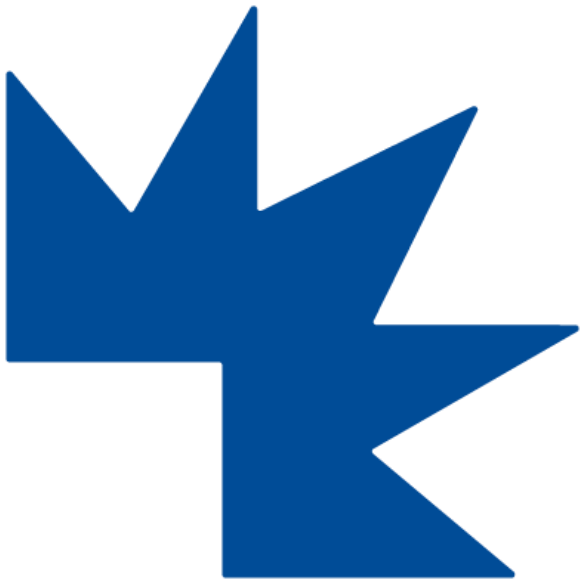

SUMMARY REPORT

Performance of Health Departments on PHAB Accreditation Measures Linked to the Foundational Capabilities

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Advancing public health performance

Since 2013, an effort has been in place to define a set of Foundational Public Health Services, or the suite of skills, programs, and activities that must be available in state and local health departments everywhere for the health system to work anywhere, and for which costs could be estimated. One component is the Foundational Capabilities (FCs)—the cross-cutting skills and capacities needed to support public health programs and activities, key to protecting the community's health and achieving equitable health outcomes. Since the concept was introduced, several states have assessed their governmental public health departments to identify where the FCs are available and where gaps remain. This analysis looks at data from across the country to determine how well nearly 300 health departments pursuing national, voluntary accreditation through the Public Health Accreditation Board (PHAB) were able to demonstrate their capacity for these FCs. Although public health department accreditation and FCs are different, all the concepts contained in the FC's are included in the accreditation standards and measures. Therefore, review of performance on these measures during the accreditation process can serve as a proxy for performance on the FCs. It is important to note that accreditation is based on principles of quality improvement, so a health department can be accredited and still have gaps in their performance.

In general, these health departments demonstrate high capacity for the FCs based on the assessment of documents that are initially submitted for a subset of accreditation Measures that are aligned with the FCs. Of the approximately 100 accreditation Measures, 76 Measures, across all 12 accreditation Domains, are aligned with the FCs. While in most of cases—more than 90% of all assessments across these 76 Measures—health departments were assessed as having the capacity for the FCs, there remain opportunities for improvement. In the spirit of continuous improvement, many of those health departments were required to address these challenges before accreditation was conferred. Because this analysis is based on health departments that have decided to pursue accreditation, the findings cannot be generalized to all health departments. In other words, there are likely larger gaps in health department capacity for the FCs when looking across all health departments. However, this analysis provides a snapshot of some of the strengths (for example, communications and preparedness) and challenges (for example, quality improvement and performance management) among many health looking to strengthen their performance by participating in the accreditation program.

Accreditation Background

After a multi-year, collaborative process to establish a set of consensus Standards and Measures, PHAB launched the national, voluntary accreditation program for state, Tribal, local, and territorial governmental public health departments in 2011. The first health departments were accredited in February of 2013 and since then, hundreds more have achieved that milestone, with many more in the pipeline. As of October 2018, more than 230 health departments are accredited. As part of the process, health departments submit documentation to demonstrate their conformity with approximately 100 Measures. The Measures are organized into Standards, which are categorized into 12 domains that are based on the 10 Essential Public Health Services, with two additional domains for Administration and Management, and Governance. Health departments' performance on the Measures is assessed by a team of peer reviewers who develop the Site Visit Report for consideration by the Accreditation Committee. For each of the Measures that is aligned with the Foundational Capabilities, this analysis examines the percentage of health departments that were assessed as Fully or Largely Demonstrated (as compared to Slightly or Not Demonstrated) in the Site Visit Report.

PHAB's goal is to "improve and protect the health of the public by advancing and ultimately transforming the quality and performance" of health departments. There is a significant emphasis in the program on continuous quality improvement. Indeed, evaluation data show that promoting quality improvement is reported as a benefit of accreditation by nearly all participating health departments[1,2]

and research suggests that health departments pursuing accreditation show improvements with QI/PM implementation over time.[3]

Improvement is built into accreditation in many ways, including through the action plan. If the Accreditation Committee reviews the initial Site Visit Report and they determine that a health department is not yet ready to be accredited, the Committee will require an action plan through which the health department will be asked to show progress on selected Measures. Nearly 40% of health departments are required to complete an action plan and, to date, over 70 have been accredited after the action plan. It is important to note that this analysis is focused on health department performance prior to the action plan—as such it reflects the capacity of health departments at the time they are initially assessed. It does not necessarily reflect where health departments stand by the time they are accredited, nor does it reflect progress made post-accreditation as health departments summarize their improvement activities in Annual Reports to PHAB and prepare for reaccreditation.

Alignment between the Foundational Capabilities and PHAB Standards & Measures

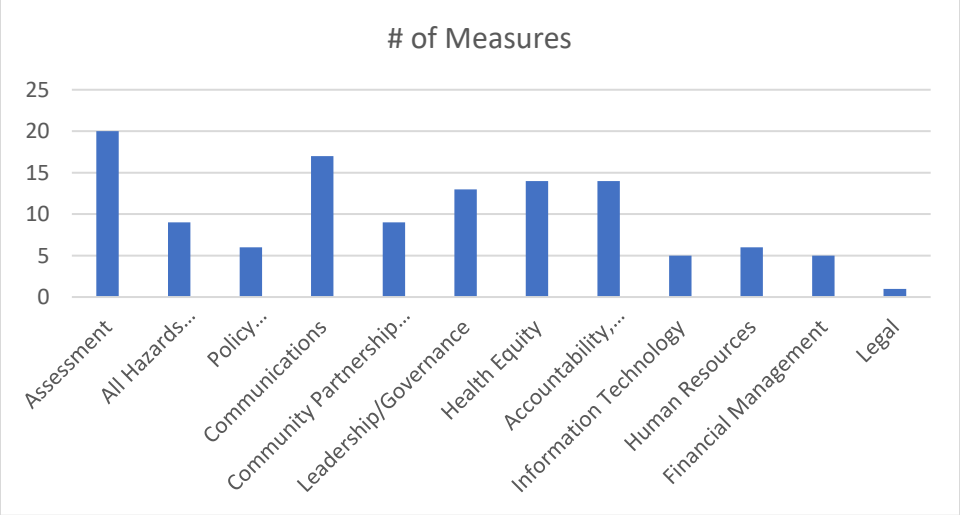
This analysis focuses on a subset of the PHAB Measures that are closely linked to the FCs. An alignment document (see https://phnci.org/resources/aligning-accreditation-and-the-foundational-public-health-capabilities) was developed between the FCs and PHAB Standards to identify areas of substantial alignment in content.

Within the FC for Organizational Competencies (OC), several specific competencies are called out (e.g., leadership/governance, health equity, etc.). Each of those individual competences was mapped to the PHAB Measures as well.

The following were used in the crosswalk:

- Version 1.5 of the PHAB Standards and Measures (www.phaboard.org/wp-content/uploads/SM-Version-1.5-Board-adopted-FINAL-01-24-2014.docx.pdf)
- Version 1.0 of the Foundational Public Health Services (https://phnci.org/uploads/resource-files/PHNCI-FPHS-Factsheet_FINAL-1.pdf).

The graph below highlights the number of PHAB Measures that correspond with each of the FCs or OCs. In total 76 Measures correspond to at least one FC. (The same Measure may correspond to multiple capabilities.) There is large variation in the number of Measures per FC/OC. For example, assessment corresponds with 20 Measures, but the OC for Legal with only one.



There is substantial alignment between the FCs and PHAB Measures. All FCs and OCs have at least one Measure associated with them. At the same time, there are some PHAB Measures that address concepts not captured in the FCs. Overall, the crosswalk suggests that an accredited health department will have demonstrated conformity with a set of standards that includes the main concepts in the FCs, as well as additional components that were identified by the public health field for inclusion in the PHAB standards.

Performance on Measures Corresponding with Foundational Capabilities

In general, at the time of their initial PHAB assessment, health departments perform well on the Measures corresponding with the FCs. As shown in the table below, when you analyze each capability, approximately 90% or more of the assessments are Fully or Largely Demonstrated. However, there is still room for improvement through the action plan and annual report process. For example, 11% of the Measures associated with community partnership development and with policy development/support are initially assessed as Slightly or Not Demonstrated.

Foundational Capabilities	% Fully/ Largely	% Slightly/ Not
Assessment	92.0%	8.0%
All Hazards Preparedness/Response	94.0%	6.0%
Policy Development/Support	89.3%	10.7%
Communications	94.6%	5.4%
Community Partnership Development	89.0%	11.0%
Organizational Competencies	91.2%	8.8%

Looking within Organizational Competencies, there are also a few gaps. The Legal competency shows the lowest percentage of Fully or Largely Demonstrated; however, that is the only competency that is aligned with just one PHAB Measure and therefore it reflects the specific requirements of that single Measure.

Organizational Competencies	% Fully/ Largely	% Slightly/ Not
Leadership/Governance	93.0%	7.0%
Health Equity	90.6%	9.4%
Accountability, Performance Management, Quality Improvement	86.3%	13.7%
Information Technology	92.8%	7.2%
Human Resources	94.7%	5.3%
Financial Management	96.7%	3.3%
Legal	80.9%	19.1%

Below, we examine the performance on each FC or OC in more detail. For all tables, data are provided on 272 health departments whose Site Visit Reports were reviewed by the Accreditation Committee as of August 2018, including 179 assessed under Version 1.0 of the Standards & Measures and 93 assessed under Version 1.5 of the PHAB Standards and Measures.

Assessment

Twenty PHAB Measures align with the FC for Assessment. This includes requirements around the community health assessment and community health improvement plan—two of the three documents that health departments must have in place when they apply because they "provide long-term guidance and direction to the health department and they are critical to the health department meeting all of the Standards and Measures."[4] In general, performance on these Measures is strong with nearly all health departments demonstrating conformity with the timely reporting of notifiable/reportable diseases and results (Measure 2.1.5), provision of 24/7 emergency access to epidemiological and environmental public health resources (Measure 2.3.1), and the process to develop the community health improvement plan (Measure 5.2.1). Opportunities for improvement exist in the implementation of the community health improvement plan (Measures 5.2.3) and, for health departments reviewed under Version 1.5 of the Standards and Measures, for the community health assessment (Measure 1.1.2) and infectious disease investigations (Measure 2.1.2).

Measure #*	Measure	% Fully/ Largely	% Slightly/ Not
1.1.1 (Ver 1.0)	A state/Tribal/local partnership that develops a comprehensive community health assessment of the population served by the health department	94.4%	5.6%
1.1.1 (Ver 1.5)		87.1%	12.9%
1.1.2 (Ver 1.0)	A state/Tribal/local community health assessment	92.7%	7.3%
1.1.2 (Ver 1.5)		77.4%	22.6%
1.1.3	Accessibility of community health assessment to agencies, organizations, and the general public	95.6%	4.4%
1.2.1	24/7 surveillance system or set of program surveillance systems	94.5%	5.5%
1.2.2	Communication with surveillance sites	92.3%	7.7%
1.2.3	Primary data	94.9%	5.1%
1.3.1	Data analyzed, and public health conclusions drawn	87.1%	12.9%
1.3.2	Public health data provided to various audiences on a variety of public health issues	91.2%	8.8%
1.4.1	Data used to recommend and inform public health policy, processes, programs, and/or interventions	94.1%	5.9%
1.4.2	Statewide/Tribal/community summaries or fact sheets of data to support health improvement planning processes at the state/Tribal/community level	90.1%	9.9%
2.1.1	Protocols for investigation process	93.0%	7.0%
2.1.2 (Ver 1.0)	Capacity to conduct an investigation(s) of an infectious disease(s)	89.9%	10.1%
2.1.2 (Ver 1.5)		75.3%	24.7%
2.1.3	Capacity to conduct investigations of non-infectious health problems, environmental, and/or occupational public health hazards	94.1%	5.9%

* In December 2013 PHAB released Version 1.5 of the Standards and Measures, which included some new Measures, as well as additional requirements for some existing Measures. For most Measures, the differences in performance did not differ in a meaningful, statistically significant way and the data from both versions are combined using the Measure numbering and text from Version 1.5. For the other seven Measures, data are presented separately for Version 1.0 and Version 1.5. Changes in performance on these seven Measures may reflect the revisions in the requirements or a changing level of accreditation readiness among applicants over time.

Measure #	Measure	% Fully/ Largely	% Slightly/ Not
2.1.4	Collaborative work through established governmental and community partnerships on investigations of reportable diseases, disease outbreaks, and environmental public health issues	95.2%	4.8%
2.1.5	Monitored timely reporting of notifiable/reportable diseases, lab test results, and investigation results	96.0%	4.0%
2.2.1	Protocols for containment/mitigation of public health problems and environmental public health hazards	91.9%	8.1%
2.3.1	Provisions for the health department's 24/7 emergency access to epidemiological and environmental public health resources capable of providing rapid detection, investigation, and containment/mitigation of public health problems and environmental public health hazards	97.1%	2.9%
5.2.1	A process to develop a community health improvement plan	96.0%	4.0%
5.2.2	State/Tribal/community health improvement plan adopted as a result of the health improvement planning process	87.5%	12.5%
5.2.3	Elements and strategies of the health improvement plan implemented in partnership with others	84.9%	15.1%

All Hazards Preparedness/Response

There are nine Measures throughout several domains that relate to all hazards preparedness and response.[†] While several health departments had challenges initially demonstrating conformity with Measure 2.2.2 (process for determining when to implement the emergency operations plan), health departments generally displayed strong conformity with these Measures. In particular, nearly 98% were assessed as Fully or Largely Demonstrating Measure 6.3.1 (procedures and protocols for enforcement activities). Several Measures in Standard 2.3 (Ensure access to laboratory and epidemiological/environmental public health expertise and capacity to investigate and contain/mitigate public health problems and environmental public health hazards) and Standard 2.4 (Maintain a plan with policies and procedures for urgent and non-urgent communications) follow close behind.

Measure #	Measure	% Fully/ Largely	% Slightly/ Not
2.2.1	Protocols for containment/mitigation of public health problems and environmental public health hazards	91.9%	8.1%
2.2.2	A process for determining when the All Hazards Emergency Operations Plan (EOP) will be implemented	83.8%	16.2%
2.3.1	Provisions for the health department's 24/7 emergency access to epidemiological and environmental public health resources capable of providing rapid detection, investigation, and containment/mitigation of public health problems and environmental public health hazards	97.1%	2.9%
2.4.1	Written protocols for urgent 24/7 communications	96.7%	3.3%

[†] One study suggests that preparedness capacity in local health departments has declined over time as resources have shifted. However, it noted that a state-based accreditation program seemed to have a protective effect in helping health departments maintain their preparedness. (Davis MV. Declining trends in local health department preparedness capacities. Am J Public Health. 2014;104(11):2233-8.)

Measure #	Measure	% Fully/ Largely	% Slightly/ Not
2.4.2	A system to receive and provide urgent and nonurgent health alerts and to coordinate an appropriate public health response	96.3%	3.7%
2.4.3	Timely communication provided to the general public during public health emergencies	94.5%	5.5%
5.4.1	Process for the development and maintenance of an All Hazards Emergency Operations Plan (EOP)	94.5%	5.5%
5.4.2	Public health emergency operations plan (EOP)	93.8%	6.3%
6.3.1	Written procedures and protocols for conducting enforcement actions	97.8%	2.2%

Policy Development/Support

There are six Measures related to policy development and support from Domain 5 (Develop public health policies and plans) and Domain 6 (Enforce public health laws). While some health departments did not initially demonstrate conformity with Measure 5.1.2 (contributing to development/modification of policy), performance is generally strong. For example, 96% of health departments were initially assessed as demonstrating conformity with Measure 5.1.1 (monitoring and tracking public health issues discussed by those who set policy/practice).

Measure #	Measure	% Fully/ Largely	% Slightly/ Not
5.1.1	The monitoring and tracking of public health issues that are being discussed by individuals and entities that set policies and practices that impact on public health	96.0%	4.0%
5.1.2	Engagement in activities that contribute to the development and/or modification of policy that impacts public health	89.0%	11.0%
5.1.3	Informed governing entities, elected officials, and/or the public of potential intended or unintended public health impacts from current and/or proposed policies	86.8%	13.2%
6.1.1	Laws reviewed in order to determine the need for revisions	80.9%	19.1%
6.1.2	Information provided to the governing entity and/or elected/appointed officials concerning needed updates/amendments to current laws and/or proposed new laws	90.4%	9.6%
6.2.1	Department knowledge maintained and public health laws applied in a consistent manner	93.0%	7.0%

Communications

Communication is a theme woven throughout the PHAB Domains and the FC was mapped to 17 Measures. In Version 1.5 a new Measure was added on the organizational branding strategy (Measure 3.2.2), highlighting the importance of communications to health department capacity. Overall, this was the strongest FC, with 98% or more health departments assessed as Fully or Largely Demonstrating four Measures: Measure 3.2.5 (information available to the public through a variety of methods), Measure 12.1.1 (mandated public health operations, programs and services); Measure 12.1.2 (operational definitions of the public health governing entity's roles and responsibilities); and Measure 12.3.1 (information provided to the governing entity). However, some health departments had difficulty

initially demonstrating conformity with Measure 3.1.3 (addressing factors that contribute to higher health risks) and the revised version of Measure 12.2.1 (communicating with governing entities).

Measure #	Measure	% Fully/ Largely	% Slightly/ Not
2.4.1	Written protocols for urgent 24/7 communications	96.7%	3.3%
2.4.2	A system to receive and provide urgent and nonurgent health alerts and to coordinate an appropriate public health response	96.3%	3.7%
2.4.3	Timely communication provided to the general public during public health emergencies	94.5%	5.5%
3.1.1	Information provided to the public on protecting their health	90.1%	9.9%
3.1.2	Health promotion strategies to mitigate preventable health conditions	85.3%	14.7%
3.1.3 (Ver 1.5 only)	Efforts to specifically address factors that contribute to specific populations' higher health risks and poorer health outcomes	82.8%	17.2%
3.2.1	Information on public health mission, roles, processes, programs, and interventions to improve the public's health provided to the public	97.1%	2.9%
3.2.2 (Ver 1.5 only)	Organizational branding strategy	91.4%	8.6%
3.2.3	Communication procedures to provide information outside the health department	92.3%	7.7%
3.2.4	Risk communication plan	95.6%	4.4%
3.2.5	Information available to the public through a variety of methods	98.5%	1.5%
3.2.6	Accessible, accurate, actionable, and current information provided in culturally sensitive and linguistically appropriate formats for target populations served by the health department	97.4%	2.6%
11.1.4	Policies, processes, programs, and interventions provided that are socially, culturally, and linguistically appropriate to specific populations with higher health risks and poorer health outcomes	94.5%	5.5%
12.1.1	Mandated public health operations, programs, and services provided	98.2%	1.8%
12.1.2	Operational definitions and/or statements of the public health governing entity's roles and responsibilities	98.2%	1.8%
12.2.1 (Ver 1.0)	Communication with the governing entity regarding the responsibilities of the public health department and of the responsibilities of the governing entity	93.3%	6.7%
12.2.1 (Ver 1.5)		83.9%	16.1%
12.3.1	Information provided to the governing entity about important public health issues facing the community, the health department, and/or the recent actions of the health department	99.3%	0.7%

Community Partnership Development

Health departments pursuing accreditation are asked to highlight their partnerships with a range of different entities through nine Measures. While several studies have highlighted the link between accreditation and community partnerships,[5,6] there are still opportunities for improvement particularly in collaborations related to availability and gaps in health care services (Measures 7.1.1 & 7.1.3).

Measure #	Measure	% Fully/ Largely	% Slightly/ Not
5.2.1	A process to develop a community health improvement plan	96.0%	4.0%
5.2.2	State/Tribal/community health improvement plan adopted as a result of the health improvement planning process	87.5%	12.5%
5.2.3	Elements and strategies of the health improvement plan implemented in partnership with others	84.9%	15.1%
7.1.1 (Ver 1.0)	Process to assess the availability of health care services	90.5%	9.5%
7.1.1 (Ver 1.5)		78.5%	21.5%
7.1.2	Identification of populations who experience barriers to health care services identified	86.8%	13.2%
7.1.3	Identification of gaps in access to health care services and barriers to the receipt of health care services identified	78.7%	21.3%
7.2.1	Process to develop strategies to improve access to health care services	91.9%	8.1%
7.2.2	Implemented strategies to increase access to health care services	93.4%	6.6%
8.1.1	Relationships and/or collaborations that promote the development of future public health workers	95.2%	4.8%

Leadership/Governance

The Leadership/Governance competency corresponds with 13 Measures relating to both internal and external leadership. PHAB's Domain 12 focuses on one aspect of leadership—the relationship between the health department and its governing entity.[7] Generally, health departments did well in these corresponding Measures. In addition to some of the Measures mentioned above, nearly all health departments demonstrated conformity with Measure 4.1.1 (participation in a comprehensive community health partnership or coalition). However, there are opportunities for improvement among recently reviewed health departments related to communicating about the responsibilities to the health department and the governing entity (Measure 12.2.1) and reviewing laws (Measure 6.1.1), as mentioned above.

Measure #	Measure	% Fully/ Largely	% Slightly/ Not
3.1.1	Information provided to the public on protecting their health	90.1%	9.9%
3.2.1	Information on public health mission, roles, processes, programs, and interventions to improve the public's health provided to the public	97.1%	2.9%
4.1.1	Establishment and/or engagement and active participation in a comprehensive community health partnership and/or coalition; or active participation in several partnerships or coalitions to address specific public health issues or populations	97.1%	2.9%
4.2.1	Engagement with the community about policies and/or strategies that will promote the public's health	89.7%	10.3%
5.1.1	The monitoring and tracking of public health issues that are being discussed by individuals and entities that set policies and practices that impact on public health	96.0%	4.0%
5.1.2	Engagement in activities that contribute to the development and/or modification of policy that impacts public health	89.0%	11.0%
6.1.1	Laws reviewed in order to determine the need for revisions	80.9%	19.1%

Measure #	Measure	% Fully/ Largely	% Slightly/ Not
6.1.2	Information provided to the governing entity and/or elected/appointed officials concerning needed updates/amendments to current laws and/or proposed new laws	90.4%	9.6%
6.2.1	Department knowledge maintained, and public health laws applied in a consistent manner	93.0%	7.0%
12.1.1	Mandated public health operations, programs, and services provided	98.2%	1.8%
12.1.2	Operational definitions and/or statements of the public health governing entity's roles and responsibilities	98.2%	1.8%
12.2.1 (Ver 1.0)	Communication with the governing entity regarding the responsibilities of the public health department and of the responsibilities of the governing entity	93.3%	6.7%
12.2.1 (Ver 1.5)		83.9%	16.1%
12.3.1	Information provided to the governing entity about important public health issues facing the community, the health department, and/or the recent actions of the health department	99.3%	0.7%

Health Equity

Health equity is a theme throughout the Standards and Measures, including 14 Measures that align with this OC. Measure 3.1.3 was added to Version 1.5 to emphasize the important role of health departments in addressing the factors that contribute to higher health risks and poorer health outcomes in specific populations. Discussions on how to further incorporate health equity into the next version of the Standards and Measures are ongoing. (See www.phaboard.org/version-2-0.) As described above, there are several Measures that offer opportunities for improvement for health departments. There are also Measures in which health departments were assessed very well, such as Measure 3.2.5 (information available to the public).

Measure #	Measure	% Fully/ Largely	% Slightly/ Not
1.1.1 (Ver 1.0)	A state/Tribal/local partnership that develops a comprehensive community health assessment of the population served by the health department	94.4%	5.6%
1.1.1 (Ver 1.5)		87.1%	12.9%
1.1.2 (Ver 1.0)	A state/Tribal/local community health assessment	92.7%	7.3%
1.1.2 (Ver 1.5)		77.4%	22.6%
1.1.3	Accessibility of community health assessment to agencies, organizations, and the general public	95.6%	4.4%
1.3.1	Data analyzed, and public health conclusions drawn	87.1%	12.9%
1.3.2	Public health data provided to various audiences on a variety of public health issues	91.2%	8.8%
3.1.3 (Ver 1.5 only)	Efforts to specifically address factors that contribute to specific populations' higher health risks and poorer health outcomes	82.8%	17.2%
3.2.5	Information available to the public through a variety of methods	98.5%	1.5%
3.2.6	Accessible, accurate, actionable, and current information provided in culturally sensitive and linguistically appropriate formats for target populations served by the health department	97.4%	2.6%

Measure #	Measure	% Fully/ Largely	% Slightly/ Not
7.1.1 (Ver 1.0)	Process to assess the availability of health care services	90.5%	9.5%
7.1.1 (Ver 1.5)		78.5%	21.5%
7.1.2	Identification of populations who experience barriers to health care services identified	86.8%	13.2%
7.1.3	Identification of gaps in access to health care services and barriers to the receipt of health care services identified	78.7%	21.3%
7.2.1	Process to develop strategies to improve access to health care services	91.9%	8.1%
7.2.2	Implemented strategies to increase access to health care services	93.4%	6.6%
11.1.4	Policies, processes, programs, and interventions provided that are socially, culturally, and linguistically appropriate to specific populations with higher health risks and poorer health outcomes	94.5%	5.5%

Accountability, Performance Management, and Quality Improvement

As described above, quality improvement is one of the most oft-cited benefits of accreditation and there are 14 Measures that correspond to accountability, performance management, and quality improvement. At the same time, performance management and quality improvement are relatively new to the public health field, and health departments, upon their initial assessment, occasionally struggle in these areas (Measures 9.1.2, 9.1.3, 9.1.4, & 9.2.2) as well as in communicating research findings and implications (Measure 10.2.3).

Measure #	Measure	% Fully/ Largely	% Slightly/ Not
4.1.1	Establishment and/or engagement and active participation in a comprehensive community health partnership and/or coalition; or active participation in several partnerships or coalitions to address specific public health issues or populations	97.1%	2.9%
4.2.1	Engagement with the community about policies and/or strategies that will promote the public's health	89.7%	10.3%
5.2.1	A process to develop a community health improvement plan	96.0%	4.0%
5.2.2	State/Tribal/community health improvement plan adopted as a result of the health improvement planning process	87.5%	12.5%
5.2.3	Elements and strategies of the health improvement plan implemented in partnership with others	84.9%	15.1%
9.1.1	Staff at all organizational levels engaged in establishing and/or updating a performance management system	86.0%	14.0%
9.1.2 (Ver 1.0)	Performance management policy/system	92.2%	7.8%
9.1.2 (Ver 1.5)		81.7%	18.3%
9.1.3	Implemented performance management system	74.3%	25.7%
9.1.4 (Ver 1.0)	Implemented systematic process for assessing customer satisfaction with health department services	82.1%	17.9%
9.1.4 (Ver 1.5)		66.7%	33.3%
9.2.1	Established quality improvement program based on organizational policies and direction	85.7%	14.3%
9.2.2	Implemented quality improvement activities	74.3%	25.7%

Measure #	Measure	% Fully/ Largely	% Slightly/ Not
10.1.1	Applicable evidence-based and/or promising practices identified and used when implementing new or revised processes, programs, and/or interventions	92.6%	7.4%
10.2.2	Access to expertise to analyze current research and its public health implications	94.5%	5.5%
10.2.3	Communicated research findings, including public health implications	80.9%	19.1%

Information Technology

Five Measures relate to information technology. Health departments typically demonstrate conformity with those Measures on their initial assessment—in particular, with Measure 11.1.6 (information management function)—with a small percentage struggling with data analysis in Measure 1.3.1.

Measure #	Measure	% Fully/ Largely	% Slightly/ Not
1.2.1	24/7 surveillance system or set of program surveillance systems	94.5%	5.5%
1.2.2	Communication with surveillance sites	92.3%	7.7%
1.3.1	Data analyzed, and public health conclusions drawn	87.1%	12.9%
1.3.2	Public health data provided to various audiences on a variety of public health issues	91.2%	8.8%
11.1.6	Information management function that supports the health department's mission and workforce by providing infrastructure for data storage, protection, and management; and data analysis and reporting	98.9%	1.1%

Human Resources

Recognizing the importance of the workforce,[8] there are several Measures related to training and workforce needs in the Standards and Measures, including six Measures that correspond to the Human Resources competency. Many of these Measures are consistently assessed as demonstrated by health departments pursuing accreditation, especially Measure 8.2.2 (competent health department workforce), Measure 11.1.1 (policies and procedures accessible to staff), and Measure 11.1.5 (human resources function). However, some struggle with the Measure that contains the requirement for the workforce development plan (Measure 8.2.1) in the initial assessment.

Measure #	Measure	% Fully/ Largely	% Slightly/ Not
8.2.1	Workforce development strategies	83.8%	16.2%
8.2.2 (Ver 1.5 only)	A competent health department workforce	97.8%	2.2%
8.2.3	Professional and career development for all staff	96.7%	3.3%
8.2.4 (Ver 1.5 only)	Work environment that is supportive to the workforce	94.6%	5.4%
11.1.1	Policies and procedures regarding health department operations, reviewed regularly, and accessible to staff	99.3%	0.7%
11.1.5	A human resources function	98.2%	1.8%

Financial Management

PHAB's Domain 11 contains five Measures related to financial management. These are consistently demonstrated by health departments in their initial assessment, with nearly universal conformity of Measures 11.1.7 (clean, safe, accessible, and secure facilities), Measure 11.2.1 (oversight of grants and contracts), Measure 11.2.3 (financial management systems), and Measure 11.2.4 (resources sought to support agency).

Measure #	Measure	% Fully/ Largely	% Slightly/ Not
11.1.7	Facilities that are clean, safe, accessible, and secure	97.4%	2.6%
11.2.1	Financial and programmatic oversight of grants and contracts	98.5%	1.5%
11.2.2	Written agreements with entities from which the health department purchases, or to which the health department delegates, services, processes, programs, and/or interventions	89.7%	10.3%
11.2.3	Financial management systems	99.6%	0.4%
11.2.4	Resources sought to support agency infrastructure and processes, programs, and interventions	98.2%	1.8%

Legal

As mentioned above, only one of the Measures was aligned with the Legal competency and health departments have opportunities for improvement in their initial assessment of that Measure (6.1.1).

Measure #	Measure	% Fully/ Largely	% Slightly/ Not
6.1.1	Laws reviewed to determine the need for revisions	80.9%	19.1%

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