

## Healthy People 2010 Operational Definition

---

**23-12. Increase the proportion of Tribal, State (including the District of Columbia), and local health agencies that have implemented a health improvement plan and increase the proportion of local health jurisdictions that have a health improvement plan linked with their State plan.**

**23-12d. Local jurisdictions that have linked health improvement plans to the State plans.**

<b>National Data Source</b>	National Profile of Local Health Departments (NPLHD), National Association of County and City Health Officials (NACCHO).
<b>State Data Source</b>	Not available.
<b>Healthy People 2000 Objective</b>	Not applicable.
<b>Changes since the 2000 Publication</b>	New subobjective.
<b>Measure</b>	Percent.
<b>Baseline (Year)</b>	37 (2005)
<b>Target</b>	41
<b>Target-Setting Method</b>	10 percent improvement. For a discussion of target-setting methods, see Part A, section 4.
<b>Numerator</b>	Number of local health agencies that have a health improvement plan linked to a State plan.
<b>Denominator</b>	Number of local health agencies.
<b>Population Targeted</b>	Local health agencies.
<b>Questions Used To Obtain the National Baseline Data</b>	Not applicable.
<b>Expected Periodicity</b>	Every three years.
<b>Comments</b>	A critical aspect of public health infrastructure assessment is monitoring the status of health

improvement plans at the State and local level. A health improvement plan is a long-term, systematic effort to address health problems on the basis of the results of a community needs assessment. This plan is used by health and other governmental education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources.

The text of Objective 23-12 was revised to focus on state and local health agencies. The original objective addressed health improvement plans for states and local jurisdictions.

Objective 23-12d was added at the Healthy People 2010 Midcourse Review. The subobjective moved from developmental to measurable when data from the 2005 NPLHD became available.

See Part C for a description of the NPLHD and Appendix A for focus area contact information.