Domain 1: Conduct and Disseminate Assessments Focused on Population Health Status And Public Health Issues Facing the Community

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

DOMAIN 1 INCLUDES FOUR STANDARDS:

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

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

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

STANDARD 1.1: Participate in or lead a collaborative process resulting in a comprehensive community health assessment.

MEASURE	PURPOSE	SIGNIFICANCE
Measure 1.1.1 S 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 and information concerning state health, state health challenges, and state resources to develop a state level community health assessment.	The development of a state community health assessment requires partnerships with other organizations in order to access data, provide various perspectives in the analysis of data and determination of contributing factors that impact health outcomes, present data and findings, and share a commitment for using the assessment. Assets and resources in the state must be addressed in the assessment, as well as health challenges. Data are not limited to traditional public health data but may include information, for example, quality of life, attitudes about health behavior, socioeconomic factors, environmental factors (including the built environment), and social determinants of health. Data are provided from a variety of sources and through various methods of data collection.

REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN
1. Participation of representatives from a variety of state sectors	**1. The state health department must document that the process for the development of a state level community health assessment includes participation of partners outside of the health department that represent state populations and state health challenges.** The collaboration must include various sectors of the state, as appropriate for the state: for example, state government (for example, community development, education, aging, etc.), for-profits (for example, businesses, industries, and major employers in the state), statewide not-for -profits (for example, hospital association, Kids Count, Childhood and Women's Death Review organizations, Cancer Society, public health institutes, environmental public health groups, groups that represent minority health, etc.), voluntary organizations, health care representatives (for example, hospital associations or primary care associations), academia, military installations in the state, and representatives of local or regional health departments in the state and of Tribal health departments in the state.	**1**	**5 years** Documentation must include the month and year.

REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN
	Representation of two or more populations that are at higher health risk or have poorer health outcomes must be included. Documentation could be, for example, a membership list and meeting attendance records.		
2. Regular meetings or communications with partners	**2. The health department must document that the partnership meets and communicates on a regular basis to consider new data sources, review newly collected data, consider assets and resources that are changing, and conduct additional data analysis.** The frequency of meetings or communications is determined by the partnership and may change, as required by the stage of the process. Meetings and communications may be in-person, via conference calls, or via other communication methods, for example, list-serves or other digital communication methods. Documentation could be, for example, meeting agenda, meeting minutes, and copies of emails. Documentation could also be reports or other documents that show meeting frequency.	**2 examples** of meetings and communications or documentation that identifies the frequency of meetings	**5 years** Documentation must include the month and year.

REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN
3. The process used to identify health issues and assets	**3. The state health department must document the collaborative process used to identify and collect data and information, identify health issues, and identify existing state assets and resources to address health issues.** The process used may be an accepted 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. National models include, for example, 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). Examples of tools or resources that can be adapted or used throughout, or as part of, the community health assessment 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.	**1 process**	**5 years**

STANDARD 1.1: Participate in or lead a collaborative process resulting in a comprehensive community health assessment.

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

REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN
1. Participation of representatives from a variety of sectors of the Tribal or local community	**1. The health department must document that the process for the development of a community health assessment includes participation of partners outside of the health department that represent Tribal/community populations and health challenges.** The collaboration must include various sectors of the community, as appropriate for the community: for example, local government (for example, elected officials, law enforcement, correctional agencies, housing and community development, economic development, parks and recreation, planning and zoning, schools boards, etc.), for-profits (for example, businesses, industries, and major employers in the community), not-for-profits (for example, chamber of commerce, civic groups, hospitals and other health care providers, local Childhood and Women's Death Review organizations, public health institutes, environmental public health groups, groups that represent minority health, etc.), community foundations and philanthropists, voluntary organizations, health care providers (including hospitals), academia, the state health department and Tribal health departments located in the health department's jurisdiction, and military installations located in the health department's jurisdiction.	**1**	**5 years** Documentation must include the month and year.

REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN
	Representation of two or more populations that are at higher health risk or have poorer health outcomes must be included. Documentation could be, for example, a membership list and meeting attendance records.		
2. Regular meetings or communications with partners	**2. The health department must document that the partnership meets and communicates on a regular basis to consider new data sources, review newly collected data, consider assets and resources that are changing, and conduct additional data analysis.** The frequency of meetings and communications is determined by the partnership and may change, depending on the stage of the process. Meetings and communications may be in-person, via conference calls, or via other communication methods, for example, list-serves or other digital communication methods. Documentation could be, for example, meeting agenda, meeting minutes, and copies of emails. Documentation could also be reports or other documents that show meeting frequency.	**2 examples** of meetings and communications or documentation that identifies the frequency of meetings	**5 years**

REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN
3. The process used to identify health issues and assets	**3. The health department must document the collaborative process used to identify and collect data and information, identify health issues, and identify existing Tribal or local assets and resources to address health issues.** The process used may be an accepted 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. 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). Examples of tools or resources that can be adapted or used throughout, or as part of, the community health assessment 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, RWJ County Health Rankings and Roadmaps: Assess (http://www.countyhealthrankings.org/roadmaps/action-center/assess-needs-resources).	**1 process**	**5 years**

STANDARD 1.1: Participate in or lead a collaborative process resulting in a comprehensive community health assessment.

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

REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN
1. A state level community health assessment that includes: a. Data and information from various sources contributed to the community health assessment and how the data were obtained	**1. The state health department must document the identification and description of the state's health and areas of health improvement, the factors that contribute to the health challenges, and the existing state resources that can be mobilized to address them. The state's community health assessment must include all of the following:** a. Evidence that comprehensive, broad-based data and information from a variety of sources were used to create the state health assessment. Qualitative data as well as quantitative data must be utilized. Qualitative data may address, for example, the population's perception of health, factors that contribute to higher health risks and poorer health outcomes, or attitudes about health promotion and health improvement. Data collection methods include, for example, surveys, asset mapping, focus groups, town forums, and state listening sessions.	**1 community health assessment**	**5 years** Documentation must include the month and year.

REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN
	Quantitative data may, for example, include vital statistics; graduation rates; morbidity and mortality numbers and rates; and rates of behavioral risks, such as tobacco use. The assessment must include both primary and secondary data. Examples of sources of state secondary data include Federal, Tribal, state, and local health department data, hospitals and healthcare providers, schools, academic institutions, other departments of government (for example, departments of education, transportation, community and economic development, etc.), and statewide not-for-profits. Data sources also include, for example, the County Health Rankings, Community Health Needs Assessment Toolkit, CDC Community Health Status Indicators, CDC Disability and Health Data System, US Census American Factfinder, Dartmouth Atlas of Health Care, National Health Indicators Warehouse, and CDC Wonder. Another data resource is ASTHO's Public Health Data Sources and Assessment Tools: A Resource Compendium to Measure Access and Health Disparities. Examples of primary data include surveys (for example, surveys of high school students and/or parents), focus groups (for example, to discuss community health issues), or other data that the health department collects to better understand contributing factors or elements of secondary data sets.		
b. Demographics of the population	b. A description of the demographics of the population served by the state health department, for example, gender, race, age, socioeconomic factors, income, disabilities, mobility (travel time to work or to health care), educational attainment, home ownership, employment status, immigration status, sexual orientation, etc.		

REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN
c. Description of health issues and descriptions of specific population groups with particular health issues and health disparities or inequities	c. A description of the health issues in the state and their distribution, based on analyses of the data listed in a) above. The description must include the existence and extent of health inequities between and among specific populations or areas of the state: populations with an inequitable share of poorer health outcomes must be identified.		
d. Description of factors that contribute to the state populations' health challenges	d. A discussion of the contributing causes of the health challenges, for example behavioral risk factors, environmental factors (including the built environment), socioeconomic factors, policies (e.g., taxation, education, transportation, insurance status, etc.), injury, maternal and child health issues, infectious and chronic disease, or the unique characteristics of the state that impact of health status. Multiple determinants of health, particularly social determinants, must be included. Health disparities and high health-risk populations must be addressed. Factors that contribute to higher health risks and poorer health outcomes in specific populations must be considered.		
e. Description of existing state assets or resources to address health issues	e. A listing or description of state assets and resources that can be mobilized and employed to address health issues. These must include other sectors. For example, a state parks system can encourage physical activity. Similarly, a department of agriculture can promote healthful eating, and a state educational policy can encourage the provision of health education.		
2. Opportunity for the state population at large to review drafts and contribute to the community health assessment	**2. The health department must document that the preliminary findings of the state level community health assessment were distributed to the population at large and that their input was sought.** Examples of methods to seek input include: publication of a summary of the findings in the press with feedback or comment forms, publication on the health department's website and website comment form, town forums, listening sessions, newsletters, presentations and discussions at state-wide organizations' meetings (for example the state public health association), etc.	**2 examples**	**5 years**

REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN
3. The ongoing monitoring, refreshing, and adding of data and data analysis	**3. The health department must document the gathering of information, collection of data, conduct of community dialogues, and/or identification of assets specific to populations and/or geographic areas in the state where health inequities and poorer health indicators were identified in the community health assessment.** Additionally, data analysis is expected to seek to understand health inequities and the factors that create them. Geographic information analysis of socioeconomic conditions would be appropriate information to include in an annual update or supplement. A complete revision or overhaul of the community health assessment is not required, but for a continuous effort to better understand the health of the population through the collection of information and data. Examples of community dialogue include organizing a series of town meetings, conducting focus groups, participating in other state organizations' community meetings (e.g., state injury prevention association meetings, state public health association meetings. etc.), conducting open forums, and conducting group discussions with specific populations (e.g., teenagers, young mothers, residents of a specific area, etc.). Documentation could be, for example, reports of data and their analysis, findings from a focus group, meeting minutes where health issues or needs were discussed, reports of open forums, etc. Documentation of attendance at a meeting is not sufficient; documentation of the information gathered and analyzed is required.	**2 examples** If the CHA is two years or more old, then the examples must be from two different years.	**14 months –** or, if the CHA is 2 years old or older, 1 example within the last 14 months and 1 example from another year since the CHA was adopted.

STANDARD 1.1: Participate in or lead a collaborative process resulting in a comprehensive community health assessment.

MEASURE	PURPOSE	SIGNIFICANCE
Measure 1.1.2 T/L A Tribal/local community health assessment	The purpose of this measure is to assess the Tribal or local health department's 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, policy changes, coordination of community resources, and new ways to collaboratively use community assets to improve the health of the population. A community health assessment provides the general public and policy leaders with information on the health of the population and the broad range of factors that impact health on the population level as well as existing assets and resources to address health issues. The health assessment provides the basis for development of the Tribal/local community health improvement plan.

REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN
1. A Tribal or local community health assessment that includes: a. Data and information from various sources contributed to the community health assessment and how the data were obtained	**1. The health department must document the identification and description of the Tribe's or community's health and areas for health improvement, the factors that contribute to the health challenges, and the existing community resources that can be mobilized to address them.** The health assessment must include all of the following: a. Evidence that comprehensive, broad-based data and information from a variety of sources were used to create health assessment. Qualitative data as well as quantitative data must be utilized. Qualitative data may address, for example, the community's perception of health, factors that contribute to higher health risks and poorer health outcomes, or attitudes about health promotion and health improvement. Data collection methods include, for example, surveys, asset mapping, focus groups, town forums, and community listening sessions.	**1 community health assessment**	**5 years** Documentation must include the month and year.

REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN
	Quantitative data may, for example, include vital statistics; graduation rates; morbidity and mortality numbers and rates; and rates of behavioral risks, such as tobacco use. The assessment must also include both primary data and secondary data. Examples of sources of secondary data include: federal, Tribal, state, and local data; hospitals and health care providers; local schools; academic institutions; other departments of government (for example, recreation, public safety, etc.); community not-for-profits. Data sources also include, for example, the County Health Rankings, Community Health Needs Assessment Toolkit, CDC Community Health Status Indicators, County Health Rankings, CDC Disability and Health Data System, US Census American Factfinder, Dartmouth Atlas of Health Care, National Health Indicators Warehouse, CDC Wonder, and Tribal Epidemiology Centers. Non-traditional and non-narrative data collection techniques are encouraged. For example, an assessment may include photographs taken by members of the Tribe or community in an organized assessment process to identify environmental (including the built environment) health challenges. Examples of primary data include local surveys (for example, surveys of high school students and/or parents), focus groups (for example, to discuss community health issues), or other data that the health department collects to better understand contributing factors or elements of secondary data sets.		
b. Demographics of the population	b. A description of the demographics of the population of the jurisdiction served by the Tribal/local health department, for example, gender, race, age, socioeconomic factors, income, disabilities, mobility (travel time to work or to health care), educational attainment, home ownership, employment status, immigration status, sexual orientation, etc.		

REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN
c. Description of health issues and specific descriptions of population groups with particular health issues and inequities.	c. A description of the health issues of the population and their distribution, based on the analysis of data listed in a) above. The description must address the existence and extent of health disparities between and among specific populations in the community or areas in the community: populations with an inequitable share of poorer health outcomes must be identified.		
d. Description of factors that contribute to specific populations' health challenges.	d. A discussion of the contributing causes of the health challenges, for example, behavioral risk factors, environmental factors (including the built environment), socioeconomic factors, policies (e.g., zoning, taxation, education, transportation, insurance status, etc.), injury, maternal and child health issues, infectious and chronic disease, resource distribution (e.g., grocery stores), and the unique characteristics of the community that impact on health status. Multiple determinants of health, especially social determinants, must be included. Health disparities and high health-risk populations must be addressed. Community factors that contribute to higher health risks and poorer health outcomes of specific populations must be considered.		
e. Description of existing Tribal or community or assets or resources to address health issues	e. A listing or description of the assets and resources that can be mobilized and employed to address health issues. These must include other sectors. For example, a local park or recreation center can encourage physical activity. Similarly, local farmers' markets can be vehicles to promote healthful eating, and a school district can partner with the health department to provide health education.		
2. Opportunity for the Tribal or local community at large to review and contribute to the assessment	**2. The health department must document that the preliminary findings of the assessment were distributed to the community at large and that the community's input was sought.** Examples of methods to seek community input include: publication of a summary of the findings in the Tribal/local press with feedback or comment forms, publication on the health department's website and website comment form, community/town forums, listening sessions, newsletters, presentations and discussions at other organizations' local meetings, etc.	**2 examples**	**5 years**

REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN
3. The ongoing monitoring, refreshing, and adding of data and data analysis	**3. The health department must document the gathering of information, collection of data, conduct of community dialogues, and/or identification of community assets specific to populations and/or geographic areas in the community where health inequities and poorer health indicators were identified in the community health assessment.** Additional data analysis is expected to be neighborhood/community specific in order to understand health inequities and the factors that create them. Geographic information analysis of socioeconomic conditions would be appropriate information to include in an annual update or supplement. A complete revision or overhaul of the community health assessment, is not required, but for a continuous effort to better understand the health of the population through the collection of information and data. Examples of community dialogue include organizing town meetings, conducting focus groups, participating in other local organizations' community meetings (e.g., church community meetings, school public meetings, community association meetings or assemblies, etc.), conducting open forums, and conducting group discussions with specific populations (e.g., teenagers, young mothers, residents of a specific neighborhood, etc.). Documentation could be, for example, reports of data and their analysis, findings from a focus group, meeting minutes where health issues or needs were discussed, reports of open forums, etc. Documentation of attendance at a meeting is not sufficient; documentation of the information gathered and analyzed is required.	**2 examples from different years** If the CHA is two years or more old, then the examples must be from two different years.	**14 months –** or, if the CHA is 2 years old or older, 1 example within the last 14 months and 1 example from another year since the CHA was adopted.

STANDARD 1.1: Participate in or lead a collaborative process resulting in a comprehensive community health assessment.

MEASURE	PURPOSE	SIGNIFICANCE
Measure 1.1.3 A Accessibility of community health assessment to agencies, organizations, and the general public	The purpose of this measure is to assess the Tribal, state, or local health department's efforts to share the community health assessment with other agencies and organizations and to make the assessment results available to the general public.	The community health assessment is a resource for all members of the public health system and the population at large. It is a basis for collaborations and for priority setting, planning, program development, funding applications, coordination of resources, and new ways to collaboratively use assets to improve the health of the population. Other governmental units and not-for-profits will use the community health assessment in their planning, program development, and development of funding applications.

REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN
1. Information provided to partner organizations concerning the availability of the community health assessment	**1. Health departments must document how it inform partners, stakeholders, other agencies, associations, and organizations of the availability of the community health assessment.** Documentation could be, for example, emails to partners and stakeholders providing information of how to access the assessment; announcements in department newsletters; articles in newspapers; digital media, health department tweet or Facebook; public service announcements, and local news announcement.	**2 examples**	**5 years**
2. The availability of the community health assessment findings to the public	**2. Health departments must document how it communicates the community health assessment findings to the public.** Documentation could be, for example, evidence of distribution of the assessment to libraries or the publication of the community health assessment on the department's website. Summaries of the findings could be, for example, published in newspapers, outlined in the department's newsletter, linked to from the department's Facebook page, or published on the department's website.	**2 examples**	**5 years**

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

Reliable data are key building blocks of public health. Health departments must gather timely and accurate data to identify health needs, understand factors that contribute to higher health risks or poorer health outcomes among populations, develop and evaluate programs and services, and determine resources. Health departments require reliable and valid data that can be compared between populations and across time. To best use the information available, health departments require a functional system for collecting data within their jurisdiction and for managing, analyzing, and using the data. Additionally, it is important that health departments share data with other organizations and access others' 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
Measure 1.2.1 A 24/7 surveillance system or set of program surveillance systems	The purpose of this measure is to assess the health department's process for collecting and managing health data for public health surveillance.	Public health surveillance is the continuous, systematic collection, analysis, and interpretation of health-related data needed for the planning, implementation, and evaluation of public health practice. Such surveillance can: serve as an early warning system for impending public health emergencies; document the impact of an intervention or track progress towards specified goals; and monitor and clarify the epidemiology of health problems, to allow priorities to be set and to inform public health policy and strategies. (World Health Organization)

REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN
1. Process(es) and/or protocol(s) for the collection, review, and analysis of comprehensive surveillance data on multiple health conditions from multiple sources	**1. The health department must provide written process(es) and/or protocol(s) used to collect surveillance data from multiple sources and to review and analyze those data.** Process(es) and protocol(s) must include how data are collected, (e.g., fax, emails, web reports, electronic data, phone calls to the health department or to another site, for example, emergency management or a 9-1-1 call center). The health department defines from whom 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 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 responsibilities, confidentiality protection (2 below) and reporting.	**1 department-wide process or protocol, or a set of processes or protocols**	**5 years**

REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN
2. Processes and/or protocols to assure that confidential data are maintained in a secure and confidential manner	**2. The health department must provide written processes and/or protocols that (1) specify which surveillance data are, and which are not, considered to be confidential and (2) assure that confidential data are maintained and handled in a secure and confidential manner.**	**1 department-wide process or protocols, or a set of processes or protocols**	**5 years**
3. 24/7 contact capacity	**3. The health department must document a 24/7 contact system or protocol to collect data from those who report data to the health department.** This may be, for example, 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), via regional or state agreements, or other arrangement. 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.	**1 department-wide contact system or protocol or a set of contact systems**	**14 months**
4. Testing 24/7 contact systems	**4. The health department must provide reports of testing the 24/7 contact system.** The health department determines how the system is tested and the frequency of such testing (which is expected to also be defined in the processes and/or protocols). The testing process can include receipt of a sample report by the various elements of the system. For example, if the system is set up to receive reports by internet, fax, email and a designated phone line, then all elements must be tested to ensure the ability to receive reports.	**2 examples**	**5 years**

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

REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN
1. The identification of providers and public health system partners who are surveillance sites reporting to the surveillance system	**1. The health department must provide a list of the individuals or organizations that provide surveillance data to the health department.** Examples of surveillance sites include, for example, health care providers, schools, laboratories, veterinarians, Tribal epidemiology centers, etc.	**1 list**	**14 months**
2. Trainings/meetings held with surveillance sites regarding reporting requirements including reportable diseases/ conditions, and reporting timeframes	**2. The health department must document trainings or meetings held with surveillance site members regarding relevant reporting requirements, reportable diseases/ conditions, and timeframes.** Trainings may address general requirements or topic issue requirements. Training need not be in-person but may be provided online, via webinars, etc. Documentation must include when the training or meeting was held, who attended the training, and what topics were covered. Documentation could be, for example, sign-in sheets and agendas, reports, or minutes of the meeting.	**2 examples of trainings/ meetings**	**14 months**

3. Surveillance data received concerning two different topics	**3. The health department must provide received surveillance data that address two different topics (for example, reports of flu cases, animals with confirmed rabies, a case of antibiotic resistant infection, or environmental public health monitoring data) itemized by reporting site.**	**2 examples of data received** **2 different topics** **2 different occasions**	**14 months**
4. The distribution of surveillance data	**4. The health department must document the distribution of surveillance data to others.** Documentation could be, for example, copies of emails, documented phone calls, newsletters, presentations, and meetings.	**2 examples**	**14 months**

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
Measure 1.2.3 A Primary data	The purpose of this measure is to assess the health department's capacity to collect primary data concerning health; health inequities; contributing factors or causes of health challenges; or potential policy, public health and/ or community solutions. This measure addresses data other than surveillance data.	Primary data are required to better understand specific situations, issues, and potential solutions. While secondary data can provide a wealth of information concerning the population's health, it is not possible to understand how the reality of those data impact on the population, what the population's perspectives and priorities are or what community resources or resilience can be mobilized to address situations that cause poor health.

REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN
1. Collection of primary quantitative health data	**1. The health department must provide the results of the collection of quantitative primary data from the population (in addition to its surveillance data).** Primary data are data that did not exist before the health department gathered it. The collection of primary quantitative data need not be complicated or costly. The data collection is intended to enhance the knowledge and understanding of the population the health department serves. Data can be obtained from surveys of target groups (e.g., teenagers, the jobless, residents of a neighborhood with higher risks of poor health outcomes). Vital records are considered primary data for state health departments, if the state health department collects them. Documentation could be reports, presentations made, minutes of briefings given, or other communications of the data results and conclusions.	**2 examples**	**3 years**

2. Collection of primary qualitative health data	**2. The health department must provide the results of the collection of qualitative primary data from the population.** Data must be collected directly from groups or individuals who are at higher health risk. The collection of primary qualitative data need not be complicated or costly. The data collection is intended to enhance the knowledge and understanding of the population the health department serves. These data may address social conditions that have an impact on the health of the population served, for example, unemployment, poverty, lack of accessible facilities for physical activity, housing, transportation, and lack of access to fresh foods. Examples of data collection methods include open ended survey questions, forums, listening sessions, focus groups, storytelling, group interviews, stakeholder interviews, key informant interviews, etc. Documentation could be, for example, reports, presentations made, minutes of briefings given, or other communications of the data results and conclusions.	**2 examples**	**2 years**
3. The use of data collection instruments	**3. The health department must provide standardized data collection instruments that they have used.** Standardized instruments include those that are recognized as national, state-wide, or local data collection tools. They may also be standardized from the standpoint that the same tool was used with all respondents, for example, a local survey developed and distributed to a representative sample of potential respondents. The tool may collect quantitative or qualitative data. Tribes often use qualitative data collection methods, e.g., focus groups, interviews and other methodologies with elders, traditional healers, or ceremonial/cultural leaders. Documentation of qualitative data collection using indigenous methodologies of this type is 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 will be accepted.	**2 examples** The health department can provide the tools used for the required documentation listed under the Required Documentation 1 or 2 for this measure, or they can be examples from different data collection activities, showcasing different data collection efforts.	**2 years**

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
Measure 1.2.4 S Data provided to Tribal and local health departments located in the state	The purpose of this measure is to assess the state health department's role in and process for sharing data with Tribal and local health departments located in the state.	Tribal and local health departments should have access to data that pertain 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	NUMBER OF EXAMPLES	DATED WITHIN
1. The provision of data to local health departments	**1. The state health department must document the provision of primary and secondary data to local health departments located in the state.** Data can be aggregate for the local health department, or for a region of the state. Data could be, for example, collected at the local level and submitted to the state. Some data may be available only at a regional or state level because some local populations are small, and the small data set could impact the statistical power and/or compromise confidentiality. Data could be from registries, (e.g., cancer registries or immunization registries); vital records reports; environmental public health data; or data in web-based infectious disease reporting systems. Data may address social conditions that affect the health of the population served, for example, unemployment, poverty, or lack of accessible facilities for physical activity, housing, transportation, or lack of access to fresh foods. Data may be distributed in an electronic or hard copy format. Documentation could be, for example, distribution lists, distribution protocols, email confirmation of receipt of reports, screen shots of web pages or portals, etc.	**2 examples**	**14 months**

2. The provision of data to Tribal health departments in the state (if one or more is located in the state)	**2. If one or more Tribal health departments is located in the state, the state health department must document the provision of primary and secondary data to the Tribal health department located in the state.** Data can be aggregate for the Tribal health department, or for a region of the state. Data could be collected at the Tribal level and submitted to the state. Some data may be available only at a regional or state level because some local populations are small, and the small data set could impact the statistical power and/or compromise confidentiality. Data could be, for example, from registries, (e.g., cancer registries or immunization registries); vital records reports; environmental public health data; or data in web-based infectious disease reporting systems. Data may address social conditions that affect the health of the population served, for example, unemployment, poverty, or lack of accessible facilities for physical activity, housing, transportation, or lack of access to fresh foods. Data may be distributed in an electronic or hard copy format. Documentation could be, for example, distribution lists, distribution protocols, email confirmation of receipt of reports, screen shots of web pages or portals, etc.	**2 examples**	**14 months**

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
Measure 1.2.4 L Data provided to the state health department and Tribal health departments in the jurisdiction the local health department is authorized to serve	The purpose of this measure is to assess the local health department's role and process for sharing data with their state health department and Tribal health departments.	State health departments should have access to local data that pertain to health of the state's population. Likewise, Tribal health departments should have access to local data that pertain to the health of the Tribe's population. Local health departments should have a process in place to share local data to which they have access with the state and Tribes (if applicable).

REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN
1. The provision of data to the state health department and to a Tribal health department (if one or more is located in the jurisdiction the local health department is authorized to serve)	**1. The local health department must document the provision of primary or secondary data to the state health departments and 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. Date could be, for example, data submitted for registries (e.g., cancer registries or immunization registries); vital records data; environmental public health data; or data in web-based infectious disease reporting systems. Data may address social conditions that affect the health of the population served, for example, unemployment, poverty, lack of accessible facilities for physical activity, and lack of access to healthy foods. Data may be distributed electronically or via hard copy format. Documentation could be, for example, distribution lists, distribution protocols, email confirmation of receipt of reports, screen shots of web pages or portal, etc.	**2 examples; if a Tribal health department is located within the health department's jurisdiction, one example must be of data provided to a Tribal health department**	**14 months**

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
Measure 1.2.4 T Data provided to the state health department and to local health departments	The purpose of this measure is to assess Tribal health department's role and process for sharing data with the state health department and nearby local health departments.	State and local health departments should have access to Tribal data that pertain to the health of the state population and nearby communities. Tribal health departments should have a process in place to share relevant Tribal health data to which they have access with the state and local health departments.

REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN
1. The provision of data to the state health department and to a local health department	**1. The Tribal health department must document the provision of primary and secondary data to the state health department and to a local health department.** Data could be, for example, data submitted for registries (e.g., cancer registries or immunization registries); vital records data; environmental public health data; or data in web-based infectious disease reporting systems. The data may address social conditions that have an impact on the health of the population served, for example unemployment, poverty, lack of accessible facilities for physical activity and lack of access to healthy foods. Data may be distributed electronically or via hard copy format. Documentation could be, for example, distribution lists, entries in registries, faxed paper reports, distribution protocols, email confirmation of receipt of reports, screen shots of web page or portal, etc.	**2 examples;** one example of data to the state and one example of data provided to a local health department	**14 months**

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, evaluation, and quality improvement. The purpose of data analysis is to identify and understand current, emerging, or potential health problems, the contributing causes of health challenges, or environmental public health hazards. Data can identify trends in behaviors, disease incidence, opinions, socioeconomic status, the environment (natural and built), and other factors that aid in understanding health issues and their causes and in designing and evaluating programs and interventions.

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

REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN
1. Analysis of data and conclusions drawn with the following characteristics:	**1. The health department must document the analysis of data with conclusions drawn from the data.** The provision of data used in the analysis is not required, but evidence of the health department's analysis and conclusions is required. Data to be analyzed can include qualitative and/or quantitative, primary and/or secondary data, or combinations of data. Examples include: epidemiologic data, vital statistics, workplace fatality or disease investigation results, cluster identification or investigation results, outbreak investigation results, environmental and occupational public health hazard data, population health or key health indicator data, community survey/focus group results and conclusions, outbreak after action reports, analysis of hospital data, analysis of not-for-profit organizations' data (for example, poison control center data or child health chart book), health disparities data, environmental data, socioeconomic data, stratified racial and ethnic health disparities data, and community health indicator data. Other examples include results of an investigation of a food borne disease outbreak, environmental hazard trends with arsenic in well water, or trends of reported infectious diseases over the past five years.	**2 examples;** one example must be the analysis of qualitative data and one must be quantitative data	**Analysis conducted within 14 months (data may be older)**

a. The inclusion of defined timelines b. A description of the analytic process used to analyze the data or a citation of another's analysis c. The inclusion of the comparison of data to other agencies and/or the state or nation, and/or other Tribes, and/or similar data over time to provide trend analysis	The data may point out social conditions that have an impact on the health of particular or specific populations served, for example, unemployment, poor housing, lack of transportation, high crime residential areas, poor education, poverty, or lack of accessible facilities for physical activity. a. Data used in the report must be distinct to a specific time period, for example, fiscal year 12-13, calendar year 2014, years 2012-2014. b. The type of analytic process used must be stated and/or be evidence-based with the citation available. The intent is to have conclusions based on solid analysis, not just collection of data. c. The analysis and conclusions must have the quality of comparability. That is, the data can be compared with (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 include conclusions based on rates of sexually transmitted diseases over the past five years, childhood immunization rates over the past eight quarters, unemployment rates over the past five years, or crime rate over the past two years, etc.		
2. Review and discussion of data analysis	**2. The health department must document the review of data analysis selected for Measure 1.3.1, Required Documentation 1, above.** The intent is to document the sharing of data and their analysis with others. The discussions may be internal, with governing entities, with community groups, with other health or social service organizations, or provided to elected bodies. Documentation could be, for example, minutes or documentation of meetings to show the presentation, review, and discussion of data analysis.	**2 examples**	**14 months**

3. Analysis of data that demonstrates the use of information and data from multiple databases or data sources	**3. The health department must document the analysis of data that combines data from multiple databases of different data topics, (e.g., the housing department's data and the prevalence of asthma) or data sources to support its conclusion.** The analysis of data from multiple data sources demonstrates an understanding of how multiple factors affect health issues. Other data sources include, for example, education, transportation, and housing.	**1 example**	**5 years**
4. Aggregated primary and secondary data and the sources of each	**4. The health department must document the aggregation of primary and secondary data.** Data must be compiled, analyzed, and conclusions drawn. The sources of the data used must also be provided. Documentation could be reports, memos, GIS maps, or other written documents.	**2 examples**	**14 months**

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

REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN
1. The distribution of data analysis and findings that address public health issues to specific audiences	**1. The state health department must document the distribution of analytical public health findings to specific audiences in the state.** Examples must include data on one or more specific public health issue, for example, health behaviors; public health laboratory reports; environmental public health hazards reports; disease clusters or trends; vital records and health statistics; or health indicators (e.g., infant mortality rate). Distribution of the data analysis and findings may be targeted to a variety of audiences, for example, public health and health care providers, employers, labor unions and other public health stakeholders, partners, and the public. A range of methods of distribution could be used including: mailing lists, email lists, presentations, workshops, web postings, meeting minutes, published editorials, and press releases. The data or written report of the analysis itself does not have to be distributed, but the contents and findings must be communicated. Thus, while distribution of a hard copy of a report would meet the requirement of the measure, so would a verbal presentation to an audience of the contents of the report. The analysis does not have to be produced by the state health department. The state health department could use reports produced by CDC, or other federal government agencies, an academic institution, or other organization. However, data analysis developed by others must have a connection to the state and the state's population and contain information of public health significance.	**2 examples** Two examples must be from two different years; one from one year and the other from a different year.	**1 example dated within 14 months; the other dated older than 14 months but within 5 years.**

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

REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN
1. The distribution of data analysis and findings to address community public health issues, to specific audiences	**1. The local health department must document distribution of analytical public health findings to specific audiences in the community.** Examples must include data on one or more specific public health issues, for example, health behaviors; disease clusters or trends; public health laboratory reports; environmental public health hazards reports; or health indicators (e.g. infant mortality rate). Distribution of the reports may be targeted to a variety of audiences, including: public health organizations, health care providers, employers, veterinarians, community service groups, local schools, labor unions, other public health stakeholders, partners, and the public. A range of distribution methods could be used including, for example, mailing lists, email lists, presentations, workshops, web postings, meeting minutes, published editorials, and press releases. The data or written report of the analysis itself does not have to be distributed, but the contents must be communicated. Thus, while distribution of a hard copy of the report meets the requirement of the measure, so could a verbal presentation to an audience of community members of the contents of the report.	**2 examples** Two examples must be from two different years; one from one year and the other from a different year.	**1 example dated within 14 months; the other dated older than 14 months but within 5 years.**

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

REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN
1. The distribution of data analysis and findings that address community public health issues, to specific audiences	**1. The Tribal health department must document distribution of analytical public health findings to specific audiences in the Tribe.** Examples must include data on one or more specific public health issues, for example, health behaviors; disease clusters or trends; public health laboratory reports; environmental public health hazards reports; or health indicators (e.g., infant mortality rate). Distribution of the data analysis and findings may be targeted to a variety of audiences, including: public health organizations, health care providers, veterinarians, community service groups, local schools, other stakeholders and partners, and the public. A range of distribution methods could be used, including, for example, mailing lists, email lists, presentations, workshops, web postings, meeting minutes, published editorials, and press releases. The data or written report of the analysis itself does not have to be distributed, but the contents and findings must be communicated. Thus, while distribution of a hard copy of the report meets the requirement of the measure, so could a verbal presentation to an audience of community members of the data analysis and findings.	**2 examples** Two examples must be from two different years; one from one year and the other from a different year.	**1 example dated within 14 months; the other dated older than 14 months but within 5 years.**

	The analysis does not have to be produced by the Tribal health department; the Tribal health department could use reports produced by the state, an academic institution, Tribal epidemiology center, or other organizations. However, data analysis developed by others must have a connection to the Tribal health department and to the populations served by the Tribal health department and contain information of public health significance.		

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

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

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

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

REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN
1. The use of data to inform public health policy, processes, programs, and/or interventions	**1. The health department must document that public health data have been used to impact the development of policies, processes, programs, or interventions or the revision or expansion of an existing policies, processes, programs, or interventions.** The data used to inform the policy, process, program, or intervention must also be included. The data alone will not serve as evidence for this measure. The health department must demonstrate the use of the data. Documentation could be, for example, documented program improvements, or a revised or new policy and procedure. Documentation could also be Tribal Council resolutions and Health Oversight Committee meeting minutes, which demonstrate that data was used to inform policy, processes, programs and/or interventions.	**2 examples** One of the two examples must demonstrate the use of data across multiple data sets, databases, or data source.	**14 months**

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

MEASURE	PURPOSE	SIGNIFICANCE
Measure 1.4.2 S Statewide summaries or fact sheets of data to support health improvement planning processes at the state level	The purpose of this measure is to assess the state health department's development and distribution of statewide health data to inform and support others' health improvement efforts at the state level.	In addition to the state health assessment, the state health department should provide health-issue specific or program specific data summaries. These will be summaries of data that focus on a particular issue, for example, health behaviors, health equity factors, or the incidence of infectious diseases. It is important that others have access to health data to inform their program planning and activities at the state level. Health data summaries are used to inform stakeholders and partners about state health issues and to advocate for the health of the state and for the needs identified in the profile.

REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN
1. State health data summaries or fact sheets	**1. The state health department must provide summaries or fact sheets that condense the state's public health data.** Data summaries may address a combination of public health issues or may focus on a particular health issue regarding the population served. Statewide health data summaries are not the same as a community health assessment. A data summary can take several forms. It can be an overview, summary, or synopsis of a particular health issue, such as cancer or obesity. Or it can address a set of issues, such as health equity or the health issues of the state's adolescents. It may also focus on select key indicators of the health of the state, such as health behaviors like tobacco use or healthful eating. Health data summaries produced by national or federal sources are insufficient documentation of the measure, unless the state health department demonstrates how the data summary was supplemented with additional data collected and analyzed by the state health department.	**2 examples of data summaries**	**5 years**

	Documentation could be, for example, a summary, fact sheet, brief, overview, a single document of comprehensive data, or a dynamic website with comprehensive state data that is updated as data are available (i.e., web-based dashboard).		
2. Distribution of summaries of state data to public health system partners, community groups and key stakeholders	**2. The state health department must document the distribution of summaries of health data to public health system partners, community groups, Tribal health departments, local health departments, elected officials, or key stakeholders, such as governing entities or community advisory groups.** This may include partners, including community-based organizations, civic groups, and any others who receive services, help in the delivery of services, or support public health services. Documentation could be, for example, a mailing list, email list-serve, posting on the website, press releases, meeting minutes documenting distribution of the profile, presentations, inserts or flyers, or a website of data that is updated as data are available.	**2 examples of distribution of issue specific data summaries or 1 example of provision of comprehensive data**	**5 years**

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

MEASURE	PURPOSE	SIGNIFICANCE
Measure 1.4.2 T/L Tribal/community summaries or fact sheets of data to support public health improvement planning processes at the Tribal or local level	The purpose of this measure is to assess the Tribal and local health department's development and distribution of health data to inform and support others' health improvement efforts at the Tribal and local level.	In addition to the Tribal/local health assessment, Tribal and local health departments should provide health-issue specific or program specific data summaries. These will be summaries of data that focus on a particular issue, for example, health behaviors, health equity factors, or the incidence of infectious diseases. It is important that others have access to health data to inform their program planning and activities at the local or Tribal community level. Health data summaries are used to inform stakeholders and partners about the health of the community health issue and to advocate for the health of the Tribe or locality and for the needs identified in the profile.

REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN
1. Tribal or community health data summaries or fact sheets	**1. The Tribal or local health department must provide summaries or fact sheets of Tribal/community health data that condense public health data.** Data summaries may address a combination of public health issues or may focus on a particular health issue regarding the population served. Tribal or local health data summaries are not the same as a community health assessment. A data summary can be an in several forms. It can be an overview, summary, or synopsis of a particular health issue, such as cancer or obesity. Or, it can address a set of issues, such as health equity or health issues of adolescents. It may also focus on select key indicators of the health of the community, such as health behaviors like tobacco use or healthful eating. Documentation could be, for example, a summary, fact sheet, brief, overview, a single document of comprehensive data, or a dynamic website with comprehensive data that is updated as data are available (i.e., web-based dashboard).	**2 examples of data summaries**	**5 years**

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

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

MEASURE	PURPOSE	SIGNIFICANCE
Measure 1.4.3 S Support provided to Tribal and local health departments in the state concerning the development and use of summaries of community data	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 summaries of data.	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 community health data or summaries of data.

REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN
1. Tools and guidance	**1. The state health department must document that data analysis and/or data presentation tools were provided to Tribal and local health departments in the state.** The state may also offer guidance – by phone, electronically, or in person – to help with Tribal and local profile development.	**2 examples**	**5 years**
2. Summaries of community data	**2. The state health department must provide summaries of data of the Tribal and local community.** These must be summaries of data specific to the Tribe or local area and may include data collected by other state agencies, for example, educational attainment, unemployment, types of employment, or crime statistics.	**2 examples**	**5 years**
3. Determination of support or assistance in the analysis and understanding of data appropriate for Tribal and local health departments decision making	**3. The state health department must document that it has asked Tribal and local health departments about what support or technical assistance is needed or requested.** Documentation could be, for example, phone call minutes, faxes, newsletters, memos, meeting minutes.	**2 examples;** 1 example is a Tribal health department if one exists in the state.	**5 years**

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