The following table is provided to guide health departments, technical assistance providers, and others in transitioning from Version 1.5 (v1.5) to Version 2022 (v2022) of the PHAB Initial Accreditation Standards & Measures. This table may be helpful for conceptual mapping of how the requirements were revised from v1.5 to v2022. The crosswalk may also be helpful from a practical standpoint to assist health departments that would apply under v2022 but may have started to collect documentation under v1.5. Each domain begins with an overview of the content of the domain in v2022 and notes any major changes—for example, if a requirement moved from one domain to another. Then, for each measure in v2022, the middle column indicates which requirements are similar* to requirements from v1.5. The third column indicates any requirements that are new or provides other explanatory notes.

Disclaimer: Because v2022 incorporates significant structural changes in order to align with the Essential Public Health Services and Foundational Public Health Services frameworks, a complete crosswalk, such as was performed to transition from v1.0 to v1.5, is <u>not</u> possible.

Although this table indicates when the requirements are similar, they are NOT identical. It is imperative that health departments read the specific requirements for v2022. For example, while both v2022 and v1.5 have a requirement for demographic data in the CHA, Version 2022 specifies particular elements of demographics that must be included. If requirements in v1.5 are no longer present in v2022, they are <u>not</u> listed here.

v2022 Measure	Similar concepts in requirements	New requirements/Notes
Domain 1: Overarching Changes In v2022, Domain 1 focuses on the community health assessment, collection of non-surveillance data, sharing of data, and data analysis and use. Requirements for engaging in data sharing (for all health departments (HDs)) and engaging in data exchange (for state HDs only) were added to reflect changes in the field. Requirements related to collecting surveillance data have been consolidated into Domain 2.		
1.1.1 A: Develop a community health assessment.	• Partners and process for community health assessment (CHA) (similar to 1.1.1 in v1.5) • Data and information that comprise the CHA (similar to 1.1.2 RD1 in v1.5)	
1.1.2 A: Ensure the community health assessment is available and accessible to organizations and the general public.	• Sharing CHA (similar to 1.1.3 in v1.5)	• v2022 specifies that HD must share key findings from CHA as well as full CHA
1.2.1 A: Collect non-surveillance population health data.	• Use of qualitative and quantitative data collection instruments (similar to 1.2.3 in v1.5)	
1.2.2 T/L: Participate in data sharing with other entities.	• Sharing of data (similar to 1.2.4 L and 1.2.4 T in v1.5)	• v2022 specifies that data being shared must be record- level data
1.2.2 S: Engage in data sharing and data exchange with other entities.		• v2022 requires a data use agreement and use of data standards to support interoperability and exchanging data with the federal government, other HDs, or other entities

1.2.3 S: Facilitate use of statewide data systems.	• Provision of data to Tribal/Local (T/L) HDs and support to T/L HDs in use of data (similar to 1.4.3 S in v1.5)	• v2022 reframes requirements to focus on state support provided to T/L HD's use of statewide data systems
1.3.1 A: Analyze data and draw public health conclusions.	• Conclusions drawn from the analysis of data (similar to 1.3.1 RD 1 in v1.5)	
1.3.2 A: Share and review public health findings with stakeholders and the public.	• Presentation of key findings (similar to 1.4.2 in v1.5) • Distribution of data findings to the community (1.3.2 in v1.5) • Presentation or discussion of data findings (similar to 1.3.1 RD2 in v1.5)	
1.3.3 A: Use data to recommend and inform public health actions.	• Use of data (similar to 1.4.1 in v1.5)	
Domain 2: Overarching Changes In v2022, Domain 2 focuses on surveillance, investigation, containment, and mitigation, as well as emergency preparedness and response. Throughout Domain 2, requirements are better aligned to Project Public Health Ready (PPHR) and PHEP grantee reporting requirements. Health departments that are PPHR recognized are exempt from submitting documentation for Standard 2.2. Health departments that are PHAB accredited are exempt from CDC's Operational Readiness Reviews for PHEP grantees, Capability 13 (Public Health Surveillance and Epidemiological Investigation).		
2.1.1 A: Maintain surveillance protocols.	• Processes or protocols for surveillance, including 24/7 contact systems (similar to 1.2.1 in v1.5)	• v2022 requires a list of surveillance systems used and 2 examples of processes or protocols (rather than departmentwide processes).
2.1.2 A: Communicate with surveillance sites.	• Surveillance site contact lists, trainings, and receiving surveillance data (similar to 1.2.2 in v1.5)	• v2022 requires the process to maintain updated surveillance site contact information.
2.1.3 A: Ensure 24/7 access to resources for rapid detection, investigation, containment, and mitigation of health problems and environmental public health hazards.	• Resources for rapid detection, investigation, containment, and mitigation (similar to 2.3.1 RD1 in v1.5) • Laboratory certification and protocols for laboratory specimens (similar to 2.3.2 in v1.5)	
2.1.4 A: Maintain protocols for investigation of public health issues.	• Investigation protocols (similar to 2.1.1 in v1.5)	• v2022 requires a list of all protocols and 2 examples of protocols (rather than comprehensive protocol(s)).
2.1.5 A: Maintain protocols for containment and mitigation of public health problems and environmental public health hazards.	• Containment and mitigation protocols (similar to 2.2.1 RD1 in v1.5)	• v2022 adds consideration of social determinants of health or health inequities.
2.1.6 A: Collaborate through established partnerships to investigate or mitigate	• Collaborative investigation or mitigation (similar to 2.1.4 RD2 in v1.5)	• v2022 allows the examples to be of either investigation or mitigation.

public health problems and environmental public health hazards.		
2.1.7 A: Use surveillance data to guide improvements.	• Use of surveillance data (similar to 2.1.5 RD1 in v1.5)	• V2022 requires using surveillance data to identify differences in population groups and to make improvements to surveillance system(s) or containment or mitigation strategies.
2.1.8 S: Communicate about and support investigations at the Tribal or local level.	• State HD communications to T/L HDs on investigations and support provided to T/L HDs in investigations (similar to 2.1.6 S in v1.5)	
2.2.1 A: Maintain a public health emergency operations plan (EOP).	• Public health emergency operations plan (similar to 5.4.2 in v1.5)	• v2022 EOP requirements are better aligned to PPHR and PHEP grantee reporting requirements.
2.2.2 A: Ensure continuity of operations during response.	• Plans for continuity of operations (similar to 5.4.2 RD1, element d in v1.5)	
2.2.3 A: Maintain and expedite access to personnel and infrastructure for surge capacity.	• Equipment inventory and protocols for engaging personnel in surge scenarios (similar to 2.3.3 RD1, RD2, and RD3 in v1.5)	• v2022 requires processes for expedited administrative procedures.
2.2.4 A: Ensure training for personnel engaged in response.	• Schedules for trainings or exercises to prepare personnel who will serve in emergency response (similar to 2.3.3 RD4 in v1.5)	• v2022 requires, at a minimum, schedule of basic FEMA trainings on incident command for personnel who serve in response capacity and example of proactive or just-in-time training.
2.2.5 A: Maintain and implement a risk communication plan for communicating with the public during a public health crisis or emergency.	• Risk communications plan and implementation (similar to 3.2.4 and 2.4.3 in v1.5)	
2.2.6 A: Maintain and implement a process for urgent 24/7 communications with response partners.	• Emergency communication protocols and evidence of testing contact systems during and outside of normal business hours (similar to 2.4.2, and 5.4.1 RD3, element b in v1.5)	
2.2.7 A: Conduct exercises and use After Action Reports (AARs) to improve preparedness and response.	• Conducting exercises and using After Action Reports (similar to 2.2.3 RD3, 5.4.1 RD2, and 5.4.2 RD2 in v1.5)	• v2022 requires a plan for conducting response exercises and improvements made based on AARs.
2.2.8 S: Provide communications and other support to Tribal and local health departments related to response efforts.	• Information sought or reviewed and support provided T/L HDs to strength EOPs (similar to 2.4.4 S in v1.5)	• v2022 requires state HDs to provide support to T/L HDs that is responsive to their needs in developing, revising, or testing emergency operations plans.
Domain 3: Overarching Changes		

In v2022, Domain 3 focuses on non-emergency communications. Risk communications has been moved to Domain 2. Standard 3.2 addresses use of health communications or education strategies to promote health behaviors. Policy changes to promote health have been consolidated in Domain 5.		
3.1.1 A: Maintain procedures to provide ongoing, non-emergency communication outside the health department.	• Non-emergency communication procedures (similar to 3.2.3 RD1 in v1.5) • Capacity to communicate with individuals who are non-English speaking, deaf or hard of hearing, and blind or have low vision (similar to 3.2.6 in v1.5) • Working with the media to provide non-emergency communication (similar to 3.2.1 RD2 in v1.5)	
3.1.2 A: Establish and implement a department-wide brand strategy.	• Department-wide brand strategy and implementation (similar to 3.2.2 in v1.5)	
3.1.3 A: Communicate what public health is, what the health department does, and why it matters.	• Communications about public health and the HD (similar to 3.2.1 RD1 in v1.5)	• v2022 requires conveying information to the governing entity or advisory group.
3.1.4 A: Use a variety of methods to make information available to the public and assess communication strategies.	• Website and other communication strategies (similar to 3.2.5 in v1.5; also includes the availability of the CHA from 1.1.3, information on how to contact HD to report a public health emergency from 2.4.1 RD2, and laws and permit/license applications from 6.2.2, in v1.5)	• v2022 requires social media and the assessment of one communication strategy.
3.2.1 A: Design communication strategies to encourage actions to promote health.	• Department-wide approach for developing and implementing health promotion materials and activities (similar to 3.1.1 RD1 and 3.1.2 RD1 and RD2 in v1.5)	• v2022 requires an approach to health communication strategies (whereas 3.1.2 in v1.5 required an approach to health promotion).
3.2.2 A: Implement health communication strategies to encourage actions to promote health.	• Health communication strategies implemented in coordination with others to encourage actions to promote health (similar to 3.1.1 in v1.5)	
Domain 4: Overarching Changes In Version 2022, Domain 4 focuses on collaborations and the health department's engagement with its community. Engagement with those who set policies has been consolidated into Domain 5.		
4.1.1 A: Engage in active and ongoing strategic partnerships.		• v2022 requires two examples of a collaborative activity that arose from an ongoing collaboration with another organization.
4.1.2 A: Participate actively in community health coalition(s).	• Active participation in a current, ongoing community coalition(s) addressing population health topics (similar to 4.1.1 in v1.5)	• v2022 includes a focus on addressing disparities or inequities.
4.1.3 A: Engage with community members to address public health issues and promote health.		• v2022 requires 1 example of implementing a strategy to promote community engagement (whereas 4.1.2 in v1.5 was about providing technical assistance to

		others on community engagement).
Domain 5: Overarching Changes In v2022, Domain 5 focuses on review and improvement of laws and policies, the community health improvement plan, and efforts to address factors that contribute to health inequities. The emergency operations plan has moved to Domain 2 and the strategic plan to domain 10.		
5.1.1 A: Maintain awareness of public health issues that are being discussed by those who set policies and practices that impact on public health.	• Awareness of issues under consideration by those who set policies and laws (similar to 5.1.1 in v1.5)	
5.1.2 A: Examine and contribute to improving policies and laws.	• Review of current or proposed policy or law shared with those who set or influence policy (similar to 4.2.1, 5.1.2, 5.1.3, 6.1.1 RD1, and 6.1.2 in v1.5)	
5.2.1 A: Engage partners and members of the community in a community health improvement process.	• Partners and process to develop the CHIP (similar to 5.2.1 in v1.5)	
5.2.2 A: Adopt a community health improvement plan.	• Community health improvement plan, including the process used to track implementation (similar to 5.2.2 and 5.2.3 RD1 in v1.5)	• v2022 requires identification of assets or resources to address at least one specific priority area.
5.2.3 A: Implement, monitor, and revise as needed, the strategies in the community health improvement plan in collaboration with partners.	• Implementation of CHIP activities or strategies (similar to 5.2.3 RD2 in v1.5) • Annual review of progress made in implementing CHIP strategies and activities, and revision to the CHIP based on that review (similar to 5.2.4 in v1.5)	
5.2.4 A: Address factors that contribute to specific populations' higher health risks and poorer health outcomes.	• Incorporation of health equity into policy or procedure and implementation of strategies to address specific populations' high health risks and poorer health outcomes or inequities (similar to 3.1.3, 3.1.2 RD4, and 11.1.4 RD1 in v1.5)	
Domain 6: Overarching Changes In v2022, Domain 6 focuses on efforts to improve compliance with public health regulations, including investigation of complaints, investigations, and enforcement actions. v2022 clarifies requirements for health departments that do not have enforcement authority.		
6.1.1 A: Maintain knowledge of laws to promote and protect the public's health.	• Training staff on laws which they are programmatically required to enforce (similar to 6.2.1 RD1 in v1.5)	
6.1.2 A: Investigate complaints pertaining to public health regulations.	• Protocols for and steps taken to investigate complaints (similar to 6.3.3 RD1)	
6.1.3 A: Conduct and monitor inspection activities of regulated entities according to a schedule.	• Protocol or algorithm for scheduling inspections and database or log of inspection reports that meet inspection frequencies (similar to 6.3.2 in v1.5)	

6.1.4 A: Conduct enforcement actions.	• Protocols for enforcement (similar to 6.3.1 RD2 in v1.5) • Information provided to regulated entities about their responsibilities related to public health laws (similar to 6.2.3 in v1.5) • Hearings, meetings, or other official communications with regulated entities regarding a compliance plan (similar to 6.3.3 RD2 in v1.5)	• v2022 requires examples of implementing enforcement protocols and consideration of cultural humility, literacy, or other special communication considerations when providing information to regulated entities about their responsibilities.
6.1.5 A: Coordinate notification of enforcement actions among appropriate agencies.	• Communication protocol to notify another agency(ies) of enforcement actions (similar to 6.3.5 RD1 in v1.5) • Implementation of protocol to notify another agency of enforcement action(s) (similar to 6.3.5 RD3 in v1.5)	
6.1.6 A: Inform the public about enforcement activities.	• Protocol of notifying the public of enforcement activities (similar to 6.3.5 RD2 in v1.5) • Implementation of the protocol to notify the public of enforcement activities (similar to 6.3.5 RD3 in v1.5)	• v2022 focuses on the actions the public should or should not take based on enforcement activities. • v2022 requires consideration of cultural humility, literacy, or other special communication consideration when notifying the public.
6.1.7 A: Identify and implement improvement opportunities to increase compliance.	• Assessment of enforcement programs (similar to 6.3.4 in 1.5)	• v2022 requires changes to procedures to improve compliance. • v2022 requires communication to the public on the purpose of public health regulations.
Domain 7: Overarching Changes In v2022, Domain 7 includes an assessment of health care service availability and strategies to address access to health care. In addition, it includes a focus on social services, consistent with the Essential Public Health Services framework.		
7.1.1 A: Engage with health care delivery system partners to assess access to health care services.	• Collaborative assessment of access to health care (similar to 7.1.1, 7.1.2, and 7.1.3 in v1.5)	• v2022 consolidates requirements related to the collaborative assessment and specifies engaging and considering both primary care and behavioral health care in the collaborative process and assessment.
7.1.2 A: Implement and evaluate strategies to improve access to health care services.	• Collaborative implementation of a strategy to assist the population in obtaining health care services (similar to 7.2.1 RD2 and 7.2.2 in v1.5)	• v2022 requires evaluation findings of a strategy to increase access to health care.
7.1.3 S: Establish or improve systems to facilitate availability of high-quality health care.		• v2022 requires state HDs to demonstrate efforts to develop or improve systems for ensuring the availability of health care.
7.2.1 A: Collaborate with other sectors to improve access to social services.		• v2022 requires multi-sector implementation of an effort to improve access to social services

		or to integrate social services and health care.
7.2.2 A: Collaborate with other sectors to ensure access to care during service disruptions.		• v2022 requires a collaborative strategy to ensure continuity of access to needed care during service disruptions
Domain 8: Overarching Changes In v2022, Domain 8 includes recruitment and retention of the workforce, as well as workforce development, with an emphasis on diversity, equity, and inclusion (DEI). An assessment of staff competence related to DEI was moved from Domain 11 and inclusive culture was added as a component of a supportive work environment. In addition, feedback on staff satisfaction and actions taken were added.		
8.1.1 S: Build relationships with educational programs that promote the development of future public health workers.	• Ongoing relationship to promote public health careers to enhance training (similar to 8.1.1 S in 1.5)	
8.1.1 T/L: Collaborate to promote the development of future public health workers.	• Participation in a collaborative activity that promotes public health as a career choice (similar to 8.1.1 T/L in v1.5)	
8.1.2 A: Recruit a qualified and diverse health department workforce.	• Recruitment or hiring efforts aimed at securing a qualified and diverse workforce (similar to 8.2.2 RD1 and RD2 in v1.5)	
8.2.1 A: Develop a workforce development plan that assesses workforce capacity and includes strategies for improvement.	• Workforce development plan (similar to 8.2.1 RD1 in v1.5) • Equity assessment of staff competence in cultural humility, diversity, or inclusion (similar to 11.1.4 RD3 in v1.5) • Learning or educational opportunities that relate to gaps in capacity or capabilities identified within the workforce development plan (similar to 8.2.1 RD2 and 11.1.4 RD4 in v1.5)	• v2022 requires identification of priority gaps with plans to address gaps.
8.2.2 A: Provide professional and career development opportunities for all staff.	• Individualized professional development plans for non-managerial staff and progress towards completion (similar to 8.2.3 RD1 in v1.5) • Participation in leadership or management learning opportunities (similar to 8.2.3 RD2 in v1.5)	• v2022 allows the HD to demonstrate building management or leadership skills among non-management staff as part of a career ladder or succession planning.
8.2.3 A: Build a supportive work environment.	• Policies that demonstrate a supportive work environment (similar to 8.2.2 RD3 and 8.2.4 in v1.5)	• v2022 adds inclusive culture as a component of a supportive work environment. • v2022 requires an assessment of staff satisfaction and actions taken based on feedback.
8.2.4 S: Advance Tribal and local health department workforce development efforts.	• Information sought or reviewed and support provided T/L HDs to strength the public health workforce (similar to 8.2.5 S in v1.5)	• v2022 requires gathering or reviewing information to understand the needs of multiple Tribal and local HDs regarding strengthening the workforce and

		demonstrating responsiveness to their needs.
Domain 9: Overarching Changes In v2022, Domain 9 has one standard focused on performance management and quality improvement. A second standard addresses use and development of research, evidence, and practice-based insights (from Domain 10 in v1.5). This change reflects the Essential Public Health Services framework. The domain includes new requirements related to evaluation and innovation.		
9.1.1 A: Establish a performance management system.	• Performance management (PM) system (similar to 9.1.2 in v1.5)	• v2022 requires linkages to the strategic plan.
9.1.2 A: Implement the performance management system.	• Implementation of the PM system (similar to 9.1.3 RD2, RD3, RD4, and RD5 in v1.5)	• v2022 requires customer feedback data used for at least one objective.
9.1.3 A: Implement a systematic process for assessing customer satisfaction with health department services.	• Assessing customer feedback and actions taken based on feedback (similar to 9.1.4 in v1.5)	
9.1.4 A: Establish a process that guides health department quality improvement efforts across the department.	• A quality improvement (QI) plan (similar to 9.2.1 in v1.5)	
9.1.5 A: Implement quality improvement projects.	• Implementation of QI projects (similar to 9.2.2 RD1 in v1.5)	
9.1.6 A: Promote a culture of quality by engaging staff at all organizational levels in performance management and quality improvement.	• Findings from a PM assessment (similar to 9.1.3 RD6 in v1.5) • Functioning PM and QI committee, team, or council (similar to 9.1.3 RD1 in v1.5) • Staff at all levels engaged in developing or implementing PM or QI (similar to 9.1.1 and 9.2.2 RD2 in v1.5) • Staff professional development in PM or QI (similar to 9.1.5 in v1.5)	• v2022 requires consideration of PM or QI to encourage HDs to see QI as one component of PM, with both being necessary to foster continuous improvement.
9.1.7 S: Advance Tribal and local health department performance management systems or quality improvement.	• Support provided to T/L HDs regarding PM or QI (similar to 9.1.6 S in v1.5)	• v2022 requires gathering or reviewing information to understand the needs of T/L HDs to provide responsive support and broadens support beyond PM to include QI.
9.2.1 A: Identify and use applicable research and practice-based information for program development and implementation.	• Incorporation of research or practice-based information (similar to 10.1.1 in v1.5)	• v2022 requires a description of how the HD considered the appropriateness of the research or practice-based information for a particular group or community served.
9.2.2 A: Evaluate programs, processes, or interventions.		• v2022 requires an evaluation of a process, program, or intervention.

9.2.3 A: Communicate research findings, including public health implications.	• Communication of the public health implications of research (similar to 10.2.3 in v1.5)	
9.2.4 A: Foster innovation.		• v2022 requires efforts to foster innovation skills, practices, or processes.
9.2.5 T/S: Foster research.	• Involvement with researchers (similar to 10.1.2 RD2 in v1.5)	
9.2.6 S: Provide support to Tribal and local health departments in applying relevant research results or evidence-/practice-based learnings	• Support provided to T/L HDs regarding research or evidence-/practice-based learnings (similar to 10.2.4 S in v1.5)	• v2022 requires state HDs to gather input from T/L HDs on their needs for support in interpreting, adapting, or applying relevant research results or evidence-/practice-based learnings and demonstrating support provided to be responsive to their needs.

Domain 10: Overarching Changes

In v2022, Domain 10 focuses on administration, management, and governance. This content was in Domains 11 and 12 in v1.5, but has been moved to Domain 10 to reflect the Essential Public Health Services framework. Requirements related to information security and equity have been strengthened. Note: some items that had previously been submitted as documentation related to these requirements (e.g., budget and organizational chart) will be collected as part of the application.

10.1.1 A: Conduct a department-wide strategic planning process.	• Strategic planning process (similar to 5.3.1 and 5.3.2 required elements d - g in v1.5)	• v2022 requires the process for selecting strategic priorities.
10.1.2 A: Adopt a department-wide strategic plan.	• Department-wide strategic plan (similar to 5.3.2 in v1.5)	
10.1.3 A: Monitor implementation of the department-wide strategic plan.	• Monitoring of strategic plan implementation (similar to 5.3.3 in v1.5)	• v2022 requires communication with governance and staff at various levels concerning implementation of the strategic plan.
10.2.1 A: Manage operational policies including those related to equity.	• Operational policies or procedures reviewed, revised, and accessible to staff (similar to 11.1.1 in v1.5)	• v2022 requires adopted definitions of equity terms and a department-wide policy, declaration, or initiative that reflects specific intention focused on inclusion, diversity, equity, or anti-racism.
10.2.2 A: Maintain a human resource function.	• Human resource policies or procedures (similar to 11.1.5 RD1 in v1.5)	
10.2.3 A: Support programs and operations through an information management infrastructure.	• Process for determining updates, enhancements, or replacement of information systems (similar to 11.1.6 RD4 in v1.5)	• v2022 requires the process include how staff make requests and how those requests are reviewed.
10.2.4 A: Protect information and data systems through security and confidentiality policies.	• Information security policy(ies) (similar to 11.1.6 RD2 and RD3 in v1.5)	• v2022 requires a department-wide information security policy and staff training related to information security (whereas

	• Acknowledgement that all employees received confidential data handling policies (similar to 11.1.3 RD3 in v1.5)	v1.5 required an example of how information systems were secure).
10.2.5 A: Ensure clean, safe, accessible, and secure facilities.		• v2022 requires an improvement made to address physical facilities and assurance of accessibility to health department facilities or services when services are provided offsite or in a temporary location (the ADA compliance report moved to the Application).
10.2.6 A: Oversee grants and contracts.	• Program reports submitted to funding organizations (similar to 11.2.1 RD2 in v1.5) • High-risk grantee status (similar to 11.2.1 RD3 in v1.5) • Agreements with other organizations to provide services on behalf of the HD (similar to 11.2.2 in v1.5)	• v2022 requires an improvement made to the HD's processes for managing written agreements with other organizations or demonstrating compliance with requirements from funders.
10.2.7 A: Manage financial systems.	• Financial reports (similar to 11.2.3 RD 2 in v1.5) • Audit reports (similar to 11.2.1 RD1 in v1.5)	• v2022 requires improvement steps identified based on findings from the most recent audit.
10.2.8 A: Evaluate finances and seek needed resources to support ongoing and emergent needs.	• Formal efforts to seek additional financial resources or increase efficiencies and communicating the need for financial support (similar to 11.2.4 in v1.5)	• v2022 requires financial analysis of available and needed resources. • v2022 requires flexible financial management during uncertain or unplanned events.
10.3.1 A: Deliberate and resolve ethical issues.	• Process to deliberate and resolve ethical issues (similar to 11.1.2 in v1.5)	• v2022 requires how ethical decisions are communicated back to affected stakeholders and allows for an example of the deliberative process used to prevent the occurrence of an ethical issue.
10.3.2 A: Orient the governing entity and advisory board.	• Orientation of new members of the governing entity(ies) and advisory board(s) (similar to 12.2.1 in v1.5)	• v2022 requires an orientation provided to each governing entity(ies) and mandated advisory board(s) or a refresher if there are no new members within the last 5 years and adds that the orientation must include the health status of the community and priority issues.
10.3.3 A: Communicate with governance routinely and on an as-needed basis.	• Communicating with governing entity(ies) and advisory board(s) (similar to 12.3.1 in v1.5)	• v2022 requires a process description for how regular communication occurs with governance.

		• v2022 requires communication with governance outside of regular communications about an emergent issue. • v2022 requires sharing information discussed by governance with staff at all levels.
10.3.4 A: Access and use legal services in planning, implementing, and enforcing public health initiatives.	• Legal counsel (similar to 6.1.1 RD2 in v1.5)	• v2022 requires an example of engagement with legal counsel (whereas v1.5 required demonstrating access).