Version 2022 Reaccreditation: 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

Supports rebuilding public health infrastructure and workforce

Aligns public health practice towards achieving common goals

Adapts requirements based on lessons learned from the field while public health practice is rapidly evolving

- Operationalizes and creates alignment across the EPHS and FPHS frameworks.

- 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)

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Webinar Overview

❖ Goal: To help health departments decide whether to use v2022 or v2016 for reaccreditation
  - ❖ If your application for reaccreditation currently has a due date in 2022 or will be due in calendar year 2022, you can choose your version

❖ Provide an overview of the process to develop v2022 of the Standards & Measures

❖ Outline high level changes and new concepts (between v2022 and v2016)

❖ 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

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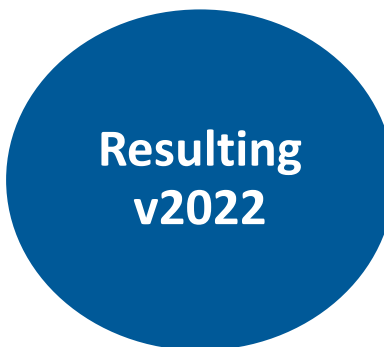
Vetting

- Public vetting
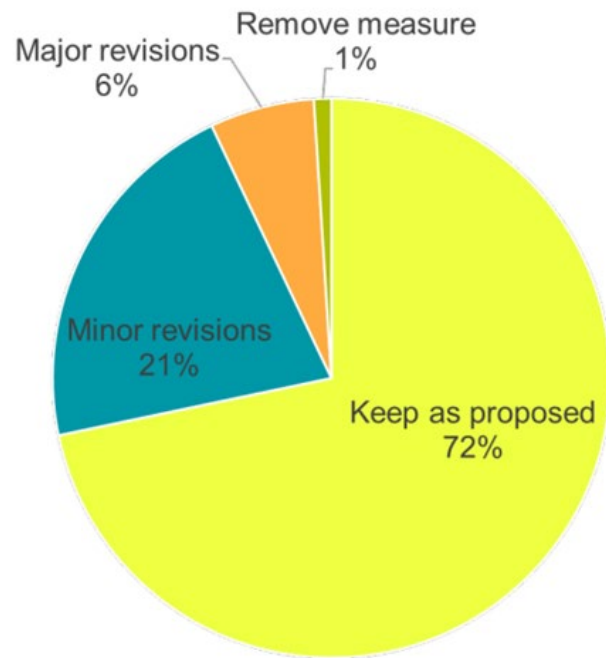- Partner consultation
- Staff input

Integrated edits further reviewed by the AIC and Board
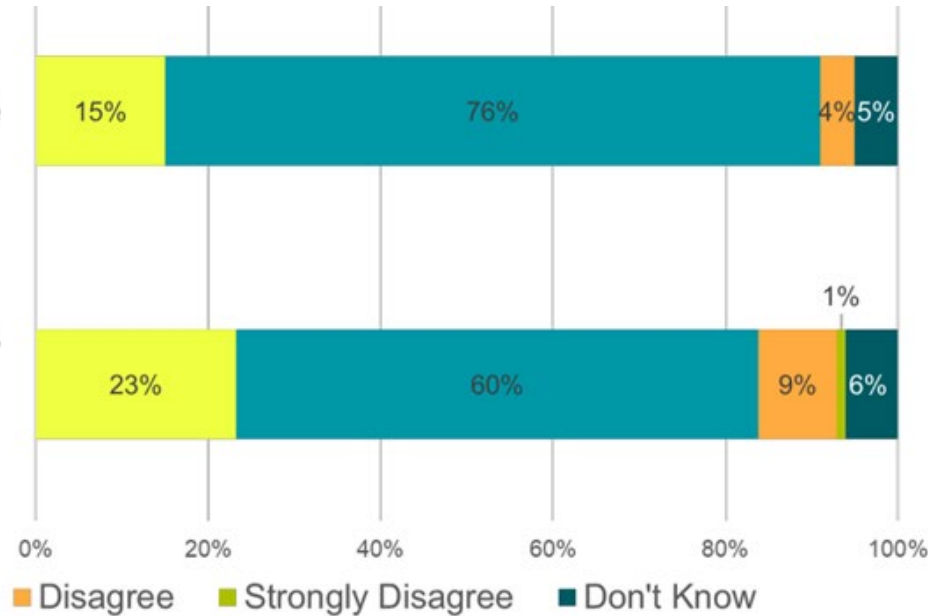
Resulting v2022

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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

Pie chart:
- Major revisions 6%
- Remove measure 1%
- Minor revisions 21%
- Keep as proposed 72%

Bar chart:
I understand what the requirements in Version 2022 are asking for: 15% Strongly Agree, 76% Agree, 4% Disagree, 5% Don't Know

Version 2022 appropriately reflects changes in the public health field since Version 1.5: 23% Strongly Agree, 60% Agree, 9% Disagree, 1% Strongly Disagree, 6% Don't Know

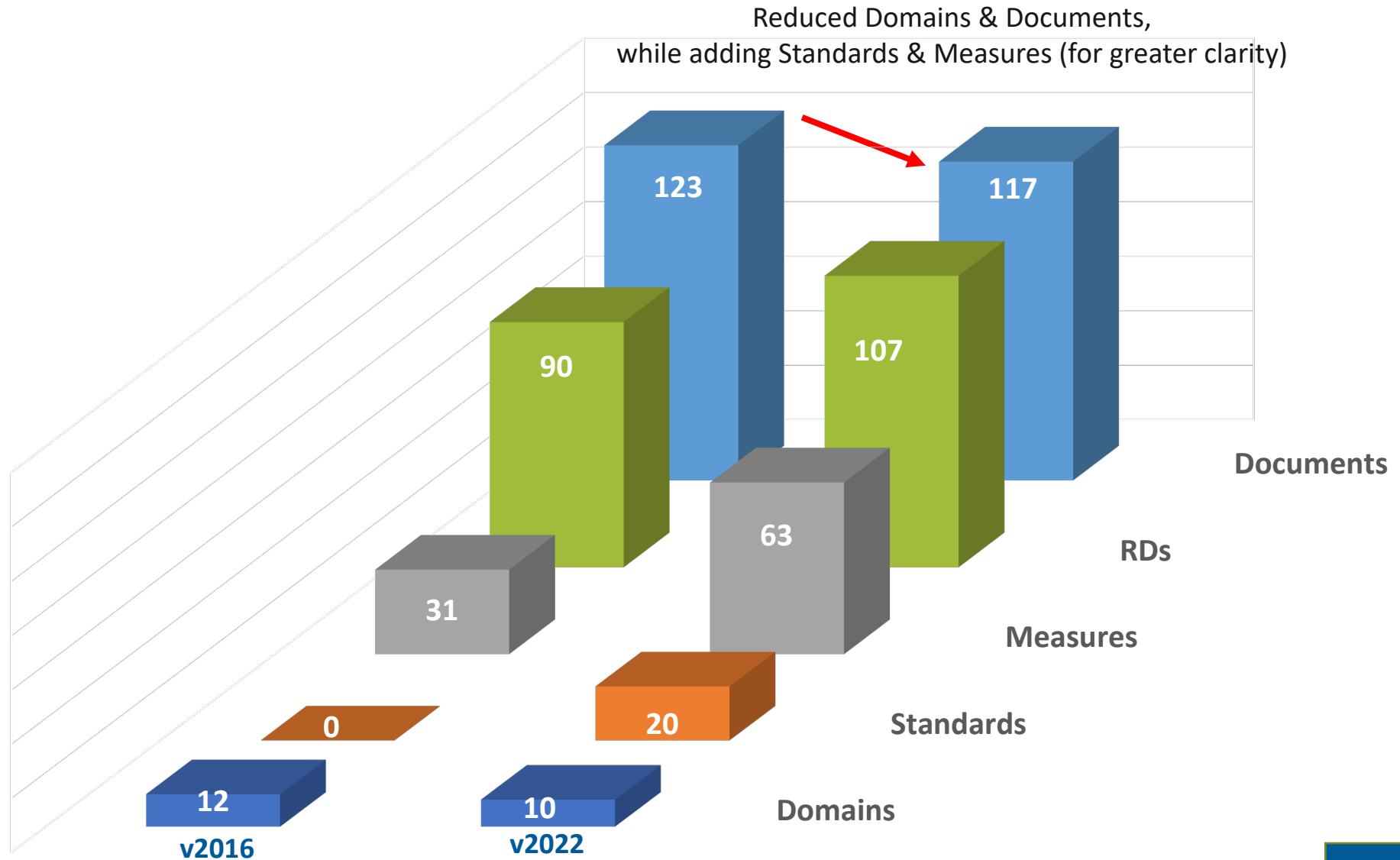Legend: Strongly Agree, Agree, Disagree, Strongly Disagree, Don't Know

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 for Reaccreditation

- ❖ Brought back Standards
- ❖ Allow for examples or narratives of examples in many instances
- ❖ Formatted to match Initial Accreditation
- ❖ Broke long measures into more, shorter measures
- ❖ Provided more details about requirements
- ❖ Expanded guidance, noting the intent of requirements with additional examples
- ❖ Increased alignment with initial accreditation, particularly for major plans
- ❖ Highlighted continual improvement/advancements made since initial accreditation

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Comparison by the Numbers

Reduced Domains & Documents, while adding Standards & Measures (for greater clarity)

123   117   **Documents**

90   107   **RDs**

31   63   **Measures**

0   20   **Standards**

12   10   **Domains**

v2016   **v2022**

**Comparisons based on local HD

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Themes & Concepts

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 continued conformity on maintaining EOP | → | **To** more active emergency response preparation and improvements to processes |
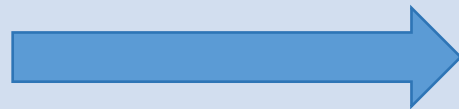
Access to Care

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

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New Concepts

Domain 1

- Sharing record-level data and participation in data-sharing systems

Domain 2

- Addressing social determinants of health or inequities in containment/mitigation strategies
- Developing processes for expedited administrative procedures in emergency preparedness
- Conducting a risk assessment

Domain 3

- Enhancing web and social media
- Implementing communication campaigns and evaluation of implemented communications strategies

Domain 4

- Participating in a coalition to advance equity and inclusiveness
- Using an adopted community engagement model or framework

Domain 5

- Identifying assets or resources to address a CHIP priority
- Considering environmental resiliency

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New Concepts (continued)

Domain 6	Domain 7	Domain 8	Domain 9	Domain 10
• Improving compliance based on assessing an enforcement program • Coordinating enforcement with others and considering equitable enforcement practices	• Considering both primary care and behavioral health care in a collaborative assessment of access to care • Implementing an effort 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	• Recruiting and promoting the development of a qualified and diverse workforce • Increasing consideration of diversity, equity, and inclusion • Improving the work environment based on employee satisfaction	• Making improvements based on evaluation • Fostering innovation	• Adopting equity terms and an inclusion, diversity, equity, or anti-racism policy, declaration, or initiative • Improving processes for managing written agreements or compliance with funding requirements • Assuring accessibility to facilities or services provided offsite or in a temporary location • Flexible financial management during uncertain or unplanned events

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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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Changes Related to Major Plans

CHA/CHIP

- Descriptions of the evolution of CHA membership with DEI lens & use of the CHA
- Identification of assets or resources to address at least one specific CHIP priority.
- Examples of implementing the CHIP & revising a CHIP strategy.

Strategic Plan

- Engaging various levels of staff and the governing entity or advisory boards in development.
- Linkages to the PM system.

PM/QI

- Including customer feedback within the PM system (customers may be internal or external).

Workforce Development

- Findings of an equity assessment.
- Describe the impact of implementing the plan.
- Developing management or leadership skills as part of succession planning.

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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.
- In discussion with NACCHO about exempting accredited HDs from providing documentation related to Measure 1 Criteria M (Epidemiology) as part of PPHR documentation

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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.

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.

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Policy Changes

(aka the former Guide)

Reaccreditation Policy Changes

- Reaccreditation Policy is same language as initial accreditation, except where process differs

- Focus on policy
  - Intent is that the guidance will be updated regularly
  - "For more information" sections will reference where to find links to specific references

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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Policy Changes for ALL Reaccreditation Applicants

- 6 months for documentation submission
- 12 months for ACAR submission
- No longer point in time review
- Review model
- Extensions
- Appeals
- Complaints
- Annual reports changes are coming

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Policy Changes for v2022 only

- Expanded flexibility in choosing examples or narratives, across many of the requirements
- Assessments will be 4-point scale
- Additional comments in Site Visit Report
- Accountability for Foundational Capability measures
- Population health outcomes will require disaggregated data
- Continued advancement for 3-5 areas

Version 2022 Resources

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

- Videos: Goals & Domain Summary
- Version 2022 FAQ
- Governance & Equity One-Pagers
- Coming soon:
  - High-level crosswalk
  - Documentation Forms
  - Glossary

Fees

- Board approved new fee schedule

- Eliminates the one-time reaccreditation review fee

- Health departments seeking reaccreditation will need to start paying annual fee at whichever date is first:
    - Submit reaccreditation application
    - Request extension for reaccreditation

Old Fee for Reaccreditation

Health Department Category	Reaccreditation Review Fee* Effective January 1, 2017-June 30, 2022	Annual Accreditation Services Fee* Effective January 1, 2017-June 30, 2022
Category 1 Health Departments with populations of 100,000 or fewer	$ 8,000	$ 5,600
Category 2 Health Departments with populations greater than 100,000 to 500,000	$ 12,000	$ 8,400
Category 3 Health Departments with populations greater than 500,000 to 1,000,000	$ 16,000	$ 11,200
Category 4 Health Departments with populations greater than 1,000,000 to 5,000,000	$ 20,000	$ 14,000
Category 5 Health Departments with populations greater than 5,000,000	$ 32,000	$ 22,400

*Fees are subject to review for potential annual expense adjustments to take effect on July 1st of each year. Any changes to the fee amount will be announced in January of that same year.

*The health department may request an onsite Site Visit by the team of Peer Reviewers in lieu of the virtual site visit. The cost to add an onsite Site Visit is an additional $5,000 and will be added to the Reaccreditation Review Fee.

New Fee for Reaccreditation

Health Department Category	Annual Accreditation Fee* Effective July 1, 2022-June 30, 2023
Category 1 Health Departments with populations of 100,000 or fewer	$ 5,600
Category 2 Health Departments with populations greater than 100,000 to 500,000	$ 8,400
Category 3 Health Departments with populations greater than 500,000 to 1,000,000	$ 11,200
Category 4 Health Departments with populations greater than 1,000,000 to 5,000,000	$ 14,000
Category 5 Health Departments with populations greater than 5,000,000	$ 22,400

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Decision Time

- If you decide to move to v2022
  - Can request an extension for up to one year
  - Will submit application in new e-PHAB

- If you decide to stay with v2016
  - You can still request extensions, but your application must be submitted by December 31, 2023

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Next Steps

- PHAB will send all HDs due for reaccreditation in 2022 a survey in March
    - Indicate which version intend to use and how long an extension plan to request
    - This is non-binding, but will help our planning
- For HDs moving to v2022, you will commit to that change by indicating it on an extension request form

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Thank you!

Questions: email info@phaboard.org

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