STANDARD 5.2: CONDUCT A COMPREHENSIVE PLANNING PROCESS RESULTING IN A TRIBAL/STATE/COMMUNITY HEALTH IMPROVEMENT PLAN.

The Tribal, state or community health improvement plan is a long-term, systematic plan to address issues identified in the Tribal, state, or community health assessment. The purpose of the community health improvement plan is to describe how the health department and the community it serves will work together to improve the health of the population of the jurisdiction that the health department serves. The plan is more comprehensive than the roles and responsibilities of the health department alone, and the plan’s development must include participation of a broad set of stakeholders and partners. The planning and implementation process is community-driven. The plan reflects the results of a participatory planning process that includes significant involvement by a variety of community sectors. Stakeholders and partners can use a solid community health improvement plan to set priorities, direct the use of resources, and develop and implement projects and programs.

The state health department’s state health improvement plan addresses the needs of all citizens in the state. The local health department’s community health improvement plan addresses the needs of the citizens within the jurisdiction it serves. The Tribal health department’s Tribal health improvement plan addresses the needs of the Tribal population residing within the Tribe’s jurisdictional area.
Standard 5.2: Conduct a comprehensive planning process resulting in a Tribal/state/community health improvement plan.

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<tr>
<td>5.2.1 L Conduct a process to develop community health improvement plan</td>
<td>The purpose of this measure is to assess the local health department’s community health improvement process and the participation of stakeholders.</td>
<td>While the local health department is responsible for protecting and promoting the health of the population, it cannot be effective acting unilaterally. The health department must partner with other sectors and organizations to plan and share responsibility for community health improvement. Other sectors of the community and stakeholders have access to additional data and bring different perspectives that will enhance planning. A collaborative planning process fosters a shared sense of ownership and responsibility for the plan’s implementation. The community health improvement process is a vehicle for developing partnerships and for understanding roles and responsibilities.</td>
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**Required Documentation**

1. Completed community health improvement planning process that included:

**Guidance**

1. The local health department must provide documentation of a completed community health improvement planning process. The process may be an accepted state or national model; a model from the public, private, or business sector; or other participatory process model. Examples of models include: Mobilizing for Action through Planning and Partnership (MAPP), Healthy Cities/Communities, or Community Indicators Project. Examples of tools and processes that may be adapted as a planning process or used for particular components of the planning process include: community asset mapping, National Public Health Performance Standards Program (NPHSP), Assessment Protocol for Excellence in Public Health
Measure 5.2.1 L, continued

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<tr>
<td>a. Broad participation of community partners</td>
<td>The local health department must provide documentation of the community health improvement process that includes all of the following: The local health department must provide documentation of a completed community health improvement process framework.</td>
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<tr>
<td>b. Information from community health assessments</td>
<td>a. Participation by community partners. This can be documented through participant lists, attendance rosters, minutes, or work groups or subcommittees. Partners are community members, organizations, businesses, other governmental agencies, non-profit groups, associations, and others that work with the health department on health issues. Members of this group may or may not be the same as members of the community health assessment partnership.</td>
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<td>c. Issues and themes identified by stakeholders in the community</td>
<td>b. Data and information from the community health assessment that were provided to participants in the community health improvement planning process for use in their deliberations. This may include a list of data sets or evidence that participants used the community health assessment.</td>
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<td>d. Identification of community assets and resources</td>
<td>c. Evidence that stakeholder discussions were held and that they identified issues and themes. The list of issues must be provided as documentation.</td>
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<td>e. A process to set community health priorities</td>
<td>d. Assets and resources identified and used in the community health improvement process.</td>
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<td>e. Evidence that participants developed a set of priority community health issues.</td>
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Standard 5.2: Conduct a comprehensive planning process resulting in a Tribal/state/community health improvement plan.

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<td>5.2.2 L</td>
<td>Produce a community health improvement plan as a result of the community health improvement process</td>
<td>The purpose of this measure is to assess the local health department’s completion of a community health improvement plan. While some or many programs in the local health department may have program specific plans, they do not fulfill the purpose of the community health improvement plan, which looks at population health of the community across programs.</td>
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<td>The community health improvement plan provides guidance to the health department, its partners, and stakeholders for improving the health of the population within the health department’s jurisdiction. The plan reflects the results of a participatory planning process that includes significant involvement by key sectors. Partners can use a solid community health improvement plan to prioritize existing activities and set new priorities. The plan can serve as the basis for partnership development and can facilitate collaboration.</td>
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**Required Documentation**

1. Community health improvement plan dated within the last five years that includes:
   a. Community health priorities, measurable objectives, improvement strategies and performance measures with measurable and time-framed targets

**Guidance**

1. The local health department must provide a community health improvement plan dated within the last five years that includes all of the following:
   a. Community health priorities, measurable objectives, improvement strategies and performance measures with measurable and time-framed targets that were determined in the planning process. Measurable and time-framed targets may be contained in another document, such as an annual work plan. If this is the case, the companion document must be provided with the health improvement plan for this measure. Strategies should be evidenced based or promising practices. National state-of-the-art guidance, such as the National Prevention Strategy, Guide to Community Preventive Services, and Healthy People 2020, should be referenced.
**Measure 5.2.2 L, continued**

**Required Documentation**

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<td>b. Policy changes needed to accomplish health objectives</td>
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<td>c. Individuals and organizations that have accepted responsibility for implementing strategies</td>
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<td>d. Measurable health outcomes or indicators to monitor progress</td>
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<td>e. Alignment between the community health improvement plan and the state and national priorities</td>
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<td>b. Policy changes needed to accomplish the identified health objectives must be included in the plan.</td>
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<td>c. Designation of individuals and organizations that have accepted responsibility for implementing strategies outlines in the community health improvement plan. This may include assignments to staff or agreements between planning participants, stakeholders, other local governmental agencies, or other community organizations. For this measure, agreements do not need to be formal, such as an MOA/MOU.</td>
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<td>d. Measurable health outcomes or indicators to monitor progress. These may be compiled with the objectives and measures as stated in section b above and may also be in a companion document. If this is the case, the companion document must be provided with the health improvement plan for this measure.</td>
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<td>e. Alignment between community priorities described in the community health improvement plan and both state and national priorities. Local health departments must demonstrate alignment with both tribal and state health improvement priorities, where appropriate. National and State priority alignment would include the National Prevention Strategy and Healthy People 2020.</td>
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Standard 5.2: Conduct a comprehensive planning process resulting in a Tribal/state/community health improvement plan.

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<td>5.2.3 A</td>
<td>Implement elements and strategies of the health improvement plan, in partnership with others</td>
<td>The purpose of this measure is to assess the Tribal, state, or local health department's implementation of its community health improvement plan in partnership with others. Any plan is useful only when it is implemented and provides guidance for priorities, activities, and resource allocation.</td>
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**Required Documentation**

1. Reports of actions taken related to implementing strategies to improve health
2. Examples of how the plan was implemented

**Guidance**

1. The health department must provide reports showing implementation of the plan. Documentation must specify the strategies being used, the partners involved, and the status or results of the actions taken. The report could be a work plan for the community health improvement plan showing timelines and progress. This could be in narrative or a table format.
2. The health department must provide two examples of how the plan was implemented by the health department and/or its partners.
### Standard 5.2: Conduct a comprehensive planning process resulting in a Tribal/state/community health improvement plan.

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<td>5.2.4 A Monitor progress on implementation of strategies in the community health improvement plan in collaboration with broad participation from stakeholders and partners</td>
<td>The purpose of this measure is to assess the health department's efforts to ensure that the implementation of the community health improvement plan is evaluated and that the plan is revised as indicated by those evaluations.</td>
<td>Effective, implemented plans are dynamic. The plan may need revision based on a completed objective, a newly identified priority, a change in responsibilities, or a change in resources and assets. All aspects of the plan, and the identified tasks and timelines, should be monitored for progress, and adjustments should be made when indicated to ensure that the plan remains relevant. Changes should be developed in collaboration with partners and stakeholders involved in the planning process.</td>
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**Required Documentation**

1. Evaluation reports on progress made in implementing strategies in the community health improvement plan including:
   - a. Monitoring of performance measures
   - b. Progress related to health improvement indicators

**Guidance**

1. The health department must provide annual evaluation reports on progress in implementing the community health improvement plan. Documentation must include:
   - a. Monitoring progress in meeting performance measures
   - b. Description of the progress made on health indicators as defined in the plan. If there has been no progress, the health department should explain that no progress has been evidenced to date.
2. Revised health improvement plan based on evaluation results

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