

## State/Territorial Vital Records/Health Statistics Unit Accreditation Think Tank Session Summary

### Overview

The Public Health Accreditation Board (PHAB) is the nation's accrediting body for governmental health departments. PHAB's mission is to advance and transform public health practice by championing performance improvement, strong infrastructure, and innovation. In collaboration with the Centers for Disease Control and Prevention's National Center for Health Statistics (NCHS) and Partnerships and Performance Improvement Branch, as well as the National Association for Public Health Statistics and Information Systems (NAPHSIS), PHAB launched a [Vital Records/Health Statistics \(VRHS\) Accreditation Program](#) in 2018 and accredited the first VRHS Unit, the South Dakota Department of Health, Office of Vital Records on February 18, 2021. Since then, PHAB has accredited four additional VRHS Units: The Arizona Department of Health Services, Bureau of Vital Records; Florida Bureau of Health Statistics; Iowa Department of Health, Bureau of Health Statistics; and Wyoming Department of Health, Vital Statistics Services.

On June 21, 2023, PHAB hosted a virtual VRHS Accreditation Think Tank Session to discuss the current VRHS Accreditation Program, as well as opportunities for future enhancements, drawing upon analytic and other data sources collected among jurisdictions to inform potential updates or enhancements to the current process and requirements for Initial Accreditation and Annual Reports, as well as the development of requirements for Reaccreditation. PHAB convened a diverse and experienced group of think tank participants composed of five jurisdictions, NAPHSIS, the Association of State and Territorial Health Officials (ASTHO), and the Centers for Disease Control and Prevention's NCHS and Partnerships and Performance Improvement Branch.

### Articulating the Value, Benefits & Impact of Accreditation

During the VRHS Think Tank session, participants offered the following insight on the most valuable or impactful aspects of accreditation:

- Accreditation elevates the important role and functions performed by VRHS Units. Beyond providing high-quality customer service by providing copies of vital records, VRHS Units often contribute a wealth of data and offer statistical and epidemiological expertise.
- Through the accreditation process, VRHS Units are provided with an expected level of achievement and a clear roadmap to ensure the VRHS Unit maintains policies, processes, and procedures which are standardized and documented. The process of documenting the work of the VRHS Unit is valuable to communicating the work of VRHS Units and training new staff, especially in times of staffing turnover.
- Being accredited and having standards set for you, allows you to use those standards as an opportunity for quality improvement. Accreditation is used as a tool to reinforce processes and articulate the need for improvement in specific areas; for example, improving timeliness as set forth by a national standard and using those standards to communicate to health department staff and stakeholders.
- Accreditation establishes leading industry standards and guidance – it can be used as a tool to raise the visibility, credibility, and necessity of the VRHS Unit to promote its value internally, as well as among external agencies, partners, and community members.

Jurisdictional representatives also offered that the requirements helped to foster credibility and further substantiate the value of the VRHS Unit across the broader health department. For example, one jurisdiction (South Dakota) was able to share its Continuity of Operations Plan (COOP) developed as part of the accreditation requirements, which was used as a starting point to develop the state health department's COOP. Similarly, the state health department recognized that the VRHS Unit had developed strong and standardized documentation worthy of contributing to other efforts, for example, the use of Data Use Agreement templates which were repurposed by the state health department in agreements with academic institutions.

## Challenges & Barriers Associated with Pursuing Accreditation

According to participants, the most common barriers to accreditation include resources and capacity. Accreditation can also feel daunting, especially among smaller jurisdictions or those that lack a strong quality improvement infrastructure.

## Recommendations to Communicate the Value of VRHS Accreditation & Expand Engagement

In terms of ways PHAB and partner organizations could better elevate the visibility of VRHS Units, participants offered the following recommendations:

- VRHS Units are one of the strongest champions of accreditation. Messaging resonates most when hearing experiences and lessons learned from VRHS Unit peers (rather than from national organizations).
- Leadership support and direction are important motivators for VRHS accreditation. Outreach efforts aimed at higher-level leadership, including state health officers or deputies to increase awareness of the program could be very effective.
- Drawing connections or aligning VRHS contributions to national initiatives may clearly articulate VRHS Units' contributions, and could potentially reinforce how both sets of the Standards & Measures advance DMI priorities. Aligning with other national directives, such as the [CDC's Data Strategy](#), outlines mortality-specific milestones that align with accreditation requirements (specifically, Measure 1.1.1) and the general future direction for VRHS modernization.
- Expanding presentations during national conferences, beyond NAPHSIS Annual, could be a valuable opportunity to feature the work of VRHS Units (e.g., ASTHO convenings, NACCHO Annual, or PHIT). Conferences may reach a broader audience to raise awareness of the high level of specialized expertise required in vital records, such as epidemiologists and statisticians.
- It would be helpful to develop one-pagers, infographics, or handouts distilling presentations or topical briefs to extend the reach of communication, beyond those attending conferences or other in-person convenings.
- Sharing best practices, stories, or resources across units, by enhancing the NAPHSIS library of sample documents collected among jurisdictions that opt-in to sharing would support the field.

## Recommendations to inform updates to the Standards & Measures for Initial Accreditation:

Overall, participants noted that the VRHS Standards & Measures for Initial Accreditation serve as a useful tool to benchmark current performance against national standards. The following recommendations were offered as potential enhancements:

- Expand guidance to clarify terminology, provide examples, address frequently asked questions, and gently move the field forward in certain areas beyond the requirements.
- Consider opportunities to address areas of confusion related to the three measures for which some of the accredited VRHS Units received "Largely Demonstrated" scores by providing additional guidance or an FAQ.
- Determine whether there are opportunities to encourage bringing VRHS Units into discussions and decision-making within the state health department, either as part of requirements or guidance.

In terms of considerations for local vital records offices, participants noted vast differences between centralized and decentralized states, especially processes associated with issuance from a centralized database. If accreditation requirements were to address local offices, concepts could focus on:

- Methods to ensure local offices remain in lockstep to coordinate activities with the state office. This coordination might also consider the needs of the customer by ensuring processes or information do not conflict between local and state offices.
- Processes to ensure state offices are receiving local data.
- Methods to coordinate communications related to proposed or needed legislative amendments.

## Recommendations to incorporate topics in which the field is evolving:

Three (3) breakout sessions were held to further explore areas in which the field of vital records/health statistics is evolving; specifically focused on data modernization and technology, equity, and infrastructure (including

workforce). Recommendations to infuse additional concepts within accreditation requirements and annual report processes include:

#### **Data modernization and technology:**

- Address interoperability standards in accreditation requirements (e.g., FIHR,) and connections to data providers (e.g., Court Systems or Coroner Case Management System (CME)) and systems used by the health department (e.g., surveillance, immunization, etc.)
- Explore methods to sustain systems (e.g., financial or resource sustainability) and maintain/update them over time.
- Prioritize and update NAPHSIS Security Guide, based on NAPHSIS Security Committee's recommendations.
- Update security standards and integrate within the continuity of operations planning (e.g., responding to ransomware, malware situations, or failed systems; cloud-based systems, congruent with national standards and requiring back-ups among state IT offices).

#### **Equity:**

- Incorporate equity requirements to build capacity internally.
- Consider opportunities to infuse equity examples within the guidance on requirements that relate to how VRHS Units interface with the public while being mindful of politically charged terms.
- While VRHS Units may be limited in how they can influence data collection (e.g., pre-determined categories for demographics), opportunities might exist to strengthen equity within data analysis to support disaggregation of data by sub-populations, sub-geographic area, or health conditions. Data analysis and reporting may also focus on special populations or needs, for example, American Indians, health outcomes based on prenatal or maternal care, etc.

#### **Infrastructure, including workforce:**

- Consider incorporating a stronger focus on recruitment, retention, employee wellness, and professional development, either in requirements or offering specific examples in the guidance.
- Address surge capacity to address turnover/attrition, and the specialized nature of VRHS Units and expertise required.
- Determine whether there are concepts from the requirements for health departments that warrant inclusion in VRHS Standards & Measures (especially, ADA compliance or facility accessibility/improvements, responding to media requests, and legislative advocacy).
- Examine opportunities to develop reciprocity between VRHS and health department accreditation, whether by restructuring requirements according to the 10 ESPH or FPMS, financial incentives for states that do both, creating crosswalks, or identifying exemptions from certain requirements (similar to PPHR reciprocity in v2022's Standard 2.2).

## Recommendations to inform Annual Reports:

During the session, participants compared the current VRHS Annual Report process and requirements to the updated process for health departments, released in 2022, and recommended the following changes:

- Adopt a “choose your own adventure” approach, similar to health departments to allow flexibility in the ways VRHS Units can choose to report, while still focusing on continuous growth and quality improvement.
- Eliminates specific requirements to provide one QI project or planning improvement each year, which can be challenging for smaller jurisdictions or those lacking a strong QI infrastructure.
- Consider incorporating additional questions are areas in which the field is rapidly evolving, for example, data modernization, equity, workforce, or legislative changes (e.g., how units are engaging in legislative changes, which might tie to addressing background checks or timeliness of reporting or contributing to legislative changes).

## Recommendations to inform updates to education and training:

In terms of education and training opportunities to assist VRHS Units during the accreditation process, participants recommended the following:

- Adopt a “Readiness & Training” approach similar to health departments, which requires a fee as a form of commitment to pursuing accreditation and “Readiness Assessment” to provide a comprehensive assessment with recommendations on next steps.
- Host bi-annual training both in-person during NAPHSIS Annual with a virtual option (which could be attended as a refresher or among new personnel) and closer to the date the VRHS Unit applies or submits documentation.
- Generate a few key talking points estimating time/cost investments, even if focused solely on the functions performed by the Accreditation Coordinator, in anticipation of frequently asked questions and to help jurisdictions gauge estimated resource needs.

## Recommendations to inform the development of PHAB’s VRHS Reaccreditation Program:

Participants offered insights to inform the development of the process and requirements for reaccreditation, which would be launched in advance of the first jurisdiction’s reaccreditation application due date in March 2026:

- The requirements should be both mindful of not increasing the documentation burden and focus on a linear progression of how processes, procedures, plans, or systems have advanced or matured since Initial Accreditation; this may be accomplished through small tweaks to the current requirements for Initial Accreditation.
- Shifting QI projects from Annual Reports to Reaccreditation requirements may allow for more meaningful projects and greater specificity could be added to the guidance about types of projects, whether formal or informal, and use of QI methods or tools.
- Given technological constraints and security measures in VRHS Unit Offices, site visits should be held in person for both Initial and Reaccreditation. In-person site visits also provide an opportunity for further engaging leadership, as well as highlighting the visibility and importance of the VRHS Unit.
- Reaccreditation development and launch should continue to highlight the visibility and importance of the VRHS Unit.

## **Appendix A – VRHS Accreditation Think Tank Participants**

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