

Public Health Accreditation Board

Scope of Authority Policy

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*Advancing
public health
performance*

The Scope of Authority policy provides guidance on the activities and services that are appropriate to submit as documentation for accreditation because they are consistent with PHAB's focus on improving the health of populations.

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Overview

The Public Health Accreditation Board's (PHAB) national public health department accreditation standards are based on the well-established Ten Essential Public Health Services framework.¹ PHAB Standards and Measures address the full array of public health functions and services described in the framework that are provided by governmental health departments. As a result, PHAB Standards and Measures are focused on development and implementation of policies, systems, programs and services for disease prevention, health protection, and health promotion for the entire population and/or specific groups of the population in the health department's jurisdiction. While populations are comprised of individuals, PHAB will not accept documentation examples of policies, programs, or services that are delivered at the individual or single-family level. Instead, documentation examples must illustrate health department use of data, policies, systems, programs, and services to collaboratively improve the health of populations, address social determinants of health, and facilitate health equity.

Overarching Principles for Activities and Services that are within PHAB's Scope

Below, we highlight the 10 Essential Public Health Services and their focus on improving the health of populations, consistent with activities covered by the PHAB Standards & Measures:

- **Assess and monitor population health.** The collection and analysis of data (even if the data are comprised of individual patient records) allow health departments to understand the health of the population and identify disparities across different subpopulations.
- **Investigate, diagnose, and address health hazards and root causes.** As health departments conduct surveillance and case investigations, they need to gather information from individuals in order to mitigate the spread of disease or address environmental factors that impact the health of populations.
- **Communicate effectively to inform and educate.** Health department communication and education efforts are designed to reach populations and subpopulations to improve community health.
- **Strengthen, support, and mobilize communities and partnerships.** Health departments collaborate with organizations and individuals in their communities to collectively promote the health of the population.
- **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.
- **Build a diverse and skilled workforce.** A competent public health workforce is necessary to support the provision of population-based interventions.

¹ Essential Public Health Services Futures Initiative Task Force. [10 Essential Public Health Services](#). September 9, 2020

- **Improve and innovate through evaluation, research, and quality improvement.** Efforts designed to evaluate, improve, apply evidence about, or innovate on interventions that are delivered on a population or subpopulation level (or the health department’s infrastructure to support those interventions) are designed to increase impact on health of the population as a whole.
- **Build and maintain a strong organizational infrastructure for public health.** Administrative, management, and governance capacity comprise the foundation for health departments to promote health among populations they serve.

Overarching Principles for Activities and Services Outside of PHAB’s Scope

In general, population-based interventions that correspond with the 10 Essential Public Health Services, as described above, are within PHAB’s scope. Below, we provide principles about what PHAB’s accreditation **does not** cover:

1. Individual patient care, whether provided in the clinic, home, or other facility such as a school or correctional facility, is not included in PHAB’s scope of authority. Similarly, clinical protocols that govern the provision of care to an individual are outside of PHAB’s scope.

PHAB does not carry liability insurance related to assessment of the quality of individual patient care. Even though PHAB recognizes some health departments are the safety net providers in their communities, standards and measures that would assess patient care would look very different than population-based standards and measures. Additionally, for health departments who also operate a Federally Qualified Health Center (FQHC), there is an accreditation available through the Joint Commission (JC). For individual services and interventions related to mental or behavioral health interventions, health departments can also consider those specialty accreditations.

For that reason, details about specific interventions delivered at the individual level are not acceptable (e.g., PHAB will not review documentation about protocols that govern the provision of medical care or counseling to individuals). However, development, assessment, or improvement of systems that support those interventions are acceptable, even if those systems are targeted to groups of individuals in settings like schools or correctional facilities, or health department client groups (e.g., WIC). See the *Addendum: Program and Activity Examples* for more details.

2. Administration of programs for reimbursement of health care services, such as Medicaid or other health care insurance programs are outside the scope of PHAB accreditation.

These programs have oversight from either the Centers for Medicare & Medicaid Services (CMS) or from state insurance commissions or authorities. However, data analysis and systems designed to increase access to health insurance are in scope. See the *Addendum: Program and Activity Examples* for more details.

3. Individual professional and facilities licensure and certificate programs are outside the scope of PHAB accreditation.

Individual professional and facilities licensure and certificate programs are unique to state licensure laws and are overseen accordingly. Health facilities licensure and certification activities are not included in PHAB’s accreditation standards because oversight is often a combination of federal contracting, state law, and state or local rules and regulations. This also pertains to Certificate of Need (CON) functions. However, data analysis and quality improvement related to these programs are in scope. See the *Addendum: Program and Activity Examples* for more details.

4. Programs designed to improve health or well-being of animals, such as animal shelters or animal cruelty prevention programs, are outside the scope of PHAB accreditation.

PHAB has no standards that relate to animal health; however, to the extent that animal-related programs (i.e., rabies vaccination) have an impact on human health, they are acceptable. See the *Addendum: Program and Activity Examples* for more details.

The Addendum: Program and Activity Examples provides some example illustrations of how these principles are applied to documentation. In all cases, health departments should read the text in the Standards & Measures document in its entirety to understand the intent of the measures when selecting documentation. Health departments are also encouraged to consult with a PHAB Accreditation Specialist if they have questions.

Addendum: Program and Activity Examples

The table below provides some examples of how to apply the principles described in PHAB’s “Scope of Authority Policy.” The following is not intended to be all-inclusive of the types of examples that are and are not acceptable for PHAB accreditation. If your health department has documentation that does not clearly fit within one of the examples listed below, please contact a PHAB Accreditation Specialist for guidance on whether your specific example is within PHAB’s scope of authority. It is also important to remember that documentation must meet the intent of the measure, in addition to being within PHAB’s scope of authority. Therefore, health departments should read the text in the Standards & Measures document in its entirety to understand the intent of the measures when they are selecting documentation.

General rule of thumb: Remember, PHAB is focused on interventions where the intent is to impact the health of populations. Health departments can affect the health of populations through programs targeted at a group of individuals, such as individuals who receive WIC benefits or groups of patients receiving STD services at a health department clinic. However, the focus of PHAB accreditation is not about the individualized services provided to impact the health of an individual client. Therefore, health departments should avoid documentation of a single interaction between the health department and one individual or family. The exceptions are: (1.) Sentinel events—for example, a single case of TB could trigger an investigation, which is designed to mitigate a potential threat to the health of the population. (2.) Documentation could be about a single interaction as long as there is a clear description/process/procedure of how that is an example of something done routinely by the health department. For example, a health department could provide a flyer that is handed out to WIC clients one at a time, as long as the health department can describe a systematic approach to its distribution (i.e., the documentation could be a checklist or a description in the PHAB cover sheet about when/how it’s distributed).

Topic	Acceptable	Not Acceptable
Performance Management, Customer Satisfaction and Quality Improvement	<ul style="list-style-type: none"> • Process improvements related to processes and systems that allow groups of individuals to gain access to care; for example, a quality improvement project designed to reduce wait time in clinics or using a chart audit as a check to make sure an improvement process is working across a population of patients. • Customer service survey of applicants for health-department issued permits or licenses. • Performance management system with indicators about number of eligible residents enrolled in WIC. 	<ul style="list-style-type: none"> • Improvement efforts focused on changing care/services for specific individuals or treatment patterns of specific providers (e.g., conducting a chart audit for the purpose of making referrals for specific individuals who need additional care).
Screening, testing, and administering vaccines, prophylactics, etc.	<ul style="list-style-type: none"> • Informing or educating the community at-large about benefits of testing (e.g., STI tests)/screening (e.g., cancer or metabolic screenings)/vaccination/prophylactics (e.g., naloxone or PPE), and how and where they can access testing services. • Planning an event to make testing, screening, or vaccines available to a population or subpopulation. • Developing or improving a system for testing, screening, administering vaccines among populations. • Collecting and analyzing data from a testing/screening clinic about how frequently populations engage in recommended screenings. • Working with dental providers on planning, development, or revision of a program or system to add oral cancer screenings to routine dental visits. • Working with health care partners on planning, development, or revision of a program or system for testing, screening, or administering vaccines/prophylactics. 	<ul style="list-style-type: none"> • The clinical protocols that govern provision of a test, vaccine, prophylactic to an individual (e.g., clinical protocols for immunizations or clinical protocols for STI testing).

Topic	Acceptable	Not Acceptable
WIC, Family Planning, & Home Health	<ul style="list-style-type: none"> • Policies, non-clinical programs, and group education designed to prevent teen pregnancy. • Healthy mothers/healthy babies education for general public or at-risk groups, including groups served by the health department or work coordinated with health care providers/hospital systems. • Policies, programs, and interventions for increasing access to or use of WIC benefits (e.g., working to ensure benefits can be used at farmers' markets) • Program Reports or descriptions for Nurse Family Partnerships or similar programs. • Educational campaigns for promoting breastfeeding, childhood immunization, or home injury prevention. • Analysis of data collected from WIC, family planning, and home health clients to identify trends and opportunities to improve health. 	<ul style="list-style-type: none"> • The clinical protocols that govern provision of clinical family planning interventions (e.g., long-acting reversible contraceptive protocols). • The clinical protocols that govern provision of home health or family planning services to an individual client.
Contact tracing and referral systems	<ul style="list-style-type: none"> • Quality improvement/rapid cycle improvement efforts to improve contact tracing. • Coordinating with schools and other institutions about contact tracing efforts. • Developing or improving systems for referrals between health department divisions or program areas. • Working with partners to develop or improve systems for referrals, which could address systems for social, economic, or other issues (unemployment, housing in security, access to adequate food, etc.) • Processes that improve access to and navigation of the healthcare system. • Contact tracing investigation protocols. 	<ul style="list-style-type: none"> • The one-time provision of a referral to an individual for medical care or case management. (However, guidelines that dictate how referral systems function—for example, the systems in place to ensure that appropriate referrals are available to all individuals that are contacted via contact tracing—would be in scope.)
Health Insurance and Access to Health Care	<ul style="list-style-type: none"> • Working with Medicaid, Children's Health Insurance Program (CHIP), Medicare, or private insurers on system changes (e.g., expanding coverage for Long-Acting Reversible Contraception (LARCs), mental health parity). • Programs designed to increase enrollment in health insurance (e.g., hiring a health care navigator/community health worker/etc. or developing protocols to help groups of individuals enroll in health insurance). • Examples related to health department reimbursement for clinical services would only be acceptable for measures about internal health department administration (e.g., a QI project to improve billing processes would be an administrative QI example; a contract to an outside company to process billing would be an example of the health department administering a contract). • Policies and programs designed to increase access to emergency services (e.g., analyses about wait-times for ambulance response and systematic approaches to address them, community-based CPR training). • Analysis of data related to insurance, professional licensure, facility licensure, etc. • Quality improvement project to increase efficiency of health care licensure programs. 	<ul style="list-style-type: none"> • Administering Medicaid programs or health insurance exchanges (e.g., negotiating provider rates, processing reimbursement). • The process for awarding a certificate of need (CON) for health care facilities. • An example of a single individual being enrolled in health insurance or receiving care through EMS. • Documentation of issuing a license to an individual or a facility related to interpretation and application of state licensure laws.

Topic	Acceptable	Not Acceptable
Chronic disease	<ul style="list-style-type: none"> Development or improvement of programs or systems for primary or secondary prevention of diabetes and other chronic diseases, including development of chronic disease self-management programs or systems. Nutrition education and encouragement of physical activity to populations at high risk of developing a chronic disease, including group classes offered to health department clients or at Army Wellness Centers or materials routinely provided to a subpopulation. Prevention interventions or strategies, such as promoting exercise through changes to the built environment. Smoking cessation efforts such as group education and promoting use of or analyzing data from quitlines. 	<ul style="list-style-type: none"> Clinical protocols that govern management of disease for an individual (e.g., prescribing pharmaceuticals, medical devices, surgeries, and other procedures) The one-time delivery of case management or chronic disease self-management or cessation assistance to an individual. (However, documentation that demonstrates how case management, self-management or cessation assistance are made available to populations would be in scope.)
Injury Prevention and Occupational Health	<ul style="list-style-type: none"> Policies, programs, and interventions for unintentional injury prevention. Planning an event or a new program for instruction on home or car safety equipment (e.g., car seats). Processes, programs, systems for the distribution of safety equipment to an at-risk group or subpopulation. Developing policies, conducting assessments, or developing educational designed to prevent workplace injury (e.g., asbestos abatement programs, classes on maintaining occupational safety). Tracking and monitoring data about occupational health (e.g., Defense Occupational and Environmental Health Readiness System-hearing program). Health education concerning signs of depression or suicide prevention. Injury surveillance. 	<ul style="list-style-type: none"> Individual interactions or communications, such as counseling. Distribution of home or car safety equipment to an individual.
Behavioral Health	<ul style="list-style-type: none"> Policy and planning efforts to expand access to behavioral health services. Communication or education designed to reduce stigma in the community related to mental health diagnoses. Education to raise awareness about adverse childhood experiences (ACEs), and policies designed to prevent or address them (e.g., developing systems to support trauma-informed practices). 	<ul style="list-style-type: none"> Protocols for individual, family, or group counseling sessions. Behavioral health services provided to an individual.
Oral Health	<ul style="list-style-type: none"> Fluoridation policy for public/community water supplies. Education about oral hygiene to general public or at-risk groups, including groups served by the health department. Planning for oral health clinics or other strategies to increase access to oral care (e.g., coordinating with schools to establish or expand programs to provide fluoride varnishes or oral screenings). 	<ul style="list-style-type: none"> Clinical dental protocols. Provision of dental services to individuals, including fluoride varnish and dental sealants.
Environmental Health	<ul style="list-style-type: none"> Surveillance, enforcement, and mitigation related to environmental health hazards. Sanitation inspections at schools, child-care facilities, and other settings. Policies and strategies to address health impacts of climate change (e.g., the CDC's Building Resilience Against Climate Effects (BRACE) Framework). Built environment initiatives designed to increase physical activity, reduce traffic accidents, and reduce air pollution. 	<ul style="list-style-type: none"> Health department provision of remediation services to an individual or single family to remove lead hazards or asthma triggers.

Topic	Acceptable	Not Acceptable
Animals	<ul style="list-style-type: none"> • Rabies prevention education. • Investigation of possible exposure of a human to rabies, including animal quarantine or diagnosis. • Mass rabies vaccinations events designed to reduce risk of transmission of rabies to humans (i.e., after a case of rabid animal in jurisdiction). • Other efforts to prevent spread of zoonoses, including vector control; and education, enforcement, and surveillance related to food- and water-borne illnesses. 	<ul style="list-style-type: none"> • Programs designed to prevent animal cruelty. • Management of animal shelters.
Use of Data, Evidence-based and Promising Practices and Practice-based Evidence	<ul style="list-style-type: none"> • Collection, analysis, and sharing of data to assess health status or factors that contribute to health for a population or sub-population, including all patients who visit a health department clinic, students who access school health services, WIC clients, individuals in a particular zip code, etc. • Use of evidence-based interventions and policies that apply to groups, such as those found in The Guide to Community Preventive Services (The Community Guide), "What Works for Health," and the Trust for America's Health's Promoting Health and Cost Control in States initiative (e.g., interventions to increase uptake of vaccination). • Use of evidence-based administrative practices to strengthen health department infrastructure and capacity to deliver population health services. 	
Communications	<ul style="list-style-type: none"> • Development and/or use of messaging about risks and preventive actions the population can take. • Use of various methods of communication (e.g., social media, press releases, video PSAs) to share messaging about health risks and availability of services that is broadly accessible (e.g., being inclusive of individuals with intellectual disabilities). • Health department call centers to ensure public access to accurate, reliable information. • Contact tracing protocols. • Flyers, scripts, and other messages that are specifically designed to be delivered multiple times or to multiple people in order to reach a population or subpopulation (e.g., health department works with providers to implement a process through which a script is delivered to all parents of children ages 0-3 about immunizations; or a health department develops messaging around healthy eating and can demonstrate how it used with every client that visits a WIC appointment). 	<ul style="list-style-type: none"> • Counseling or other communications tailored to an individual (i.e., a message that is delivered only one time to an individual or family).
Workforce	<ul style="list-style-type: none"> • Job descriptions, HR processes, and competency assessments for any employee of the health department. • Trainings for staff on specific job responsibilities, such as conducting contact tracing or other population public health responsibilities. • Policies, programs, and interventions that affect only health department staff are acceptable for measures that are specific to internal health department processes (e.g., Domain 8 measures about worksite wellness efforts for health department staff). 	<ul style="list-style-type: none"> • Training limited to clinical or case management of individual patients. • Policies, programs, and interventions that affect only health department staff are NOT acceptable for measures that are population focused (e.g., Domain 3 measures about health promotion and education efforts for the public).
Ethics	<ul style="list-style-type: none"> • Ethical review of an immunization waiver process. • Ethical review of distribution of immunizations within a community. • Applying ethical principles to protocols for rationing limited resources, such as ventilators or prioritizing populations for vaccinations. 	<ul style="list-style-type: none"> • An ethical review that affects 1 individual on a clinical issue, such as the review of a single immunization waiver.