**Preliminary Version 2022 Requirements are subject to change during the vetting process**

*Version 2022 Now Open for Feedback!*

Deadline is Nov. 5

Version 2022 emphasizes health equity, aligns with the 10 Essential Public Health Services, and features updated requirements on preparedness. Review the Standards & Measures and share your feedback!
Why this work is important

- Aligns public health practice towards achieving common goals
- Supports rebuilding public health infrastructure and workforce
- Adapts requirements based on lessons learned from the field while public health practice is rapidly evolving

- 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

- 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)
Public Health Accreditation Board Strategic Plan
October 1, 2020 – March 31, 2022

VISION
A high-performing governmental public health system that supports all people living their healthiest lives.

MISSION
Advance and transform public health practice by championing performance improvement, strong infrastructure, and innovation.

VALUES
Trust | Respect | Innovation | Collaboration | Growth-mindset

PRINCIPLES
Excellence | Diversity, Equity, and Inclusion | Transparency | Accountability

STRATEGIC PRIORITIES
1. Reinforce the Need for Public Health System Improvement and the Role of Accreditation
2. Advance Governmental Public Health through Innovation
3. Achieve Health Equity and Anti-Racism
4. Strengthen Standards and Resources to Support Health Departments’ Capabilities
5. Retain Accredited Health Departments
6. Ensure Programs and Services Meet Continuum of Health Department Needs

Supported and Facilitated by Davidoff Mission-Driven Business Strategy
Version 2022
A recap of what has occurred thus far

Psychometrics
Evidence Base
Content Analysis

Commissioned Papers
Expert Panels
Think Tanks

Developed Drafts
Accreditation
Improvement Committee

2017 & 2018

2018
2019 & 2020

2020-2021

Feedback from the Field

Vetting Draft Standards & Measures
Timeline for Rollout

- **Adopted set** of version 2022 Standards & Measures will be released in early 2022.
  - For **Initial** accreditation, version 2022 will not go into effect until **on or after July 1, 2022**.
    - Health Departments applying for Initial Accreditation can submit application prior to the effective date to be assessed under version 1.5.
  - Health departments who apply for **Reaccreditation** during the 2022 calendar year, will have the option of using either version 1.5 or version 2022.
    - Reaccreditation Health Departments that want to use version 2022, can request an extension to prepare.
    - Webinar in early 2022 to help health departments determine which version to use.
    - To begin preparing, review the versions for vetting.
Reflecting on v2022 Goals

❖ Goal #1: Reflect current aspirations of the field, while being mindful not to raise the bar too high.
❖ Goal #2: Focus on meeting the intent of the measures rather than on documenting it (e.g., reducing duplicate documents and streamlining requirements to reduce documentation burden).
❖ Goal #3: Promote accountability. Stakeholders should feel confident that accredited health departments possess key capacities. For this reason, the Foundational Public Health Capabilities will be clearly visible in Version 2022.
❖ Goal #4: Clarify requirements.
Goal #1: Reflect current aspirations of the field, while being mindful not to raise the bar too high.

- Learning from think tanks and commissioned papers;
- Findings from surveys of health departments;
- Lessons learned from the COVID-19 pandemic
Goal #2: Focus on meeting the intent of the measures rather than on documenting it (e.g., reducing duplicate documents and streamlining requirements to reduce documentation burden).

**Comparisons based on local HD**

<table>
<thead>
<tr>
<th></th>
<th>Initial</th>
<th>Reaccreditation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measures</td>
<td>100</td>
<td>31</td>
</tr>
<tr>
<td>RDs</td>
<td>213</td>
<td>90</td>
</tr>
<tr>
<td>Documents</td>
<td>329</td>
<td>123</td>
</tr>
</tbody>
</table>

Reduced required documents by ~120.
Goal #3: Promote accountability. Stakeholders should feel confident that accredited health departments possess key capacities. For this reason, the Foundational Public Health Capabilities will be clearly visible in Version 2022.
Foundational Capabilities in Version 2022

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

<table>
<thead>
<tr>
<th>Foundational Capability</th>
<th>Foundational Capability Detail</th>
<th>Initial</th>
<th>Reaccreditation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment/ Surveillance</td>
<td>Ability to conduct a community and statewide health assessment and identify health priorities arising from that assessment, including analysis of health disparities.</td>
<td>1.1.1: Develop a Tribal/local/state community health assessment.</td>
<td>1.1.1: Develop a Tribal/local/state community health assessment</td>
</tr>
<tr>
<td></td>
<td>Ability to collect sufficient foundational data to develop and maintain electronic information systems to guide public health planning and decision-making at the state and local level. Foundational data include Behavioral Risk Factor Surveillance Survey (BRFSS), a youth survey (such as YRBS), and vital records, including the personnel and software and hardware development that enable the collection of foundational data.</td>
<td>1.2.1: Collect primary non-surveillance data.</td>
<td>1.2.1: Collect and share public health data to increase knowledge and inform policy and program decisions.</td>
</tr>
</tbody>
</table>
Goal #4: Clarify requirements.

The assessments of measures, questions posed by health departments and site visitors, and evaluation data are being used to clarify requirements and provide additional examples in the Guidance column. In addition, all “must” requirements will be consolidated in the Required Documentation column.

<table>
<thead>
<tr>
<th>Required Documentation</th>
<th>Guidance</th>
<th>Number of Examples</th>
<th>Dated Within</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Research findings and their public health implications communicated to stakeholders.</td>
<td>The intent of this requirement is to show how the health department has taken research, assessed the findings for implications or impact on public health, and communicated those findings to stakeholders.</td>
<td>2 examples</td>
<td>5 years</td>
</tr>
</tbody>
</table>

For required element a: Research is defined as a systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalized knowledge. Research in the context of this measure is characterized as being peer reviewed or validated by experts (validated means it was reviewed by an advisory board/expert review panel) to ensure accuracy and valid conclusions. This includes peer-reviewed articles or publications in research journals, which demonstrates credibility through a peer or panel reviewed source. Providing raw data, program reports, community health assessment, county health rankings, or other statistical or analytical reports that have not undergone an expert review process would not meet the intent of the measure.

For required element b: Documentation of the implications of research could include, for example, an explanation of how the research might influence public health interventions. This could be included in a presentation, prepared report, discussion at a meeting recorded in the minutes, web posting, email list-serve, newspaper article, webinar, or press release.
Equity in Version 2022

Based on recommendations of PHAB’s Health Equity commissioned paper:

- Embraced the goal of developing v2022 to: “lead with equity, explicitly define health equity and community, provide more explicit guidance on community engagement”

- Convened a subgroup of the AIC to ensure consistent and appropriate emphasis on equity throughout the Standards & Measures

- Determined that equity should be woven throughout the requirements, rather than as a standalone “domain” as it reflects the work done by the health department as a whole

Examples of Equity in Version 2022

Within the CHA and CHIP, added participation must include at least 2 community members or organizations that represent populations that are disproportionately affected by health risks or poorer health outcomes.

- Protocols for containment/mitigation of public health problems and environmental public health hazards, which must include **efforts to address social determinants of health or health inequities** incorporated into containment/mitigation strategies. (2.1.5 A)

- Implement health communication strategies to encourage actions to promote health which consider how the health department strived for cultural humility and linguistic appropriateness (3.2.1 A)

- Foster cross-sector collaboration to advance equity. (4.1.1 A)

- Address factors that contribute to specific populations’ higher health risks and poorer health outcomes. (5.2.4 A)

- Ensure investigation/enforcement activities are carried out collaboratively and equitably (6.1.4 A, Reaccreditation)

- A health department-specific workforce development plan that includes... **Findings from an equity assessment** that considers staff competence in the areas of cultural humility, diversity, or inclusion. (8.2.1 A)

- A department-wide policy, declaration or initiative that reflects specific intention with regard to inclusion, diversity, equity or anti-racism. (10.2.1 A)
Preparedness in Version 2022

- 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.
  - NACCHO plans to exempt accredited HDs from providing documentation related to Measure 1 Criteria M (Epidemiology) as part of PPHR documentation.
Performance Pathways 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.

Pathways would use a subset of Version 2022 Initial Accreditation Measures
https://phaboard.org/pathways/
Version 2022 Resources

- Visit https://phaboard.org/version-2022/ for:
  - 2 videos: Goals & Domain Summary
  - Version 2022 Overview, Timeline, & Updates
  - Version 2022 FAQ

Insights on Standards & Measures

- Visit [https://phaboard.org/standards-and-measures-insights/](https://phaboard.org/standards-and-measures-insights/):
  - Think Tanks, Expert Panels, and Workgroup Summaries
  - Commissioned Papers
  - Information about what PHAB has learned from accredited health departments

- Summary of selected recommendations incorporated in Version 2022
Vetting

- We want to hear from you!
- Vetting open until November 5

https://phaboard.org/vetversion2022/

Choose which version of the Standards & Measures you would like to review below. You are welcome to review both Initial Accreditation and Reaccreditation Standards & Measures. After you read the measures, complete the corresponding survey.

- **Initial Accreditation**
  - Review this version if you have not yet applied for accreditation.
  - [COMPLETE THE SURVEY](#)

- **Reaccreditation**
  - Review this version if you are accredited or close to accreditation.
  - [COMPLETE THE SURVEY](#)

- **Foundational Capabilities**
  - Review potential Pathways Program and Foundational Capabilities Measures
  - [COMPLETE THE SURVEY](#)
1. Review the Measures
   ○ Initial Accreditation
   ○ Reaccreditation
   ○ Pathways/Foundational Capabilities

2. Complete the Survey
   ○ Provide feedback on as few or as many measures as you would like
   ○ Comments could address, for example, the clarity of the requirements, the feasibility of providing documentation, or the importance to public health.
Vetting

- We welcome your feedback on the Measure language, the required documentation, or the guidance.

| Measure 1.1.2 A: Ensure the community health assessment is available and accessible to agencies, organizations, and the general public. |
| Purpose & Significance |
| The purpose of this measure is to assess the health department’s efforts to share the community health assessment with other agencies and organizations and to make the assessment results available to the general public. The community health assessment is a resource for all members of the public health system and the population at-large. It serves as a foundation for collaboration, priority setting, planning, program development, funding applications, coordination of resources, and new ways to collaboratively use assets and resources to improve population health. Other governmental units and non-profits will use the community health assessment in their planning, partnership and program development, and development of funding applications. |

<table>
<thead>
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<td>1. Key findings <strong>and</strong> the full community health assessment actively shared to inform others about the community health assessment. One example must show actively informing organizations including those that are <strong>not</strong> members of the community health assessment partnership. The other example must show actively informing the public.</td>
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<td>The intent of this requirement is to demonstrate active methods of informing the public and additional partners, stakeholders, agencies, associations, or organizations about the key findings <strong>and</strong> availability of the community health assessment, rather than passive methods of sharing, like posting it on a website; thus, a link to a screenshot of a website alone would <strong>not</strong> be sufficient. Key findings could include, for example, a summary of key points posted to a website, executive summary portion of the full assessment, letter summarizing findings, or data visualization tool. 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 shared.</td>
<td></td>
<td></td>
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<tr>
<td>2 examples</td>
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**DOCUMENTATION EXAMPLES**

Documentation of notification of organizations and stakeholders could be, for example, copies of emails to partners and stakeholders providing information on how to access the assessment which includes key findings; or meeting minutes showing discussion of where and how partners were notified.
Vetting

You will need to refer to this document to see the full requirements for Version 2022 in order to complete this survey.

Please provide feedback on as many or as few of the Measures in this Domain as you would like. We welcome your feedback on the Measure language, the required documentation, or the guidance. Comments could address, for example, the clarity of the requirements, the feasibility of providing documentation, or the importance to public health.

Measure 1.1.1 A: Develop a Tribal/local/state community health assessment.

Should PHAB:

- Keep Measure as proposed
- Make minor revisions
- Make major revisions
- Remove Measure

Recommendations or feedback:
Vetting

Vetting Version 2022 Standards & Measures - Initial Accreditation

Closing questions

Reflecting on the proposed Standards & Measures Version 2022 as a whole, to what extent do you agree with these statements:

Strongly agree  Agree  Disagree  Strongly disagree  I'm not sure

Version 2022 appropriately reflects changes in the public health field since Version 1.5

I understand what the requirements in Version 2022 are asking for

Please provide any additional feedback about the proposed Standards & Measures Version 2022. We value your feedback, so please share any general or specific thoughts, ideas or concerns.
Vetting Tips

- You may wish to read through the Standards & Measures first and take notes. A Word template is available.
You are welcome to review the Standards & Measures as a group and compile your feedback into one survey response.

If you are unable to enter all your feedback in one sitting, submit what you have finished. To provide additional feedback, start a new survey.
Win a Conference Registration by Participating!

- Provide your email address on the last page of the survey to enter the raffle.
- This information will be kept separate from your survey responses.
- Win a registration to the All In National Meeting or the Public Health Improvement Training (PHIT)!
Thank you!

Questions: email info@phaboard.org