreaks. To "maintain" means that the department keeps the protocols up-to-date. 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. These protocols may be in a single document or be comprised of many separate documents.

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

Measure	Purpose	Significance
2.2.2 A Demonstrate 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.	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. An All Hazards Emergency Operations Plan is an action plan for addressing a natural disaster, terrorist event, disease outbreak or cluster, environmental public health hazard or other emergency that threatens the population's health.

Required Documentation	Guidance
1. Infectious disease outbreak protocols 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 its 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.
2. Environmental public health protocols 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.

Required Documentation	Guidance
3. Cluster evaluation protocols describing processes for the review of specific situations 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, grouped together in time and location.

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

Measure	Purpose	Significance
2.2.3 A Complete an After Action Report (AAR) following events	The purpose of this measure is to assess the department's ability to contain or mitigate health problems and environmental public health hazards. This measure assesses the existence of After Action Reports.	An After Action Report provides a description and analysis of the department's performance during an emergency operation, identifies issues that need to be addressed, and includes recommendations for corrective actions for future emergencies and disasters.

Required Documentation	Guidance
	An AAR is to be completed when a communicable disease outbreak occurs, when an environmental public health risk has been identified, when a natural disaster occurs, and when 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 intent of this measure is to apply the AAR methodology to actual events that threaten the health of the people living in the jurisdiction of the health department.
1. Protocols describing the processes used to determine when events rise to significance for an AAR review	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 disease outbreaks, environmental public health hazards, natural disasters, and other threats.

Required Documentation	Guidance
2. List of significant 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. Reports may address outbreaks, environmental public health risks, natural disasters, or other events that threaten the public's health. The list must include all events that met and did not meet the level of significance to require an AAR. The listing must include, at minimum, the event name, event type, and dates of the event.
3. Completed AAR for two events that document successes, issues, and recommended changes in investigation and response procedures or other process improvements	3. The health department must provide examples of completed AARs for two separate events. The AARs must report what worked well, what issues arose, identify potential improvement areas in protocols, and recommend 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 upon 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.

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.

Measure	Purpose	Significance
2.3.1 A Maintain provisions for 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 should have the capacity to respond to public health emergencies. The department should have access to epidemiological and environmental public health resources that can support the rapid detection, investigation, and mitigation of problems and hazards. This access should be available to the department 24/7.

Required Documentation	Guidance
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 the 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.
2. Call Down lists	2. The health department must provide a call down list that is used to contact epidemiological and environmental public health resources.
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.

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.

Measure	Purpose	Significance
2.3.2 A Maintain 24/7 access to laboratory resources capable of providing rapid detection, investigation and containment of health problems and environmental public health hazards	The purpose of this measure is to assess the capacity of the department's laboratory services to provide rapid detection, investigation, and containment/mitigation of public health problems and environmental public health hazards.	Laboratory services are critical to recognize agents in an emergency for the development of an appropriate public health rapid response. The department should have access to public health 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	Guidance
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.).
2. Policies and procedures ensuring 24/7 coverage	2. The health department must provide policies and procedures that assure 24/7 laboratory coverage. 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

Required Documentation	Guidance
	contractors, or a combination in order to be responsive 24/7. Contracts, MOAs/MOUs, or mutual assistance agreements that the department has with other public and private laboratories to provide support services may be provided.
3. Protocols for handling and submitting specimens	3. The department must provide protocols for the handling and the submission of specimens.

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.

Measure	Purpose	Significance
2.3.3 A Maintain 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 additional 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	Guidance
1. Protocol that pre-identifies support personnel to provide surge capacity	1. The health department must provide a 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.
2. Staffing list for surge capacity and description of how staff accesses this information	2. The health department must provide a staffing list for surge capacity that refers to both the staffing needed for a surge response and how department staff will fill those roles. Positions may include: nursing, health education specialist, communications, IT, logistics, environmental health specialist, 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. Access could be through various methods, including: web or intranet, hard copy, central location in the facility, or distributed to those positions that have surge capacity assignments.

Required Documentation	Guidance
3. Documented availability of equipment	3. The health department must provide a document detailing the availability of equipment to support a surge to demonstrate additional infrastructure for a response. For example, equipment may be used for transportation, field communications, PPE, etc.
4. Training/exercise schedule for surge personnel	4. The health department must provide a schedule for training or exercises to help 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.
5. Contracts/MOAs/MOUs/Mutual assistance agreements for additional staff capacity for surge situations	5. The health department must provide a list and description of 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.

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.

Measure	Purpose	Significance
2.3.4 A Demonstrate that Tribal, state, and local health departments work together 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	Guidance
1. Documentation demonstrating shared resources and/or additional capacity	1. The health department must provide documentation that demonstrates how the Tribal, state, and local health departments are working together to build capacity and share resources. Departments can provide policies and procedures or MOUs that demonstrate plans to communicate and collaborate in addressing public health problems and environmental

Required Documentation	Guidance
	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 provide records from joint exercises, including AARs, demonstrating how the Tribal, state, and local levels worked together to test or implement shared resources and build capacity during the exercise.

STANDARD 2.4: MAINTAIN A PLAN WITH POLICIES AND PROCEDURES FOR URGENT AND NON-URGENT COMMUNICATIONS.

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

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

Measure	Purpose	Significance
2.4.1 A Maintain 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	Guidance
1. Protocols, updated at least annually, for communication with response partners	1. The health department must provide written communication protocols that provide 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.
2. Documentation of information available 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 provide one example 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. A web page with contact information could demonstrate conformity.

Required Documentation	Guidance
3. Method for partners and the public to contact the health department 24/7	3. The health department must provide documentation that demonstrates that partners and the public can contact the health department 24/7. An after-hour answering service or pager service could provide this capacity.

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

Measure	Purpose	Significance
2.4.2 A Implement a system to receive and provide 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	Guidance
1. Tracking system such as Health Alert Network (HAN) system	1. The health department must provide documentation 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. Since HAN is usually web-based, screen shots from the computer can be printed as documentation. 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 have established a Joint Information Center (JIC) with a public information officer for the Tribal Health Department; Tribal health departments may provide evidence of this as documentation.

Required Documentation	Guidance
2. Reports of testing 24/7 contact and phone line(s)	2. The health department must provide documentation that the process for 24/7 contact of the health department has been tested. 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.

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

Measure	Purpose	Significance
2.4.3 A Provide timely communication 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 should function 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. 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	Guidance
1. Communications to the public that provided accurate, accessible, and actionable information	1. The department must provide two examples that demonstrate how it has communicated with and provided information to the public. The information should be accurate, accessible, and actionable. The documentation must indicate the timeliness of the information related to the event. 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, and email

Required Documentation	Guidance
	list-serves. The measure deals with public health emergencies and the documentation must demonstrate timely communication with the public during an emergency. General public health educational materials are not relevant.
2. Use of the media to communicate information during a public health emergency	2. The department must provide two examples of using the media to communicate information to the public during a public health emergency. Examples could include: a press conference, media packets, press release, public service announcement, or video of a televised interview. Documents must be dated. The measure deals with public health emergencies and the documentation must demonstrate timely communication with the media during an emergency.

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

Measure	Purpose	Significance
2.4.4 S Provide consultation and technical assistance 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	Guidance
1. Consultation, technical assistance, or guidance provided to Tribal and local health departments	1. The state health department must provide documentation of consultation, technical assistance, or guidance provided to Tribal and local health departments. Tribal and local health departments do not have to use the consultation and technical assistance services from the state, but it must be available if requested. Minutes of meetings or conference calls could be provided. Meeting or training agenda or presentations can be provided and must include a list of Tribal or local health attendees. Assistance could also be documented by emails or list-serves sent to Tribal and local health departments.

Required Documentation	Guidance
2. Guidelines for accurate and clear communication to the public	2. The state health department must provide communication guidelines, protocols, or written assistance to Tribal and local departments about developing clear and accurate public health information during an outbreak, crisis or emergency to prepare Tribes and locals for such an occurrence.

Domain 3: Inform and educate about public health issues and functions

Domain 3 focuses on educating the public. This domain assesses the health department's processes for continuing communication as standard operating procedures.

The population that a health department serves should have accurate and reliable information about how to protect and promote individual and family health. They should have information about healthy behaviors, such as good nutrition, hand washing, and seat belt use. The population should have access to accurate and timely information in the case of particular health risks like H1N1, a food borne disease outbreak, or an anthrax attack. Such information should be communicated in a language and format that people can understand. Public health departments also have a responsibility to educate the public about the 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, delivery of information shouldn't be a one-way street. 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. It also needs input from 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.

DOMAIN 3 INCLUDES TWO STANDARDS:

Standard 3.1	Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness
Standard 3.2	Provide Information on Public Health Issues and Public Health Functions Through Multiple Methods to a Variety of Audiences

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.

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

Measure	Purpose	Significance
3.1.1 A Provide information 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 healthy 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.

Measure	Purpose	Significance
3.1.1 A		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	Guidance
1. Documentation of the provision of information on health risks, health behaviors, prevention, or wellness	1. The health department must provide two examples of information that it has shared with the public to address the listed message areas (health risks, health behaviors, prevention, or wellness). Information should be accurate, accessible, and actionable. Health literacy should be taken into account, and information should be provided in plain language with everyday 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 or cancer. Documentation may include a public presentation, press release, media communications, brochures, flyer, or public service announcement. 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.
2. Documentation that indicates how information was gathered from the target group during the development of the educational material/message	2. The health department must document one example of steps taken to solicit input from the target audience during the development of the message and material to help shape the final content. This example must come from one of the two program areas from which documentation was provided in 1, above. Documentation may include: findings from a focus group, key informant interviews, or pull-aside testing. It could also include minutes from a town meeting with the target population or a meeting of an advisory group representing the target population.

Required Documentation	Guidance
3. Documentation of steps taken with Tribal, state, and/or local health departments; and/or community partners to promote coordinated health education messages	3. The health department must provide documentation of communication with other health departments (Tribal, state, or other local) or community partners to promote unified messaging. Examples: a fact sheet, an email or memorandum, meeting minutes where messaging was discussed, or documented phone conversation discussing the message.

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

Measure	Purpose	Significance
3.1.2 A Implement health promotion strategies to protect the population from preventable health conditions	The purpose of this measure is to assess the health department's strategies to promote health and address preventable health conditions.	Health promotion aims to enable individuals and communities to protect and improve their own health. 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 education 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.

Required Documentation	Guidance
1. Documentation of implemented health promotion strategies	1. The health department must provide two examples of health promotion strategies. The examples must come from two different program areas, one of which must address a chronic disease. The documentation must show how the strategies: • Correspond to public health priorities identified through a health improvement plan. • Are evidence-based, rooted in sound theory, practice-based evidence, and/or promising practice. • Use social marketing methods.

Required Documentation	Guidance
	Documentation could be a portion of a written 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, 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.
2. Documentation that indicates how input and/or feedback was gathered from the target audience during the development of the health promotion strategy	2. The health department must provide one example of steps taken to solicit input and/or feedback from the target audience during the development of the health promotion strategy. The example must be from one of the two program areas from which documentation was provided in 1, above. Documentation may include: findings from a focus group, key informant interviews or pull-aside testing. It may also include minutes from a town meeting with the target population or a meeting of an advisory group representing the target population.
3. Documentation that strategies have been implemented in collaboration with stakeholders and/or partners	3. The health department must provide documentation that the strategies identified in 1 above were implemented in collaboration with stakeholders and/or partners. The stakeholders and partners associated with the strategy must be listed. The documentation must define the stakeholders' or partners' 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 may 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.

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, 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.

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

Measure	Purpose	Significance
3.2.1 A Provide information on public health mission, roles, processes, programs and interventions to improve the public's health	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	Guidance
1. Documentation of providing information 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 submit two examples of information it provides 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. Documentation could include: 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. The documentation must describe how the information was distributed, dates of distribution (or range of dates), and the purpose of the information.
2. Documentation of branding or communication of presence of the health department	2. The health department must provide two examples of methods to communicate the existence and presence of the health department. Documentation may include a written health department policy stating that all brochures, flyers, press releases, reports and other materials bear the department's name and logo. Documents may also note that department uniforms or apparel should display the department logo, and a photograph can demonstrate appropriate signage inside and outside the health department facility.

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

Measure	Purpose	Significance
3.2.2 A Establish and maintain 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 and the implementation of the procedures.	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	Guidance
1. Written procedures for communications, updated biennially, that include: a. Disseminating accurate, timely, and appropriate information for different audiences b. Informing and/or coordinating with community partners for the communication of targeted and unified public health messages	1. The health department must provide a copy of communications procedures. The procedures must be dated to provide evidence that they were created or have been reviewed within the last two years. There is no required format for the procedures. 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.

Required Documentation	Guidance
c. Maintaining a current contact list of media and key stakeholders	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. Designating a staff position as the public information officer	d. Designate a department staff position as 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.
e. Describing 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	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 officer, as well as guidance for others, including any governing entity members who may speak on behalf of the health department or any department staff member who may be contacted by the public or press. 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.
2. Dissemination of public health messages outside the health department	2. The health department must submit two examples of the department following their communications procedures listed in 1, above. The two examples must come from two different program areas, one of which is a chronic disease program. Documentation could be a press release, email between the public information officer and the media, or other written communication to the media.

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

Measure	Purpose	Significance
3.2.3 A Maintain written 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	Guidance
1. Written risk communication plan	1. The health department must provide a copy of the risk communication plan, protocol, or procedures. The plan must provide protocols for how information is provided for a given situation, delineate roles and responsibilities, 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.

Required Documentation	Guidance
	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.

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

Measure	Purpose	Significance
3.2.4 A Make information available 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	Guidance
1. Website or web page that contains current information on the following issues: a. 24/7 contact number for reporting health emergencies b. Notifiable/reportable conditions line or contact number c. Health data d. Links to public health related laws	1. The health department must provide documentation of a website that 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

Required Documentation	Guidance
e. Information and materials from program activities f. Links to CDC and other public health related federal, state, or local agencies, as appropriate	e. Information and materials from program activities, such as communicable disease, chronic diseases, environmental public health, and prevention f. Links to CDC and other public health related federal, state, or local agencies, as appropriate The health department may have its own website or be part of another government website or internet domain. Documentation may be submitted by providing links to web pages that have the information requested in each of the elements listed.
2. Two examples of other communication strategies for informing the public about public health issues or functions	2. The health department must provide two examples 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 interviews, brochures, flyers, newsletters, or other information technologies, 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.

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

Measure	Purpose	Significance
3.2.5 A Provide accessible, accurate, actionable, and current information 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, for whatever purpose or audience, must be understandable and usable by the recipient 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	Guidance
1. Demographic data regarding ethnicity and languages spoken in the community 2. List of staff or contractors providing interpretation, translation, or other specific communication services	1. The health department must provide demographic data defining the ethnic distribution and languages spoken in the jurisdiction served. 2. The health department must provide a list of staff or contractor(s) who provide interpretation, translation, or specific communication services. Specific communication services may mean 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. 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.

Required Documentation	Guidance
3. Availability of assistive staff or technology devices to meet ADA requirements	3. The health department must provide evidence of 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.
4. 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 two examples of materials, currently in use, which are appropriate for a population who may have difficulty with the receipt or understanding of public health communications. Examples are materials that are in a language other than English, written for individuals with low English literacy, communicated for the hearing impaired, or unique to address cultural differences in a population. The two examples must be from different program areas.

Domain 4: Engage with the community to identify and address health problems

Domain 4 focuses on community engagement. Community members are important partners in identifying and defining public health issues, developing solutions or improvements, developing policies, communicating important information, and implementing public health initiatives. Members of the community offer a unique perspective on how issues are manifested in the community, what community assets can be mobilized, and what interventions will be effective. Public health can broaden its leverage and impact by doing things with the community rather than doing things to the community. This domain addresses health departments' establishment and maintenance of community relationships that will facilitate public health goals being accomplished.

DOMAIN 4 INCLUDES TWO STANDARDS:

Standard 4.1	Engage with the Public Health System and the Community in Identifying and Addressing Health Problems Through Collaborative Processes
Standard 4.2	Promote the Community's Understanding of and Support for Policies and Strategies That will Improve 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 if the community has contributed to the dialogue, deliberated on the options and alternatives, and taken ownership of the decisions. Collaboration with other members of the public health system and with representatives 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 for increased community efficacy in dealing with public health issues and concerns.

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

Measure	Purpose	Significance
4.1.1 A Establish and/or actively participate in partnerships and/or coalitions to address specific public health issues or populations	The purpose of this measure is to assess the health department's engagement with representatives of sectors of the community and partners in the public health system to address public health issues and concerns.	Collaboration to address particular public health issues and concerns or populations provides various perspectives and additional expertise. 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 in the process and feel connected to the decisions made and actions taken.

Required Documentation	Guidance
1. Documentation of current collaborations that address specific public health issues or populations	1. The health department must provide two examples of current collaborations in which it is an active member. Each collaboration must address a particular public health issue or population. Examples 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, and a partnership to decrease childhood obesity. Tribal public health departments may partner with other Tribal or local partners, such as Headstart, emergency management, and social services to address specific Tribal health issues.

Required Documentation	Guidance
	The collaboration must focus on public health issues. These include: an already established program area; a newly identified issue; an issue identified by the health assessment; a strategy or action included in a health improvement plan; a potential public health threat or hazard; a population with particular health needs; and/or goals of the health department, community, region, or state. These 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. Documentation could include a summary or report of the coalition, indicating on-going activities, meeting minutes, agendas, etc.
2. List of partner organizations or representation in each collaboration	2. The health department must provide a list of the participating partner organizations in the two collaborations referenced in 1 above. Individuals' names are not required. Organizational and representational membership must be listed. For example: the community hospital; the school system; and specific businesses, social service organizations, non-profit organizations, faith institutions, private citizen, or member of a particular population group. The membership should be appropriate for the topic being addressed by the coalition.
3. Description of process used to mobilize the Tribal/state/local community	3. The health department must provide a description of 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.

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

Measure	Purpose	Significance
4.1.2 T/L Link stakeholders and partners 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 recommendations concerning sources of information about principles, processes, and models 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 models for engaging with the community.

Required Documentation	Guidance
1. Documentation of consultation, technical assistance, or information provided on models of community engagement	1. Tribal health departments and local health departments must provide two examples of consultation, technical assistance, or information provided to a community partner or stakeholder concerning an established model for collaborative community engagement. Tribal health departments must 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.

Required Documentation	Guidance
	Examples of documentation may include: 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. Established models of community engagement include: Healthy Cities/Communities; adoption of community indicators; Community Asset Mapping; 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) and Mobilizing for Action Through Planning and Partnership (MAPP).

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

Measure	Purpose	Significance
4.1.2 S Provide technical assistance to Tribal and local health departments and/or public health system partners regarding models for engaging with the community	The purpose of this measure is to assess the state health department's provision of technical assistance to Tribal and local health departments and/or to public health system partners concerning models of community engagement.	State health departments are a resource to Tribal and local health departments in the state and to public health system partners for information about engaging with the community.

Required Documentation	Guidance
1. Documentation of consultation, technical assistance, and/or information provided concerning the use of an established model of community planning	1. The state health department must provide two examples of consultation, technical assistance, and/or information provided to Tribal and local health departments or to public health system partners on use of an established model 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. Examples of documentation may include: emails, newsletters, meeting minutes, web based assistance, agenda of meetings, documented phone calls, presentations, and training sessions. Established models of community engagement include: Healthy Cities/Communities; adoption of community indicators; Community Asset Mapping; 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) and Mobilizing for Action Through Planning and Partnership (MAPP).

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.

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

Measure	Purpose	Significance
4.2.1 A Engage 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 engage 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	Guidance
1. Engagement with members of the community that will be affected by a policy and/or strategy to promote the public's health	1. The health department must provide two examples of engagement with a particular population 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 a specified audience, such as those who will be most affected by a policy or strategy. Examples must have occurred in the previous two years. Documentation may 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: meetings with a particular geographic community served by the health department or a particular group of people, such as adolescents, single mothers, or seniors.

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

Measure	Purpose	Significance
4.2.2 A Engage 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	Guidance
1. Engagement of 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 provide two examples of educating and/or working with the governing entity, an advisory board, and/or elected officials on public health policy or strategy. The two examples must be policies or strategies that address two separate public health issues. The examples must have occurred in the previous two years. Documentation may be a copy of a presentation, meeting packet, meeting agenda, meeting minutes, press story, event summary, briefing paper, or written public comments. Tribal documentation may 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.

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. Policies and plans can be a vehicle for community engagement and shared responsibility for addressing population health improvement.

Policies that are not public health specific may also impact the public's health. 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 sound, science-based, current public health information when policies are being considered or adopted.

DOMAIN 5 INCLUDES FOUR STANDARDS:

Standard 5.1	Serve As a Primary and Expert Resource for Establishing and Maintaining Public Health Policies, Practices, and Capacity
Standard 5.2	Conduct a Comprehensive Planning Process Resulting in a Tribal/State/Community Health Improvement Plan
Standard 5.3	Develop and Implement a Health Department Organizational Strategic Plan
Standard 5.4	Maintain an All Hazards Emergency Operations Plan

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 should play a central and active role in establishing policies and practices, whenever governing entities, elected officials, and others set policies and practices with public health implications.

Standard 5.1: Serve as a primary and expert resource for establishing and maintaining public health policies, practices, and capacity.

Measure	Purpose	Significance
5.1.1 A Monitor and track public health issues that are being discussed by individuals and entities that set public health policies and practices	The purpose of this measure is to assess the health department's ability to maintain knowledge about what public health policies are being considered in order to be in a position to influence development of those policies.	Health departments must be constantly aware of what public health issues are being discussed by those who set public health policies and practices so that they can be a resource for science-based information, thereby influencing the adoption of effective policies and practices.

Required Documentation	Guidance
1. Documentation of monitoring/tracking public health policies under consideration by the governing entity, individuals, and/or other entities that set public health policies and practices	1. The health department must provide two separate examples that demonstrate that the department stays informed of the public health issues that are being discussed by the health department's governing entity, or by elected officials, individuals, and/or other entities that set public health policies and practices for the health department. Local elected officials include: county (county manager, board of commissioners or supervisors) or city officials (mayor, board of commissioners or supervisors). 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,

Required Documentation	Guidance
	President, Chairman/woman/person, Governor, Council Member, Legislator, and Business Committee Member. Documentation could include meeting minutes and agendas. Conformity could be demonstrated by a health department log of health and environmental public health legislation. Health department membership on a list-serve that discusses public health issues could demonstrate this measure. Newsletters, reports, or summaries showing health department review and tracking of public health issues by elected officials or governing entities could also be acceptable.

Standard 5.1: Serve as a primary and expert resource for establishing and maintaining public health policies, practices, and capacity.

Measure	Purpose	Significance
5.1.2 A Engage in activities that contribute to the development and/or modification of public health policy	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 public health policies.	To ensure that public health policies and practices are effective, health departments must be actively engaged in 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	Guidance
1. Documentation of the health department's contributions to deliberations concerning public health policy	1. The health department must provide current (within the last 24 months) documentation that it has contributed to deliberations concerning public health policy and practice. 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 policy. Documentation must address two of the three items listed below: • Informational materials, such as issue briefs, media statements, talking points, fact sheets, white papers, and other official written documents.

Required Documentation	Guidance
	• 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 community or stakeholder representation and have a stated purpose or 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 its stakeholders, but may include: health department staff; elected/appointed officials; Tribal, state, or local representatives; community based organizations; professional organizations; and community members or consumers.

Standard 5.1: Serve as a primary and expert resource for establishing and maintaining public health policies, practices, and capacity.

Measure	Purpose	Significance
5.1.3 A Inform governing entities, elected officials, and/or the public of potential public health impacts, both intended and unintended, from current and/or proposed policies	The purpose of this measure is to assess the health department's activities to provide 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	Guidance
1. Documentation of the health department informing policy makers and/or the public about potential public health impacts of policies that are being considered or are in place	1. The health department must provide current (within the last 24 months) documentation that it has informed policy makers and the public about 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 public sectors, such as land use, housing, employment, transportation, and education. The measure requires the health department to address both intended and unintended impact. Documentation can address policies either in effect or proposed. Documentation must address two of the three items listed: • 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.

Required Documentation	Guidance
	• 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 must be provided as evidence.

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 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 stakeholders and partners. The planning and implementation process is community-driven. The plan reflects the results of a participatory planning process that includes significant involvement by a variety of community sectors. 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.

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.

Standard 5.2: Conduct a comprehensive planning process resulting in a Tribal/state/community health improvement plan.

Measure	Purpose	Significance
5.2.1 S Conduct a process to develop a state health improvement plan	The purpose of this measure is to assess the state health department's community health improvement process and the participation of stakeholders.	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 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	Guidance
1. Description of a completed state health improvement planning process that included:	1. The state health department must provide documentation of 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 participatory process model. Examples of models include: Healthy Cities/Communities or Community Indicators Project. 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, National Public Health Performance Standards Program (NPHPSP), Assessment Protocol for Excellence in Public Health (APEX*PH*), Healthy People 2020, and Protocol for Assessing Community Excellence in Environmental Health (PACE-EH).

Required Documentation	Guidance
a. Broad participation of public health system partners b. Information from the state health assessment c. Issues and themes identified by the stakeholders d. Identification of state assets and resources e. A process to set state health issues priorities	The state health department must provide documentation that the state health improvement process included 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 state health department on health issues and may include other governmental agencies, statewide non-profit groups, statewide associations, and others. b. Data and information provided to participants in the state health improvement planning process to use in their deliberations. This could include a list of data sets or evidence that participants used the state 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. e. Evidence that participants developed a set of priority state health issues.

Standard 5.2: Conduct a comprehensive planning process resulting in a Tribal/state/community health improvement plan.

Measure	Purpose	Significance
5.2.1 L Conduct a process to develop community health improvement plan	The purpose of this measure is to assess the local health department's 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
1. Completed community health improvement planning process that included:	1. The local health department must provide documentation of 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 participatory process model. Examples of models include: Mobilizing for Action through Planning and Partnership (MAPP), Healthy Cities/Communities, or Community Indicators Project. 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, National Public Health Performance Standards Program (NPHPSP), Assessment Protocol for Excellence in Public

Required Documentation	Guidance
	(APEX*PH*), Healthy People 2020, and Protocol for Assessing Community Excellence in Environmental Health (PACE-EH). The local health department must provide documentation of a completed community health improvement process framework. The local health department must provide documentation of the community health improvement process that includes all of the following:
a. Broad participation of community partners	a. Participation by community partners. This can be documented through participant lists, attendance rosters, minutes, or work groups or subcommittees. Partners are community members, organizations, businesses, other governmental agencies, non-profit groups, associations, and others that work with the health department on health issues. Members of this group may or may not be the same as members of the community health assessment partnership.
b. Information from community health assessments	b. Data and information from the community health assessment that were provided to participants in the community health improvement planning process for use in their deliberations. This may include a list of data sets or evidence that participants used the community health assessment.
c. Issues and themes identified by stakeholders in the community	c. Evidence that stakeholder discussions were held and that they identified issues and themes. The list of issues must be provided as documentation.
d. Identification of community assets and resources	d. Assets and resources identified and used in the community health improvement process.
e. A process to set community health priorities	e. Evidence that participants developed a set of priority community health issues.

Standard 5.2: Conduct a comprehensive planning process resulting in a Tribal/state/community health improvement plan.

Measure	Purpose	Significance
5.2.1 T Conduct a process to develop a Tribal community health improvement plan	The purpose of this measure is to assess the Tribal health department's 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
1. Completed community health improvement planning process that included:	1. The Tribal health department must provide documentation of 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 participatory process model. Examples of models include: Mobilizing for Action through Planning and Partnership (MAPP), Healthy Cities/Communities, or a Community Indicators Project. Examples of other tools and processes that may be adapted as a planning process or used for particular components of the planning process include: community asset mapping, National Public Health Performance Standards Program (NPHPSP), Assessment Protocol for Excellence in Public Health (APEX*PH*), Healthy People 2020, Protocol for Assessing Community Excellence in

Required Documentation	Guidance
	Environmental Health (PACE-EH), and the Indian Community Health Profile.
	The Tribal health department must provide documentation of the Tribal community health improvement process that includes all of the following:
a. Broad participation of public health system partners	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. Members of this group may or not be the same as members of the community health assessment partnership.
b. Information from Tribal or community health assessments	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. Issues and themes identified by the stakeholders	c. Evidence that stakeholder discussions were held and that they identified issues and themes. The list of issues must be provided as documentation.
d. Identification of Tribal assets and resources	d. Assets and resources identified and used in Tribal community health improvement planning process.
e. A process to set Tribal health priorities	e. Evidence that participants developed a set of priority Tribal health issues.

Standard 5.2: Conduct a comprehensive planning process resulting in a Tribal/state/community health improvement plan.

Measure	Purpose	Significance
5.2.2 S Produce a state health improvement plan 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 plan, which looks at population health across programs.	The state health improvement plan provides guidance to the health department, its partners, and stakeholders for improving health of the population within the health department's jurisdiction. The plan reflects the results of a participatory planning process that includes significant involvement by key sectors. Partners can use a solid state health improvement plan to prioritize existing activities and set new priorities. The plan can serve as the basis for partnership development and can facilitate collaborations.

Required Documentation	Guidance
1. State health improvement plan dated within the last five years that includes: a. Statewide health priorities, measurable objectives, improvement strategies, and performance measures with measurable and time-framed targets	1. The state health department must provide a state health improvement plan dated within the last five years that includes all of the following: a. Statewide health priorities, measurable objectives, improvement strategies, and performance measures with measurable and time-framed targets that were determined in the planning process. 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 be evidenced based or promising practices. National state-of-the-art guidance, such as the National Prevention Strategy, Guide to Community Preventive Services, and Healthy People 2020, should be referenced.

Required Documentation	Guidance
b. Policy changes needed to accomplish health objectives	b. Policy changes needed to accomplish the identified health objectives must be included in the plan.
c. Individuals and organizations that have accepted responsibility for implementing strategies	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	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 the state health improvement plan and Tribal, local and national priorities	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 with both Tribal and local health department health improvement priorities, where appropriate. National priority alignment could include using the National Prevention Strategy and Healthy People 2020.

Standard 5.2: Conduct a comprehensive planning process resulting in a Tribal/state/community health improvement plan.

Measure	Purpose	Significance
5.2.2 L Produce a community health improvement plan as a result of the community health improvement 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 of the community across programs.	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 planning process that includes significant involvement by key sectors. Partners can use a solid community health improvement plan to prioritize existing activities and set new priorities. The plan can serve as the basis for partnership development and can facilitate collaboration.

Required Documentation	Guidance
1. Community health improvement plan dated within the last five years that includes: a. Community health priorities, measurable objectives, improvement strategies and performance measures with measurable and time-framed targets	1. The local health department must provide a community health improvement plan dated within the last five years that includes all of the following: a. Community health priorities, measurable objectives, improvement strategies and performance measures with measurable and time-framed targets that were determined in the planning process. 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 be evidence-based or promising practices. National state-of-the-art guidance, such as the National Prevention Strategy, Guide to Community Preventive Services, and Healthy People 2020, should be referenced.

Required Documentation	Guidance
b. Policy changes needed to accomplish health objectives	b. Policy changes needed to accomplish the identified health objectives must be included in the plan.
c. Individuals and organizations that have accepted responsibility for implementing strategies	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	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 the community health improvement plan and the state and national priorities	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 both Tribal and state health improvement priorities, where appropriate. National and state priority alignment would include the National Prevention Strategy and Healthy People 2020.

Standard 5.2: Conduct a comprehensive planning process resulting in a Tribal/state/community health improvement plan.

Measure	Purpose	Significance
5.2.2 T Produce a Tribal community health improvement plan as a result of the health improvement process	The purpose of this measure is to assess the Tribal health department's completion of a Tribal community health improvement plan. While 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.	The Tribal community health improvement plan provides guidance to the health department, its partners, and stakeholders for health improvement. The plan reflects the results of a participatory 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 partnership development and facilitate collaboration.

Required Documentation	Guidance
1. Tribal health community improvement plan dated within the last five years that includes: a. Tribal health priorities, measurable objectives, improvement strategies and performance measures with measurable and time-framed targets	1. The Tribal health department must provide a Tribal health improvement plan dated within the last five years that includes all of the following: a. Tribal health priorities, measurable objectives, improvement strategies, and performance measures with measurable and time-framed targets that were determined in the planning process. 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.

Required Documentation	Guidance
b. Policy changes needed to accomplish health objectives	b. Policy changes needed to accomplish the identified health objectives must be included in the plan.
c. Individuals and organizations that have accepted responsibility for implementing strategies	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	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. Documentation of alignment between the health improvement plan and state and national priorities	e. Alignment between Tribal priorities described in the Tribal community health improvement plan and both State and national priorities. Tribes must demonstrate alignment with both State and local health department health improvement priorities, where appropriate. This could include the National Prevention Strategy and Healthy People 2020.

Standard 5.2: Conduct a comprehensive planning process resulting in a Tribal/state/community health improvement plan.

Measure	Purpose	Significance
5.2.3 A Implement elements and strategies of the health improvement plan, 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	Guidance
1. Reports of actions taken related to implementing strategies to improve health	1. The health department must provide reports showing implementation of the plan. Documentation must specify the strategies being used, the partners involved, and the status or results of the actions taken. The report could be a work plan for the community health improvement plan showing timelines and progress. This could be in narrative or a table format.
2. Examples of how the plan was implemented	2. The health department must provide two examples of how the plan was implemented by the health department and/or its partners.

Standard 5.2: Conduct a comprehensive planning process resulting in a Tribal/state/community health improvement plan.

Measure	Purpose	Significance
5.2.4 A Monitor progress on implementation of 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 implementation of the community health improvement plan is evaluated and that the plan is revised as indicated by those evaluations.	Effective, implemented plans are dynamic. The plan may need revision based on a completed objective, a 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 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	Guidance
1. Evaluation reports on progress made in implementing strategies in the community health improvement plan including: a. Monitoring of performance measures b. Progress related to health improvement indicators	1. The health department must provide annual evaluation reports on progress in implementing 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.

Required Documentation	Guidance
2. Revised health improvement plan based on evaluation results	2. The health department must show that the health improvement plan has been revised based on the evaluation listed in 1 above. The revisions can be in the health priorities, objectives, improvement strategies, performance measures, time-frames, targets, or health outcome indicators listed in the plan. Revisions may be based on achieved performance measures, implemented strategies, changing health status indicators, newly developing or identified health issues, and changing level of resources.

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.

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

Measure	Purpose	Significance
5.3.1 A Conduct a department strategic planning process	The purpose of this measure is to assess the health department's strategic planning process.	A functional and useful 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	Guidance
1. Description of elements of the planning process used to develop the organization's strategic plan: a. Membership of the strategic planning group	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 consulting organization or individual. If the health department is part of a super health agency or umbrella agency, the 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 the health department's

Required Documentation	Guidance
	governing entity members or representatives. Documentation could be meeting minutes, a report that presents the members of a strategic planning committee, or other formal listing of participants.
b. Strategic planning process steps	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 stakeholders. Steps in the planning process must be described, such as opportunities and threats analysis or environmental scanning process, stakeholder analysis, story-boarding, strengths and weaknesses analysis, or scenario development.

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

Measure	Purpose	Significance
5.3.2 A Adopt a department strategic plan	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	Guidance
	If the health department is part of a super health agency or umbrella agency, 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 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 conduct an internal planning process and adopt a health department specific strategic plan.

Required Documentation	Guidance
1. Health department strategic plan dated within the last five years that includes: a. Mission, vision, guiding principles/values b. Strategic priorities c. Goals and objectives with measurable and time-framed targets d. Identification of external trends, events, or factors that may impact community health or the health department e. Assessment of health department strengths and weaknesses f. Link to the health improvement plan and quality improvement plan	1. The health department must provide a strategic plan that is dated within the last five years. 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. The health department may not officially call the plan a "strategic plan," but it must include the items listed in a through f. There is no required or suggested format for the strategic plan. There is no required or suggested length of the strategic plan. 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. d. The identification of external trends, events, or other factors that may impact community health or the health department e. The analysis of the department's strengths and weaknesses f. Linkages with the health improvement plan and details on the health department's roles and responsibilities for implementing the health improvement plan. It must also link with 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.

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

Measure	Purpose	Significance
5.3.3 A Implement the 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	Guidance
1. Annual reports of progress towards goals and objectives contained in the plan, including monitoring and conclusions on progress toward meeting targets	1. The health department must provide annual reports since the plan's adoption showing that it has reviewed the strategic plan and has assessed progress towards reaching the goals and objectives. 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. The plan may be revised based on work completed, adjustments to timelines, or changes in available resources.

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 action during disasters and similar emergency events.

Standard 5.4: Maintain an all hazards emergency operations plan.

Measure	Purpose	Significance
5.4.1 A Participate in the 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	Guidance
1. Collaborative planning through preparedness meetings with other government agencies	1. The health department must document that it participates in preparedness meetings with other government agencies. This 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. Collaborative testing of the All Hazards EOP, through drills and exercises a. Description of a real emergency or exercise, including documented coordination with emergency response partners	2. The health department must document its participation in a test that implements the All Hazards Emergency Operations Plan. a. The documentation can 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

Required Documentation	Guidance
b. Debriefing or After-Action Report (AAR)	services 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 include 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 a. Documentation of a collaborative review meeting within the last two years b. Documentation of updated contact information c. Documentation of coordination with emergency response partners d. Revised All Hazards/EOP	3. The health department must document its collaboration in revising emergency plans. a. Documentation must include a collaborative review within the last two years of the All Hazards Emergency Operations Plan by those responsible for its implementation. This can be demonstrated by meeting agendas and minutes or attendance rosters. b. A contact list of respondents that has been updated within the last two years must be provided. This could be shown by presenting the most current contact list and demonstrating through minutes or previous listings that it has been updated. c. Coordination with emergency response partners includes 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 must be provided 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.

Standard 5.4: Maintain an all hazards emergency operations plan.

Measure	Purpose	Significance
5.4.2 A Adopt and maintain a 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	Guidance
1. EOP, as defined by Tribal, state, or national guidelines that includes:	1. The health department must submit 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 locals by the state health department or may be defined for both state and locals by another Federal or 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 national model that could be used.

Required Documentation	Guidance
	The health department's public health EOP must include all of the following:
a. Designation of the health department position that is assigned the emergency operations coordinator responsibilities	a. The health department staff position responsible for coordinating a response within the department in an emergency. This person may have various job titles.
b. Roles and responsibilities of the health department and its partners	b. The roles and responsibilities of the health department and its partners.
c. Communication networks and/or communication plan	c. A health department communication plan that includes emergency communication networks. 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.
d. Continuity of operations	d. Description of how the health department will manage continuity of operations during an emergency.
2. Documentation of testing the public health EOP, through the use of drills and exercises	2. The health department must provide documentation to show that the plan has been reviewed or tested through the use of exercises and drills, and revised as needed and must include:
a. Process for exercising and evaluating the public health EOP	a. Documentation of the process for testing and evaluating the Emergency Operations Plan. This can be a written procedure, a memo stating the process, or meeting minutes that document the procedure.
b. After-Action Report (AAR)	b. An After-Action Report (ARR) after an emergency or exercise/drill must be provided.
3. Documentation of revision of the public health EOP within the last two years	3. The health department must provide documentation that the public health emergency operations plan has been revised within the last two years as indicated by review of the AAR. Documentation must include:
a. Documentation of review meeting	a. Meeting minutes, a list of items discussed, or a memo documenting review and decisions.
b. Revised public health EOP, as needed	b. A public health EOP that has been revised as indicated through review, evaluation and/or drills.

Standard 5.4: Maintain an all hazards emergency operations plan.

Measure	Purpose	Significance
5.4.3 S Provide consultation and/or technical assistance 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	Guidance
1. Documentation of consultation and/or technical assistance communications	1. The state health department must submit two examples of expert consultation, advice, and /or information provided to Tribal or local health departments concerning development and testing of emergency operations plans. Examples of documentation include: 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 disease (outbreak investigation, required newborn screenings, immunizations, communicable 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.

DOMAIN 6 INCLUDES THREE STANDARDS:

Standard 6.1	Review Existing Laws and Work with Governing Entities and Elected/Appointed Officials to Update as Needed
Standard 6.2	Educate Individuals and Organizations On the Meaning, Purpose, and Benefit of Public Health Laws and How to Comply
Standard 6.3	Conduct and Monitor Public Health Enforcement Activities and Coordinate Notification of Violations among Appropriate Agencies

STANDARD 6.1: REVIEW EXISTING LAWS AND WORK WITH GOVERNING ENTITIES AND 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 also need to be revised to 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 changes. Health departments should collaborate and work with the appropriate entities to effect changes to a law, when needed.

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

Measure	Purpose	Significance
6.1.1 A Review laws 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 emerging public health issues and information. The assessment of laws should consider individual or community cost, inconvenience, and regulatory alternatives and sanctions, in addition to the public health benefits of the law.	Health departments should 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. The laws that the health department evaluates 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 should be reviewing these laws to ensure that they are consistent with evidence-based public health practices and emerging public health issues.

Required Documentation	Guidance
1. Reviews of public health laws or laws with public health implications within last three years that include the following: a. Evaluations of laws for consistency with public health evidence-based and/or promising practices 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	1. The health department must document its evaluation of two laws within the last three years. The reviews may be documented by 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, and legislative briefs, including recommendations for amendments. 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. Health departments must provide documentation that: a. Demonstrates that evidence-based practices, promising practices, or practice-based evidence was considered in reviewing the law. b. Demonstrates how model public laws, check lists, templates, or some other standard outline or guide was used to review the law or enforcement activity. c. Demonstrates evidence that 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 show 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.

Required Documentation	Guidance
	Documentation examples include: 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 work together 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 may include: 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 department examples 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.

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

Measure	Purpose	Significance
6.1.2 A Inform governing entity and/or elected/appointed officials of needed updates/amendments to current laws and/or proposed new laws	The purpose of this measure is to assess the health department's efforts to provide advice to governing entities and/or elected/appointed officials on the public health impact of the content of new laws and changes to current laws.	The health department can be a strong advocate for new laws or changes to laws that 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, 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	Guidance
1. Documentation of distribution of two 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 provide documentation that it has submitted written reviews of current laws or position statements proposing new laws to the governing entity and/or elected/appointed officials. These reviews and recommendations may be in the form of a policy agenda, position paper, white paper, legislative brief, or other written policy document. Documentation that governing entities and/or elected/appointed officials have been informed could be in the form of 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. Two examples are required for this measure. Examples may be: two needed updates/amendments to current laws, or two proposed new laws. The examples can be, but do not have to be, related to the two examples provided for measure 6.1.1. Examples for Tribal health departments could include work completed with Tribal Legislative Counsel or Tribal Elected/Appointed official, such as District Chairpersons, Tribal Oversight Committees, and 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.

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

Measure	Purpose	Significance
6.2.1 A Maintain agency knowledge and apply public health laws 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	Guidance
	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 should provide documentation of how it maintains knowledge of the laws and their consistent application.
1. Documentation of staff training in laws to support public health interventions and practice within the last two years	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, a communicable disease nurse should be trained on the law that addresses communicable disease reporting; he or she would not be required to know specific elements on public water laws. The training must have been provided to staff within the prior two years. Documentation could be training agendas, minutes of training meetings, HR lists of personnel trained and the date of the training, or links to online training required for staff completion and documentation that it was completed.
2. Documentation of efforts to ensure consistent application of public health laws	2. The health department must document its efforts to ensure consistent application of public health laws. Documentation might include: 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.

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

Measure	Purpose	Significance
6.2.2 A Ensure that 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 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	Guidance
1. Public access to information about laws and permit/license application processes	1. The health department must document that it makes information concerning public health related laws and permits/license applications available to those who request it. This information can be made available through the health department's website or provided in hard copy. 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. The website may also direct the public to the appropriate agency, if the responsibility does not legally reside with the health department.

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

Measure	Purpose	Significance
6.2.3 A Provide information or education 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	Guidance
1. Written record of the provision of information or education to regulated entities concerning their responsibilities for compliance with public health laws	1. The health department must submit 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 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.

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.

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

Measure	Purpose	Significance
6.3.1 A Maintain current 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 should be conducted using 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	Guidance
1. Documentation of authority to conduct enforcement activities	1. The health department must provide the documentation of authority to conduct enforcement activities. Two examples are required. The health department may select the areas or programs. 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.

Required Documentation	Guidance
2. Procedures and protocols for laws or enforcement actions for achieving compliance	2. The health department must provide copies of two procedures, protocols or processes, such as decision trees, for two enforcement program areas. One of the examples should address communicable disease. 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.

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

Measure	Purpose	Significance
6.3.2 A Conduct and monitor inspection activities of regulated entities according to mandated frequency and/or a risk analysis method that guides the frequency and scheduling of inspections of regulated entities	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 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.	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 to define an appropriate schedule and should adhere to the schedule.

Required Documentation	Guidance
1. Protocol/algorithm for scheduling inspections of regulated entities	1. The health department must provide the schedule for inspections for two programs. The health department may select the areas or programs. The selected schedules should be, but may not be, in programs where the health department has authority to conduct an inspection of the regulated entity. In some cases, these schedules 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.

Required Documentation	Guidance
2. Database or log of inspection reports with actions, status, follow-up, re-inspections, and final disposition	2. To show that inspections have met defined frequencies, the health department must provide a database or 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. 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.

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

Measure	Purpose	Significance
6.3.3 A Follow procedures and protocols 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, complaint follow-up should be conducted according to standard procedures and protocols to ensure that they are conducted appropriately.

Required Documentation	Guidance
1. Data base or log of actions with analysis and standards for follow-up at each level	1. The health department must document actions taken through investigations or follow-up of complaints, as well as analysis of the situation and standards for follow-up. Documentation must be provided for two programs. The health department may select the areas or programs. The standards for follow-up may be within the procedure and protocols and do not have to be a part of the log. If separate, the 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 provide documentation of hearings, meetings or other official communications with regulated entities regarding a complaint and any resulting compliance

Required Documentation	Guidance
	plans. The compliance plan has no specific format and will be determined by law or agency 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.

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

Measure	Purpose	Significance
6.3.4 A Determine patterns or trends 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	Guidance
1. Annual report summarizing complaints, enforcement activities, and compliance	1. The health department must provide annual reports from two enforcement programs that summarize complaints, enforcement activities, and compliance. The health department may select the enforcement programs. Reports must include patterns, trends, and compliance.
2. Debriefings or other evaluations of specific enforcement for process improvements	2. The health department must provide documentation of 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.

Required Documentation	Guidance
	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.

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

Measure	Purpose	Significance
6.3.5 A Coordinate notification of violations to the public, when required, and coordinate the sharing of information among appropriate agencies about enforcement activities, follow-up activities, and trends or patterns	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 trends or patterns.	It is important that the health department share enforcement information with the public when the public may make decisions or alter their behavior, based on this information. For example, many members of the public want to know what local restaurants have failed inspection and why. They may want to know if the health department has received complaints concerning hospitals or nursing homes. 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	Guidance
1. Communication protocol for interagency notifications	1. The health department must provide a communication protocol for interagency notifications. The protocol may be part of multiple communication protocols concerning the sharing of information or it may be a single protocol that covers all aspects of notifying other agencies related to enforcement actions.
2. Protocol for notification of the public when required	2. The health department must provide a protocol for notifying the public. 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, include a copy of the relevant protocol.
3. Documentation of notification of enforcement actions, and sharing information concerning enforcement activities	3. The health department must provide two examples of notification of enforcement actions. Notification can be through a variety of methods, including: posting on a website, minutes from public meetings, conference calls, emails, correspondence, press release, public presentation, reports, and MOUs and MOAs with other agencies that demonstrate sharing information on enforcement activities. The two examples must be from two different enforcement programs. 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 patterns, trends, and compliance.

Domain 7: Promote strategies to improve access to health care services

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 continuity of care and management for the population.

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

DOMAIN 7 INCLUDES TWO STANDARDS:

Standard 7.1	Assess Health Care Service Capacity and Access to Health Care Services
Standard 7.2	Identify and Implement Strategies to Improve Access to Health Care Services

STANDARD 7.1: ASSESS HEALTH CARE SERVICE CAPACITY AND ACCESS TO HEALTH CARE SERVICES.

Public health services should link with health care services to ensure that there is continuity of services for the population. Health departments should work with the health care system to (1) understand the capacity of the health care system, (2) identify barriers to health care, and (3) identify populations who experience barriers to health care services.

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

Measure	Purpose	Significance
7.1.1 A Convene and/or participate in a collaborative 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 health care services and the capacity of the health care system.	The health department should participate in collaborative efforts 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 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. Health care services, for access planning purposes, include: clinical preventive services, emergency services, urgent care, occupational medicine, ambulatory care (primary and specialty), inpatient care, dental treatment, and behavioral health. *(See Glossary for definition of Health care Services.)*

Required Documentation	Guidance
1. A collaborative process to assess availability of health care services	1. The health department must document that it has participated in a collaborative process to assess the availability of health care services. Documentation should also demonstrate the involvement of the health care system. Charters or meeting agendas with minutes must be submitted. Information on the partnerships developed to assess health care availability and the use of data in the assessment process must include rosters of coalition/network/council members, such as health care providers, social services organizations, and other stakeholders.
2. Description of partnerships across Tribal, state, and local health departments and the health care system to make comprehensive data available for the purposes of health care access planning	2. The health department must document the sharing of public health Tribal, state and local data and health care system data for planning purposes. Documentation can include regional health information organizations (RHIOs) and health information exchanges (HIEs), or less formal data sharing efforts.

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

Measure	Purpose	Significance
7.1.2 A Identify populations who experience barriers to health care services	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. Part of assessing capacity and access to health care is to identify those who are not receiving services and to understand the causes. Barriers may be experienced, for example by populations who are uninsured or under-insured, have no transportation to health care, do not speak or understand English, 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 accessible providers of health care or do not understand why certain routine medical services or screenings are necessary for their health. Populations who may lack access to health care services include, for example: pregnant women who use tobacco and 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 and are at risk for cancer.

Required Documentation	Guidance
1. Reports of health care needs of the population	1. The health department must provide documentation that shows the process and information used to identify populations who lack 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. Description of the process(s), used for the identification of program gaps and barriers to accessing health care services	2. The health department must provide information describing 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.

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

Measure	Purpose	Significance
7.1.3 A Identify gaps in access to health care services	The purpose of this measure is to assess the health department's knowledge of gaps in access to health care services among the population it serves.	It is important for health departments to understand the gaps in access to health care so that effective strategies can be put in place to address the lack of access to health care. Causes of gaps in service can range from financial (lack of affordable services), health care system capacity (lack of dental providers), cultural (lack of interpreters), and geographic (lack of transportation), 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	Guidance
1. Reports of 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. Reports must include: a. Assessment of capacity and distribution of health care providers	1. The health department must provide reports of data analysis from various partnership sources that identify and describe gaps in access to health care services. At a minimum, partnership data sources should include the partners that 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.

Required Documentation	Guidance
b. Availability of health care services	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, dental, behavioral health, and other services. These data can be useful in seeking support for a particular service.
c. Identification of causes of gaps in services	c. Assessment of cause(s) for lack of access. 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 periodic surveys of access	d. Results of periodic surveys of 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 surveys do not have to be administered by the health department, but the results should be considered in the assessment of gaps in access.
	Assessment reports must include analysis of data and conclusions that can help develop effective strategies to address gaps in access.

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.

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

Measure	Purpose	Significance
7.2.1 A Convene and/or participate in a collaborative process to establish strategies to improve access to health care services	The purpose of this measure is to assess the health department's involvement with the health care system to encourage a collaborative process to develop strategies to increase access to health care for those who experience barriers to services.	Factors that contribute to poor access to care are varied. A partnership with other organizations and agencies provides the opportunity to address multiple factors and coordinate strategies. The health department need not have convened or have led the process, but it must have participated in a collaborative process.

Required Documentation	Guidance
1. Documentation that a coalition/network/council is working on collaborative processes 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 also demonstrate involvement of the health care system. 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. The documentation must demonstrate that the group is actively working to identify strategies. Documentation could include: a charter for the group; membership rosters or participant/attendance lists; meeting agendas and minutes; or workgroup reports, work plans and white papers.
2. Development of strategies through the collaborative process to improve access to health care services	2. The health department must provide written reports or meeting minutes that include identified strategies that the group developed together to improve access to health care services.

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

Measure	Purpose	Significance
7.2.2 A Collaborate to implement strategies to increase access to health care services	The purpose of this measure is to assess the health department's implementation of strategies to increase access to health care services.	Strategies to improve access to health care services should be implemented to provide continuity of health promotion and disease prevention to members of the population and to ensure access to clinical preventive services. The health department should conduct these efforts in collaboration with partners, including the health care system. Strategies may include: linking individuals with needed services; establishing systems of care in partnership with other members of the Tribe, state, or community; addressing transportation barriers; working with employers to increase the number of insured workers, or other strategies to address particular barriers.

Required Documentation	Guidance
1. Documentation of collaborative implementation of mechanisms or strategies to assist the public in obtaining access to health care services	1. The health department must provide two examples of collaborative implementation of strategies to improve access to services for those who experience barriers. Partners may include: community service providers, schools, health care providers, migrant health clinics, social service organizations, transportation providers, and employers. Documentation that could be submitted includes: • A signed Memoranda of Understanding (MOU) between partners to list activities, responsibilities, scope of work, and timelines

Required Documentation	Guidance
	• 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.

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

Measure	Purpose	Significance
7.2.3 A Lead or collaborate in culturally competent initiatives to increase access to health care services for those who may experience barriers due to cultural, language, or literacy differences	The purpose of this measure is to assess the health department's 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. Some cultures discourage women from talking about personal issues with people outside of their families. Cultures may also discourage men from seeking care, may not trust health care providers, or may rely on health care providers who are not trained in traditional methods. Language, literacy, and hearing impairment can also limit access to care. Cultural differences must be addressed in strategies to improve access to health care services, if those strategies are going to be successful.

Required Documentation	Guidance
1. Interventions delivered in a culturally competent manner to populations within the jurisdiction of the health department	1. The health department must provide two examples of culturally competent, language, or literacy related interventions that it has provided to populations that experience barriers to health care services. The interventions may be developed by the health department or in collaboration with others. Examples could include: 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.

Domain 8: Maintain a competent public health workforce

Domain 8 focuses on the need for health departments to maintain a trained and 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 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 is required to ensure continued competence in a field that is making constant advances in collective knowledge and improved practices.

DOMAIN 8 INCLUDES TWO STANDARDS:

Standard 8.1	Encourage the Development of a Sufficient Number of Qualified Public Health Workers
Standard 8.2	Assess Staff Competencies and Address Gaps by Enabling Organizational and Individual Training and Development Opportunities

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 trained and qualified public health workers sufficient to meet the needs of public health departments. As public health workers retire or seek other employment opportunities, newly trained public health workers must enter the field in such 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 responsibilities for collaborating with others to encourage the development of a sufficient number of public health students and workers to meet the staffing needs of public health departments and other public health related organizations.

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

Measure	Purpose	Significance
8.1.1 S Establish relationships and/or collaborate 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. It promotes the health department as an employer of choice and establishes new methods for staff recruitment. Collaboration with academic programs can create paths for internships and other ways to expose students or new graduates to public health practice.

Required Documentation	Guidance
1. Documentation of partnerships or collaborations with educational organizations to promote public health as a career or to provide training in public health fields	1. The state health department must provide one example of a partnership or collaboration with a school of public health and/or other related academic programs that prepare public health workers. The documentation must show strategies for promoting public health careers or offering 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.

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

Measure	Purpose	Significance
8.1.1 T/L Establish 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	Guidance
1. Documentation of relationships or collaborations that promote public health as a career	1. The health department must provide one example of a partnership or collaboration that promotes public health as a career choice. Examples of partnerships or collaborations include: coordinating with a high school to make presentations to 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: ASSESS STAFF COMPETENCIES AND ADDRESS GAPS BY ENABLING ORGANIZATIONAL AND INDIVIDUAL TRAINING AND DEVELOPMENT OPPORTUNITIES.

A health department workforce development plan can ensure 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 provide workforce development guidance for the individual and may point out gaps in competencies and skills for the health department.

Standard 8.2: Assess staff competencies and address gaps by enabling organizational and individual training and development opportunities.

Measure	Purpose	Significance
8.2.1 A Maintain, implement and assess the health department workforce development plan that addresses the training needs of the staff and the development of core competencies	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.

Required Documentation	Guidance
1. Health department workforce development plan that includes: a. Nationally adopted core competencies b. Curricula and training schedules	1. The health department must provide a health department-specific workforce development plan, updated annually. The plan must include: a. Plans to develop nationally adopted 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 another set of competencies, such as those authorized by the health department's governing entity. b. Training schedules and a description of the material or topics to be addressed in the training curricula.
2. Documentation of implementation of the health department workforce development plan	2. The health department must provide two examples of implementing the workforce development plan. Documentation could include 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.

Standard 8.2: Assess staff competencies and address gaps by enabling organizational and individual training and development opportunities.

Measure	Purpose	Significance
8.2.2 A Provide leadership and management development activities	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 thinking, management processes, and management techniques.

Required Documentation	Guidance
1. Documented training/development activities in the past two years	1. The health department must provide two examples of its training or development programs for leadership and/or management staff. Activities could include: education assistance, continuing education, support for membership in professional organizations, and training opportunities.
2. Documented participation in courses	2. The health department must provide two examples of leaders and/or managers attending a leadership and/or management development course. Examples include: National Public Health Leadership Institute; Environmental Public Health Leadership Institute; Tribal, regional, state, or local public health leadership institutes; executive management seminars or programs; graduate programs in leadership/management; and related meetings and conferences.

Standard 8.2: Assess staff competencies and address gaps by enabling organizational and individual training and development opportunities.

Measure	Purpose	Significance
8.2.3 S Provide consultation and/or technical assistance 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 should share its knowledge about workforce capacity, workforce training, and continuing education with Tribal and local health departments in order to assist in addressing organizational gaps in the public health workforce.

Required Documentation	Guidance
1. Documentation of consultation and/or technical assistance provided to Tribal or local health departments	1. The state health department must provide two examples of its consultation or technical assistance efforts. Examples may include: email, phone calls, webinars, documents/materials, site-visits, meetings, training sessions, and web postings. The state health department should include one example of assistance provided to a Tribal health department, and one example of 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 using and integrating performance management quality improvement practices and processes to continuously improve the public health department's practice, programs, and interventions.

DOMAIN 9 INCLUDES TWO STANDARDS:

Standard 9.1	Use a Performance Management System to Monitor Achievement of Organizational Objectives
Standard 9.2	Develop and Implement Quality Improvement Processes Integrated Into Organizational Practice, Programs, Processes, and Interventions

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.

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

Measure	Purpose	Significance
9.1.1 A Engage staff at all organizational levels in establishing 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, and updating a performance management system for the organization.	To continuously improve public health practice and ultimately influence health status, the health department leadership and staff should commit to establishing and using a performance management system. The discussion 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, completely integrated performance management system.

Required Documentation	Guidance
1. Documentation of engaging the health department leadership and management in establishing or updating a performance management system	1. The health department must document leadership's engagement in setting a policy for and/or establishing a performance management system for the department. This can be shown through 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.
2. Documentation of engaging the health department staff at all other levels in establishing or updating a performance management system	2. The health department must document engagement of staff at all levels in determining the nature of a performance management system for the department. This can be shown through meeting agendas, packets, materials, and minutes; orientation presentations/programs for new personnel; health department meeting materials and operational plans.

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

Measure	Purpose	Significance
9.1.2 A Implement a 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. 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	Guidance
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).
2. A current, functioning performance management committee or team	2. 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.

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

Measure	Purpose	Significance
9.1.3 A Use 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	Guidance
1. Written goals and objectives which include time frames for measurement	1. The health department must provide two examples that demonstrate implementation of the performance management system in monitoring and evaluating achievement of goals and objectives with the identified time frames. One example must be from a programmatic area and the other from an administrative area. These examples could be provided in narrative, table, or graphic form, depending on the chosen reporting method.
2. Demonstration of a process for monitoring of performance of goals and objectives	2. The health department must demonstrate that actual performance towards the two objectives cited in 1) above was monitored. Evidence can come from run charts, dashboards, control

Required Documentation	Guidance
	charts, flowcharts, histograms, data reports, monitoring logs, or other statistical tracking forms demonstrating analysis or progress in achieving measures. Also useful: statistical summaries and graphical presentations of performance on the measures, such as run charts, control charts, and meeting minutes from a quality team.
3. Demonstration of analysis of progress toward achieving goals and objectives, and identify areas in need of focused improvement processes	3. The health department must provide evidence that actual 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.
4. Documentation of results and next steps	4. The health department must provide evidence that actual performance results, opportunities for improvement, and next steps for the identified goals and corresponding objectives were documented and reported.

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

Measure	Purpose	Significance
9.1.4 A Implement a systematic process for assessing customer satisfaction with health department services	The purpose of this measure is to assess the health department's process to measure 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	Guidance
1. Description of the process used to collect and analyze 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 provide two examples of how customer/stakeholder feedback was collected and analyzed from two different types of customers (e.g., vital statistics customers; food establishment operators; individuals receiving immunizations, screenings, or other services; partners and contractors; elected officials, etc.). Examples of documentation to collect customer/stakeholder satisfaction could include: forms, surveys, or other methods. Results and conclusions could be in a report, memo, or other written document.

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

Measure	Purpose	Significance
9.1.5 A Provide staff development opportunities regarding performance management	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	Guidance
1. Documentation of staff development in performance management	1. The health department must document its staff development in the area of performance management. Documentation can be training attendance rosters, training curricula and objectives, presentations and other training materials, or specific work with consultants or technical assistants in performance. At a minimum, targeted staff should include those who will be 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.

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

Measure	Purpose	Significance
9.1.6 S Provide technical assistance and/or training 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	Guidance
1. Performance management system technical assistance provided	1. The state health department must document that it has offered technical assistance and/or training in performance management practices, methods, 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. This 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, PROGRAMS, PROCESSES, AND INTERVENTIONS.

Performance management system concepts and practices serve as the framework to set targets, measure progress, report on progress, and make improvements. An important component of the performance management system is quality improvement and 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.

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

Measure	Purpose	Significance
9.2.1 A Establish a quality improvement program based on organizational policies and direction	The purpose of this measure is to assess the health department's efforts to develop and implement 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	Guidance
1. A written quality improvement plan	1. The health department must provide a quality improvement plan. An example of an acceptable plan is one that 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 --Staffing and administrative support --Budget and resource allocation

Required Documentation	Guidance
	• 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 • 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

Required Documentation	Guidance
	• 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.

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

Measure	Purpose	Significance
9.2.2 A Implement 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	Guidance
1. Documentation of quality improvement activities based on the QI plan	1. The health department must provide two examples that demonstrate implementation of quality improvement activities. One example must be from a program area and the other from an administrative area. The examples should illustrate the health department's application of its process improvement model. The examples should 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,

Required Documentation	Guidance
	• how they determined all possible causes of the problem and agreed on root cause(s), and • how they developed a solution and action plan, including time-framed targets for improvement. The example should also demonstrate what the staff did to implement the solution or process change. It should also show how they reviewed and evaluated the result of the change, and how they reflected and acted on what they learned. Examples of acceptable documentation include quality improvement project work plans or storyboards that identify achievement of objectives and include evidence of action and follow-up. The health department's documentation should demonstrate ongoing use of an improvement model, including showing the tools and techniques used during application of the process improvement model. Documentation should 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 implementation of the plan.
2. Demonstrate staff participation in quality improvement activities based on the QI plan	2. The health department must demonstrate how staff were involved in the implementation of the plan, worked on improvement interventions or projects, or served on a quality team that oversees the health department's improvement efforts. Examples of documentation may include minutes, memos, reports, or committee or project responsibilities listings.

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.

DOMAIN 10 INCLUDES TWO STANDARDS:

Standard 10.1	Identify and Use the Best Available Evidence for Making Informed Public Health Practice Decisions
Standard 10.2	Promote Understanding and Use of Research Results, Evaluations, and Evidence-based Practices with Appropriate Audiences

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.

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

Measure	Purpose	Significance
10.1.1 A Identify and use applicable evidence-based and/or promising practices 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. 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	Guidance
1. Two examples from within the past three years of evidence-based or promising practices, including: a. Source of evidence-based or promising practice	1. The health department must provide two examples of the incorporation of an evidence-based or promising practice in a public health process, program, or intervention. The examples must have occurred within the previous three years. Examples must come from two different program areas, one of which is a chronic disease program. a. The health department must show 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) the result of an information search (web, library, literary review), or (3) result of interaction with consultants, academic faculty, researchers, other health departments, or other experts.

Required Documentation	Guidance
b. Description of how evidence-based or promising practice was implemented in agency processes, programs, and/or interventions	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. Documentation may be in the form of internal memos, annual reports, program descriptions in public information (reports, newsletters), or other 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.

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

Measure	Purpose	Significance
10.1.2 T/S Foster 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-sectoral 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	Guidance
1. Relationships with academic institutions, research centers/institutes	1. The Tribal or state health department must provide documentation that it has a working relationship with academic institutions and/or research centers/institutes. In some cases, the relationship may be a formal relationship that can be documented by a contract or a MOA/MOU. In other cases, the working relationship may be less formal. In those cases, 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.

Required Documentation	Guidance
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. Documentation that demonstrates membership in a practice-based research network, either with other states, institutions, or within the state, could show conformity with the measure. For Tribal health departments, this may include the incorporation of practice-based evidence grounded in cultural values, beliefs, and traditional practices. This documentation could be a membership list or meeting attendance roster. Another vehicle to demonstrate conformity with the measure is IRB documentation, such as meeting minutes or submission of IRB documentation showing participation in research (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.

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

Measure	Purpose	Significance
10.2.1 A Ensure human subjects are protected 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	Guidance
1. 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 research that involves human subjects, a policy stating that fact could be accepted as documentation.

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

Measure	Purpose	Significance
10.2.2 A Maintain 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	Guidance
1. Documentation of availability of expertise (internal or external) for analysis of research	1. The health department must document that it has expert staff or outside experts who can analyze research and its public health implications. 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.

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

Measure	Purpose	Significance
10.2.3 A Communicate 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 those findings.	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 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	Guidance
1. Documentation of communication of research findings and their public health implications to stakeholders, public health system partners, and/or the public	1. The health department must provide two examples 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. Documentation could include: a presentation, prepared report, discussion at a meeting recorded in the minutes, web posting, email list serve, newspaper article, webinar, or press release. 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.

Required Documentation	Guidance
	The research must have been evaluated by experts to provide valid implications. 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.

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

Measure	Purpose	Significance
10.2.4 S Provide consultation or technical assistance 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	Guidance
1. Consultation or technical assistance provided 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 submit two examples of 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 or 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.

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

Measure	Purpose	Significance
10.2.4 T Provide technical assistance to the state health department, 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 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 /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. 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	Guidance
1. 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 health department must submit two examples of providing 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 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 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. 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. Health departments must have a well managed human resources system, be competent in general financial management, and knowledgeable about public health authorities and mandates.

DOMAIN 11 INCLUDES TWO STANDARDS:

Standard 11.1	Develop and Maintain an Operational Infrastructure to Support the Performance of Public Health Functions
Standard 11.2	Establish Effective Financial Management Systems

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.

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

Measure	Purpose	Significance
11.1.1 A Maintain policies and procedures regarding health department operations, review policies and procedures regularly, and make them 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 need to have ready access to policies and procedures to be informed of organizational and operations expectations.

Required Documentation	Guidance
1. Policy and Procedure Manual or individual policies	1. The health department must provide written operational policies. The policies can be in hard copy or in 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 presented. 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.

Required Documentation	Guidance
2. Health department organizational chart	2. The health department must provide its current 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 staff person. If changes occur to the organizational chart between the submission of documentation to PHAB and the site visit, the health department must have a copy of the revised chart available for the site visit team. This is the only 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. Reports of review at least every five years or proof of regular updating process	3. The health department must provide reports, such as meeting agenda and memoranda, showing that reviews of policies and procedures have taken place. 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.
4. Description of methods for staff access to policies	4. The health department must provide a written description of how staff may access policies. Access methods can include: website; health department intranet; server access; or distribution of a hard copy, available from supervisors, or located in central locations.

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

Measure	Purpose	Significance
11.1.2 A Maintain written 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 confidentiality.	It is critical that health departments and the individuals who work in them maintain client confidentiality and protect client/patient 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	Guidance
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 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 either hard copy or in an electronic format. If electronic, the policies can be files on a server or posted on the web. Only the most recent version of policies must be presented. 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.

Required Documentation	Guidance
2. Training content and staff participants	2. The health department must provide evidence of staff training on confidentiality policies, including training content and names of those who received the training. Evidence may be a copy of training materials and an agenda for the training session – whether group or individual. The health department must have a record of who attended the training. This may be a log, a sign-in sheet or a record/statement from web-based training.
3. Signed employee confidentiality forms, 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. There is no need to submit copies of every employee-signed form; a log showing that employees have signed the form is sufficient.

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

Measure	Purpose	Significance
11.1.3 A Maintain socially, culturally, and linguistically appropriate approaches in health department processes, programs, and interventions, relevant to the population served in its jurisdiction	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 in its jurisdiction.	Public health departments are responsible for all residents in the health department's jurisdiction, and usually that includes people of various backgrounds 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 and how open they are to health information, health education, and changing health behaviors. Ensuring that the health department's 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 services to meet the needs of the population.

Required Documentation	Guidance
1. Policy or procedure for the development of interventions and materials that are culturally and linguistically appropriate for the population it serves in its jurisdiction	1. The health department must provide written policies or procedures that demonstrate how social, cultural, and linguistic characteristics of the various populations groups of the residents it serves are incorporated into processes, programs, and interventions. Characteristics addressed in the policy or procedure may include social, racial, ethnic, cultural, and linguistic, including low literacy, non-English speaking populations, and the visually or hearing impaired.
2. Demonstration of providing two different processes, programs or interventions in culturally or linguistically competent manner, including application of social marketing activities	2. The health department must provide two examples of a process, program, or intervention that is culturally or linguistically appropriate, as defined above. The examples should demonstrate the use of social marketing methods. The two examples must come from different program areas of the health department and may be selected by the department. 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.
3. Documentation of one training session content and staff participants	3. The health department must provide one example of staff training on social, cultural, and/or linguistic factors. 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. Evidence could be a copy of the training materials or an agenda for the training session. The health department must have a record of who attended the training. This may be a log, a sign-in sheet, or a record/statement from web-based training.

Required Documentation	Guidance
4. Report of a cultural and linguistic competence assessment of the health department	4. The health department must provide evidence of 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, or another assessment tool.

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

Measure	Purpose	Significance
11.1.4 A Maintain a human resources system	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 as a combination. A health department may also contract for certain human resource actions to an outside organization that specializes in human resource management.	A well defined and structured human resources system is important for any organization. It provides the health department with the processes to hire, manage, evaluate, and improve performance of personnel.

Required Documentation	Guidance
1. Human resource policy and procedure manual or individual policies	1. The health department must provide a human resource manual or set of policies and procedures. They may be in hard copy, electronic, or web based. The policies and procedures must address all of the following: • Personnel recruitment, selection, and appointment; • Equal opportunity employment; • Salary structure; • Hours of work; • Benefits package;

Required Documentation	Guidance
	• Performance evaluation process 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., 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)].
2. Labor agreements, employment agreements, or contracts, including descriptions of mechanisms for working relationships	2. The health department must provide an example of labor agreements (if appropriate), employment agreements, or contracts. The documentation provided must include a description of the mechanisms for working relationships.
3. Description of methods for staff access to human resources policies and procedures	3. The health department must provide a written description of how staff access human resources policies and procedures. Access methods can include: web based; health department intranet; server access; or distribution of a hard copy, available from supervisors or located in central locations.

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

Measure	Purpose	Significance
11.1.5 A Implement and adhere to the 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 hiring practices are effective and that human resource policies and procedures are implemented in a fair and consistent manner to share information and retain staff.

Required Documentation	Guidance
1. Documentation of the recruitment of qualified individuals that reflect the population served	1. The health department must provide two examples of the recruitment of individuals who are qualified for their positions and who reflect the population that the health department serves. Examples include: 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. These recruitment examples provide evidence of the efforts of the health department, not the success or failure to achieve the desired applicant pool.

Required Documentation	Guidance
2. Documentation of retention activities conducted	2. The health department must provide two examples of 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.
3. Position descriptions, available to staff	3. The health department must provide two examples of position descriptions, or job descriptions, and also demonstrate how the descriptions are made available to staff. They may be made available through the internet, a policy procedures manual, or through the human resources department.
4. Description of process to verify staff qualifications	4. The health department must provide a description of 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. Evidence that qualifications have been checked for all staff hired in the last two years	5. The health department must provide documentation that qualifications have been checked for all staff hired in the past two years. The format of the documentation is defined by the health department and can include examples from personnel files, a log or spreadsheet, or a template or form used by the health department. Also acceptable: evidence from a county or state personnel office demonstrating that the person is qualified for the position. Reviews should include tracking required recertification. 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 11.1: Develop and maintain an operational infrastructure to support the performance of public health functions.

Measure	Purpose	Significance
11.1.6 A Use information systems that support the health department mission and workforce by providing infrastructure for data collection/analysis, program management, and communication	The purpose of this measure is to assess the health department's capacity to collect and manage information and data.	A health department has access to a wealth of data, either created by the department or collected from others. To use this data effectively, the health department must maintain an information system that provides the ability to process and manage information.

Required Documentation	Guidance
1. Demonstration of the use of technology to support public health functions	1. The health department must provide two examples of how technology supports functions of the department. The two examples must be from different program areas. The health department may select the programs. Examples that will meet this measure include: a scanning system to preserve records, an electronic billing and/or grant system, standard employee computer hardware and software package, an educational kiosk, vital records systems, program (such as WIC) information systems, licensing information systems, electronic medical records, a client self-check in, patient registries, and on-line data services.
2. Inventory of hardware	2. The health department must provide an inventory of hardware to demonstrate the capacity of staff access to technology and to the internet and web-based applications.
3. Inventory of software, including capacity for data analysis, word processing, and internet/website	3. The health department must provide an inventory of software that allows the department staff to enter, analyze, and maintain data.

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

Measure	Purpose	Significance
11.1.7 A Maintain 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 the 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	Guidance
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 services it provides. Select Agent certification is required for a public health laboratory.
2. Inspection reports and/or certificate of occupancy	2. The health department must provide samples 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, medical waste storage. Other examples of documentation include environmental public health and safety committee meeting minutes and federal or Tribal environmental audits.
3. ADA compliance audit	3. The health department must provide a copy of the ADA compliance report.

STANDARD 11.2: ESTABLISH EFFECTIVE FINANCIAL MANAGEMENT SYSTEMS.

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

Standard 11.2: Establish effective financial management systems.

Measure	Purpose	Significance
11.2.1 A 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 funding requirements.	Health departments receive funding from varied 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.

Required Documentation	Guidance
1. Audited financial statements	1. The health department must provide annual financial audit reports for the previous two fiscal years.
2. Two program reports	2. The health department must provide two program reports that it has submitted to funding organizations. Program reports that will meet this standard include: compliance reports to federal funders, reports to legislatures or local city/county/Tribal councils, and reports to foundations. Also acceptable: program reports, monitoring reports, or corrective action plans that show compliance with funding requirements. Contracts or agreements between States, Local and/or Tribal health departments to provide services may show the expectations for funding but may not show the compliance with requirements. If such contracts are used, they must be combined with follow-up reports that validate the compliance.

Standard 11.2: Establish effective financial management systems.

Measure	Purpose	Significance
11.2.2 A Maintain written agreements with entities providing processes, programs and/or interventions delegated or purchased by the public health department	The purpose of this measure is to assess the health department's management of arrangements for other organizations to provide processes, programs, or interventions on behalf of the health department.	The public health department may not directly deliver or provide all services and may depend on other entities to act on its behalf. These could be services related to organizational, management, or administrative functions, or program services or interventions delivered to the public.

Required Documentation	Guidance
1. Current written contracts/MOUs/ MOAs for processes, programs and/or interventions	1. The health department must provide two examples of current contracts or MOU/MOAs. The examples must be from two different program/administrative areas featuring written agreements with different entities. The agreements must be current, having been executed (or updated) in the past two years. Agreements used as documentation must still be in effect and must contain the financial provisions. State health departments may provide 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.

Required Documentation	Guidance
	Local health departments may provide 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 departments may provide 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 Epi Centers funded by IHS.

Standard 11.2: Establish effective financial management systems.

Measure	Purpose	Significance
11.2.3 A Maintain 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 oversight of public funds.

Required Documentation	Guidance
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. If a new budget is approved before the site visit, that budget must be provided (electronically) to the site visit team through PHAB. The budget may be approved by the governing entity or other body with approval authority, such as a governor's budget office.
2. Quarterly financial reports	2. The health department must provide two examples of financial reports. Financial reporting is expected, at a minimum, on a quarterly basis. Types of reports can include: expense reports, reimbursement reports, reports to governing entities, and/or monthly budget reports – summarized or itemized. The examples provided may demonstrate two different types of reporting or may be two successive reports of the same type.

Standard 11.2: Establish effective financial management systems.

Measure	Purpose	Significance
11.2.4 A Seek resources 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 should be sought through a variety of means, including: budget increase requests, budget revision requests, and grants. Financial resources should be maximized by leveraging funds to increase resources available for public health.

Required Documentation	Guidance
1. Grant applications and or examples of leveraging funds to increase resources 2. Appropriate communications with others concerning the need for improvement in public health	1. The health department must provide two examples of grant applications (funded or unfunded) or documentation of leveraging funds to obtain additional resources. 2. The health department must provide two examples of communicating the need for additional investment in public health. Examples could be articles or letters to the editor of a newspaper, presentations to the community, or testimony. Letters, articles, presentations, or testimony can be issue specific or may address public health in general. Tribal examples include: 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 governing entity in maintaining the governmental public health infrastructure for the jurisdiction served. Governing entities play an important role in the function of many public health departments. 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, regional, 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 being accredited or PHAB site visitors, has the primary responsibility for supporting the applicant health department in achieving accreditation.

DOMAIN 12 INCLUDES THREE STANDARDS:

Standard 12.1	Maintain Current Operational Definitions and Statements of the Public Health Roles, Responsibilities, and Authorities
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
Standard 12.3	Encourage the Governing Entity's Engagement in the Public Health Department's Overall Obligations and Responsibilities

STANDARD 12.1 : MAINTAIN CURRENT OPERATIONAL DEFINITIONS AND STATEMENTS OF PUBLIC HEALTH ROLES, RESPONSIBILITIES, AND AUTHORITIES.

A governmental public 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 or programmatic. This standard assures that the health department understands its authority and that of its governance entity for the department's roles and responsibilities and that such authority is put into practice.

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

Measure	Purpose	Significance
12.1.1 A Provide mandated public health operations, programs, and services	The purpose of this measure is to assess the health department's knowledge and provision of the operations, programs, and services that it is mandated to provide and that those mandates are put into action.	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 that it serves. It is important that the health department is knowledgeable of these mandates and performs them as required.

Required Documentation	Guidance
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. An example is the disease reporting rules or regulations reflected by the Council of State and Territorial Epidemiologist's list of Nationally Notifiable Conditions. Other examples include: mandated 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. Examples of documentation for Tribal health departments may include: Tribal resolution, ordinance, or executive order.

Required Documentation	Guidance
2. Description of operations that reflect authorities	2. The health department must provide a written description that shows how the health department implements the mandated responsibility through a process, program, or intervention. Documentation can be service descriptions, annual reports, meeting minutes, reports to governance, functional descriptions, organizational descriptions, or other written material.

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

Measure	Purpose	Significance
12.1.2 A Maintain current 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 health department should have a clear understanding of expectations for its accountability. The governing entity is that point of accountability, and the health department should understand the governing authority's structure, responsibilities, and expectations.

Required Documentation	Guidance
1. Authority of the governing entity	1. The health department must provide a written description of its governing entity's authority. Documentation could be a copy of the body of law (statutes, rules, regulations, ordinances) that sets forth the mandated authority, or a description of the authority and the reference to the legal citation. Examples of documentation for Tribal health departments may include Tribal resolution, ordinance, or executive order.
2. Description of governing entity	2. 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 charter, a charge statement, or other 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 updated on the department's overall legal authority, obligations and responsibilities, and on the governing entity's supporting role.

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.

Measure	Purpose	Significance
12.2.1 A Communicate with the governing entity regarding the responsibilities of the public health department	The purpose of this measure is to assess the health department's communications with its governing entity regarding the health department's responsibilities.	Governing entities significantly influence the direction of health departments through policy making and other similar activities. As a result, they may heavily influence whether health departments are fulfilling their responsibilities. The health department must educate the governing entity about the department's responsibilities.

Required Documentation	Guidance
1. Two examples of communications provided to the governing entity regarding the responsibilities of the public health department	1. The health department must provide two examples of communication to the governing entity on the health department's official responsibilities. 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.

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.

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 communications with its governing entity concerning the roles and responsibilities of the governing entity.	Many governing entities have key roles in resources, policy making, legal authority, collaboration, and/or 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	Guidance
1. One example of a communication with the governing entity about their operational definitions and/or statements of the public health governing entity's roles and responsibilities	1. The health department must provide one example of sharing with the governing entity operational definitions and/or statements of the public health governing entity's 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 in the form of 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 agencies exercise a wide range of responsibilities, including: advisory, statutory, personnel, property ownership, taxing authority, public health rule-making, policy-making, and budgetary. These responsibilities demand that the governing entity is well-versed in public health and in the work of the health department. The governing entity and the health department should communicate regularly on health department issues, program activities, and improvement activities.

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

Measure	Purpose	Significance
12.3.1 A Provide the governing entity with information about important public health issues facing the health department and/or the recent actions of the health department	The purpose of this measure is to assess health department communications to keep the governing entity informed of public health issues and health department activities.	The health department needs 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	Guidance
1. Two examples of communications with the governing entity regarding important public health issues and/or recent actions of the health department	1. The health department must provide two examples of information exchange between the health department and the governing entity. Communication exchanges include discussions or dialogue with the governing entity regarding public health issues. These could be demonstrated through 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), and other informal approaches.

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

Measure	Purpose	Significance
12.3.2 A Track actions taken by the governing entity	The purpose of this measure is to assess the health department's review of the governing entity's actions in order to identify public health successes, patterns of issues, and/or areas for increased communication.	The health department should thoroughly understand the priorities, policy positions, opinions, and actions of the governing entity in order to continually improve communication and effectiveness.

Required Documentation	Guidance
1. Review issues discussed, actions taken, and policies set by the governing entity at least annually	1. The health department must provide documentation that it reviewed the governing entity's discussions of issues, actions taken, and policies set. The reviews of governing entity's discussions, actions, and policies must take place at least annually. Reviews should include: an assessment of public health successes, patterns of issues, and/or topic or issue areas where increased communication is desirable. Documentation could be meeting minutes, reports, dashboards, presentations, memos, or other record of discussion of governing entity actions.

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

Measure	Purpose	Significance
12.3.3 A Communicate with the governing entity about assessing and improving the performance of the health department	The purpose of this measure is to assess the health department's communication with the governing entity on assessing and improving the overall 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
1. Two examples of communication with the governing entity concerning assessment of the health department's performance	1. The health department must provide two examples of communications with the governing entity on its plans and process 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. Examples of improvement 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. Two examples of communication with the governing entity concerning the improvement of the health department's performance	2. The health department must provide two examples of communication with the governing entity on its performance improvement 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 include: annual reports, department dashboards, program reviews, meeting minutes, reports, presentations, memos, or other record of discussion.

PUBLIC HEALTH ACCREDITATION BOARD
1600 Duke Street, Suite 440
Alexandria, VA 22314
T: 703.778.4549
F: 703.778.4556
www.phaboard.org

This publication was supported through grant funding from the Robert Wood Johnson Foundation (RWJF) and Cooperative Agreement #5U38HM000415-04 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC or RWJF.

Copyright © 2011 Public Health Accreditation Board. All rights reserved.