Version 2022 Standards & Measures
Proposed Changes based on Think Tank and Expert Panel Recommendations

September 2021

To ensure that Version 2022 of the Public Health Accreditation Board (PHAB) Standards & Measures reflects the current aspirations of the field, we have held a series of Think Tanks and Expert Panels and commissioned several reports to gather perspectives on core aspects of public health practice. Recommendations from those convenings were reviewed by the Accreditation Improvement Committee and incorporated, as appropriate, into the drafts of the Standards & Measures for Initial Accreditation and Reaccreditation.

This document highlights a few specific examples of how each Think Tank or Expert Panel's recommendations can be seen in the drafts for Version 2022. In includes references to specific measures, which you can use as a guide as you provide feedback through our public vetting period (through November 5). **_Note: This is subject to change based on the feedback received through the vetting process._**

Definitions and key terms discussed during Think Tanks and Expert Panels are also being considered as PHAB works to update the Version 2022 Glossary.

Administration, Management and Governance Expert Panel
• Added requirements to adopt definitions of equity terms and provide an example of an organizational policy, declaration, or initiation related to inclusion, diversity, equity, or anti-racism (Initial & Reaccreditation 10.2.1). • Added a measure focused on administrative preparedness planning, including identification of essential public health functions that must be sustained during a continuity event and expedited administrative procedures during response (Initial & Reaccreditation 2.2.2). • Added a requirement to demonstrate how information technology has been approved to advance strategic goals (Reaccreditation 10.2.2). • Created a standard focused on accountability/governance and infused requirements about engagement with the governing entity throughout several domains (Standard 10.3).

Authentic Community Engagement Commissioned Paper
• Infused throughout the requirements concepts of authentic community engagement, including active participation and engagement among community members, those with lived experience, marginalized, or disenfranchised populations; use of Community Health Workers (CHWs); diversifying community partnerships, coalitions, and collaborations, etc. • Shifted from technical assistance provided on models of community engagement to examples of actual engagement. Added concepts related to shifting power towards community-led engagements (e.g., community led priority setting, participatory budgeting, mobilizing of community assets and resources) (Initial 4.1.3, Reaccreditation 4.1.2).

Behavioral health Think Tank Summary

- Expanded PHAB's scope of authority policy to include development and implementation of policies, systems, programs, and services to support behavioral health.
- Infused equity concepts in the Standards & Measures and glossary to address social determinants of health, social epidemiology concepts (terms also added to updated Glossary), stigma, cultural, and other factors, particularly within the CHA and CHIP.
- Reframed access to care (Domain 7) to focus on integration and linkage across providers, including fostering systems of care that support the well-being of the "whole" person.
- Specifically added participation of behavioral health providers as part of the assessment of access to care (Initial & Reaccreditation 7.1.1).

Chronic Disease Think Tank

- Incorporated greater emphasis on the use of data for decision-making and equity across the Standards & Measures.
- Within Domain 3, added requirement to evaluate a communication strategy that is designed to encourage actions to promote health (Reaccreditation 3.2.2). Also, emphasized that it may be appropriate to apply evidence-based practices, as opposed to creating new communications efforts (Initial & Reaccreditation 3.2.1).
- Within Domain 7, incorporated broader consideration of social services and behavioral health needs to advance linkages to care and alignment among providers towards supporting the needs of the whole person. Incorporated a new measure focused on the state health department's role to establish or improve systems to facilitate the availability of high-quality health care (Initial 7.1.3 S, Reaccreditation 7.1.2 S). Also, integrated a new measure focused on collaborating with other sectors to ensure access to care during service disruptions (Initial & Reaccreditation 7.2.2).

Communication Science Expert Panel

- Throughout the Standards & Measures, infused greater emphasis on authentic community engagement, which included updating terms. Shifted from technical assistance provided on models of community engagement to examples of actual engagement. Added concepts related to shifting power towards community-led engagements (e.g., community led priority setting, participatory budgeting, mobilizing of community assets and resources) (Initial 4.1.3, Reaccreditation 4.1.2).
- Incorporated recommendations to add an assessment of the impact of communication strategies, as a tool to further refine and improve communication strategies (Initial 3.1.4, Reaccreditation 3.2.2).
- Added active sharing of the community health assessment, as well as high-level findings with the community beyond passive sharing methods (Initial 1.1.2).
- Added social media requirements beyond use of the website and other forms of two-way communication, such as methods for the public to submit comments to the health department via the website (Initial 3.1.4, Reaccreditation 3.1.3).
- Reframed branding to focus on conveying public health's role and functions in order to foster a positive reputation in the community (Initial & Reaccreditation 3.1.2).

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COVID-19 Contact Tracing Administration and Management Commissioned Paper

- Added a measure focused on administrative preparedness (Initial & Reaccreditation 2.2.2) and strengthened requirements related to surge capacity, including training of surge personnel (Initial & Reaccreditation 2.2.3).
- Integrated requirements related to addressing social determinants of health or health inequities in containment/mitigation strategies (Initial 2.1.5, Reaccreditation 2.1.3) and to ensuring continuity of access to needed care during service disruptions (Initial & Reaccreditation 7.2.2).

Data/Surveillance/Informatics Think Tank

- Expanded the state health department's role to support Tribal and local health departments in statewide data systems by gathering input and providing support or technical assistance to facilitate access and use (Initial & Reaccreditation 1.2.2 S).
- Created a more explicit requirement about health departments' engagement in data sharing (Initial 1.2.2, Reaccreditation 1.2.1).
- Modernized requirements related to protecting information and data system security and confidentiality (Initial 10.2.4, Reaccreditation 10.2.2).
- Added references to data visualization as a tool to facilitate data use, understanding and modernizing of the public health information infrastructure.

Emergency Preparedness Expert Panel

- Coordinated with the CDC's Center for Preparedness and Response such that they are exempting accredited health departments that are recipients of CDC's Public Health Emergency Preparedness (PHEP) cooperative agreement from review of planning measures for Capability 13 (Public Health Surveillance and Epidemiological Investigation) in the PHEP program's Operational Readiness Review process.
- Working with NACCHO to explore potential reciprocity, so that health departments that are Project Public Health Ready recognized would not need to provide documentation to PHAB for preparedness measures aligned with PPHR and to reduce accredited health department's reporting to PPHR about surveillance.
- Rewrote the requirements related to the Public Health Emergency Operations Plan, to better align with Project Public Health Ready and the PHEP reporting requirements (Initial & Reaccreditation 2.2.1).
- Incorporated identifying improvements based on exercises or AARs, as well as learnings from following the established exercise cycle (Initial & Reaccreditation 2.2.6).
- Incorporated results of a risk assessment of potential hazards, vulnerabilities, and resources, which could be part of a jurisdictional risk assessment (JRA), hazard analysis, or Threat Hazard Identification Risk Assessment (Reaccreditation 2.2.5 A).
- Re-examined the state health department's role to support Tribal and local health departments in preparedness and response (Initial & Reaccreditation 2.2.7 S).

Environmental Health Think Tank

- Separated protocols for interagency communications regarding enforcement (Initial 6.1.5) from public notification of enforcement (Initial 6.1.6).
- Shifted emphasis to focus on collaborative compliance (Initial 6.1.7, Reaccreditation 6.1.3).
- Infused concepts of environmental justice, climate change, and environmental epidemiology, as well as equity concepts related to cultural humility, literacy, or other communication considerations. For reaccreditation, added a story of how the health department has taken steps to ensure investigation or enforcement activities are equitably applied (Reaccreditation 6.1.4).

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Health Equity Think Tank and Commissioned Paper

- Infused greater focus on equity across requirements to ensure it is featured in each domain.
- Developed measure focused on efforts to specifically address factors that contribute to specific population's higher health risks and poorer health outcomes (Initial 5.2.4, Reaccreditation 5.2.3)
- Integrated into the workforce development plan, an equity assessment with findings considering staff competence related to cultural humility, diversity, or inclusion (Initial & Reaccreditation 8.2.1).
- Added requirements to adopt definitions of equity terms and provide an example of an organizational policy, declaration or initiation related to inclusion, diversity, equity, or anti-racism (Initial & Reaccreditation 10.2.1).

Healthy Aging Think Tank

- Incorporated the aging community within the list of organizations or community members involved with the CHA (Initial & Reaccreditation 1.1.1).
- Added considering the needs of the aging population as part of collaborative assessment and implementation of mechanisms or strategies to assist with obtaining health care services (Standard 7.1), as well as in reviewing the impact of laws/policies (Initial 5.1.2, Reaccreditation 5.1.1), and preparedness (Standard 2.2).
- Infused concepts of authentic community engagement (Initial 4.1.3, Reaccreditation 4.1.2).

Inclusive Health for Individuals with Intellectual Disabilities Expert Panel

- Throughout the Standards & Measures, integrated engagement and consideration of the needs of individuals with disabilities; specifically, infused analysis of data among populations who lack access or experience barriers to care (Standard 7.1) and the health department's strategies to recruit a qualified and diverse workforce (Standard 8.1).
- Infused greater emphasis on the needs of individuals with disabilities in the community health assessment (Initial & Reaccreditation 1.1.1), including use of disability surveillance sources.
- Expanded guidance within preparedness requirements to focus on reaching individuals with special needs (Standard 2.2).

Public Health Laboratories Think Tank

- Consolidated requirements related to 24/7 access to laboratory capacity for rapid detection of health problems and hazards, and consideration of laboratory services as part of continuity planning and surge capacity needs (Domain 2).
- Highlighted opportunities to leverage laboratory results in sharing findings with others (Initial 1.3.2).
- Referenced laboratory workforce within recruitment strategies to build a pipeline for future workers (Initial & Reaccreditation 8.1.1).

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Public Health Law Expert Panel

- Broadened access to legal counsel to incorporate concepts of legal epidemiology and engaging legal counsel in the evaluation of current or proposed policies or laws (Initial 5.1.2 & 10.3.4 Reaccreditation 5.1.1 & 10.3.3).
- Split coordinated notification of violations to the public and interagency communication regarding enforcement into separate measures; reframed some enforcement requirements to encourage compliance among regulated entities (Standard 6.1).
- Infused a Health in All Policies (HiAP) approach, primarily within Standard 5.1, to consider the impact of laws or policies across sectors, including education, transportation, etc.

Public Health Research Advisory Council

- Incorporated broader focus on practice-based information or research in the development of new or reviewed progresses, programs, or interventions (Initial & Reaccreditation 9.2.1).
- Reframed communicating research findings to allow for examples of internal research expertise with clarified guidance about the need for research to be validated or peer reviewed (Initial 9.2.3).
- Based on recommendations, added state health department support to Tribal or local health departments in interpreting, adapting, or applying relevant research or evidence-/practice-based learnings (Initial 9.2.6, Reaccreditation 9.2.4).
- Separated out requirements related to innovation (Initial 9.2.4, Reaccreditation 9.2.2) and fostering research (Initial 9.2.5, Reaccreditation, 9.2.3).
- Made a distinction between research and evaluation by creating separate requirement related to program evaluation (Initial 9.2.2, Reaccreditation 9.2.1 Required Documentation 2).

Public Health Workforce Development Expert Panel

- Integrated alignment between the workforce development plan and emergency preparedness (Initial & Reaccreditation 2.2.3), quality improvement (Initial 9.1.4, Reaccreditation 9.1.2), and strategic plan (Initial & Reaccreditation 8.2.1).
- Broadened focus beyond training to highlight other types of learning opportunities throughout the measures and in particular in requirements related to professional and leadership development (Initial 8.2.2, Reaccreditation 8.2.1).
- Incorporated requirements for considering equity, diversity, and inclusion in recruitment efforts (Initial 8.1.2, Reaccreditation 8.1.1).
- Included within the workforce development plan an equity assessment focused on the areas of cultural humility, diversity, or inclusion (Initial & Reaccreditation 8.2.1).

Systems for Equitable Access to Care Expert Panel

- Expanded the partners engaged in the collaborative partnership to assess and address access to health care, consistent with the role of the health department as the chief health strategist (Standard 7.1).
- Incorporated concepts of multi-sectoral efforts to improve access to social services or integration of social services and health care to support the whole person (Standard 7.2).
- Added a new state health department measure focused on establishing or improving systems to facilitate high-quality health care (Initial 7.1.3 S, Reaccreditation 7.1.2 S).

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Tribal Workgroup and Tribal Public Health Accreditation Advisory Board

- Recognized Tribal Data Sovereignty and the role of Tribal Epidemiology Centers (Initial 1.1.1, 1.1.2, 1.2.2, 3.1.4; & Reaccreditation 1.1.1, 1.2.2, 3.1.3).
- Revised requirements for state health departments to provide more meaningful engagement with and support for Tribal and local health departments (Initial 1.2.2 S, 2.1.8 S, 2.2.7 S, 8.2.4 S, 9.1.7 S, 9.2.6 S; & Reaccreditation 1.2.2 S, 2.1.4 S, 2.2.7 S, 8.2.3 S, 9.2.4 S).
- Incorporated concepts related to the health of the whole person, both in the requirements of Standard 7.2 and in PHAB's new Scope of Authority policy, which recognize health departments' role in assuring the population's access to social services and integrated care.
- Integrated concepts within the Standards & Measures that had been contained in the Supplemental Documentation Guidance for Tribal Public Health Department Accreditation.

Quality Improvement (QI) and Performance Management (PM) Think Tank

- Reorganized Standard 9.1 measures to start with the PM system leading into QI.
- Created separate requirements related to evaluation (Initial 9.2.2, Reaccreditation 9.2.1 Required Documentation 2).
- Clarified the relationship between the performance management system and quality improvement, strategic plan, community health improvement plan, workforce development plan (Initial & Reaccreditation 9.1.1).
- Incorporated improvement activities and a focus on the customer throughout the Standards & Measures (for example, Initial & Reaccreditation 2.2.6, Initial 3.2.1, Reaccreditation 6.1.4)

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