

# Version 2022 Summary

## Administration, Management and Governance of Health Departments Expert Panel Reviewers Summary Recommendations

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The Public Health Accreditation Board is a 501(c)3 nonprofit organization dedicated to improving and protecting the health of the public by advancing and transforming the quality and performance of governmental public health agencies in the U.S. and abroad.

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### Background

As PHAB continues to work on Version 2022 of the accreditation Standards & Measures, a group of seasoned public health administrators very familiar with PHAB's accreditation criteria served as a virtual expert panel of reviewers. They provided feedback on proposed changes that were drafted based on potential alignment between PHAB's accreditation standards with the 2020 refreshed [Essential Public Health Services](#) (EPHS) framework; the [Council on Accreditation standards](#); the [ASTHO Dashboard](#); the [Uniform Chart of Accounts](#); and, a report developed by Georgia Southern University entitled "[The Administration and Management of COVID19 Contact Tracing Programs](#)." A more detailed report has been provided to PHAB, but this summary provides a synopsis of the major recommendations. Simple updates or proposed edits in wording are not included in this summary. Comments on the proposed changes that emerged from COVID-19 lessons learned are reflective of the responsibilities of administration and management, which are posed to augment earlier recommendations related to emergency preparedness and response. It should be noted that several recommendations were made to consolidate or delete requirements to balance the recommended additions.

### Administration/Management

Organizational administrative competence is the capacity to lead internal and external stakeholders to consensus, with movement to action, and to serve as the public face of governmental public health in the health department's jurisdiction. It is also the capacity and skills to directly lead or actively engage in health policy development, discussion, and adoption with local, state, and national policymakers and to define a strategic direction for public health initiatives. It includes organizing, leading, and impacting the efforts of organizational human and other resources to make decisions and achieve organizational goals. *(Based on ASTHO Performance Dashboard and Metrics; COA Administration and Management Standards; FPHS; and Public Health 3.0.)*

## Recommendations

- Change the title to “Maintain a strong organizational administrative infrastructure” to better align with the 2020 EPHS language.
- Add requirement that policies and procedures must be developed or revised to reflect specific intention regarding initiatives on health equity, discrimination, and racism as public health issues.
- New Measure Proposed: Add a new measure that addresses policies for infrastructure operations that address future uncertain challenges and/or disruption in normal operations.
- Measure 11.1.3: No proposed changes in measure of wording, except to remove the phrase “including applicable HIPAA requirements” from the measure stem and add it as an example in the guidance. There are multiple guidance documents and requirements for various programs that include confidentiality.
- New Measure Proposed: A new measure that requires an organizational process for ensuring that policies, programs, and interventions are not reinforcing cultural bias, barriers, and inequities. The health department must have a process for examining its organizational policies and procedures to ensure that they are not reinforcing cultural bias, racism, discrimination, systemic barriers, and inequities. The process should be based on an evidenced-based toolkit or framework.
- New Measure Proposed: A plan for staff recruitment, retention, training, and deployment/assignment during an unforeseen crisis. Human resource policies and procedures should be designed to specifically include future unforeseen circumstances such as a need to quickly address staff surge capacity, existing administrative capacity, diversity of populations served, specialized staff skill mix, desirable employee attributes, and challenges associated with adapting to a remote work environment.
- Measure 11.1.6: Rephrase this measure to state that the health department must have a systematic and strategic process for maintaining robust information technology services that are current, meet privacy and security standards, support analysis and distribution of health and program data, and provide updated means of communications.
- New Measure Proposed: The health department must provide its information/data governance process for developing, maintaining, and managing information systems as well as maintaining data integrity.
- New Measure Proposed: The health department must provide a written process for how to adapt their standard financial procedures to manage uncertain or unplanned public health events.
- Measure 11.2.2: Add a requirement under this measure that the health department must have a written process for assessing the timeliness and appropriateness of contract and invoice payments, in accordance with health department procedures.
- Measure 11.2.3 and Measure 11.2.4: The Uniform Chart of Accounts was recommended as one documentation mechanism for building financial reports and for educating about resources needed for public health functions.

## Governance

The health department’s support and engagement of its governing entity in maintaining and strengthening the public health infrastructure for the jurisdiction served is vital to strong public health practice. Governing entities both directly and indirectly influence the direction of a health department and should play a key role in accreditation efforts.

Recommendations for the Governance component were initiated from two town hall sessions in 2018 and 2019 at the National Association of Local Boards of Health (NALBOH) annual conference. In 2020, those recommendations were intentionally reviewed for their application to other forms of governance. Some

clarity is needed in the introductory information that these requirements are specifically for health departments working with their governing entities, not requirements FOR the governing entity.

#### Recommendations:

- Measure 12.2.1: No change in the measure itself but require additional information about the process the health department routinely uses to interact with their governing entity. This sets the tone for the rest of the requirements in this domain.
- Standard 12.3: Add descriptive language in the standard overview to include how the health department and the governing entity communicate about strategies to manage uncertain and unplanned events (pandemics, outbreaks, natural disasters).
- Proposed change in the wording of the standard to: “Engage with the governing entity in developing strategies for carrying out the public health department’s obligations and responsibilities.” The rationale is that the health department is accountable for what it does to engage with its governing entity in the most effective manner. The type of engagement will vary based on the governance model.
- Proposed additional language under this same standard includes communication with the governing entity regarding science and evidence-based strategies to address unplanned public health events (pandemics, outbreaks, natural disasters, etc.). Examples may include how the health department provided information on the public health roles and responsibilities during a pandemic/epidemic, outbreak, natural disaster, or other unplanned event.
- Measure 12.3.2: Recommend the deletion of this measure: “Actions taken by the governing entity tracked and reviewed.” While it is important for the health department to be knowledgeable about the decisions made by the governing entity, PHAB has learned that it is difficult in practice to monitor and track those decisions formally.
- Measure 12.3.3: Communication with the governing entity concerning assessment and improvement of the health department’s performance is the current focus. However, adding a requirement about communication concerning the status of the CHA/CHIP, Strategic Plan, and Emergency Operations Plan would strengthen and broaden this measure requirement.

#### Expert Panel Virtual Reviewers

- Kathy Vincent, former Deputy State Health Officer, Alabama Department of Health and COVID-19 Region IV Coordinator for the CDC Foundation
- Kate Marone, Director of Healthy Lincoln County Medical Care Development, Inc. and former Accreditation Coordinator, Maine Department of Public Health
- Jeff Lake, former Deputy Director of the Virginia Department of Health and former PHAB Volunteer Services Coordinator
- Colleen Svoboda, Partnerships and Assessment Manager, UNMC College of Public Health and former Administrator, Office of Community Health & Performance Management, Nebraska DHHS, Division of Public Health
- David M. Souleles, Director, COVID-19 Response Team, Program in Public Health, Susan and Henry Samueli College of Health Sciences, University of California, Irvine and former local health official, Orange County, California.
- Margaret Rivello, former Director of the Chester County Health Department, PA.
- Mary Wellik, former Director of the Olmstead County Health Department, Rochester, MN
- Joe Kyle, former Deputy Director, South Carolina Department of Health