

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 to the public. Policies and plans help to orient and train staff, inform the public and partners, and serve as a key component of developing consistency in operations and noting areas for improvement. The development of policies and plans can be a vehicle for community engagement and shared responsibility for addressing population health improvement.

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

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

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

MEASURE	PURPOSE	SIGNIFICANCE		
<p>Measure 5.1.1 A</p> <p>The monitoring and tracking of public health issues that are being discussed by individuals and entities that set policies and practices that impact on public health</p>	<p>The purpose of this measure is to assess the health department's ability to maintain knowledge about what policies are being considered in order to ensure that the health department is in a position to influence the development of those policies and their impact on public health.</p>	<p>An important role for health departments is influencing the adoption of effective public health policies and practices by being a resource for science-based public health information. Health departments need to be constantly aware of what issues are being discussed by those who set policies and practices so that they can exert influence.</p>		
REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN	
<p>1. Monitoring/tracking of policies under consideration by the governing entity, elected officials, government officials, and/or other entities that set policies and practices that impact public health</p>	<p>1. The health department must document that the department stays informed of the public issues that are being discussed by the health department's governing entity, and by elected officials, individuals, and/or other entities that set policies and practices that impact on the health department or public health.</p> <p>Local elected officials include county (for example, county manager, board of commissioners, or supervisors) or city officials (for example, mayor, city council, board of commissioners, or supervisors). State elected officials include the governor, council of state, or state legislators. Tribal elected or appointed officials vary depending on the Tribal Nation's governance. Some examples include: Principal Chief, Chief, President, Chairman/woman/person, Governor, Tribal Council Member, or Health Oversight Committees.</p> <p>Government officials include elected or appointed positions or other staff of government departments (e.g., education, labor, insurance, etc.).</p> <p>Policies being discussed could be Tribal, State, or local policies.</p> <p>Documentation could be, for example, meeting minutes and agendas; a log of legislation impacting on health and environmental public health; health department membership on a list-serve that discusses public health issues; or newsletters, reports, or summaries showing health department review and tracking of issues discussed by elected officials or governing entities.</p>	<p>2 examples</p>	<p>2 years</p>	

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

MEASURE	PURPOSE	SIGNIFICANCE		
<p>Measure 5.1.2 A</p> <p>Engagement in activities that contribute to the development and/or modification of policy that impacts public health</p>	<p>The purpose of this measure is to assess the Tribal, state, or local health department's efforts to contribute to and influence the development and/or modification of Tribal, state, or local policies that impact public health.</p>	<p>To ensure that public health policies and practices are effective, health departments must be actively engaged in the development and/or modification of policies. The health department can provide policy makers with sound, science-based, current public health information that should be considered in setting policies and practice.</p>		
REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN	
<p>1. Contribution to deliberations concerning public policy</p>	<p>1. The health department must document that it has contributed to deliberations concerning public policy and practice and its impact on public health. The health department must engage with those who set policies, as well as with other stakeholders who can influence those who set policies. The health department can also contribute to and encourage stakeholder or community involvement in development and/or modification of public health related policy.</p> <p>The two examples must address two different items of the items listed below:</p> <ul style="list-style-type: none"> • Informational materials, for example, issue briefs, media statements, talking points, fact sheets, white papers, and other official written documents. • Health department staff providing official department public testimony. • Health department staff participation in an advisory or work group appointed by the governing entity, elected officials, or the health department director. The group must have a stated purpose or 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. 	<p>2 examples</p> <p>Each example must address one item listed in the guidance. The two examples must address different items.</p>	<p>2 years</p>	

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

MEASURE	PURPOSE	SIGNIFICANCE
<p>Measure 5.1.3 A</p> <p>Informed governing entities, elected officials, and/or the public of potential intended or unintended public health impacts from current and/or proposed policies</p>	<p>The purpose of this measure is to assess the health department's provision of information about the intended or unintended public health impacts of proposed or current public policies.</p>	<p>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.</p>

REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN
<p>1. Information provided to policy makers and/or the public about potential public health impacts of policies that are being considered or are in place</p>	<p>1. The health department must document that it has informed policy makers and/or 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 sectors, for example, land use, housing, employment, transportation, and education. The health department may address both intended and unintended impact. Documentation can address policies either in effect or proposed.</p> <p>Each example must address one of the items listed below must be addressed:</p> <ul style="list-style-type: none"> • Impact statement or fact sheet that addresses current or proposed policies. The impact statements must be science-based. The health department must show to whom the statement or fact sheet was distributed. • The distribution of correspondence, emails, briefing statements, or reports on policy impacts. If there is a discussion of policy issues and impacts, the documentation must include who in the health department participated, who was invited to participate, participant listing, what was discussed, meeting materials or agenda, and any follow-up to be completed. • A presentation of evaluations or assessments of current and/or proposed policies. The presentation or the evaluation/assessment report and an agenda for the presentation. 	<p>2 examples</p> <p>Examples must address different items listed in the Guidance.</p>	<p>2 years</p>

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

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

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

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

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

MEASURE	PURPOSE	SIGNIFICANCE		
<p>Measure 5.2.1 S</p> <p>A process to develop a state health improvement plan</p>	<p>The purpose of this measure is to assess the state health department's collaborative community health improvement planning process and the participation of stakeholders.</p>	<p>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. Other sectors of the state and stakeholders have access to additional data and bring different perspectives that will enhance planning. A collaborative planning process fosters shared 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.</p>		
REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN	
<p>1. State health improvement planning process that included:</p>	<p>1. The state health department must document the collaborative state health improvement planning process. The process may be a national model; state-based model; a model from the public, private, or business sector; or other participatory process model. When a specific model is not used, the key steps undertaken that outline the process used should be described.</p> <p>National models include, for example, State Health Improvement Plan (SHIP) Guidance and Resources (http://www.astho.org/accreditation/SHIP/), Mobilizing for Action through Planning and Partnerships (MAPP) (developed for local health departments but can be used in state health departments), Association for Community Health Improvement (ACHI) Assessment Toolkit, Assessing and Addressing Community Health Needs (Catholic Hospital Association of the US) (http://www.chausa.org/docs/default-source/general-files/cb_assessingaddressing-pdf.pdf?sfvrsn=4), and the University of Kansas Community Toolbox (http://ctb.ku.edu/en/node/9).</p> <p>Examples of tools or resources that can be adapted or used include Community Indicators process project, Asset Based Community Development model, National Public Health Performance Standards Program (NPHPSP), Assessment Protocol for Excellence in Public Health (APEX/PH), Guide to Community Preventive Services, and Healthy People 2020.</p>	<p>1 process</p>	<p>5 years</p>	

MEASURE 5.2.1 S, continued

<p>a. Broad participation of community partners</p> <p>b. Information from community health assessments</p> <p>c. Issues and themes identified by stakeholders in the community</p> <p>d. Identification of assets and resource</p> <p>e. A process to set health priorities</p>	<p>The state health department must document that the state health improvement planning process included all of the following:</p> <p>a. Participation by a wide range of community partners representing various sectors of the community. Partners are organizations that work with the state health department on health issues and could include other governmental agencies, statewide not-for-profit groups, statewide associations, veterinarian organizations, and others, including organizations that are not health-specific, for example, education advocates, businesses, recreation organizations, faith-based organizations, etc. Members of this group may or may not be the same as members of the community health assessment partnership.</p> <p>Documentation could be, for example, participant lists, attendance rosters, minutes, or membership lists of work groups or subcommittees.</p> <p>b. Data and information from the community health assessment provided to participants in the state health improvement planning process to use in their deliberations. This may include a list of data sets or evidence that participants used for the community health assessment.</p> <p>c. Evidence that stakeholder discussions were held and that they identified issues and themes. The list of issues must be provided as documentation.</p> <p>d. Assets and resources identified and considered in the state health improvement planning process. Community assets and resources could be anything that the state could utilize to improve the health of the community. Community assets and resources could include, for example, skills of residents, the power of state associations (e.g., service associations, professional associations) and institutions (e.g., faith based organizations, foundations, institutions of higher learning), as well as other state factors for example, state recreational facilities, social capital, community resilience, a strong business community, etc. Assets and resources can be documented in a list, chart, narrative description, etc.</p> <p>e. A description of the process used by participants to develop a set of priority state health issues</p>		
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Standard 5.2: Conduct a comprehensive planning process resulting in a Tribal/state/community health improvement plan.

MEASURE	PURPOSE	SIGNIFICANCE		
<p>Measure 5.2.1 L</p> <p>A process to develop a community health improvement plan</p>	<p>The purpose of this measure is to assess the local health department's collaborative community health improvement process and the participation of stakeholders.</p>	<p>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 shared 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.</p>		
REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN	
<p>1. Community health improvement planning process that included:</p>	<p>1. The local health department must document the collaborative community health improvement planning process. The process used may be an accepted national model; state-based model; a model from the public, private, or business sector; or other participatory process model. When a specific model is not used, the key steps undertaken that outline the process used should be described.</p> <p>National models include, for example, Mobilizing for Action through Planning and Partnerships (MAPP), Association for Community Health Improvement (ACHI) Assessment Toolkit, Assessing and Addressing Community Health Needs (Catholic Hospital Association of the US) (http://www.chausa.org/docs/default-source/general-files/cb_assessingaddressing-pdf.pdf?sfvrsn=4), and the University of Kansas Community Toolbox (http://ctb.ku.edu/en/node/9).</p> <p>Examples of tools or resources that can be adapted or used include NACCHO's Resource Center for Community Health Assessments and Community Health Improvement Plans, Community Indicators process project, Asset Based Community Development model, National Public Health Performance Standards Program (NPHPSP), Assessment Protocol for Excellence in Public Health (APEX/PH), Guide to Community Preventive Services, and Healthy People 2020.</p>	<p>1 process</p>	<p>5 years</p>	

MEASURE 5.2.1 L, continued

<p>a. Broad participation of community partners</p> <p>b. Information from community health assessments</p> <p>c. Issues and themes identified by stakeholders in the community</p> <p>d. Identification of community assets and resources</p> <p>e. A process to set health priorities</p>	<p>The local health department must document that the community health improvement planning process included all of the following:</p> <p>a. Participation by a wide range of community partners representing various sectors of the community. Community partners could include, as appropriate for the specific community: hospitals and healthcare providers, the faith community, veterinarians, military installations, academic institutions, local schools, other departments of government (e.g., parks and recreation, planning and zoning, housing and community development, etc.), economic development, community not-for-profits, civic groups, elected officials, the chamber of commerce and local businesses, police, housing, foundations and philanthropists, planning organizations, and the state health department. Members of this group may or may not be the same as members of the community health assessment partnership.</p> <p>Documentation could be, for example, participant lists, attendance rosters, minutes, or membership lists for work groups or subcommittees.</p> <p>b. Data and information from the community health assessment provided to participants in the community health improvement planning process for use in their deliberations. This may include a list of data sets or evidence that participants used the community health assessment.</p> <p>c. Evidence that community and stakeholder discussions were held and that they identified issues and themes. Community members' definition of health and of a healthy community must be included. The list of issues identified by the community and stakeholders must be provided as documentation.</p> <p>d. Community assets and resources identified and considered in the community health improvement process. Community assets and resources could be anything in the community that could be utilized to improve the health of the community. Community assets and resources could include, for example, skills of residents, the power of local associations (e.g., service associations, professional associations) and local institutions (e.g., faith based organizations, local foundations, institutions of higher learning), as well as other community factors for example, parks, social capital, community resilience, a strong business community, etc.</p> <p>Community assets and resources can be documented in a list, chart, narrative description, etc.</p> <p>e. A description of the process used by participants to develop a set of priority state health issues.</p>		
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Standard 5.2: Conduct a comprehensive planning process resulting in a Tribal/state/community health improvement plan.

MEASURE	PURPOSE	SIGNIFICANCE	
<p>Measure 5.2.1 T</p> <p>A process to develop a Tribal community health improvement plan</p>	<p>The purpose of this measure is to assess the Tribal health department's collaborative community health improvement planning process and the participation of stakeholders.</p>	<p>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 shared 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.</p>	
REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN
<p>1. Tribal community health improvement planning process that included:</p>	<p>1. The Tribal health department must document the collaborative community health improvement process. The process used may be an accepted national model; state-based model; a model from the public, private, or business sector; or other participatory process model. When a specific model is not used, the key steps undertaken that outline the process used should be described.</p> <p>National models include, for example, Mobilizing for Action through Planning and Partnerships (MAPP) (developed for local health departments but can be used in Tribal health departments), Association for Community Health Improvement (ACHI) Assessment Toolkit, Assessing and Addressing Community Health Needs (Catholic Hospital Association of the US) (http://www.chausa.org/docs/default-source/general-files/cb_assessingaddressing-pdf.pdf?sfvrsn=4), and the University of Kansas Community Toolbox (http://ctb.ku.edu/en/node/9).</p> <p>Examples of tools or resources that can be adapted or used as part of the community health improvement planning process include NACCHO's Resource Center for Community Health Assessments and Community Health Improvement Plans, Community Indicators process project, Asset Based Community Development model, Tribal Accreditation Readiness Guidebook and Roadmap, Inter Tribal Council of Arizona's Tribal CHA Toolkit, National Public Health Performance Standards Program (NPHPSP), Assessment Protocol for Excellence in Public Health (APEX/PH), Guide to Community Preventive Services, and Healthy People 2020.</p>	<p>1 process</p>	<p>5 years</p>

MEASURE 5.2.1 T, continued

<p>a. Broad participation of public health system partners</p> <p>b. Information from Tribal health assessments</p> <p>c. Issues and themes identified by the stakeholders</p> <p>d. Identification of Tribal assets and resources</p> <p>e. A process to set Tribal health priorities</p>	<p>The Tribal health department must document that the Tribal health improvement planning process included all of the following:</p> <p>a. Participation by a wide range of community partners. Community partners could include, for example, organizations that work with the Tribal health department to address health issues and may include other governmental agencies, not-for-profit groups, associations, and others, including organizations that are not health-specific, for example, education advocates, businesses, recreation organizations, faith-based organizations, veterinarians, military installations, etc. Members of this group may or may not be the same as members of the community health assessment partnership.</p> <p>Documentation could be, for example, participant lists, attendance rosters, minutes, or membership lists of work groups or subcommittees.</p> <p>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.</p> <p>Documentation may include a list of data sets or evidence that participants used the community health assessment.</p> <p>c. Evidence that stakeholder discussions were held and that they identified issues and themes. Community members' definition of health and healthy community must be included. The list of issues must be provided as documentation.</p> <p>d. Assets and resources identified and considered in Tribal community health improvement planning process. Tribal community assets and resources could be anything in the community that could be utilized to improve the health of the community. Community assets and resources could include skills of residents, the power of community groups (e.g., council of elders, youth councils, health promotion coalitions of Tribal program) and local community partners (e.g., faith based organizations, schools, institutions of higher learning), as well as recreation centers, cultural celebrations and activities, other community factors for example, parks, social capital, community resilience, etc.</p> <p>Community assets and resources can be documented in a list, chart, narrative description, etc.</p> <p>e. A description of the process used by participants to develop a set of priority Tribal health issues.</p>		
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Standard 5.2: Conduct a comprehensive planning process resulting in a Tribal/state/community health improvement plan.

MEASURE	PURPOSE	SIGNIFICANCE		
<p>Measure 5.2.2 S</p> <p>State health improvement plan adopted as a result of the health improvement planning process</p>	<p>The purpose of this measure is to assess the state health department's 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 and across the state.</p>	<p>The state health improvement plan provides guidance to the health department, its partners, and stakeholders for improving the health of the population within the health department's jurisdiction. The plan reflects the results of a collaborative planning process that includes significant involvement by key sectors. Partners can use a state health improvement plan to prioritize existing activities and set new priorities. The plan can serve as the basis for taking collective action and can facilitate collaborations.</p>		
REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN	
<p>1. State health improvement plan that includes:</p> <p>a. Desired measurable outcomes or indicators of health improvement and priorities for action</p>	<p>1. The state health department must provide a state health improvement plan that includes all of the following:</p> <p>a. The desired measurable outcomes or indicators of the health improvement effort and the priorities for action, from the perspective of the population of the state. The plan must include statewide health priorities, measurable objectives, improvement strategies, and activities with time-framed targets that were determined in the planning process. In establishing priorities, the plan must include consideration of addressing social determinants of health, causes of higher health risks and poorer health outcomes of specific populations, and health inequities.</p> <p>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.</p> <p>Strategies may be evidence-based, practice-based, or promising practices or may be innovative to meet the needs of the population. National state-of-the-art guidance (for example, the National Prevention Strategy, Guide to Community Preventive Services, and Healthy People 2020) should be referenced, as appropriate.</p>	<p>1 completed plan</p>	<p>5 years</p>	

MEASURE 5.2.2 S, continued

<p>b. Policy changes needed to accomplish health objectives</p> <p>c. Individuals and organizations that have accepted responsibility for implementing strategies</p> <p>d. Consideration of Tribal, local, and national priorities</p>	<p>b. Policy changes needed to accomplish the identified health objectives must be included in the plan. Policy changes must include those that are adopted to alleviate the identified causes of health inequity. Policy changes may address the social and economic conditions that influence health equity including housing, transportation, education, job availability, neighborhood safety, and zoning, for example.</p> <p>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.</p> <p>d. States must demonstrate that they considered both Tribal and local health department health improvement priorities. Consideration of national priority alignment could include using the National Prevention Strategy and Healthy People 2020.</p>		
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Standard 5.2: Conduct a comprehensive planning process resulting in a Tribal/state/community health improvement plan.

MEASURE	PURPOSE	SIGNIFICANCE		
<p>Measure 5.2.2 L</p> <p>Community health improvement plan adopted as a result of the community health improvement planning process</p>	<p>The purpose of this measure is to assess the local health department's community health improvement plan. While some or many programs in the local health department may have program specific plans, they do not fulfill the purpose of the community health improvement plan, which looks at population health across programs and across the community.</p>	<p>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 collaborative planning process that includes significant involvement by key sectors. Partners can use a community health improvement plan to prioritize existing activities and set new priorities. The plan can serve as the basis for taking collective action and can facilitate collaboration.</p>		
REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN	
<p>1. Community health improvement plan that includes:</p> <p>a. Desired measurable outcomes or indicators of health improvement and priorities for action</p>	<p>1. The local health department must provide a community health improvement plan that includes all of the following:</p> <p>a. The desired measurable outcomes or indicators of the health improvement effort and priorities for action, from the perspective of community members. The plan must include community health priorities, measurable objectives, improvement strategies and activities with time-framed targets that were determined in the community planning process. In establishing priorities, the plan must include consideration of addressing social determinants of health, causes of higher health risks and poorer health outcomes of specific populations, and health inequities.</p> <p>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.</p> <p>Strategies may be evidence-based, practice-based, or promising practices or may be innovative to meet the needs of the community. National state-of-the-art guidance (for example, the National Prevention Strategy, Guide to Community Preventive Services, and Healthy People 2020) should be referenced, as appropriate.</p>	<p>1 plan</p>	<p>5 years</p>	

MEASURE 5.2.2 L, continued

<p>b. Policy changes needed to accomplish health objectives</p> <p>c. Individuals and organizations that have accepted responsibility for implementing strategies</p> <p>d. Consideration of state and national priorities</p>	<p>b. Policy changes needed to accomplish the identified health objectives must be included in the plan. Policy changes must include those that are adopted to alleviate the identified causes of health inequity. Policy changes may address social and economic conditions that influence health equity including housing, transportation, education, job availability, neighborhood safety, access to recreational opportunities, and zoning, for example.</p> <p>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, health care providers (community benefit), other local governmental agencies, or other community organizations. For this measure, agreements do not need to be formal, such as an MOA/MOU.</p> <p>d. Local health departments must demonstrate that they considered both national and state health improvement priorities where they have been established. National priority alignment could include the National Prevention Strategy and Healthy People 2020.</p>		
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Standard 5.2: Conduct a comprehensive planning process resulting in a Tribal/state/community health improvement plan.

MEASURE	PURPOSE	SIGNIFICANCE	
<p>Measure 5.2.2 T</p> <p>Tribal community health improvement plan adopted as a result of the health improvement planning process</p>	<p>The purpose of this measure is to assess the Tribal health department's 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 and throughout the Tribal jurisdiction or service area.</p>	<p>The Tribal 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 collaborative planning process that includes significant involvement by key sectors. Partners can use a health improvement plan to prioritize existing activities and set new priorities. The plan can serve as the basis for taking collective action and can facilitate collaboration.</p>	
REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN
<p>1. Tribal health community improvement plan that includes:</p> <p>a. Desired outcomes of health improvement and priorities for action</p>	<p>1. The Tribal health department must provide a Tribal community health improvement plan that includes all of the following:</p> <p>a. The desired measurable outcomes or indicators of the community health improvement effort and priorities for action, from the perspective of the population of the Tribe. The plan must include Tribal health priorities, measurable objectives, improvement strategies, and activities with time-framed targets that were determined in the planning process. In establishing priorities, the plan must include consideration of addressing social determinants of health, causes of higher health risks and poorer health outcomes of specific populations, and health inequities.</p> <p>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.</p> <p>Strategies may be evidence-based, practice-based, promising practices, or may be innovative to meet the needs of the Tribe's population. Guidance (for example, National Prevention Strategy, Guide to Community Preventive Services, and Healthy People 2020) should be referenced, as appropriate.</p>	<p>1 plan</p>	<p>5 years</p>

MEASURE 5.2.2 T, continued

<p>b. Policy changes needed to accomplish health objectives</p> <p>c. Individuals and organizations that have accepted responsibility for implementing strategies</p> <p>d. Consideration of local, state, and national priorities</p>	<p>b. Policy changes needed to accomplish the identified health objectives must be included in the plan. Policy changes must include those that are adopted to alleviate the identified causes of health inequity. Policy changes may address the social and economic conditions that influence health equity including housing, transportation, education, job availability, neighborhood safety, access to recreational activities, and zoning, for example.</p> <p>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 governmental agencies, or other Tribal organizations. For this measure, agreements do not need to be formal and do not require compacts, contracts or an MOA/MOU.</p> <p>d. Tribes must demonstrate that they considered state, local and national health improvement priorities. This could include the National Prevention Strategy and Healthy People 2020.</p>		
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Standard 5.2: Conduct a comprehensive planning process resulting in a Tribal/state/community health improvement plan.

MEASURE	PURPOSE	SIGNIFICANCE		
<p>Measure 5.2.3 A</p> <p>Elements and strategies of the health improvement plan implemented in partnership with others</p>	<p>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.</p>	<p>Any plan is useful only when it is implemented and provides guidance for activities and resource allocation.</p>		
REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN	
<p>1. A process to track actions taken to implement strategies in the community health improvement plan</p>	<p>1. The health department must provide a tracking process of actions taken toward the implementation of the community health improvement plan.</p> <p>The tracking process must specify the strategies being used, the responsible partners involved, and the status of the effort or results of the actions taken.</p> <p>Documentation could be, for example, a narrative, table, spread sheet, or a combination. This may look like a work plan that includes the status of the implementation of the work plan.</p>	<p>1 report or a group of reports</p>	<p>5 years</p>	
<p>2. Implementation of the plan</p>	<p>2. The health department must document areas of the plan that were implemented by the health department and/or its partners. Examples must identify a specific achievement and describe how it was accomplished.</p>	<p>2 examples</p>	<p>5 years</p>	

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

MEASURE	PURPOSE	SIGNIFICANCE		
<p>Measure 5.2.4 A</p> <p>Monitor and revise as needed, the strategies in the community health improvement plan in collaboration with broad participation from stakeholders and partners</p>	<p>The purpose of this measure is to assess the health department's efforts to ensure that the strategies of the community health improvement plan are assessed for feasibility and effectiveness and that they are revised as indicated by those assessments.</p>	<p>Effective, community health improvement plans are dynamic. While goals, objectives, and priorities are meant to be long range, strategies may need to be adjusted. Strategies may need revision based on a completed objective, an emerging health issue, a change in responsibilities, or a change in resources and assets. All identified tasks and timelines, should be monitored and assessed 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.</p>		
REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN	
<p>1. Report on progress made in implementing strategies in the community health improvement plan</p>	<p>1. The health department must provide an annual report on the progress made in implementing strategies in the community health improvement plan.</p> <p>The report will consider the feasibility and the effectiveness of the strategies and/or changing priorities, resources, or community assets.</p> <p>If the plan was adopted within the year, a report of a previous plan may be provided or detailed plans for assessment and reporting may be submitted.</p>	<p>1 example</p>	<p>14 months</p>	
<p>2. Review and revision, as necessary, of the health improvement plan strategies based on results of the assessment</p>	<p>2. The health department must document that the health improvement plan has been reviewed and revised as necessary based on the report required in 1 above.</p> <p>The revisions may be in the improvement strategies, planned activities, time-frames, targets, or assigned responsibilities listed in the plan. Revisions may be based on, for example, achieved activities, implemented strategies, changing health status indicators, newly developing or identified health issues, and changing level of resources.</p> <p>If the plan was adopted less than a year before it was uploaded to PHAB, the health department may provide (1) revisions of an earlier plan or (2) detailed plans for a revision process.</p>	<p>1 example</p>	<p>14 months</p>	

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; this standard addresses the health department's organizational strategic plan.

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

MEASURE	PURPOSE	SIGNIFICANCE	REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN
<p>Measure 5.3.1 A Department strategic planning process</p>	<p>The purpose of this measure is to assess the health department's strategic planning process.</p>	<p>A functional and useful organizational strategic plan requires that it be understood by staff and implemented by the health department. The development of such a plan requires a planning process that considers opinions and knowledge from across the health department, assesses the larger environment in which the health department operates, uses its organizational strengths and addresses its weaknesses, links to the health improvement plan that has been adopted by the community, and links to the health department's quality improvement plan.</p>	<p>1. Use a planning process to develop the organization's strategic plan:</p> <p>a. Membership of the strategic planning group</p> <p>b. Strategic planning process steps</p>	<p>1. The health department must document the process that it used to develop its organizational strategic plan. The planning process may have been facilitated by staff of the health department or by an outside consultant.</p> <p>If the health department is part of a super health agency or umbrella agency (see PHAB Acronyms and Glossary of Terms), the health department's process may have been part of a larger organizational planning process. If that is the case, the health department must have been actively engaged in the process and must provide evidence that public health was an integral component in the process.</p> <p>a. A list of the individuals who participated in the strategic planning process and their titles must be provided. Participants must include various levels of staff as well as representatives of the health department's governing entity.</p> <p>Documentation could be, for example, meeting minutes, a report that presents the members of a strategic planning committee, or other formal listing of participants.</p> <p>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, for example, opportunities and threats analysis or environmental scanning process, stakeholder analysis, story-boarding, strengths and weaknesses analysis, and scenario development.</p>	<p>1 strategic planning process</p>	<p>5 years</p>

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

MEASURE	PURPOSE	SIGNIFICANCE		
<p>Measure 5.3.2 A Adopted department strategic plan</p>	<p>The purpose of this measure is to assess the health department's completion and adoption of a department strategic plan.</p>	<p>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.</p>		
REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN	
<p>1. Health department strategic plan that includes:</p>	<p>1. The health department must provide a strategic plan.</p> <p>If the health department is part of a super health agency or umbrella agency (see PHAB Acronyms and Glossary of Terms), the health department's strategic plan may be part of a larger organizational plan. If that is the case, the plan must include a section that addresses the health department and includes the required elements of the plan specific to the health department. Submitted documentation should include only the section(s) of the larger plan that addresses the health department and not the entire plan. If the plan of the super health agency or umbrella agency does not include the required elements for the health department, then the health department must document that it has conducted an internal health department planning process and adopted a health department specific strategic plan.</p> <p>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.</p> <p>There is no required or suggested format for the strategic plan. There is no required or suggested length of the strategic plan.</p> <p>The health department may call the plan something other than a "strategic plan," but it must include the items listed in a through g.</p>	<p>1 strategic plan</p>	<p>5 years</p>	

MEASURE 5.3.2 A, continued

<ul style="list-style-type: none">a. Mission, vision, guiding principles/valuesb. Strategic prioritiesc. Goals and objectives with measurable and time-framed targetsd. Consideration of key support functions required for efficiency and effectivenesse. Identification of external trends, events, or factors that may impact community health or the health departmentf. Assessment of health department strengths and weaknessesg. Link to the health improvement plan and quality improvement plan	<p>The strategic plan must include all of the following:</p> <ul style="list-style-type: none">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 strategic plan must consider capacity for and enhancement of information management, workforce development, communication (including branding), and financial sustainability.e. The identification of external trends, events, or other factors that may impact community health or the health department.f. The analysis of the department's strengths and challenges.g. Linkages with the health improvement plan and the health department's quality improvement plan. The strategic plan need not link to all elements of the health improvement plan or quality improvement plan, but it must show where linkages are appropriate for effective planning and implementation.		
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Standard 5.3: Develop and implement a health department organizational strategic plan.

MEASURE	PURPOSE	SIGNIFICANCE		
<p>Measure 5.3.3 A Implemented department strategic plan</p>	<p>The purpose of this measure is to assess the health department's implementation of its strategic plan.</p>	<p>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.</p>		
REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN	
<p>1. Progress towards achievement of the goals and objectives contained in the plan</p>	<p>1. The health department must provide reports developed since the plan's adoption showing that it has reviewed the strategic plan and has monitored and assessed progress towards reaching the goals and objectives.</p> <p>The reports must include how the targets are monitored. Progress is evidenced by completing defined steps to reach a target, by completing objectives, or by addressing priorities and implementing activities. Reports must be completed no less frequently than annually. The plan may be revised based on work completed, adjustments to timelines, or changes in available resources.</p> <p>If the plan has been adopted within the year, progress reports of a previous plan may be provided or detailed evaluation plans may be submitted.</p>	<p>2 reports</p>	<p>1 report dated within 14 months; second report may be older</p>	

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 terrorism, chemical terrorism, radiological/nuclear terrorism, or bombings). Plans for responding to emergencies are critical to being prepared for effective public health action during disasters and similar emergency events and for building community resilience over time.

Standard 5.4: Maintain an all hazards emergency operations plan.

MEASURE	PURPOSE	SIGNIFICANCE		
<p>Measure 5.4.1 A</p> <p>Process for the development and maintenance of an All Hazards Emergency Operations Plan (EOP)</p>	<p>The purpose of this measure is to assess the health department's collaborative activities to organize coordinated responses to emergencies.</p>	<p>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, managing the many response and recovery activities, and building community resilience.</p>		
REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN	
<p>1. Collaborative planning with other government agencies</p>	<p>1. The health department must document that it participates in preparedness meetings with other government agencies and other levels of health departments (Tribal, state, and local).</p> <p>Documentation could be, for example, meeting agenda and minutes, meeting rosters, calendar of meetings, email exchanges, and phone calls, as shown on a log or other record.</p>	<p>2 examples</p>	<p>5 years</p>	
<p>2. Collaborative testing of the All Hazards EOP:</p> <p>a. Description of a real emergency or exercise</p> <p>b. Debriefing or After-Action Report (AAR)</p>	<p>2. The health department must document that it participates in drills, exercises, or actual implementation of the All Hazards Emergency Operations Plan in order to test its implementation.</p> <p>a. The documentation may be of either an actual or a simulated emergency (drill or exercise). This description must include documentation of how the health department coordinated with emergency response partners during the emergency or drill/exercise. Emergency response partners may be Tribal, state, or local emergency services agencies, including law enforcement, or community partners, such as a hospital. Partners may also come from the Tribal, state or local planning committee.</p> <p>b. Documentation must include debriefing or evaluation reports from the emergency or drill/exercise.</p> <p>Examples could be an evaluation report, minutes from a debriefing session, or the AAR produced by the health department or a partner health department.</p>	<p>2 examples</p>	<p>5 years</p>	

MEASURE 5.4.1 A, continued

		1 example	5 years
<p>3. Collaborative revision of the All Hazards EOP that includes:</p> <ul style="list-style-type: none"> a. A collaborative review meeting b. Updated contact information c. Coordination with emergency response partners d. Revised All Hazards/EOP 	<p>3. The health department must document collaboration in revising emergency plans including:</p> <ul style="list-style-type: none"> a. A collaborative review of the All Hazards Emergency Operations Plan by those responsible for its implementation. Documentation could be, for example, meeting agendas and minutes or attendance rosters or other written report or record. b. A contact list of responders. Documentation could be the most current contact list or previous listings that have been updated. c. The delineation of roles and responsibilities in the Emergency EOP and the various roles that partners play in responding to a public health emergency or hazard. d. A copy of the revised emergency operations plan to document the result of the work to maintain the plan and ensure that it is up-to-date and reflects current practice and information. Updates must be indicated in some way (e.g., underlined) and the date of the change must be noted. 		

Standard 5.4: Maintain an all hazards emergency operations plan.

MEASURE	PURPOSE	SIGNIFICANCE	REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN
<p>Measure 5.4.2 A Public health emergency operations plan (EOP)</p>	<p>The purpose of this measure is to assess the health department's development and maintenance of the emergency operations plan.</p>	<p>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 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 to work with the community in an emergency for the community's sustained ability to withstand and recover from an emergency event.</p>	<p>1. EOP, as defined by Tribal, state, or national guidelines that includes:</p>	<p>1. The health department must provide its public health emergency operations plan. The plan must be written as defined by national, Tribal, or state guidelines. The guidelines may be defined for local health departments by the state health department or may be defined for both state and locals by a Federal or another state agency, such as an office of emergency management. Project Public Health Ready (PPHR) is a national model that could be used. Tribes may use guidelines that are most appropriate for their unique emergency management needs.</p> <p>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.</p> <p>The plan must address emergency operations for the entire population (including special needs and vulnerable populations, e.g., those with disabilities and non-English speaking people).</p> <p>The public health EOP must include all of the following:</p>	<p>1 EOP</p>	<p>5 years</p>

MEASURE 5.4.2 A, continued

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

MEASURE 5.4.2 A, continued

<p>3. Revision of the public health EOP including:</p> <ul style="list-style-type: none"> a. A review meeting b. Revised public health EOP, as needed 	<p>3. The health department must document that the public health emergency operations plan has been revised as indicated by review of the AAR.</p> <ul style="list-style-type: none"> a. Documentation of a review meeting. Documentation could be, for example, meeting minutes, a list of items discussed, a memo documenting review and decisions, or other written report or record. b. A public health EOP that has been revised as indicated through review, evaluation, and/or drills. 	<p>1 example</p>	<p>2 years</p>
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Standard 5.4: Maintain an all hazards emergency operations plan.

MEASURE	PURPOSE	SIGNIFICANCE		
<p>Measure 5.4.3 S</p> <p>Consultation and/or technical assistance provided to Tribal and local health departments in the state regarding evidence-based and/or promising practices/templates in EOP development and testing</p>	<p>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.</p>	<p>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.</p>		
REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN	
<p>1. The provision of consultation and/or technical assistance</p>	<p>1. The state health department must document the provision of expert consultation, advice, and /or information provided to Tribal or local health departments concerning the development and testing of emergency operations plans.</p> <p>Documentation could be, for example, blast faxes, webinars, emails, briefing papers, meeting minutes, distributed sample protocols, newsletters, trainings, conference calls, and documented phone calls.</p>	<p>2 examples</p>	<p>5 years</p>	