



REACCREDITATION v2022 FREQUENTLY ASKED QUESTIONS

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

Policy for Reaccreditation

Annual Reports

Can you provide guidance about how PHAB defines “innovation” and types of acceptable activities to include in Annual Reports under the Reflection and Learning option?

As part of daily work, public health practitioners respond to existing and emerging health needs in their communities. To address these needs, health departments can foster an innovation culture in which staff have been trained on innovation processes and are supported no matter the outcome.

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. Tenets of public health innovation include the following:

- It is an ongoing, systematic process that can generate incremental or radical change.
- It requires both collaboration with diverse team members and partners and co-production with people with lived experience who will be affected by the results of the innovation.
- It is an open process lending itself to adaptation or replication.

Examples of innovation processes or training topics that foster an innovation culture include:

- Design thinking and human-centered design
- Collaborative creative brainstorming through mind mapping, slip writing (ideas submitted anonymously), brain netting (ideas submitted through an online process), reverse brainstorming (explore causes of a problem before thinking about solutions)
- Creative intelligence/Creative quotient
- Interaction design
- Strategic design

These processes, and the education to perform such processes, are tools to help staff think differently about solving problems. Innovation processes, like the examples provided, are intentional, collaborative, creative and utilize an IDEA lens. Using an innovation process provides structure, shared language, and guidance on how to think about things differently.

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

Articles about Innovation Practice and Research:

- [JPHMP: Transformation and Innovation in Public Health](#)
- [Health Design Thinking: An Innovative Approach in Public Health to Defining Problems and Finding Solutions](#)
- [Design Thinking to Improve Implementation of Public Health Interventions: An Exploratory Case Study on Enhancing Park Use](#)
- [Teaching Design Thinking as a Tool to Address Complex Public Health Challenges in Public Health Students: A Case Study](#)
- [Human-Centered Design as an Approach for Place-Based Innovation in Public Health: A Case Study from Oakland, California](#)

Please also see guidance developed specifically related to requirements in Measure 9.2.2 A related to fostering innovation.

For the Reflection and Learning QI Project option, can you provide guidance about when the QI project should have been completed for the purposes of using in our Annual Report?

Generally, the Annual Reports are intended to focus on activities completed within the past year. PHAB does not require specific start or end dates for the project, but it will have relevancy to the department's work over the past year. The project could have been completed during the past year or it could be an ongoing project that is still underway at the time the report is submitted. The project could also have been initiated earlier, for example, longer than a year ago, with activities spanning into the last year. The QI project could be associated with a site visit report finding, or specific measure, as well as other sources (e.g., staff nomination or customer feedback, etc.).

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 start on 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 (the Documentation Form should always serve as page 1).

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 use the term "equity". For equity related measures, for example, the measure asking for a policy or declaration, do we have to use the specific terms listed in The Standards (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?

A: 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 which may be indicated in the Documentation Form with only one example required (e.g., Measure 6.1.3 A.1). For example, if the health department only provides enforcement within its communicable disease program, the Documentation Form will indicate enforcement activities for only one program and the department will provide one example of assessing enforcement programs specific to its one enforcement program (communicable disease). In other instances, the requirements indicate when the health department might show how it collaborated with the entity with enforcement (such as, environmental health department external to the health department) to improve coordination with other entities or to ensure investigation or enforcement activities are equitably applied (Measure 6.1.4 A).

General Questions

We are not eligible to apply for Reaccreditation until 2026. Will there be a revised version after 2022?

While PHAB does not anticipate significant revisions to the Standards & Measures, we anticipate releasing updates based on frequently asked questions, learnings from health departments, and emerging issues in public health practice on a five-year continuum. The next update is scheduled to occur with the release of Version 2027, at which time, we anticipate enabling health departments in the process of pursuing Initial or Reaccreditation with the flexibility to choose under which version the health department would like to apply (similar to the approach used during the launch of Version 2022).

Will Version 2022 Measures be more challenging or have stricter requirements?

One of PHAB's express goals in the development of Version 2022 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?

Yes, Version 2022 indicates which measures align with the Foundational Capabilities 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, the domain pages list measures corresponding 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 reaccreditation 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 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 maintain a wealth of primary 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 (e.g., timeframes, format, narratives, etc.)

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.

For Reaccreditation, what are the dated within requirements for measures requiring "Narrative descriptions must describe the health department's current processes, procedures, or activities in place at the time of documentation submission"?

If the narrative description requires the health department's current processes, procedures, or activities it must current operations, functions, or activities at the time of submission to PHAB. If the "Dated within" box says, "Describe the current process" and does not specify a timeframe requirement, such as 5 years, the narrative does not have to include a date. We are taking the health department at its word that this is indeed the current process for your department.

A helpful tip in the Standards manual notes: *"Narrative descriptions describe what is current and in place at the health department at the time of documentation submission. Narrative descriptions prepared in advance of a health department's documentation submission date should be reviewed within 1 year of submission in order to ensure a good faith effort to confirm the information provided is current."*

If the narrative description identifies a specific timeframe requirement, then the example must be within the timeframe and the date(s) the activity(ies) occurred must be included. For example, "The department provides the XXX program that began on XXX date."

In the Version 2022 Reaccreditation Manual additional information related to timeframes can be found on page 13.

For Reaccreditation, what are the timeframe requirements? For example, if the timeframe is within 2 years, is that within two years of achieving Initial Accreditation?

The documentation timeframes are based on the documentation submission date. It may be helpful to gauge when the department will submit its documentation, by considering the date the health department achieved Initial Accreditation, as well as when the department would submit its Reaccreditation Application.

For the sake of explanation and to answer the question most clearly, let's say the department submits on September 30, 2027. If that is the case, the following would apply to documentation timelines:

- For items that must be dated within 2 years, anything dated on or after September 2025 would be accepted.
- For items that must be dated within 5 years, anything dated on or after September 2022 would be accepted.

The health department should plan to select a target date for documentation submission and work back from that date to assure all documents selected are within the acceptable timeframe for reaccreditation.

Do narratives for Version 2022 have a maximum length?

Narratives do not have a minimum or maximum length for Version 2022, however, we recommend a narrative length of no more than 5 pages. The narrative should be comprehensive enough to clearly describe how each required element was met and concise. Consider writing the narrative in a way which orients someone not familiar with the health department by including some context about the example or process to provide that complete picture or to “tell the story” of the health department according to the measure’s requirements.

I am working on a few measures that ask for a narrative of an example. In those instances, should I upload additional attachments beyond just the narrative text? For example, in one narrative, I reference an accessibility statement on a webpage. I have a screenshot of the webpage with the statement highlighted. Should I include that PDF with the coversheet, or will the narrative description suffice?

When the required documentation asks for a narrative of an example, there should not be any actual examples attached to the documentation form. If it is helpful to illustrate a point in the narrative, a dated screenshot could be pasted within the narrative, but pay particular attention to the requirements as often a “description” is part of the element and just a picture does not provide a description.

Other tips for narratives:

- Narratives do not have a minimum or maximum length for Version 2022. That said, the narrative should be comprehensive enough to clearly describe how each required element was met. It should be clear to someone that is not familiar with your department. You may need to include some context about the example or process to provide that complete picture. At the same time, it is also important not to include a lot of extraneous information that goes beyond the requirements. While narratives will vary in length requirement, our general recommendation is that narratives would be no more than 5 pages in length.
- Pay attention to the timeframe required. If the requirement is to describe current process, be very clear in the narrative that it is written in present tense. If the narrative description identifies a specific timeframe requirement, then the example must be within the timeframe and the date(s) the activity(ies) occurred must be included. For example, “The department provides the XXX program that began on XXX date.
- Narrative descriptions describe what is current and in place at the health department at the time of documentation submission. Narrative descriptions prepared in advance of a health department’s documentation submission date should be reviewed within 1 year of submission in order to ensure a good faith effort to confirm the information provided is current.
- It is okay to use a combination of the documentation form (narrative) and examples when the requirement allows for either approach (for example, Reaccred Measure 3.2.2). Please use the Narrative table on the Documentation Form for both your narrative elements and to describe page numbers where the reviewers can find the documents for the other elements (i.e., one table please). If there is other contextual information that is needed to help describe the documents that are part of the example, that can also be included as part of the narrative form.

Population Health Outcomes

Our health department tracks multiple population health outcomes. How does PHAB define 'tracking' for the purposes of population health outcomes reporting? Our health department maintains a data dashboard with a

selected subset of measures. Our epidemiologists create a number of reports that are prepared every 2-3 years or so (e.g. on birth outcomes, opioid issues, a community health indicators report, cancer trends, tobacco trends) in addition to measures that we follow as part of our Strategic Plan, CHIP, and measures used in the CHNA. Which of these could be considered in our population health outcomes data collection and reporting?

For “tracking” population outcomes, PHAB does not have a specific required or recommended tracking method. As long as the data on the measure is being collected and reported on a regular basis, PHAB would consider that as tracking. Thus, when talking about indicating population health measures that the department is tracking, it is indicators that the health department is monitoring – whether tracking occurs as part of the CHIP, SP, or other public health efforts, the purpose is to show ongoing data monitoring and tracking, including collection for the purposes of trend analysis. The health department may choose which of the 5-10 objectives to report.

How many population health outcomes should be reported when applying for reaccreditation?

You will not submit the population health outcomes instrument during the reaccreditation application. You will submit the population health outcomes instrument at the same time as submitting your reaccreditation documentation. Departments will select ALL topic areas you currently collect or track data for, however, you will choose 5-10 population health outcomes to specifically report on. In the Learning Center, a course titled *The Annual Report* includes additional information about updating your population health outcomes, how to report these, an ePHAB help sheet, and a list of population health outcomes topic areas that was updated in February 2023.

Readiness & Training

We are working with a consulting firm under contract to help us prepare for reaccreditation. 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 as the consultant does not share/distribute the readiness assessment survey or feedback report to others 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 Reaccreditation, 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 has been collected and adding to that data over time. The partnership would meet on a periodic basis to review the data that is 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 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. Element f could be other maps that include 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. It might also include some structural determinants such as discriminatory housing practices or previous laws that have an impact on the community today. Element f does need to be connected to the data and 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, element f is intended to lay a foundation to connect the work done in the CHIP (Measure 5.2.1 RD1 element c).

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.

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 1.2.1 A

We’re struggling with Measure 1.2.1 (the quantitative example), specifically the “non-surveillance” part and whether it refers to surveillance vs. research (non-surveillance) or routine (surveillance) vs non-routine (non-surveillance) data

collection. Our department gathered data from four Federally Qualified Health Centers about migrant and seasonal farm workers in the southern part of our state in relation to asymptomatic COVID testing. It was not routinely collected data however it was part of COVID surveillance efforts. Is this an acceptable example?

When looking at measure 1.2.1 the intent is to demonstrate that primary data collection is done for a deeper understanding of the health status in the community. As part of the requirement, the health department will need to be able to describe why the data was collected to further the understanding of health in the jurisdiction. Data collected for the purpose of surveillance would not meet the intent.

PHAB uses this definition: Public Health Surveillance is the ongoing, systematic collection, analysis, and interpretation of health-related data essential to planning, implementation, and evaluation of public health practice.

Since the example described sounds closely tied to surveillance data, we would recommend other data collection efforts, such as, closed-ended surveys of priority groups, which could be conducted as part of the CHA, for example. The department might also explore additional examples of primary data collected by the department's vital records/health statistics unit.

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 addresses 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.

Domain 2

Measure 2.1.1 A

In Reaccreditation Measure 2.1.1 A, do the description examples for elements a-d have to pertain to the same surveillance system? Or can we use different examples from different surveillance systems?

Yes, use of multiple surveillance systems could be addressed within the narrative description. The requirements state, "If the health department operates multiple surveillance systems, the description can use examples from any system to

illustrate required elements a-d. If one or more of required elements a-d is carried out by another agency, the description will indicate how those functions are performed by others.”

Also, refer to the guidance, which states, “*If the health department operates multiple surveillance systems, the narrative description does not need to cover how required elements a-d are addressed in each system. Instead, the narrative can describe general processes that are used across surveillance systems or can provide examples from different systems. For example, the health department could describe collaborative relationships (required element b) related to a its chronic disease surveillance and enhancements made (required element d) to its adverse events reporting system.*”

Measure 2.1.2 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 2.2.4 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

What does it mean to foster a ‘positive reputation’? What is considered acceptable in the narrative?

A positive reputation fostered by the department to build community trust will be unique to each department depending on the specific community. The intent of this requirement is to describe how the department is actively working to promote a positive reputation and trust among community members. This could be, for example, by having employees wear clothing that includes the department brand while they are out in the field, or an assessment among community members of their trust in the department’s services or functions. It is not the intent of this RD to show customer satisfaction for a particular program or service. It is also not the intent of this RD to describe fostering trust with other organizations.

Measure 3.1.3 A

For Required Documentation 1, 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?

The posting of the CHA and CHIP is addressed in 3.1.3 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.

For Required Documentation 1, do the two campaign examples have to be ones the health department has created?

If the documentation was developed by another entity (e.g., partner, governmental agency, contractor) the document must be relevant to the health department (e.g., how the health department contributed or uses the documentation, or how it’s relevant to the health department’s jurisdiction). If the health department did not develop the materials, The Standards may indicate that formal agreements are required. If a particular required documentation does not specify that a formal agreement is needed, the Documentation Form may be used to indicate how the documents are relevant or used by the health department.

This specific measure does not indicate a formal agreement is required. While it’s fine if your health department was not the entity that created the campaign (e.g., you used materials developed by CDC), the documentation should still reflect clearly how the health department implemented the campaign to community (elements a-d) and how the health department evaluated one of the campaigns used for RD1.

For Required Documentation 1, our Creating Healthy Communities (CHC) program is focused on evidence-based initiatives that focus on access to healthy food and active transportation. I’m wondering if the communications campaign needs to focus on messages pertaining to specific diseases – e.g., for diabetes (A1C control), or heart

disease (Blood Pressure or Cholesterol control); or if CHC program initiatives that focus on physical activity or nutrition communications campaigns for the prevention of chronic disease would be considered acceptable.

The provision of programming to increase access to healthy foods and active transportation would be in an effort to change health behaviors and therefore, prevent chronic diseases such as obesity, diabetes, heart disease, etc. Yes, this would be an acceptable example to provide as your chronic disease example. You can go either route you described by focusing on specific diseases or focusing on physical activity and nutrition education.

Based on my understanding, for reaccreditation version 2022 we can submit a mixture of narrative and example documents to meet a measure that gives the option for either. How should we be filling out the Documentation Forms/coversheets in these cases? For example, for measure 3.2.2 RD1 I'm hoping to use one narrative to address 2a and 2c and example documents for 2b and 2d. Should I be using both tables (the first for 2b and 2d and the second for 2a and 2c) or would you prefer I stick to one table?

Great question! You are correct that you can use both narrative and documentation to document when the type allows for either approach. Please use the Narrative table on the Documentation Form for both your narrative elements and to describe pdf page numbers where the reviewers can find the documents for the other elements (i.e., one table please). If there is other contextual information that is needed to help describe the documents (e.g., 2b and 2d) that are part of the example, that can also be included as part of the narrative form.

For Required Documentation 2, which requires that the Health Department provide an evaluation of one of the two campaigns noted in response to 3.2.1 A, the documentation examples given use the term 'evaluation findings'. How are evaluation findings defined? Certainly, such findings could be quantitative (i.e. potentially some sort of survey looking at some aspect of the campaign or maybe even the number of hits on a webpage in comparison to other pages), but can such evaluation findings be qualitative? If qualitative is okay, then must such qualitative method actively engage the target audience of the campaign or is it adequate that evaluation findings be simply a discussion among staff members about a particular aspect of the campaign, i.e. its effectiveness in reaching a specific target audience? In short, what kind of methods are appropriate for this measure in generating the evaluation findings?

Yes, the example (or narrative of an example) demonstrating an evaluation of communication strategies based on one of the examples provided in Required Documentation 1 could use quantitative data (such as, web or social media hits or other analytics, etc.) or qualitative data (such as, open comments or feedback about the campaign implemented). The evaluation could consist of staff meeting minutes showing discussion about ways to improve or an overall assessment or specific aspects (e.g., what worked well or could be improved). It is not necessary that the evaluation findings reflect engagement with the target audience. In v2022 all “must” statements or requirements have been moved to the far-left column leaving only examples (such as gathering input from the target population) within the guidance.

Domain 4

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 5.2.2 A

For Required Documentation 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.

Measure 5.2.3 A

For Required Documentation 2, do efforts taken that contribute to building environmental resiliency need to be included in the CHIP? Based on the sectioning of the standards I was unsure.

The effort could be related to CHIP implementation but does not need to be. That is not a requirement of this measure or Required Documentation.

For Required Documentation 2, the requirements are to provide evidence of efforts taken that contribute to building environmental resiliency. Would a letter of support from our health department for a research-based program meeting this description be sufficient?

The purpose of this measure is to assess the health department's efforts to address factors that contribute to specific populations' higher health risks and poorer health outcomes, or health inequities, as well as to build environmental resiliency. If the department has offered a letter of support to a community partner that is working on research related to environmental resiliency and the letter shows how the department is working with them, this would likely meet the intent. If the letter of support does not show how the department is involved, meeting minutes or other activities could provide additional supportive documentation. There are several examples of efforts provided in the guidance.

It may also be helpful to review the definition of Environmental Resiliency from the [Acronyms & Glossary of Terms](#) PHAB document. "Environmental Resiliency Minimizing environmental risks associated with disasters, quickly returning critical environmental and ecological services to functionality after a disaster while applying this learning process to reduce vulnerabilities and risks to future incidents (Office of Research and Development, National Homeland Security Research Center Environmental Protection Agency. Environmental Resilience: Exploring Scientific Concepts for Strengthening Community Resilience to Disasters. October 2015)" Additionally, this publication may offer insight into what other HDs have been working on: [Climate Change](#).

Domain 6

Measure 6.1.1 A

Could you confirm which is being asked for:

- 1. Description of the review process of just one program's (e.g. restaurants) inspections and complaints (elements a & b) and review findings?**
- 2. Description of the review process of all regular and complaint investigations for elements a & b, and findings from one program.**

We're assuming that the words "inspections" and "investigations" are used interchangeably.

Element "a" is asking for the process (methods) that the department uses to review inspection activities. This would be for all inspection activities and should include both regular and complaint investigations.

Element “b” is asking if the inspections are completed according to the frequency that the department specifies. Does an audit reveal that you are following your own protocols? Additionally, for one of the programs that you are responsible for, you will also include the findings from a review.

For example: The department has authority to investigate/inspect food programs, swimming pools, tattoo parlors, and septic systems and complaints related to nuisances. The department may provide the protocol or a narrative of the process that the department uses to make sure that your team is completing the investigation/inspection according to the pre-determined process (i.e. the frequency, what is inspected, how violations are handled, what is the follow up time frame, etc.). Then the department will provide the findings from the review of the food program (one program); did the specialist complete the investigation on time, did the specialist fill out the proper paperwork, was the follow up needed documented per your requirements.

Measure 6.1.4 A

For Required Documentation 1, could we provide an example of improved coordination with other entities when conducting communicable disease investigations or enforcement actions?

A communicable disease example would work as long as it shows improved coordination. The intent is to provide an example, or narrative of an example, of how the health department has improved coordination with other entities that are engaged in conducting the investigation or enforcement actions. Either the health department or other entity may have the inspection or enforcement authority.

For Required Documentation 2, as a smaller rural community, my staff that works in this domain is really struggling to figure out how this looks for us. Their interpretation is that they need to find evidence that we treat everyone fairly and equitably in our inspections and investigations, which we do just in the nature of the work. They’ve come up with a couple ideas but aren’t sure if it would work so any advice is helpful. They are currently working on a project to translate all our restaurant inspection documents and forms into Spanish and Mandarin as most of our restaurant staff workers in the kitchen are not native English speakers. Would this work?

Yes, the example described could demonstrate conformity to ensure investigation or enforcement activities are equitably applied. The guidance doesn’t mention this specific example, but ensuring the information provided to regulated entities is in the primary language as understood could serve as a means of ensuring equity.

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).

For Required Documentation 1, required element e, do the emerging issues need to pertain to primary or behavioral health (or both)? Does the requirement refer to emerging issues in access to care or general emerging issues?

A wide range of emerging issues may be considered in the assessment, which could, but do not need to be related specifically to primary care and behavioral health care. See examples provided within the guidance which relate to a number of different topics, including and beyond primary and behavioral health care, such as, payment mechanisms, use of electronic medical records, types and numbers of health care professionals, etc. The emerging issues should be relevant to access to care.

Measure 7.1.2 T/L

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?

A: 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 8.1.1 A

For required element c, the current process to collaborate with other organizations to build the pipeline of public health workers, could you define “current process”? Our department’s efforts have focused on securing a qualified and diverse workforce on a few occasions, once or every few years. We do not have a process in place, but many connected or separate instances that could be described in the narrative. Would those collectively suffice?

The intent of this measure, including element c, is that the health department has current processes in place to recruit and hire a qualified and diverse workforce. To that end, element c focuses on current processes (rather than a one-time occurrence) to build a pipeline of future workers by involving others, such as youth organizations, libraries, community groups, elementary or high schools, schools or programs. That said, the current process does not define the frequency which may involve, for example, participation in an annual career fair or hosting internship, fellowship, or practicum students on an annual basis.

Does this measure pertain only to the recruitment of the health department’s workforce? We have staff that have been working with other organizations to increase access to healthcare and IT jobs in the community for women and people of color as well as working in partnership with behavioral health and a local university to increase people licensed to provide behavioral health services.

The Purpose and Significance statement for Measure 8.1.1, reads, *‘to assess the health department’s efforts to recruit and hire a qualified and diverse workforce and to build the pipeline for future public health workers.’* (pg. 178) While there is a role for health departments to play in collaborating with other entities to create more equitable employment opportunities in the community and in related industries, the intent of measure 8.1.1 is recruiting and hiring qualified members of the **health department’s** workforce.

Measure 8.2.3 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

For Required Documentation 2, does the customer satisfaction data showing implementation of the PM system need to be specifically collected for this purpose or if it was collected for another purpose and it relates to something in the PM system, is that sufficient?

The data, including customer satisfaction data, may be collected for other purposes beyond use in the implementation of the PM system. For example, the health department may already track customer satisfaction for other purposes or as part of a separate process. Those data may be incorporated into the PM system (e.g., as an objective or measure) and used as an example to show implementation.

Measure 9.1.3 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 9.2.2 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 10.1.2 A

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

Required Documentation 1 (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 10.2.3 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, RD1 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 10.3.3 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.