



STANDARDS AND MEASURES

SUMMARY OF VERSION 1.5 REVISIONS AND CLARIFICATIONS

MARCH 2014

Below are lists of revisions and clarifications made from Version 1.0 to Version 1.5 of the PHAB Standards and Measures.

VERSION 1.5 MEASURE AND TOPIC	VERSION 1.5 REVISIONS	VERSION 1.5 CLARIFICATIONS
GENERAL CHANGES THROUGHOUT		
	<ul style="list-style-type: none"> Format change: added columns for number of examples required and time frame requirements Replaced “should” for “must” General rewording for consistency and increased clarity 	
INTRODUCTION		
		<ul style="list-style-type: none"> Changed requirement for “signature” to “evidence of authenticity” Clarified “core public health programs” Incorporated information from the Guide to Documentation, doing away with the need for a separate Guide.
DOMAIN 1: CONDUCT AND DISSEMINATE ASSESSMENTS FOCUSED ON POPULATION HEALTH STATUS AND PUBLIC HEALTH ISSUES FACING THE COMMUNITY		
1.1.1 Partnership for CHA	<ul style="list-style-type: none"> Added to Required Documentation (RD) 1 Guidance: require representation of populations at risk 	<ul style="list-style-type: none"> Added examples of community partners Added examples of process models and tools Broke out models and tools more clearly

VERSION 1.5 MEASURE AND TOPIC	VERSION 1.5 REVISIONS	VERSION 1.5 CLARIFICATIONS
1.1.2 CHA	<ul style="list-style-type: none"> • RD 1a: Qualitative data and quantitative data must be used • RD 1a: Primary and secondary data required • RD 1a Guidance: “Qualitative data may address, for example, the population’s perception of health, factors that contribute to higher health risks and poorer health outcomes, or attitudes about health promotion and health improvement.” • RD 1c Guidance: “The description must include the existence and extent of health inequities between and among specific populations or areas of the state/community: populations with an inequitable share of poor health outcomes must be identified.” • RD 1d Guidance: “Factors that contribute to higher health risks and poorer health outcomes in specific populations must be considered.” • Added RD 3: ongoing monitoring, refreshing, and adding data and analysis 	<ul style="list-style-type: none"> • Expanded examples of types and sources of data
1.1.3 Accessible CHA		<ul style="list-style-type: none"> • Added “digital media” as an example of a way to inform the public of the CHA
1.2.1 Surveillance system		<ul style="list-style-type: none"> • Included “electronic data” as an example of processes and/or protocols for the collection, review, and analysis of comprehensive surveillance data
1.2.3 Primary data	<ul style="list-style-type: none"> • Measure: revised to focus on primary data (quantitative and qualitative) 	<ul style="list-style-type: none"> • Included explanation that primary data collection need not be complicated or costly but could be, for example, a survey of 10th graders or a focus group. • Expanded examples of types and sources of data

VERSION 1.5 MEASURE AND TOPIC	VERSION 1.5 REVISIONS	VERSION 1.5 CLARIFICATIONS
1.3.1 Data analyzed and conclusions drawn	<ul style="list-style-type: none"> RD 1b: description of analytic process is required Added RD 3: Demonstrate the use of data from multiple data bases/sources RD 4: aggregated primary and secondary data required (moved from Measure 1.2.3 RD1) 	<ul style="list-style-type: none"> Required analysis of data rather than “reports containing analysis”
DOMAIN 2: INVESTIGATE HEALTH PROBLEMS AND ENVIRONMENTAL PUBLIC HEALTH HAZARDS TO PROTECT THE COMMUNITY		
2.1.2 Investigations of infectious diseases	<ul style="list-style-type: none"> Deleted requirement for AAR here (required in 2.2.3) 	
2.2.2 Emergency Operations Plan		<ul style="list-style-type: none"> RD 3 Guidance: Better defined “cluster evaluation”
2.2.3 After Action Report (AAR)		<ul style="list-style-type: none"> RD 2 Guidance: Better defined “disaster” to include natural (e.g., floods and hurricanes), manmade (e.g., toxic chemical release), and terrorism (e.g., anthrax, explosions)
DOMAIN 3: INFORM AND EDUCATE ABOUT PUBLIC HEALTH ISSUES AND FUNCTIONS		
3.1.1 Provide information to the public to protect their health		<ul style="list-style-type: none"> RD 1 Guidance: emphasizes cultural competence in health promotion

VERSION 1.5 MEASURE AND TOPIC	VERSION 1.5 REVISIONS	VERSION 1.5 CLARIFICATIONS
3.1.2 Health promotion	<ul style="list-style-type: none"> Added RD 1: a planned approach for developing and implementing health promotion programs 	<ul style="list-style-type: none"> RD 2 Guidance: stressed the need to engage the community in the development and implementation of health promotion programs RD 2 Guidance: increased focus on social and environmental factors that create poor health in health promotion programs RD 2 Guidance: emphasized use of various media including digital media and social marketing, as appropriate RD 2 Guidance: added examples of health promotion activities
3.1.3 Health equity	<ul style="list-style-type: none"> New Measure: “Efforts to specifically address factors that contribute to specific populations’ higher health risks and poorer health outcomes” 	
3.2.1 Information to the public on public health	<ul style="list-style-type: none"> Deleted RD 2: branding (now a new Measure 3.2.2) New RD2: “Relationship with the media to ensure their understanding of public health and to ensure that they cover important public health issues” 	<ul style="list-style-type: none"> RD 2 Guidance: added examples of media
3.2.2 Branding	<ul style="list-style-type: none"> New Measure: “Organizational branding strategy” 	
3.2 Numbering	<ul style="list-style-type: none"> Previous Measure 3.2.2 is now 3.2.3 Previous Measure 3.2.3 is now 3.2.4 Previous Measure 3.2.4 is now 3.2.5 Previous Measure 3.2.5 is now 3.2.6 	
3.2.4 (new measure number) Risk communication plan	<ul style="list-style-type: none"> RD 1 Guidance: Added that the risk communication plan must address preventing public alarm by dealing with misconceptions or misinformation 	

VERSION 1.5 MEASURE AND TOPIC	VERSION 1.5 REVISIONS	VERSION 1.5 CLARIFICATIONS
3.2.6 (new measure number) Culturally sensitive formats	<ul style="list-style-type: none"> RD 3 Guidance: Removed requirement for TTY (out of date technology) 	
DOMAIN 4: ENGAGE WITH THE COMMUNITY TO IDENTIFY AND ADDRESS HEALTH PROBLEMS		
4.1.1 Partnerships	<ul style="list-style-type: none"> Deleted RD 3: description of process Added new RD3: “Community, policy, or program change implemented through the partnership(s) or coalition(s)” 	<ul style="list-style-type: none"> RD1: defined broad partnership versus issue specific partnerships Added examples of non-traditional partnership topics
DOMAIN 5: DEVELOP PUBLIC HEALTH POLICIES AND PLANS		
5.2.1 Process for CHIP		<ul style="list-style-type: none"> RD1: added examples of community partners Added examples of process models and tools Better defined community assets and resources
5.2.2 CHIP	<ul style="list-style-type: none"> RD 1a Guidance: “In establishing priorities, the plan must include consideration of addressing social determinants of health, causes of higher health risks and poorer health outcomes of specific populations, and health inequities.” RD 1b Guidance: “Policy changes must include those that are adopted to alleviate the identified causes of health inequity. Policy changes may address the social and economic conditions that influence health equity including housing, transportation, education, job availability, neighborhood safety, and zoning, for example.” 	<ul style="list-style-type: none"> RD 1e: revised from “alignment with” to “consideration of”
5.3.2 Strategic plan	<ul style="list-style-type: none"> Added RD 1d: “consideration of key support functions required for efficiency and effectiveness” (e.g., information management, workforce, communication and branding) 	

VERSION 1.5 MEASURE AND TOPIC	VERSION 1.5 REVISIONS	VERSION 1.5 CLARIFICATIONS
5.4.2 Emergency operations plan (EOP)	<ul style="list-style-type: none"> EOP must address the entire population (including special needs of vulnerable populations) 	
DOMAIN 6: Enforce Public Health Laws		
6.1.1 Review laws	<ul style="list-style-type: none"> Added RD 1d: “Collaboration with other levels of health departments when the laws impact on them” Added RD 2: Added access to legal counsel 	
6.3.4 Identify compliance patterns	<ul style="list-style-type: none"> RD 1 Guidance: Added “Documentation from an enforcement program that is out of compliance with state law or is under sanctions or a performance improvement plan must be labeled as being out of compliance with state law or under sanctions or a performance improvement plan.” 	
DOMAIN 7: PROMOTE STRATEGIES TO IMPROVE ACCESS TO HEALTH CARE		
7.1.1 Assess available health services	<ul style="list-style-type: none"> Added RD 3: “Consideration of emerging issues in public health, the health care system, and health care reimbursement” 	
7.1.2 Identify populations with barriers		<ul style="list-style-type: none"> Reversed order of RD 1 and 2
7.1.3 Identify gaps in access	<ul style="list-style-type: none"> Added RD 1: “The process or set of processes used for the identification of service gaps and barriers to accessing health care services” 	
DOMAIN 8: MAINTAIN A COMPETENT PUBLIC HEALTH WORKFORCE		

VERSION 1.5 MEASURE AND TOPIC	VERSION 1.5 REVISIONS	VERSION 1.5 CLARIFICATIONS
Domain 8 Workforce		<ul style="list-style-type: none"> Moved workforce issues from Domain 11 (Administration and Management) to Domain 8
8.2 Competent workforce	<ul style="list-style-type: none"> Standard re-worded: “Ensure a competent workforce through the assessment of staff competencies, the provision of individual training and professional development, and the provision of a supportive work environment.” 	
8.2.1 Workforce development plan	<ul style="list-style-type: none"> Expanded RD1 Guidance: <ul style="list-style-type: none"> Address the collective capacity and capability of the department workforce and its units. Address gaps in capacity and capabilities and include strategies to address them. Be responsive to the changing environment and include consideration of areas where the technology advances quickly such as information management and (digital) communication science. Be responsive to the changing environment and include considerations of areas where the field is advancing, for example, emergency preparedness training, health equity, and cultural competence. A description of barriers/inhibitors to the achievement of closing gaps or addressing future needs in capacity and capabilities and strategies to address those barriers/inhibitors. 	<ul style="list-style-type: none"> Requirement for a workforce development plan is now RD 1 rather than Measure 8.2.1.
8.2.2 Competent workforce	<ul style="list-style-type: none"> New Measure 8.2.2: a competent health department workforce RD 1: moved from 11.1.5 New RD 2: recruitment of individuals who reflect the population served 	

VERSION 1.5 MEASURE AND TOPIC	VERSION 1.5 REVISIONS	VERSION 1.5 CLARIFICATIONS
8.2.3 Professional development	<ul style="list-style-type: none"> • Previous Measure 8.2.2 is now 8.2.3 • New 8.2.3: expanded from development activities for leadership and management to “professional and career development for all staff” • RD1: personal professional development activities 	
8.2.3 / 8.2.5 Consultation and TA	<ul style="list-style-type: none"> • Previous Measure 8.2.3 is now 8.2.5 	
8.2.4 Work environment	<ul style="list-style-type: none"> • New Measure 8.2.4: work environment that is supportive to the workforce <ul style="list-style-type: none"> ▪ Employees support in jobs ▪ Employee recognition ▪ Employee wellness 	
DOMAIN 9: EVALUATE AND CONTINUOUSLY IMPROVE HEALTH DEPARTMENT PROCESSES, PROGRAMS, AND INTERVENTIONS		
9.1.2 Performance management system	<ul style="list-style-type: none"> • New Measure 9.1.2: “Performance management policy/system” 	
9.1.3 Implement performance management system	<ul style="list-style-type: none"> • Previous Measures 9.1.2 and 9.1.3 combined into new 9.1.3 	
9.1.4 Customer satisfaction	<ul style="list-style-type: none"> • Added RD 2: “Results and actions taken based on customer feedback” 	
DOMAIN 10: CONTRIBUTE TO AND APPLY THE EVIDENCE BASE OF PUBLIC HEALTH		
No revisions		

VERSION 1.5 MEASURE AND TOPIC	VERSION 1.5 REVISIONS	VERSION 1.5 CLARIFICATIONS
DOMAIN 11: MAINTAIN ADMINISTRATIVE AND MANAGEMENT CAPACITY		
Domain 11		<ul style="list-style-type: none"> Moved workforce issues from Domain 11 to Domain 8 (Public Health Workforce)
11.1.1 Health department policies and procedures		<ul style="list-style-type: none"> Clarification that these policies and procedures are not human resources policies and procedures Added examples of topics that might be addressed in these policies and procedures
11.1.2 Ethical issues and decisions	<ul style="list-style-type: none"> New Measure 11.1.2: Ethical issues identified and ethical decisions made Previous Measure 11.1.2 is now Measure 11.1.3 Previous Measure 11.1.3 is now 11.1.4 Previous Measure 11.1.4 and 1.1.5 are combined into new 11.1.5 	
11.1.4 (new measure number) Cultural sensitivity	<ul style="list-style-type: none"> New RD 1: Address areas of health inequity 	<ul style="list-style-type: none"> Measure clarified: "Policies, processes, programs, and interventions provided that are socially, culturally, and linguistically appropriate to specific populations with higher health risks and poorer health outcomes."
11.1.5 (new measure number) Human resources	<ul style="list-style-type: none"> New RD 4: "A human resource function that supports management, the workforce, and workforce development by being a responsive partner to programs." 	<ul style="list-style-type: none"> Clarified "labor agreements, employment agreements or contracts" with "documents in use to establish working relationships."
11.1.6 Information management	<ul style="list-style-type: none"> Previous RDs deleted. RDs 1 – 5 are new. <ul style="list-style-type: none"> RD 1: Information technology infrastructure that supports public health functions RD 2: Secure information systems RD 3: Maintenance of confidentiality of data RD 4: Maintenance of information management system RD 5: Management of information assets 	

VERSION 1.5 MEASURE AND TOPIC	VERSION 1.5 REVISIONS	VERSION 1.5 CLARIFICATIONS
11.1.7 Clean, safe, accessible, and secure facilities		<ul style="list-style-type: none"> Revised requirement for ADA audit to “Assurance of accessibility to the health department’s facilities.”
11.2.1 Oversight of grants and contracts	<ul style="list-style-type: none"> New RD 3: Communications from federal or state funding agencies or organizations 	
DOMAIN 12: MAINTAIN CAPACITY TO ENGAGE THE PUBLIC HEALTH GOVERNING ENTITY		
12.2.1 Communication with governing entity regarding responsibilities	<ul style="list-style-type: none"> New RD 1b: “The orientation process for new members of the governing entity.” 	