PATHWAYS RECOGNITION v2022
FREQUENTLY ASKED QUESTIONS

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

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

Pathways Overview

How is Pathways different than accreditation?

Accreditation is a process to assess and recognize health departments’ performance against a set of national standards. Pathways Recognition is a process for health departments not yet ready for accreditation, to be assessed and recognized against a subset of those national standards. Achievement of Initial Accreditation or Pathways Recognition provides assurance that the health department performs the Foundational Capabilities necessary to serve their community. Both programs support performance improvement efforts, strengthen infrastructure, and facilitate public health system transformation, including state-based improvement efforts. However, accreditation builds upon those Foundational Capabilities to hold health departments to a full set of national consensus standards for serving their communities.

While there are some common elements of the programs, there are also notable differences:

- Pathways Recognition is awarded at a point in time. Initial Accreditation and Reaccreditation status last for five years and recognize an ongoing commitment to performance improvement.
- A health department will be recognized for demonstrating the measures in the Pathways program, but that health department cannot call itself an accredited health department.
- The review process is similar across the two programs, but Initial Accreditation includes a site visit.
- Pathways includes a learning community with other health departments applying for Pathways at the same time.

What are the benefits of completing Pathways?

- The Pathways Recognition program is designed to promote improvement of the health department’s operations to better serve the community. Benefits include:
  - Objective review of performance by an external entity on a subset of national standards,
  - Identification of opportunities for improvement and facilitation of ongoing efforts to address those opportunities,
  - Recognition for what the health department does to support accountability both internally and externally,
  - Opportunity to engage with peer health departments.

Pathways will also help prepare a health department for Accreditation. Not only will a health department understand how to prepare documentation—and receive feedback from PHAB on their documentation—but because the Pathways measures are a subset of the Initial Accreditation measures, they will already have completed a substantial portion of the work required for documentation submission for Initial Accreditation. If a health department applies for Initial Accreditation within two years of completing a track, the measures that were assessed as Fully or Largely Demonstrated will not be reviewed again; instead, those assessments will carry forward to accreditation. If a health department
Frequently Asked Questions (FAQ) – Pathways Recognition, Version 2022

demonstrates all measures within a track and applies for accreditation within two years, there is a discount for the first two years’ of the Accreditation Annual Services Fee, as described here.

How did you select these measures for the Pathways program?
When PHAB developed Version 2022 of the Standards & Measures, we identified measures that align with the Foundational Capabilities (FCs) in the Foundational Public Health Services framework. The FCs are the cross-cutting skills and capacities needed to support basic public health protections, programs, and activities key to ensuring community health, well-being and achieving equitable outcomes. Because the FCs are the infrastructure that supports all of the health departments’ work, those 34 measures were selected for use as the requirements for the Pathways Recognition program.

Why are there two tracks? Can I do them both at the same time?
The Pathways Recognition program was developed with two Tracks - or groupings - of measures to give health departments options as they embark on this part of their performance improvement journey. The Tracks (Services & Partnerships and Health Department Systems) each contain about half of the 34 Foundational Capability measures designated in Version 2022 of the Standards and Measures. The two-Track structure is intended to meet health departments at their level of readiness, allowing the department to decide whether to complete both Pathways Tracks simultaneously or separately.

What does it mean to be Pathways recognized?
To receive recognition, health departments must demonstrate both Tracks, meaning that all measures in both Tracks must be scored either Fully or Largely Demonstrated. Recognized health departments receive a certificate, a plaque, and access to online resources specifically for recognized health departments. PHAB will publish the list of recognized health departments.

If a health department successfully demonstrates (i.e., is assessed as Fully or Largely Demonstrated on all Measures of the track) only one Track, it will receive a letter indicating its demonstration of either the Partnerships and Services Track or the Health Department Systems Track. If health departments apply for tracks one at a time, documentation for the second track must be submitted within two years of the letter indicating demonstration of the first track in order to be Recognized.

How long does Pathways Recognition last? Does it expire?
Recognition status is awarded at a point in time and only to health departments that have demonstrated both Track 1 and Track 2 of the Pathways Recognition program. When health departments communicate their status, they must do so while attaching the year. For example, ‘Well-being County Health Department, PHAB Pathways Recognized, 2023.’

After I go through Pathways, will I need to start all over again with accreditation?
No, you will be able to leverage the work you did for Pathways in your accreditation process. Because the Pathways Measures are identical to the ones in Initial Accreditation, you will have a better understanding of how to interpret the Measures and to provide documentation. Depending on the timing, you may be able to use the same documentation—or you may not even need to submit documentation for some Initial Accreditation measures.

A health department that applies for accreditation within two years of completing a track will not be re-reviewed for the Fully or Largely Demonstrated measures in that track. If the health department completes both tracks within two years of applying for accreditation, it will not be re-reviewed on any of the Fully or Largely Demonstrated Foundational Capabilities Measures. (If the health department applies for accreditation more than two years after being acknowledged for completing one Track or recognized for completing both Tracks, the health department will be reassessed on all measures.)

If a health department demonstrates all measures within a track and applies for accreditation within two years, there is a discount for the first two years’ of the Accreditation Annual Services Fee, as described here.
recognized for demonstrating all measures in both tracks and applies for accreditation within two years, there is a larger discount for the first two years’ of the Accreditation Annual Services Fee.

**Pathways Process**

**Who is eligible for Pathways? Is there a minimum number of staff or population served to be eligible?**

All local, Tribal, and territorial health departments are eligible to apply for Pathways. There is no minimum—or maximum—number of staff a health department must have or not have to apply. Similarly, local, Tribal, and territorial health departments can apply for Pathways regardless of population-size served. Please see the Eligibility section of the Policy for more details.

State health departments are not eligible to apply for Pathways directly but may work to support local and Tribal health departments in their Pathways processes. Learn more about how PHAB can work with states to support Pathways throughout the public health system.

**How do I decide which track of Pathways I should pursue?**

The first step all health departments are required to complete before applying for Pathways (and accreditation) is the Readiness Assessment and pre-application training. Upon completing the Readiness Assessment, health departments will be provided feedback and a recommendation from PHAB staff on next steps for preparing for either Pathways or Accreditation. Ultimately the decision of which Track(s) to pursue is the health department’s and should be based on the level of documentation to support conformity the health department has available for Track 1 (Services and Partnerships), Track 2 (Health Department Systems), or both.

**What is the learning community component? Is it required?**

While the learning community is not required, health departments pursuing Pathways are encouraged to participate. It is a chance to meet with other health departments going through the process, ask questions of each other, and learn from each other’s experiences.

**How long does the process last from start to finish?**

The first step of the process is preparation. Health departments are encouraged to review the Standards & Measures and determine whether there are gaps that will take longer to address. For example, if the health department has never done a community health assessment or community health improvement plan, it may wish to work on those before proceeding. Below are key timelines for the process. How long it takes each health department to go through each step will depend on their level of readiness:

- 1 year from the time a health department pays its Readiness and Training fee to take the necessary trainings, complete the Readiness Assessment, and apply.
- 6 months from the time the application is approved to provide documentation in e-PHAB
- 90 days from the time the health department is notified of measures that are reopened to provide alternative documentation.

**How do I apply for Pathways Recognition?**

Once the health department has completed the Readiness and Training process, the health department can apply for Pathways Track 1, Track 2, or both tracks by submitting their application via e-PHAB. At the time the application is approved, the health department will be invoiced for their Pathways Recognition fee, and they will gain access to the appropriate modules in e-PHAB that allow the documentation submission process to begin.

**When can I apply for Pathways Recognition?**

A health department must first complete the Readiness and Training process, including all required trainings and the Readiness Assessment. After that has been completed, the health department can apply at any time. However, PHAB
will only review and accept applications at three points in the year: February 28, June 30, and November 30. This is to allow us to form cohorts of health departments to participate in the learning community.

Are there pre-requisites for applying to the Pathways Recognition?
Before applying for Pathways Recognition, health departments are required to register in e-PHAB and complete the Readiness Assessment and pre-application trainings. The findings and feedback offered by PHAB through the Readiness Assessment should help prospective Pathways applicants identify gaps. These gaps will ideally be addressed before the department moves forward in their Pathways journey to create the greatest opportunity for successful completion of the program.

There are not specific pre-requisites for applying to Pathways outside of the Readiness Assessment and pre-application trainings, (i.e., PHAB does not require health departments to submit sample documents, plans, etc.)

What happens if the Director or Coordinator transition during the process?
The Director and Coordinator are important roles and serve as the primary points of contact between PHAB and the health department during the Pathways Recognition process. However, a team-based approach to Pathways is highly recommended to facilitate buy-in among all staff and to build continuity and sustainability of Pathways-related work. With this approach, should a key role like the Director or Coordinator transition during the process, another staff member should be prepared to step in, at least temporarily, to avoid derailing the health department’s progress.

If the Director or Coordinator should transition during the process, the health department should notify PHAB of the change. It is important to communicate changes right away to prevent a lapse in communications between PHAB and the health department and make sure the new Director and/or Coordinator has the support to continue the process.

Are there any specific technology considerations for applying for Pathways Recognition?
Health departments interested in pursuing Pathways Recognition should minimally have access to computers with internet connection speeds that allow for participation in required trainings, the Readiness Assessment, learning community activities, and to upload required documentation to e-PHAB. While not required, health departments may also find it helpful to establish a centralized and accessible documentation storage and organization system on their internal network, intranet, or other shared space that staff can access while working to gather documentation.

Per the Standards and Measures for Pathways Recognition, all documentation must be uploaded to e-PHAB in a combined PDF file, so health departments will also need to have access to software programs that allow for the compilation of files into one PDF.

Outside of these minimum technological requirements, PHAB does not require health departments to have or purchase specific systems, software programs, or other technologies to pursue Pathways Recognition. Where ‘systems’ are referenced in the Standards and Measures, it is up to the health department to decide the format and type of systems used. For example, the requirement for an organizational performance management system does not refer to a specific software program or system, but rather that the health department has a systematic process in place for establishing targets and monitoring progress on performance toward achieving those targets. This could be through an enterprise software program, a Microsoft Excel file the department develops internally, or something entirely different.

Are Annual Reports required after receiving Pathways Recognition?
Annual Reports are not a required element of the Pathways Recognition program.

Who does the department contact with process or measure interpretation questions before we apply?
Questions about the Pathways Recognition process or interpretation of requirements outlined in the Standards and Measures can be sent to askphab@phaboard.org.

How much does Pathways cost?
PHAB reviews its fees annually and health departments should check the Fees page on our website for the latest information. The fees for the Pathways Recognition Program support the review of the health department against Foundational Capabilities Measures, as well as participation in a learning community with other applicants. Prior to applying for either Pathways or Initial Accreditation, health departments will pay the Readiness and Training fee of $1,299. If they apply for either program within a year, they will receive a $500 credit towards the fee for Accreditation or for Pathways. The current fee for each Pathways track is $3,050. Health departments applying to both tracks would pay $6,100.

Documentation Forms

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

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

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

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

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

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

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

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

Equity

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

PHAB is not prescriptive about the specific language or terms used by the health department. The intent is that equity concepts are integrated into the work the health department does in order to reduce the systematic barriers that contribute to health inequities. For example, we know some health departments use the term “belonging” when speaking about inclusion. Link to PHAB’s idea glossary: https://phaboard.org/wp-content/uploads/PHAB-IDEA-Glossary.pdf
We recognize requirements related to health equity are spread across The Standards. If we only focus on race, will our department be in conformity with all of the places that address health equity? More specifically, would a policy or procedure for the incorporation of health equity into the development of programs (5.2.4 RD1) and a policy that reflects specific intention focused on inclusion, diversity, equity, or antiracism (10.2.1 RD3) be acceptable if focused solely on race? In other words, if a health department defines their health equity work as focusing only on race and racism, will that be sufficient to meet requirements or will we be "dinged" by not considering other populations that suffer from inequities?

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.

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

What if I have a question about how to interpret a specific measure?
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.

**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**

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 breadth of programs, services, and activities performed across the health department. Recycling the same files for multiple requirements may limit the health department’s ability to showcase the work of the department across these various programs, services, activities, or initiatives.

Can PHAB conduct a review of our documentation to determine if it meets the measure’s requirements before we submit our documentation? PHAB is not able to review documentation for conformity prior to the health department’s official submission to PHAB. However, we are happy to help answer any measure specific questions you might have to better help you understand what is required so you can better determine if the documentation you have would meet that intent. Please direct any measure-specific questions to askphab@phaboard.org.

**Readiness Assessment & Training**

Our department would like some clarification on the difference between Readiness and Training registration and application. I am aware that once we pay the invoice for readiness and training there is a year timeline limit to apply for a program. What kinds of readiness programs are available? In addition, must we register for application during that years’ time limit?
Registration establishes the health department in e-PHAB, PHAB’s information system platform. After completing the Registration, the health department is invoiced for the Readiness and Training fee and can start that process, which includes access to on-demand training, registration access to a PHAB live (virtual) training, and the Readiness Assessment. The last step of the Readiness and Training process is to complete the Application. The health department has 1-year from the time the Readiness and Training fee is paid to complete the process and submit the Application to PHAB. If all of the steps are completed within 1-year, a $500 credit toward the Initial Accreditation or Pathways Recognition application will be applied. If the health department does not apply within the 1-year period, it may be required to complete some or all of the Readiness and Training steps again. Additional information with the link to register can be found on PHAB’s Getting Started page at: https://phaboard.org/accreditation-recognition/getting-started/

How many people may I sign up to attend the [Readiness] training?
Minimally, PHAB encourages two staff members to attend per health department. Space permitting, up to 5 staff members may attend the training per health department.

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

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

Standards & Measures for Initial Accreditation, Version 2022

Domain 1

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

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

Required Documentation 1, required element a, requires “a list of participating partners involved in the CHA process, which must include i. At least 2 organizations representing sectors other than governmental public health and ii. At least 2 community members or organizations that represent populations who are disproportionately affected by conditions that contribute to poorer health outcomes.” Is this requirement asking for at least 2 organizations representing sectors other than governmental public health (i) AND at least 2 community members/organizations (ii; so at least 4 organizations); OR could (i) and (ii) be the same organizations (e.g., an organization that represents a sector other than governmental public health can be the same organization that represents a population who is disproportionately affected - so a minimum of 2 organizations)?
The organizations for (i) and (ii) can be the same organizations (e.g., an organization that represents a sector other than governmental public health can be the same organization that represents a population who is disproportionately affected).

If a health department just provides links to the CHA webpage, is that acceptable? Are dated screenshots acceptable?
No, direct weblinks without dated screenshots are not allowed. Dynamic community health assessments (i.e., websites with continuously updated data) are acceptable, if they address required elements a-g. In these cases, the health department is building on past data that have been collected and adding to those data over time. The partnership would meet on a periodic basis to review the data that are being collected and determine if there are any changes in data collection or interpretation. A combination of webpage screenshots and other documentation and descriptions may be used to demonstrate the required elements. As dynamic community health assessments may be updated more frequently, a description of the method and frequency of updates can be provided to meet the timeframe requirement, as long as the last updated date is within 5 years. Similarly, other formats of a CHA will be accepted, as long as required elements a-g are included.
For required element e, the CHA must include health challenges related to the data collected in element c – so for example, data from the community survey showed residents self-reported substance misuse, or secondary data showed obesity and diabetes were the most prevalent chronic conditions in the jurisdiction. These health challenges must be presented in relationship to a demographic factor – substance misuse by zip code; obesity by gender; diabetes by race. This needs to include both health status and health behaviors. Does it need to include more than one of each? For example, would only providing substance misuse by zip code be sufficient to meet “health behaviors”. And the data from element c doesn’t need to be all or both primary/secondary – it could be based on one source (i.e., community survey)?

No, one of each is fine as long as health status and health behaviors are described for the health challenges identified based on the data and include an examination of disparities. Regarding the example, you are correct, this would be sufficient.

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

How deeply do we need to make this connection? Is saying “lack of transportation and rural” sufficient for this? Or do we need to provide the data to show how specific factors/inequities are related to health challenges?

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

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

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

Domain 2
Measure 2.1.1 A
For Required Documentation 1, is the intent that we provide a comprehensive list of all surveillance systems used by the health department?

Yes, the intent is to indicate what surveillance systems are used by the health department, comprehensively. The list and description could be provided in the Documentation Form.

Tribal: For Required Documentation 1, I am looking at ways our department can fulfill Measure 2.1.1 given our low 24/7 surveillance activity. I was wondering if the IHS’s 2015 Indian Health Surveillance Report - Sexually Transmitted Diseases would fulfill the requirements of this measure. I understand this particular report is out of date, but the 2021 version of this data should be releasing soon. This survey and report uses data from the NNDSS, which should

Frequently Asked Questions (FAQ) – Pathways Recognition, Version 2022
definitely qualify as 24/7 data surveillance. Our health department works directly under the IHS, and takes guidance from their data reporting and health recommendations. Would this therefore meet the intent of the measure?

Even though the department works directly under IHS, it is still responsible for surveillance activities that entail “using data to predict and rapidly detect emerging health issues and threats as an early warning system for impending public health emergencies. Surveillance also provides key insight into the epidemiology of health issues and hazards by using data to understand determinants and distribution. Surveillance functions are also integral to documenting the impact of interventions; tracking progress toward specified goals; facilitating priority setting; and informing public health policy and strategies.”

**Measure 2.1.3 A**

For Required Documentation 1, in regard to access to environmental resources, the Environmental Health Department is separate from the health department and not within the Health and Human Services umbrella agency. Since we do not handle any environmental health issues, we do not have any policies/procedures for that requirement. Would a policy stating such be acceptable, or is there another way for our department to meet this measure? My question is similar for the epidemiology component of the measure. We do not have any epidemiology staff internally, but contract with another county to provide that service and conduct case investigation internally. Would a policy stating what is provided externally vs internally meet the intent? Or does the policy need to be more specific?

RD1 is really looking for “how” those resources (staff) are accessed 24/7. The intent is to ensure the health department has the capacity in place to respond (either in-house or through agreements). Since does not maintain environmental and epidemiology internally, then agreements may be in place with other agencies, individual contractors, or a combination in order to be responsive 24/7. For example, if the health department contracts with another health department, then the policy or procedures will describe how the health department accesses these resources or refers the emergent problem to the other health department or other county department. Developing a policy that indicates where these resources are located and how your staff can access/contact/refer to them 24/7 would be helpful. For the epi resources or other contracted resources, the health department could also provide a copy of the current (non-expired and signed) contract as part of documentation submitted to PHAB.

**Measure 2.2.7 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 3.2.2 A**

For the purposes of Measure 3.2.2.A would COVID-19 be considered a chronic disease?

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

**Domain 4**

**Measure 4.1.2 A**

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

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

**Domain 5**

**Measure 5.2.1 A**
For Required Documentation 1, would it be acceptable if the action plans which summarize the assets are linked in our CHIP report? Or should these documents be added directly to the documentation we provide rather than as hyperlinks?

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

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

**Domain 6**

**Domain 7**

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

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

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

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

**Does a MOU between two separate service lines (one being WIC-separate funding) in the same organization to increase access to immunizations for clients work as an example?**
Per the guidance “the intent of this requirement is to demonstrate how the health department, in partnership with others (e.g., healthcare, social service, and behavioral health providers), has implemented strategies or systems of care designed to connect clients to needed resources.” Therefore, the example that you are asking about would not meet the intent since, even though a separate service line, the WIC division is part of the health department. This example would be an internal policy/procedure to increase access to clients that already are served by the department.

**Domain 8**

**Measure 8.1.2 A**

*For Measure 8.1.2, it is stated that “Tribal health departments may use Indian Preference hiring policies.” Would our tribal preference hiring policy fulfill this requirement?*

No. While the tribal preference policy is referenced in the guidance, including a policy alone would not meet the intent, rather the intent would be to show that the policy is followed in recruitment or hiring efforts.

**Domain 9**

**Measure 9.1.1 A**

*For Required Documentation 1 (and Standard 9.1), how is performance management different from individual employee performance appraisals?*

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

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

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

*For Required Documentation 1, what PM systems are acceptable by PHAB?*

PHAB does not endorse any specific product or service. To meet this measure, a department does not need to purchase an electronic system. Performance can be managed by tools such as Excel or Access. A non-exhaustive list of some programs that may suit your department’s needs include:

- MS Suite: Teams Power BI, Word, Access, Excel, Planner
- G-Suite: Google Docs, Sheets, Forms, etc.
- Clear Impact
- Klipfolio
- VMSG
- Achieveit
- ArcGIS
- Tableau
- MySidewalk
- Live Stories
- Insight Vision
- Asano
- Trello
Measure 9.1.5 A

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

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

Domain 10

Measure 10.2.2 A

Required Documentation 1, required element d, asks for a salary structure. For our health department, our umbrella agency handles the salary structure, and we have limited access and ability to share this structure. Our health director does look at the compensation of similar job positions for nearby health departments and discusses this with our umbrella agency to help ensure our employees are paid fairly. Given the guidance of this required element, would having documentation of this practice or a written procedure that ensures that this practice occurs fulfill the intent of the measure? Or would the actual salary structure be required?
Per the Guidance, “Salary structure and benefits refer to employee compensation. Salary (i.e., pay, income, or wage) structures might include pay scales or ranges of pay based on position”. In addition to the salary structure and benefits package, the health department could also consider how it assesses employee compensation to ensure the health department’s offerings are competitive or whether compensation has been adjusted to account for inflation or cost of living. Based on what the department describes, it appears the salary/benefits policies and procedures are maintained by the umbrella agency that governs the health department. As such, it would be expected that the department would share/provide the umbrella agency’s policies regarding salary and benefits for this requirement. The guidance suggests this additional information could be included to further explain how the health department influences these policies but would not fully address the requirement for salary structure and benefits package policies that apply to the health department.

Measure 10.3.4 A

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