

Public Health Accreditation Board

Guide to National Public Health Department Reaccreditation: Process and Requirements

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INTRODUCTION

This Guide provides the official requirements and process for reaccreditation of health departments that received PHAB public health department initial accreditation. This Guide pertains to accredited health departments that applied for accreditation on or before June 30, 2016. These written guidelines and requirements are considered authoritative and are in effect beginning in January 2017 and until a revised version is issued.

Initial public health department accreditation demonstrated that the health department has the capacities required to provide the ten Essential Public Health Services. Reaccreditation focuses on capabilities and performance as well as on continuous quality improvement. The Reaccreditation Standards and Measures have been developed to assess health departments' improvements and advancements. Therefore, reaccreditation moves away from simply demonstrating that the health department has the required capacities and instead focuses on the use of those capacities, accountability, and continuous quality improvement.

The requirements and process for reaccreditation were designed to encourage accredited health departments to continue to evolve, improve, and advance, thereby becoming increasingly effective at improving the health of the population they serve. Reaccreditation continues to address the ten Essential Public Health Services through the arrangement of the Standards and Measures into Domains. The Standards in each Domain for reaccreditation are the same as the Standards set forth in the PHAB Standards and Measures, Version 1.5, for initial accreditation. The Measures, Requirements, and Guidance, however, have been revised for reaccreditation. There are no new topic areas of conformity included in the Reaccreditation Standards and Measures. The Measures and Requirements have, however, been developed to advance public health.

Reaccreditation builds on initial accreditation. The reaccreditation Measures were designed to assure health departments' continued conformity with the PHAB Standards and Measures for initial accreditation and also to demonstrate conformity with any new requirements adopted since the health department's receipt of initial accreditation. Reaccreditation Measures combine the requirements in Version 1.5 of the Standards and Measures for initial accreditation with the new requirements for reaccreditation. Reaccreditation requirements focus on the intent of the initial accreditation Standards and Measures and their significant and critical elements, rather than a detailed list of required documents to provide evidence.

PHAB Reaccreditation Standards and Measures are based on a modified self-study model. That is, Reaccreditation provides an opportunity for the health department to determine and describe the extent to which they meet the Requirements for each Measure and how they plan to advance in the areas addressed by the Measure. Therefore, reaccreditation requires that the health department provide narrative descriptions of the department's work in the areas of the twelve PHAB Domains. In addition, there are a limited number of Requirements for specific items (e.g., specific examples or department-adopted written plans, protocols, templates, etc.). This set of Requirements will enable the PHAB reviewer to understand how a health department operates and functions rather than focus on the review of one or two examples or a document that may or may not tell the department's whole story.

Reaccreditation also requires the reporting of a selection of Population Health Outcomes. The purpose of reporting Population Health Outcomes is for PHAB to begin to establish a national data base of

selected health outcomes, and their associated objectives, that accredited health departments have chosen to monitor. The reporting is designed to begin to document how the ongoing work of maintaining accreditation can contribute to better health outcomes. The outcomes information that the health departments report will not be used for, or have any impact on, the decisions concerning continued accreditation status. It will be used for PHAB's collective aggregate reporting of the health outcomes, and their related objectives, that accredited health departments are actively monitoring as part of their work to improve the health status of the jurisdiction they serve.

PART 1 REACCREDITATION PROCESS

1. APPLICATION

Initial accreditation is awarded for a five-year period. A health department continues to be accredited until the PHAB Accreditation Committee determines that it is Not Accredited. A health department that chooses not to apply for reaccreditation, and whose accreditation status expires, will be referred to the Accreditation Committee. The Committee will determine that the health department is Not Accredited.

Accredited health departments wishing to continue their accredited status after five years must complete and submit a reaccreditation application in e-PHAB. Health departments will receive notification from e-PHAB when the reaccreditation application is available to the health department. This notification will be received on the first calendar day of the quarter in which the health department received initial accreditation, five years after receipt of initial accreditation. The application for reaccreditation must be received by PHAB from the health department no later than the last day of the calendar quarter in which the health department received initial accreditation. (For example, if the health department received initial accreditation in February, the notification that the reaccreditation application is available to the health department will be sent via e-PHAB on January 1 and the application will be due no later than the last day of March.)

The e-PHAB application for reaccreditation will be similar to the application for initial accreditation. The reaccreditation application will require that the health department's director and Accreditation Coordinator state that they have watched the PHAB reaccreditation instructional webinar. The application will also require that the health department director electronically sign a "Terms and Conditions for Entering into the Public Health Reaccreditation Program."

The health department's required documents for reaccreditation should be finalized by the health department before the health department submits its application for reaccreditation. The required documents will not be uploaded with the application, but the timeframe in which they are due to be submitted to PHAB is only eight weeks from the acceptance of the application by PHAB. The preparation of the documents prior to the submission of the application ensures that the health department will be able to meet the eight-week deadline for document submission. Therefore, health departments must consider the reaccreditation requirements and begin to prepare their documents for reaccreditation well in advance of the due date of their reaccreditation application.

a. Extensions

The health department must submit its application for reaccreditation by the last day of the calendar quarter in which the health department received initial accreditation, five years after receipt of initial accreditation. If a health department cannot meet this deadline due to a legitimate reason or an extenuating circumstance, the health department may request an extension for this step in the process. The length of the extension will be determined by PHAB, in consultation with the health department.

A legitimate cause or extenuating circumstance is an event or situation that is beyond the control of the health department and that significantly compromises the health department's ability to apply within the timeframe set by PHAB. A request for an extension must be submitted to PHAB in writing (emails are acceptable). PHAB will consider the request for an extension and respond to the health department in writing.

Examples of a legitimate cause or extenuating circumstance that would be considered by PHAB when determining if an extension will be granted include:

- (1) Damage to the health department facility, such as a flood or fire, that hinders the health department's normal operations;
- (2) A public health emergency, such as a documented outbreak or environmental disaster, that requires that the health department redirect resources in order to contain or mitigate the public health problem or hazard; or
- (3) An unanticipated change in the health department director or Accreditation Coordinator (for example, separation from the health department for any reason or a serious illness) that would create a significant disruption in the health department's accreditation process work.

No requests for extensions will be entertained or granted during the reaccreditation process, once the application has been submitted; extension requests will be considered only before the application is submitted. However, PHAB will make accommodations for health departments that have documented catastrophic events during the process that require that a hold be placed on the reaccreditation process.

2. PAYMENT OF FEE

When the application has been received, determined to be complete, and accepted by PHAB, the health department will be sent an invoice for the reaccreditation fee. The fee schedule can be found on the PHAB website (www.phaboard.org). The fee must be paid in full on or before the reaccreditation documents are submitted to PHAB for review.

If the fee is not paid by the time the health department submits its documents, the application will be considered null and void, the reaccreditation application will be deleted from e-PHAB, and the health department's status of "accredited" will expire. If the health department's accreditation status expires, the health department's accreditation status will be referred to the Accreditation Committee. The Committee will determine that the health department is Not Accredited.

A health department may wish to receive their invoice early (that is, before they submit their application) in order to accommodate their financial management process. PHAB is willing to send an invoice to a health department early, upon the receipt of a written request from the health department. The written request may be an email.

3. DOCUMENT SUBMISSION AND POPULATION HEALTH OUTCOMES REPORTING

a. Document Submission

When the application has been determined to be complete and accepted by PHAB, the health department will be granted access to the Reaccreditation Submission Module on e-PHAB. The health department must upload and **submit all of its documents no later than 8 weeks from the time that they have access to the e-PHAB Reaccreditation Submission Module. Therefore, the health department should be ready to upload all of its documents when it submits the application.**

Each Reaccreditation Standards and Measures Requirement will require one of four types of uploads (1) a descriptive narrative (using the PHAB Reaccreditation Documentation Form), (2) a descriptive narrative of examples (using a PHAB Reaccreditation Documentation Form), (3) specific examples, or (4) a complete department-adopted item (plan, protocol, template, etc.). In all of these cases, the health

department will upload PDFs of material, as required by the Requirements in the Reaccreditation Standards and Measures.

Where the Requirements and Guidance require a narrative, the health department must use the PHAB **Reaccreditation Documentation Form**. The health department must enter its narrative description onto the form and upload the completed form for the specific Measure and Requirement. In addition, as part of the form for each Measure, the health department will be asked to describe health department plans for advancement in the particular area addressed by the Requirement.

PHAB will make available a package of **Reaccreditation Documentation Forms**, with a form that is specific to each Requirement. These forms must be used. Where a narrative is required and specific examples or items are not required, health departments should not upload any examples or documents with the form; they will not be reviewed. The package of forms will also include a form that will ask the health department to address any circumstances that have occurred since its last Annual Report that would jeopardize continued conformity with the PHAB Standards and Measures under which they were accredited. This form will also ask the health department to describe its working relationships with other health departments.

Each form, once complete, will be at least one page long but may not be longer than five pages. Health departments should not feel compelled to use all five pages. Health departments are strongly encouraged to use as few pages as possible. It is not helpful to provide the reviewers with more to read than necessary.

In some cases, specific examples (e.g., communications, After Action Report, etc.) or specific items (e.g., the community health assessment, plans, protocols, etc.) are required. These documents must be uploaded, as required by the guidance (and identified by the **Reaccreditation Documentation Form**), in their entirety. They must be dated within the prescribed timeframe and they must show evidence that they have been adopted by the health department.

b. Population Health Outcomes Reporting

Population Health Outcomes Reporting must be completed at the time that the health department submits its documents for reaccreditation. The health department will select between 5-10 population health outcome objectives that they are tracking and that will be reported to PHAB with its reaccreditation material and with its Annual Reports, after reaccreditation. The outcomes objectives will be reported as part of the reaccreditation process on e-PHAB. (See Part 3, section 3 of this Guide for more information.)

4. REVIEW AND DECISION PROCESS

PHAB will identify reviewers who have been trained to review reaccreditation documents to review the documents submitted by the health department. The reviewers and PHAB's Accreditation Specialist will make up the Review Team.

a. Pre-site Visit Review

The Review Team will conduct a review of the documents and provide an interim score of either "Met" or "Open Measure" for each Measure. That is, Measures that are not assessed as "Met" will be opened for the health department to submit additional information. The team will indicate what is missing and what is required when a Measure is opened.

b. Health Department Response to the Pre-site Visit Review

The health department may upload clarifying additional documents to address Measures that were assessed as “Open Measure” by the reviewers. The health department will upload a completed Reaccreditation Supplementary Information Form for narratives, as required. The health department must upload any clarifying documents within six weeks of receipt of the results of the Pre-site Visit review.

c. Second Review by the Review Team

The reviewers will review the Reaccreditation Supplementary Information Forms that have been uploaded by the health department and prepare questions for a site visit.

d. Site Visit

The purpose of the site visit is to provide an opportunity for the reviewers to ask questions about the documents that they are reviewing and about the health department, specific to the Measures and their Requirements.

Reaccreditation site visits will be conducted virtually. That is, the reviewers will not be onsite, visiting the health department in person. The reviewers will conduct the site visit virtually using meeting video software. The health department may be required to utilize a room in another organization (academic institution, health care provider, or local business) that is equipped with video conference equipment, if the equipment is not available at the health department.

PHAB will provide the health department with a window of time for scheduling the virtual site visit. PHAB will determine the final schedule for the virtual site visit. Virtual site visits will be no longer than four hours in duration.

The health department is responsible to ensure that the required staff and other appropriate individuals are present for the site visit. The health department director and Accreditation Coordinator must be available for the entirety of the virtual site visit. Staff who worked on the narratives and documents should also be in attendance and ready to answer questions.

During the site visit, the Review Team may ask that additional documents be uploaded by the health department into e-PHAB. Individual Measures may be opened to allow for the uploading of specific documents. Documents must be uploaded by the health department into e-PHAB within two business days of the close of the site visit; the e-PHAB system will automatically close access to document upload two business days after the close of the visit.

An in-person, onsite, site visit may be conducted if PHAB determines that, based on the document review, an onsite visit is necessary or if the health department requests an onsite visit. In both cases, the health department must cover the costs of the onsite visit by the reviewers, including a PHAB staff person or PHAB representative.

e. Reaccreditation Report

The reviewers will consider all of the documents that have been uploaded and all of the information obtained through the site visit and determine a final score for each Measure. The scores will be either “Met” or “Not Met.” This will be the Reaccreditation Report. The Reaccreditation Report also will include the reviewers’ comments on what is missing for all Measures that are assessed as “Not Met.”

The Report will also include the Review Team's response to a question concerning the Team's overall impression of the health department.

The reviewers may, but are not required to, provide additional comments on any Measure concerning areas of excellence and/or other opportunities for improvement. These additional comments will not be considered in the accreditation status decision by the Accreditation Committee; they will be provided as comments directed to the health department from their peer reviewers.

f. Reaccreditation Determination

The Reaccreditation Report will be finalized by the Review Team and submitted to the PHAB Accreditation Committee for determination of continued accreditation status. The health department will also receive access to the report on e-PHAB when it is submitted to the Accreditation Committee. The Committee will review the assessments and comments in the Reaccreditation Report and determine if the health department, at this time in the process, will be accredited for an additional five years.

If the Committee, at this time, does not accredit the health department for an additional five years, the Committee will require further action by the health department. The Accreditation Committee will determine for which specific Measures additional work is required. The health department will be notified of the Measures included in the Accreditation Committee Action Requirements (ACAR).

The health department will be required to submit additional information for those Measures included in the ACAR within six months of the receipt of the notification that the Accreditation Committee requires additional action. A PHAB ACAR form must be used. The form will provide an opportunity for the health department to describe actions taken and how those actions have addressed the Reaccreditation Report findings and brought the health department into conformity with the Measure and Requirements.

The health department's response to all of the ACAR required Measures must be submitted at one time. Submitted documents will be reviewed and assessed by PHAB reviewers. PHAB will attempt to assign the same reviewers that reviewed the entire set of reaccreditation documents for that health department, but may assign other PHAB-trained reviewers if the original reaccreditation reviewers are unavailable.

The reviewers' assessments will be submitted to the Accreditation Committee for their determination of continued accreditation status. The Committee will confer continued accreditation for five years or will determine that the health department is "Not Accredited." This decision is final. (Final decisions may be appealed in accordance with the PHAB Appeals Procedure set forth in Appendix 2 of this Guide. The Appeals Procedure for reaccreditation decisions is the same procedure as the one for initial accreditation.)

A health department is accredited until the PHAB Accreditation Committee determines that it is Not Accredited. A health department that elects to not apply for reaccreditation, and their accreditation status expires, will be referred to the Accreditation Committee; the Committee will determine that the health department is Not Accredited. Health departments that do not complete all of the steps for reaccreditation within the timeframes, including the Population Health Outcomes Reporting, will be referred to the Accreditation Committee and the Committee will determine that the health department is Not Accredited.

PART 2 PREPARATION GUIDANCE

1. PREPARING DOCUMENTS FOR REACCREDITATION

a. Self-study Model

The Reaccreditation Standards and Measures are based on a modified self-study model. This model is employed by many accrediting organizations and is a tested and effective accreditation model. A self-study is both a *process* and a *set of documents*. The *process* is the health department's review of its policies and procedures, processes, programs and interventions, and standard practices, in accordance with the PHAB Reaccreditation Standards and Measures. The *process* includes consideration of how the health department can further its work in each of the areas of the Standards and Measures. The *set of documents* is the compilation of descriptions about, and evidence of, meeting the Reaccreditation Standards and Measures. These documents serve as the first source of evidence for the reviewers, to be combined with the site visit, as they assess how the health department meets the Standards and Measures.

A primary purpose of PHAB reaccreditation is to advance the health department's performance and continuous improvement. It is PHAB's expectation that the narratives and documents submitted by the health department be both descriptive of the health department's operations and also identify opportunities to further the work in the future.

PHAB encourages health departments to use reaccreditation as an opportunity for self-examination and learning for continuous improvement. The intent is that the reaccreditation process be meaningful and useful to the health department as well as provide assurance that the health department meets the requirements for reaccreditation.

Reaccreditation is meant to demonstrate accountability and continued progress. The documents developed by the health department are, therefore, most useful when they are descriptive, introspective, and forward-looking. The documents should include an insightful analysis of the strengths and weaknesses of the health department for each Measure. PHAB is placing value on health departments being learning organizations that continue to improve and advance.

b. Documents

Each Measure in the Reaccreditation Standards and Measures lists one or more Requirements. The Guidance section for each Requirement provides the specifics of what must be addressed or included. The Standards and Measures also describes the type of document (i.e., a narrative description; a narrative description of examples; examples; or an adopted item, such as a plan, policy, template, etc.).

The timeframe of the document is also set forth. Where narrative descriptions are required, the narrative must describe the current operations, practices, processes, system, etc. Where narratives of examples are required, a "dated within" timeframe is provided and the example provided must be within the time frame provided. Where specific examples or items (e.g., plans, protocols, etc.) are required, a "dated within" timeframe is provided and the example or item must have a date on it.

Each narrative document must describe the health department's performance to support a conclusion about how the health department meets the particular Measure. Narratives must describe the

department as a whole, rather than one or two programs (unless a narrative is required to describe examples).

The community health assessment and all plans, procedures, and protocols that are required must address the entire population that the health department is authorized, as a governmental health department, to serve. Plans and procedures must also demonstrate specific attention to address populations that are at higher risk for poorer health outcomes.

PHAB requires succinct yet thorough narrative documents. The **Reaccreditation Documentation Form** must be uploaded into e-PHAB for each Requirement that requires a narrative. That is, for each Requirement that is a narrative, the narrative must go on the form and the form must be uploaded; for those Measures that require specific examples or other items, the form is not required.

The **Reaccreditation Documentation Form** will provide health departments the opportunity to describe their processes, activities, and examples to demonstrate that they meet the Measure. The form will also ask the health department to describe plans for advancement of their work in the particular area addressed by the Requirement. These forms for narratives may be no longer than five pages per Requirement and many may be shorter. PHAB strongly encourages health departments to be concise and direct. **The narrative should address only what is required in the Guidance of the Standards and Measures.** Health departments should not feel that they must use all five pages. More narrative and longer explanations are not necessarily clearer or more helpful. This page limit does not apply to Requirements that require specific items (for example, the required plans, policies, etc.).

All documents must be uploaded into e-PHAB as PDFs. If an example is not specifically required, examples should not be uploaded; they will not be reviewed.

A document must be uploaded for every Requirement in the Reaccreditation Standards and Measures. If there is no activity to report, the health department should explain why there is no activity and how the department will address the Requirement in the future.

c. Health Department Document Preparation Process

Before the health department submits an application for reaccreditation, the Accreditation Coordinator, health department director, and the department's Accreditation Team will carefully read and consider the Measure, Requirement, and Guidance. The health department will deliberate on how it meets the Measure, as set forth in the Guidance. The health department will develop narratives that address the areas identified in the Requirements and Guidance.

Required documents include:

1. Narratives describing the health department's current processes, procedures, activities, etc.;
2. Narratives describing examples;
3. Examples (e.g., examples of communication, use of the department's logo, etc.); and
4. Complete adopted items (e.g., the community health assessment, various plans, protocols, procedures, reports, templates, and a brand strategy).

Because the health department will have only eight weeks after the acceptance of the application to upload the documents, all of these documents should be completed and gathered, organized, and ready to submit to PHAB when the health department submits its application for reaccreditation in e-PHAB.

PHAB requires that the health department always has a designated person as the Accreditation Coordinator (who is not the health department director). Health departments may determine how, organizationally, they develop their reaccreditation documents. It is recommended that the health department continue to utilize its Accreditation Team, led and organized by the health department's Accreditation Coordinator. It is recommended that the responsibility of the development of narratives be shared across the health department. Staff who are assigned specific areas for the development of the narratives should draw on existing data and existing evaluation reports, as well as gather new information from leadership, programs, partners, and the community. It is further recommended that the health department draw on the Annual Reports that it has submitted to PHAB during that five-year period of initial accreditation. The completion of Annual Reports has helped prepare health departments for reaccreditation and the department may be able to draw from some of those reports for narratives.

While other staff members are able to upload documentation in e-PHAB, the health department director is the final authority for the submission of documents to PHAB.

2. ADDITIONAL RESOURCES

PHAB continues to provide additional guidance to health departments.

a. Acronyms and Glossary of Terms

The PHAB Acronyms and Glossary of Terms is an appropriate source for understanding many of the terms used in the Reaccreditation Standards and Measures. This companion document offers assistance in understanding the Standard, Measures, and Requirements.

b. Tip Sheets

PHAB has created many tip sheets, some of which are applicable to reaccreditation. They may be found on PHAB's website.

A particularly important tip sheet is the one titled "Guidance on Appropriate Examples from Programs and Activities for Use as Documentation for PHAB Accreditation." PHAB's public health department reaccreditation standards address the array of public health functions set forth in the ten Essential Public Health Services. The standards refer to this broad range of work as health department processes, programs, and interventions. Descriptions and documentation used by health departments for reaccreditation must address population-based disease prevention, health protection, and health promotion.

c. Webinars

PHAB provides a Reaccreditation Process Instruction Webinar. The health department director and the Accreditation Coordinator are required to watch this webinar before the health department applies for reaccreditation.

Others may watch this webinar and it may be helpful for members of the health department's accreditation team as well as other department staff to watch the webinar.

PHAB will also develop and make available additional webinars related to the reaccreditation process and requirements. All reaccreditation-related webinars may be accessed on PHAB's website.

PART 3

REACCREDITATION REQUIREMENTS

1. INTRODUCTION TO THE REACCREDITATION STANDARDS AND MEASURES

The PHAB Reaccreditation Standards and Measures document serves as the official Domains, Standards, Measures, Requirements, and Guidance blueprint for PHAB national public health department reaccreditation. These written guidelines are considered authoritative and are in effect as of December 2016.

The Reaccreditation Standards and Measures document provides guidance specifically for public health departments seeking reaccreditation and for Review Teams that review and assess documents submitted by applicant health departments. It guides PHAB's Board of Directors and staff as they administer the accreditation program. This document assists health departments and their Accreditation Coordinators as they prepare documents for each Measure. It directs Review Team members in the review of documents and in determining whether a Measure is met.

a. Guiding Principles

Reaccreditation Standards and Measures were developed to require the demonstration of:

1. Continued conformity with the Standards and Measures under which the health department was accredited;
2. Conformity with new requirements adopted in the PHAB Standards and Measures for initial accreditation since the health department received initial accreditation; and
3. Continued quality and performance improvement in order to meet the public health needs of their community.

Several principles guided the development of the Reaccreditation Standards and Measures. The Standards and Measures for reaccreditation were designed to:

1. Advance the collective practice of public health;
2. Focus on performance, accountability, and a culture of quality improvement; and
3. Promote/emphasize:
 - a. Authentic, ongoing community engagement and community involvement;
 - b. Health equity;
 - c. Cross-health department communication (Tribal, state, local);
 - d. The role of the health department as a community health development organization and mobilizer of resources for a healthier population;
 - e. The role of the health department as a leader in the evolving public health system; and
 - f. Linkages between the health department's community health assessment, community health improvement plan, department strategic plan, workforce development plan, quality improvement plan, and the performance management system.

Built into the Reaccreditation Standards and Measures are Requirements that address the health department's advancement and accomplishments in the areas encompassed in these principles.

b. Themes and Topic Areas

Reaccreditation Measures, Requirements, and Guidance have been developed specifically for reaccreditation. There are no new topic areas incorporated in the Reaccreditation Standards and Measures (that were not addressed in Version 1.5 of the Standards and Measures for initial accreditation). The Measures have, however, been developed to advance public health in the topic areas addressed by the Standards and Measures for initial accreditation.

There are several themes that run throughout the Reaccreditation Standards and Measures. Similar to the Standards and Measures, Version 1.5, community engagement, partnerships and cross-sector collaboration, planning, quality improvement, and a focus on populations at greater risk of poor health are all themes that are embedded throughout the Reaccreditation Standards and Measures. The Reaccreditation Standards and Measures also incorporate system-level actions, public health leadership in building healthy communities, and mobilization for community action as important roles and skills for a health department. System-level actions and community-level interventions can have broad and deep impacts and can create conditions in which people can be healthy and affect social determinants of health. Public health leadership addresses the health department as a leader for effective system-level public health policies, practices, and programs. Community mobilization is an important tool to affect system-level actions and interventions.

c. Structure of the Reaccreditation Standards and Measures

The Reaccreditation Standards and Measures continue to address the ten Essential Public Health Services through its grouping of Standards and Measures into Domains. The 12 Domains have not been amended: the first ten Domains address the ten Essential Public Health Services, Domain 11 addresses management and administration, and Domain 12 addresses governance. The Standards for reaccreditation are the same as those for initial accreditation. However, the Measures, Requirements, and Guidance have been revised.

The Standards, Measures, and Requirements for reaccreditation were developed to incorporate the requirements adopted in Version 1.5 with the requirements for reaccreditation. There are NOT two separate sets of requirements, one for Version 1.5 and one for Reaccreditation. The requirements are combined into one set of Standards and Measures for reaccreditation.

The three groups of requirements (1. continued conformity with the PHAB Standards under which the health department was accredited, 2. conformity with requirements adopted since initial accreditation, and 3. continued quality and performance improvements) have been combined into a single set of requirements for each measure. The Reaccreditation Standards and Measures address the essence and intent of the Standards rather than the detail of the initial accreditation Standards and Measures. This has been done in order to focus on capabilities and actions that are essential for an effective health department.

The Reaccreditation Standards and Measures are presented in a table format, similar to the Standards and Measures for initial accreditation. In some cases, the Measures have been regrouped under the Standards in order to provide the health department with an opportunity to describe how they address a particular function as a whole, rather than in pieces of a process. This will also enable the reviewer to understand how a health department operates and functions rather than focus on the review of one or two examples.

Included in the Requirements is a limited number of specific items for the demonstration that they have been revised and improved. These critical documents are: the community health assessment, the community health improvement plan, the strategic plan, the quality improvement plan, the emergency operations plan, and the workforce development plan. There are also Requirements for a limited number of other items (e.g., protocols, department templates, procedures, etc.). There are a limited number of requests for examples (e.g., examples of communications, use of the department's logo, etc.). In summary, there are four types of documents that are required by the Reaccreditation Standards and Measures. They are:

1. Narratives describing the health department's current processes, procedures, activities, etc.,
2. Narratives describing examples,
3. Examples (e.g., examples of communication), or
4. Complete adopted items that have been revised and improved or developed since initial accreditation (e.g., the community health assessment, various plans, protocols, procedure, reports, templates, and a brand strategy).

The health department will also be asked to describe plans for advancement of their work in the particular area addressed by the Requirement.

2. REACCREDITATION STANDARDS AND MEASURES

The PHAB Reaccreditation Standards and Measures presented here serve as the official Domains, Standards, Measures, Requirements, and Guidance for reaccreditation. They are presented below in a table format.

DOMAIN 1**CONDUCT AND DISSEMINATE ASSESSMENTS FOCUSED ON POPULATION HEALTH STATUS AND PUBLIC HEALTH ISSUES
FACING THE COMMUNITY****Measure 1.1:**

The community health assessment is continually updated to broaden and deepen the community's understanding of public health issues and resources

This measure addresses continued conformity with Standards and Measures, Version 1.5:

Standard 1.1 Participate in or lead a collaborative process resulting in a comprehensive community health assessment

Requirements	Guidance	Document(s)	Dated Within
1. Collaborative process for the enhancement of the community health assessment	<p>1. Describe the ongoing community collaborative process for continuous (at least annual) enhancement of the community health assessment.</p> <p>The narrative must include:</p> <ul style="list-style-type: none">a. A description of the community partnership's membership; structure; and methods of communication, sharing of data, and partnering on information gathering.b. A description of the ongoing community collaborative process for updating and revising the assessment (the incorporation of new information or data, for an increased understanding of public health issues and community assets). Include how various sectors contribute additional or new information and data and how information and data are incorporated into the assessment.c. A description of how the partnership ensures the participation of a variety of sectors of the community.	Narrative description	Describe the current process

	<p>Examples of sectors of the community that could be included in the collaborative process are:</p> <ol style="list-style-type: none"> 1. populations that are at higher health risk or have poorer health outcomes; 2. the general public, such as neighborhood representation, youth, parents, seniors, LGBT, refugees and immigrants, and people with disabilities, etc.; 3. local government, such as elected officials, law enforcement, correctional agencies, housing, community development, economic development, parks and recreation, planning and zoning, school boards, etc.; 4. state and Tribal government agencies; 5. the business community, industries, and employers; 6. not-for-profits, such as chamber of commerce, civic groups, children's and women's death review organizations, public health institutes, environmental public health groups, groups that represent minority health, groups that represent populations such as youth or seniors, etc.; 7. community foundations and philanthropists; 8. voluntary organizations; 9. healthcare providers; 10. faith based organizations; 11. academia; 12. the media; 13. other levels of health departments including any Tribal health departments located in the health department's jurisdiction; 14. Military installations located in or near the health department's jurisdiction. 		
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	<p>d. A description of ongoing efforts to expand the partnership's membership in order to broaden the community sectors and population representatives involved in the revision and use of the community health assessment. (Additional sectors and population representatives can provide additional data sources, information, resources, and different perspectives.)</p>		
2. Community health assessment	<p>2. Provide the health department's most recent community health assessment.</p> <p>The assessment must address the entire population of the jurisdiction that the health department is authorized to serve.</p> <p>The health assessment must include:</p> <ul style="list-style-type: none"> a. Data and information from a variety of sources and community sectors. Data or information must include consideration of the context of the populations, for example, unemployment rates, percent of registered voters, graduation rates and education level attained, transportation, walking/biking access, income, park acreage, housing stock and home values, etc. b. Descriptions of health issues and descriptions of specific population groups with greater or particular health issues and health inequities. c. Description of factors that contribute to specific populations' health issues. Include social determinants of health and community factors or contributors, as appropriate. Consider how contributing factors overlap in populations. For example, housing may overlap with asthma and lead levels, which may overlap with success in school; or lack of transportation may overlap with 	1 community health assessment	5 years

	<p>unemployment and insurance, access to care, and chronic disease.</p> <p>d. Description of community resources or assets that may be employed to improve the community's health. Categories of community resources or assets include individuals, citizen associations, local institutions, the built environment, the natural environment, businesses and industries, etc.</p>		
<p>3. Increasingly multidimensional and detailed descriptions of the health issues and/or community resources of the population or population groups</p>	<p>3. Provide examples of primary data that have been collected and incorporated into the community health assessment since it was initially adopted. The purpose of collecting additional primary data is to create an increasingly robust, accurate, in-depth, and useful assessment.</p> <p>The additional data must evidence further investigation of issues initially identified in the community health assessment. The purpose of the additional data is to have a deeper understanding of the health issues and/or resources of the population or population group(s) that were identified in the community health assessment. Additional data could be specific to a particular neighborhood, population, health issue, age group, at risk group, or program area, for example. The collection of additional data need not be jurisdiction wide, but is meant delve deeper into an issue to illuminate health inequities for increased understanding.</p> <p>The intent is that the community partnership continually contributes to and increases its understanding of health issues and resources by asking additional questions and gathering additional data. The community health assessment is meant to be an evolving document that is amended as new information is gained so that it continues</p>	2 examples	1 example within 2 years; the other example may be older, but no older than 5 years

	<p>to be useful and does not go out of date. The community health assessment is a community document, produced and used by the community.</p> <p>Primary data may be collected by the health department or by other members of the community partnership. Primary data may be collected through surveys of target groups, focus groups, key informant interviews, listening groups and other culturally appropriate methods, such as talking circles, Tribal consultation, etc. Primary data may be quantitative or qualitative and may be limited to a particular issue, population, or geographic area.</p> <p>Identification of specific pages of a revised community health assessment could suffice or updated/new data could be in a separate document, as an addendum to the community health assessment.</p>		
4. Availability of the community health assessment	4. Describe examples of how the partnership informs other organizations and the public about the availability of the community health assessment. A community dashboard may be one method of communicating with the community.	Narrative description of 2 examples; one informing other organizations and one informing the general public	5 years

Measure 1.2: The public health surveillance system provides accurate, timely, and comprehensive data in a systematic and continuous manner			
This measure addresses continued conformity with Standard and Measures, Version 1.5: Standard 1.2 Collect and maintain reliable, comparable, and valid data that provide information on conditions of public health importance and on the health status of the population			
Requirements	Guidance	Document(s)	Dated Within

1. Public health surveillance system(s)	<p>1. Describe the health department's surveillance systems and how they operate.</p> <p>The narrative must include:</p> <ul style="list-style-type: none"> a. A description of the health department's processes and protocols for infectious and chronic disease surveillance. b. A description of the health department's collaborative working relationship with reporting sites. c. A description of how important surveillance data are shared with others (for example, other health departments, CDC, community partners, as needed). 	Narrative description	Describe the current system
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<p>Measure 1.3: Public health data are collected, analyzed, shared, and fully utilized to increase knowledge and inform policy and program decisions</p> <p>This measure addresses continued conformity with Standards and Measures, Version 1.5: Standard 1.2 Collect and maintain reliable, comparable, and valid data that provide information on conditions of public health importance and on the health status of the population Standard 1.3 Analyze public health data to identify trends in health problems, environmental public health hazards, and social and economic factors that affect the public's health Standard 1.4 Provide and use the results of health data analysis to develop recommendations regarding public health policies, processes, programs, or interventions</p>			
Requirements	Guidance	Required Document(s)	Dated Within
1. Public health data are collected	<p>1. Provide examples of the health department's collection of public health data.</p> <ul style="list-style-type: none"> a. Provide one example of the results of the health department's collection of primary quantitative data. 	<p>2 examples: 1 example of primary quantitative data and 1 example of primary qualitative data</p>	2 years

	<p>Documentation could be data reports, presentations of the data, minutes of briefings, published articles, or other communication of the data collection and results.</p> <p>b. Provide one example of the results of the health department's collections of primary qualitative data.</p> <p>Documentation could be data reports, presentations of the data, minutes of briefings, published articles, or other communication of the data collection and results.</p>		
2. Public health data are available to health department programs	2. Describe how the health department ensures that data are made available across the department and are accessible to programs so that they may be used to inform the development or revisions of policies, processes, programs, and/or interventions.	Narrative description	Describe current system or processes
3. Public health data are utilized	3. Provide examples of health department programs using data to revise/improve a program.	2 examples	5 years
4. Multiple databases and/or data sources are utilized in the analysis of issues	<p>4. Provide examples of the health department analysis of an issue that included multiple factors through the consideration of data from multiple databases and/or data sources. Factors might include, for example, social factors, environmental factors, economic factors, individual behaviors, etc. The relationship between these factors influence population health.</p> <p>Multiple data sources might include, for example, Federal, state, Tribal, county and local community sources. Databases and sources include both primary and secondary data.</p> <p>At least one of the examples must include both primary and secondary data.</p>	2 examples	5 years

	<p>Documentation could be data reports, presentations of the data, minutes of briefings, published articles, or other communication of the data collection and results. Documentation must include conclusions as well as the analysis.</p>		
5. Analysis of health inequities	<p>5. Provide an analysis of health inequities between specific populations and of factors that cause or contribute to populations having higher health risks and poorer health outcomes.</p> <p>The analysis must be specific to a neighborhood, community, or population in order to understand health inequities and the factors that create or contribute to them.</p> <p>The analysis must include a narrative description of the methods of the analysis, the findings, and the conclusions.</p> <p>Geographic information analysis of socioeconomic conditions would be appropriate, for example. Identification of specific pages of the community health assessment could suffice or a separate report would be accepted.</p>	1 report of analysis	5 years
6. Ongoing ways to share data	6. Describe how data analyses are shared with other health departments (that is, Tribal, state, and local).	Narrative descriptive of process(s)	Describe the current process(s)
7. Data or data analyses shared with others	7. Describe specific examples of the sharing of data and analysis with community partners.	Narrative description of 2 examples	1 example within 2 years; the other example may be older, but

			no older than 5 years
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DOMAIN 2 INVESTIGATE HEALTH PROBLEMS AND ENVIRONMENTAL PUBLIC HEALTH HAZARDS TO PROTECT THE COMMUNITY			
Measure 2.1: Public health problems and environmental public health hazards are investigated thoroughly, appropriately, and in a timely manner			
This measure addresses continued conformity with Standards and Measures, Version 1.5: Standard 2.1 Conduct timely investigations of health problems and environmental public health hazards Standard 2.3 Ensure access to laboratory and epidemiologic/environmental public health expertise and capacity to investigate and contain /mitigate public health problems and environmental public health hazards			
Requirements	Guidance	Document(s)	Dated Within
1. Protocols for conducting investigations of public health problems and environmental public health hazards	1. Provide protocols that are in place for conducting investigations of public health problems and environmental public health hazards. The protocol must include: a. Protocols for investigations of infectious diseases. Include in the protocols the role of the health department and how other agencies, departments, and/or community stakeholders may be involved. b. Protocols for investigations of non-infectious public health problems or hazards. Include how other agencies, departments, and/or community stakeholders are involved.	1 comprehensive protocol for all problems/hazards; or 2 protocols, one for infectious and one for non-infectious; or a set of several protocols that, together, address infectious and non-infectious health hazards	5 years

2. Implementation of protocols for conducting investigations of public health problems and environmental public health hazards	<p>2. Describe the health department's formal processes to ensure that the protocols are followed and conducted in a timely manner.</p> <p>Processes may include, for example, evaluations, audits, case reviews, peer reviews, After Action Reports, etc.</p> <p>The narrative must include:</p> <ul style="list-style-type: none"> a. A description of the health department's formal efforts to review investigation protocols and update them, as needed. b. A description of how the health department coordinates with, consults with, and reports investigation results to other health departments (Tribal, state, and/or local health departments). c. A description of how laboratory services are provided to the health department for investigations of public health problems and environmental public health hazards. 	Narrative description	Describe the current processes
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Measure 2.2: Health problems and environmental health hazards are contained or mitigated in a timely manner			
This measure addresses continued conformity with Standards and Measures, Version 1.5: Standard 2.2 Contain/Mitigate Health Problems and Environmental Health Hazards Standard 2.4 Maintain a plan with policies and procedures for urgent and non-urgent communications			
Requirement	Guidance	Required Document(s)	Dated Within
1. Containment/mitigation of public health problems and environmental public health hazards	<p>1. Provide protocols for the containment/mitigation of public health problems and environmental public health hazards.</p> <p>The protocols must include:</p> <ul style="list-style-type: none"> a. Provisions for addressing outbreaks of infectious disease. b. Provisions for addressing non-infectious or environmental public health issues. 	1 comprehensive protocol or 2 protocols or a set of several protocols	5 years

	<ul style="list-style-type: none"> c. Protocols for 24/7 emergency access, including surge capacity, to laboratory, epidemiologic support, and environmental public health resources. Include a description of how laboratory services are available for rapid detection in emergency situations. d. Provisions for interjurisdictional coordination (i.e., with state, local, and Tribal governments). e. Protocol for determining the activation of the All Hazards Emergency Operations Plan. 		
2. Communication with partners	<p>2. Provide the health department's written protocol for communications with partners.</p> <p>The protocol must include:</p> <ul style="list-style-type: none"> a. A description of the system used to issue urgent and non-urgent health alerts. b. How a Health Alert Network (HAN) or similar communication system is utilized. 	1 protocol or a set of protocols	5 years

DOMAIN 3 INFORM AND EDUCATE ABOUT PUBLIC HEALTH ISSUES AND FUNCTIONS			
Measure 3.1: Health education and health promotion policies, programs, processes, and interventions are strategic and address populations that have higher health risks for poorer health outcomes			
This measure addresses continued conformity with Standards and Measures, Version 1.5: Standard 3.1 Provide health education and health promotion policies, programs, processes, and interventions to support prevention and wellness			
Requirements	Guidance	Document(s)	Dated Within
1. A standard approach for developing and implementing health promotion program activities	1. Provide a written department plan, process, policy, or procedure that the health department follows in the	1 plan, process, policy, or procedure	5 years

	<p>development or improvement of department program efforts to promote the public's health.</p> <p>This is an overarching plan, process, policy, or procedure to guide the development of health promotion activities across the department to ensure that staff have considered the critical factors in project design. It is not specific to any one program or topic, but is used across the department.</p> <p>Include in the plan, process, policy, or procedure:</p> <ol style="list-style-type: none"> How the health department determines that an issue is a priority for the community's health. Describe the factors that are considered (e.g., data, community input, funding, etc.). How the health department identifies the target population that is at higher risk for poorer health outcomes in order to address health inequities. How the health department ensures the inclusion of health equity factors for specific populations (e.g., race/ethnic/gender/sexual orientation, minority populations, those who live in poverty, people with disabilities, etc.) How the health department identifies community factors that discourage or encourage good health (for example, social determinants, policies, physical and built environment, access to resources, etc.). How the health department identifies evidence-based or promising practices. How the health department engages the target population in the design, development and implementation of strategies to promote the public's health. For example, how are teens involved in the design and development of an anti-tobacco effort aimed at teens? How is the Hispanic 		
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	<p>population involved in the development of a high blood pressure program for Hispanics?</p> <p>f. How the implementation of strategies includes collaboration with partners and stakeholders.</p> <p>g. How the health department evaluates and/or uses performance management or quality improvement to increase the strategy's effectiveness.</p>		
2. Implementation of the department's standard approach for developing and implementing health promotion program activities	2. Provide a narrative description of two examples of the implementation of the department's standard approach for developing and implementing health promotion program activities.	Narrative description of 2 examples	1 example within 2 years; the other example may be older, but no older than 5 years
3. Process for the development of strategies that address factors that contribute to populations' higher health risks and poorer health outcomes, or health inequity	<p>3. Describe how the health department develops strategies specific to factors that contribute to populations' higher health risks and poorer health outcomes, or health inequity.</p> <p>Include in the narrative a description of how the health department analyzes health inequity, factors that cause or contribute to it, and health equity indicators across communities or neighborhoods. Health equity indicators must be specific to the factors analyzed.</p> <p>Factors could be, for example, tax policies, community zoning, public education, transportation policy, and resource allocation, etc.</p> <p>Indicators identified could be, for example, living standards, foreclosure rates, housing stock, transportation, safety, air</p>	Narrative description	Describe the current process

	quality, infrastructure (sewage, sidewalks, street design, etc.), employment and income levels, parks, food access, etc.		
4. Efforts to reduce health inequities and create conditions that promote health	<p>4. Provide a narrative description of efforts to address social change, social customs, community policy, level of community resilience, and/or the community physical environment to impact on health inequities and create conditions that promote health.</p> <p>The description must include:</p> <p>a. Strategies that address structural social disparities such as income, education, housing, employment, other indicators of the lack of opportunities, etc.</p> <p>Efforts may include work with those who set policy and make other decisions that impact the community's health inequities.</p> <p>For example, the question "How do we decrease tobacco use?" can be reshaped as "What are the community conditions (e.g., stress, convenience stores, social norms, etc.) that encourage tobacco use?" Examples of changes in physical environments include a focus on the built environment to address asthma and on community infrastructure to address lead poisoning. Examples of addressing social change include addressing the health effects of insecure housing, education levels, low incomes, racism, etc.</p> <p>Documentation could be, for example, program plans, program goals and objectives, reports, or other written commitment to address the factors above. Reports could be, for example, media/press releases, formal reports to governance and/or the community, or other written</p>	Narrative description of 2 examples	1 example within 2 years; the other example may be older, but no older than 5 years

	<p>document that outlines efforts to be made or achievements.</p> <p>b. A description of how the health department partners with other agencies and organizations to identify and address the factors that contribute to health inequities.</p> <p>c. A description of how the health department engages the community to identify and address health inequities.</p> <p>d. A description of how the health department works collaboratively with partners and across sectors to implement strategies.</p>		
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Measure 3.2: The public is informed about public health's role and functions in their communities			
This measure addresses continued conformity with Standards and Measures, Version 1.5: Standard 3.2 Provide information on public health issues and public health functions through multiple methods to a variety of audiences			
Requirement	Guidance	Document(s)	Dated Within
1. Department's brand strategy	<p>1. Provide the health department's written brand strategy.</p> <p>The brand strategy is a long-term set of actions toward the development and the standard and consistent use of an organizational brand. It is an articulation of how the health department will differentiate itself from other agencies, organizations, and service providers. A brand strategy will show how the health department will communicate to external audiences about the value of its products, services, and practices. The strategy will include creating an image of the health department and communicating that image through its name, logo, and designs.</p> <p>The brand strategy must include:</p> <p>a. How the branding is designed to position the health department as a valued, effective, trusted leader in the</p>	1 strategy	5 years

	<p>community.</p> <p>b. How the health department communicates the department's brand in a targeted manner (customized to different audiences) to convey the presence of the health department and the essential products and services that it delivers to its community.</p> <p>c. How the department integrates brand messaging into communication strategies and external communications (e.g., website, media releases, public service announcements, social media activities, speeches, grant applications, and promotional materials).</p> <p>d. How the brand strategy links to or is evident in the department's strategic plan.</p>		
2. Department's visual identity	2. Provide an example of a common visual identity (logo) and one example of appropriate signage inside or outside the health department facility. (Photos may be used.)	1 example of use of a logo and 1 example of signage	example within 2 years
3. Integration of brand messaging	3. Provide examples of how the health department integrates brand messaging into organizational communication strategies and external communications (e.g., website, media releases, public service announcements, social media activities, speeches, grant applications, and promotional materials).	2 examples - from different programs	1 example within 2 years; the other example may be older, but no older than 5 years

Measure 3.3:

The community receives accurate, timely, and culturally appropriate health communications

This measure addresses continued conformity with Standards and Measures, Version 1.5:

Standard 3.2 Provide information on public health issues and public health functions through multiple methods to a variety of audiences

Requirements	Guidance	Document(s)	Dated Within
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1. Communications with the public	<p>1. Provide a procedure or process for accurate and timely communications with the public. (Procedures may be combined into one document or may be in several separate documents.)</p> <p>Timely means rapidly and within the time period in which the information is needed and useful.</p> <p>The procedure must include:</p> <ul style="list-style-type: none"> a. A designated public information officer. b. Coordination with community partners concerning messaging. c. How communication is provided in culturally sensitive and linguistically appropriate formats for the population served by the health department. d. How the media are effectively used to communicate with the public in emergency and non-emergency communications. e. How the health department coordinates with other health departments and other governmental entities. 	1 procedure or process	5 years
2. Culturally sensitive and/or linguistically appropriate communication	<p>2. Provide program examples of culturally sensitive and/or linguistically appropriate communication for the population served.</p> <p>Examples must be culturally appropriate, in other languages, using plain language (communications that the audience can understand the first time they read or hear it), and/or address a specific population that may have difficulty with the receipt or understanding of public health communications.</p>	2 examples; two different programs	5 years

3. Risk communications plan	<p>3. Provide the health department's risk communication plan. (This plan may be a part of the communications procedures described in 1 above or may be a separate document.)</p> <p>The plan must include:</p> <ul style="list-style-type: none"> a. How information is provided for a given situation; b. How information is provided 24/7. c. The delineation of roles, responsibilities, and chain of command. d. How information is disseminated in the case of communication technology disruption. e. How message clearance is expedited. f. How the health department works with the media. g. How the health department prevents public alarm by dealing with misconceptions or misinformation. h. How the health department coordinates with other health departments to assure consistency of risk messaging. 	1 plan	5 years
4. Risk communications	<p>4. Provide specific examples of the implementation of the health department's written risk communication plan during a crisis, disaster, outbreak, or other health threat.</p> <p>Examples may be from an exercise if there has not been a crisis, disaster, outbreak, or other health emergency in the last 5 years.</p> <p>Documentation could be press releases, television or radio interviews, mass emails, tweets, etc.</p>	2 examples	5 years
5. Relationship with media	<p>5. Describe the health department's relationship with the media and how the media are used as a tool to increase the public's understanding of public health and public health issues.</p>	Narrative description	Describe current relationship

	The media include print media, radio, television, bloggers, web reporters, and diverse media outlets (for example, urban radio stations; free community newspapers; immigrant, ethnically targeted, LGBT focus, and non-English speaking language newspapers or radio stations, etc.).		
6. Use of the media	<p>6. Provide examples of how the media carried a public health message from the health department to the public.</p> <p>Paid advertisements are not examples of the media carrying a public health message from the health department and is not sufficient evidence of a partnership with the media.</p> <p>Documentation could be, for example, published articles, local television or radio interviews, blogger article, etc.</p>	2 examples	5 years

DOMAIN 4 ENGAGE WITH THE COMMUNITY TO IDENTIFY AND ADDRESS HEALTH PROBLEMS			
Measure 4.1: Cross-sector collaboration is routine and community health-enhancing networks are fostered to promote the public's health			
This measure addresses continued conformity with Standards and Measures, Version 1.5: Standard 4.1 Engage with the public health system and the community in identifying and addressing health problems through collaborative processes			
Requirements	Guidance	Document(s)	Dated Within
1. Collaboration with other sectors of the community is a standard practice of the health department	<p>1. Describe the process or steps for the health department's collaboration and partnership with other sectors of the community as a standard practice in efforts to promote and improve the public's health.</p> <p>The narrative must include:</p>	Narrative description	Describe the current process or steps

	<ul style="list-style-type: none"> a. How the health department engages other sectors of the community in ongoing dialogue; collective decision making; and community resource identification and sharing towards shared ownership, social change, and public health improvement. b. How the health department leads or participates in efforts for community mobilization for improved health. c. How the health department cultivates community health-enhancing networks through sharing knowledge concerning the importance of cross-sector collaborations and through sharing collaboration tools and processes with community partners. 		
2. Mobilized and coordinated community assets	<p>2. Describe specific examples of how community assets were mobilized and coordinated to strengthen social engagement, increase social capital, strengthen trust, increase shared accountability, and/or improve community resilience.</p> <p>The narrative must include:</p> <ul style="list-style-type: none"> a. How various expertise, assets, and/or resources were accessed and coordinated. b. A description of the health department's role and participation. c. A list of the community sectors with which the health department was engaged in the examples (for example, hospitals, school system, the business sector, social service organizations, faith community, private citizen groups/associations, parks and recreation, transportation, etc.). <p>Community assets include individuals, citizen associations, local institutions, political leaders, businesses and industries, nonprofits, faith-based organizations, informal community leaders, government agencies, voluntary organizations, community foundations, etc.</p>	Narrative description of 2 examples	5 years

	Community mobilization involves organizing community assets to increase community control and political efficacy for improved quality of community life, community resilience, and health equity.		
3. Community change implemented through cross-sector collaboration	<p>3. Describe specific examples of a community change for health improvement that was implemented through the work of a cross-sector collaboration.</p> <p>Examples could include a community policy change, built environment change, a change in the use of a community resource, etc.</p> <p>Examples may or may not be derived from the community health improvement plan.</p> <p>These two examples could be the same as those used in required Documentation 2 of this measure.</p>	Narrative description of 2 examples	5 years

Measure 4.2: The target population that is intended to be affected by public health strategies or interventions are engaged in the development or improvement of those strategies, programs, or interventions			
This measure addresses continued conformity with Standards and Measures, Version 1.5: Standard 4.2 Promote the community's understanding of and support for policies and strategies that will improve the public's health			
Requirements	Guidance	Document(s)	Dated Within
1. Targeted population engagement is a standard practice in the development or improvement of programs or interventions that target a particular population or group	1. Describe examples of the health department consulting and engaging in dialogue with the target population of a strategy, program, or intervention concerning program design, messaging, program activities, etc. and providing an opportunity for the target population to take ownership of the strategy through having provided input.	Narrative description of 2 examples	Examples within 5 years

2. Strategy, program, or intervention that engaged the target population	<p>2. Describe examples of strategies, programs, or interventions in which the target population was engaged or consulted on its development or improvement.</p> <p>The narrative must include:</p> <ul style="list-style-type: none"> a. A description of the health issue. b. A description of the target population. c. A description of the method(s) used to engage the population. <p>Examples of ways that a target population can be engaged include (1) a focus group that is held with teenagers to discuss ideas for a teenage tobacco use prevention initiative, (2) a community meeting that is facilitated to discuss ways to encourage physical activity, and (3) members of a non-English speaking population involved in reviewing the messaging of public health education materials.</p>	Narrative description of 2 examples	1 example within 2 years; the other example may be older, but no older than 5 years

Measure 4.3: Those who make policy, resource, or regulatory decisions that impact the public's health have a relationship with the health department and seek and use health department's information about public health policies and strategies			
This measure addresses continued conformity with Standards and Measures, Version 1.5: Standard 4.2 Promote the community's understanding of and support for policies and strategies that will improve the public's health			
Requirements	Guidance	Document(s)	Dated Within
1. The health department is engaged with those who make decisions on policy, resources, or regulations	<p>1. Describe an example of the health department's engagement or involvement in a policy, resource allocation, or regulatory decision made by others.</p> <p>The narrative must include:</p>	Narrative description of 1 example	5 years

	<ul style="list-style-type: none"> a. A description of the policy, resource allocation, or regulatory decision in which the health department was engaged. b. A description of the process of dialoguing with the decision maker(s) in this example. c. A description of the impact that the health department had on the final policy, resource allocation, or regulation. 		
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DOMAIN 5 DEVELOP POLICIES AND PLANS			
Measure 5.1: The health department is a strategic community health development organization			
This measure addresses continued conformity with Standards and Measures, Version 1.5: Standard 5.1 Serve as a primary and expert resource for establishing and maintaining public health policies, practices, and capacity			
Requirements	Guidance	Document(s)	Dated Within
1. Community public health practice, cultural competence, health equity, and effective community engagement are advanced by the health department	1. Describe the methods used by the health department in its role as a leader and advocate for addressing social determinants of health and health equity. The narrative must include: <ul style="list-style-type: none"> a. A description of methods the health department uses to influence others to adopt and implement evidence-based public health practice, cultural competence, health equity, and effective community engagement methods. b. A description of the methods the health department uses to encourage others to mobilize the community 	Narrative description	Describe current methods used

	<p>and the community resources to improve the public's health.</p> <p>c. A description of how the health department works with leaders of other health departments (Tribal, state and/or local health departments) to incorporate health equity goals and metrics into strategies, program development, and policies.</p>		
2. Public policy incorporates public health considerations	<p>2. Describe how the health department provides leadership in public policy setting to ensure evidence-based public health practice, cultural competence, health equity, system level changes, and effectiveness in community engagement in public health policy.</p> <p>Include in the narrative:</p> <p>a. How the health department promotes public health considerations being incorporated into decision-making across sectors and policy areas.</p> <p>b. How those who set public policy are informed about the health consequences of various policy options during the policy development process.</p>	Narrative description	Describe current practices
3. Community initiatives and policies incorporate evidence-based public health practice, cultural competence, and/or health equity	<p>3. Describe specific examples of initiatives or policies in which the health department was engaged and promoted evidence-based public health practice, cultural competence, and/or a focus on health equity.</p> <p>The initiatives could be led by another organization or department with which the health department was involved.</p>	Narrative description of 2 examples	1 example within 2 years; the other example may be older, but no older than 5 years

Measure 5.2:

The health department encourages and participates in community collaborative implementation of the community health improvement plan and participates in its revision as community public health priorities are addressed and revised

This measure addresses continued conformity with Standards and Measures, Version 1.5:

Standard 5.2 Conduct a comprehensive planning process resulting in a Tribal/state/community health improvement plan

Requirements	Guidance	Document(s)	Dated Within
1. The implementation of the community health improvement plan is tracked and the plan is revised, as needed	<p>1. Describe the community collaborative process used to continually track the implementation of the community health improvement plan and revise it.</p> <p>The narrative must include:</p> <ul style="list-style-type: none"> a. A description of how the members of the community partnership share responsibility to implement and update the plan. Include how implementation responsibilities are assigned and how partners are accountable. b. A description of the community process to track implementation of the plan. c. A description of the community process for reassessing and revising community priorities. Include how new or additional information or data that have been incorporated into the community health assessment (as per Measure 1.1) are considered in the priority process. d. A description of the community partner process for updating the plan. (Community partners may be the same partners identified in Measure 1.1, Required Documentation 1.) 	Narrative description	Describe current process
2. Community health improvement plan	<p>2. Provide the most recent version of the community health improvement plan.</p> <p>The plan must include:</p> <ul style="list-style-type: none"> a. Community priorities for action. b. Desired measurable outcomes or indicators of health improvement and priorities for action. 	1 plan	5 years

	<ul style="list-style-type: none"> c. Considerations of social determinants of health, causes of higher health risks and poorer health outcomes, and health inequities. d. Plans for policy and system level changes for the alleviation of identified causes of health inequity. Policy changes may address social and economic conditions that influence health and health equity including, for example, housing, transportation, education, job availability, neighborhood safety, and zoning. e. Designation of the individuals and organizations that have accepted responsibility for implementing strategies. 		
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Measure 5.3: The health department is guided by a department strategic plan that is revised as the department priorities are achieved or adjusted			
This measure addresses continued conformity with Standards and Measures, Version 1.5: Standard 5.3 Develop and implement a health department organizational strategic plan			
Requirements	Guidance	Document(s)	Dated Within
1. Implementation of the strategic plan is tracked and the plan is revised, as needed	1. Describe the department's process used to continually track the implementation of the strategic plan and revise it, as needed. The narrative must include: <ul style="list-style-type: none"> a. A description of how the health department's staff at various levels and across the department are engaged with a shared responsibility to implement and update the strategic plan. b. A description of how the implementation of the plan is tracked. c. A description of the process for reassessing and revising department priorities. 	Narrative description	Describe current process

	<ul style="list-style-type: none"> d. A description of how unanticipated changes in priorities, level of resources, and/or opportunities are factored into the strategic plan implementation and revision. e. A description of the process for reviewing and updating the plan. 		
2. Department strategic plan	<p>2. Provide the most recent version of the health department's strategic plan.</p> <p>The plan must include:</p> <ul style="list-style-type: none"> a. Strategic priorities. b. Goals and objectives with measurable time-framed targets. c. Consideration of agency infrastructure and capacity required for efficiency and effectiveness; for example, information management, communication (including branding), workforce development, financial stability, etc. d. The identification of changing or emerging trends that affect the effectiveness and/or strategies of the health department. e. A description of how the strategic plan links to the community health improvement plan. 	1 plan	5 years

Measure 5.4: The communitywide All Hazards Emergency Operations Plan and the public health Emergency Operations Plan are tested and revised			
This measure addresses continued conformity with Standards and Measures, Version 1.5: Standard 5.4 Maintain an all hazards emergency operations plan			
Requirements	Guidance	Document(s)	Dated Within
1. Community All Hazards Emergency Operations Plan is reviewed and revised	1. Describe how the All Hazards Emergency Operations Plan is reviewed and revised in collaboration with other governmental agencies.	Narrative description	Describe current process

	<p>Include in your narrative how jurisdictions (Tribal, state, local) collaborate on the implementation/testing and revision of the Emergency Operations Plan.</p>		
<p>2. Public Health Emergency Operations Plan</p>	<p>2. Provide the most recent version of the public health Emergency Operations Plan.</p> <p>The plan may be a standalone document that delineates the health department roles and responsibilities or it may be a section within a larger plan with annexes or sub-plans.</p> <p>The plan must include:</p> <ul style="list-style-type: none"> a. Plans to ensure that the entire population is addressed, including those with special needs and vulnerable populations; for example, those with disabilities and non-English speaking people. b. Provisions for cultural competence in the plan's implementation. c. Roles and responsibilities of the health department staff. d. The use of communication networks. e. Provisions for continuity of operations. f. Protocol for determining the activation of the public health Emergency Operations Plan. g. How the plan is reviewed and revised at least every two years, if needed, based on exercises, events, After Action Reports, etc. 	1 plan	5 years
<p>3. After Action Report Protocols</p>	<p>3. Provide the health department's written protocol for the conduct of After Action Reports.</p> <p>The protocol must include how the health department ensures that the After Action Report informs revisions of the Public Health Emergency Operations Plan.</p>	1 protocol	5 years

4. The implementation of the Public Health Emergency Operations Plan is tested and revised as needed	4. Provide one After Action Report of a real emergency or exercise for an emergency. Include any revisions to the public health Emergency Operations Plan as a result of the After Action Report.	1 example	5 years
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DOMAIN 6 ENFORCE PUBLIC HEALTH LAWS			
<i>The term “laws” as used by PHAB refers to ALL types of statutes, regulations, rules, executive orders, ordinances, case law, and codes that are applicable to the jurisdiction of the health department. For state health departments, not all ordinances are applicable, and therefore ordinances may not need to be addressed by state health departments. Similarly, some statutes are not applicable to local health departments, and therefore some statutes may not need to be addressed by local health departments. For Tribal health departments, applicable “laws” will depend on several factors, including governance framework and interaction with external governmental entities (federal, state, and local).</i>			
Measure 6.1: Laws protect and promote the public’s health			
This measure addresses continued conformity with Standards and Measures, Version 1.5: Standard 6.1 Review existing laws and work with governing entities and elected/appointed officials to update as needed			
Requirements	Guidance	Document(s)	Dated Within
1. Health department leadership and expertise in the public health implications of laws	1. Describe how the health department provides leadership and expertise concerning how specific laws can/do impact on the public’s health. The narrative must include: a. A description of the relationship that the health department has with those who adopt laws (for example, county commissioners, city councils, Tribal councils, judicial representatives, state legislatures). Describe how the health department’s public health expertise is offered to and accessed by those who create/adopt laws.	Narrative description	Describe current process

	<p>b. A description of how the health department identifies existing or proposed laws that could impact on the public's health and require review by the health department.</p> <p>c. A description of the guidelines, process, or tools (for example, checklists, model laws, standards, etc.) the health department uses to review laws in the context of current evidence-based information.</p>		
2. Expert public health advice provided to those who adopt laws	<p>2. Provide examples of information and education provided to those who adopt laws concerning the actual or potential impact on public health.</p> <p>Documentation could be a letter or memorandum, testimony, position paper, staff report, etc.</p>	2 examples, different programs	1 example within 2 years; the other example may be older, but no older than 5 years

Measure 6.2: The public is informed about laws and their potential impact on public health			
This measure addresses continued conformity with Standards and Measures, Version 1.5: Standard 6.2 Educate individuals and organizations on the meaning, purpose, and benefit of public health laws and how to comply			
Requirements	Guidance	Document(s)	Dated Within
1. Information provided to the public concerning public health laws and their purpose	<p>1. Provide examples of the health department's communication with the public about public health related laws and their purpose and/or importance to the public's health.</p> <p>Public health related laws include those that address, for example, immunization laws, quarantine laws, tattoo parlor inspection, helmet laws, environmental laws, data reporting laws (e.g., gun related injuries), emergency powers, taxes on</p>	2 examples, different topics	5 years

	sugary drinks, breast feeding laws, healthy vending laws, zoning laws concerning farmers' markets or community gardens, etc.		
2. Information provided to the public about public health law violations	2. Describe how the health department notifies and informs the public of public health law violations that could impact their health (for example, restaurant inspection results, tattoo parlor inspection results, illegal toxic gas emissions, etc.).	Narrative description	Describe current process or procedures
3. Information about public health laws provided through multiple communication vehicles	3. Provide examples of the health department's communication with the public provided through multiple communication vehicles. Each example must use two different types of media (for example, newspaper list of violations, twitter, Facebook, public posting, newsletters, editorials, etc.).	2 different topics; for each of the topics provide 2 examples of different media	5 years

Measure 6.3: Public health laws are enforced consistently and fairly			
<i>Where the department does not conduct enforcement actions, examples from and description of the enforcement agency must be provided and the health department must describe the cooperation between the enforcement agency and the health department.</i>			
This measure addresses continued conformity with Standards and Measures, Version 1.5: Standard 6.3 Conduct and monitor public health enforcement activities and coordinate notification of violations among appropriate agencies			
Requirements	Guidance	Document(s)	Dated Within
1. Regulated entities are informed	1. Provide examples of how regulated entities or individuals who engage in regulated activities are informed of the law and compliance requirements.	2 examples; different topics	5 years
2. Inspections of regulated entities are regular and managed	2. Describe how regular inspections of regulated entities (e.g., food service establishments, drinking water, septic systems, recreational water places, hotels/motels, body art facility, children's camps, schools/daycare, smoke-free ordinances, etc.) are managed and conducted.	Narrative description	Describe current process or procedures

	<p>The narrative must include:</p> <ul style="list-style-type: none"> a. A description of how the health department monitors and tracks its inspections to ensure that they are responded to and are up to date. b. A description of the process to address violations and how violations are prioritized. c. A description of how the health department identifies and responds to trends in violations. d. A description of how trends in violations inform health improvement strategies. 		
3. Emergency inspections of regulated entities	<p>3. Describe the process for inspections in response to an emergency situation.</p> <p>The description must include how the health department notifies other appropriate agencies and organizations.</p>	Narrative description	Describe current process
4. Complaints concerning regulated entities are handled	<p>4. Describe how complaints concerning regulated entities or facilities (for example, public swimming pools and septic tanks) are handled and how investigations of complaints are addressed, resolved, and their resolution documented.</p>	Narrative description	Describe current process

DOMAIN 7 IDENTIFY AND IMPLEMENT STRATEGIES TO IMPROVE ACCESS TO HEALTH CARE SERVICES			
Measure 7.1: Populations' access to care has been collaboratively assessed and strategies to increase access to health care for those who experience barriers to care have been collaboratively developed and adopted			
This measure addresses continued conformity with Standards and Measures, Version 1.5: Standard 7.1 Assess health care service capacity and access to health care services Standard 7.2 Identify and implement strategies to improve access to health care services			
Requirements	Guidance	Document(s)	Dated Within

<p>1. Continuous development of strategies to increase access to care</p>	<p>1. Describe the collaborative process used to continually develop strategies to increase access to health care for those who experience barriers.</p> <p>The health department may lead this process or be a partner and have a seat at the table.</p> <p>The narrative must include:</p> <ul style="list-style-type: none"> a. A description of the process used for: <ul style="list-style-type: none"> 1. the assessment of unserved or under-served populations, 2. the identification of gaps in and/or barriers to care, 3. the identification of the causes of gaps and/or barriers, and 4. the development of strategies for the unserved or under-served to access care from health care providers, particularly primary/preventive health care. b. A description of the mechanism(s) for sharing data among the partner organizations engaged in the development of the strategies. c. A list or description of the partners that are engaged in the planning of the strategies. <p>Partners may include: organizations (for example, health insurance, employers, etc.), community sectors (for example, public transportation companies, the school system, the faith community, etc.), health care providers (for example, primary care associations, community health clinics, convenient care providers, etc.), and specific populations who lack health care and/or experience barriers to service (for example, disabled, non-English speaking, or otherwise disenfranchised residents).</p>	<p>Narrative description</p>	<p>Describe the current process</p>
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	<p>d. A description of the consultative role of the health department in the development of strategies.</p> <p>e. A description of ways that the process ensures that emerging or shifting factors (for example, accountable care organizations, convenient care clinics, coordinated care organizations, changes in reimbursement structures, health care professional shortages, technological advances such as electronic medical records or telemedicine, etc.) are considered in the development strategies, as appropriate.</p>		
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Measure 7.2: The features and systems of the community provide access to health care to those who have historically experienced barriers to health care			
This measure addresses continued conformity with Standards and Measures, Version 1.5: Standard 7.2 Identify and implement strategies to improve access to health care services			
Requirements	Guidance	Document(s)	Dated Within
1. System level strategy to increase access to health care	<p>1. Describe examples of collaboratively implemented system level strategies to increase access to health care for those who experience barriers to care.</p> <p>The health department may not be involved in the actual implementation of the strategy but play a support role.</p> <p>Strategies might include, for example, developing systems to link individuals with needed and convenient services; developing systems of care in partnership with other members of the community; addressing transportation barriers; addressing cuts in budgets and clinic hours; expanding roles of care givers (e.g., mid-level providers) to provide screenings and referrals; working with employers to increase the number of insured workers; or developing other strategies to address particular barriers.</p>	Narrative description of 2 examples	5 years

	<p>The narrative must include:</p> <ul style="list-style-type: none"> a. A description of how emerging or shifting factors (for example, accountable care organizations, convenient care clinics, coordinated care organizations, changes in reimbursement structures, health care professional shortages, technological advances such as electronic medical records or telemedicine, etc.) were incorporated into the development of strategy. b. A description of how the strategy is culturally competent, specific to those who experience barriers to care due to cultural, language, or literacy differences. c. A description of the role of the health care system in the implementation of the strategy. d. A description of how other sectors were involved (for example, representatives of social service organizations, employers, health insurance companies, communities of color, Tribes, low income workers, military installations, correctional agencies, public transportation, the faith community, etc.). e. A description of how the health department's population-based public health activities are coordinated with the health care system's provision of clinical and/or personal health care services to maximize the effectiveness and efficiency of both clinical/personal health care and population based public health. f. A description of how the collaborative partners are evaluating or will evaluate the impact of this strategy. List the indicators that are or will be used. 		
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DOMAIN 8
MAINTAIN A COMPETENT WORKFORCE

Measure 8.1:

The health department's workforce has the multidisciplinary skills needed for the health department to achieve its mission, goals, and objectives

This measure addresses continued conformity with Standards and Measures, Version 1.5:

Standard 8.1 Encourage the development of a sufficient number of qualified public health workers

Standard 8.2 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

Requirements	Guidance	Document(s)	Dated Within
1. Workforce development plan	<p>1. Provide the most recent version of the health department's workforce development plan.</p> <p>The plan must include:</p> <p>a. An assessment of the health department's future workforce competency needs.</p> <p>Include consideration of the changing external environment (for example, technological advances; increasing emphasis on health equity, community engagement, and cultural competence; increasing collaboration with health care providers; demographic changes; climate change; etc.)</p> <p>b. An assessment of the health department's current collective capacity and capability against adopted core competency set(s) and future needs in order to identify gaps. Core competencies may be national or state adopted competencies or may be developed by the health department. They may be general core competencies or specialty focused.</p>	1 plan	2 years

	<p>c. Strategies to address current and anticipated gaps in capacities and capabilities.</p> <p>Strategies may include developing relationships and working with academic and educational programs to promote the training of current and future public health workers, utilizing online educational public health resources, training schedules and curricula topics for staff, recruitment plans and/or selection criteria, department professional development programs for staff and leadership, assurance of current credentials, etc.</p> <p>d. Consideration of the characteristics of the population of the geographic area that the health department is authorized to serve and the plans for recruitment of individuals who reflect the ethnic, language, and cultural aspects of the population served.</p> <p>e. How the workforce development plan addresses health department priorities and links to and will support the achievement of the goals and objectives in the department's strategic plan.</p> <p>f. An implementation plan or work plan.</p>		
2. Implementation of the workforce development plan	<p>2. Describe examples of implementation of the workforce development plan and the impact of that implementation.</p> <p>The narrative must include the achievements that resulted from the implementation of the plan.</p>	Narrative description of 2 examples	1 example within 2 years; the other example may be older, but no older than 5 years

Measure 8.2: The work environment of the health department supports and fosters each staff person's contribution to the achievement of the health department's mission, goals, and objectives			
This measure addresses continued conformity with Standards and Measures, Version 1.5: Standard 8.2 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			
Requirements	Guidance	Document(s)	Dated Within
1. Supportive work environment	1. Describe the health department's practices that promote and ensure a supportive work environment and that encourage employees to contribute to the achievement of the department's mission, goals, and objectives. The narrative must include: a. A description of how work/life balance is promoted. b. A description of employee retention efforts. c. A description of practices that promote collaborative learning, such as participation of staff on boards, committees, and task forces; collaborative planning; and brainstorming and collaborative program development.	Narrative description	Describe the current practices
2. Employee recognition	2. Describe examples of practices that recognize employees. Examples of employee recognition may include recognition in a newsletter, employee of the month program, posting an employee honor roll, awards, recognition letters, regularly organized recognition lunch, etc.	Narrative descriptions of 2 examples	2 years
3. Employee wellness efforts	3. Describe examples of practices or activities that promote employee wellness. Activities may include, for example, health screenings and risk assessments, flu shots, exercise programs, nutrition information, stress reduction methods, breastfeeding and lactation support, and tobacco use cessation. Examples may	Narrative descriptions of 2 examples	2 years

	also include healthy food policies and efforts to create a culture of health and wellness.		
4. Job descriptions include job competencies and link to the department's strategic plan	4. Provide a job description template used by the health department that includes sections for the identification of required competencies and the identification of links of the job responsibilities to the department's mission and strategic plan.	1 template	Provide the current template used by the health department
5. Professional Development opportunities are available	5. Provide a template for employees' annual review. Include a section for agreements on professional development goals and plans.	1 template	Provide the current template used by the health department

DOMAIN 9 EVALUATE AND CONTINUOUSLY IMPROVE PROCESSES, PROGRAMS, AND INTERVENTIONS			
Measure 9.1: The achievement of goals and objectives is monitored by the health department using a performance management system			
This measure addresses continued conformity with Standards and Measures, Version 1.5: Standard 9.1 Use a performance management system to monitor achievement of organizational objectives			
Requirements	Guidance	Document(s)	Dated Within
1. Health department wide performance management system	1. Describe the health department's performance management system. The narrative must include: a. A description of how measures are developed or selected and the criteria used for their selection.	Narrative description	Describe the current system

	<ul style="list-style-type: none"> b. A description or list of the measures that are being tracked through the performance measurement system. c. A description of how these measures link to the CHIP, strategic plan, workforce development plan, and quality improvement plan. d. A description of the process and frequency of reviews to monitor implementation, analyze progress, revise plans, reallocate resources, and communicate results. e. A description of how the progress or reporting of measures is shared with or available to all staff. f. A description of how program and administrative areas of the health department contribute to the implementation of work plans to fulfill the health department's responsibilities, accomplish its objectives, and contribute to the use of the performance management system. g. A description of the process for the revision of measures. h. A description of how the performance management system is used for decision-making and prioritizing based on the monitoring of measures. i. A description of how the performance management system itself has matured in the past five years. 		
2. Performance based health department	<p>2. Describe how the expectation of being a performance based health department is supported by the department's operations.</p> <p>The narrative must include:</p> <p>A description of how the organization of the health department is aligned to promote:</p> <ul style="list-style-type: none"> 1. staff ownership of the performance management system, 2. effective assignment of responsibilities, 	Narrative description	Describe the current operations that support a performance based department

	<ul style="list-style-type: none"> 3. efficient flow of program and performance information, 4. collaboration on efforts across the department, and 5. transparent decision-making within the department concerning the department's performance. 		
3. Leadership support for performance management	3. Describe how the health department director and other leadership support the implementation of the department wide performance management system for strategic implementation of efforts to reach goals and objectives.	Narrative description	Describe the current leadership support

Measure 9.2: A culture of continuous quality improvement is nurtured across the health department			
This measure addresses continued conformity with Standards and Measures, Version 1.5: Standard 9.2 Develop and implement quality improvement processes integrated into organizational practice, processes, and interventions			
Requirements	Guidance	Document(s)	Dated Within
1. Quality improvement plan revision process	1. Describe the process used for the regular revision of the Quality Improvement Plan since receipt of initial accreditation.	Narrative description	Describe the current process
2. Quality improvement plan	2. Provide the most recent version of the department's quality improvement plan. The plan must include: <ul style="list-style-type: none"> a. The structure for the implementation of quality improvement: organization, roles and responsibilities, membership and rotation, staffing and administrative support, budget and resource allocation. b. The types of quality improvement training available and conducted (for example, new employee orientation, introductory online course for all staff, advanced 	1 plan	5 years

	<p>training for lead QI staff, continuing staff training on QI, and other training as needed – position-specific QI training (MCH, Epidemiology, infection control, etc.).</p> <p>c. A description of how the performance management system is used to identify and prioritize quality improvement projects (for example, alignment with the strategic plan priorities and/or community health improvement plan priorities, potential impact on health status, potential impact on an intervention's or program's effectiveness, potential impact on efficiency, etc.).</p> <p>d. A systematic process for the regular consideration of customer feedback on programs and interventions for improvement of population based health promotion, protection, or improvement efforts.</p> <p>Describe how customer feedback is gathered and analyzed. Describe how results are considered for quality improvement of policies, programs, and/or interventions.</p> <p>e. A description of how the results of quality improvement activities are communicated to staff, the governing entity, and others, as appropriate.</p> <p>f. A process to assess the effectiveness of the quality improvement plan and activities. (This may include the review of the process and the progress toward achieving goals and objectives, efficiencies and effectiveness obtained and lessons learned, customer/stakeholder satisfaction with programs, and description of how reports on progress were used to revise and update the quality improvement plan.)</p>		
3. Alignment of the performance management system and quality improvement	3. Describe two specific examples of how the performance management system informed, steered, or guided quality improvement; and/or or how quality improvement efforts	Narrative description of 2 examples	5 years

	influenced or affected the performance management system (e.g., adding measures to the Performance Management System based on QI work).		
4. Implementation of quality improvement	<p>4. Describe specific examples of implementation of quality improvement projects.</p> <p>Examples must focus on quality improvement of existing projects, programs, or efforts rather than on formative evaluation.</p> <p>Each example must include:</p> <ol style="list-style-type: none"> A description of the existing effort or gap for which improvement is needed. An aim statement. The quality improvement tools and implementation methods used. The outcome or progress of the project. <p>A storyboard may be submitted as documentation. If a through d (above) are not sufficiently addressed on the storyboard, the storyboard should be supplemented with narrative.</p> <p>Examples of population based community health quality improvement efforts include:</p> <p>Efforts to improve the use of bike paths. That is, a project could be developed to identify why people don't use the community's bike paths and to implement improvements (for example, safety improvements, bike clubs, bike sharing program).</p>	<p>Narrative description of 3 examples: 2 examples must be from program areas and one example must be from an administrative area. (See the PHAB Acronyms and Glossary of Terms for definitions of "administrative" and "program.") One of the program examples must be a program area that focuses on population based health promotion, protection, or improvement efforts to address a community health issue.</p>	5 years

	<p>Efforts to increase the population's purchase of fruits and vegetables from the small "farmers' markets" that are located in different places in the community on different days of the week. The quality improvement effort will focus on why the community is not accessing the farmers' markets' produce and will test solutions. Possible reasons might include: the produce is not what they are used to and they want other kinds (specialized market might help); they don't know what to do with fresh produce (cooking classes might help); they would rather buy easily accessible and inexpensive junk food (a community or school garden, a school lunch program that uses fresh produce and teaches students about it, a science curriculum that includes nutrition might be considered).</p> <p>Efforts to increase compliance with existing tobacco-free policies. Signage regarding the policy has been ineffective. A project could be developed to identify the reasons that the policy is not being implemented and test potential solutions. Perhaps the signage is placed inappropriately. Existing community smoking cessation programs may target adults rather than students. Local convenience stores might be found to be selling tobacco products to minors. Perhaps a large percentage of parents use tobacco products. Teachers may not be trained to properly deliver tobacco prevention curriculum. Tobacco prevention programs in the schools may need to start with younger students.</p>	(See the PHAB Acronyms and Glossary of Terms for definitions of "population based health" and "community health.")	
5. Institutionalized continuous quality improvement	5. Describe how the health department has institutionalized continuous quality improvement toward strengthening the health department's culture of quality improvement.	Narrative description	Describe how the health department currently institutionalizes continuous

			quality improvement
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DOMAIN 10 CONTRIBUTE TO AND APPLY THE EVIDENCE BASE OF PUBLIC HEALTH			
Measure 10.1: The health department's programs and interventions are based on the best available evidence			
This measure addresses continued conformity with Standards and Measures, Version 1.5: Standard 10.1 Identify and use the best available evidence for making informed public health practice decisions			
Requirements	Guidance	Document(s)	Dated Within
1. Process for using the best available evidence	1. Describe the process that the health department uses to ensure that programs and interventions are designed and revised, using the best available evidence. The narrative must include: a. A description of the health department's procedure to look for evidence-based or promising practices when a program or intervention is developed or revised. b. A description of the health department's general practice to customize the evidence-based or promising practice to be appropriate for the community and the community's particular characteristics.	Narrative description	Describe the current process
2. Evidence-based or promising practice program	2. Describe specific examples of a population-based program or intervention that is evidence-based or promising practice based. Cite the source of the evidence used in the example.	Narrative description of 2 examples. 1 example must be evidence based (as opposed to a promising practice)	3 years

Measure 10.2: The health department encourages the understanding and use of public health research findings in the establishment of laws, policies, programs, and resource allocations			
This measure addresses continued conformity with Standards and Measures, Version 1.5: Standard 10.2 Promote understanding and use of the current body of research results, evaluations, and evidence-based practices with appropriate audiences			
Requirements	Guidance	Document(s)	Dated Within
1. Research results, evaluations, and evidence-based practices monitored	1. Describe how the health department monitors research results, evaluations, and evidence-based practices or accesses others' monitoring results for implications for public health practice or potential impact on the public's health.	Narrative description	Describe the current process
2. Research results, evaluations, and evidence-based practices and their implications communicated	2. Describe methods that the health department uses to communicate facts and implications of research results, evaluations, and evidence-based practices to individuals and organizations in order to promote informed decision-making.	Narrative description	Describe the methods currently used

DOMAIN 11: MAINTAIN ADMINISTRATIVE AND MANAGEMENT CAPACITY			
Measure 11.1: The health department organizes, leads, and manages its operations to reach organizational goals			
This measure addresses continued conformity with Standards and Measures, Version 1.5: Standard 11.1 Develop and maintain an operational infrastructure to support the performance of public health functions Standard 11.2 Establish effective financial management system			
Requirements	Guidance	Document(s)	Dated Within
1. Operational policies and procedures	1. Describe the process and frequency that the health department reviews and revises or recommends revisions to its written operational policies and procedures in order to address changing or emerging administrative or management	Narrative description	Describe the current process

	considerations. Include how changes are communicated to staff.		
2. Human resources policies and procedures	2. Describe the process and frequency that the health department reviews and revises or recommends revisions to its written human resources policies and procedures in order to address changing or emerging administrative or management considerations. Include how changes are communicated to staff.	Narrative description	Describe the current process
3. Information management	3. Describe the health department's information management infrastructure for data storage, security, confidentiality, and analysis and reporting. The narrative must include a description of the health department's process for regular review of changing or increasing information management system requirements to guide system changes and development.	Narrative description	Describe the current infrastructure
4. Financial management	4. Describe the health department's financial management system. The narrative must include a description of the budget process, provisions for audits, the chart of accounts, and the management of a variety of grants and contracts.	Narrative description	Describe the current system
5. Sustainable health department	5. Describe specific examples of efforts of the health department to ensure the health department's sustainability.	Narrative description of 2 examples. One example must be an effort to seek grants and the other must be an effort to advocate for investment in public health.	Describe 1 example within 2 years; the other example may be older but no older than 5 years.

Measure 11.2: The health department manages ethical issues			
This measure addresses continued conformity with Standards and Measures, Version 1.5: Standard 11.1 Develop and maintain an operational infrastructure to support the performance of public health functions			
Requirements	Guidance	Document(s)	Dated Within
1. Management of ethical issues	1. Provide the health department's policies and process for the identification, consideration, deliberation, and resolution of ethical issues that arise from the health department's programs, policies, interventions, or employee/employer relations.	One policy or procedure or a set of policies and procedures that describe the process for addressing ethical issues	5 years
2. Resolution of ethical issue	2. Describe a specific example of an ethical issue that has been considered, discussed, and resolved.	Narrative description of an example	5 years

Measure 11.3: The health department is culturally competent and accessible to populations			
This measure addresses continued conformity with Standards and Measures, Version 1.5: Standard 11.1 Develop and maintain an operational infrastructure to support the performance of public health functions			
Requirements	Guidance	Document(s)	Dated Within
1. Interventions are culturally appropriate	<p>1. Describe the health department's policies, processes and/or procedures for the development of interventions or programs that are culturally appropriate for populations served by the health department.</p> <p>The narrative must include:</p> <p>a. A description of how the health department assesses its "cultural competence." (See the PHAB Acronyms and Glossary).</p>	Narrative description	Describe the current policies, processes, and/or procedures

	<ul style="list-style-type: none"> b. A description of the ongoing efforts to increase the health department's cultural competency, including staff training. c. A description of how the health department assures that written materials for the public are in plain language and are appropriate for low literacy and low health literacy. 		
2. Process, program, or intervention provided in a culturally or linguistically competent manner	2. Describe examples of a process, program, or intervention that is designed and provided in a culturally and linguistically competent manner.	Narrative description of 2 examples	Describe 1 example within 2 years; the other example may be older, but no older than 5 years
3. Accessible facilities and offices	3. Describe how the health department's facilities and offices are made accessible to those who have physical disabilities, are sight or hearing impaired, or have language barriers.	Narrative description	Describe the current processes

DOMAIN 12: THE PUBLIC HEALTH GOVERNING ENTITY IS INFORMED AND ENGAGED WITH THE HEALTH DEPARTMENT	
<p><i>Governing entities both directly and indirectly influence the direction of a health department and should play a key role in accreditation efforts. However, much variation exists regarding the structure, definition, roles, and responsibilities of governing entities.</i></p> <p><i>A governing entity, as it relates to the accreditation process, should meet the following criteria:</i></p> <ol style="list-style-type: none"> <i>1. It is an official part of Tribal, state, or local government.</i> <i>2. It has primary responsibility for policy-making and/or governing a Tribal, state, or local health department.</i> <i>3. It advises, advocates, or consults with the health department on matters related to resources, policy making, legal authority, collaboration, and/or improvement activities.</i> 	

4. It is the point of accountability for the health department.

A governing entity may be an individual, board, council, commission, or other body with legal authority. In some cases, governance functions are provided by more than one entity. Documents submitted for accreditation may be from one or both entities, as appropriate to demonstrate the measure.

In some cases, the health department works with and reports to a designated person of the entity or entities (for example, a mayor's office may designate a special assistant to be the liaison with the health department or one county commissioner may be designated the public health responsibilities on behalf of all of the county commissioners). Documentation should reflect the actual relationship.

Measure 12.1:

The health department's governing entity is informed about the health department's mission, goals, responsibilities, and programs

This measure addresses continued conformity with Standards and Measures, Version 1.5:

Standard 12.1 Maintain current operational definitions and statements of public health roles, responsibilities, and authorities

Standard 12.2 Provide information to the governing entity regarding public health and the official responsibilities of the health department and of the governing entity

Requirements	Guidance	Document(s)	Dated Within
1. Department of health governing entity or entities	<p>1. Describe the health department's governing entity or entities and their roles and responsibilities.</p> <p>The narrative must include:</p> <ul style="list-style-type: none"> a. A description of the authority or responsibilities of the governing entity or entities. b. A description of the structure and composition of the governing entity or entities. 	Narrative description	Describe the current governing entity or entities
2. Informed governing entity or entities	<p>2. Describe the method and frequency that the health department informs its governing entity or entities concerning the department's activities, programs, and public health impact.</p> <p>The narrative must include:</p> <ul style="list-style-type: none"> a. A description of how the entity or entities are informed about the health department's performance management system results, quality improvement activities, the community health assessment process and findings, the community health improvement plan 	Narrative description	Describe the current method

	<p>development process and findings, the workforce development plan, and the emergency operations plan.</p> <p>b. A description of how a new governing entity or new members of the governing entity are oriented to the health department's mission, roles and responsibilities, goals and objectives, authorities, and quality improvement efforts.</p>		
3. Information provided to the governing entity or entities	<p>3. Provide examples of information provided to the governing entity concerning the health department's activities, programs, and public health impact.</p> <p>Documentation could be reports, white papers, briefing papers, memoranda, meeting minutes, position statements, program evaluations, etc., with evidence of distribution to the governing entity or entities.</p>	2 examples	5 years

Measure 12.2: The health department's governing entity is engaged with the health department and its activities			
This measure addresses continued conformity with Standards and Measures, Version 1.5: Standard 12.3 Encourage the governing entity's engagement in the public health department's overall obligations and responsibilities			
Requirements	Guidance	Document(s)	Dated Within
1. Working relationship of the department and the governing entity or entities	<p>1. Describe the working relationship between the health department and its governing entity or entities.</p> <p>The narrative must include:</p> <p>a. A description of the methods and frequency of communications between the health department and its governing entity or entities concerning public health needs and priorities, policy, resources allocation and legal authority.</p>	Narrative description	Describe the current working relationship

	<ul style="list-style-type: none"> b. A description of methods used to inform and educate the governing entity or entities on important public health issues. c. A description of how the health department ensures that the governing entity or entities make informed decisions concerning the health department's direction, public health policy, and resources allocation (as appropriate for the authority of the health department's governing entity). 		
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3. MANDATORY POPULATION HEALTH OUTCOMES REPORTING

MANDATORY Population Health Outcomes Reporting must be completed at the time that the health department submits its documents for reaccreditation and annually thereafter, as part of the Annual Report. The purpose of this requirement is for PHAB to begin to establish a national database of selected health outcomes and their associated objectives that accredited health departments have chosen to monitor. The reporting has been designed to begin to document how the ongoing work of maintaining accreditation can contribute to better health outcomes. This is directly related to demonstrating the last phase of the accreditation system logic model. It will inform the answer to the question of how accredited health departments are working to improve health outcomes in their jurisdictions.

PHAB's logic model is designed to illustrate the contributions to the outcomes of accreditation by PHAB; stakeholders and partners, including funders, partner organizations, and researchers; and individual public health agencies that participate in the accreditation process. (The logic model is located at <http://www.phaboard.org/research-and-evaluation/>). The logic model presents a logical framework of how their inputs and strategies may lead to outputs and outcomes for PHAB, participating health departments, and the public health field as a whole. The proximate outcomes are the results that might be realized in the near term (1 – 3 years) and that are considered to be more directly related to the accreditation process. For example, because many of the PHAB's Standards and Measures require the health department to demonstrate partnerships and community engagement activities, increased collaboration is viewed as a proximate outcome. Ultimate outcomes, on the other hand, are the results that are anticipated for further out in the future and are affected by multiple factors.

The health department's reports for the Population Health Outcomes Reporting section of the reaccreditation requirements will not be submitted to, or used by, the PHAB Accreditation Committee. Therefore, this information will not be used for, or have any impact on, the decision concerning the continued accreditation status of the health department. The Population Health Outcomes Reporting information will be used for PHAB's collective reporting of the health outcomes and their related objectives that accredited health departments are actively monitoring as part of their work to improve the health status of the jurisdiction they serve.

The completion of the Population Health Outcomes Reporting by health departments seeking reaccreditation is mandatory and failure to submit the information will result in the referral of the health department to the Accreditation Committee for a determination of a Not Accredited status. Population Health Outcomes Reporting will also be required for accredited health departments annually with their Annual Reports, beginning with the reaccreditation process. The annual Population Health Outcomes Reporting in the Annual Reports will be Part III of the Annual Report and will be submitted to PHAB at the same time as the submission of Part II of the Annual Report.

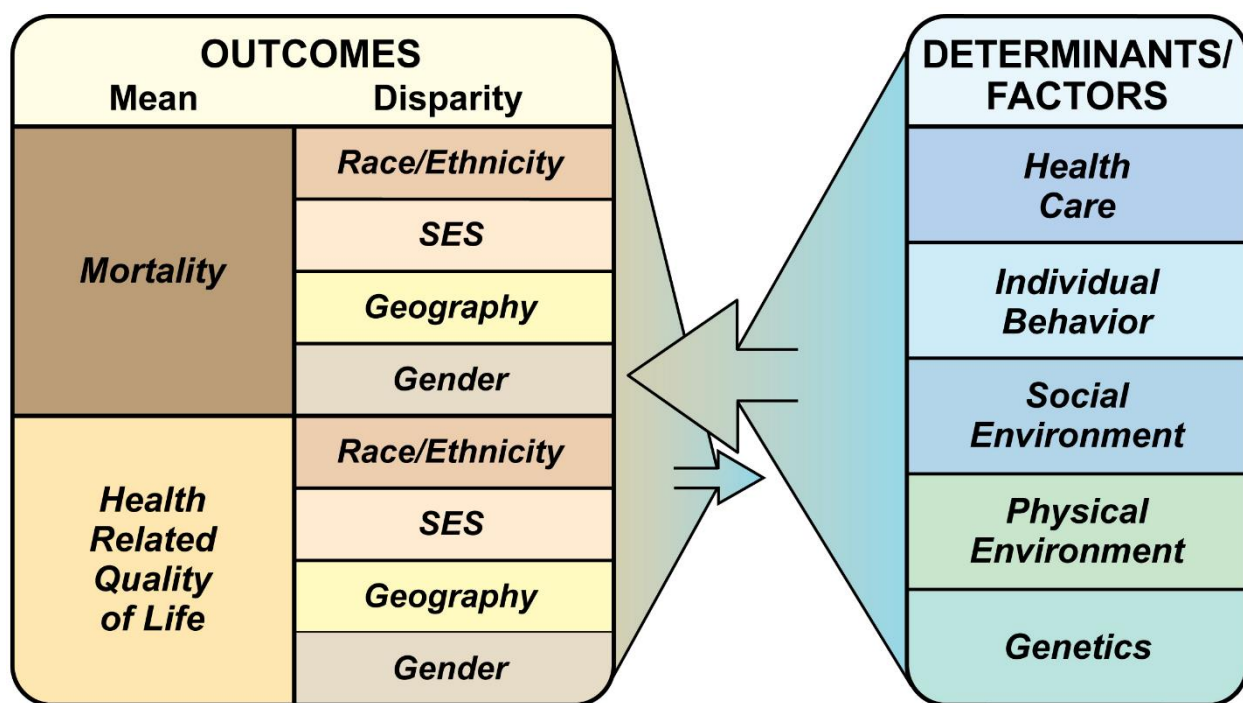
PHAB understands that improving population health is a complex matter, involving many determinants. An accredited health department's work alone is not going to improve the health status of their population. The role of the health department in tracking and reporting selected health outcomes, however, is important to measuring improvements in health status.

a. Population Health Outcomes Reporting Framework

PHAB has chosen to use Dr. David Kindig's definition of population health outcomes as the organizing framework for PHAB's Population Health Outcomes Reporting requirement. It is one example of a

method to describe the health outcomes and determinants reporting component of health department reaccreditation. A health department may use other similar models in its work, and that is acceptable. The concept that PHAB is emphasizing is that there are multiple determinants of population health outcomes.

This framework is provided to assist PHAB and accredited health departments in collecting data in a systematic way. Many health improvement models are based on increasing overall population health and/or eliminating disparities within the population. In the illustration below, the outcomes component of Kindig et.al, population health model is shown on the left-hand side of the figure below. Simply put, one goal of population health improvement is to increase years of life and the quality of those life-years. However, another goal is to reduce the differences or disparities in these health outcomes among different subgroups in the overall population. The figure lists categories of subgroups that are associated with significant differences or disparities in both mortality and health-related quality of life. Those featured here are race/ethnicity, socioeconomic status (SES), geography, and gender. All of the categories are not necessarily of policy interest or equally important in all population health outcomes.



Kindig, DA, Asada, Y, Booske B. (2008). A Population Health Framework for Setting National and State Health Goals. *JAMA*, 299(17), 2081-2083.

There are a number of health outcomes, objectives, and interventions that health departments use as references for this work. Some of the key references that PHAB has used for this component of reaccreditation are listed below:

- CDC's 618 Initiative
- CDC's Population Health Metrics
- CDC's HI-5 Interventions
- CDC's Prevention Status Reports
- County Health Rankings

- RWJF Culture of Health Framework
- Institute of Medicine Vital Signs Report
- Behavioral Risk Factor Surveillance System (BRFSS)
- Healthy People 2020
- National Quality Forum Population Health Framework

If a health department is using any of the above, it may help in identifying measurable objectives and benchmark data that could be used as part of the Population Health Outcomes Reporting.

b. Population Health Outcomes Reporting Guidelines

On the following pages is a list of broad areas of health outcomes and determinants of health that are included in Kindig's model. Under each broad area, several topics are listed. For example, under the broad area of Mortality, topics include homicides, infant mortality, and injury mortality, among others. In e-PHAB, health departments will indicate which topics the health department has chosen to measure and track. These topics may relate to the department's community health improvement plan, strategic plan, or selected Reaccreditation Standards and Measures. They may also come from emerging public health areas that have been identified as part of ongoing monitoring and refreshing of data. If there is an outcome or determinant topic that is listed that is closely related, but not exactly the same as the one the health department is tracking, health departments will select the one that is the most closely related. Once a topic is selected by the health department, they will have the opportunity to fill in the specific measurable objectives they have set, the benchmark data source, target, baseline data, updated data, data source for the measurement report, and whether that objective is included in the CHA, CHIP, strategic plan, or a specific PHAB Standard and Measure.

As these topics and/or your objectives may be related to addressing health inequities, a health department might have examples of the disparities that are indicated in Kindig's model (age, SES, race/ethnicity, geography, ZIP code, etc.) A health department may choose to include an objective that is tied to a specific subpopulation, but is not required to do so. For example, it is up to the health department to decide whether to include an objective about smoking rates for the population as a whole, or an objective about smoking rates for a particular age category.

The health department should identify all of the topics that the health department is tracking; health departments are not required to provide measurable objectives for all of the topics. Of the topics that the health department is tracking, they must select between five and ten population health outcome objectives that will be reported to PHAB. Health departments should be thoughtful about the outcome objectives selected for reporting to PHAB since these will be the objectives that a health department will be asked to update in their Annual Reports, post reaccreditation. However, health departments may add to, delete, or change some of the five to ten outcome objectives selected for reporting on the Annual Reports, if the health department and its community revise the objectives they are tracking to monitor population health.

c. Broad Areas and Topics

The following broad areas and topics are included in this document as conceptual examples of what the Population Health Outcomes Reporting format might look like. However, the final format might appear slightly different when it is incorporated into the e-PHAB system.

Mortality

- Addiction mortality
- Alcohol impaired driving mortality
- Homicides
- Infant mortality
- Injury mortality
- Maternal mortality
- Time lost to premature death (years of potential life lost)
- Violence mortality
- Other (be specific)

Health Related Quality of Life

- AIDS
- Cancer
- Childhood asthma
- Chronic lung disease
- Depression/Anxiety
- Diabetes
- HIV
- Hypertension
- Multiple chronic conditions
- Other cardiovascular diseases
- Poor mental health days
- Poor physical health days
- Self-reported poor health status
- Sexually acquired infections/sexually transmitted diseases
- Other (be specific)

Preventive Health Care

- Access to appropriate medications
- Access to dentists and related oral health care providers
- Access to mental health providers
- Access to mid-level providers
- Access to prenatal care
- Access to primary care physicians
- Access to other preventive health services
- Access to breast cancer screening
- Access to childhood immunization
- Access to colorectal cancer screening
- Access to diabetes control
- Access to heart attack therapy protocol
- Access to hypertension control
- Access to influenza immunizations
- Access to mammography
- Access to stroke therapy protocol

- Cardiovascular risk reduction
- Delay of needed care
- Preventable hospitalization rate
- Unmet health care need
- Usual source of care
- Other (be specific)

Individual Behavior

- Alcohol dependence/abuse
- Healthy eating patterns
- Illicit drug use
- Opioid addiction
- Other drug use/dependence
- Physical activity/inactivity levels
- Prescription drug abuse/addiction
- Reckless/distracted driving (including texting while driving)
- Sexual activity
- Smokeless tobacco use
- Teen pregnancy
- Tobacco use
- Other (be specific)

Social Environment

- Charitable contributions made by community members
- Childhood poverty
- Children in single-parent households
- Dating violence
- Domestic violence
- Driving alone to work/long commute
- Employment/unemployment
- Family poverty
- High school graduation/dropout rate
- Housing affordability
- Income inequality
- Literacy rate
- Membership in voluntary organizations/associations
- Violent crime
- Voter registration/turn out
- Other civic engagement (be specific)
- Other (be specific)

Physical Environment

- Access to healthy food
- Access to public transportation

- Access to exercise opportunities
- Aging housing
- Air quality
- Community walkability
- Drinking water quality
- Per capita liquor stores
- Taxes on sugary drinks
- Other (be specific)

Genetics

- Access to genetic screening
- Access to genetic counseling
- Surveillance for genetic disorders
- Other (be specific)

PART 4

APPEALS AND COMPLAINTS

1. APPEALS

A health department may appeal denial of continued accreditation status or revocation of accredited status as a result of a decision by the Accreditation Committee. Points in the accreditation process where accreditation can be revoked or denied include:

- Lack of submission of the application for reaccreditation within the required timeframe;
- Lack of submission of documents within the required timeframe;
- Lack of response to the Accreditation Committee's required Accreditation Committee Actions Required (ACAR) within the required timeframe;
- An ACAR response submitted by the health department that the Accreditation Committee determines to provide insufficient evidence of meeting the requirements of reaccreditation;
- Non-submission of all three sections of the required Annual Report; or
- An Annual Report that the Accreditation Committee determines provides insufficient evidence that the health department continues to demonstrate conformity with the Standards and Measures.

Grounds for appeals may be the following:

- a) A negative decision was arbitrary, capricious, or otherwise in disregard of PHAB's reaccreditation requirements;
- b) A negative decision was arrived at in disregard of PHAB's reaccreditation procedures; or
- c) A negative decision was not supported by evidence in the record on which the decision of the Accreditation Committee was based.

The Appeals Procedure (see Appendix 2), adopted by the PHAB Board of Directors, describes the steps for initiating an appeal, as well as PHAB's review and decision procedures, and post-appeal procedures. Fees associated with appeals are described in the fee information on PHAB's website.

2. COMPLAINTS

PHAB has established policies and procedures for receiving and addressing written complaints about an accredited health department. PHAB can accept only written complaints about an accredited health department that are specific to a possible lack of conformity with PHAB's Standards and Measures under which the health department was accredited or reaccredited. PHAB cannot address complaints or disputes between individuals and health departments; complaints about health care services; social services; environmental health issues; professional licensing or practice; or any state, local or Tribal regulations. PHAB does not serve in the role of mediation between the health department and any party.

A written complaint against an accredited health department must:

- a) follow the PHAB Complaint Procedure and must be filed using the PHAB complaint form (See Appendix 3 or the PHAB website, www.phaboard.org, for the Complaint Procedure and Form),
- b) be specific as to the accreditation Standard that is being violated,
- c) identify the outcome sought,
- d) include documentation that appropriate administrative processes have been exhausted,
- e) be signed, and

- f) include a full disclosure of any remedies that have been or are being sought.

Complaints, and their resolution, will be maintained on file in the PHAB office for the remainder of that health department's accreditation cycle, or no longer than five years. PHAB will not publicly release the complaints received nor the results of the complaint assessments.

PART 5 ANNUAL REPORTS

The submission of all sections of an Annual Report is required of all accredited health departments. An Annual Report is not required to be submitted during the year that the health department is seeking reaccreditation.

The purpose of the Annual Report is to continue to advance the quality and performance of Tribal, state, local, and territorial public health departments. This effort continues even after a health department has been accredited and reaccredited. PHAB must ensure that health departments remain in conformity with the requirements under which it was reviewed for accreditation or reaccreditation. PHAB also supports health departments' work toward continuous quality improvement.

The Annual Report is submitted to PHAB in three sections. Section I addresses the health department's continued accreditation status, Section II addresses the health department's ongoing quality improvement work and preparations to be positioned to seek future reaccreditation, and Section III provides for Population Health Outcomes Reporting. All three sections of the Annual Report are submitted to PHAB through e-PHAB on PHAB-prescribed forms. Section I must be approved by PHAB before the health department may submit Sections II and III. Sections II and III are submitted to PHAB at the same time.

1. ANNUAL REPORT SECTION I

The focus of Section I is continued accreditation status. Section I falls under the purview of the PHAB Accreditation Committee.

Section I is due to PHAB on the last day of the quarter in which the health department received reaccreditation. If the Annual Report is more than three months past the original due date, the health department will be referred to the Accreditation Committee for consideration of revocation of accreditation status.

Section I is concerned with answers that address three topic areas: 1. Anything that has occurred that would prevent the health department's continued conformity with the reaccreditation requirements; 2. Whether the health department has made progress related to measures assessed as Not Met in their Reaccreditation Report; and 3. Whether the health department has had any adverse finding by funding agencies.

If the answer to any of these questions is "yes," then the health department must complete the PHAB form that requires additional information. The health department uploads this form through e-PHAB.

PHAB staff will review Section I of the Annual Report. If there are no concerns about continued accreditation status, Section I will be accepted and Sections II and III will be opened for the health department to complete. If there is a question about continued accreditation status, Section I will be referred to the Accreditation Committee. The Accreditation Committee may decide to take no action, and the health department will be given access to Sections II and III of the Annual Report. Alternatively, the Accreditation Committee may ask the health department for additional information or for a Remedial Plan. The Committee could require another site visit.

If a health department does not submit any of the sections of the Annual Report or does not respond to PHAB's request for further information, the health department's accreditation status will be reviewed by the Accreditation Committee for a decision concerning the health department's continued accreditation status. The Committee may revoke accreditation.

After PHAB has reviewed and accepted Section I, the health department will gain access to Sections II and III. Health departments will then have 30 days to submit Sections II and III.

2. ANNUAL REPORT SECTION II

The focus of Section II of the Annual Report is continuous quality improvement and performance management, continual engagement on key processes (e.g., CHA, CHIP), and preparations to be positioned to seek future reaccreditation in a changing public health world.

If Section II of the Annual Report is more than three months past the original due date, the health department will be referred to the Accreditation Committee for consideration of revocation of accreditation status.

With oversight from a committee of QI experts, PHAB will review Section II of the Annual Report and provide feedback and recommendations to the health department. This is part of PHAB's focus on continuous quality improvement that is built into the accreditation process.

3. ANNUAL REPORT SECTION III

Mandatory Population Health Outcomes Reporting will be reported as Part III of the Annual Report which will be submitted to PHAB at the same time as Part II. The health department reported between five and ten population health outcome objectives to PHAB with their reaccreditation requirements. Health departments are required to update those outcomes annually in Section III of their Annual Reports, post reaccreditation. A health department may add to, delete, or change some of the five to ten outcome objectives selected for reporting on the Annual Report, if the health department and its community revise the objectives they are tracking to monitor population health.

If Section III of the Annual Report is more than three months past the original due date, the health department will be referred to the Accreditation Committee for consideration of revocation of accreditation status.

Population Health Outcomes Reporting information will not be used for, or have any impact on, the continued accreditation status of the health department. The Population Health Outcomes Reporting information will be used for PHAB's collective reporting of the health outcomes and their related objectives that accredited health departments are actively monitoring as part of their work to improve the health status of the jurisdiction they serve.

APPENDIX 1

SUMMARY OF PHAB REACCREDITATION PROCESS

	RESPONSIBLE PARTY	ACTIVITY	TIMEFRAME
1	PHAB	Alerts health department that reaccreditation application is due and that the e-PHAB reaccreditation module is available.	First day of the calendar quarter in which the health department was accredited
2	Health department	Submits application.	By the last day of the quarter
3	PHAB	Reviews and accepts the application when it is complete.	2 weeks (usual)
4	PHAB	Alerts health department that e-PHAB reaccreditation documentation module is available.	Upon determination of a complete application
5	PHAB	Forwards invoice to health department.	1 week (usual)
6	Health department	Uploads required documentation and completes Population Health Outcomes Reporting.	8 weeks (Fee must be paid by the time of document submission)
7	Reviewers	Reviews documents, completes initial assessments of each measure, and identifies what is missing for all measures assessed as “Open Measure.”	Determined by the Review Team
8	Health department	Uploads clarifying documents.	6 weeks
9	Reviewers	Reviews new uploads.	4 weeks (usual)
10	Health department and Review Team	Conducts virtual site visit (up to four hours).	As scheduled
11	Reviewers	Finalize Reaccreditation Report (including review by PHAB staff).	6 - 8 weeks (usual)
12	Accreditation Committee	Reviews Reaccreditation Report and determines accreditation status. If continued accreditation is not approved at this time, the Committee will specify which measures need additional work.	Quarterly meeting
13	Health department	Submits additional documents for specific measures, as required by the Accreditation Committee.	No more than 6 months after receipt of notification
14	Reviewers	Reviews and assesses documentation.	4 weeks (usual)
15	Accreditation Committee	Reviews assessments and determines continued accreditation status or Not Accredited.	Quarterly meeting

APPENDIX 2

PUBLIC HEALTH ACCREDITATION BOARD APPEALS PROCEDURES

Overview

These procedures are designed to reflect the appeals process available to health departments once an accreditation decision has been made as well as the manner in which a determination is made to revoke accreditation. A health department may appeal only the following accreditation decisions: (1) denial of initial accreditation as a result of a decision by the PHAB Accreditation Committee; or (2) revocation of accredited status as a result of a decision by the PHAB Accreditation Committee. Accredited status may be revoked by the PHAB Accreditation Committee if an accredited health department fails to maintain compliance with PHAB standards. The accreditation status of the health department shall remain unchanged pending the outcome of a timely, formally filed appeal of a negative accreditation decision; however, the appeal procedures specified herein are the exclusive remedy for a health department that believes a negative decision was unwarranted. These procedures are not a formal legal process; therefore, many legal rules and practices are not observed, and the procedures are designed to operate without the assistance of attorneys. However, any party may be represented by an attorney with respect to an appeals procedure.

Initiating the Appeal

When a denial or revocation of accreditation is communicated to the health department, the letter of transmittal advises the health department that this is an appealable decision and puts the health department on notice that it has thirty (30) days in which to advise PHAB in writing that it intends to exercise the right to appeal. Such notice is mailed “receipt requested” and the thirty-day timeline for responding begins on the date the letter of transmittal is received by the health department. If the health department fails to file a written notice of its intent to appeal within thirty (30) days, the negative decision becomes final and public. If the health department initiates the appeal by notifying PHAB that it will exercise its right to appeal within the prescribed thirty (30) days, there is no change in accreditation status, pending disposition of the appeal and the action is not made public.

A negative accreditation decision may be reversed or otherwise modified by the Appeals Panel, as defined below. However, the grounds for appeal are limited to the following:

(a) the negative decision was the result of the misapplication of PHAB's accreditation procedures or standards and such misapplication prejudiced the appealing health department; or (b) the

negative decision was not supported by, and is contrary to, the evidence in the record on which the decision of the Accreditation Committee was based.

In submitting its notice of intent to appeal, the health department must detail the grounds upon which it bases its appeal, and provide copies of relevant information and materials supporting the appeal. The health department shall provide PHAB one original and three copies of its grounds for appeal, along with the reference information upon which it intends to rely in support of the grounds for appeal. The health department may not rely on any information or documentation unless that information and documentation was submitted to PHAB as part of its initial accreditation review or revocation review, as applicable. The health department should include a specific reference to where the information or documentation was previously provided in the accreditation process or revocation review.

PHAB Procedures

Upon receipt of the written notice of appeal, PHAB will notify the Chair of the Board of Directors of the notice of appeal. The Chair of the Board of Directors will then appoint three members of the Board, as well as two non-Board members, to serve as the Appeals Panel for this specific appeal. Any member of the Appeals Panel with a potential conflict of interest, as defined by the PHAB Conflict of Interest Policy, must disclose the potential conflict and, if it is determined that a conflict exists, that individual must not participate in the decision-making process. The PHAB Board of Directors may replace the vacant seat on the Appeals Panel with an individual that does not have a conflict with respect to the health department being reviewed. In the event that the appellant health department has a relationship with the Chair of the PHAB Board of Directors that might constitute a real or perceived conflict of interest, then the Vice Chair of the PHAB Board of Directors will appoint the Appeals Panel.

PHAB will send a letter to each panel member, notifying them of their appointment, and soliciting any conflict of interest information, with conflict of interest defined pursuant to the PHAB Site Visit Conflict of Interest Policy. PHAB will also arrange a telephone conference for the Appeals Panel to review the appeals process, to elect a chair of the Appeals Panel, and to set a time and date for the hearing.

PHAB will send a written notice to the appellant health department which includes:

- ☐ names and bios of the Panel members;
- ☐ an invitation for the identification of any conflicts of interest;
- ☐ the written appeals and hearing procedures;
- ☐ inquiry as to the health department's intent to be present for the hearing;
- ☐ inquiry as to the names of the health department's staff to be present at the hearing;

- inquiry as to the health department's intent to be represented by legal counsel at the hearing; identification of fees associated with the appeals process; and
- seeking confirmation within ten (10) business days acknowledging the arrangements for the hearing.

In the event that a conflict of interest is identified by either a member of the Appeals Panel or by the appellant health department, the member of the Appeals Panel so identified will not participate in the appeal process, and a new Appeals Panel member will be selected by the Chair of the PHAB Board of Directors.

The appellant health department is responsible for paying an appeals fee that covers all reasonable PHAB costs and expenses for processing the appeal. Payment of half of the projected costs is expected at the time the hearing is set, with final payment occurring at the close of the hearing process. PHAB may consider full or partial refund of such costs if the appeal is successful.

Conducting the Appeal Process

The appeals process is conducted as an administrative hearing and not as a legal proceeding. General rules of conduct are as follows:

1. The health department shall be notified of the composition of the Appeals Panel as soon as it is constituted and shall be afforded the opportunity to present objections to the selection of any member of the Panel based on conflicts of interest. The health department has the right to be represented by counsel during the appeal process.
2. The hearing shall occur no later than ninety (90) days from the Appeals Panel's final composition, after conflicts of interest have been addressed. Notification of the hearing date will be made to all parties concerned at least forty-five (45) days prior to the date of the hearing. The appellant health department shall be required to submit a detailed written statement setting forth its position on appeal, along with any relevant materials supporting its position. This statement must be provided to the Appeals Panel at least fifteen (15) business days prior to the appeal hearing. In addition, the health department may, in its notice of appeal, request that the record considered by the Accreditation Committee in reaching its decision be made available. The record shall include, but is not necessarily limited to:
 - a. Accreditation Process Manual applicable at the time the negative decision was made by the Accreditation Committee;
 - b. Guide to Standards and Measures applicable at the time the negative decision was made by the Accreditation Committee;
 - c. Relevant self-assessment documents of the health department;

- d. Relevant accreditation reports and responses to those reports by the health department; and
 - e. Relevant written communications to and from the health department regarding the Accreditation Committee's review, including any prior decision letters as applicable.
3. Rules of conduct for the hearing will be established by the Appeals Panel Chair and shall be provided to the health department and its counsel at least fifteen (15) business days prior to the appeal hearing.
4. Opportunity to appear before the Appeals Panel will be extended to three representatives of the health department and its counsel. The health department will have sixty (60) minutes to orally present its position. Thereafter, the Appeals Panel will direct questions to and hear responses from the health department. The health department will also be permitted to make a closing statement. A written transcript will be made of the hearing.
5. All sessions in which the Appeals Panel meets to organize its work, as well as all deliberations of the Appeals Panel, will be conducted in executive session. The Appeals Panel Chair may have access to the Site Visit Team Chair, any PHAB staff, or members of the Accreditation Committee, as they may deem appropriate.
6. In reaching its decision, the Appeals Panel will consider the record before the Accreditation Committee at the time it made its decision to deny or revoke accredited status as applicable, the health department's written appeal statement, any presentation made by the health department at the hearing, and the health department's responses to questions from the Panel members. The Appeals Panel will base its decision on conditions as they existed at the time of the Accreditation Committee's decision to deny or revoke accredited status and will not consider new evidence not before the Accreditation Committee at the time of such decision. Consistent with the standard for review on appeal, the Appeals Panel considers whether: the decision was the result of the misapplication of PHAB's accreditation procedures or Standards and such misapplication prejudiced the appealing health department; or the negative decision was not supported by or is contrary to substantial evidence that existed in the record at the time of the Accreditation Committee's negative decision.
7. The Appeals Panel, on a majority vote, either affirms, amends, reverses, or remands the decision being appealed. The Appeals Panel must issue a written decision including: the outcome and resolution of the appeal; a summary of relevant portions of the Accreditation Committee's decision; a summary of any relevant procedural or factual findings made by the Appeals Panel; the Appeals Panel's rulings and decisions with respect to the matters under appeal; and any final disciplinary action or sanction issued by the Appeals Panel. Copies of this written decision will be provided to all parties. If the Appeals Panel affirms the decision, the decision becomes final at that time. If the Appeals Panel amends,

reverses, or remands the decision, it must provide a detailed written explanation of its recommendations for further action. PHAB will implement the Appeals Panel's decision in a manner consistent with any directive of the Appeals Panel and the accreditation procedures. Implementation includes the ability to define the length of an accreditation term and any required reporting or other conditions. The accreditation term, required reporting, and any other conditions must be consistent with the Appeals Panel's written report, as well as with the accreditation procedures.

8. The health department has the right to stop the appeals process at any point in the appeals process, by notifying PHAB in writing. In this event, appeals fees will not be refunded.

PHAB Procedures Post Appeals

1. The Chair of the Appeals Panel will send notification, including the written decision, of the Panel's decision to PHAB within twenty (20) business days of the hearing. PHAB will notify the health department of the Appeal Panel's decision within three (3) business days of its receipt.

2. If the Appeals Panel upholds denial or revocation of accreditation, the name of the health department will be removed from the list of accredited health departments and notification of the removal will appear on PHAB's website.

3. PHAB will not release the details of the appeals hearing and relevant documentation to any entity other than the appellate health department, unless legally required.

APPENDIX 3

PUBLIC HEALTH ACCREDITATION BOARD COMPLAINT POLICY AND PROCEDURE

Policy

In an effort to maintain the overall credibility of the national public health accreditation process, the Public Health Accreditation Board (PHAB) uses information from various sources to monitor the sustained capacity and quality of the health departments that it accredits. Therefore, PHAB has established policies and procedures for receiving and addressing written complaints about an accredited health department. PHAB can only accept written complaints about an accredited health department that are specific to a possible lack of conformity with PHAB's standards and measures under which the health department was accredited. PHAB cannot address complaints or disputes between individuals and health departments; complaints about health care services; social services; environmental health issues; professional licensing or practice; or any state, local or Tribal regulations. PHAB does not serve in the role of mediation between the health department and any party.

Procedures

When a written complaint is filed with PHAB, the following procedures will apply. A written complaint against an accredited health department must be filed on the PHAB approved complaint form, must be specific as to the accreditation standard that is being violated, must identify the outcome sought, must include documentation that appropriate administrative processes have been exhausted and must be signed. Full disclosure of any other remedies that have been or are being sought must be included. Complaints against accredited health departments may be submitted to PHAB offices at any time and are maintained on file for the remainder of that health department's accreditation cycle, or no longer than five years. The official PHAB Complaint Form is located on the PHAB website.

A filed complaint will be initially reviewed by PHAB staff. If the complaint is specific and includes documentation that administrative processes have been fully pursued, the following steps will be taken by PHAB:

1. PHAB staff will acknowledge receipt of the complaint within 10 business days and provide information about subsequent steps to be taken.
2. Copies of all materials received will be sent to the health department within 15 days of receipt of the complaint, along with a request for verification that administrative remedies have been exhausted.
3. If the accredited health department verifies that the complainant has exhausted the administrative remedies at the institution, PHAB will request that a written response to the complaint be submitted by the health department director within 30 days of receiving copies of the complaint materials from PHAB.

4. Three representatives of PHAB's Executive Committee, appointed by the Chair of the Executive Committee, will convene a special teleconference meeting within 15 days of receiving the response of the health department for purposes of reviewing a complaint, will review the materials submitted by the complainant and the responses submitted by the health department and will determine whether there is sufficient evidence to believe the health department may be in violation of PHAB's accreditation standards and measures. Their assessment will be forwarded to the President/CEO and to the Chair of the Executive Committee.

5. If the Executive Committee determines that the complaint lacks sufficient evidence to proceed with an investigation, the complainant and the health department will be notified in writing within 15 days of the Committee's decision. No further action will be taken.

6. If the Executive Committee determines that the complaint contains sufficient evidence to proceed with an investigation, one of the following actions will be taken depending on the nature and timing of the complaint:

- If the health department has received accreditation in the last twelve months, the complaint may be forwarded to the site visitor team for review in light of the overall review of the health department.
- If the health department is scheduled for re-accreditation within the year, the complaint may be included in the review of relevant standards and measures during that review.
- The Chair of the Executive Committee may appoint a three-member investigative panel, which may be composed of board members and non-board members, based on the Chair's discretion and the nature of the complaint. The investigation shall begin within 30 days of the establishment of the panel. It is expected that the panel's deliberations will be handled by teleconference meetings. Both the complainant and the health department will be offered an opportunity to speak to the panel. The panel will have access to any and all information that is pertinent to the investigation.
- In rare cases, the Executive Committee or the investigative panel's review of the complaint may lead to a site visit to the accredited health department.

7. Reports from site visitors or from the investigative panel will be provided to the Accreditation Committee at its next regularly scheduled meeting. The Accreditation Committee shall be the final decision-making body. Based on the Accreditation Committee's deliberations, or in the event a health department fails to permit an investigation on a timely basis, PHAB's decisions may include any of the following:

- Continue the accreditation status of the health department without change;
- Continue the accreditation status of the health department, but require reporting on the issues noted within the panel's report in the next annual report (s);
- Place an accredited health department on probation for a period not to exceed twelve months during which time appropriate follow-up such as regular reporting or a repeat site visitor review (if done as part of the initial investigation) may be requested by the Accreditation Committee;
- Revoke the health department's accreditation.

8. The accredited health department and the complainant will be advised of the Accreditation Committee's decision and the reasons for the decision within 30 days. No other materials related to the complaint will be provided to the complainant.
9. Complaints, and their associated investigations, will be reported to the full Board of Directors quarterly.
10. Complaints, and their resolution, will be maintained on file in the PHAB office for the remainder of that health department's accreditation cycle, or no longer than five years.
11. PHAB will not publically release the complaints received nor the results of the complaint assessments. PHAB reserves the right to incorporate the complaint details in the quality improvement data base in order to track trends in quality issues.