Version 2022 Initial Accreditation: Informational Session

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Importance of v2022

Supports rebuilding public health infrastructure and workforce

- 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.

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

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v2022 Goals & Results

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

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High Level Timeline & Process

Feedback from the field

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

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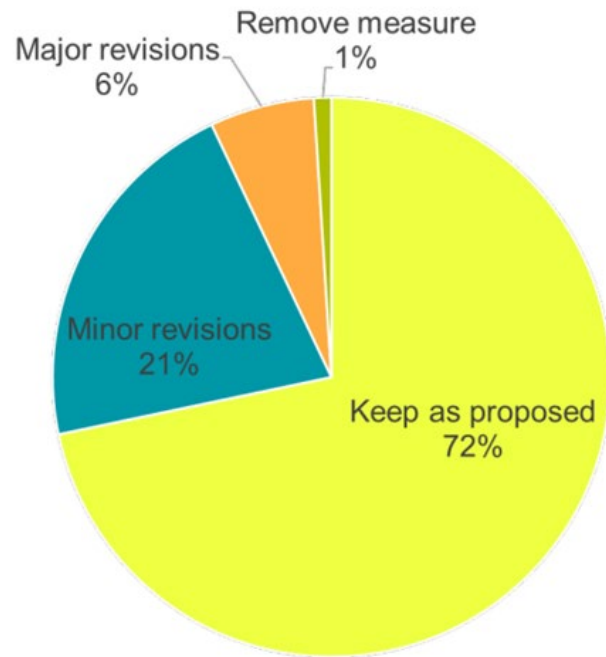
Vetting

- Public vetting
- Partner consultation

Integrated edits further reviewed by the AIC and Board
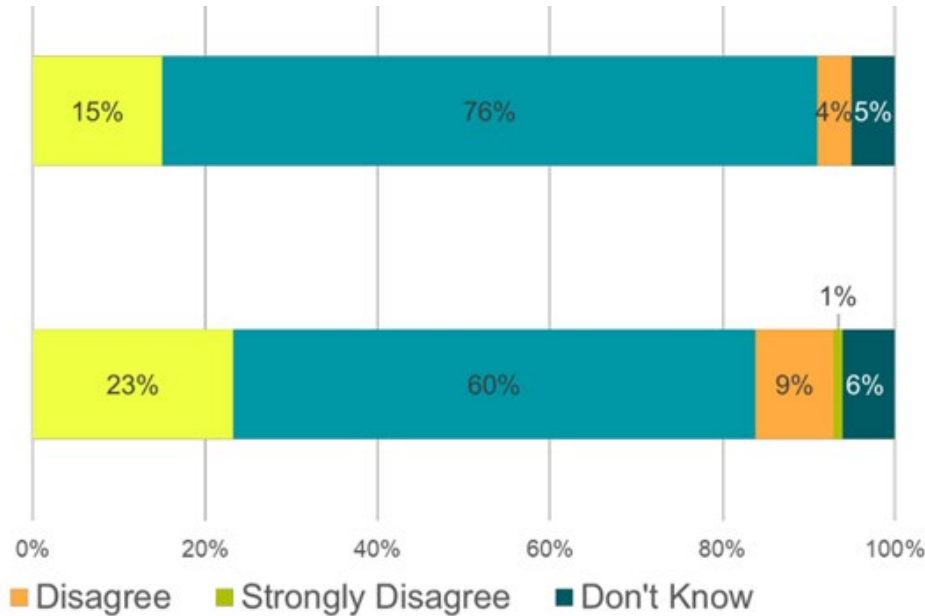
Resulting v2022

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Public Vetting Results

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

Nearly 2,000 Responses About Specific Measures

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)
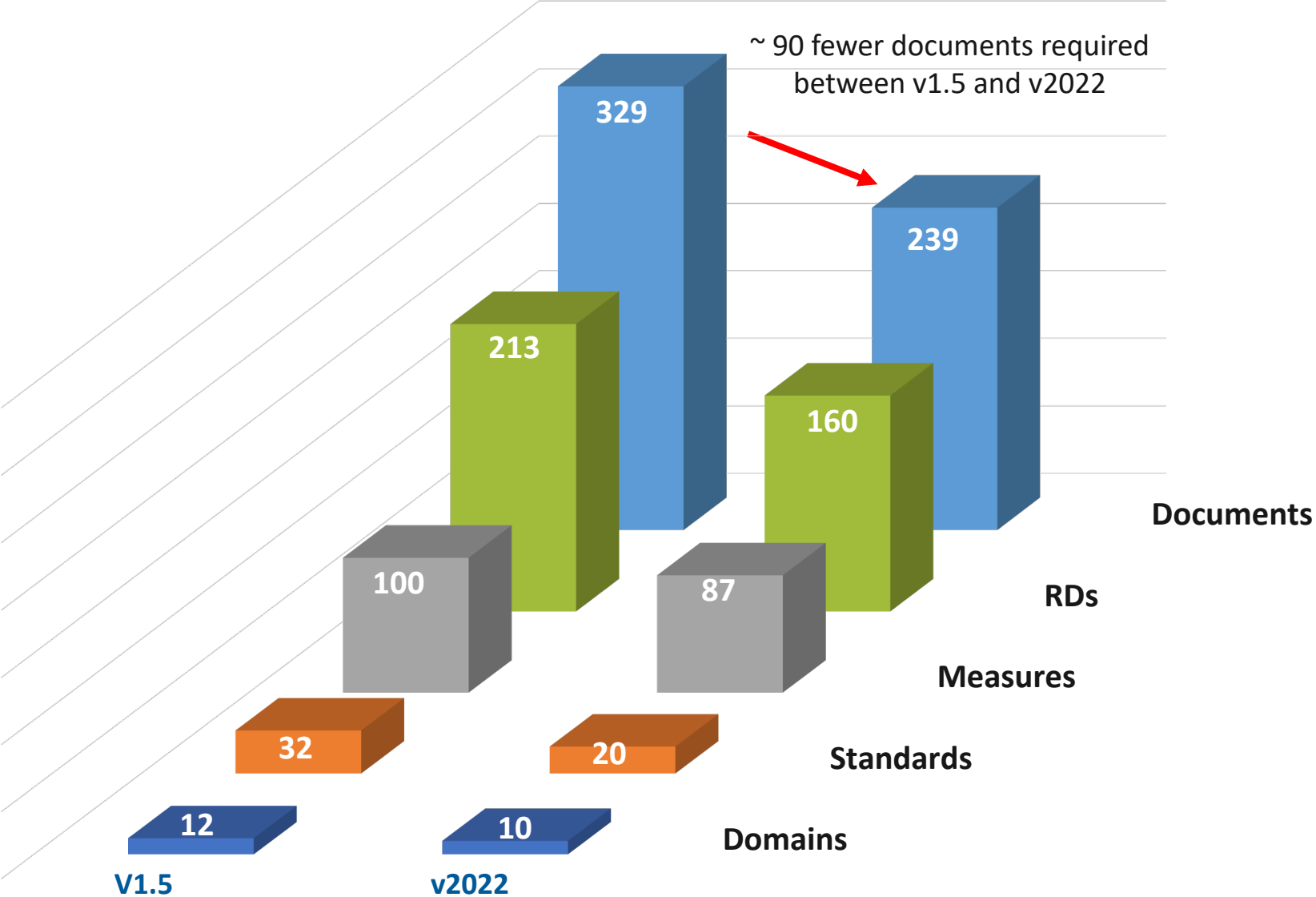
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Structural Changes

❖ 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

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Conduct and monitor inspection activities of regulated entities according to a schedule.

MEASURE 6.1.3 A: Required Documentation 2	Guidance	Number of Examples 1 example	Dated Within 5 years
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: a. Dates that inspections occurred. b. Dates or timeframes when future inspections are scheduled. c. Actions taken based on inspection findings. This documentation of inspections must relate to one of the enforcement programs/areas that were provided in Required Documentation 1 above. If the health department has **no** enforcement authority, this will be indicated to PHAB and **no** documentation is needed for this requirement.	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. **For required element a:** The database or log will include dates when inspections were performed. **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"). **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. **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.		

Comparison by the Numbers

~ 90 fewer documents required between v1.5 and v2022

329

239

213

160

100

87

32

20

12

10

Documents

RDs

Measures

Standards
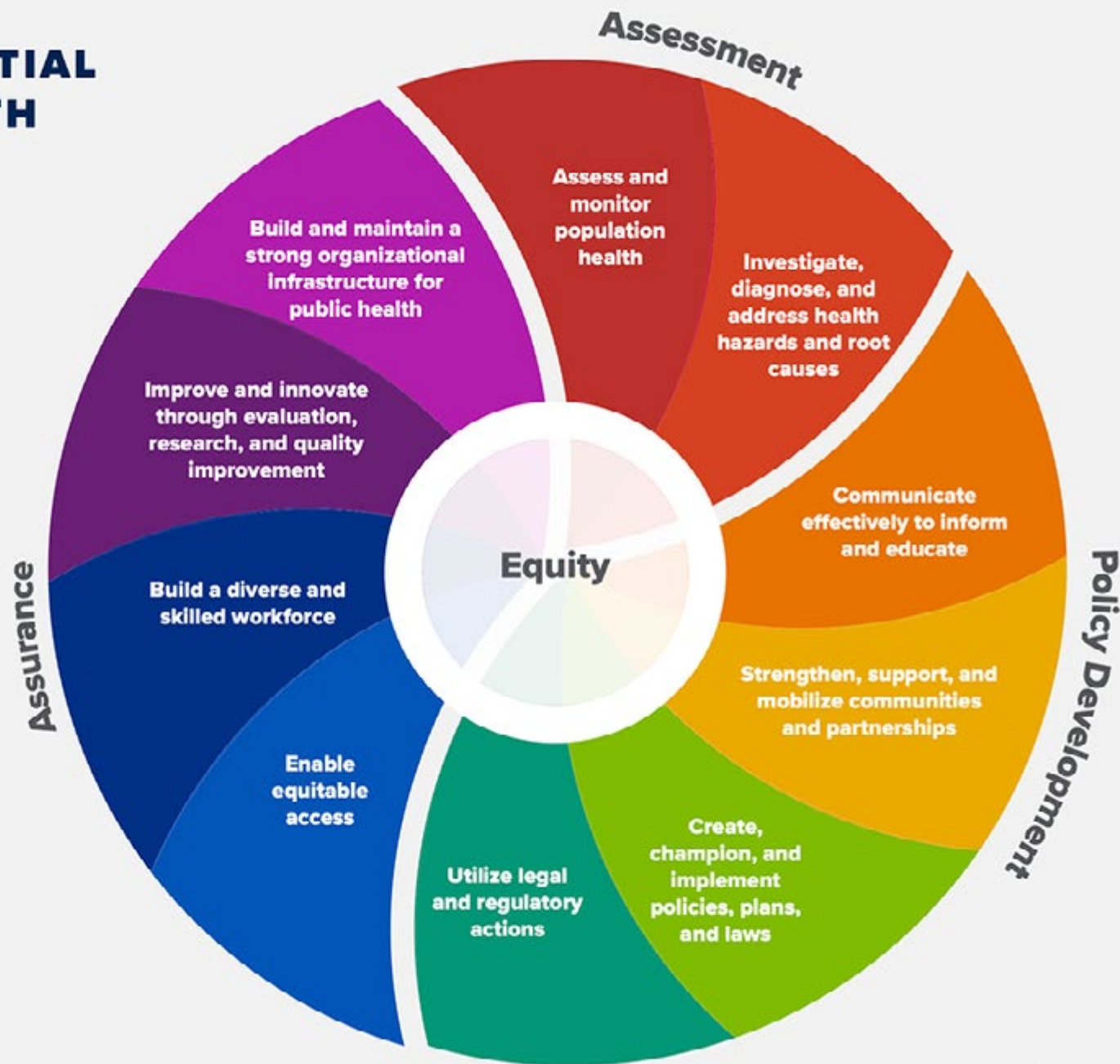
Domains

V1.5

v2022

**Comparisons based on local HD

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.

Assessment

Assess and monitor population health

Investigate, diagnose, and address health hazards and root causes

Policy Development

Communicate effectively to inform and educate

Strengthen, support, and mobilize communities and partnerships

Create, champion, and implement policies, plans, and laws

Utilize legal and regulatory actions

Equity

Enable equitable access

Build a diverse and skilled workforce

Assurance

Improve and innovate through evaluation, research, and quality improvement

Build and maintain a strong organizational infrastructure for public health

Created 2020

High Level Crosswalk

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.

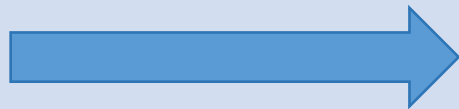| v2022 Measure	Similar concepts in requirements	New requirements/Notes
Domain 1: Overarching Changes In v2022, Domain 1 focuses on the community health assessment, collection of non-surveillance data, sharing of data, and data analysis and use. Requirements for engaging in data sharing (for all health 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.		
1.1.1 A: Develop a community health assessment.	• 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 RD1 in v1.5)	
1.1.2 A: Ensure the community health assessment is available and accessible to organizations and the general public.	• Sharing CHA (similar to 1.1.3 in v1.5)	• v2022 specifies that HD must share key findings from CHA as well as full CHA
1.2.1 A: Collect non-surveillance population health data.	• Use of qualitative and quantitative data collection instruments (similar to 1.2.3 in v1.5)	
1.2.2 T/L: Participate in data sharing with other entities.	• Sharing of data (similar to 1.2.4 L and 1.2.4 T in v1.5)	• v2022 specifies that data being shared must be record-level data
1.2.2 S: Engage in data sharing and data exchange with other entities.		• v2022 requires a data use agreement and use of data standards to support interoperability and exchanging

Concepts Modified

Community Engagement

Shifted *from* providing technical assistance to others on models → **To** addressing barriers or inhibitors to community engagement

Emergency Preparedness

Shifted *from* demonstrating conformity on maintaining All Hazards EOP → **To** more active emergency response preparation and improvements to processes

Access to Care

Broadened *from* access to health care → **To** access to health care **and** social services

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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

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.

- 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.**

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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	Statewide data systems, data collection, and use	Communicating about and supporting investigations at the Tribal or local level
Developing, revising, or testing emergency operations plans	Strengthening the workforce	

❖ Establishing or improving systems to facilitate availability of high-quality health care
❖ Engaging in data exchange with other entities

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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

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

Domain 1
- Sharing record-level data
- Surveillance data moved to D2

Domain 2
- Addressing social determinants of health or inequities in containment/ mitigation strategies
- Developing processes for expedited administrative procedures in emergency preparedness

Domain 3
- Approach to health communication strategies
- Risk communications moved to D2
- Policy changes to promote health moved to D5

Domain 4
- Collaborative activity that arose from an ongoing collaboration with another organization.
- Engagement with policy makers moved to D5

Domain 5
- EOP moved to D2
- Strategic Plan moved to D10

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v2022 Domains (continued)

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

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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

phaboard.org/resources

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

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7-Steps of Accreditation

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

Initial or Pathways

Application

Documentation Selection & Submission

Review (Site Visit)

Pathways Recognition Program

Accreditation Decision

Additional Reporting (Annual Reports)

Reaccreditation

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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

Domains 1-7   **Domains 8-10**
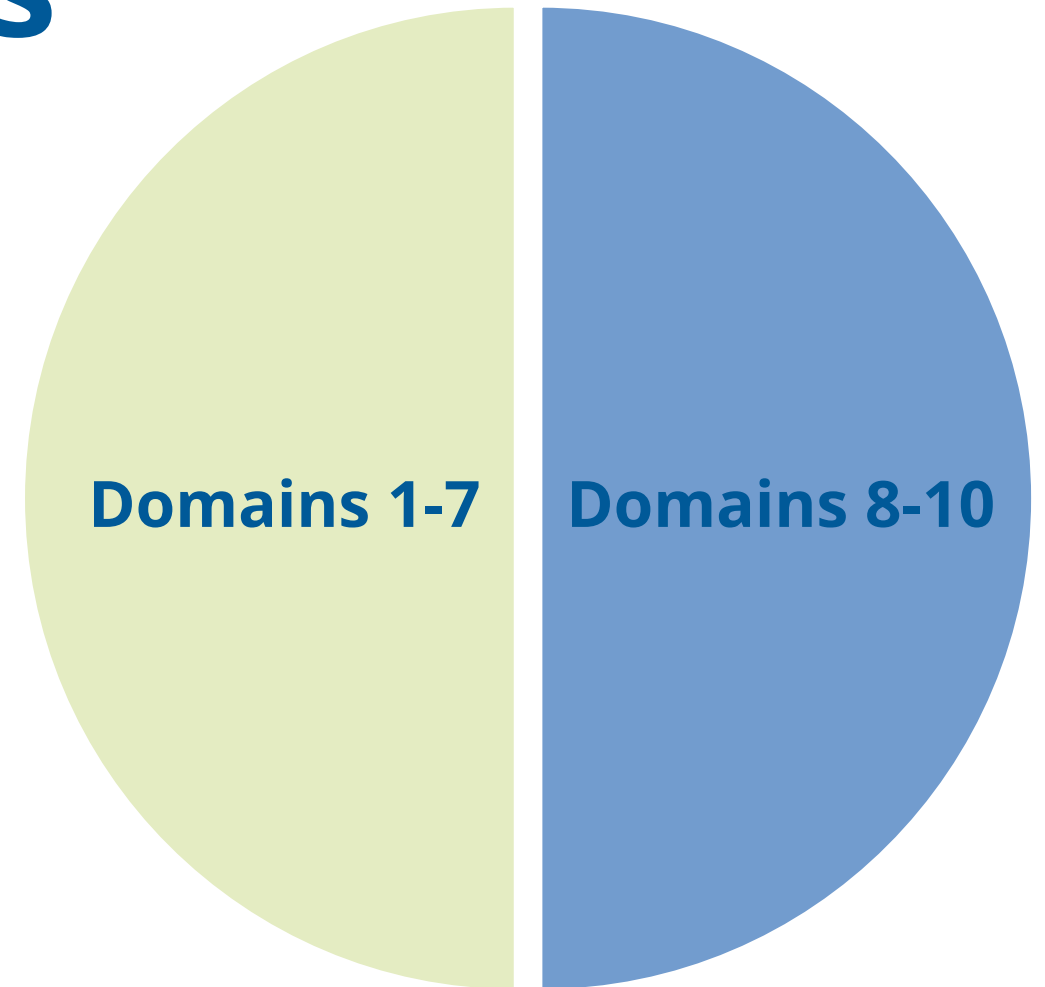
* Aspects of Pathways are still TBD and need to be approved by Board

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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

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Thank you!

Questions: email info@phaboard.org

Slides developed by ALPHA, LLC

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