



*Advancing  
public health  
performance*

# Public Health Accreditation Board

Supplemental Process and  
Documentation Guidance for  
Tribal Public Health Department  
Accreditation

Approved February 2018



# Introduction

The Public Health Accreditation Board (PHAB) **Standards and Measures Version 1.5** document serves as the official standards, measures, required documentation, and guidance blueprint for PHAB national public health department accreditation. Standards are the required level of achievement that a health department is expected to meet. Measures provide a way of evaluating if the standard is met. Required documentation is the documentation that is necessary to demonstrate that a health department conforms to a measure. **All of the standards are the same for Tribal, state, and local health departments.** The majority of the measures are the same for Tribal, state, and local health departments and these are designated with an “A” for “all.” Where the measure is specific to Tribal, state, or local health departments, the measure addresses similar topics but has slight differences in wording or guidance and will be designated with a “T” for Tribal health departments, “S” for state health departments, and “L” for local health departments. Some measures are designated T/S, some are T/L, and some are S/L.

In October 2015, the National Indian Health Board (NIHB) and the Tribal Public Health Accreditation Advisory Board (TPHAAB) began a review of the Public Health Accreditation Board’s (PHAB) Standards and Measures (Version 1.5) for public health accreditation to identify components and language in the document that may pose barriers to Tribal public health entities in achieving public health accreditation. PHAB’s initial Accreditation Standards and Measures, Version 1.0, released in 2011, was created with Tribal input and reflects sensitivity to Tribal systems. However, the actual experiences of Tribal health systems with using the PHAB Standards and Measures can now be explored in more detail. The National Indian Health Board received feedback on challenges with interpreting and applying the Standards and Measures to Tribal public health entities. There are many factors that go into the decision and ability of a Tribe to undertake public health accreditation, such as cost, sustainability and competing priorities. However, PHAB intends for the process to achieve public health accreditation should be equitable and accessible by all public health departments once that decision has been made. The TPHAAB review of the Standards and Measures provided PHAB with recommendations to enhance the application of the standards to Tribal governments and systems, thus increasing the accessibility to accreditation opportunities by Tribal public health entities.

This document has been developed through a partnership between PHAB and the National Indian Health Board based on the recommendations received from the TPHAAB review. Supplemental and clarifying information has been developed to be used in concert with the documentation guidance in the official document, **PHAB Standards and Measures Version 1.5**. Users of this supplemental documentation guidance are encouraged to place this document side-by-side with that document so as to appropriately apply the supplemental guidance in their preparation for accreditation. Any questions about the document or its contents should be directed to Robin Wilcox, PHAB Chief Program Officer, [rwilcox@phaboard.org](mailto:rwilcox@phaboard.org).

# General Documentation Reminders

Tribal health departments vary in size, organizational structure, scope of authority, resources, population served, governance, and geographic region. PHAB's standards, measures, and guidance for documentation apply to all Tribal health departments equally. PHAB does not intend to be prescriptive about how the Tribal health department meets the standards and measures. The health department is expected to ensure that the standards are met for the population or community that they serve. The focus of the standards, measures, and required documentation is that the health department ensures that the services and activities are provided to the population, irrespective of "how" those services and activities are provided or through what organizational structure or arrangement. While the accountability for meeting the measures rests with the Tribal health department being reviewed for accreditation, documentation that provides evidence of meeting the measure must be provided, even if the documentation is produced by a different part of the Tribal government (such as the health care component or the environmental health component) or by a non-Tribal partner organization (such as a state or local health department). It would be advisable for the health department to include a short explanation with its documentation concerning why a measure is met with documentation developed by another organization. Tribes should also remember that if a measure uses the word "must" in its documentation requirement, then, the information has to be included. If the measure uses the phrase "examples that may be used", then, the Tribal health department should select what works best for its setting.

# Scope of Public Health Services for PHAB Accreditation

The Public Health Accreditation Board (PHAB) is charged with administering the national public health department accreditation program. There are other national organizations that administer accreditation for direct, individual and personal health care services. PHAB does not duplicate nor compete with those organizations. For example, the Accreditation Association for Ambulatory Health Care (AAAHC) administers and manages accreditation for ambulatory, outpatient individual health care in areas such as clinical services, dentistry, behavioral health, and health education and wellness. The Joint Commission, (JC) is an independent, not-for-profit organization that accredits and certifies nearly 21,000 health care organizations and programs in the United States. Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards in health care. Both the AAAHC and the JC provide accreditation services to entities, including Tribes, for the programs and services they provide in the course of taking care of patients who need health care. Tribes may have both AAAHC and JC accreditation or they may only have one or the other, based on the decisions that the Tribe makes.

PHAB's scope of accreditation is different, and is additional to the AAAHC and the JC accreditation. PHAB's accreditation gives Tribal governments the opportunity to specifically describe and promote the public health services that are provided directly or indirectly. It is a recognition that those services are also included in the Tribe's overall commitment to the good health of its population.

PHAB accreditation extends only to governmental public health departments operated by Tribes, states, local jurisdictions, and territories. PHAB's public health department accreditation standards address the array of public health functions set forth in the ten Essential Public Health Services. Public health department accreditation standards address a range of core public health programs and activities including, for example, environmental public health, health education, health promotion, community health, chronic disease prevention and control, infectious disease, injury prevention, maternal and child health, public health emergency preparedness, access to clinical services, public health laboratory services, vital records and health statistics, management /administration, and governance. Thus, public health department accreditation gives reasonable assurance of the range of public health services that a health department should provide directly or indirectly. The standards refer to this broad range of work as health department processes, programs, and interventions.

PHAB recognizes that some Tribal health departments are embedded within the Tribe's overall health care system. In these cases, the Tribe will want to be sure to select only those programs that are provided for the protection and promotion of health for the broader community or population for which the Tribal health department is responsible. (See the PHAB guidance one-page tip sheet on **Accepted Program Areas for PHAB Documentation at [www.phaboard.org](http://www.phaboard.org)**).

# Sovereignty and Tribal Public Health Systems

There are 567 federally recognized Tribes (U.S. Federal Register) in the United States, each with a distinct language, culture, and governance structure. Native American Tribes exercise inherent sovereign powers over their members and territory. Each federally recognized Tribe maintains a unique government-to-government relationship with the U.S. Government, as established historically and legally by the U.S. Constitution, Supreme Court decisions, treaties, and legislation. No other group of Americans has a defined government-to-government relationship with the U.S. Government. See U.S. Constitution Article I, Section 8.

Treaties signed by Tribes and the federal government established a *trust responsibility* in which Tribes ceded vast amounts of land and natural resources to the federal government in exchange for education, healthcare, and other services to enrolled members of federally recognized Tribes. The Indian Health Service (IHS), among other federal agencies, is charged with performing the function of the trust responsibility to American Indians and Alaska Natives. (See Section 3 of the Indian Health Care Improvement Act, as amended, 25U.S.C. § 1602.) Public Law 93-638, the Indian Self-Determination and Educational Assistance Act of 1975 (ISDEAA), provides the authority for Tribes (includes Alaska Native villages, or regional or village corporations, as defined in or established pursuant to the Alaska Native Claims Settlement Act) to enter into contracts or compacts, individually or through Tribal organizations, with the Secretary of Health and Human Services to administer the health programs that were previously managed by the Indian Health Service. More than half of the Tribes exercise this authority under the ISDEAA and have established Tribal Health Departments to administer these programs, which are often supplemented by other public health programs and services through Tribal funding and other sources.

PHAB respects the sovereignty of Tribal public health departments and the sovereignty of the Tribe in which the health department operates. These documentation guidance supplemental statements have been developed with that respect in mind.

# Relationship of This Document to General PHAB Accreditation

There are a few overarching principles to keep in mind as these supplemental documentation guidelines are used.

- There is no change in the accreditation requirements set forth in the PHAB Standards and Measures Version 1.5.
- There is no change in the PHAB accreditation review process, as set forth in the Guide to National Public Health Department Initial Accreditation.
- For purposes of describing the population that the Tribal health department serves, the Tribal health department can decide the size and inclusion criteria for that population. Tribal health departments are encouraged to think about this broadly. There are some public health services that affect more than Tribal members or those receiving clinical or health care services. The population or community included in the improvement initiatives for the health of the total population of the Tribal health department is the population that should be considered for public health accreditation purposes.
- In many cases, the documentation guidance in PHAB Standards and Measures Version 1.5 remains the same. The documentation guidance that is being provided here should be a supplement to clarify PHAB's expectations in the context of Tribal public health. Only documentation guidance that is unique to Tribal health departments has been provided. If the user of this document still has some difficulty in understanding what the measure is requiring, PHAB has two suggestions:
  - Re-read the measure along with the standard, the purpose and the significance. Very often reading the measure requirements in the context of the standard purpose and significance will provide the user with appropriate context for understanding the measure. The measures do not stand alone.
  - If the user of this document is still having difficulty understanding the measure's intent, please feel free to contact PHAB either by phone or by email. PHAB welcomes questions related to the interpretation of the standards and measures.

**DOMAIN 1: CONDUCT AND DISSEMINATE ASSESSMENTS FOCUSED ON POPULATION  
HEALTH STATUS AND PUBLIC HEALTH ISSUES FACING THE COMMUNITY**

<b>Standard</b>	<b>Supplemental Process and Documentation Guidance for Tribal Health Departments</b>
<p><b>Standard 1.1</b>  <b>Participate in or lead a collaborative process resulting in a comprehensive community health assessment</b></p>	<p><b>Measure 1.1.1 Tribal partnership that develops a comprehensive community health assessment of the population served by the health department</b></p> <p>Tribal health departments may self-determine who the partners are and the number of partners that are most appropriate to include in the development of a community health assessment. Some examples of partners specific to the Tribal setting include other divisions within the Tribal government that may be outside the public health department division (such as environmental health; health care programs; or mental health programs). There may also be key partners who are external to the Tribal government, such as Tribal Epidemiology Centers; state or local health departments; or businesses.</p> <p><b>Measure 1.1.2 Tribal community health assessment</b></p> <p>A Tribal health department needs to decide early in the process who their population is. Not only does making this decision early help the Tribal health department to focus their public health work, but the entire accreditation application can then be reviewed in the context of the population decision. As a beginning point, the community health assessment should cover the population that the Tribal health department intends to include in its application under “description of population and size of population”. It is intended to be an assessment of the health status of the entire population for which the Tribal health department has public health initiatives and programs. The community health assessment may also include Tribal assets such as cultural resources, Tribal and/or community values, traditional practices, and community connectedness, as examples.</p> <p>Tribal health departments may identify their populations in various ways. Some may identify their population as enrolled Tribal members only, some include descendants, family members, Tribal employees; some identify all who are eligible to receive health services, some identify all AI/AN living in the CHSDA (Contract Health Service Delivery Area) or other geographic area, as examples. For accreditation purposes, the Tribal health department just needs to describe how they determined their population and describe that population for the community health assessment work.</p>

	<p>In terms of addressing health disparities in the community health assessment, PHAB recognizes that many Tribes have health disparities that pertain to the Tribe as a whole. However, in working on reducing health disparities and ensuring health equity within the Tribe, PHAB expects to see examples that programs and initiatives are targeted to specific populations with higher health disparities within the Tribe (such as prevention of diabetes complications in the elder population or teen tobacco prevention, to name two examples).</p> <p><b>Measure 1.1.3 Accessibility of community health assessment to agencies, organizations, and the general public</b></p> <p>Tribal health departments should ensure that the community health assessment is available to the broadest community possible in the context of the Tribal setting. In respecting the sovereignty of the Tribe to make the most appropriate decision about sharing reports from its data, PHAB does not require that Tribal health departments post their community health assessment on their website. However, documentation must be submitted that indicates with whom the community health assessment was shared and how it was done.</p>
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<b>Standard</b>	<b>Supplemental Process and Documentation Guidance for Tribal Health Departments</b>
<p><b>Standard 1.2</b>  <b>Collect and maintain reliable, comparable, and valid data that provide information on conditions of public health importance and on the health status of the population</b></p>	<p><b>Measure 1.2.1</b>  <b>24/7 surveillance system or set of program surveillance systems</b></p> <p>No additional guidance.</p> <p><b>Measure 1.2.2</b>  <b>Communication with surveillance sites</b></p> <p>No additional guidance.</p> <p><b>Measure 1.2.3</b>  <b>Primary data</b></p> <p>Tribal health departments may use data collected or analyzed by the Tribal Epidemiology Centers; from state or other federal sources; or from contract providers.</p> <p><b>Measure 1.2.4</b>  <b>Data provided to the state health departments and to local health departments.</b>  Provision of data to the regional Tribal Epidemiology Center can also be used as one example. Provision of summary data, as opposed to raw data, is acceptable.</p>

Standard	Supplemental Process and Documentation Guidance for Tribal Health Departments
<p><b>Standard 1.3</b>  <b>Analyze public health data to identify trends in health problems, environmental public health hazards, and social and economic factors that affect the public's health</b></p>	<p><b>Measure 1.3.1</b>  <b>Data analyzed and public health conclusions drawn</b></p> <p>The data do not have to be collected or analyzed by the Tribal health department. However, keep in mind that the data need to be specific to the population served by the health department. A report that combines Tribal, county or regional data would not meet the intent of this measure. When looking at documents for potential use as PHAB documentation, be sure that it meets all the requirements in the guidance, irrespective of who analyzed it. Tribal health departments could use reports produced by the state, an academic institution, Tribal Epidemiology Center, or other organizations. However, data analysis developed by others must have a connection to the Tribal health department and to the populations served by the Tribal health department and contain information of public health significance. PHAB does not dictate the type of data analyses performed. If a Tribal health department does not have the analysis capacity within the health department, they should seek a partnership with an entity who can decide the most appropriate data analytics to perform for the type of data that are used and the report(s) that are being developed.</p> <p><b>Measure 1.3.2</b>  <b>Public health data provided to the Tribal community on a variety of public health issues</b></p> <p>The Tribal health department can decide who in the Tribal community should have access to the public health data analysis and reports. Examples could include Tribal Councils, Tribal Health Boards, Tribal Health Committees, etc.</p>

Standard	Supplemental Process and Documentation Guidance for Tribal Health Departments
<p><b>Standard 1.4</b>  <b>Provide and use the results of health data analysis to develop recommendations regarding public health policies, processes, programs, or interventions.</b></p>	<p><b>Measure 1.4.1</b>  <b>Data used to recommend and inform public health policy, processes, programs, and/or interventions</b></p> <p>Data across multiple data sets, databases or data sources means the use of data from multiple sources and not just one source.</p>

	<p><b>Measure 1.4.2</b>  <b>Tribal/community summaries or fact sheets of data to support public health improvement planning processes at the Tribal or local level</b></p> <p>RD 1 These summaries or fact sheets are supposed to be an overview, summary or synopsis of a particular health issue (like obesity, diabetes, or cancer) specific to the Tribal community. Summaries or fact sheets developed by the Tribal Epidemiology Centers that are specific to the Tribal community may be used to satisfy this measure. However, the Tribal health department will need to also document the relationship between the TEC and the Tribal health department which clarifies the Tribal health department’s role in preparing the summaries or fact sheets if not already explicit in the fact sheet or summary.</p> <p>Examples could come from documentation that shows Tribal approval of services provided by a Tribal organization to the Tribe, like data sharing agreements, statements of work, contracts, etc.</p>
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**DOMAIN 2: INVESTIGATE HEALTH PROBLEMS AND ENVIRONMENTAL PUBLIC HEALTH HAZARDS TO PROTECT THE COMMUNITY**

<b>Standard</b>	<b>Supplemental Process and Documentation Guidance for Tribal Health Departments</b>
<p><b>Standard 2.1</b>  <b>Conduct timely investigations of health problems and environmental public health hazards</b></p>	<p><b>Measure 2.1.1</b>  <b>Protocols for investigation process</b></p> <p><b>Measure 2.1.2</b>  <b>Capacity to conduct an investigation of an infectious disease</b></p> <p>For both of these measures, Tribal health departments can use their agreement with the Indian Health Service (IHS) or any other organization or entity that might conduct this work on behalf of the Tribal health department. Tribal Epidemiology Centers would be another acceptable example. These agreements can be multi-year agreements, as long as they are current as of the time of the review. Tribal health departments will need to describe how they work with that entity or organization to demonstrate conformity with these measures, as part of their documentation. If the agreement with the IHS is used for Measure 2.1.1, then, documentation for Measure 2.1.2 would include two examples of how that agreement is working.</p>

	<p><b>Measure 2.1.3</b>  <b>Capacity to conduct investigations of non-infectious health problems, environmental, and/or occupational public health hazards</b></p> <p>The same guidance applies here as was described from Measures 2.1.1 and 2.1.2.</p> <p><b>Measure 2.1.4</b>  <b>Collaborative work through established governmental and community partnerships on investigations of reportable diseases, disease outbreaks, and environmental public health issues</b></p> <p>If a Tribal health department has not had an investigation need within the five years prior to going through the accreditation process, they will need to demonstrate that they have exercised or drilled their protocol to test how it works in their setting. Reports from drills done by IHS or Tribal Epidemiology Centers can be used for documentation, if the health department can describe how they participated in the drills. If the collaborative work is done within the Tribal government setting, a formal MOU is not required, but a memo or email that describes the collaboration would be acceptable.</p> <p><b>Measure 2.1.5</b>  <b>Monitored timely reporting of notifiable/reportable diseases, lab test results, and investigation results</b></p> <p>No additional guidance.</p>
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<b>Standard</b>	<b>Supplemental Process and Documentation Guidance for Tribal Health Departments</b>
<p><b>Standard 2.2</b>  <b>Contain/mitigate health problems and environmental public health hazards</b></p>	<p><b>Measure 2.2.1</b>  <b>Protocols for containment/mitigation of public health problems and environmental public health hazards</b></p> <p>Protocols may be developed, reviewed or revised within the past 2 years. Examples of public health problems can vary but could include such things as pertussis or TB outbreaks, food or water borne disease outbreaks, etc.</p> <p><b>Measure 2.2.2</b>  <b>A process for determining when the All Hazards Emergency Operations Plan (EOP) will be implemented</b></p> <p>No additional guidance.</p>

	<p><b>Measure 2.2.3</b>  <b>Complete After Action Reports (AAR)</b></p> <p>If no real event has occurred within the time frame required by the measure, a drill or exercise that tests the protocol and EOP is acceptable.</p>
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<b>Standard</b>	<b>Supplemental Process and Documentation Guidance for Tribal Health Departments</b>
<p><b>Standard 2.3</b>  <b>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</b></p>	<p><b>Measure 2.3.1</b>  <b>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</b></p> <p>Tribal health departments may have agreements with other entities within Tribal government to accomplish this measure. If that is the case, Tribal health departments can document that using memos, emails or MOUs.</p> <p><b>Measure 2.3.2</b>  <b>24/7 access to laboratory resources capable of providing rapid detection, investigation and containment of health problems and environmental public health hazards</b></p> <p>If the access to lab capacity is outside the Tribal government, more formal documentation such as a contract or MOU is required.</p> <p><b>Measure 2.3.3</b>  <b>Access to laboratory and other support personnel and infrastructure capable of providing surge capacity</b></p> <p>No additional guidance.</p> <p><b>Measure 2.3.4</b>  <b>Collaboration among Tribal, state, and local health departments to build capacity and share resources to address Tribal, state, and local efforts to provide for rapid detection, investigation, and containment/mitigation of public health problems and environmental public health hazards</b></p> <p>The purpose of this measure is to assess how the Tribal health department works with the local and/or state health department on outbreaks, environmental public health hazards, and other public health problems that cross jurisdictional boundaries.</p>

Standard	Supplemental Process and Documentation Guidance for Tribal Health Departments
<p><b>Standard 2.4</b>  <b>Maintain a plan with policies and procedures for urgent and non-urgent communications</b></p>	<p><b>Measure 2.4.1</b>  <b>Written protocols for urgent 24/7 communications</b></p> <p>In RD 1, duplicative means multiple ways to get in touch with partners.</p> <p><b>Measure 2.4.2</b>  <b>A system to receive and provide urgent and non-urgent health alerts and to coordinate an appropriate public health response</b></p> <p>No additional guidance.</p> <p><b>Measure 2.4.3</b>  <b>Timely communication provided to the general public during public health emergencies</b></p> <p>For RD 2, the communication to the Tribal community or population can include public service announcements about public health hazards that could affect the community (such as Zika).</p>

**DOMAIN 3: INFORM AND EDUCATE ABOUT PUBLIC HEALTH ISSUES AND FUNCTIONS**

Standard	Supplemental Process and Documentation Guidance for Tribal Health Departments
<p><b>Standard 3.1</b>  <b>Provide health education and health promotion policies, programs, processes, and interventions to support prevention and wellness</b></p>	<p><b>Measure 3.1.1</b>  <b>Information provided to the public on protecting their health</b></p> <p>RD 1 Tribal health departments could include a Tribal or other governmental proclamation.  RD 2 Tribal health departments could include documentation from talking circles, Tribal oversight committees, Tribal leader meeting, community meetings, Tribal consultation meetings.</p> <p>Partnership with the health care side of the Tribe to develop and provide health education to the population is acceptable as long as the health education is about health promotion and disease prevention and not about individual health care or clinical services.</p> <p><b>Measure 3.1.2</b>  <b>Health promotion strategies to mitigate preventable health conditions</b></p> <p>Health promotion strategies may include strategies or initiatives that address health literacy.</p>

	<p><b>Measure 3.1.3</b>  <b>Efforts to specifically address factors that contribute to specific populations' higher health risks and poorer health outcomes</b></p> <p>Tribal health departments may decide which sub-populations within the Tribal population or community that their public health initiatives are developed to address health equity. Analyses that inform these decisions may be obtained from external sources such as Tribal Epidemiology Centers, state reports, or local sources.</p>
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<b>Standard</b>	<b>Supplemental Process and Documentation Guidance for Tribal Health Departments</b>
<p><b>Standard 3.2</b>  <b>Provide information on public health issues and public health functions through multiple methods to a variety of audiences</b></p>	<p><b>Measure 3.2.1</b>  <b>Information on public health mission, roles, processes, programs, and interventions to improve the public's health provided to the public</b></p> <p>Examples could include Tribal advisory committees that advocate for tribes or comments to federal or state or other advisory committees. Submissions from the Tribe's Legislative Advisor are acceptable forms of documentation. Documentation could be PowerPoint presentations, letters, or fact sheets to Tribal leaders.</p> <p><b>Measure 3.2.2</b>  <b>Organizational branding strategy</b></p> <p>PHAB understands that Tribes often use the same logo, or Tribal seal throughout the entire Tribe. Tribal public health is oftentimes part of a larger health system. If that is the case, PHAB will accept that as the organizational branding.</p> <p><b>Measure 3.2.3</b>  <b>Communication procedures to provide information outside the health department</b></p> <p>If Tribal health departments work with an office of public affairs, then documentation can come from that office to meet these measures.</p> <p><b>Measure 3.2.4</b>  <b>Risk communication plan</b></p> <p>No additional guidance.</p>

	<p><b>Measure 3.2.5</b>  <b>Information available to the public through a variety of methods</b></p> <p>Tribal health department can decide through what means they make public health information available to their population or community. The intent of this measure is to disseminate information on public health issues to the broadest audience possible.</p> <p><b>Measure 3.2.6</b>  <b>Accessible, accurate, actionable, and current information provided in culturally sensitive and linguistically appropriate formats for target populations served by the health department</b></p> <p>No additional guidance.</p>
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**DOMAIN 4: ENGAGE WITH THE COMMUNITY TO IDENTIFY AND ADDRESS HEALTH PROBLEMS**

<b>Standard</b>	<b>Supplemental Process and Documentation Guidance for Tribal Health Departments</b>
<p><b>Standard 4.1</b>  <b>Engage with the public health system and the community in identifying and addressing health problems through collaborative processes</b></p>	<p><b>Measure 4.1.1</b>  <b>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</b></p> <p>Tribal public health departments may partner with other Tribal or local partners, for example, Head Start, emergency management, schools, coalitions, and social services to address specific Tribal health issues. These partnerships are intended to include community members other than the health department staff.</p> <p>One example is a Tribal health department partnering with the Tribe’s Department of Natural Resources on programming around the use of natural foods.</p> <p><b>Measure 4.1.2</b>  <b>Stakeholders and partners linked to technical assistance regarding methods of engaging with the community</b></p> <p>Tribal health departments are a community resource for partners and stakeholders who are seeking information about engaging with a specific Tribal community. For Tribal health departments, “community” refers to the population or community that the health department described as being its population for public health programs and initiatives. Technical assistance in this measure refers to the provision of feedback and input to partners and stakeholders on ways to engage with the Tribal community.</p>

Standard	Supplemental Process and Documentation Guidance for Tribal Health Departments
<b>Standard 4.2</b> <b>Promote the community’s understanding of and support for policies and strategies that will improve the public’s health</b>	<b>Measure 4.2.1</b> <b>Engagement with the community about policies and/or strategies that will promote the public’s health</b>  No additional guidance  <b>Measure 4.2.2</b> <b>Engagement with governing entities, advisory boards, and elected officials about policies and/or strategies that will promote the public’s health</b>  No additional guidance.

**DOMAIN 5: DEVELOP PUBLIC HEALTH POLICIES AND PLANS**

Standard	Supplemental Process and Documentation Guidance for Tribal Health Departments
<b>Standard 5.1</b> <b>Serve As a Primary and Expert Resource for Establishing and Maintaining Public Health Policies, Practices, and Capacity</b>	<b>Measure 5.1.1</b> <b>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</b>  No additional guidance.  <b>Measure 5.1.2</b> <b>Engagement in activities that contribute to the development and/or modification of policy that impacts public health</b>  No additional guidance.  <b>Measure 5.1.3</b> <b>Informed governing entities, elected officials, and/or the public of potential intended or unintended public health impacts from current and/or proposed policies</b>  Tribal health departments may consider work that they have participated in to develop or revise Tribal ordinances or Tribal codes that describe public health policies. Tribal health departments may select information from Tribal Health Council or Tribal Health Board meetings.

Standard	Supplemental Process and Documentation Guidance for Tribal Health Departments
<p><b>Standard 5.2</b>  <b>Conduct a comprehensive planning process resulting in a Tribal/state/community health improvement plan</b></p>	<p><b>Measure 5.2.1</b>  <b>A process to develop a Tribal community health improvement plan</b></p> <p>No additional guidance</p> <p><b>Measure 5.2.2</b>  <b>Tribal community health improvement plan adopted as a result of the health improvement planning process</b></p> <p>No additional guidance.</p> <p><b>Measure 5.2.3</b>  <b>Elements and strategies of the health improvement plan implemented in partnership with others</b></p> <p>No additional guidance.</p> <p><b>Measure 5.2.4</b>  <b>Monitor and revise as needed, the strategies in the community health improvement plan in collaboration with broad participation from stakeholders and partners</b></p> <p>No additional guidance.</p>

Standard	Supplemental Process and Documentation Guidance for Tribal Health Departments
<p><b>Standard 5.3</b>  <b>Develop and implement a health department organizational strategic plan.</b></p>	<p><b>Measure 5.3.1</b>  <b>Department strategic planning process</b></p> <p>No additional guidance</p> <p><b>Measure 5.3.2</b>  <b>Adopted department strategic plan</b></p> <p>No additional guidance.</p> <p><b>Measure 5.3.3</b>  <b>Implemented department strategic plan</b></p> <p>No additional guidance.</p>
Standard	Supplemental Process and Documentation Guidance for Tribal Health Departments
<p><b>Standard 5.4</b>  <b>Maintain an all hazards emergency operations plan.</b></p>	<p><b>Measure 5.4.1</b>  <b>Process for the development and maintenance of an All Hazards Emergency Operations Plan (EOP)</b></p> <p>No additional guidance.</p> <p><b>Measure 5.4.2</b>  <b>Public health emergency operations plan (EOP)</b></p> <p>No additional guidance.</p>

**DOMAIN 6: ENFORCE PUBLIC HEALTH LAWS**

<b>Standard</b>	<b>Supplemental Process and Documentation Guidance for Tribal Health Departments</b>
<p><b>Standard 6.1</b>  <b>Review existing laws and work with governing entities and elected/appointed officials to update as needed</b></p>	<p><b>Measure 6.1.1</b>  <b>Laws reviewed in order to determine the need for revisions</b></p>
	<p><b>Measure 6.1.2</b>  <b>Information provided to the governing entity and/or elected/appointed officials concerning needed updates/amendments to current laws and/or proposed new laws</b></p> <p>This guidance applies to both of these measures. For Tribal health departments who are part of a Tribe that makes its own laws, rules, and regulations, the health department must be able to document how it participates in the review of public health laws and provides input into changes that need to be considered. For Tribal health departments who are part of a Tribe that does not make its own laws, then, the Tribal health department can document how it reviewed laws, rules, and regulations passed by others and how the Tribal health department provided input into needed or proposed changes. The Tribal health department is not responsible for the actions taken by the entity that is ultimately responsible to changing the laws, rules or regulations; just for the review and input using their public health expertise.</p>

Standard	Supplemental Process and Documentation Guidance for Tribal Health Departments
<p><b>Standard 6.2</b>  <b>Educate individuals and organizations on the meaning, purpose, and benefit of public health laws and how to comply</b></p>	<p><b>Measure 6.2.1</b>  <b>Department knowledge maintained and public health laws applied in a consistent manner</b></p> <p>Tribal health departments that do not have regulatory enforcement responsibility still have a responsibility to maintain knowledge of laws that impact public health and to ensure that the laws are applied consistently. For example, the school system may have the responsibility to ensure that all children entering kindergarten have had age appropriate vaccinations. The health department should work with the schools to ensure that those laws are consistently enforced. Another example is the assurance that the prohibition against the sale of commercial tobacco products to minors is enforced consistently. If the laws are enforced by a different Tribal entity, the health department needs to provide documentation that it knows about the enforcement activity. The documentation can be in the form of memos, emails, description of meetings, telephone logs, etc.</p> <p><b>Measure 6.2.2</b>  <b>Laws and permit/license application requirements are accessible to the public</b></p> <p>For Tribal health departments, accessible to the public means accessible to the population or community that the Tribal health department has determined that it is responsible for. The Tribal health department may or may not be responsible to administering or enforcing the law. This measure is about the provision of information. The Tribal health department might also partner with another administrative unit or agency to document conformity with this measure.</p> <p><b>Measure 6.2.3</b>  <b>Information or education provided to regulated entities regarding their responsibilities and methods to achieve full compliance with public health related laws</b></p> <p>Tribal health departments with no regulatory or enforcement responsibilities must demonstrate that they are aware of the entities that do regulate or enforce public health laws and how they educate others about other regulatory processes. This documentation may also be prepared by another administrative unit within the Tribe or by another agency</p>

Standard	Supplemental Process and Documentation Guidance for Tribal Health Departments
<p><b>Standard 6.3</b>  <b>Conduct and monitor public health enforcement activities and coordinate notification of violations among appropriate agencies</b></p>	<p><b>Measure 6.3.1</b>  <b>Written procedures and protocols for conducting enforcement actions</b></p> <p>If the Tribal health department does not conduct enforcement actions, this documentation must come from the administrative division or agency that does have those responsibilities.</p> <p><b>Measure 6.3.2</b>  <b>Inspection activities of regulated entities conducted and monitored according to mandated frequency and/or risk analysis method that guides the frequency and scheduling of inspections of regulated entities</b></p> <p><b>Measure 6.3.3</b> <b>Procedures and protocols for both routine and emergency situations requiring enforcement activities and complaint follow-up</b></p> <p><b>Measure 6.3.4</b>  <b>Patterns or trends identified in compliance from enforcement activities and complaints</b></p> <p>This guidance applies to all three measures above. When other administrative divisions or agencies within the broader Tribal enterprise have enforcement authority, the health department must provide documentation that it is informed of patterns, trends, and compliance. This relates to the enforcement of public health related laws only, whether they are Tribal, state or federal</p> <p><b>Measure 6.3.5</b>  <b>Coordinated notification of violations to the public, when required, and coordinated sharing of information among appropriate agencies about enforcement activities, follow-up activities, and trends or patterns</b></p> <p>If the Tribal health department does not have enforcement authority, then, it must document that it has been notified by the appropriate administrative unit or agency within the broader Tribal enterprise of violations of public health laws.</p>

**DOMAIN 7: PROMOTE STRATEGIES TO IMPROVE ACCESS TO HEALTH CARE**

Standard	Supplemental Process and Documentation Guidance for Tribal Health Departments
<p><b>Standard 7.1</b>  <b>Assess health care service capacity and access to health care services</b></p>	<p><b>Measure 7.1.1 Process to assess the availability of health care services</b></p> <p><b>Measure 7.1.2</b>  <b>Identification of populations who experience barriers to health care services identified</b></p> <p><b>Measure 7.1.3</b>  <b>Identification of gaps in access to health care services and barriers to the receipt of health care services identified</b></p> <p>This guidance applies to both measures above. For Tribal health departments, a collaboration with the health care services component serving the Tribe would be a good example to use for meeting the measures in this standard. If data are collected and analyzed and reports are prepared by the Tribal health care system or Indian Health Service, that information can be used for these measures. The data should be shared with the entities that can positively affect the use of health care services for the population served.</p> <p>In meeting the three core functions of public health (Assessment, Assurance, and Policy Development), the health department should have knowledge of the health care system and how it meets the service needs of the population or community.</p>

Standard	Supplemental Process and Documentation Guidance for Tribal Health Departments
<p><b>Standard 7.2</b>  <b>Identify and implement strategies to improve access to health care services</b></p>	<p><b>Measure 7.2.1</b>  <b>Process to develop strategies to improve access to health care services</b></p> <p>Tribal health departments may also include access to traditional or Tribal healers as part of the assessment and assurance of access to health care.</p> <p><b>Measure 7.2.2</b>  <b>Implemented strategies to increase access to health care services</b></p> <p>No additional guidance.</p> <p><b>Measure 7.2.3</b>  <b>Implemented culturally competent initiatives to increase access to health care services for those who may experience barriers to care due to cultural, language, or literacy differences</b></p> <p>Examples for Tribal health departments could be from the Community Health Representative Program; efforts to employ traditional health workers/healers/practitioners; or developing a peer support group.</p>

**DOMAIN 8: MAINTAIN A COMPETENT PUBLIC HEALTH WORKFORCE**

Standard	Supplemental Process and Documentation Guidance for Tribal Health Departments
<p><b>Standard 8.1</b>  <b>Encourage the development of a sufficient number of qualified public health workers</b></p>	<p><b>Measure 8.1.1</b>  <b>Relationships and/or collaborations that promote the development of future public health workers</b></p> <p>No additional guidance.</p>

Standard	Supplemental Process and Documentation Guidance for Tribal Health Departments
<p><b>Standard 8.2</b>  <b>Ensure a competent workforce through the assessment of staff competencies, the provision of individual training and professional development, and the provision of a supportive work environment</b></p>	<p><b>Measure 8.2.1 Workforce development strategies</b></p> <p>No additional guidance.</p> <p><b>Measure 8.2.2</b>  <b>A competent health department workforce</b></p> <p>For RD 2, Tribal health departments can use a policy that the Tribe may have regarding preference in hiring American Indians or Alaska Natives.</p> <p>For RD 6, Tribal health departments only need to demonstrate how the health department works with the broader Tribal human resource office if the health department does not manage its own human resource functions separately.</p> <p><b>Measure 8.2.3</b>  <b>Professional and career development for all staff</b></p> <p>No additional guidance.</p> <p><b>Measure 8.2.4</b>  <b>Work environment that is supportive to the workforce</b></p> <p>For RD 1, Tribal health department policies that allow for cultural or traditional leave may be included.</p>

**DOMAIN 9: EVALUATE AND CONTINUOUSLY IMPROVE HEALTH DEPARTMENT  
PROCESSES, PROGRAMS, AND INTERVENTIONS**

Standard	Supplemental Process and Documentation Guidance for Tribal Health Departments
<p><b>Standard 9.1</b>  <b>Use a performance management system to monitor achievement of organizational objectives</b></p>	<p><b>Measure 9.1.1</b>  <b>Staff at all organizational levels engaged in establishing and/or updating a performance management system.</b></p> <p>Performance management is a systematic process which helps a Tribal health department 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.</p> <p>PHAB expects that health departments will establish a system for the whole health department (the system) that addresses performance management. To do that, health department leadership must be engaged. Tribal health departments can decide who that leadership should be. Examples might include the Health Department Director; a Tribal Council; a Tribal Health Advisory Board; an internal Division or other administrative unit within a Tribe; a Tribal Health Commission or Committee; a Tribal Health Board; or a Tribal Advisory Board of Commissioners</p> <p><b>Measure 9.1.2</b>  <b>Performance management policy/system</b></p> <p>A performance management system is a single, comprehensive approach of using objectives and measurement to evaluate performance of programs, policies, and processes, and achievement of outcome targets for the Tribal health department. The Tribal health department performance management system may be part of a larger performance management system for the Tribe (such as in the health care arena). However, if that is the case, specific application to the public health programs and/or initiatives must be described in the required documentation.</p> <p><b>Measure 9.1.3</b>  <b>Implemented performance management system</b></p> <p>PHAB does not dictate how the Tribe designs and implements its system to manage its performance. PHAB is interested in seeing examples of how the performance management process or system is working. The required documentation for this measure (RD1-6) is designed to assist the health department in describing their process to PHAB and then giving examples of how the process is working.</p>

	<p><b>Measure 9.1.4</b>  <b>Implemented systematic process for assessing customer satisfaction with health department services</b></p> <p>The Tribal health department can decide who their customers or stakeholders are for the purposes of public health accreditation. But the examples of two different customer groups being asked for feedback and how that feedback was used are still required. Measurement of customer/stakeholder satisfaction and use of the results in improving performance is a vital part of performance management</p> <p><b>Measure 9.1.5</b>  <b>Opportunities provided to staff for involvement in the department’s performance management</b></p> <p>The health department must document its staff professional development in performance management. Training can be on performance management as a whole or on selected topics within performance management such as techniques and tools for tracking performance; setting performance goals and objectives; and measuring results of performance management</p>
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<b>Standard</b>	<b>Measure Specific Supplemental Process and Documentation Guidance for Tribal Health Departments</b>
<p><b>Standard 9.2</b>  <b>Develop and implement quality improvement processes integrated into organizational practice, processes, and interventions</b></p>	<p><b>Measure 9.2.1</b>  <b>A written quality improvement plan</b></p> <p>The definition or description of a culture of quality that PHAB uses is the one that NACCHO developed and continues to improve  <a href="http://qiroadmap.org/">http://qiroadmap.org/</a></p> <p><b>Measure 9.2.2</b>  <b>Implemented quality improvement activities</b></p> <p>Examples of quality improvement activities can be found on many of the national public health partner websites (ASTHO, NACCHO, and PHF). Clinical (health care) examples may not be used for PHAB’s accreditation examples.</p>

**DOMAIN 10: CONTRIBUTE TO AND APPLY THE EVIDENCE BASE OF PUBLIC HEALTH**

<b>Standard</b>	<b>Supplemental Process and Documentation Guidance for Tribal Health Departments</b>
<p><b>Standard 10.1</b>  <b>Identify and use the best available evidence for making informed public health practice decisions</b></p>	<p><b>Measure 10.1.1.</b>  <b>Applicable evidence-based and/or promising practices identified and used when implementing new or revised processes, programs, and/or interventions</b></p> <p>The Tribal health department must document the source of the information concerning the evidence-based or promising practice. Examples could be The Guide to Community Preventive Services, an Initiative listed in the NACCHO Model Practices Database, the result of an information search (web, library, literary review), result of an interaction with consultants, academic faculty, researchers, other health departments, or other experts; information from IHS or other Tribal-specific information.</p> <p>RD 1 There must be two examples. One example should be from a chronic disease initiative or prevention program and the second example should be from a different public health program area.</p> <p><b>Measure 10.1.2</b>  <b>Fostered innovation in practice and research</b></p> <p>The purpose of this measure is to assess the Tribal health department's efforts to promote and support innovations in public health practice and research. This is part of their overall leadership role in public health for the Tribe.</p> <p>RD 1 Examples of required documentation could also include data sharing agreements, research permits, resolutions supporting research, or engagement with the Native Research Network.</p> <p>RD 2 Documentation could also include participation in research agenda-setting, practice-based research networks, or other research efforts such as those conducted by larger Tribes, Tribal Epidemiology Center (TEC), the NIHB, and others who identify research needs and interests relative to improving the health of Native Americans and Alaska Natives.</p>

Standard	Supplemental Process and Documentation Guidance for Tribal Health Departments
<p><b>Standard 10.2</b>  <b>Promote understanding and use of the current body of research results, evaluations, and evidence-based practices<sup>1</sup> with appropriate audiences</b></p>	<p><b>Measure 10.2.1</b>  <b>Protection of human subjects when the health department is involved in or supports research</b></p> <p>Documentation for a Tribal health department could be a Tribal policy or protocol that describes the process for research review and approval by the Tribal Council, Health Oversight Committee, or other body or authority. It could also be the official Tribal IRB process, which may be the IHS area IRB</p> <p><b>Measure 10.2.2</b>  <b>Access to expertise to analyze current research and its public health implications</b></p> <p>Tribal health departments must document that they have the availability of expertise (internal or external) for analysis of research and interpretation of research findings. Interpreting research findings is important when communicating the public health implications of those findings to others within the Tribal setting. It is also important when incorporating research findings into department processes, programs, or interventions. This could be a relationship with the Tribal Epidemiology Center. If the expertise is outside the Tribal health department, but still within the Tribe itself, a written agreement is not needed. If the expertise is outside the Tribe, then, a written form of agreement is needed to document the authenticity of the arrangement. It can be a letter of agreement, a contract or a MOU/MOA. It does not have to include payment for the expertise described above, although it may.</p> <p><b>Measure 10.2.3</b>  <b>Communicated research findings, including public health implications</b></p> <p>Communication of research findings indicates the health department's role in ensuring that the best practices are used to make decisions. Only two examples are required, and those examples can be selected by the Tribal health department, in accordance with its overall Tribal research/data sovereignty policies. These best practices can be associated with a program, project or initiative.</p>

	<p><b>Measure 10.2.4</b>  <b>Technical assistance provided to the state health department, local health departments, and other public health system partners in applying relevant research results, evidence-based and/or promising practices</b></p> <p>The purpose of this measure to assess the Tribal health department’s provision of feedback, input, and other types of assistance to the state and local health departments and other Tribal health departments on the application of relevant research results and evidence-based/promising practices. The Tribal health department must document the provision of consultation, technical assistance, advice, direction, or guidance to others in the application of relevant research or evidence-based, promising practices, and/or practice-based evidence. This assistance must be specific to the application of relevant research results or the employment of evidence-based and/or promising practices. This assistance can be provided to the state health department, local health departments, other Tribal health departments or Tribal organizations in the state, or other partners or stakeholders. It can be as formal as a report or presentation or as informal as attending a meeting, responding to an email, or participation in a workshop</p>
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**DOMAIN 11: MAINTAIN ADMINISTRATIVE AND MANAGEMENT CAPACITY**

<b>Standard</b>	<b>Measure Specific Supplemental Process and Documentation Guidance for Tribal Health Departments</b>
<p><b>Standard 11.1</b>  <b>Develop and maintain an operational infrastructure to support the performance of public health functions.</b></p>	<p><b>Measure 11.1.1</b>  <b>Policies and procedures regarding health department operations reviewed regularly and accessible to staff</b></p> <p>No additional guidance</p> <p><b>Measure 11.1.2</b>  <b>Ethical issues identified and ethical decisions made</b></p> <p>Examples of ethical issues include, for example, privately constructed sewers, distribution of vaccine in a shortage situation, staff mandatory immunizations, an employee’s use of social media, an employee’s acceptance of gifts. Tribal health departments should redact any confidential employee information before submitting an example of an ethical issue related to human resources.</p>

**Measure 11.1.3 Policies regarding confidentiality, including applicable HIPAA requirements**

In this example, government-wide can mean Tribal-wide. A Tribal health department may provide documentation of policies and training on confidentiality that was managed by the health care side of the Tribe's work, if the health department staff were included in the policies and in the training.

**Measure 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.**

For Tribal health departments, examples could include the provision of health education materials in a native language; provision of information for individuals who are hearing or visually impaired; provision of information for individuals with lower reading levels; etc  
This is one of the measures that is also related to the topic of health equity.

**Measure 11.1.5**

**A human resources function**

No additional guidance.

**Measure 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**

Examples could be a description of the information system (without names) that describes the population enrolled in the Tribe; administrative (non-clinical) information from the RPMS system; information systems designed to assist in program reporting and management; or surveillance systems for communicable diseases.

For RD3, Tribal health departments can include additional Tribal privacy protection regulations or policies.

	<p><b>Measure 11.1.7</b>  <b>Facilities that are clean, safe, accessible, and secure</b></p> <p>RD1 If the Tribal health department either operates or does business with a laboratory, that laboratory must hold the appropriate certifications and licenses for the types of tests that are done.</p> <p>RD 3  PHAB requires documentation of the Tribal health department's procedures to serve members of its community and health department staff who have physical disabilities, are sight impaired, or are hearing impaired. Tribal laws and regulations regarding this topic are acceptable documentation.</p>
<p><b>Standard</b></p>	<p><b>Supplemental Process and Documentation Guidance for Tribal Health Departments</b></p>
<p><b>Standard 11.2</b>  <b>Establish effective financial management system</b></p>	<p><b>Measure 11.2.1 Financial and programmatic oversight of grants and contracts</b></p> <p>RD 3 Communications from Tribal, federal, state, or private funding agencies, organizations or foundations that a Tribal health department has been determined to be “high-risk” for being able to manage a grant or other funds</p> <p><b>Measure 11.2.2</b>  <b>Written agreements with entities from which the health department purchases, or to which the health department delegates, services, processes, programs, and/or interventions</b></p> <p>Tribal health department documentation could be a written agreement with a local, district, or state health department for one of the examples. The other example must be with another agency or organization. Tribal health departments may use the compact or funding agreement with the U.S. DHHS to carry out programs of the Indian Health Service. Also acceptable for documentation: agreements with non-Tribal entities to provide Contract Health Services (CHS) to beneficiaries of the Tribal health department, as well as MOA/MOUs or other agreements with other entities, such as epidemiology services provided to Tribes from Tribal Epidemiology Centers.</p>

	<p><b>Measure 11.2.3</b> <b>Financial management systems</b></p> <p>RD1 Example can include approval of the health department’s budget by whatever entity within the Tribal government has the authority to approve that budget. The health department budget may be a part of a larger health-related budget.</p> <p><b>Measures 11.2.4</b> <b>Resources sought to support agency infrastructure and processes, programs, and interventions</b></p> <p>RD 2 Tribal health department documentation could be, for example, Tribal letters or resolutions, Tribal public health assessments for the purpose of demonstrating resources needed, or executive or administrative orders adding resources.</p>
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**DOMAIN 12: MAINTAIN CAPACITY TO ENGAGE THE PUBLIC HEALTH GOVERNING ENTITY**

<b>Standard</b>	<b>Supplemental Process and Documentation Guidance for Tribal Health Departments</b>
<p><b>Standard 12.1</b> <b>Maintain current operational definitions, statements of public health roles, responsibilities, and authorities</b></p>	<p><b>Measure 12.1.1 Mandated public health operations, programs, and services provided</b></p> <p>The Tribal health department must produce some evidence of documentation of its roles and responsibilities. It may be as formal as a Tribal law or regulation or less formal such as a memo designating their authorities. This document must also describe how the health department works with its governing entity to carry out its roles and responsibilities for public health.</p> <p><b>Measure 12.1.2 Operational definitions and/or statements of the public health governing entity’s roles and responsibilities</b></p> <p>The Tribal health department can decide who their governing entity is. The relationship between the governing entity and the health department must be included in the description of the governing entity. Examples could be a Tribal Council; a Tribal Health Advisory Board; an internal Division or other administrative unit within a Tribe; a Tribal Health Commission or Committee; a Tribal health board; or a Tribal Advisory Board of Commissioners.</p>

<b>Standard</b>	<b>Supplemental Process and Documentation Guidance for Tribal Health Departments</b>
<b>Standard 12.2</b> Provide information to the governing entity regarding public health and the official responsibilities of the health department and of the governing entity.	<p><b>Measure 12.2.1</b> <b>Communication with the governing entity regarding the responsibilities of the health department</b></p> <p>Tribal health departments must document examples of its communication with the governing entity that it identified for this Domain. The communications must relate to the roles and responsibilities as they were described in Measure 12.1.2 above.</p>

<b>Standard</b>	<b>Supplemental Process and Documentation Guidance for Tribal Health Departments</b>
<b>Standard 12.3</b> Encourage the governing entity's engagement in the public health department's overall obligations and responsibilities	<p><b>Measure 12.3.1</b> <b>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</b></p> <p>The Tribal health department must be able to document its communications with its governing entity and what actions, decisions, or advice the governing entity provided. This documentation can be formal reports or emails and memos.</p> <p><b>Measure 12.3.2</b> <b>Actions taken by the governing entity tracked and reviewed</b></p> <p>No additional guidance.</p>





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