INITIAL ACCREDITATION v2022 FREQUENTLY ASKED QUESTIONS

FAQ
Version 2022

The Standards & Measures Version 2022 uses the 10 Essential Public Health Services as its framework, and highlights measures that correspond to the cross-cutting skills and capacities listed in the Foundational Public Health Capabilities.

Below are frequently asked questions, updated on January 1, 2024, as related to the Standards & Measures, Version 2022 for **Initial Accreditation** and corresponding Policy for **Initial Accreditation**. Frequently asked questions pertaining to the Standards & Measures Version 2022 for Reaccreditation and Policy are maintained in a separate file.

Policy for Initial Accreditation

Accreditation Committee Action Requirements (ACARs)

My health department currently has an ACAR (Accreditation Committee Action Requirements; formerly referred to as an Action Plan). Do we still need to work on ACAR measures if they have been modified in V2022?

The health department will remain under the version of the Standards & Measures they were assessed against during their review cycle until they apply for the next review cycle. For example, if it was reviewed under Version 1.5 of the Standards & Measures for Initial Accreditation, it will continue to use that version until it applies for reaccreditation. The changes to Version 2022 will not impact your ACAR requirements or the documentation you submit. Even if measures change or are removed under Version 2022, the department still needs to work on all measures indicated by the Accreditation Committee under Version 1.5.

I'm working on my ACAR (Accreditation Committee Action Requirements). How does the revised Scope of Authority Policy apply to my health department?

As your department gathers and/or develops documentation for the ACAR, the revised policy is applicable. If an example you previously uploaded to ePHAB was determined outside PHAB's scope of authority and now may be an appropriate example based on the revised policy, please contact your assigned Accreditation Specialist to confirm and to determine next steps for addressing that requirement in your ACAR.

Documentation Forms

Are we able to modify the Documentation Forms? Can health departments modify the Documentation Forms to include the department's letterhead or color scheme, as long as the requirements are addressed?

Health departments may modify the appearance of Documentation Forms to include the department's logo or colors scheme, however, the pre-filled content within the tables should **not** be modified (e.g., the requirements language or which columns are merged, etc.), as these are directly from The Standards.

I wanted to confirm our understanding that the page numbers in the Documentation Forms should coincide with the PDF. For example, the Documentation Form would count as the first page (e.g., page 1) and the actual documentation would start on page 2, correct?

Since the Documentation Form will need to be combined with the documentation, the form itself will always be page 1 and the following PDF page numbers would be the number of the combined file. Thus, "page 1" of the example document is page 2 of the PDF file (as long as the documentation form is 1 page).

At the bottom of the majority of the Documentation Forms there is a box that says, "PDF page number with date". To which date is this referring?

This is referring to the pdf page number where the date of the actual document is found, particularly if the first page of the document is not where the date is found.

If the documentation does not include all of the required elements, can health departments use the Documentation Form to add supplemental information that is not present in the document example itself? If so, is there a page number limit?

You can indicate on the form that the document provided does not include the information. In fact, we appreciate it when a health department is transparent/honest about this rather than pointing to content that does not meet the intent. However, any additional text on the documentation form describing how that element was demonstrated can't be used to assess the measure without actual documentation as evidence to support it, unless the Requirement specifically allows for a narrative or information on the documentation form to be used as evidence. The specific requirement will indicate if this is allowable. Ensure the narrative fully addresses the requirement and provides enough context for the reviewer. At the same time, remember to stay focused on the requirements so that it's clear how the health department meets what is required. While there is no minimum or maximum length, narratives frequently range from about 500-2000 words.

Equity

Due to politics in our jurisdiction, we cannot successfully use the term equity. For equity related measures, for example, the measure asking for a policy or declaration, do we have to use the terms listed in the S & M (equity, diversity, inclusion, and anti-racism)?

PHAB is not prescriptive about the specific language or terms used by the health department. The intent is that equity concepts are integrated into the work the health department does in order to reduce the systematic barriers that contribute to health inequities. For example, we know some health departments use the term "belonging" when speaking about inclusion. Link to PHAB's idea glossary: https://phaboard.org/wp-content/uploads/PHAB-IDEA-Glossary.pdf

We recognize requirements related to health equity are spread across The Standards. If we only focus on race, will our department be in conformity with all of the places that address health equity? More specifically, would a policy or procedure for the incorporation of health equity into the development of programs (5.2.4 RD1) and a policy that reflects specific intention focused on inclusion, diversity, equity, or antiracism (10.2.1 RD3) be acceptable if focused solely on race? In other words, if a health department defines their health equity work as focusing only on race and racism, will that be sufficient to meet requirements, or will we be "dinged" by not considering other populations that suffer from inequities?

As long as the documentation meets the required elements, that is fine. PHAB is not prescriptive about the specific language or terms that you use or about the specific populations with health equity considerations that you are addressing. We were intentional about using "or" in many equity related measures so that health departments could address health equity issues in a way that works for their communities. The intent is that equity concepts are integrated into the work the health department does in order to reduce the systematic barriers that contribute to health inequities.

Evidence of Authenticity

In reference to plans or policies, is an email approval acceptable to demonstrate authenticity or does the document need to be signed and contain our logo?

Ideally there should be some "evidence of authenticity" on the plan or policy itself. Authenticity could be the department logo, the health department name or abbreviation, the signature of the health department director, an email from an obvious health department email address, etc. Just make sure that the dates and evidence of authenticity will be easily found by someone who is reviewing your documentation.

Enforcement Authority

Could you please clarify 'enforcement authority'? What types of activities are considered to be enforcement?

PHAB's Glossary defines public health enforcement as, "The use of legal authority and procedures to induce compliance with public health laws, regulations and orders (Public Health Accreditation Board. Environmental Public Health Think Tank Report. May 2019)". As part of this definition, PHAB considers mandated inspections are considered an enforcement activity (e.g., licensed retailer inspections, environmental service areas such as well/septic, nuisances, smoke-free air law, rabies/animal bites). The health department may or may not have enforcement authority over some or all areas where it performs enforcement activities or may coordinate enforcement activities with another entity (such

as, contracting or closely working with an environmental health department that is not part of the health department). For some departments, enforcement activities, including inspections, may be performed for the control of communicable conditions (e.g., tuberculosis, COVID-19, mpox, etc.) and includes activities, such as, issuing quarantine or isolation orders, or exercising other legal authorities set forth by a body of law (statutes, rules, regulations, ordinances) which outline the health department's legal authorities. If the health department performs these related activities, the health department should select "yes" to enforcement authority within the Reaccreditation application.

The Standards & Measures for v2022 Reaccreditation within Domain 6 also clarify how to approach documentation requirements when enforcement is performed within only one program area or how concerns or complaints are referred to the appropriate agency with enforcement authority (Measure 6.1.2 A.1). In other instances, the requirements clarify when examples are required regardless of the entity with enforcement authority. For example, communication provided to the public on the purpose of public health regulations (Measure 6.1.7 A.3).

General Questions

Will Version 2022 Measures be more challenging or have stricter requirements?
One of PHAB's express goals in the development of Version was to reflect how the field of public health practice has changed since the Version 1.5 measures were developed, while not raising the bar too high. Version 2022 addresses areas in which the field has further developed, such as concepts related to learnings from the COVID-19 pandemic and other emergencies as part of preparedness requirements and recent events as a call for action to more prominently address health equity. These updates are also consistent with the feedback we received from the field, including accredited and in-progress health departments to establish standards of performance that also allow room to stretch and grow. One of the other goals in the revision process is to clarify requirements and add more guidance and examples of how the capacity being measured can be documented. While there are some new measures, Version 2022 streamlines existing requirements and reduces duplication where it exists in the previous versions.

Will a crosswalk be developed between versions?
A high-level crosswalk is available on the Version 2022 webpage.

I noticed some Measures are designated as "Foundational Capability Measures." What does that mean?
PHAB is indicating which measure align with the Foundational Capabilities component of the Foundational Public Health Services (FPHS) framework. That framework identifies eight capabilities to describe the infrastructure needed for all health departments to provide public health protection and to provide fair opportunities for all to be healthy. In Version 2022, you will see which Measures correspond to one of the following eight capabilities: 1) Assessment and Surveillance, 2) Emergency Preparedness and Response, 3) Policy Development and Support, 4) Communications, 5) Community Partnership Development, 6) Organizational Competencies, 7) Accountability and Performance Management, and 8) Equity. Details about the Foundational Capabilities can be found here. The Accreditation Standards & Measures includes additional requirements in these areas to further advance public health practice. Consistent with previous versions of the PHAB Standards & Measures, the measures are aimed to foster continuous improvement and stretch, while still being attainable for health departments.

What if I have a question about how to interpret a specific measure in Version 2022?
PHAB encourages health departments to start by reviewing each measure's "Purpose & Significance" statement, as well as both the Required Documentation and Guidance columns. Carefully consider each measure's requirements in the context of the broader standard and domain. If questions remain, please reach out to your assigned Accreditation Specialist. If you do not have an assigned Accreditation Specialist, email askPHAB@phaboard.org. PHAB will be collecting questions and will provide additional guidance as we identify areas that are not clear.

Our state health department's Vital Records/Health Statistics Unit (VRHS) would like to be engaged in accreditation efforts. Do you have suggestions on ways they could contribute?
Yes! PHAB recognizes the vital role of VRHS Units and offers a separate VRHS Accreditation Program, if of interest to your health department. There are many ways in which VRHS Units could contribute to the health department's accreditation (or reaccreditation) efforts. In addition to participating in accreditation, quality improvement, or other

team meetings, several measures specifically address key functions performed by VRHS Units. For example, the health department might look to the VRHS Unit to provide essential population health status data on the leading causes of morbidity or mortality, as part of the CHA (Measure 1.1.1 A), as well as use of those data to inform the development of the CHIP (Measure 5.2.1 A). In addition, VRHS Units collect maintain a wealth of population health data valuable to developing an increasingly robust, accurate, and useful understanding of community health status (Measure 1.2.1 A). VRHS Units also perform critical functions which facilitate engaging in data sharing and data exchange with other entities (Measure 1.2.2 S). The VRHS Unit might, for example, inform data use processes, contribute to the state health department's development of a list of data standards used for data exchange, or provide screenshots showing the ability to exchange data with other entities. The VRHS Unit might also contribute to discussions regarding providing assistance to local and Tribal health departments regarding statewide data systems, data collection, and use (Measure 1.2.3 S). In addition, VRHS Units also provide valuable expertise in the analysis and interpretation of data to draw public health conclusions (Measure 1.3.1 A). For example, the state health department might bring its VRHS Unit into discussions to further explore data about a subset of the jurisdiction's population (e.g., the collation between infant mortality and demographic characteristics). VRHS Units often provide essential public health functions that should be addressed as part of Continuity of Operations Planning (COOP), as well as maintaining critical data systems to sustain operations in the event of an emergency (Measure 2.2.2 A). Beyond these measure-specific examples, the health department might also consider engaging with the VRHS Unit in efforts to provide high quality customer service based on those served, as well as engagement in quality improvement projects.

Governance & Umbrella Organizations

Would our health department be able to provide a strategic plan for public health as a division of a broader agency (e.g., Department of Health and Human Services), or does the plan need to be specifically for the health department?
While a strategic plan for the umbrella organization may be used it must also be specific to addressing the health department and should outline the health departments' collective strategy (i.e., a plan for a/one program within the health department would not meet the intent). As the strategic plan is being developed or revised, health departments are encouraged to review the Version 2022 requirements.

Some of our services are provided by the broader county (e.g., IT, media management, etc.), as a county health department. Are we able to use relevant county policies in our documentation?
Yes, you can use county policies so long as they apply to your department. It may be helpful to refer to page 14 of the Standards & Measures which states, "For example, a health department may utilize the human resources system of the government of which it is a part. In this case, the documentation would be the policies and procedures of the city, county, or state government, for example."

On your Documentation Form (that accompanies your documentation), please include a statement that the health department adheres to the county policy to provide context to the site visit team.

If there are additional considerations or requirements, the measure will include that information in the requirements or guidance section.

Documentation Requirements

For Version 2022, can one example be used to demonstrate conformity with multiple measures? That is, can we recycle documentation between requirements or measures?
Yes, you are able to use the same document in multiple requirements, as long as it meets the intent and requirements for the measures for which you are using it. Two words of caution, however, are to ensure that the Documentation Form accurately reflects the corresponding Required Documentation, including any documentation mark-ups (e.g., highlighting and comment boxes) as well as page numbers referenced, accordingly. Secondly, PHAB encourages health departments to select documentation that reflects the breath of programs, services, and activities performed across the health department. Recycling the same files for multiple requirements may limit the health department's ability to showcase the work of the department across these various programs, services, activities, or initiatives.

Can PHAB conduct a review of our documentation to determine if it meets the measure's requirements before we submit our documentation?

PHAB is not able to review documentation for conformity prior to the health department's official submission to PHAB. However, we are happy to help answer any measure specific questions you might have to better help you understand what is required so you can better determine if the documentation you have would meet that intent. Please direct any measure-specific questions to askphab@phaboard.org.

Readiness Assessment & Training

Our department would like some clarification on the difference between Readiness and Training registration and application. I am aware that once we pay the invoice for readiness and training there is a year timeline limit to apply for a program. What kinds of readiness programs are available? In addition, must we register for application during that years' time limit?

Registration establishes the health department in e-PHAB, PHAB's information system platform. After completing the Registration, the health department is invoiced for the Readiness and Training fee and can start that process, which includes access to on-demand training, registration access to a PHAB live (virtual) training, and the Readiness Assessment. The last step of the Readiness and Training process is to complete the Application. The health department has 1-year from the time the Readiness and Training fee is paid to complete the process and submit the Application to PHAB. If all of the steps are completed within 1-year, a $500 credit toward the Initial Accreditation or Pathways Recognition application will be applied. If the health department does not apply within the 1-year period, it may be required to complete some or all of the Readiness and Training steps again. Additional information with the link to register can be found on PHAB's Getting Started page at: https://phaboard.org/accreditation-recognition/getting-started/

How many people may I sign up to attend the [Readiness] training?

Minimally, PHAB encourages two staff members to attend per health department. Space permitting, up to 5 staff members may attend the training per health department.

Can our health department review the Readiness Assessment Tool? I am unable to find it online.

The Readiness Assessment is an online survey that health departments will fill out through which they will report on each requirement—and can ask questions of PHAB Accreditation Specialists. Because it is a process (rather than a checklist HDs can fill out on their own), it is only available after health departments pay the new Readiness and Training fee. For that reason, we will not be posting the tool online. We do have, however, a 2-minute video and additional information about the Readiness Assessment, here: https://phaboard.org/education-training/capacity-building-assistance/ as well as information health departments can use to Get Started in the Readiness and Training process, here: https://phaboard.org/accreditation-recognition/getting-started/.

We are working with a consulting firm under contract to help us prepare for accreditation. Are we able to share the Readiness Assessment results with them for the purposes of supporting us?

Since the consultant is contracted with your health department for the purposes of accreditation prep, I think that they would need the assessment results to help you with that. So, yes, it is OK to share your readiness assessment feedback report with the consultant as long <u>as the consultant does not share/distribute the readiness assessment survey or feedback report to others</u> so please do make that clear to them that the readiness assessment survey AND feedback report are PHAB's proprietary property. The feedback report can be used for the purposes of helping your health department prepare but cannot be used by the consultant in any other way or shared.

Scope of Authority

The clinical concepts of PHAB's Scope of Authority Policy are still a bit confusing to me. Could you clarify clinical from a population perspective versus the individual level?

The easiest way to think about the differentiation is to focus on the activities being delivered, not necessarily the setting. Let us consider examples that are fresh in everyone's minds pertaining to COVID-19 vaccination. A health department may engage in activities for educating the public about vaccine safety and efficacy, developing processes/procedures for registering and/or scheduling appointments for vaccines, coordinating vaccine clinics with partners, and may themselves

be administering vaccines to individuals. All these activities relate to the clinical setting. However, each activity listed above except the direct administration of vaccine could be acceptable examples IF they address requirements for the specific measure for which they are being submitted.

- Education and communications efforts could occur with the general public or sub-populations, such as health department clients.
- Establishing, improving, or using data systems to register and/or schedule appointments for members of the general public and/or health department clients to receive the COVID-19 vaccine could be acceptable examples because this action is contributing to population health by improving access to vaccine.
- Administering a vaccine to an individual is still considered a one-to-one direct clinical service(impacting that individual) that remains outside PHAB's scope of authority because it falls within the overarching concept of "individual patient care" under the updated policy.

I'm working on my ACAR (Accreditation Committee Action Requirements). How does the revised Scope of Authority Policy apply to my health department?
As your department gathers and/or develops documentation for the ACAR, the revised policy is applicable. If an example you previously uploaded to ePHAB was determined outside PHAB's scope of authority and now may be an appropriate example based on the revised policy, please contact your assigned Accreditation Specialist to confirm and to determine next steps for addressing that requirement in your ACAR.

What is the best way for me to ask my Accreditation Specialist about an example we previously submitted whether it is considered to be within PHAB's latest Scope of Authority Policy?
Checking with your assigned Accreditation Specialist before resubmitting the same document is recommended because it is possible there were other documentation issues related to the example that affected its conformity with measure requirements or intent. For any document currently in e-PHAB, please email your assigned Accreditation Specialist noting the measure, RD section, and the exact document(s) you believe are within scope and meet the requirements per the revised policy. If you have general scope of authority questions, you can also email your assigned Accreditation Specialist.

Standards & Measures for Initial Accreditation, Version 2022
Domain 1
Measure 1.1.1 A
The Standards do not specify a CHA review schedule (e.g., how long a CHA report can be used before it needs to be updated). We are currently conducting the CHA report development—in terms of accreditation requirements, is a 2023-2027 CHA timeframe acceptable?
PHAB does not specify how long a CHA report can be used before updating. As long as the CHA provided is dated within 5 years of the health department's submission date to PHAB, it should be acceptable.

We are required to collect primary data as part of our community health assessment. Can the primary data collected within the CHA be collected by a coalition that our department is a part of, or does the primary data have to be collected by our department alone?
The primary data does not need to be collected by the health department alone, but there needs to be a clear understanding of how the health department is involved. For example, within Measure 1.1.1 - Primary data are defined as those data for which collection is *"conducted, contracted, or overseen by the health department or CHA partnership"*. The CHA will indicate which data are primary by, for example, describing the methodology for data collection or listing the health department or CHA partnership as the data source.

Required Documentation 1, required element a, requires "a list of participating partners involved in the CHA process, which must include i. At least 2 organizations representing sectors other than governmental public health and ii. At least 2 community members or organizations that represent populations who are disproportionately affected by conditions that contribute to poorer health outcomes." Is this requirement asking for at least 2 organizations representing sectors other than governmental public health (i) AND at least 2 community members/organizations (ii;

so at least 4 organizations); OR could (i) and (ii) be the same organizations (e.g., an organization that represents a sector other than governmental public health can be the same organization that represents a population who is disproportionately affected - so a minimum of 2 organizations)?
The organizations for (i) and (ii) can be the same organizations (e.g., an organization that represents a sector other than governmental public health can be the same organization that represents a population who is disproportionately affected).

If a health department just provides links to the CHA webpage, is that acceptable? Are dated screenshots acceptable?
No, direct weblinks without dated screenshots are not allowed. Dynamic community health assessments (i.e., websites with continuously updated data) are acceptable, if they address required elements a-g. In these cases, the health department is building on past data that have been collected and adding to those data over time. The partnership would meet on a periodic basis to review the data that are being collected and determine if there are any changes in data collection or interpretation. A combination of webpage screenshots and other documentation and descriptions may be used to demonstrate the required elements. As dynamic community health assessments may be updated more frequently, a description of the method and frequency of updates can be provided to meet the timeframe requirement, as long as the last updated date is within 5 years. Similarly, other formats of a CHA will be accepted, as long as required elements a-g are included.

For required element e, the CHA must include health challenges related to the data collected in element c – so for example, data from the community survey showed residents self-reported substance misuse, or secondary data showed obesity and diabetes were the most prevalent chronic conditions in the jurisdiction. These health challenges must be presented in relationship to a demographic factor – substance misuse by zip code; obesity by gender; diabetes by race. This needs to include both health status and health behaviors. Does it need to include more than one of each? For example, would only providing substance misuse by zip code be sufficient to meet "health behaviors". And the data from element c doesn't need to be all or both primary/secondary – it could be based on one source (i.e., community survey)?
No, one of each is fine as long as health status and health behaviors are described for the health challenges identified based on the data and include an examination of disparities. Regarding the example, you are correct, this would be sufficient.

For required element f are we submitting "factors that contribute to health challenges, and a description of the inequities in those factors" or "factors that contribute to inequities, and a description of those inequities".
1. **If the health challenge is related to increased obesity in a specific zip code, they need to provide the factors that contribute to increased obesity (unhealthy eating, lack of physical activity, etc.) and the inequities within those factors (no grocery stores within a 10-mile radius, lack of transportation to access grocery stores/farmers markets, no parks within a 5 mile radius). OR**
2. **If the health challenge is related to increased obesity in a specific zip code, they need to provide a description of the inequities – no grocery stores within a 10-mile radius, lack of transportation to access grocery stores/farmers markets, no parks within a 5 mile radius**

How deeply do we need to make this connection? Is saying "lack of transportation and rural" sufficient for this? Or do we need to provide the data to show how specific factors/inequities are related to health challenges?
Many of the factors that contribute to health challenges will be part of element e. Then element f is taking those factors and working with the CHA partnership to better understand the inequities that are part of those challenges, including SDOH or the built environment. For example, if in required element e, the health department provided a map showing increased obesity by zip code. For required element f, maps could indicate where grocery stores and farmers markets are located and public transportation routes, with a brief summary of the data to explain the connection between the health challenge and inequities, for example, or address structural determinants, such as, discriminatory housing practices or the impact of previous laws on the community today. While required element f does need to be connected to the data, it should be more than just stating "we don't have enough grocery stores," but it doesn't need to be complicated (e.g., we aren't requiring statistical analysis). Considering sub-elements related to the bigger processes, required element f is intended to lay a foundation to connect the work done in the CHIP (Measure 5.2.1 RD1 element c).

Would a county-level CHA meet the requirements of a city health department located within the county's jurisdiction? Would county-level CHA data be acceptable since we cover an area within the county?

No, the intent is to show data for the elements that are looking at the population served by the health department. Since the department serves a smaller population than the county, looking at data for populations and subpopulations at the county level would not meet the intent. Your department may consider looking at census tract data to look at subpopulations in the jurisdiction you serve.

Measure 1.2.2 T/L

For required element c, what consists of a data use agreement? Would this be one that our staff signs to access a data sharing system?

Yes, a data use agreement could be one that is signed by the health department AND another entity to allow access to a data sharing system. The health department might consider examples of data use agreements frequently maintained by the department's vital records/health statistics unit.

Measure 1.2.2 S

For Required Documentation 1, do we need to have one process, or could it be more than one process that collectively address the requirements?

Although only 1 process is required, the state health department may demonstrate that it has multiple processes in place to ensure data are made available to health departments and other individuals or organizations. The state health department may also use different processes for different types of data (i.e., one policy for vital records data and another for reportable diseases, etc.), as reflected in the guidance. Remember that the process must describe sharing record-level data and pertain to data requests from both other health departments and from other individuals or organizations, and contain evidence of required elements a-c.

I'm thinking Required Documentation 2 is asking what data standards are in place when, for example, the state health department enters and submits data into the respective national system, such as when BRFS data are sent to the National BRFS system, or, when the state laboratory shares test results with providers or individuals. Am I on the right track? Is this something that our IT Department would have the answer to?

The intent of 1.2.2 RD2 is to assure the state is using recognized data standards to facilitate data exchange with internal and external partner systems. Data standards refer to methods of organizing, documenting, and formatting data to aid in data aggregation, sharing and reuse. The list could include the standards like those used for BRFS data so that it can be shared and aggregated with national data, but it would also include other standards used to assure data gathered by state health department so that it can be shared and used by others.

Measure 1.3.2 A

For required element c. it says the examples "are designed to be understandable to the public". All of the guidance's examples for that required element discuss visualizations, such as charts, graphs, social math, infographics, etc. I was wondering for this required element if we have to have some visualization or if there are other methods, we could use to demonstrate how materials were designed to be understandable to the public. Would demonstrating how we used plain language, strove for cultural humility, how the materials were publicly shared, or plainly reporting and explaining data and its implications also fulfill the intent of this requirement?

The intent of this measure is to show the visualization of data analysis by the health department – while yes, there can be ways to make information understandable to the public without using visualization specifically, i.e. the first paragraph in the guidance uses examples such as a 1-page memo or an executive summary that summarizes what can be learned from the data analysis (meaning these examples are alternatives to data visualization), the intent is still focused more on this visualization/making the information understandable rather than explicitly the plain language used (those are more specifically assessed in other measures) - a long technical report or raw data points would not fit the requirement, even if that report or data uses plain language and demonstrates cultural humility. The intent is ultimately summarizing what can be learned from the data in a digestible way. I would also point you to the Documentation Examples paragraph that gives some additional examples for what this entails.

Does distribution have to be outside the health department? (I assume yes, but that isn't clear in the guidance.)

Yes, the distribution is intended to be outside of the health department. Even though required element d doesn't specify, it still sits withing the context of the measure (external). If the health department distributed internally, and the rest was met they would receive a "Largely Demonstrated" score for the measure (same as if it was passive sharing on the website). We do include public health partners on the list of examples for required element d, which could include the governing entity and other divisions within an umbrella organization as minimally meeting the requirement.

Domain 2

Measure 2.1.1 A

For Required Documentation 1, is the intent that we provide a comprehensive list of _all_ surveillance systems used by the health department?
Yes, the intent is to indicate what surveillance systems are used by the health department, comprehensively. The list and description could be provided in the Documentation Form.

Tribal: For Required Documentation 1, I am looking at ways our department can fulfill Measure 2.1.1 given our low 24/7 surveillance activity. I was wondering if the IHS's 2015 Indian Health Surveillance Report - Sexually Transmitted Diseases would fulfill the requirements of this measure. I understand this particular report is out of date, but the 2021 version of this data should be releasing soon. This survey and report uses data from the NNDSS, which should definitely qualify as 24/7 data surveillance. Our health department works directly under the IHS, and takes guidance from their data reporting and health recommendations. Would this therefore meet the intent of the measure?
Even though the department works directly under IHS, it is still responsible for surveillance activities that entail "using data to predict and rapidly detect emerging health issues and threats as an early warning system for impending public health emergencies. Surveillance also provides key insight into the epidemiology of health issues and hazards by using data to understand determinants and distribution. Surveillance functions are also integral to documenting the impact of interventions; tracking progress toward specified goals; facilitating priority setting; and informing public health policy and strategies."

Measure 2.1.3 A

For Required Documentation 1, in regard to access to environmental resources, the Environmental Health Department is separate from the health department and not within the Health and Human Services umbrella agency. Since we do not handle any environmental health issues, we do not have any policies/procedures for that requirement. Would a policy stating such be acceptable, or is there another way for our department to meet this measure? My question is similar for the epidemiology component of the measure. We do not have any epidemiology staff internally, but contract with another county to provide that service and conduct case investigation internally. Would a policy stating what is provided externally vs internally meet the intent? Or does the policy need to be more specific?
RD1 is really looking for "how" those resources (staff) are accessed 24/7. The intent is to ensure the health department has the capacity in place to respond (either in-house or through agreements). Since does not maintain environmental and epidemiology internally, then agreements may be in place with other agencies, individual contractors, or a combination in order to be responsive 24/7. For example, if the health department contracts with another health department, then the policy or procedures will describe how the health department accesses these resources or refers the emergent problem to the other health department or other county department. Developing a policy that indicates where these resources are located and how your staff can access/contact/refer to them 24/7 would be helpful. For the epi resources or other contracted resources, the health department could also provide a copy of the current (non-expired and signed) contract as part of documentation submitted to PHAB.

Measure 2.1.5 A

For Required Documentation 1, we follow state protocols for legally mandated infectious illness and we were advised in the feedback to download all of the documents from the state for submission. Since there are 60+ reportable diseases the document would be hundreds of pages long, would it be acceptable to provide a table of contents or screenshot of a shared drive where they are all saved?

The requirement calls for protocols for containment and mitigation of ALL legally mandated infectious illness and environmental issues. PHAB understands some documentation may be lengthy and while ePHAB does not have a file size limit, remember to use the Documentation Form to indicate PDG page numbers where requirements are specifically found and to highlight and label those requirements within the document. Also, remember documentation must be dated within 5 years of the health department's submission date.

Measure 2.2.4 A

Measure 2.2.4 A states that all response surge personnel must be trained at a minimum in FEMA IS 100, 700, and 800. Our state requires that we train public health personnel on ICS 100, 200, and 700. Will the 100, 200, and 700 be sufficient or will PHAB also require 800?

PHAB's Standards & Measures includes a line that reads, "as of this publication" in the guidance. Currently the trainings listed in the guidance are the required "basic FEMA trainings on incident command" based on guidance from CDC's preparedness staff. 800 is currently required on the schedule – but the health department can determine who needs to receive each training course (i.e., not all response personnel need to have completed all training). If/when those need to be updated, we will red line the guidance and put in the updated trainings with a "as of XXX date" comment. This is the only measure where we already anticipate changing the guidance, but if other measures are problematic or we have new examples based on changing public health we can also update guidance in other areas.

Measure 2.2.7 A

I am wondering if the requirement of "Improvements made based on AARs provided" could be fulfilled by documentation that new equipment was ordered or created - this equipment was identified as a need in the AARs.

If the equipment has been purchased (ordered) because of an area noted for improvement from either of the AARs provided for RD2, yes this could meet the intent of the requirement. There must be a link between the improvement/recommendation in the AAR from RD2 and the purchase of the equipment; if it is not obvious from the document you provide, you may explain use the documentation form to explain how the equipment met one of the recommendations. The improvement must have been implemented, if the equipment is just planned to be ordered that would not meet the intent.

Domain 3

Measure 3.1.2 A

Our offices are within a building that is branded by the town. We have an external, free-standing sign that does list both the departments in the building. It cannot be modified to include the logo. My question is whether the name of the department is sufficient or if the actual logo is required for Required Documentation 1?

The health department's name on an external sign would meet the requirement. The requirement for signage in measure 3.1.2 is for the signage to display the department's brand or logo. The department's name would be sufficient on external signs provided that the sign displays the department's name in alignment with how the department communicates its identity in the department's branding strategy.

For Required Documentation 3, we have 1 district office and 5 local health departments. Are we required to show signage for all 6 locations or just the district office (I am assuming that the District Office is what is meant by the "main office" within the guidance)? Also, we rebranded in the last year, and we are in the process of replacing all of the old branding materials (this includes signage), will we still meet this measure if we show our old signage? The invoice has been completed for new signage, it just isn't in place yet, and we are wrapping up our documentation collection in the next month or so, so the new signage may not be in place on the outside of the buildings. We were hoping that we could show the invoice in our documentation with the mockup of the new signage, so you can see what we have ordered. I do believe that the new signage will be in place by the time our site visit takes place.

Yes, if the department has more than one facility the intent of this measure is to provide an example of signage for the main facility. If the department would like to provide photos from the other sites, that is fine. The photos to be submitted must be current, dated, and match the branding strategy; however, if the new signage is not in place when documentation is submitted, copies of the invoice with mockup pictures should be submitted, along with pictures of the

current signage that is in place. The Site Visit team will verify signage during the site visit and if the new signage is in place at that time, may re-open the measure and ask the department to upload new dated photos.

For Required Documentation 3, we are within a building branded by the town, that includes another department. We may be able to put a branded sign in the main lobby of the building, but this facility was designed and styled by the town. Could you please advise?
Since the requirement is for one example to be signage inside and one example to be signage outside, there are no exceptions to this requirement. I understand that this is out of your control but perhaps you can use this requirement as leverage with the Town to update external signage that indicates the departments that are housed within that building. The intent is to ensure the public is able to find your health department and without signage, how do they know you are there? If the Town will not budge on this, then you simply would not score Fully Demonstrated on this measure. If this is the only issue with the measure then a score of Largely Demonstrated would be likely and for what it's worth, the Accreditation Committee views Largely and Fully as essentially one in the same.

Measure 3.1.4 A
For Required Documentation 1 element d, we are working to update our website and wondered if you could provide an example of local data. Would having our CHNA/CHA posted suffice?
No. The posting of the CHA and CHIP is addressed in 3.1.4 RD1, required element c. While the data for required element d could be found in the CHA, the requirement focuses on local data beyond the CHA. This could be addressed with data for specific programs, from working with other community agencies, or a factsheet or informational sheet that was distributed to the community for a specific issue.

Measure 3.2.1 A
There is only one RD, however, the first two pages of this measure online and hardcopy say, "Dated within 5 years", however, the 3rd page where element e is found says, "Dated within 1 year". Is this a typo or is element e intended to be dated within 1 year for some reason?
A: That is a typo. The timeframe for RD1 is 5 years.

Measure 3.2.2 A
For the purposes of Measure 3.2.2.A would COVID-19 be considered a chronic disease?
COVID-19 can be considered both an acute or chronic disease for documentation purposes. As a reminder the two examples must come from two different public health topics, so COVID-19 could be used as the chronic disease example or non-chronic disease example but not both for this same measure, and the Documentation Form for the measure should identify which example is the chronic disease example.

Domain 4
Measure 4.1.2 A
We completed our CHA/CHIP through a coalition, and meeting minutes were saved noting the planning process of those projects. Would copies of meeting minutes referencing those projects and a copy of the CHA/CHIP themselves be appropriate documentation for this measure?
The intent of this requirement is to show the coalition(s) identified in Required Documentation 1 (RD1) have implemented strategies. Future plans or a workplan of the coalition(s) alone would not meet the intent of this requirement. Meeting minutes could be used for this requirement; however, the minutes will need to be descriptive enough to show evidence that the coalition from RD1 implemented the strategy (not just that the strategy was shared with the coalition). The minutes will also need to document the actual implementation of the strategy, not just the planning for implementation.

What if the document does not list sectors of those participating?
If sectors are not evident or indicated in the example(s), the Documentation Form may be used to indicate which partners represent which sector(s).

Measure 4.1.3 A

Our department does not maintain funds or resources to support implementation of some of the strategies to promote active participation or eliminate barriers among community members. For example, we cannot offer mini-grants, provide transportation, or childcare services during meetings. What are some ways we could still provide an example that is not tied to resources or funding?

PHAB understands fiscal constraints are a significant challenge to implementing and sustaining strategies. Non-monetary/resource-required examples might be strategies to build residents' capacity to understand levers of power or influence or holding meetings in a convenient location or dates/times based on community member availability. Other examples might be to implement strategies that support community or grassroots organizations by eliminating barriers to provide community leadership or buy-in.

Domain 5

Measure 5.2.1 A

For Required Documentation 1, would it be acceptable if the action plans which summarize the assets are linked in our CHIP report? Or should these documents be added directly to the documentation we provide rather than as hyperlinks?

For 5.2.1 RD1, and other documents with a direct link to a webpage, it is fine to direct the reviewer to that page in the CHIP and/or include the link on the documentation form. However, you should also include a dated screenshot in your "packet", so that the reviewer can assure the information meets the required time frame.

Also, if there are specific instructions once the reviewer is on the webpage, please be sure to include those on the documentation form or add the directions on the screenshot. For example: click here for element "a", select this for element "e", etc.

Measure 5.2.3 A

For Required Documentation 2, do we need to provide an annual review from a previous plan or detailed plans for the annual review process OR does this mean we need to provide 1 annual review from a previous plan or 2 detailed plans for the annual review process?

The health department may provide an annual review from a previous plan or detailed plans for the annual review process. Two detailed plans are not required.

For Required Documentation 2, is a full revision of the CHIP required? What if there have been no revisions within the timeframe?

Revisions to the community health improvement plan (CHIP) may be indicated for a specific section or multiple sections, for example, revised activities, timeframes, targets or assigned responsibilities based on implementation progress, an emerging health issue, changes in responsibilities or resources or assets, etc. Revisions could be indicated, for example, through a revision table or summary of changes, or highlighting within the plan to indicate updates made. A full revision or updated version of the plan is not required but could also be provided. If the plan was adopted less than a year before it was submitted to PHAB, the department could provide revisions to an earlier plan, either as specific sections or full plan revisions. The department could also provide detailed plans for a revision process, if the plan has not been revised during the 2-year timeframe.

Domain 6

Measure 6.1.1 A

For Required Documentation 1, what if a health department has only one program area for which they have enforcement authority? How would the health department best document their conformity with this requirement?

If the health department has enforcement authority for just one enforcement program/area, the documentation for this measure could be two examples of staff being trained in laws pertaining to the same enforcement program/area OR one example of staff being trained in laws pertaining to that enforcement program/area and one example of staff being trained on how other entities conduct enforcement actions within the jurisdiction.

Domain 7

Measure 7.1.1 A

For Required Documentation 1 (and other measures in Domain 7), would participation of an umbrella agency suffice? For example, an umbrella agency conducting a collaborative assessment of access to health care services, rather than the health department conducting the assessment?

The intent within this measure and domain is to demonstrate how the health department has participated or contributed towards assessment and implementing strategies to address gaps and barriers to care. The health department may rely on or participate in activities performed by an umbrella agency or led by partners; however, the health department's role will be indicated to show the health department's participation (see guidance throughout and specifically noted in 7.1.2 T/L).

Measure 7.1.2 A

Do the examples of the "collaborative implementation of a strategy to assist the population in obtaining health care services" need to be based on the assessment conducted as part of the assessment in Measure 7.1.1?

The guidance for Measure 7.1.2 Required Documentation 1 states, *"Strategies may consider those who have barriers accessing care based on the assessment from Measure 7.1.1,"* which means the examples for Measure 7.1.2 can be from Measure 7.1.1 A, but do not need to be.

For Required Documentation 1, would a formed partnership with a community senior service partner to reach seniors in their homes needing immunizations serve as an appropriate example?

Per the guidance "Increasing the availability or methods to access timely care through telehealth services or other mechanisms" is listed as an example. Based on what you have shared, working with senior services to ensure that seniors have access to immunizations in their home could meet the intent of "timely care through … other mechanisms". Included in the documentation you provide, please provide evidence that the strategy was implemented in partnership with the community partners along with what role the health department had in the implementation.

Measure 7.2.1 A

Would a program that is run specifically at the clinic fulfill the requirements of Measure 7.2.1? I have read the "Scope of Authority" and I am still not too convinced that this may be applicable. 7.2.1 Multi-sector implementation of an effort to improve access to social services or to integrate social services and health care. The documentation examples list this as one example: "Integration of screenings for adverse childhood experiences (ACES) or social determinants of health into primary care visits, or prioritization to focus on the most vulnerable or disparate subpopulations and their critical needs." Our clinic has created a screening for SDOH into our primary care visits and our team offers referrals to CBO's in the community to address their health needs. This is not initiated by PH, per se, but the clinic is part of PH. There are also no MOU's with the CBO's.

Per the scope document: Enable equitable access. To ensure the population has access to needed services, health departments engage in activities to develop, assess, and improve the systems that support delivery of those services and thus meet the collective needs of many individuals.

Even though the clinic is initiating the screening tool, this appears to be an activity to "ensure the population has access to intended services" to address their needs. A note of caution – you state that the referrals are to "address their health needs" and this measure is about connecting with social services or to integrate social services and healthcare; in your narrative of this example, you would want to clearly show how this is related to social services as well as healthcare. Additionally, the narrative needs to show the role that PH played in implementing this strategy.

Therefore, based on the information provided this example could meet the intent of the measure with the narrative description and would be considered within scope.

Does a MOU between two separate service lines (one being WIC-separate funding) in the same organization to increase access to immunizations for clients work as an example?

Per the guidance "the intent of this requirement is to demonstrate how the health department, in partnership with others (e.g., healthcare, social service, and behavioral health providers), has implemented strategies or systems of care designed to connect clients to needed resources." Therefore, the example that you are asking about would not meet the intent since, even though a separate service line, the WIC division is part of the health department. This example would be an internal policy/procedure to increase access to clients that already are served by the department.

Measure 7.2.2 A

For Required Documentation 1, we have discussed using our continuity of operations plan for this but I'm seeing the stipulation that that "continuity of the health dept services or operations would not meet the intent of this requirement. Can you explain what would work or the intent behind this requirement?
This measure requires a specific example and it's intended to be a collaborative strategy – so it should be an example implemented with other partners. The reason the COOP doesn't work here is because the COOP is focused on continuity of operations (for the health department) whereas this measure is looking for how continuity of access to needed care (for the community) is maintained in the event of an emergency or service disruption.

Domain 8

Measure 8.1.2 A

For Measure 8.1.2, it is stated that "Tribal health departments may use Indian Preference hiring policies." Would our tribal preference hiring policy fulfill this requirement?
No. While the tribal preference policy is referenced in the guidance, including a policy alone would not meet the intent, rather the intent would be to show that the policy is followed in recruitment or hiring efforts.

Measure 8.2.2 A

For Required Documentation 1, our health department offers supervisory/leadership courses to those in supervisory/management positions. Would those work as examples for this requirement?
No. The courses available to supervisory/management personnel do not meet the intent of the requirement; however, if supervisory or leadership courses were provided to non-managerial/non-supervisory staff as a way of developing leadership skills as part of career ladder advancement or succession planning, those would meet the intent.

Measure 8.2.4 S

Do two examples with local health departments need to be provided here if no tribal department is in the state?
Each example needs to show communication with multiple health departments, so if there are no Tribal Health Departments and the state health department reached out to multiple local health departments in the one example, that would meet the intent. Each example must show multiple health departments and at least one example must include tribes (if there is a tribe).

Domain 9

Measure 9.1.1 A

For Required Documentation 1 (and Standard 9.1), how is performance management different from individual employee performance appraisals?
PHAB defines performance management as a systematic process which helps an organization (rather than an individual employee performance appraisal) achieve its mission and strategic goals by improving effectiveness, empowering employees, and streamlining decision making. In practice, performance management often means actively using data to improve performance, including the strategic use of performance standards, measures, progress reports, and ongoing quality improvement efforts to ensure an agency achieves desired results (Public Health Foundation (PHF). Focus Areas: Performance Management. "Overview". Accessed on June 21, 2021). While health departments may include performance metrics in an individual employee's annual appraisal, this requirement is intended to demonstrate agency-wide performance management.

For Required Documentation 1, our department maintains a cloud-based PM system. How might we demonstrate each of the required elements?

You can provide your PM plan and clearly use the documentation form to identify where within the plan it addresses the requirements. You can also include dated screenshots of your PM system to show any elements that are found there. Again, use your documentation form to identify exactly where each item is addressed and then on that page label and highlight the relevant content, so it is very clear.

For Required Documentation 1, what PM systems are acceptable by PHAB?
PHAB does not endorse any specific product or service. To meet this measure, a department does not need to purchase an electronic system. Performance can be managed by tools such as Excel or Access. A non-exhaustive list of some programs that may suit your department's needs include:
- MS Suite: Teams Power BI, Word, Access, Excel, Planner
- G-Suite: Google Docs, Sheets, Forms, etc.
- Clear Impact
- Klipfolio
- VMSG
- Achieveit
- ArcGIS
- Tableau
- MySidewalk
- Live Stories
- Insight Vision
- Asano
- Trello

Measure 9.1.3 A
For Required Documentation 1, required element a, requires "Data collection efforts that facilitate feedback collection from individuals of varying languages or ability, or who are otherwise disproportionately affected by health issues, higher health risks or poorer health outcomes." We are wondering if this requirement applies to both examples. Can one example be of "food establishment operators, contractors, elected officials, partner organizations or agencies" and not show "feedback collection from individuals of varying languages or ability, or who are otherwise disproportionately affected by health issues, higher health risks or poorer health outcomes"?
We do expect both examples to show *"feedback collection from individuals of varying languages or ability, or who are otherwise disproportionately affected by health issues, higher health risks or poorer health outcomes"*. There are food operators that may not speak English (think Chinese and Mexican restaurants for example), or they could even have visual impairments or even low literacy, for example, all of which should be accommodated. Same for elected officials – they likely do speak English, but "ability" could vary – they could have visual impairments, for example.

Measure 9.1.5 A
At what point does PHAB consider a QI project to be "complete"?
The intent of this measure is to show a project that has completed an entire improvement cycle, from start to finish. Some projects may require several improvement cycles that test different solutions while working to achieve the desired outcomes, or some projects end up abandoned. However, the department must be able to provide a project that has gone through each step of the improvement method and meets the requirements.

How could we demonstrate required element d- use of QI tools to better understand or make decisions (including sub-elements i-iv)?
The intent of Required Element D, sub-elements i-iv, is that the health department utilizes quality improvement tools for each step. Only stating what the current process is would not meet the requirement, the department must provide the QI tool used to examine each of the sub-elements. The guidance provides examples of QI tools which could be used, for example, flowcharting or process mapping to demonstrate use of a tool to examine the current process (i), and affinity diagrams, brainstorming, flowcharting, fishbone diagrams, etc., to examine root causes (ii). The department may refer to the tools listed in the guidance or consider other tools, as part of its processes to demonstrate sub-elements i-iv.

Measure 9.2.4 A

For Required Documentation 1, how does PHAB define innovation? When would a new program or service be considered to be "innovative"?

Public health innovation refers to the creation and implementation of a novel process, policy, product, program, or system leading to improvements that impact health and equity. More information on public health innovation can be found at About Innovations | PHNCI. The intent of the measure is to provide an example or narrative of an example that demonstrates **the innovation process that was used**; which may include design thinking, a focus on human centered decisions and designs, or other creative processes. Additionally, the health department could describe how innovation is encouraged or fostered more broadly in the department. This could be a description of how the health department offers specific innovation training, encourages staff to develop prototypes to test new ideas, and/or has leadership commitment to creativity. Please explore the following resources to learn more about public health innovation and innovation processes:

- Public Health Innovation Playbook – an interactive tool to help health departments walk through an innovation process
- Innovation in Governmental Public Health: Building a Roadmap – provides background on the development of the definition of public health innovation
- PHAB Learning Center: What is Innovation? – provides some background on innovation and innovation methods
- PHAB Learning Center: Innovation & Design Thinking in Public Health – recording of a 2019 webinar on design thinking
- PHAB Learning Center: Design Thinking, An Introduction – introduces design thinking using the ExperiencePoint/IDEO model
- Innovation in Governmental Public Health: Building a Roadmap – provides background on the development of the definition of public health innovation
- Innovation Stories – examples of innovation in public health and processes to achieve them

Domain 10

Measure 10.1.3 A

What is the difference between the two required documentation parts? And how do we best showcase the monitoring part?

RD1 is about showing you are at least annually conducting a review/monitoring progress made towards ALL strategic plan (SP) objectives. This could be documented through, for example, progress reports or presentations, or screenshots of a dashboard showing actual progress toward objectives. We do NOT want to see progress towards one individual objective but rather we want evidence that you are monitoring all SP objectives at least annually. So, you need two examples of doing this from the most recent two years prior to submitting documentation to PHAB. RD2 is looking for two examples of progress towards implementation of the SP that have been shared – one example must be sharing with staff and one example must be sharing with your governing entity or advisory board. You can use the examples from RD1 and document that those were shared with staff and your governing entity/advisory board – this could be done via email, meeting minutes, etc. – or you can provide a narrative describing these examples in lieu of actual documentation since this specific RD indicates that is allowed.

Measure 10.2.2 A

Required Documentation 1, required element d, asks for a salary structure. For our health department, our umbrella agency handles the salary structure, and we have limited access and ability to share this structure. Our health director does look at the compensation of similar job positions for nearby health departments and discusses this with our umbrella agency to help ensure our employees are paid fairly. Given the guidance of this required element, would having documentation of this practice or a written procedure that ensures that this practice occurs fulfill the intent of the measure? Or would the actual salary structure be required?

Per the Guidance, *"Salary structure and benefits refer to employee compensation. Salary (i.e., pay, income, or wage) structures might include pay scales or ranges of pay based on position".* In addition to the salary structure and benefits package, the health department could also consider how it assesses employee compensation to ensure the health

department's offerings are competitive or whether compensation has been adjusted to account for inflation or cost of living. Based on what the department describes, it appears the salary/benefits policies and procedures are maintained by the umbrella agency that governs the health department. As such, it would be expected that the department would share/provide the umbrella agency's policies regarding salary and benefits for this requirement. The guidance suggests this additional information could be included to further explain how the health department influences these policies but would not fully address the requirement for salary structure and benefits package policies that apply to the health department.

Measure 10.2.5 A

For Required Documentation 2, do we need to address assurance of accessibility to the health department's entire facilities and services when provided in a temporary location or would mobile vaccine clinics work for this?
If the HD has provided an offsite or mobile vaccine clinic as indicated, the example would need to demonstrate that accessibility, based on ADA requirements, was considered for that location. Permanent health department facilities are not addressed in this requirement.

Measure 10.3.1 A

For Required Documentation 1, we have whistleblower protections policies and disciplinary policies that describe how ethical issues are deliberated and resolved internally, but how does this need to be actually documented?
While your code of ethics and employee policies would be used during an ethical review process, Required Documentation 1 is really looking for the process that is used by your department to deliberate and resolve ethical issues. For example, does an ethical review board or committee consider public health ethical issues when they arise (e.g., rationing a particular vaccine)? What is the process used by that group to make decisions, re-evaluate those decisions when needed, and communicate the decisions to affected stakeholders?

Measure 10.3.4 A

How does PHAB define "timeliness" of working with the legal team is not clear to us. The guidance states, "One of the examples will demonstrate how the health department attained timely legal counsel to allow for a response by a set deadline (e.g., a regulation that states the health department must respond to complaints within a set number of days)". Can you explain that it must be about a request that we need to meet within a certain deadline? Or was the pandemic enough of an urgency?
This measure requires a demonstration of how the department attained timely legal counsel to allow for a response by a set deadline. If you had an example that demonstrated timeliness due to the urgency of the pandemic, that would likely work. For example, if the HD needed legal advice before a communication was released on X date, that would demonstrate an example where a timely response occurred. You would need to provide more context than saying it was generally related to COVID, but it is not required that the timeliness must relate to a law/regulation.