

The Public Health Accreditation Board (PHAB) recognizes that Vital Records/Health Statistics (VRHS) Units are essential to tracking important health indicators from birth and death data, including birth rates, leading causes of death, and life expectancy. VRHS Units also play a crucial role in engaging with community stakeholders, academic partners, and the community to create effective public health programs that improve the quality and longevity of life and provide information to support/advance medical and health research.

In partnership with the Center for Disease Control and Prevention's National Center for Health Statistics (NCHS) and the National Association for Public Health Statistics and Information Systems (NAPHSIS), PHAB developed the [Vital Records/Health Statistics \(VRHS\) Accreditation Program](#). VRHS unit accreditation promotes high standards that will validate and guide business operations and continuous quality improvement efforts in vital records and health statistics offices.

State health departments should engage with VRHS Units in achieving health department Initial Accreditation and Reaccreditation. This alignment document illustrates some connections between [Version 2022 of the Standards & Measures](#), termed "The Standards," for state health departments with examples of ways in which the VRHS Unit might be involved.

**Disclaimer:** This alignment document serves as a helpful planning tool for state health departments to facilitate discussions, foster engagement, and strengthen relationships between state health departments and VRHS Units by identifying synergies in the ways VRHS Units can contribute towards the state health department's accreditation planning, as well as broader strategic goals. It is not intended to be comprehensive or guarantee conformity with The Standards.

## VRHS Connections to the Foundational Public Health Services Framework

The [Foundational Public Health Services \(FPHS\) framework](#) defines the minimum package of public health capabilities and programs that no jurisdiction can be without. VRHS Units contribute valuable data to support each of the Foundational Areas: Communicable Disease Control, Chronic Disease & Injury Prevention, Environmental Public Health, Maternal, Child, & Family Health, and Access to & Linkage with Clinical Care. In addition, VRHS Units directly contribute Foundational Capabilities (Foundational Capability Measures) necessary to build a strong public health infrastructure.

## VRHS Connections to The Standards for Initial Accreditation and Reaccreditation

### Domain I: Assessing and monitoring population health status, factors that influence health, and community needs and assets by:

- Contributing primary data, as part of developing the community health assessment on the health status of the population, health challenges experienced by examining disparities between subpopulations or sub-geographic areas, or inequities in the factors that contribute to health challenges.
- Engaging in data sharing and data exchange with other entities, including developing or maintaining data use processes and data standards.
- Facilitating the use of statewide data systems by providing data to Tribal and local health departments and supporting their needs regarding participation in statewide data systems, such as contributing surveillance data into Maven or the Electronic Death Reporting System (EDRS), STEVE, or other data systems.
- Drawing conclusions based on quantitative data analysis relevant to public health. The analysis of the top causes of death or infant mortality could further be stratified to understand health inequities or disparities by demographic characteristics.
- Presenting key findings or providing data visualizations, such as on infant mortality causes of death or other population health outcome data.
- Using data findings to inform the development or revision of policies, processes, programs, or interventions designed to improve the health of the population. For example, analyzing tobacco use as a primary or secondary contributing cause of death to propose amendments to tobacco policies in public areas/occupational settings or among youth, etc.

## **Domain 2: Investigating, diagnosing, and addressing health problems and hazards affecting the population by:**

- Maintaining processes or protocols for public health surveillance systems or databases, which could contain methods used to ensure quality control measures, system security, or processes used in disaggregating data by subpopulation.
- Communicating with surveillance sites or those who contribute data into vital records system(s) or registry(ies), including coroner's offices, medical examiners, health care providers, and others, and training surveillance sites.
- Ensuring rapid detection of public health problems, for example, identifying trends in opioid or other substance use deaths to inform investigation, containment, or mitigation efforts by the health department and data to inform consideration of social determinants of health or health inequities in containment or mitigation strategy(ies).
- Contributing data to inform updates to the emergency operations plan or risk communication strategies to identify individuals who are at a higher risk or experience vulnerabilities.
- Contributing to the development of a Continuity of Operations Plan (COOP) and participating in response exercises to ensure essential public health functions are sustained during a continuity event. For example, providing insights and information about the VRHS Unit's capacity, skills, and competencies required for surge planning, and informing plans for mass mortality or coordination with key response partners.
- Contributing current and accurate contact lists of key response partners, which might include coroners, medical examiners, health care providers, or others who should be notified during an emergency or urgent event.

## **Domains 3: Communicating effectively to inform and educate people about health, factors that influence it, and how to improve it by:**

- Contributing to developing non-urgent or routine communications plans that reflect the operations of the VRHS Unit and its interactions with partners and community members or provide current and accurate contact lists of key stakeholders.
- Adapting materials used to communicate with individuals who are non-English speaking, deaf or hard of hearing, or the blind or those who have low vision. For example, the VRHS Unit might develop applications and other materials based on those with specific communication barriers or needs.
- Implementing the state health department's non-urgent or routine communications plan by engaging with the media to provide timely responses to inquiries about data requests or answering questions.
- Contributing data to inform the development of health communications strategies, for example, identifying or engaging with priority populations at higher risk for poorer health outcomes.

## **Domain 4: Strengthen, support, and mobilize communities and partnerships to improve health by:**

- Elevating awareness of community health issues to inform the work of community coalitions addressing disparities or inequities. For example, the VRHS Unit might identify infant mortality, opioid or other substance use, tobacco, or chronic conditions as leading causes of death, as well as demographic or other characteristics that pose health risks among specific populations to inform community coalition priorities.
- Identifying barriers or strategies to promote active community member participation. VRHS Units are uniquely positioned to interact directly with community members, including non-traditional clients, and may contribute to discussions around community engagement.

## **Domain 5: Providing information for making changes in public policies and programs by:**

- Fostering awareness and contributing to improving policies and laws. The VRHS Unit data may inform updates to the Model Law, discussions of the collection and use of demographic characteristic coding within vital records (e.g., coding of gender identity, race, or ethnicity), and the implications of legislative amendments to the broader field (e.g., health statistics, Census records, etc.).
- Advising on the selection of strategic priorities by, for example, providing health statistic data as part of developing or updating the community health improvement plan, as well as using data to support the impact of strategies implemented.
- Informing internal policy(ies) or procedure(s) used by the health department by providing data on the characteristics of the population served and how policies or other factors contribute to higher health risks.

## **Domain 6: Utilizing legal and regulatory actions designed to improve and protect the public's health by:**

- Fostering awareness of the purpose or value of public health regulations (or policies and laws) to promote health. The VRHS Unit might contribute health statistics, including data on the leading causes of death to substantiate the need for public health regulations, such as the need for tobacco-free ordinances, age-appropriate vaccinations, playground safety restrictions, or other regulations, policies, or laws.

## **Domain 7: Assessing access to care and health care delivery, especially by socioeconomic status, region, or other population characteristics by:**

- Contributing data to inform discussions or planning to improve access to social services or integrate social services and health care. For example, the VRHS Unit might contribute data about vulnerable or at-risk populations or enhance data exchange systems to support integration of care or the development of outreach activities.
- Contributing data to assess access to care among populations who lack access or experience barriers to care, for example, mortality, health insurance status, or demographic data used in analyses or assessments.
- Advancing efforts to improve systems for ensuring the availability of care by examining system interoperability standards to connect vital records registries with other systems or utilizing vital records registries to substantiate the need for improved systems among policymakers to influence statewide initiatives (e.g., related to financing, quality monitoring, delivery systems, or the health care workforce).
- Providing information to support strategy development on continuity of access to health care and social services.

## **Domain 8: Building and supporting a diverse and skilled public health workforce by:**

- Contributing key health statistics or demographic information about the jurisdiction to inform recruitment or hiring efforts to secure a qualified and diverse workforce. For example, VRHS Units maintain current data systems about the population to inform planning.
- Participating in discussions to inform the development or update of the health department's workforce development plan, particularly on the capacity and competencies required of VRHS Unit personnel.
- Building relationships with schools and other academic programs to promote careers in VRHS by contributing to discussions regarding the key functions, responsibilities, and expertise needed for vital records/health statistics.
- Developing individualized professional development plans based on VRHS qualifications and necessary training to enhance leadership skills and succession planning among VRHS personnel.
- Assisting in the development or assessment of staff satisfaction surveys and developing strategies to build a supportive work environment, such as flexible schedules, employee recognition programs, or identifying occupational health or facility enhancements.
- Providing key insight on the needs for local VRHS Unit support (e.g., qualifications, recruitment, and retention) to inform the development of strategies.

## **Domain 9: Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement by:**

- Contributing valuable data to inform the state health department's performance management system, such as incorporating VRHS Unit data of health status trends to assess health disparities or inequities and evaluate the effectiveness of the health department's activities on population health outcomes.
- Advising on the health department's Quality Improvement (QI) Plan and implementing QI projects to foster a culture of quality. For example, engaging with the VRHS Unit to implement QI projects or examining projects implemented by the VRHS Unit for replicability within the broader state health department.
- Providing insights collected by the state's VRHS Unit through their direct interactions with local or Tribal jurisdictions (e.g., VRHS offices) on local or Tribal needs to support performance management or QI. For example, VRHS Units may receive feedback from local or Tribal VRHS Units or health departments regarding their needs for technical assistance regarding performance management or QI.
- Contributing population health outcomes and other data to evaluate a process, program, or intervention and using data to communicate public health implications of research. VRHS Units can offer a wealth of data used by the state health department or researchers.

## **Domain 10: Build and maintain a strong organizational infrastructure for public health by:**

- Contributing to the health department's process for information management infrastructure, such as establishing feedback mechanisms to keep IT staff apprised of technology updates being implemented in other health departments.
- Informing security and confidentiality policies needed to protect information and data systems. VRHS Units often manage interoperable data systems and cutting-edge technologies related to data modernization which must secure information and install back-up capabilities. VRHS Unit may share system security practices, and interoperability standards (e.g., APIs or FIHR) with IT staff or train others on system security based on practices.
- Providing health statistics or population health information for use in strategic plans, funding applications, and programmatic reports.
- Sharing data with governance or other stakeholders to inform its planning and decision-making based on relevant health statistics or population health.

