

Standards and Measures Documentation: Tips for Success: April-May 2019

Editor's Note: This is the fourth in a series of columns in which PHAB staff share tips for successfully demonstrating conformity with various PHAB Standards and Measures. Here, PHAB Chief Program Officer Robin Wilcox discusses initial accreditation Measures 1.1.1, 1.1.2 and 1.1.3; and Reaccreditation Measure 1.1. These measures describe the requirements for a community health assessment (CHA).

The assessment of the community's health and community resources lays the foundation for setting community priorities, adopting community public health policy, planning and developing public health programs, and allocating and mobilizing community resources. The CHA is the basis for the community health improvement plan (CHIP), required in Domain 5.

The CHA is a community document, developed by, supported by, and revised by the community. While the public health department is a major contributor to the development of the CHA, it is not the only contributor and it is not the "owner" of the CHA. Its development process does not have to be led by the health department, though it often is.

It is important that the process used to develop the CHA, no matter who leads it, is inclusive and involves many sectors of the community. The Guidance provided for Measure 1.1.1 in Version 1.5 of the initial accreditation Standards and Measures and the Guidance for Measure 1.1, Requirement 1 of the Reaccreditation Standards and Measures, list potential community sectors to be involved in the development of the CHA. The members of community partnerships should be appropriate for the specific community. It is important to involve sectors that have access to, or control of, various community resources (e.g., parks and recreation, businesses, transportation, economic development) as well as those who see the needs and inequities of the community (social services, hospitals, NGOs). And, the PHAB Standards and Measures require the involvement of representatives of "two or more populations that are at higher risk or have poorer health outcomes." This requirement refers to residents who are community members, not service providers. Each of the members of the partnership helps to define community issues, contributes data, and lends their perspective to the analysis of information.

Importantly, the community health assessment looks at the community, as a whole – its strengths and resources as well as its opportunities for improvements. PHAB never uses the term "community needs assessment." The document addresses not only areas for health improvement but also community resources that can be mobilized, that are opportunities for collaborations, and that can be employed in new and creative ways. Resources include institutions (e.g., schools, hospitals); organizations (e.g., associations, community groups, clubs); individuals (e.g., informal community leaders, individuals with skills, and individuals with knowledge of the community); and the environment, both natural (e.g., river fronts, lakes, hillsides) and built (e.g., bike paths, town greens, gathering places).

With such broad representation involved in contributing to the CHA, there is going to be a wealth of diverse information and perspectives on which the CHIP will be based. Various sectors of the community will be responsible for implementing the CHIP and leading changes in the community. As they work for health improvement, they will acquire new information, so that the CHA can be updated and enhanced, on an ongoing basis.

In some cases, the CHA may be a regional CHA, of which the county health department is a part. Or, it could be a county CHA, of which a city health department is a part. In these cases, it is important that the CHA includes information and data that are detailed and specific to the health department seeking accreditation or reaccreditation. For shared CHAs, each health department must ensure that the document provides sufficient detail about the population it serves. For example, if a city health department is part of a county CHA, a CHA that provides only county level data will not be of use to the city for setting community priorities, adopting community public health policy, planning and developing public health programs, and allocating and mobilizing community resources.

A few health departments have submitted more than one CHA for PHAB documentation. This has created confusion for PHAB's volunteer reviewers of documentation. This would also create confusion in the community. There should be only one community adopted CHA and that is the one document that the health department should upload for accreditation documentation of a CHA.

Understanding one's community - its population, its partners, its strengths and resources, its opportunities for improvement – is the essential prerequisite for any governmental public health department to be effective. It is impossible to understand one's community without a variety of types of information and a diversity of experiences and perspectives for understanding that information. The CHA is the mechanism for that understanding.