High Level Crosswalk between Version 2022 and Version 2016 of the PHAB Reaccreditation Standards & Measures

The following table is provided to guide health departments, technical assistance providers, and others in transitioning from Version 2016 (v2016) to Version 2022 (v2022) of the PHAB Reaccreditation Standards & Measures. This table may be helpful for conceptual mapping of how the requirements were revised from v2016 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 v2016. 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 v2016. 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 Initial v1.0 to v1.5, is **not** 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 v2016 have a requirement for demographic related data in the CHA, Version 2022 specifies particular elements of demographics that must be included. If requirements in v2016 are no longer present in v2022, they are not listed here.

v2016 of the Reaccreditation Standards & Measures has many fewer details than v1.5 of the Initial Accreditation Standards & Measures. Those details have been added back into v2022, based on feedback from the field that additional explanation would be helpful. As a result, v2022 has a lot more specificity for all measures. In this table, we only highlight places where the intent of the requirement has changed. Also, in v2022, the type of documentation may have shifted (e.g., to allow either an example or a narrative of an example). Those shifts are not included in the table below.

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) 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 Req1 in v2016) • Data and information that comprise the CHA (similar to 1.1 Req2 in v2016)	
1.1.2 A: Collaborate on and use the community health assessment process.	• Evolution of the CHA partnership (similar to 1.1 Req1, element d in v2016)	• v2022 specifies that the evolution of membership has a diversity, equity, inclusion lens. • v2022 adds requirement to show use of CHA.
1.2.1 A: Collect non-surveillance population health data.	• Collection of qualitative and quantitative data (similar to 1.3 Req1 in v2016)	

	• Purpose for data collection—could be related to expanding understanding from CHA (from 1.1 Req3 in v2016), but does not need to be	
1.2.2 T/L: Participate in data sharing with other entities.	• Sharing of data (similar to 1.3 Req7 in V2016)	• 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.	• Sharing of data (similar to 1.3 Req7 in v2016)	• 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: Provide assistance to local and Tribal health departments regarding statewide data systems, data collection, and use.		• v2022 requires provision of data to Tribal/Local (T/L) HDs, support to T/L HDs in use of data and specifically in use of statewide data systems.
1.3.1 A: Analyze data and draw public health conclusions.	• Analysis of data from multiple sources, including about subpopulations (similar to 1.3 Req4, Req5 in v2016) • Engagement with stakeholders about data findings (similar to 1.3 Req6, Req7 in v2016)	
1.3.2 A: Use data to recommend and inform public health actions.	• Use of data findings (similar to 1.3 Req3 in v2016)	
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 and improve surveillance systems.	• Surveillance system(s) and processes (similar to 1.2 Req1 in v2016)	• v2022 requires the process to maintain the list of surveillance sites, how surveillance data are used, and enhancements or significant changes made to surveillance system.
2.1.2 A: Ensure 24/7 access to resources for rapid detection, investigation, containment, and mitigation of health problems and environmental hazards.	• Policy(ies) or procedure(s) for 24/7 access to resources for detection, investigation, containment, or mitigation (similar to 2.2 Req1, element c in v2016)	
2.1.3 A: Improve and collaboratively implement practices for	• Collaborative implementation of investigation or mitigation actions	• v2022 requires updates to investigation, containment, or mitigation practices based on lessons learned or surveillance

investigation, containment, and mitigation of health problems and environmental hazards.	(similar to 2.1 Req2 and 2.2 Req1 in v2016)	data (whereas v2016 requires the protocols), as well as efforts to address social determinants of health or health inequities in containment or mitigation strategies.
2.1.4 S: Communicate about and support investigation at the Tribal or local level.		• v2022 is a state-only measure that requires communicating with T/L HDs during investigations.
2.2.1 A: Maintain a public health emergency operations plan (EOP).	• Public health emergency operations plan (similar to 5.4 Req2 in v2016)	• v2022 EOP requirements are better aligned to PPHR and PHEP grantee reporting requirements.
2.2.2 A: Ensure continuity of operations during response.	• Continuity of operations planning (similar to 5.4 Req2, element e in v2016)	
2.2.3 A Maintain and expedite access to personnel and infrastructure for surge capacity.		• v2022 requires improvements to surge capacity (whereas v2016 requires protocols), as well as processes for expedited administrative procedures during response to an event.
2.2.4 A: Ensure training for personnel engaged in response.		• v2022 requires, at a minimum, schedule of basic FEMA trainings on incident command for personnel who will serve in a response capacity and example of proactive or just-in-time training.
2.2.5 A: Maintain a risk communication plan and a process for urgent 24/7 communications with response partners.	• Risk communications plan (similar to 3.3 Req3 in v2016) • Emergency communication with response partners (similar to 2.2 Req2 in v2016)	
2.2.6 A: Assess potential hazards, vulnerabilities, and resources in the jurisdiction.		• v2022 requires results of a risk assessment of potential hazards, vulnerabilities, and resources.
2.2.7 A: Conduct exercises and use After Action Reports (AARs) to improve preparedness and response.	• Plan for conducting response exercises and After Action Reports (similar to 5.4 Req3 and Req4 in v2016)	• 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.		• 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 3.3 Req1 in v2016) • Capacity to communicate with individuals who are non-English speaking, deaf or hard of hearing, and blind or have low vision (similar to 3.3 Req2 in v2016) • Relationship with the media (similar to 3.3 Req5 in v2016)	• v2022 requires the process to maintain a contact list of key stakeholders for communications.
3.1.2 A: Inform the public about public health's role, functions, and build a positive reputation of the health department in the community.	• Department-wide brand strategy and implementation (similar to 3.2 in v2016)	• v2022 requires that implementation examples of the brand strategy include what public health is, what the health department does, and why it matters. It also requires a description of how the health department fosters trust.
3.1.3 A: Use a variety of methods to make information available to the public and assess communication strategies.		• v2022 requires a website with evidence of at least one update in the past year and examples of enhancements to web and social media.
3.2.1 A: Design and assess communication strategies to encourage actions to promote health.	• Department-wide approach for developing and implementing communication strategies to encourage health (similar to 3.1 Req1 in v2016)	• v2022 requires an approach to health communication strategies (whereas 3.1 in v2016 required an approach to health promotion).
3.2.2 A: Implement and evaluate health communication efforts to encourage actions to promote health and well-being.	• Communication efforts implemented to encourage health (similar to 3.1 Req2)	• v2022 requires communication campaigns shared through multiple modes and evaluation of implemented communication strategies.
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: Foster cross-sector collaboration to advance equity.	• Approach to cross-sector collaboration or alignment (similar to 4.1 Req1 in v2016)	
4.1.2 A: Participate actively in a community health coalition to promote health equity.	• Participation in a cross-sector coalition (similar to 4.1 Req2 in v2016)	• v2022 requires a cross-sector coalition that includes advancing equity or health equity as one of its goals.
4.1.3 A: Engage with community members to address public health issues and promote health.	• Strategy implemented to promote active participation or eliminate barriers to participation among community members (similar to 4.2 in v2016)	• v2022 requires use of an adopted community engagement model or framework.
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: 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 4.3, 5.1 Req2, and 6.1 in v2016)	• v2022 requires input gathered from stakeholders or strategic partners in the review of current or proposed policy.
5.2.1 A: Adopt a community health improvement plan.	• Community health improvement plan (CHIP) (similar to 5.2 Req2 in v2016)	• v2022 requires the identification of assets or resources to address at least one specific priority.
5.2.2 A: Encourage and participate in collaborative implementation and revision of the community health improvement plan.	• Implementation and revision of CHIP strategies or activities (similar to 5.2 Req1 in v2016).	• v2022 requires an example of implementing the CHIP and an example of revising a CHIP strategy or activity in collaboration with partners (whereas v2016 required the process).
5.2.3 A: Address factors that contribute to specific populations' higher health risks and poorer health outcomes.	• Collaborative implementation of a strategy to address factors that contribute to inequities (similar to 3.1 Req4 and 5.1 Req3 in v2016)	• v2022 requires efforts taken that contribute to building environmental resiliency.
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: Monitor and improve inspection activities.	• Inspection activities of regulated entities (similar to 6.3 Req2 element a and Req4 in v2016)	• V2022 requires findings from the review of at least one enforcement program/area.
6.1.2 A: Monitor and improve enforcement activities to assure accordance with protocols.	• Protocol(s) or policy(ies) for enforcement (similar to 6.3 Req2 in v2016)	• v2022 requires an example of updated enforcement protocol or policy and the process for reviewing activities of one enforcement program/area to ensure that they are performed in accordance with protocols.
6.1.3 A: Identify and implement improvement opportunities to increase compliance.	• Assessment of enforcement programs (similar to 6.3 Req2 in v2016) • Communication to the public on the purpose of public health regulations (similar to 6.2 Req1 in v2016)	• v2022 requires examples of actions taken to improve compliance.
6.1.4 A: Ensure investigation or enforcement activities are carried out collaboratively and equitably.		• v2022 requires improved coordination with other entities in conducting investigation or enforcement and steps taken to ensure investigation or enforcement activities are equitably applied.
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 in v2016)	• v2022 requires the collaborative assessment, which must consider primary care and behavioral health care (whereas v2016 required a narrative description of the assessment).
7.1.2 T/L: 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 in v2016)	• v2022 requires the evaluation findings of a strategy to increase access.
7.1.2 S: Establish or improve systems to facilitate availability of high-quality health care.	• Effort to develop or improve systems of care (similar to 7.2 in v2016).	
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). 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 A: Recruit and promote the development of a qualified and diverse public health workforce.	• Efforts to recruit a diverse workforce (similar to 8.1 Req1, element d in v2016)	• v2022 requires efforts to secure a qualified workforce, considering diversity, equity, or inclusion in recruitment and hiring, and collaboration with other organizations to recruit and build a pipeline of public health workers.
8.2.1 A: Develop and implement a workforce development plan and strategies.	• Workforce development plan and implementation (similar to 8.1 in v2016)	• v2022 requires, within the workforce development plan, findings of an equity assessment with consideration of priority gaps in staff competence in the areas of cultural humility, diversity, or inclusion. • v2022 requires the impact of implementing the workforce development plan. • v2022 requires the process for developing management or leadership skills as part of succession planning.
8.2.2 A: Build a supportive work environment.	• Policy(ies) to demonstrate a supportive work environment (similar to 8.2 Req1, Req2, and Req3 in v2016)	• v2022 requires considerations to build an inclusive culture. • v2022 requires efforts taken to improve the work environment or improve employee satisfaction.
8.2.3 S: Support efforts of Tribal and local health		• v2022 requires state health departments to demonstrate responsiveness to the

departments to strengthen the public health workforce.		needs of T/L HDs regarding strengthening the workforce.
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 v2016). This change reflects the Essential Public Health Services framework. The domain includes new requirements related to evaluation and innovation.		
9.1.1 A: Implement the performance management system.	• Performance management system and implementation (similar to 9.1 Req1 in v2016)	• v2022 requires an example related to customer feedback in the implementation of the system.
9.1.2 A: Establish a process that guides health department quality improvement efforts across the department.	• Quality improvement plan (similar to 9.2 Req2 in v2016)	
9.1.3 A: Implement quality improvement projects.	• Implementation of quality improvement projects (similar to 9.2 Req4 in v2016)	
9.1.4 A: Nurture a culture of quality across the health department.	• Maturity of PM and QI to focus a culture of quality (similar to 9.1 Req2 and Req3 and 9.2 Req1, Req3 and Req5 in v2016)	
9.2.1 A: Base programs and interventions on the best available evidence.	• Process to look for and use evidence-based or promising practice (similar to 10.1 in v2016)	• v2022 requires evidence of customizing evidence-based or promising practices to be appropriate for the community and the community's particular characteristics. • v2022 requires an improvement made based on the evaluation of a program, process or intervention.
Measure 9.2.2 A: Foster innovation		• v2022 requires an effort to foster innovation skills, practices, or processes.
Measure 9.2.3 T/S: Foster research.		• v2022 requires involvement with researchers to foster research (whereas v2016 required monitoring or sharing research results, evaluations, and evidence-based practices).
9.2.4 S: Provide support to Tribal and local health departments in applying relevant research results or evidence-/practice-based learnings.		• v2022 requires state HDs gather input from T/L HDs on their needs for support in interpretating, 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 v2016, 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.		

10.1.1 A: Adopt a department-wide strategic plan.	• Strategic planning process and strategic plan (similar to 5.3 in v2016)	• v2022 requires engaging the governing entity or advisory board in developing the strategic plan and process steps. • v2022 requires linkages with performance management within the strategic plan.
10.1.2 A: Monitor implementation of the department-wide strategic plan.	• Monitoring progress towards the strategic plan and communicating about strategic plan implementation (similar to 5.3 Req1 in v2016)	• v2022 requires communicating with the governing entity or advisory board about strategic plan implementation.
10.2.1 A: Manage operational policies including those related to equity.	• Operational policies or procedures, including human resource policies or procedures reviewed, revised, and communicated to staff (similar to 11.1 Req1 and Req2 in v2016)	• 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 secure information management infrastructure to support strategic goals.	• Information security policy (similar to 11.1 Req3 in v2016)	• v2022 requires a department-wide information security policy. • v2022 requires improvements to information management systems to advance strategic goals.
10.2.3 A: Ensure facilities are accessible.		• v2022 requires assurance of accessibility to facilities or services when provided offsite or in a temporary location.
10.2.4 A: Oversee financial management systems.	• Financial management (similar to 11.1 Req4 in v2016)	• v2022 requires all formal communications from state or federal funders that indicate a "high-risk" grantee status. • v2022 requires improvements made to managing written agreements with other organizations or for demonstrating compliance with requirements from funders. • v2022 requires external financial audits. • v2022 requires improvement steps identified back on findings from the most recent audit.
10.2.5 A: Evaluate finances and seek needed resources to support ongoing and emergent needs.	• Efforts to ensure the HD's sustainability (similar to 11.1 Req5)	• v2022 requires an effort to evaluate financials and to seek additional financial resources or increase efficiencies. One example must show engagement with the governing entity with financial oversight for the HD. • v2022 requires a process for flexible financial management during uncertain or unplanned events, as well as an example of implementation of that process.
10.3.1 A: Deliberate and resolve ethical issues.	• The process to deliberate and resolve ethical issues (similar to 11.2 in v2016)	• v2022 requires specific components of the process, such as, which individuals are responsible for making decisions,

		how information is gathered, how decisions are re-evaluated in light of new information, and how decisions are communicated back to affected stakeholders. • v2022 allows for an example of the deliberative process used to prevent the occurrence of an ethical issue.
10.3.2 A: Communicate with governance routinely and on an as-needed basis.	• Communication with the governing entity (similar to 12.1 and 12.2 in v2016)	• v2022 requires a description of how the HD shares information discussed by the governing entity or advisory board with all levels of staff.
10.3.3 A: Access and use legal services in planning, implementing, and enforcing public health initiatives.		• v2022 requires engagement with legal counsel, including an example where receiving timely legal counsel was important.