

VERSION 2.0 WORK IN PROGRESS: Public Health Data – What Have We Learned from Accredited Health Departments? September 2019



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 ultimately transforming the quality and performance of state, local, tribal, and territorial public health departments.



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This document summarizes what PHAB has learned about how health departments (HDs) participating in accreditation are addressing public health data-related activities. In particular, it focuses on the reasons that HDs struggled with measures that relate to public health data. It also includes findings from Section II of accredited HDs' Annual Reports.

Below is a summary of the distribution of assessments for related measures. These data are for 179 HDs assessed under Version 1.0 and 135 HDs assessed under Version 1.5.¹ Measures were selected because they are relevant to collecting, analyzing, and using data.

Measure	%Fully Demonstrated	%Largely Demonstrated	%Slightly Demonstrated	%Not Demonstrated	N
1.1.2 (ver 1.0)	43.6%	49.2%	7.3%	0.0%	179
1.1.2 (ver 1.5)	14.1%	62.2%	23.7%	0.0%	135
1.2.1	51.6%	42.4%	6.1%	0.0%	314
1.2.2	54.5%	37.9%	7.6%	0.0%	314
1.2.3 (ver 1.0)	76.0%	19.6%	4.5%	0.0%	179
1.2.3 (ver 1.5)	43.7%	47.4%	8.1%	0.7%	135
1.2.4	70.7%	20.7%	8.3%	0.3%	314
1.3.1 (ver 1.0)	64.8%	23.5%	11.7%	0.0%	179
1.3.1 (ver 1.5)	31.1%	50.4%	18.5%	0.0%	135
1.3.2	75.5%	14.6%	7.3%	2.5%	314
1.4.1	79.3%	13.7%	4.8%	2.2%	314
1.4.2	76.1%	13.7%	6.7%	3.5%	314
1.4.3	52.6%	44.7%	2.6%	0.0%	38
2.1.1	70.3%	21.8%	6.9%	1.0%	303
2.1.2 (ver 1.0)	60.9%	29.1%	8.9%	1.1%	179
2.1.2 (ver 1.5)	48.4%	27.4%	21.0%	3.2%	124
2.1.3	89.8%	4.3%	3.3%	2.6%	303
2.1.4	67.0%	27.1%	5.9%	0.0%	303
2.1.5	73.9%	22.4%	3.6%	0.0%	303
2.1.6 S	81.6%	10.5%	7.9%	0.0%	38
2.2.1	70.3%	21.5%	6.9%	1.3%	303
2.2.2	59.1%	24.8%	13.9%	2.3%	303
2.2.3	56.8%	36.3%	6.9%	0.0%	303
5.2.2 (ver 1.0)	51.4%	37.4%	11.2%	0.0%	179
5.2.2 (ver 1.5)	34.8%	48.9%	15.6%	0.7%	135
6.3.4 (ver 1.0)	50.8%	27.9%	19.0%	2.2%	179
6.3.4 (ver 1.5)	33.3%	40.7%	24.4%	1.5%	135
7.1.1 (ver 1.0)	69.8%	20.7%	7.8%	1.7%	179
7.1.1 (ver 1.5)	32.6%	42.2%	24.4%	0.7%	135
7.1.2	68.2%	17.5%	11.8%	2.5%	314
7.1.3 (ver 1.0)	53.1%	27.9%	19.0%	0.0%	179
7.1.3 (ver 1.5)	35.6%	37.0%	25.2%	2.2%	135
9.1.2 (ver 1.0)	83.2%	8.9%	6.7%	1.1%	179
9.1.2 (ver 1.5)	63.0%	20.0%	12.6%	4.4%	135
9.1.3 (ver 1.0)	45.3%	27.9%	22.3%	4.5%	179
9.1.3 (ver 1.5)	37.0%	40.7%	20.7%	1.5%	135
11.1.6 (ver 1.0)	90.5%	8.4%	1.1%	0.0%	179
11.1.6 (ver 1.5)	59.3%	38.5%	2.2%	0.0%	135

¹ Data for measures in Domain 2 were pulled for an earlier report on Environmental Health available here: <https://phaboard.org/wp-content/uploads/2.0Environmental-healthLearned.pdf> and reflect a slightly smaller number of HDs.

Data are presented separately for health departments assessed under Version 1.0 and Version 1.5 of the Standards & Measures if there was a substantive change in the requirements. If the two versions are substantively the same, the aggregate data are presented. The numbering of some of the measures changed between Version 1.0 and Version 1.5. (For example, Measures 9.1.2 and 9.1.3 in Version 1.0 were combined into Measure 9.1.3 in Version 1.5.)

To better understand HDs' performance on these Measures, PHAB conducted an analysis of the conformity comments of HDs that were assessed as Slightly or Not Demonstrated (SD/ND) in at least 5% of the Site Visit Reports. The results of those analyses are shown below. For each Measure, the most common reasons for the assessment are listed, including the number of HDs for which that reason was indicated. One HD could have multiple reasons listed. The reasons are linked to specific required documentation (RD) listed in the PHAB Standards and Measures. For reference, please see:

https://www.phaboard.org/wp-content/uploads/2019/01/PHABSM_WEB_LR1.pdf.

Measure 1.1.2: Community Health Assessment

Of the 45 HDs assessed as SD/ND, the most common challenges were documentation that failed to demonstrate:

- RD2: Evidence of community input (37 HDs)
- RD2: Evidence of sharing preliminary findings (29 HDs)
- RD1: Discussion of inequities/disparities (ver.1.5 only) (23 HDs)
- RD1: Discussion of factors that contribute to specific populations' health challenges (22 HDs)
- RD1: Description of community assets or resources to address health issues (18 HDs)

Measure 1.2.1: 24/7 surveillance system or set of program surveillance systems

Of the 19 HDs assessed as SD/ND, the most common challenges were deficiencies in documentation that demonstrated:

- RD2: Specification of which surveillance data are considered confidential (9 HDs)
- RD1: Written processes and/or protocols used to collect surveillance data (6 HDs)
- RD2: Written procedures for ensuring confidentiality of data (6 HDs)
- RD4: Evidence of testing the 24/7 contact system (6 HDs)
- RD4: Evidence of testing a variety of mechanisms (e.g., phone line, email) (6 HDs)

Measure 1.2.2: Communication with surveillance sites

Of the 24 HDs assessed as SD/ND, the most common challenges were deficiencies in documentation that demonstrated:

- RD3: Received surveillance data itemized by reporting site (9 HDs)
- RD2: Attendance at reporting requirement training by surveillance site members (6 HDs)
- RD2: Relevance to surveillance reporting sites (i.e., provided documentation of training for other types of stakeholders) (6 HDs)
- RD3: Receipt of surveillance data (i.e., provided documentation about other types of data) (6 HDs)

Measure 1.2.3: Primary Data

Of the 20 HDs assessed as SD/ND, the most common challenges were deficiencies in documentation that demonstrated:

- RD3 (ver. 1.5, RD2 ver. 1.0): Inclusion of data sets collected by standardized instruments (7 HDs)
- RD1: Data collected by the HD (5 HDs)
- RD2 (ver. 1.5): Inclusion of data about a high risk population (5 HDs)

Measure 1.2.4: Data provided to the state health department and Tribal health departments in the jurisdiction the local health department is authorized to serve

Of the 28 HDs assessed as SD/ND, the most common challenges were deficiencies in documentation that demonstrated:

- Inclusion of secondary data (7 HDs)
- Data from areas within PHAB's scope of authority (6 HDs)
- Evidence of sharing data with Tribal health departments (6 HDs)
- Evidence of sharing data with the state health department (6 HDs)

For state HDs, the measure requires documentation of data provided to Tribal and local health departments located in the state. (Of the 3 state HDs assessed as SD/ND, there was no discernible trend in challenges.)

Measure 1.3.1: Data analyzed and public health conclusions drawn

Of the 46 HDs assessed as SD/ND, the most common challenges were deficiencies in documentation that demonstrated:

- RD1: Analysis and conclusions that have comparison data (22 HDs)
- RD2: Review and discussion of the data analysis with others (18 HDs)
- RD1: Description of the analytic process used that is evidence-based with appropriate citation (ver. 1.5 only) (14 HDs)
- RD1: Demonstration of analysis by the health department (14 HDs)

Measure 1.3.2: Public health data provided to various audiences on a variety of public health issues

Of the 31 HDs assessed as SD/ND, the most common challenge was documentation that failed to demonstrate:

- Analysis or an analytic report of data related to a public health issue (23 HDs)

Measure 1.4.1: Data used to recommend and inform public health policy, processes, programs, and/or interventions

Of the 22 HDs assessed as SD/ND, the most common challenges were deficiencies in documentation that demonstrated:

- Connection between data provided and policies (11 HDs)
- Inclusion of any data (7 HDs)
- Inclusion of data within PHAB's scope of authority (6 HDs)

Measure 1.4.2 S/T/L: Statewide/Tribal/community summaries or fact sheets of data to support public health improvement planning processes at the State/Tribal or local level

Of the 32 HDs assessed as SD/ND, the most common challenges with documentation included:

- Data provided was CHA data, which is ineligible for this measure (16 HDs)
- RD1: Data were not provided by HD (i.e., came from another source) (13 HDs)
- RD1: Documentation submitted was not a data summary/profile (10 HDs)

Measure 2.1.1: Protocols for investigation process

Of the 25 HDs assessed as SD/ND, the most common challenges were deficiencies in documentation of the following:

- RD1b: Inclusion of a timeline (11 HDs)
- RD1a: Assignment of responsibilities (10 HDs)
- Within the timeframe of 24 months (9 HDs)
- RD1b: Case investigation steps (8 HDs)
- RD1b: Reporting requirements (8 HDs)

Measure 2.1.2: Capacity to conduct an investigation of infectious disease

Of the 48 HDs assessed as SD/ND, the most common challenges were:

- Documentation did not align investigation reports with procedures (28 HDs)
- Lack of demonstration of HD's capacity to respond to outbreak (23 HDs)
- Documentation did not represent an audit or peer review of investigation reports (15 HDs)

For state HDs, the measure requires documentation of the capacity to conduct and/or support investigations of multiple diseases simultaneously. (Of the 5 state HDs that were assessed as SD/ND, 2 were cited for concerns related to simultaneous investigations.)

Measure 2.1.3: Capacity to conduct investigations of non-infectious health problems, environmental, and/or occupational public health hazards

Of the 18 HDs assessed as SD/ND, the most common challenge was deficient documentation of the following:

- Completed investigation of a non-infectious health problem or hazard (9 HDs)

Measure 2.1.4: Collaborative work through established governmental and community partnerships on investigations of reportable diseases, disease outbreaks, and environmental public health issues

Of the 17 HDs assessed as SD/ND, the most common challenges were deficiencies in documentation of the following:

- RD1: Documentation of contracts/MOAs/MOUs/etc. that established partnerships for the investigation of outbreaks of disease, health care associated infections, or environmental public health concerns (7 HDs)
- Within appropriate timeframes (6 HDs)
- RD1: Appropriate partners within the HD's jurisdiction (5 HDs)
- RD1: Related to disease outbreak or environmental health investigations (5 HDs)
- RD2: Description of partner roles and responsibilities (5 HDs)

Measure 2.1.6 S: Consultation, technical assistance, and/or information provided to Tribal and local HDs in the state regarding the management of disease outbreaks and environmental public health hazards.

This is a state-only measure with only 3 HDs assessed as ND/SD. No clear patterns emerged.

Measure 2.2.1: Protocols for containment/mitigation of public health problems and environmental public health hazards

Of the 25 HDs assessed as SD/ND, the most common challenges were deficiencies in documentation of the following:

- Protocols that address prophylaxis/biologics (14 HDs)
- Protocols that address clinical management (12 HDs)
- Protocols that address disease-specific mitigation and containment (11 HDs)
- Protocols that address the process for exercising legal authority for disease control (11 HDs)
- Protocols that address contact management (11 HDs)

Performance on Measure 2.2.2: A process for determining when the All Hazards EOP will be implemented

Of the 49 HDs assessed as SD/ND, the most common challenges were deficiencies in documentation of the following:

- Providing protocols that addressed All Hazards Emergency Operations Plan activation in the following circumstances:
 - RD1: Infectious disease outbreaks (25 HDs)
 - RD2: Environmental public health issues (24 HDs)

- RD3: Cluster evaluations (22 HDs)
- Providing any protocols that addressed the following circumstances
 - RD2: Environmental public health issues (21 HDs)
 - RD3: Cluster evaluations (20 HDs)
 - RD1: Infectious disease outbreaks (15 HDs)

Measure 2.2.3: Complete After Action Reports (AARs)

Of the 20 HDs assessed as SD/ND, the most common challenges were deficiencies in documentation of the following:

- RD1: Documentation of a protocol describing the processes used to determine when events rise to the significance of requiring an AAR (11 HDs)
- RD2: List of events comprehensive of outbreaks and environmental public health risks (8 HDs)
- RD2: List of events including indication of which required an AAR (8 HDs)

Measure 5.2.2: Community health improvement plan adopted as a result of community health improvement planning

Of the 42 HDs assessed as SD/ND, the most common challenges were documentation that failed to demonstrate:

- RD1d: Consideration of national, state, or local priorities (28 HDs)
- RD1b: Consideration of policy changes needed to achieve health objectives (25 HDs)
- RD1a: Inclusion of measurable outcomes or indicators of health improvement (22 HDs)
- RD1c: Specific responsibilities of partners (20 HDs)
- RD1a: Inclusion of time-framed strategies to achieve health outcomes (16 HDs)

Measure 6.3.4: Patterns or trends identified in compliance from enforcement activities and complaints

Of the 73 HDs assessed as SD/ND, the most common challenges were:

- In RD1, which requires reports that summarize complaints, enforcement activities, or compliance and include patterns, trends, and compliance:
 - Documentation of trends (50 HDs)
 - Summary of enforcement activities or compliance (34 HDs)
- In RD2, which requires debriefings or evaluations of enforcement for process improvements:
 - Inclusion of evaluation/debrief (26 HDs)
 - Documentation of process improvements (19 HDs)

Measure 7.1.1: Process to assess the availability of health care services

Of the 51 HDs assessed as SD/ND, the most common challenges with documentation included:

- RD2: Data provided were not about access to care (18 HDs)
- RD2: Data provided were not for the purpose of assessment/planning (18 HDs)
- RD1: Collaborative process did not address access to care (17 HDs)
- RD3 (ver 1.5 only): Collaborative group was not the same group described in RD1 (16 HDs)
- RD2: Partners listed did not match those described in RD1 (15 HDs)
- RD2: No demonstration of data sharing (14 HDs)

Measure 7.1.2: Identification of populations who experience barriers to health care services identified

Of the 45 HDs assessed as SD/ND, the most common challenges with documentation included:

- RD1: Failure to include a process for identification of un-served or under-served populations (24 HDs)
- RD2: Failure to identify populations who are un-served or under-served in report (12 HDs)
- RD2: Report provided was not about barriers to access (9 HDs)
- RD2: Report did not clearly describe how populations were identified (9 HDs)

Measure 7.1.3: Identification of gaps in access to health care services and barriers to the receipt of health care services identified

Of the 71 HDs assessed as SD/ND, the most common challenges were documentation that failed to demonstrate:

- RD2b: Assessment of the availability of health care services (44 HDs)
- RD2d: Results of data gathered periodically concerning access (35 HDs)
- RD2a: Assessment of capacity and distribution of health care providers (31 HDs)
- RD2c: Identification of causes of gaps in services and barriers to receipt of care (27 HDs)
- RD2: Analysis of data and conclusions drawn to develop strategies to address gaps in access (26 HDs)

Measure 9.1.2 (ver 1.5 only): Performance management policy/system

Of the 23 HDs assessed as SD/ND, the most common challenges were documentation of a performance management system that failed to demonstrate:

- Progress reporting & communication of analysis results (11 HDs)
- Process for data analysis (11 HDs)
- Performance measurement including data systems and collection (9 HDs)

Measure 9.1.3: Implemented performance management system; *In version 1.0, this was divided between two measures.*

Of the 92 HDs assessed as SD/ND, the most common challenges were documentation of a performance management system that failed to demonstrate:

- Analysis of progress toward achieving goals (42 HDs)
- Identification of results and next steps (33 HDs)
- 2 legitimate examples (31 HDs)
- Evidence of monitoring the performance of goals and objectives (28 HDs)
- Inclusion of measurable, time-bound goals (27 HDs)

Annual Reports

Annual Reports (AR) were also reviewed to identify activities that HDs selected to report on in the “Emerging Issues” section. Of the ARs from 2017 and 2018, approximately 2/3 of the health departments indicated they had worked in the area of informatics. Several ARs included descriptions those activities. Below are examples of the types of activities they described:

- Developing community health profiles
- Using GIS (e.g., to develop an opioid data story map)
- Conducting predictive analytics (e.g., analyzing data from multiple sectors—including social services, criminal justice, mental health—to identify individuals who might benefit from resources)
- Building infrastructure (e.g., conducting assessments of informatics systems)
- Launching/improving electronic registry