Version 2022
Initial Accreditation: Informational Session

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Importance of v2022

• Champions and commends public health during a time of great scrutiny
• Provides a roadmap with mechanisms to prioritize
• Articulates and defines to the public, stakeholders, and partners what public health is, and why it matters

Aligns public health practice towards achieving common goals
• Operationalizes and creates alignment across the EPHS and FPHS frameworks.

Supports rebuilding public health infrastructure and workforce

Adapts requirements based on lessons learned from the field while public health practice is rapidly evolving
• Emergency preparedness and infectious disease (COVID-19)
• Equity (racism as a public health emergency)
• Data modernization, informatics and technology (expanded use of digital communication, such as social media, as well as data visualization tools)
Webinar Overview

- Goal: To help health departments decide whether to use v1.5 or v2022 for Initial accreditation
- Provide an overview of the process and timeline to develop v2022 of the Standards & Measures
- Outline high level conceptual shifts and new concepts (between v2022 and v1.5)
- Update health departments about Pathways
- Share next steps and resources for health departments to prepare for the transition to v2022
Goal 1: Reflect aspirations of field
- Equity in every domain
- New requirements around data & preparedness

Goal 2: Focus on meeting intent
- Removed redundant requirements
- More options for how to demonstrate measure

Goal 3: Promote accountability
- Foundational Capability measures
- Greater alignment between initial and reaccreditation

Goal 4: Clarify requirements
- New format
- Careful attention to wording
High Level Timeline & Process

Feedback from the field

Developed preliminary drafts reviewed by the Accreditation Improvement Committee (AIC)

Vetting

Integrated edits further reviewed by the AIC and Board

Resulting v2022

- Psychometrics
- Evidence Base
- Evaluation
- Commissioned Papers
- Expert Panels
- Think Tanks
- Staff Q&A

- Public vetting
- Partner consultation
Public Vetting Results

PHAB received approximately 2,000 responses about individual measures and 700 comments.
Overarching Changes

- Introduction to Standards & Measures includes “Requirements for All Documentation”
- Considerations for variation within public health
  - Governance
  - Umbrella organizations
  - State health departments in centralized states
  - Health departments that do not provide certain functions (e.g., enforcement)
Structural Changes

- Shifted requirements into the “Required Documentation” column
- Provided more details about requirements
- Expanded guidance, noting the intent of requirements with additional examples
- Increased alignment between initial accreditation and reaccreditation, particularly for major plans
Conduct and monitor inspection activities of regulated entities according to a schedule.

**MEASURE 6.1.3 A:**

<table>
<thead>
<tr>
<th>Documentation 2</th>
<th>Guidance</th>
<th>Number of Examples</th>
<th>Dated Within</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. A database or log of inspection reports that meet inspection frequencies, as defined in Required Documentation 1. The database or log must at a minimum include:</td>
<td>The intent of this requirement is to demonstrate tracking of inspections performed according to the frequency defined in Required Documentation 1 in the form of a database or log of multiple inspection reports (as opposed to a single report) that includes dates of inspections performed; the schedule indicating dates of future inspections; and actions taken based on findings. There may be variations within the log, depending on the type of facility (e.g., food establishments may require different timeframes for follow up based on risk level) or type of violation (e.g., critical or non-critical), as timelines or actions could differ.</td>
<td>1 example</td>
<td>5 years</td>
</tr>
<tr>
<td>a. Dates that inspections occurred.</td>
<td>For required element a: The database or log will include dates when inspections were performed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Dates or timeframes when future inspections are scheduled.</td>
<td>For required element b: The intent of this required element is to demonstrate the schedule for future inspections, which could be a set date or timeframe (e.g., “in 2 weeks” or “in 1 month” or “in quarter 3”).</td>
<td></td>
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</tr>
<tr>
<td>c. Actions taken based on inspection findings.</td>
<td>For required element c: Actions taken based on inspection findings could include, for example, approval or license renewal or steps to address violations, such as follow up or reinspection.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>This documentation of inspections must relate to one of the enforcement programs/areas that were provided in Required Documentation 1 above.</td>
<td>Documentation Examples Documentation could include, for example, screen shots of a database with fields corresponding to required elements a–c visible, or tracking logs maintained in a spreadsheet.</td>
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<tr>
<td>If the health department has no enforcement authority, this will be indicated to PHAB and no documentation is needed for this requirement.</td>
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</table>
Comparison by the Numbers

**Comparisons based on local HD**

~ 90 fewer documents required between v1.5 and v2022
Themes & Concepts
THE 10 ESSENTIAL PUBLIC HEALTH SERVICES

To protect and promote the health of all people in all communities

The 10 Essential Public Health Services provide a framework for public health to protect and promote the health of all people in all communities. To achieve optimal health for all, the Essential Public Health Services actively promote policies, systems, and services that enable good health and seek to remove obstacles and systemic and structural barriers, such as poverty, racism, gender discrimination, and other forms of oppression, that have resulted in health inequities. Everyone should have a fair and just opportunity to achieve good health and well-being.
High Level Crosswalk between Version 2022 and Version 1.5 of the PHAB Initial Accreditation Standards & Measures

The following table is provided to guide health departments, technical assistance providers, and others in transitioning from Version 1.5 (v1.5) to Version 2022 (v2022) of the PHAB initial Accreditation Standards & Measures. This table may be helpful for conceptual mapping of how the requirements were revised from v1.5 to v2022. The crosswalk may also be helpful from a practical standpoint to assist health departments that would apply under v2022 but may have started to collect documentation under v1.5. Each domain begins with an overview of the content of the domain in v2022 and notes any major changes—for example, if a requirement moved from one domain to another. Then, for each measure in v2022, the middle column indicates which requirements are similar* to requirements from v1.5. The third column indicates any requirements that are new or provides other explanatory notes.

Disclaimer: Because v2022 incorporates significant structural changes in order to align with the Essential Public Health Services and Foundational Public Health Services frameworks, a complete crosswalk, such as was performed to transition from v1.0 to v1.5, is not possible.

*Although this table indicates when the requirements are similar, they are NOT identical. It is imperative that health departments read the specific requirements for v2022. For example, while both v2022 and v1.5 have a requirement for demographic data in the CHA, Version 2022 specifies particular elements of demographics that must be included. If requirements in v1.5 are no longer present in v2022, they are not listed here.

<table>
<thead>
<tr>
<th>v2022 Measure</th>
<th>Similar concepts in requirements</th>
<th>New requirements/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domain 1: Overview of Changes</td>
<td></td>
<td></td>
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<tr>
<td>In v2022, Domain 1 focuses on the community health assessment, collection of non-surveillance data, sharing of data, and data analysis and use. Requirements for engaging in data sharing (for all health departments (HDs)) and engaging in data exchange (for state HDs only) were added to reflect changes in the field. Requirements related to collecting surveillance data have been consolidated into Domain 2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1.1 A. Develop a community health assessment.</td>
<td>• Partners and process for community health assessment (CHA) (similar to 1.1.1 in v1.5) • Data and information that comprise the CHA (similar to 1.1.2 HD1 in v1.5)</td>
<td>• v2022 specifies that HD must share key findings from CHA as well as full CHA</td>
</tr>
<tr>
<td>1.1.2 A. Ensure the community health assessment is available and accessible to organizations and the general public.</td>
<td>• Sharing CHA (similar to 1.1.3 in v1.5)</td>
<td></td>
</tr>
<tr>
<td>1.2 A. Collect non-surveillance population health data.</td>
<td>• Use of qualitative and quantitative data collection instruments (similar to 1.2.3 in v1.5)</td>
<td></td>
</tr>
<tr>
<td>1.2 T/L: Participate in data sharing with other entities.</td>
<td>• Sharing of data (similar to 1.2.4.1 and 1.2.4 T in v1.5)</td>
<td>• v2022 specifies that data being shared must be record-level data</td>
</tr>
<tr>
<td>1.2 T/L: Engage in data sharing and data exchange with other entities.</td>
<td>• v2022 requires a data use agreement and use of data standards to support interoperability and exchange.</td>
<td></td>
</tr>
</tbody>
</table>
## Concepts Modified

<table>
<thead>
<tr>
<th>Community Engagement</th>
<th>Emergency Preparedness</th>
<th>Access to Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shifted <strong>from</strong> providing technical assistance to others on models</td>
<td><strong>To</strong> addressing barriers or inhibitors to community engagement</td>
<td><strong>To</strong> access to health care and social services</td>
</tr>
<tr>
<td>Shifted <strong>from</strong> demonstrating conformity on maintaining All Hazards EOP</td>
<td><strong>To</strong> more active emergency response preparation and improvements to processes</td>
<td><strong>From</strong> access to health care</td>
</tr>
</tbody>
</table>

**Access to Care**

- **Broadened** from access to health care
- **To** access to health care and social services
Changes Related to Major Plans

**CHA/CHIP**
- Sharing key findings from CHA as well as full CHA
- Identifying assets or resources to address a CHIP priority

**Strategic Plan**
- Process for selecting strategic priorities
- Communication with governance and staff concerning implementation of the strategic plan

**PM/QI**
- Linkages between PM system and strategic plan
- Implementing the PM system related to customer feedback

**Workforce Development**
- Identification of priority gaps with plans to address gaps
Consolidated preparedness requirements into Standard 2.2

CDC’s Operational Readiness Reviews for PHEP grantees

• Accredited health departments will be exempt from review of Capability 13 (Public Health Surveillance and Epidemiological Investigation)

NACCHO’s Project Public Health Ready proposed reciprocity:

• Local or Tribal HDs that have been PPHR recognized or re-recognized within five years of submitting documentation for accreditation or reaccreditation using Version 2022 will not be assessed by PHAB site visitors on Standard 2.2. HD will be required to upload evidence of PPHR recognition.

• Local or tribal health departments that have been PHAB accredited or reaccredited within five years of submitting documentation for first-time recognition using PPHR First-time Applicant Criteria version 10.0 will be exempt from providing documentation related to Goal 1, Measure M (epidemiology) as part of PPHR documentation. Health departments will be required to attach or link evidence of PHAB accreditation (e.g., notice of accreditation letter). *Note: This is not applicable to PPHR re-recognition criteria because Epidemiology/Surveillance is not assessed in re-recognition.
New Concepts Related to State Health Departments

- State support to T/L by gathering input to provide support that is responsive to their needs in the areas of:
  - Applying relevant research results or evidence-practice-based learnings
  - Establishing or improving systems to facilitate availability of high-quality health care
  - Engaging in data exchange with other entities
  - Communicating about and supporting investigations at the Tribal or local level
  - Developing, revising, or testing emergency operations plans
  - Strengthening the workforce
Foundational Capabilities in Version 2022

- Identifies specific measures as “Foundational Capability Measures”
- Matches the spirit of the FC, not necessarily each detail

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<table>
<thead>
<tr>
<th>Foundational Capability</th>
<th>Measure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accountability &amp; Performance Management</td>
<td>9.1.1 A</td>
<td>Establish a performance management system.</td>
</tr>
<tr>
<td></td>
<td>9.1.5 A</td>
<td>Implement quality improvement projects.</td>
</tr>
<tr>
<td></td>
<td>9.2.1 A</td>
<td>Identify and use applicable research and practice-based information for program development and implementation.</td>
</tr>
<tr>
<td></td>
<td>1.1.1 A</td>
<td>Develop a community health assessment.</td>
</tr>
<tr>
<td></td>
<td>1.2.1 A</td>
<td>Collect primary non-surveillance data.</td>
</tr>
<tr>
<td></td>
<td>1.2.2 T/L</td>
<td>Participate in data sharing with other entities.</td>
</tr>
</tbody>
</table>
Equity in Version 2022

Embraced the goal of developing v2022 by:

“Leading with equity, explicitly defining health equity and community, and providing more explicit guidance on community engagement”

Equity concepts are interwoven across requirements, rather than specific to any one domain.
# v2022 Domains

<table>
<thead>
<tr>
<th>Domain 1</th>
<th>Domain 2</th>
<th>Domain 3</th>
<th>Domain 4</th>
<th>Domain 5</th>
</tr>
</thead>
</table>
| • Sharing record-level data  
• Surveillance data moved to D2 | • Addressing social determinants of health or inequities in containment/mitigation strategies  
• Developing processes for expedited administrative procedures in emergency preparedness | • Approach to health communication strategies  
• Risk communications moved to D2  
• Policy changes to promote health moved to D5 | • Collaborative activity that arose from an ongoing collaboration with another organization.  
• Engagement with policy makers moved to D5 | • EOP moved to D2  
• Strategic Plan moved to D10 |
### Domain 6
- Consideration of cultural humility and literacy when providing information to regulated entities and the public
- Clarifies requirements for HDs with no enforcement authority

### Domain 7
- Implementing multi-sector efforts to improve access to social services or integrate social services and health care
- Collaborative strategy to ensure continuity of access to care during service disruptions

### Domain 8
- Equity assessment of staff competence moved from D11
- Fostering an inclusive culture as a component of a supportive work environment.
- Improving the work environment based on employee satisfaction

### Domain 9
- Research and practice-based information moved from D10
- Conducting an evaluation of a process, program, or intervention
- Fostering innovation

### Domain 10
- Administration, management, and governance moved from D11 & D12
- Department-wide information security policy
- Regular and as-needed communications with governance and sharing information discussed by governance with staff
Policy Changes
(aka the former Guide)
Initial Policy Changes

• Initial Policy uses same language as reaccreditation except where process differs

• Focus on policy
  • Intent is that the guidance will be updated regularly
  • Go to the Resources page to find items references in “for more information” sections.

FOR MORE INFORMATION

For more information on accreditation, including benefits, a list of accredited health departments, frameworks and more, visit phaboard.org/resources.
7-Steps of Accreditation

**Preparation**
- Review education resources
- Submit Readiness and Training Fee
- Complete Readiness Assessment

**Initial or Pathways**

**Pathways Recognition Program**

**Application**

**Documentation Selection & Submission**

**Review (Site Visit)**

**Accreditation Decision**

**Additional Reporting (Annual Reports)**

**Reaccreditation**
Pathways Performance Recognition Program

PHAB is working on a program to:

1. Support performance improvement efforts, strengthen infrastructure, and facilitate public health system transformation, including state-based improvement efforts,

2. Serve as a performance improvement milestone for local, Tribal, and territorial health departments not yet ready to apply for PHAB accreditation, and

3. Facilitate accreditation readiness for eligible health departments intending to use the Pathways as a step toward a future accreditation application.

https://phaboard.org/pathways/
Pathways Elements

- Foundational Capabilities divided into 2 tracks
- Learning Community approach
- Process to determine readiness to apply for Pathways (I, II, or both) or accreditation
- Similar process (but no site visit)
- Incentives on fees and assessments carrying through if HDs apply for accreditation within certain time period

* Aspects of Pathways are still TBD and need to be approved by Board
Fees

- PHAB eliminated one-time initial accreditation review fee for v2022
- Health departments seeking v2022 accreditation or Pathways will need to first:
  - Submit an PHAB Readiness and Training Fee of $1,299
    - Includes $500 credit towards PHAB product (accreditation or Pathways) if apply within a year
  - Once application is approved, an annual fee is invoiced that year and each year thereafter (based on population size)
- PHAB offers a flexible invoicing options for health departments (i.e., if departments wish to pay their fees early or in different increments); email PHAB to request
- https://phaboard.org/what-does-it-cost/
Version 2022 Resources

Additional information can be found on PHAB’s website (https://phaboard.org/version-2022):

• Standards & Measures
• Policy Document
• Recording of this webinar (coming)
• Crosswalk
• Version 2022 FAQ
• Governance & Equity One-Pagers
Next Steps

Subscribe to PHAB’s newsletter and visit PHAB’s website for the latest information on:

- Training and education
- Additional resources, including Documentation Forms, Readiness Assessments, glossary
- Release of Pathways Program
Thank you!

Questions: email info@phaboard.org
Slides developed by ALPHA, LLC