



Requirements for the local Public Health Improvement Planning Process

Questions, suggested edits or more information? Contact Kelsey Robinson from the Office of Public Health Practice, Planning and Local Partnerships, CDPHE kelsey.robinson@state.co.us

* This document will be updated when PHAB Standards and Measures Version 2.0 is released in 2022.

Crosswalk includes:

- Responsible party
- Community health assessment requirements
- Public health improvement plan requirements
- Approvals
- Timeline, general
- Linkage between state and local processes and plans

Requirements	CHAPS Phases, Steps and Resources	Colorado Public Health Act - Section 25-1-501, CRS et. seq. (View here) <ul style="list-style-type: none">→ Summary→ See also 6 CCR 1014-7, CORE PUBLIC HEALTH SERVICES and 6 CCR 1014-9 COLORADO MINIMUM QUALITY STANDARDS FOR PUBLIC HEALTH SERVICES	Public Health Accreditation Board (PHAB) Standards and Measures Version 1.5 <ul style="list-style-type: none">→ Refer to V 1.5 guidance and required documents for additional information and individual LPHA accreditation approach.	PHAB Reaccreditation page <ul style="list-style-type: none">→ Measures address continued conformity with Standards and Measures, Version 1.5.→ Requirements and guidance→ Although not universal, consider requirements as additional guidance on comprehensive, useful efforts that lead to impact and advance equity.
Responsible party	Local public health agency and stakeholder partnership	<i>Public health direct, public health agency and statewide public health system:</i> 25-1-501. Legislative declaration. (1) THE GENERAL ASSEMBLY HEREBY FINDS AND DECLARES THAT: (b) EACH COMMUNITY IN COLORADO SHOULD PROVIDE HIGH-QUALITY PUBLIC HEALTH SERVICES REGARDLESS OF ITS LOCATION. THUS, THE STATE OF COLORADO AND EACH LOCAL PUBLIC HEALTH AGENCY SHOULD HAVE A COMPREHENSIVE PUBLIC HEALTH PLAN OUTLINING HOW QUALITY PUBLIC HEALTH SERVICES WILL BE PROVIDED.	Local public health agency and partnership	Local public health agency and partnership

		<p>(e) DEVELOPING A STRONG PUBLIC HEALTH INFRASTRUCTURE REQUIRES THE COORDINATED EFFORTS OF STATE AND LOCAL PUBLIC HEALTH AGENCIES AND THEIR PUBLIC AND PRIVATE SECTOR PARTNERS WITHIN THE PUBLIC HEALTH SYSTEM TO:</p> <p>(V) DEVELOP A COMPREHENSIVE PLAN AND SET PRIORITIES FOR PROVIDING ESSENTIAL PUBLIC HEALTH SERVICES.</p> <p>25-1-506. County or district public health agency - repeal. [Formerly 25-1-501]</p> <p>(3) (b) (I) TO COMPLETE A COMMUNITY HEALTH ASSESSMENT AND TO CREATE THE COUNTY OR DISTRICT PUBLIC HEALTH PLAN AT LEAST EVERY FIVE YEARS UNDER THE DIRECTION OF THE COUNTY OR DISTRICT BOARD AND TO SUBMIT THE PLAN TO THE COUNTY OR DISTRICT BOARD AND STATE BOARD FOR REVIEW;</p> <p>(II) TO ADVISE THE COUNTY OR DISTRICT BOARD ON PUBLIC POLICY ISSUES NECESSARY TO PROTECT PUBLIC HEALTH AND THE ENVIRONMENT;</p> <p>(e) TO DIRECT THE RESOURCES NEEDED TO CARRY OUT THE COUNTY OR DISTRICT PUBLIC HEALTH PLAN DEVELOPED PURSUANT TO SECTION 25-1-505;</p> <p>25-1-509. County and district public health directors.</p> <p>(2) [Formerly 25-1-508] IN ADDITION TO THE OTHER POWERS AND DUTIES CONFERRED BY THIS PART 5 OR BY THE AGENCY, A PUBLIC HEALTH DIRECTOR HAS THE FOLLOWING POWERS AND DUTIES:</p> <p>(e) TO DIRECT THE RESOURCES NEEDED TO CARRY OUT THE COUNTY OR DISTRICT PUBLIC HEALTH PLAN DEVELOPED PURSUANT TO SECTION 25-1-505;</p>		
Community health assessment	<p>Phase 3</p> <ol style="list-style-type: none">1. Review background materials.2. Determine the scope of your community health assessment.3. Develop a community health assessment data gathering outline.	<p>25-1-505(2)</p> <p>(2) EACH LOCAL PLAN SHALL, AT A MINIMUM:</p> <p>(a) EXAMINE DATA ABOUT HEALTH STATUS AND RISK FACTORS IN THE LOCAL COMMUNITY;</p>	<p>Domain 1 - Standard 1.1: Participate in or Lead a Collaborative Process Resulting in a Comprehensive Community Health Assessment</p> <p>Participation, meetings, process</p> <p>Measure 1.1.1 T/L</p> <p>Tribal/local partnership that develops a comprehensive community health assessment of the</p>	<p>Participation, process, monitoring/updating CHA</p> <p>Measure 1.1: The community health assessment is continually updated to broaden and deepen the community’s understanding of public health issues and resources</p> <p>Four requirements</p> <hr/>

	<div>4. Gather quantitative data.</div> <div>5. Gather qualitative data.</div> <div>6. Interpret the data and information.</div> <div>7. Report the results.</div> <div>Phase 4</div> <div>1. Review available resources and background materials.</div> <div>2. Determine the scope of your capacity assessment.</div> <div>3. Gather data and information.</div> <div>4. Interpret your findings.</div> <div>5. Report the results.</div>		<div>population served by the health department</div> <div>1. Participation of representatives from a variety of sectors of the Tribal or local community</div> <div>2. Regular meetings or communications with partners</div> <div>3. The process used to identify health issues and assets</div> <div>- <i>CHAPS is a state-based model followed in Colorado.</i></div> <div>Elements of a comprehensive community health assessment</div> <div>Measure 1.1.2 T/L</div> <div>A Tribal/local community health Assessment</div> <div>1. A Tribal or local community health assessment that Includes:</div> <div>a. Data and information from various sources contributed to the community health assessment and how the data were obtained</div> <div>b. Demographics of the Population</div> <div>c. Description of health issues and specific descriptions of population groups with particular health issues and inequities.</div> <div>d. Description of factors that contribute to specific populations’ health challenges.</div> <div>e. Description of existing Tribal or community assets or resources to address health issues</div> <div>2. Opportunity for the Tribal or local community at large to review and contribute to the assessment</div> <div>3. The ongoing monitoring, refreshing, and adding of data and data analysis</div> <div>Measure 1.1.3 All</div> <div>Accessibility of community health assessment to</div>	<div>Requirement 1: Collaborative process for the enhancement of the community health assessment</div> <div>Requirement Narrative: Provide a narrative description of the ongoing community collaborative process for continuous (at least annually) enhancement of the community health assessment. Ensure that the health assessment includes items (a) through (d) of the Guidance/below. Do not upload documentation of an example.</div> <div>1. Describe the ongoing community collaborative process for continuous (at least annual) enhancement of the community health assessment.</div> <div><i>The narrative must include:</i></div> <div>a. A description of the community partnership’s membership; structure; and methods of communication, sharing of data, and partnering on information gathering.</div> <div>b. A description of the ongoing community collaborative process for updating and revising the assessment (the incorporation of new information or data, for an increased understanding of public health issues and community assets). Include how various sectors contribute additional or new information and data and how information and data are incorporated into the assessment.</div> <div>c. A description of how the partnership ensures the participation of a variety of sectors of the community.</div> <div><i>Examples of sectors of the community that could be included in the collaborative process are:</i></div> <div>1. populations that are at higher health risk or have poorer health outcomes;</div> <div>2. the general public, such as neighborhood representation, youth, parents, seniors, LGBT, refugees and immigrants, and people with</div>
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			<p>agencies, organizations, and the general public</p> <p>1. Information provided to partner organizations concerning the availability of the community health Assessment</p> <p>2. The availability of the community health assessment findings to the public</p>	<p>disabilities, etc.;</p> <p>3. local government, such as elected officials, law enforcement, correctional agencies, housing, community development, economic development, parks and recreation, planning and zoning, school boards, etc.;</p> <p>4. state and Tribal government agencies;</p> <p>5. the business community, industries, and employers;</p> <p>6. not-for-profits, such as chamber of commerce, civic groups, children’s and women’s death review organizations, public health institutes, environmental public health groups, groups that represent minority health, groups that represent populations such as youth or seniors, etc.;</p> <p>7. community foundations and philanthropists;</p> <p>8. voluntary organizations;</p> <p>9. healthcare providers;</p> <p>10. faith based organizations;</p> <p>11. academia;</p> <p>12. the media;</p> <p>13. other levels of health departments including any Tribal health departments located in the health department’s jurisdiction;</p> <p>14. Military installations located in or near the health department’s jurisdiction.</p> <p>d. A description of ongoing efforts to expand the partnership’s membership in order to broaden the community sectors and population representatives involved in the revision and use of the community health assessment. (Additional sectors and population representatives can provide additional data sources, information, resources, and different perspectives.)</p> <p>Continued Advancement Describe plans for advancement of the health department’s work in the particular area addressed by this Requirement.</p>
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				<p>Requirement 3: Increasingly multidimensional and detailed descriptions of the health issues and/or community resources of the population or population groups</p> <p>Instructions: Upload two examples of primary data that have been collected and incorporated into the community health assessment since it was initially adopted. One example must be within 2 years; a second example may not be older than 5 years.</p> <p>3. Provide examples of primary data that have been collected and incorporated into the community health assessment since it was initially adopted. The purpose of collecting additional primary data is to create an increasingly robust, accurate, in-depth, and useful Assessment.</p> <p>The additional data must evidence further investigation of issues initially identified in the community health assessment. The purpose of the additional data is to have a deeper understanding of the health issues and/or resources of the population or population group(s) that were identified in the community health assessment. Additional data could be specific to a particular neighborhood, population, health issue, age group, at risk group, or program area, for example. The collection of additional data need not be jurisdiction wide, but is meant to delve deeper into an issue to illuminate health inequities for increased understanding.</p> <p>The intent is that the community partnership continually contributes to and increases its understanding of health issues and resources by asking additional questions and gathering additional data. The community health assessment is meant to be an evolving document that is amended as new information is gained so that it continues to be useful and does not go out</p>
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				<p>of date. The community health assessment is a community document, produced and used by the community.</p> <p>Primary data may be collected by the health department or by other members of the community partnership. Primary data may be collected through surveys of target groups, focus groups, key informant interviews, listening groups and other culturally appropriate methods, such as talking circles, Tribal consultation, etc. Primary data may be quantitative or qualitative and may be limited to a particular issue, population, or geographic area. Identification of specific pages of a revised community health assessment could suffice or updated/new data could be in a separate document, as an addendum to the community health assessment.</p> <p>Requirement 4: Availability of the community health assessment</p> <p>4. Describe examples of how the partnership informs other organizations and the public about the availability of the community health assessment. A community dashboard may be one method of communicating with the community.</p> <p>Requirement Narrative</p> <p>1. Provide a narrative that describes one example of how the partnership informs other organizations about the availability of the community health assessment. The example must have occurred within the last 5 years. Do not upload documentation of an example.</p> <p>2. Provide a narrative that describes one example of how the partnership informs the public about the availability of the community health assessment. The second example must have occurred within the last 5 years. Do not upload documentation of an example.</p> <p>Continued Advancement</p>
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				Describe plans for advancement of the health department's work in the particular area addressed by this Requirement.
Public health improvement plan (also referred to as Community Health Improvement Plan)	<p>Phase 6</p> <ol style="list-style-type: none"> 1. Review your community health assessment, current priorities, past PHIPs, and the state PHIP and priorities. 2. Determine the purpose(s) and audience of your PHIP. 3. Develop a planning process that includes key stakeholders. 4. Hold facilitated planning meetings. 5. Develop action plans for each priority issue. 6. Draft tech local PHIP. 7. Submit the local PHIP. 8. Disseminate the PHIP. 	<p>25-1-505. County and district public health plans - approval. (1) AS SOON AS PRACTICABLE AFTER THE APPROVAL OF EACH COMPREHENSIVE, STATEWIDE PUBLIC HEALTH IMPROVEMENT PLAN PURSUANT TO SECTION 25-1-504, EACH COUNTY OR DISTRICT PUBLIC HEALTH AGENCY SHALL PREPARE A COUNTY OR DISTRICT PUBLIC HEALTH PLAN, REFERRED TO IN THIS SECTION AS THE "LOCAL PLAN". EACH LOCAL PLAN SHALL NOT BE INCONSISTENT WITH THE COMPREHENSIVE, STATEWIDE PUBLIC HEALTH IMPROVEMENT PLAN REQUIRED UNDER SECTION 25-1-504.</p> <p>(2) EACH LOCAL PLAN SHALL, AT A MINIMUM:</p> <p>(a) EXAMINE DATA ABOUT HEALTH STATUS AND RISK FACTORS IN THE LOCAL COMMUNITY;</p> <p>(b) ASSESS THE CAPACITY AND PERFORMANCE OF THE COUNTY OR DISTRICT PUBLIC HEALTH SYSTEM;</p> <p>(c) IDENTIFY GOALS AND STRATEGIES FOR IMPROVING THE HEALTH OF THE LOCAL COMMUNITY;</p> <p>(d) DESCRIBE HOW REPRESENTATIVES OF THE LOCAL COMMUNITY DEVELOP AND IMPLEMENT THE LOCAL PLAN;</p> <p>(e) ADDRESS HOW COUNTY OR DISTRICT PUBLIC HEALTH AGENCIES COORDINATE WITH THE STATE DEPARTMENT AND OTHERS WITHIN THE PUBLIC HEALTH SYSTEM TO ACCOMPLISH GOALS AND PRIORITIES IDENTIFIED IN THE COMPREHENSIVE, STATEWIDE PUBLIC HEALTH IMPROVEMENT PLAN; AND</p> <p>(f) IDENTIFY FINANCIAL RESOURCES AVAILABLE TO MEET IDENTIFIED PUBLIC HEALTH NEEDS AND TO</p>	<p>5.2.2: Community health improvement plan adopted as a result of the community health improvement planning process</p> <p>5.2.3 A: Elements and strategies of the health improvement plan implemented in partnership with others</p> <p>5.2.4 A: Monitor and revise as needed, the strategies in the community health improvement plan in collaboration with broad participation from stakeholders and partners</p> <hr/> <p>Domain 12 - Standard 12.3: Encourage the governing entity's engagement in the public health department's overall obligations and responsibilities.</p> <p>Measure 12.3.1 A Information provided to the governing entity about important public health issues facing the community, the health department, and/or the recent actions of the health department</p> <p>1. Communication with the governing entity regarding important public health issues and/or recent actions of the health department</p> <p><i>Guidance</i></p> <p>1. The health department must document communications with the governing entity regarding important public health issues and/or recent actions of the health department. Important public health issues include a population's health status, health indicators, health equity and disparities, disease outbreaks, environmental health</p>	<p>Domain 5 - Measure 5.2: The health department encourages and participates in community collaborative implementation of the community health improvement plan and participates in its revision as community public health priorities are addressed and revised</p> <p>Requirement 1: The implementation of the community health improvement plan is tracked and the plan is revised, as needed</p> <p>1. Describe the community collaborative process used to continually track the implementation of the community health improvement plan and revise it.</p> <p>Requirement Narrative Provide a narrative description of the current community collaborative process used to continually track the implementation of the community health improvement plan and revise it. Ensure that the description addresses items (a) and (d) of the Guidance. Do not upload documentation of an example.</p> <p><i>The narrative must include:</i></p> <ol style="list-style-type: none"> a. A description of how the members of the community partnership share responsibility to implement and update the plan. Include how implementation responsibilities are assigned and how partners are accountable. b. A description of the community process to track implementation of the plan. c. A description of the community process for reassessing and revising community priorities. Include how new or

		MEET REQUIREMENTS FOR THE PROVISION OF CORE PUBLIC HEALTH SERVICES.	hazards, etc. Documentation could be reports, testimonies, formal meeting minutes, meeting summaries, program updates, reports on identified public health hazards, community health assessment findings , community dashboards, outbreak and response efforts, annual statistical reports, or other written correspondence (memos, emails).	<p>additional information or data that have been incorporated into the community health assessment (as per Measure 1.1) are considered in the priority process.</p> <p>d. A description of the community partner process for updating the plan. (Community partners may be the same partners identified in Measure 1.1, Required Documentation 1.)</p> <p>Continued Advancement Describe plans for advancement of the health department’s work in the particular area addressed by this Requirement.</p> <p>Requirement 2: Community health improvement plan</p> <p>Instructions: Upload your health department’s adopted most recent community health improvement plan. The plan must be no older than 5 years. Ensure that the plan includes items (a) through (e) of the Guidance.</p> <p>2. Provide the most recent version of the community health improvement plan.</p> <p><i>The plan must include:</i></p> <ul style="list-style-type: none">a. Community priorities for action.b. Desired measurable outcomes or indicators of health improvement and priorities for action.c. Considerations of social determinants of health, causes of higher health risks and poorer health outcomes, and health inequities.d. Plans for policy and system level changes for the
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				development process and findings , the workforce development plan, and the emergency operations plan.
Regional partnership	(TBD)			
Approval	<p>Phase 6</p> <p>9. Submit the local PHIP.</p> <p>Phase 8</p> <p>1. Share local/regional PHIP content with statewide partners (through plan submission, reporting, and collaboration).</p> <p>2. Participate in statewide planning opportunities.</p> <p>3. Communicate with stakeholders about the statewide plan.</p>	<p>25-1-508. [Formerly 25-1-502] County or district boards of public health - public health directors - repeal.</p> <p>(5)(b) TO APPROVE THE LOCAL PUBLIC HEALTH PLAN COMPLETED BY THE COUNTY OR DISTRICT AGENCY, AND TO SUBMIT THE LOCAL PLAN TO THE STATE BOARD FOR REVIEW;</p> <p>25-1-503. State board - public health duties.</p> <p>(e) TO REVIEW ALL COUNTY AND DISTRICT PUBLIC HEALTH AGENCY PUBLIC HEALTH PLANS, WHICH REVIEW SHALL BE BASED ON CRITERIA ESTABLISHED BY RULE BY THE STATE BOARD AND AGAINST WHICH EACH COUNTY OR DISTRICT PUBLIC HEALTH PLAN SHALL BE EVALUATED; AND</p>	<p>Domain 12 - Standard 12.3: Encourage the governing entity’s engagement in the public health department’s overall obligations and responsibilities.</p> <p>Measure 12.3.1 A</p> <p>Information provided to the governing entity about important public health issues facing the community, the health department, and/or the recent actions of the health department</p> <p>1. Communication with the governing entity regarding important public health issues and/or recent actions of the health department</p> <p><i>Guidance</i></p> <p>1. The health department must document communications with the governing entity regarding important public health issues and/or recent actions of the health department. Important public health issues include a population’s health status, health indicators, health equity and disparities, disease outbreaks, environmental health hazards, etc. Documentation could be reports, testimonies, formal meeting minutes, meeting summaries, program updates, reports on identified public health hazards, community health assessment findings, community dashboards, outbreak and response efforts, annual statistical reports, or other written correspondence (memos, emails).</p>	

Timeline	Every 5 years. Use local board of health approval date.	Every 5 years, at a minimum. Use local board of health approval date.	Every 5 years.	Reaccreditation and Annual Reporting requirements <i>Connect with the CDPHE Accreditation Coordinator, Leslie Akin, leslie.akin@state.co.us for up to date information on the process and timeline.</i>
Linkages between local and state plans	<p>Phase 8 It's intended that local public health improvement plans inform the development of the state plan for the purposes of:</p> <ul style="list-style-type: none"> -Increasing the efficiency and effectiveness of the public health system statewide. -Identifying gaps and the need for greater resource allocation to support core public health service provision. -Informing statewide goals and priorities for improvement. -Informing the state health agency to support and promote local public health. 	<p>25-1-505. County and district public health plans - approval. EACH LOCAL PLAN SHALL NOT BE INCONSISTENT WITH THE COMPREHENSIVE, STATEWIDE PUBLIC PAGE 9-SENATE BILL 08-194 HEALTH IMPROVEMENT PLAN REQUIRED UNDER SECTION 25-1-504.</p> <p>(2) EACH LOCAL PLAN SHALL, AT A MINIMUM: (e) ADDRESS HOW COUNTY OR DISTRICT PUBLIC HEALTH AGENCIES COORDINATE WITH THE STATE DEPARTMENT AND OTHERS WITHIN THE PUBLIC HEALTH SYSTEM TO ACCOMPLISH GOALS AND PRIORITIES IDENTIFIED IN THE COMPREHENSIVE, STATEWIDE PUBLIC HEALTH IMPROVEMENT PLAN; AND</p> <p>25-1-504. State comprehensive plan (XIII) DETAILED DESCRIPTION OF HOW THE PLAN WILL SUPPORT COUNTY OR DISTRICT PUBLIC HEALTH AGENCIES IN ACHIEVING THE GOALS OF THEIR COUNTY OR DISTRICT PUBLIC HEALTH PLANS;</p>	<p>Domain 5 - Standard 5.2: Conduct a Comprehensive Planning Process Resulting in a Tribal/State/Community Health Improvement Plan</p> <p>Measure 5.2.2 State State health improvement plan adopted as a result of the health improvement planning process</p> <p>1. State health improvement plan that includes:</p> <ul style="list-style-type: none"> a. Desired measurable outcomes or indicators of health improvement and priorities for action b. Policy changes needed to accomplish health objectives c. Individuals and organizations that have accepted responsibility for implementing strategies d. Consideration of Tribal, local, and national priorities <p>Different, but relevant:</p> <p><u>Healthy People 2010 and 2020 public health infrastructure objective:</u></p> <ul style="list-style-type: none"> ● PHI-15.4 Increase the proportion of local public health agencies that have health improvement plans linked to their State plan ● This is not a proposed HP 2030 objective. 	None at this time. 12/2018