Version 2022

Tribal Workgroup Summary - December 2020

Advancing public health performance

The Public Health Accreditation Board is a 501(c)3 nonprofit organization dedicated to improving and protecting the health of the public by advancing and transforming the quality and performance of governmental public health agencies in the U.S. and abroad.

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The Public Health Accreditation Board (PHAB), with assistance from and in collaboration with the National Indian Health Board (NIHB), worked to solicit Tribal input and feedback into the development of version 2022 of PHAB Standards and Measures. From October-December 2020, PHAB convened a Tribal Accreditation Workgroup to provide high-level and detailed feedback on topics listed below and other aspects of the accreditation program. The Workgroup presented their feedback to the National Indian Health Board's Tribal Public Health Accreditation Advisory Board in December 2020 for additional discussion. Detailed Workgroup feedback is under review, by PHAB, for inclusion in version 2022 and a summary of the themes that emerged from the Workgroup is shared below.

PHAB held Think Tanks on the following topics and the Tribal Workgroup Members proposed recommendations on the each for PHAB to consider while developing PHAB Standards and Measures version 2022:

- Quality Improvement*
- Health Equity*
- Behavioral Health*
- Public Health Laboratories
- Environmental Health
- Inclusive Health for Individuals with Intellectual Disabilities
- Public Health Law
- Public Health Research
- Data, Surveillance, and Informatics
- Emergency Preparedness
- Workforce Development
- Chronic Disease
- Communications Science
- Health Aging*

**Tribal representatives attended Think Tanks denoted with an asterisk.*

For each topic area, Think Tank and Workgroup members provided conceptual feedback as well as recommendations on specific measures in version 1.5. PHAB will consider all of the feedback, including detailed suggestions about individual measures in the revision process. This document, however, focuses on several broader themes.

Across the topic areas reviewed, seven cross-cutting recommendations emerged:

- Version 2022 should work to streamline the Standards and Measures with the focus on meeting the intent of the measure. Where possible, the documentation burden should be reduced;
- Measure requirements should be consolidated within each Required Documentation section to improve readability and some measure requirements should be clarified or operationalized (e.g., operationalizing the term health equity in the requirement);
- Additional Guidance and examples should be included throughout the Standards and Measures to improve clarity; feedback from the workgroup and Tribal Supplemental Documentation Guidance will be utilized as appropriate;
- During the revision process, PHAB should keep small and rural health departments in mind;
- PHAB should continue working with TPHAAB on Tribal specific measures;
- Language around sovereignty should be incorporated into the Standards and Measures; and
- Definitions of "jurisdiction" and "community" as they apply to PHAB accreditation should be clarified, and several additional terms should be added to the Glossary.

PHAB's Scope of Authority was an additional theme that was discussed in several of the topic areas. There is an existing challenge in meeting some documentation requirements due to the integration of health care and public health in Indian country. Two recommendations were made related to this challenge. First, it was recommended that PHAB review its policy on what documentation falls within PHAB's Scope of Authority and broaden it to better reflect the range of population health services provided by Tribal health departments. Second, a suggestion was provided that PHAB add a requirement around the integration, partnership, and collaboration between public health and health care/behavioral health.

PHAB will carefully consider the participant's discussion around health equity, as well. Questions were raised, such as, (1) do Tribes need to demonstrate they are addressing the health equity of sub-populations within their jurisdiction when a main mission of some Tribes is to address the historical inequities facing Tribal populations? (2) to what extent are Tribes "responsible" for ensuring equity for non-enrolled members, who generally have access to services as residents of a county or region? (3) should Tribes get to define equity within their community?

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