A Conversation with PHAB & NCLHDA

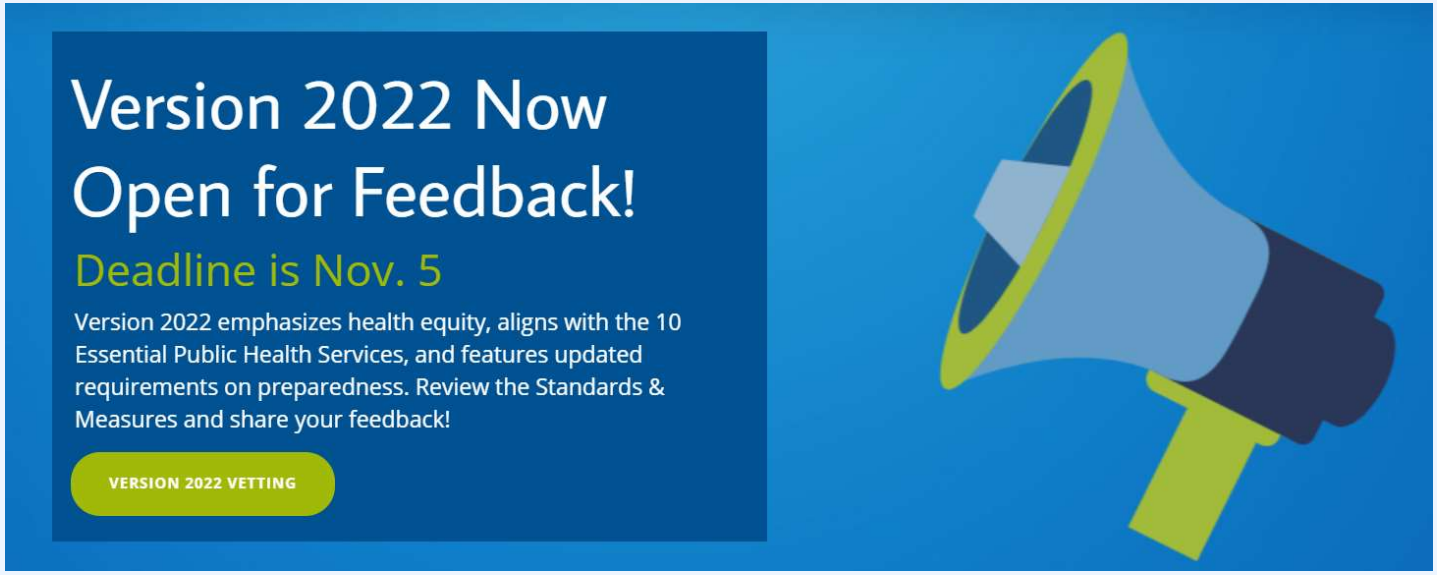
September 23, 2021

PHAB

Advancing public health performance

Overview

- Version 2022
- Pathways Recognition Program
- Discussion



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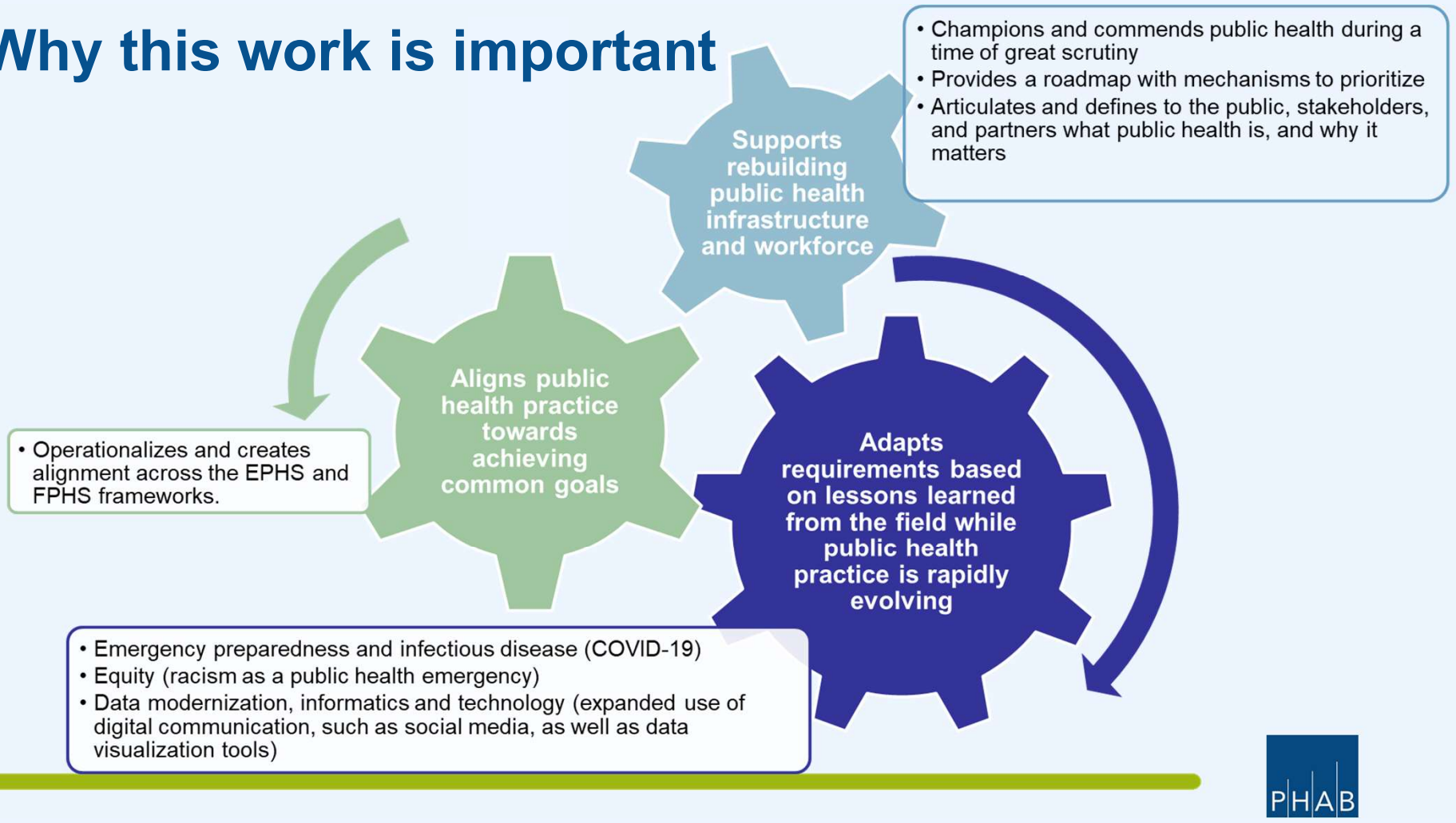
***Preliminary Version 2022 Requirements are subject to change during the vetting process**

Why this work is important



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Advancing public health performance

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

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Version 2022

A recap of what has occurred thus far

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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.

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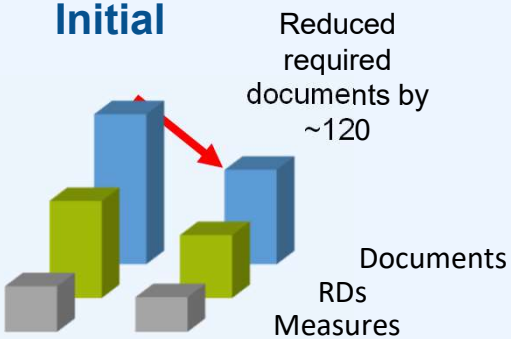
Goal #1: Reflect current aspirations of the field, while being mindful not to raise the bar too high.

- Learning from think tanks and commissioned papers;
- Findings from surveys of health departments;
- Lessons learned from the COVID-19 pandemic

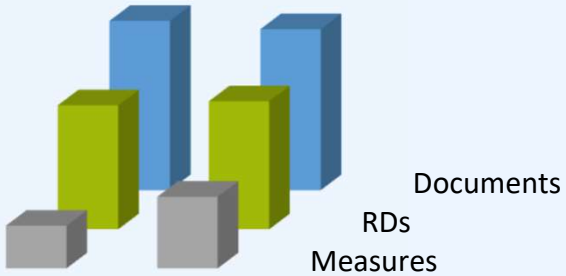
Goal #2: Focus on meeting the intent of the measures rather than on documenting it (e.g., reducing duplicate documents and streamlining requirements to reduce documentation burden).

Initial



	v1.5	v2022
	Initial	
Measures	100	76
RDs	213	138
Documents	329	207

Reaccreditation

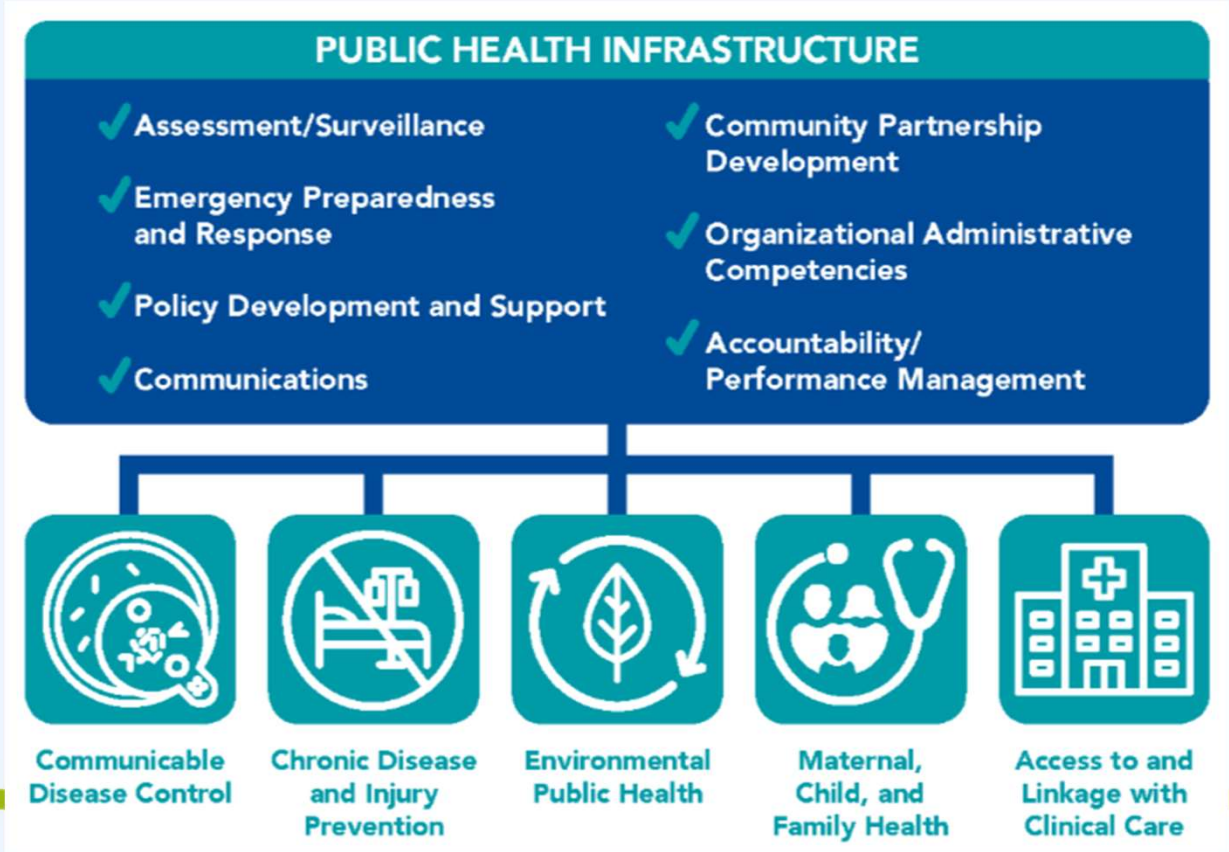


	v2016	v2022
	Reaccred	
Measures	31	52
RDs	90	93
Documents	123	117

**Comparisons based on local HD

PHAB

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.



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Foundational Capabilities in Version 2022

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

High Level Foundational Capability Measures in v2022 – Initial & Reaccreditation*			
Foundational Capability	**Foundational Capability Detail**	**Initial**	**Reaccreditation**
Assessment/ Surveillance	Ability to conduct a community and statewide health assessment and identify health priorities arising from that assessment, including analysis of health disparities.	1.1.1: Develop a Tribal/local/state community health assessment.	1.1.1: Develop a Tribal/local/state community health assessment
	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.	1.2.1: Collect primary non-surveillance data.	1.2.1: Collect and share public health data to increase knowledge and inform policy and program decisions.

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.

Measure 9.2.3 A: Communicate research findings, including public health implications.

Purpose & Significance

The purpose of this measure is to assess the health department’s efforts to keep others, both within and outside the public health profession, informed about the findings of public health research and the public health implications of those findings. Public health research provides the knowledge and tools that people and communities need to protect their health. However, research findings can be confusing and difficult to translate into knowledge that steers action toward improved public health. Health departments can communicate the facts and implications of research so that individuals and organizations are informed and knowledgeable and can act accordingly.

Required Documentation	Guidance	Number of Examples	Dated Within
1. Research findings and their public health implications communicated to stakeholders.	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.	2 examples	5 years
a. The research must have been peer reviewed or validated by experts. b. The communication must include public health implications of the research. c. Examples must show how the research findings and implications were communicated outside of the health department.	For required element a: Research is defined 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

https://phaboard.org/wp-content/uploads/Focus-on-Equity-One-Pager-6.pdf

Examples of Equity in Version 2022

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)

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.

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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.

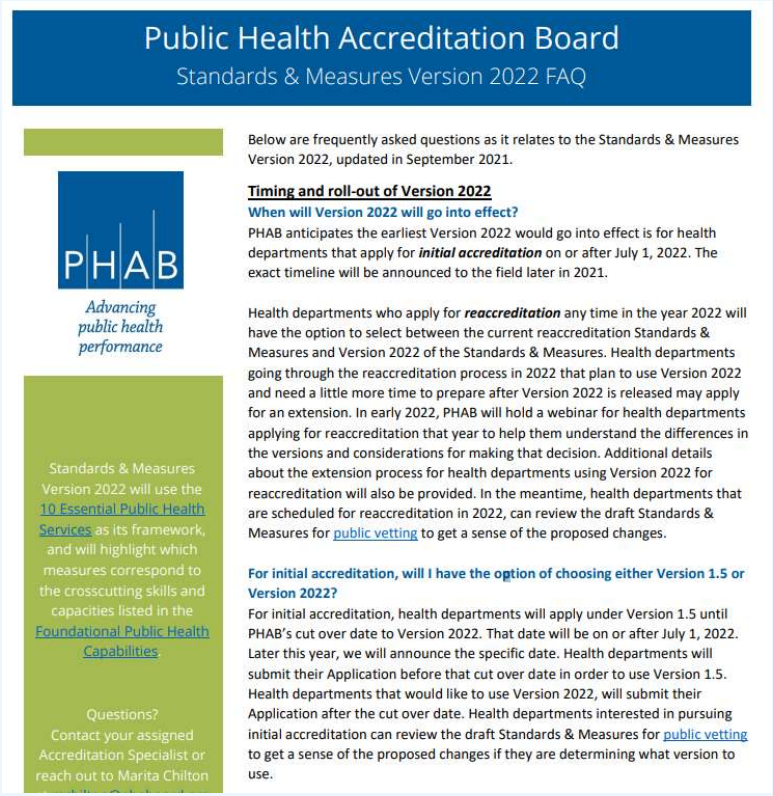
Pathways would use a subset of Version 2022 Initial Accreditation Measures

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

https://phaboard.org/wp-content/uploads/Version-2022-FAQ.pdf



Public Health Accreditation Board

Standards & Measures Version 2022 FAQ

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Standards & Measures Version 2022 will use the 10 Essential Public Health Services as its framework, and will highlight which measures correspond to the crosscutting skills and capacities listed in the Foundational Public Health Capabilities.

Questions? Contact your assigned Accreditation Specialist or reach out to Marita Chilton

Below are frequently asked questions as it relates to the Standards & Measures Version 2022, updated in September 2021.

Timing and roll-out of Version 2022

When will Version 2022 will go into effect?

PHAB anticipates the earliest Version 2022 would go into effect is for health departments that apply for ***initial accreditation*** on or after July 1, 2022. The exact timeline will be announced to the field later in 2021.

Health departments who apply for ***reaccreditation*** any time in the year 2022 will have the option to select between the current reaccreditation Standards & Measures and Version 2022 of the Standards & Measures. Health departments going through the reaccreditation process in 2022 that plan to use Version 2022 and need a little more time to prepare after Version 2022 is released may apply for an extension. In early 2022, PHAB will hold a webinar for health departments applying for reaccreditation that year to help them understand the differences in the versions and considerations for making that decision. Additional details about the extension process for health departments using Version 2022 for reaccreditation will also be provided. In the meantime, health departments that are scheduled for reaccreditation in 2022, can review the draft Standards & Measures for public vetting to get a sense of the proposed changes.

For initial accreditation, will I have the option of choosing either Version 1.5 or Version 2022?

For initial accreditation, health departments will apply under Version 1.5 until PHAB's cut over date to Version 2022. That date will be on or after July 1, 2022. Later this year, we will announce the specific date. Health departments will submit their Application before that cut over date in order to use Version 1.5. Health departments that would like to use Version 2022, will submit their Application after the cut over date. Health departments interested in pursuing initial accreditation can review the draft Standards & Measures for public vetting to get a sense of the proposed changes if they are determining what version to use.

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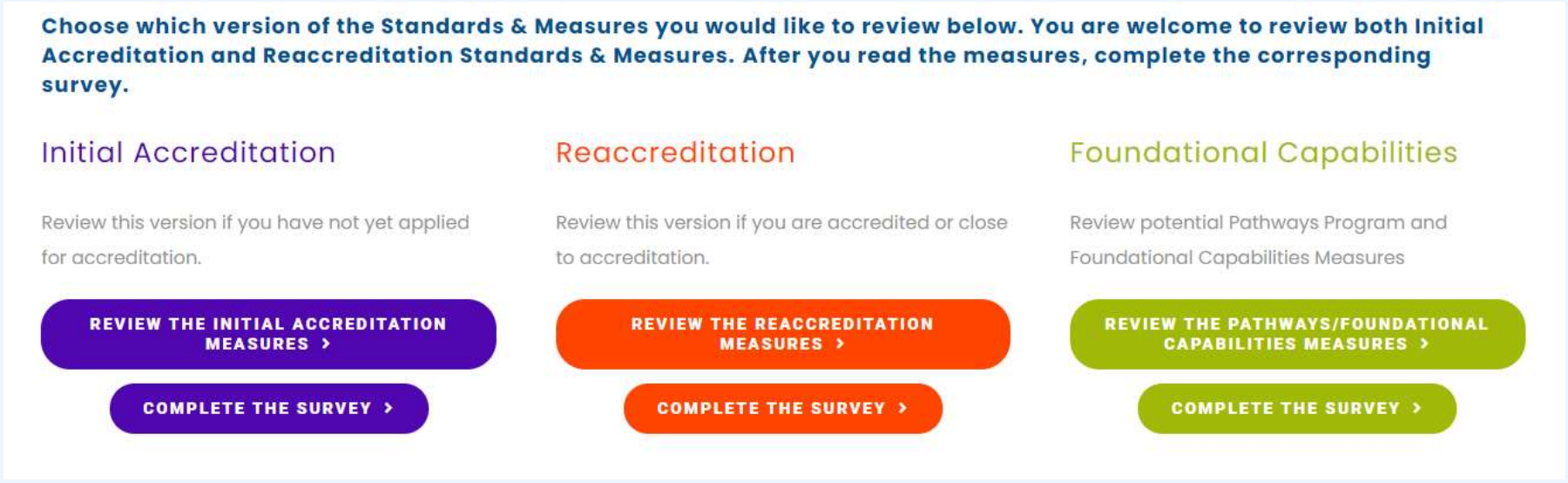
Insights on Standards & Measures

- Visit 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/



Vetting

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.

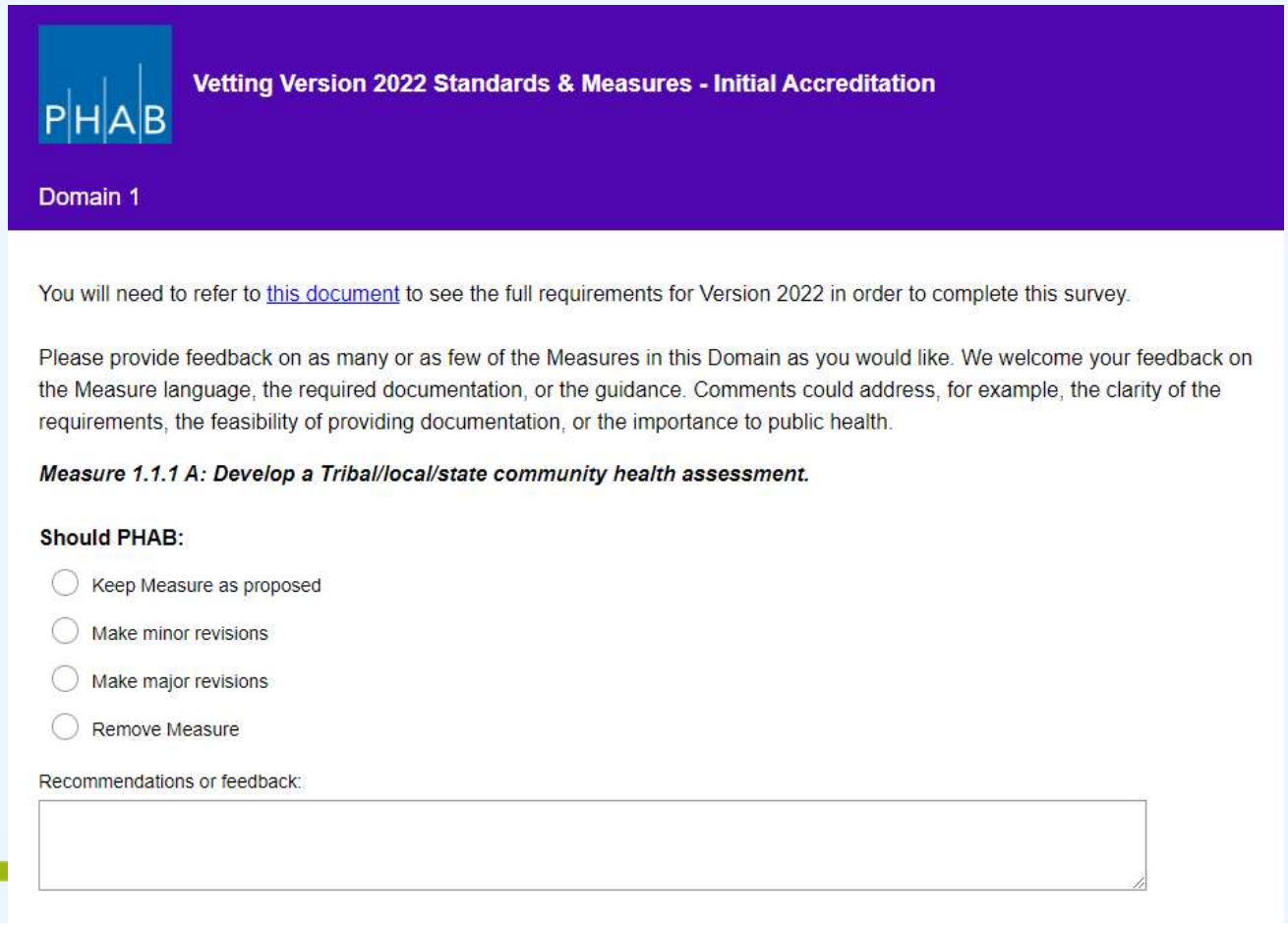
Measure 1.1.2 A: Ensure the community health assessment is available and accessible to agencies, organizations, and the general public.

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 not-for-profits will use the community health assessment in their planning, partnership and program development, and development of funding applications.

Required Documentation	Guidance	Number of Examples	Dated Within
1. Key findings **and** 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 **not** members of the community health assessment partnership. The other example must show actively informing the public.	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 **and** availability of the community health assessment, rather than passive methods of sharing, like posting it on a website; thus, a link to/screenshot of a website alone would **not** 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. **DOCUMENTATION EXAMPLES** Documentation of notification of organizations and stakeholders could be, for example, copies of emails to partners and stakeholders providing information of how to access the assessment which includes key findings; or meeting minutes showing discussion of where and how partners	2 examples	5 years

Vetting



Vetting Version 2022 Standards & Measures - Initial Accreditation

Domain 1

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.

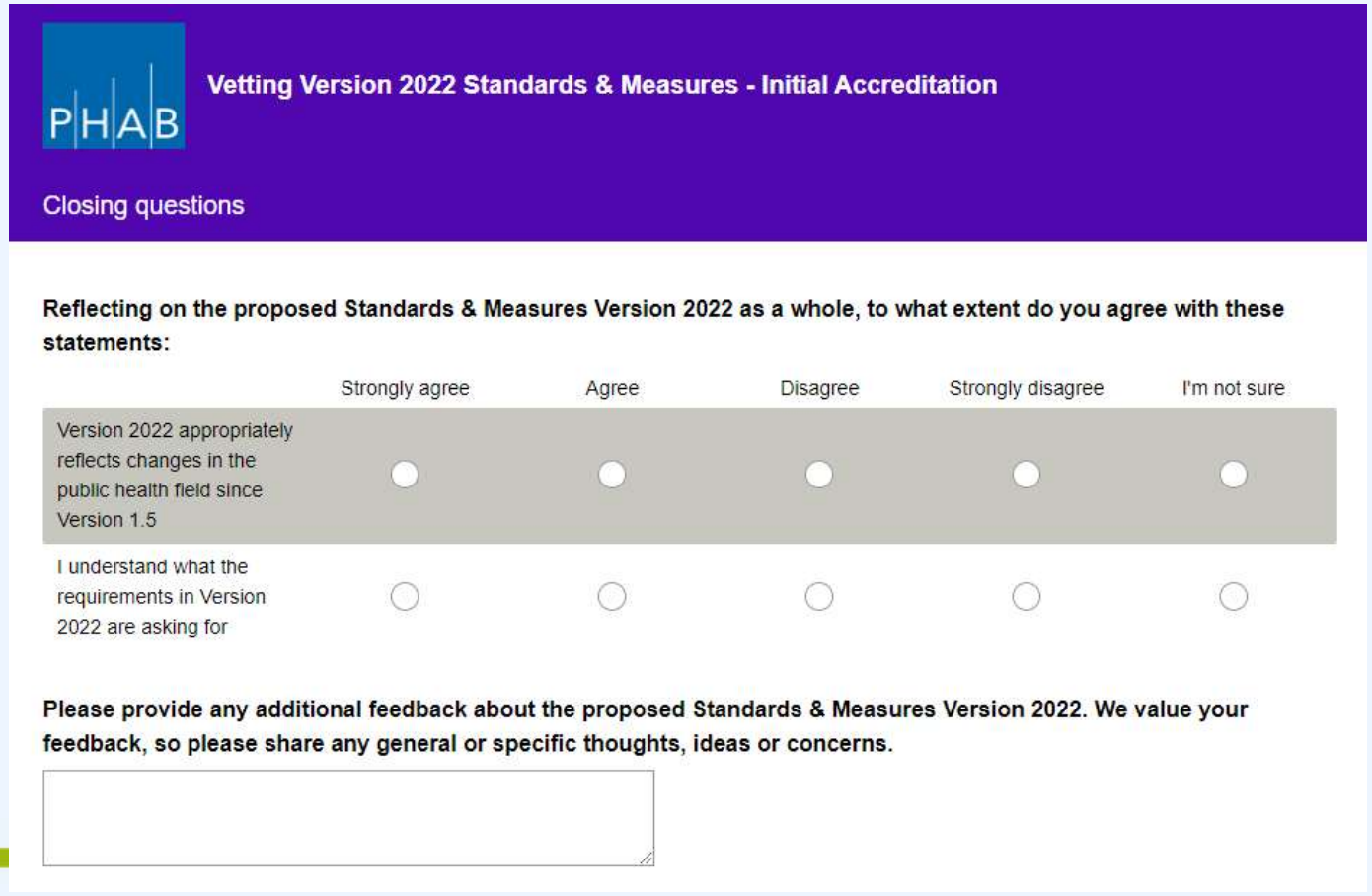
Measure 1.1.1 A: Develop a Tribal/local/state community health assessment.

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.

Measure	Should PHAB: • Keep Measure as proposed • Make minor revisions • Make major revisions • Remove Measure	Recommendations or feedback

Vetting Tips

- 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)!

PHAB Performance Pathways Recognition Program

An Important Note:

The content in this video is intended for ***informational purposes only*** as we are gathering input from stakeholders.

The final version of a PHAB Performance Pathways Recognition Program is ***subject to change based on feedback and input*** from various stakeholders and from lessons learned during a future pilot test of the program.

Introduction to Pathways

- Formal response by PHAB to the field.
- Two, separate models are under consideration.
- Aims of Pathways:
  1. Meet the performance improvement needs of eligible health departments.
  2. Remain feasible and achievable.

www.phaboard.org/pathways

What's Assessed?

- Subset of initial accreditation requirements
- Requirements for both proposed models aligned with version 2022 Standards & Measures

Opportunity to Inform Pathways Content

- The requirements will be based on the Version 2022 Standards and Measures
- To inform the requirements, public vetting of the proposed version 2022 Standards and Measures will start in September
- Please visit https://phaboard.org/version-2022/ to be informed of the official vetting timeline and learn about the proposed changes

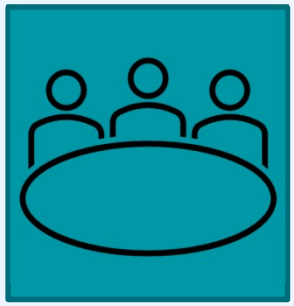
Context

- Only 3% of small LHDs* had applied for PHAB accreditation nationwide by the end of 2019
- Among small LHDs that have not applied for PHAB accreditation, the most frequently reported reasons are:
  - Accreditation takes too much time and effort,
  - The accreditation fees are too much, and
  - The accreditation standards exceed department capacities.
- PHAB is committed to continuously improving our products and services to meet the needs of public health and health departments

* **NOTE:** This study defined small LHDs as those serving populations of 50,000 or less but the Pathways Program will not be limited to this jurisdiction size.
https://www.researchgate.net/publication/347867194_Application_for_Public_Health_Accreditation_Among_US_Local_Health_Departments_in_2013_to_2019_Impact_of_Service_and_Activity_Mix

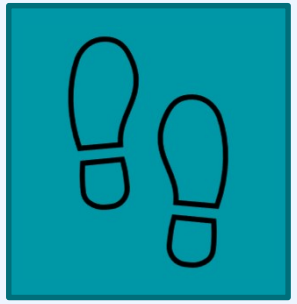
Context

We are listening



We have discussed with stakeholders

The timing is right



We are taking the next steps

Purpose

Therefore, the purpose of the Pathways program is 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.

While Pathways is a PHAB product, we are working with our partners like NACCHO, NIHB, ASTHO, NALBOH, APHA, CDC and others to support health departments in performance improvement efforts, accreditation readiness, and to improve community health.

Some Important Notes

- Pathways will be one mechanism for recognizing performance improvement efforts among eligible health departments, but completion of Pathways **will not** be a prerequisite for becoming PHAB accredited
- Eligible health departments may pursue PHAB accreditation **without** going through Pathways
- Health departments may choose to pursue Pathways recognition **without** the intention of becoming PHAB accredited in the future

Pathways recognition **will not** be the same as PHAB's accreditation designation

Eligibility

- Eligibility will mirror PHAB accreditation eligibility for **local, Tribal, and territorial** public health departments as described in the PHAB Guide to National Public Health Department Initial Accreditation

- The intent is to provide an alternative milestone or route to achieving PHAB accreditation for **small and under-resourced health departments**

- PHAB **will not preclude** pursuit of Pathways recognition by other eligible health departments

Anticipated Benefits of Pathways Recognition

As an Alternative Milestone

- Objective review of performance by external entity on a subset of national standards
- Identification of opportunities for improvement and facilitation of ongoing efforts to address those opportunities
- Recognition for what the health department is mandated/required to do
- A more feasible goal for small and under-resourced health departments to achieve
- May engage/incentivize health departments that otherwise would not have considered full accreditation to consider it

As a Step Toward Accreditation

- Taking a ‘smaller bite’
- Knowledge and skill building
- Confidence-boosting/earlier feedback
- Tangible progress toward a longer-term goal (accreditation) to help maintain motivation and engagement
- A smaller initial investment of time and funds as compared to full accreditation

Key Elements of Both Models

Process and Features

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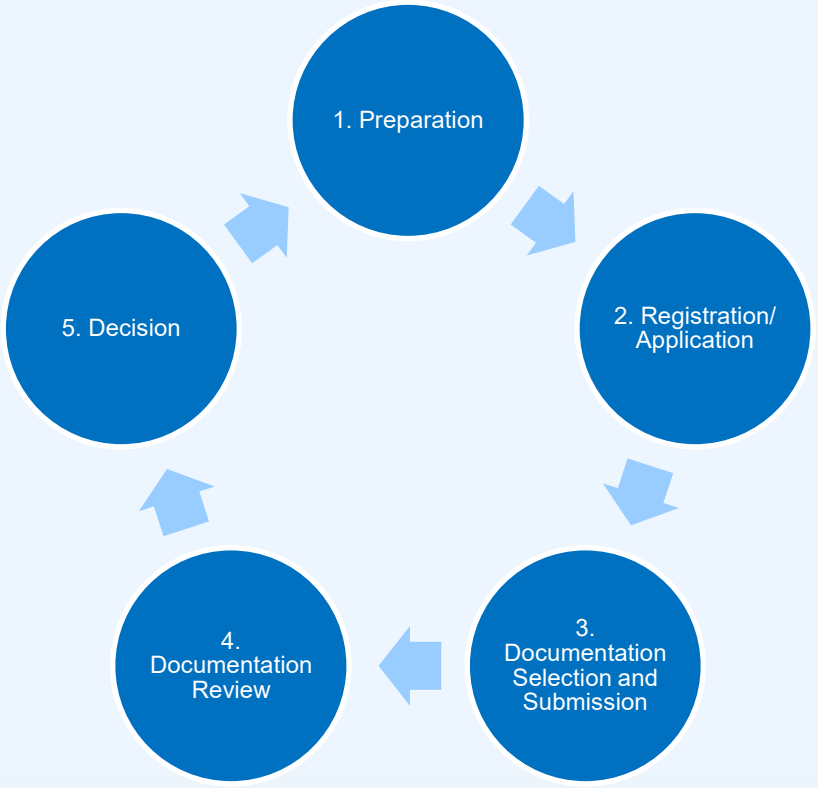
Key Process Elements of Both Proposed Models



Key Features of Both Proposed Models

- Built-in education and TA.
  - Focus on building capacity and essential skills for performance improvement, including accreditation readiness
- A cohort-based approach to promote peer learning and networking among program participants.
- Commitment to feasible costs and exploration of incentives for applying for accreditation.
- Enhanced consideration of health equity principles, partnership development, and continuous improvement among program participants, as these concepts are woven throughout accreditation measures, including PHAB core plans.

Proposed Model:
‘PHAB Core Plans Pathway’

Program Structure

- One application.
- All documentation due at the same time (i.e., one submission).
- Requirements align with a subset of accreditation measures related to PHAB Core Plans.
- One recognition.

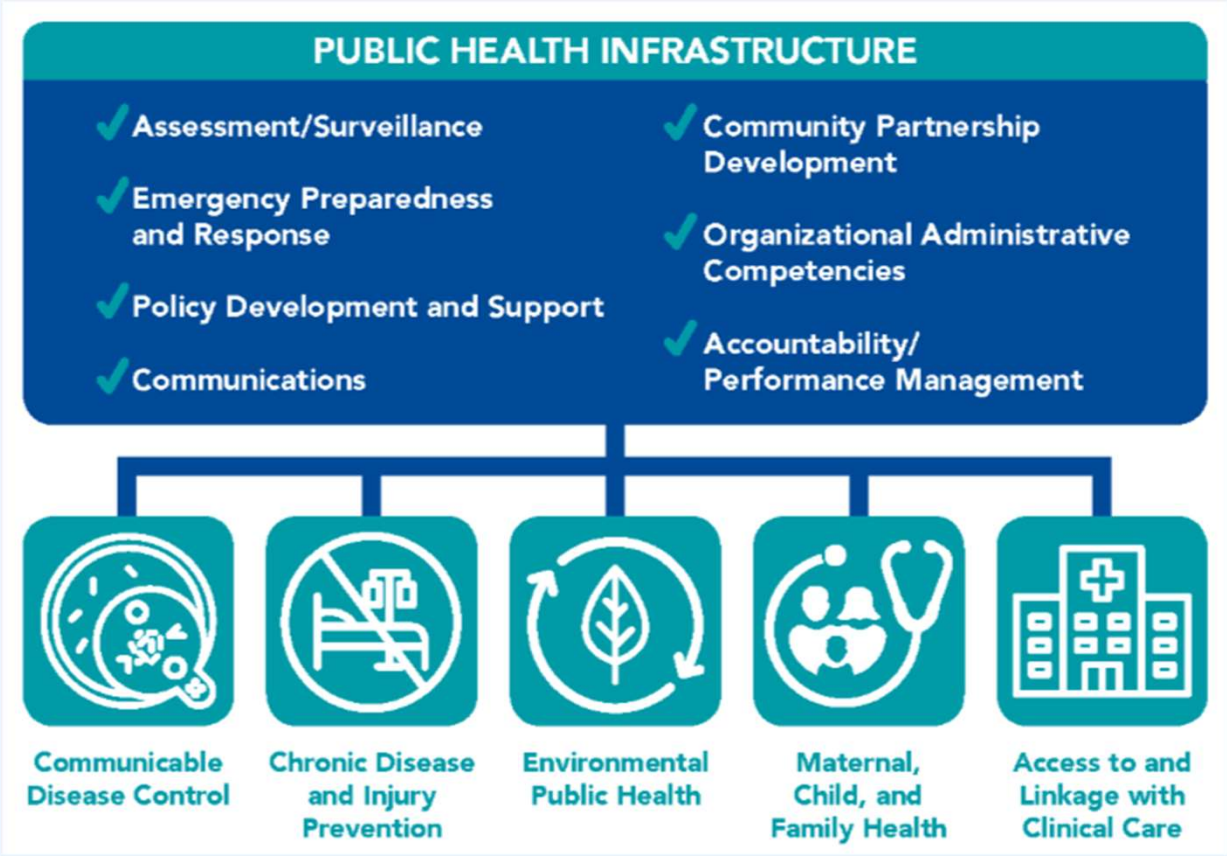
In Summary

Core Plan	Minimally will assess requirements associated with…	But could also include requirements related to…
Community health assessment	The CHA document	The process for developing the CHA, including ongoing revisions and refreshing of data.
Community health improvement plan	The CHIP document	The process for developing the CHIP, CHIP implementation/progress tracking, review, and/or revision.
Strategic plan	The Strategic Plan document	The process for developing the strategic plan, implementation/progress tracking, review, and/or revision.
Emergency operations plan	The Emergency Operations Plan document	The process for testing the EOP, reviewing and revision based on findings from testing.
Workforce development plan	The Workforce Development Plan document	The process for implementing the workforce development plan, tracking progress, review and revision.
Performance management system	Description of the Performance Management System	The process for developing the performance management system, implementation, review, and revision.
Quality improvement plan	The Quality Improvement Plan document	Evidence of implementation of the QI Plan, review, and revision of the plan.

Proposed Model:
‘PHAB Three Tracks Pathway’

Program Structure

- Applicants may choose to complete one, two, or all three tracks.
- A separate application is completed for each track.
- Documentation is submitted in one ‘batch’ per track being completed.
- Tracks may be completed in any order
- Each track aligns with PHAB Domains, Essential Public Health Services, and foundational capabilities.
- Applicants may **choose to complete one, two, or all three** of the tracks and will receive a track-specific recognition for each completed.


PUBLIC HEALTH INFRASTRUCTURE
Assessment/Surveillance
Emergency Preparedness and Response
Policy Development and Support
Communications
Community Partnership Development
Organizational Administrative Competencies
Accountability/ Performance Management
Communicable Disease Control
Chronic Disease and Injury Prevention
Environmental Public Health
Maternal, Child, and Family Health
Access to and Linkage with Clinical Care

In Summary

Track	PHAB Domains	PHAB Core Plans	Essential Public Health Services	Foundational Public Health Capabilities
Assessment/ Surveillance, Preparedness/ Response, and Communications	Domains 1, 2, and 3	CHA, EOP	• Assess and Monitor • Investigate and Diagnose • Communicate	• Assessment/Surveillance • Emergency Preparedness and Response • Communications
Policy Development and Community Partnerships	Domains 4, 5, 6, and 7	CHIP	• Community Mobilization and Partnership • Policies, Plans and Laws • Legal and Regulatory Actions • Equitable Access	• Community Partnership Development • Policy Development and Support
Organizational Administrative, Accountability, and Performance Management	Domains 8, 9, 10, 11 and 12	Workforce Development Plan, Strategic Plan, QI Plan, Performance Management	• Diverse and Skilled Workforce • Evaluation, Research, and Quality Improvement • Organizational Infrastructure	• Organizational Administrative Capacities • Accountability and Performance Management

FAQs

1. **How much will Pathways cost?**
    - We do not currently have a cost for the program. However, we can confidently say fees charged for the program will be based upon PHAB's cost to administer the program
    - We are committed to keeping the fees as feasible as possible to reduce this barrier to participation

https://phaboard.org/pathways/

Thank you!

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PHAB
Advancing public health performance