



*Advancing
public health
performance*

Public Health Accreditation Board

STANDARDS & Measures

VERSION 1.5

Adopted December 2013

Introduction

This Public Health Accreditation Board (PHAB) **Standards and Measures** document serves as the official standards, measures, required documentation, and guidance blueprint for PHAB national public health department accreditation. These written guidelines are considered authoritative and are in effect for the application period beginning on July 1, 2014 and until a new version is released.

The **Standards and Measures, Version 1.5** document provides guidance specifically for public health departments preparing for accreditation and for site visit teams that review and assess documentation submitted by applicant health departments. It also serves anyone offering consultation or technical assistance to health departments preparing for accreditation. 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 select documentation for each measure. It directs site visit team members in the review of documentation and in determining whether conformity with a measure is demonstrated.

Credibility in accreditation results from consistent interpretation and application of defined standards and measures. The **Standards and Measures, Version 1.5** document sets forth the domains, standards, measures, and required documentation adopted by the PHAB Board of Directors in December 2013. The document also provides guidance on the meaning and purpose of a measure and the types and forms of documentation that are accepted to demonstrate conformity with each measure.

The **Standards and Measures, Version 1.5** document provides assistance to health departments as they work to select the best evidence to serve as documentation. It includes a "Purpose" statement for each standard and measure, a "Significance" statement for each measure, and narrative guidance specific to each required documentation item. PHAB strongly recommends that the health department pay close attention to this document when selecting their most appropriate documentation to meet a measure.

In general, a reference in this document to "the standards" includes references to the entire document including the domains, the standards, the measures, the required documentation, and the guidance.

Domains, Standards, and Measures

Domains are groups of standards that pertain to a broad group of public health services. There are 12 domains; the first ten domains address the ten Essential Public Health Services. Domain 11 addresses management and administration, and Domain 12 addresses governance.

Standards are the required level of achievement that a health department is expected to meet. Measures provide a way of evaluating if the standard is met. Required documentation is the documentation that is necessary to demonstrate that a health department conforms to a measure.

All of the standards are the same for Tribal, state, and local health departments. The majority of the measures are the same for Tribal, state, and local health departments and these are designated with an “A” for “all.” Where the measure is specific to Tribal, state, or local health departments, the measure addresses similar topics but has slight differences in wording or guidance and will be designated with a “T” for Tribal health departments, “S” for state health departments, and “L” for local health departments. Some measures are designated T/S, some are T/L, and some are S/L.

The structural framework for the PHAB domains, standards, and measures uses the following taxonomy:

Domain	<i>(example – Domain 5)</i>
Standard	<i>(example – Standard 5.3)</i>
Measure	<i>(example – Measure 5.3.2)</i>
Tribal, State, Local or ALL	<i>(example – Measure 5.3.2 S for state health departments; Measure 5.3.2 L for local health departments; Measure 5.3.2 T for Tribal health departments; and Measure 5.3.2 A for all health departments.)</i>

Documentation

Health departments vary in size, organizational structure, scope of authority, resources, population served, governance, and geographic region. PHAB's standards, measures, and guidance for documentation apply to all health departments.

PHAB does not intend to be prescriptive about how the health department meets the standards and measures. The health department is expected to ensure that the standards are met for the population that they serve. The focus of the standards, measures, and required documentation is that the health department ensures that the services and activities are provided to the population, irrespective of "how" those services and activities are provided or through what organizational structure or arrangement. Many health departments have formal agreements, contracts, or partnerships with other organizations or agencies to provide services. Health departments must submit to PHAB formal documentation of the partnership or assignment of responsibility to others (MOU, letter of agreement, contract, legislative action, executive order, ordinance, or rules/regulations). PHAB site visitors will want to see evidence of a formal working relationship in these cases.

Likewise, documentation may have been developed by another entity; however it must currently be utilized by the health department. The purpose of PHAB's review of the documentation is to confirm that materials exist and **are in use in the health department being reviewed**, regardless of who originated the material. Documentation, therefore, may be products of other entities.

Documentation could be developed by:

- health department staff;
- state health departments for use by local health departments;
- community partnerships or collaborations;
- partners (e.g., not-for-profits and academic institutions); or
- contracted service providers.

The accountability for meeting the measures rests with the health department being reviewed for accreditation. Documentation that provides evidence of meeting the measure must be provided, even if the documentation is produced by a partner organization and not by the health department. It would be advisable for the health department to include an explanation with its documentation concerning why a measure is met with documentation developed by another organization.

Examples include:

- **Health departments may have formal agreements or partnerships with other organizations to provide particular functions or activities.** For example, a health department might contract with an academic institution to collect primary data. The health department is accountable and responsible for ensuring the high quality, accuracy, and utility of those data, but they do not have to collect the data themselves. They must show that there is a formal mechanism for the partnership or agreement, for example, a Memorandum of Understanding (MOU), a contract, or other written agreement.

Documentation *continued*

- **Health Departments may share functions or services with other governmental agencies.** For example, environmental public health is a function that is sometimes provided by another state or local agency. There are a number of PHAB standards and measures that include or address environmental public health. A health department's documentation should include some examples from environmental public health and may be documents that are produced by that other agency.
- **Health departments, as agencies that are a part of a larger governmental unit, may utilize the policies, procedures, or functions of that governmental unit.** For example, a health department may utilize the human resources system of the government of which it is a part. In this case, the documentation for "human resource policy and procedures manual or individual policies" would be the policies and procedures of the city, county, or state government, for example.

Likewise, the health department may be part of a "Super Public Health Agency" (an agency that oversees public health, primary care, substance abuse, and mental health), a "Super Health Agency" (an agency that oversees public health, primary care, and Medicaid), or "Umbrella Agency" (an agency that oversees public health, primary care, substance abuse, mental health, Medicaid, and other human service programs). For the example of Measure 11.1.5 A, the health department's human resource policy and procedures manual would be the manual of the Super Public Health Agency, Super Health Agency, or Umbrella Agency, of which it is a part.

- **Tribal, local and state health departments may have agreements with each other about the responsibility for and provision of public health functions.** For example, the state may provide the epidemiology function at the Tribal, state and/or local levels. If the state does not serve this function, the Tribal or local health department would need to provide it some other way. And, the Tribal, state, and local health departments need to coordinate and support one another. Therefore, even when the state, for example, has the primary responsibility to perform a function that is specified in a measure, the Tribal or local health must still provide documentation that it is being performed. The Tribal or local health department cannot dismiss its accountability for meeting the measure, even if the state health department is performing the function.

Some measures require documentation that addresses the entire population that the health department is authorized to serve. For example, the community health assessment and the community health improvement plan are both required to cover the entire health department's population. It is acceptable if these documents cover larger geographic areas, if the parts that address the health department's population can be identified.

Documentation *continued*

SELECTION OF DOCUMENTATION

The health department should select documentation carefully to ensure that it accurately reflects the health department, how it operates, what it provides, and its performance. Site visitors will develop an overall summary of (1) the health department's three greatest strengths, (2) the three most serious/challenging opportunities for improvement, and (3) the department as a functioning health department. They will base this summary on both the review of documentation and findings during the site visit. Therefore, it is critical that the health department select the most relevant and accurate documentation to submit to PHAB.

a. Relevant to the Domain, Standard, and Measure

In order to ensure that the documentation provides evidence of conformity with a measure, the health department must consider the required documentation within the context of the measure, standard, and domain. For example a required piece of documentation may be "documentation of communications, meetings, and/or trainings." It is important to review the measure and standard to know what the documentation of communications, meetings, and/or trainings is meant to demonstrate (e.g., the provision of technical assistance, collaboration on an activity, or sharing of information on a particular topic).

b. Specific to "Required Documentation" and "Guidance" in the Standards and Measures Version 1.5

The documentation submitted to PHAB will be reviewed by site visitors to determine if it is in conformity with the requirements for documentation and to determine the health department's conformity with each measure. Therefore, the documentation that the health department selects for each piece of Required Documentation must be specific to that measure's requirement and the guidance provided.

c. Focused

Documentation should be limited to the most direct and applicable documentation available to meet the documentation requirement. Additional information is not necessary and will not be helpful.

Health departments are encouraged to select documentation from a variety of department programs. Both administrative and program activities are appropriate for documentation to meet various measures. Documentation that is drawn from programs should be selected from a variety of programs to illustrate department-wide activity. Documentation is expected to include programs that address causes of public health issues, determinants of health, and chronic disease and must address the health of the population in the jurisdiction that the health department has authority to serve.

Additionally:

- All documentation must be in use by the health department at the time of the submission of documentation to PHAB.
- No draft documents will be accepted for review by PHAB.
- All documents must show evidence of authenticity (see "Evidence of Authenticity" section).
- All documents must include a date (see "Timeframes" section).

Documentation *continued*

- Documentation submitted to demonstrate conformity with a measure does not have to be presented in a single document; several documents may support conformity with a single measure. An explanation should be included that describes how the documents, together, demonstrate conformity with the measure. The specific section(s) of the documents that addresses the measure must be identified.
- A single document may be relevant for more than one measure and may be submitted multiple times. The specific section(s) of the document that addresses the measure for which it is presented must be identified.
- Documentation must directly address the measure. When selecting documentation, the health department should carefully consider the standard and domain in which the measure is located, as well as the measure itself.
- Documentation should be limited to the most relevant to meet the documentation requirement; more is not better.
- Where documentation contains confidential information, the confidential information must be covered or deleted. A specific example is documents from the human resources department.
- Documents must be able to be submitted to PHAB electronically. Hard copies of documents must be scanned into an electronic format for submission. PHAB will not accept hard copies of any documentation. This applies to documentation that is submitted online to PHAB, as well as any additional documentation requested by the site visitors during the site visit.

Generally, types of documentation that may be used to demonstrate conformity include:

- **Examples of policies and processes:** policies, procedures, protocols, standing operating procedures, emergency response/business continuity plans, manuals, flowcharts, organization charts, and logic models.
- **Examples of documentation for reporting activities, data, decisions:** health data summaries, survey data summaries, data analyses, audit results, meeting agendas, committee minutes and packets, after-action reports, continuing education tracking reports, work plans, financial reports, and quality improvement reports. When minutes from meetings are used as evidence for documentation requirements, relevant attachments that are referenced in the minutes or were discussed must be included.
- **Examples of materials to show distribution and other activities:** email, memoranda, letters, dated distribution lists, phone books, health alerts, faxes, case files, logs, attendance logs, position descriptions, performance evaluations, brochures, flyers, website screen prints, news releases, newsletters, posters, and contracts.

Timeframes

All plans, policies, procedures, processes, contracts, MOUs, and partner agreements must be in use by the health department when they are submitted to PHAB. All programs from which documentation is selected and submitted must be in place when the documentation is submitted.

All documentation used to demonstrate conformity with measures must be dated within the timeframe indicated in the Guidance. The date indicates when the document was created, adopted, reviewed, revised, etc. Site visitors will look for the date on the document. The first purpose of documents being dated is that the dating of all documents is a best practice. Any organization, public health department or otherwise, needs to know when documents were created or last updated both in order to ensure that the information is current and for version control. This is especially true in the public health field as both best practices and populations can change quickly. The second purpose for dates on documents is to enable the PHAB Site Visit Team to assess conformity with PHAB Standards and Measures.

The specificity of the date on the document will depend on the documentation requirement and the type of document. For example, emails provide the full date and time. Policies may include the month, day, and year. Reports may include the month and year. A brochure may include only the year. In most cases the month and year will be required for reviewers to evaluate conformity with the timeframes, though in some cases (for example, brochures) only a year will be required.

Timeframes are determined by starting from the date of submission of the documentation to PHAB. For example, if the timeframe for a plan is five years, the plan must be dated within the five years previous to submission of the documentation to PHAB.

Evidence of Authenticity

All documents must show evidence of authenticity. That is, the document must have a logo, signature, email address, or some other evidence that the document is “authentic” to the applicant health department. The purpose for this requirement is to provide PHAB site visitors with evidence that the documentation does in fact “belong” to the health department being reviewed. It is also a good business practice. In some cases, documentation will be a written policy and will include the signature of a governor, mayor, or health department director. In other cases, documentation may be an email; the “To” and “From” and the email addresses will serve as evidence that the document is “official” health department business. In other cases, a department logo will provide the evidence that the document is an official health department document. For example, a brochure will not have the health department or program director’s signature, but it will include the department’s logo. Meeting minutes are usually signed but may include the department’s logo instead, noting that it is an “official” document. Further, a document developed by a partnership or coalition of which the health department is a member, may or may not include the health department’s logo. In this case, evidence of the health department’s membership or participation in the partnership or coalition will suffice. Documentation developed by another entity (partner, governmental agency, contractor, etc.) must include evidence that the documentation has been adopted by and is in use by the applicant health department.

Quality Improvement

A goal of public health department accreditation is to promote high performance and continuous quality improvement. PHAB has adopted the following definition of quality Improvement: Quality improvement in public health is the use of a deliberate and defined improvement process that is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community. (Riley, Moran, Corso, Beitsch, Bialek, and Cofsky. *Defining Quality Improvement in Public Health. Journal of Public Health Management and Practice*. January/February 2010).

Domain 9 focuses on the evaluation of all programs and interventions, including key public health processes, and on the implementation of a formal quality improvement process that fosters a culture of quality improvement. Additionally, PHAB has incorporated the concept of quality improvement throughout the standards and measures and throughout the accreditation process. For example, there are several measures that encourage a broad continuous improvement process of evaluation and improvement: (1) plan or develop programs, process, or interventions, (2) implement, and (3) evaluate for improvement. The accreditation process promotes quality improvement through the provision of a Site Visit Report developed by PHAB trained peer Site Visitors that includes opportunities for improvement. Additionally, accredited health departments are required to submit an annual report to PHAB that describes their progress and quality improvement.

PHAB Acronyms and Glossary of Terms

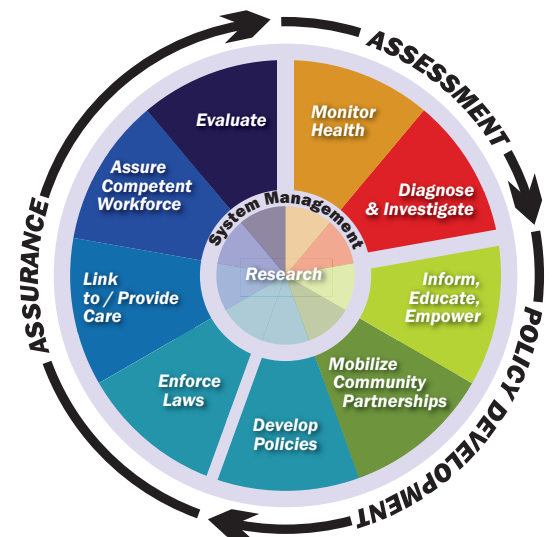
The **PHAB Standards and Measures, Version 1.5** document is accompanied by a sourced **PHAB Acronyms and Glossary of Terms** for many of the terms used in the Standards and Measures. The Glossary also contains a list of acronyms used in the standards. This companion document offers assistance in understanding the standards and measures.

Applicability of Public Health Accreditation Standards

The Public Health Accreditation Board (PHAB) is charged with administering the national public health department accreditation program. To that end, PHAB's scope of accreditation extends only to governmental public health departments operated by Tribes, states, local jurisdictions, and territories.

PHAB's public health department accreditation standards address the array of public health functions set forth in the ten Essential Public Health Services. Public health department accreditation standards address a range of core public health programs and activities including, for example, environmental public health, health education, health promotion, community health, chronic disease prevention and control, infectious disease, injury prevention, maternal and child health, public health emergency preparedness, access to clinical services, public health laboratory services, vital records and health statistics, management /administration, and governance. Thus, public health department accreditation gives reasonable assurance of the range of public health services that a health department should provide. The standards refer to this broad range of work as health department processes, programs, and interventions.

While some public health departments provide mental health, substance abuse, primary care, human services, and social services (including domestic violence), these activities are not considered core public health services under the ten Essential Public Health Services framework used for accreditation purposes. PHAB's scope of accreditation authority does not extend to these areas. Documentation from these program areas generally will not be accepted for public health department accreditation. Similarly, documentation from health care facilities and professional licensing programs and the administration of health care financing systems (e.g., Medicaid) cannot



The Essential Public Health Services and Core Functions
Source: Core Public Health Functions Steering Committee, Fall 1994

Applicability of Public Health Accreditation Standards *continued*

be used for public health department accreditation purposes. (See the PHAB guidance one-page tip sheet on **Accepted Program Areas for PHAB Documentation** at www.phaboard.org).

Some program funding provides support for both population public health and also personal health care services. Documentation related to the program's population public health activities is appropriate for PHAB documentation, while documentation related to the individual, personal, or clinical services provided by the same program, is not appropriate for PHAB documentation. That is, irrespective of the program (for example, WIC, Ryan White, dental health, healthy mothers/healthy babies), documentation of activities related to the provision of individual patient care or clinical services is not appropriate for PHAB documentation. For example, PHAB will accept documentation from a public health education program that informs the public of the need for dental hygiene; PHAB will not accept documentation from a dental clinic that provides individual dental services. Documentation of population health education about the use of condoms for disease prevention is acceptable; documentation on individual HIV testing and counseling is not. Documentation concerning population education about the importance of prenatal care is appropriate, but documentation of the actual prenatal care or well-baby clinics is not. Of course, this holds true for all PHAB Standards and Measures, Version 1.5. For example, documentation concerning client satisfaction surveys or clinic wait times would not be an appropriate example of a QI project for PHAB documentation.

Some public health activities are population based or clinical, depending on how they are provided. For example, a clinic where personal health services are provided will provide vaccinations. This is considered a clinical service. The health department may provide vaccinations as a population based service, e.g., influenza vaccinations available to the public, measles vaccinations for an Amish population where a measles outbreak has occurred, or pertussis vaccinations available to the public due to a rise in incidence of pertussis. These are examples of population based public health services and may be used for PHAB accreditation documentation.

PHAB standards and measures are applicable to public health activities provided by another governmental department, organization, or partner through a formal written agreement. Formal arrangements may be contracts, compacts, or memoranda of agreement. When public health functions are provided by another entity, more than one entity, or through a partnership, the health department must demonstrate how the process, program, or intervention is delivered and how the health department coordinates with the other providers. The fact that an activity is provided by another entity does not abrogate the health department from the responsibility to ensure that it is provided to the population that the health department serves.

Sovereignty and Tribal Public Health Systems

There are 565 federally recognized Tribes (U.S. Federal Register) in the United States, each with a distinct language, culture, and governance structure. Native American Tribes exercise inherent sovereign powers over their members and territory. Each federally recognized Tribe maintains a unique government-to-government relationship with the U.S. Government, as established historically and legally by the U.S. Constitution, Supreme Court decisions, treaties, and legislation. No other group of Americans has a defined government-to-government relationship with the U.S. Government. See U.S. Constitution Article I, Section 8.

Treaties signed by Tribes and the federal government established a trust responsibility in which Tribes ceded vast amounts of land and natural resources to the federal government in exchange for education, healthcare, and other services to enrolled members of federally recognized Tribes. The Indian Health Service (IHS), among other federal agencies, is charged with performing the function of the trust responsibility to American Indians and Alaska Natives. (See Section 3 of the Indian Health Care Improvement Act, as amended, 25 U.S.C. § 1602.) Public Law 93-638, the Indian Self-Determination and Educational Assistance Act of 1975 (ISDEAA), provides the authority for Tribes (includes Alaska Native villages, or regional or village corporations, as defined in or established pursuant to the Alaska Native Claims Settlement Act) to enter into contracts or compacts, individually or through Tribal organizations, with the Secretary of Health and Human Services to administer the health programs that were previously managed by the Indian Health Service. More than half of the Tribes exercise this authority under the ISDEAA and have established Tribal Health Departments to administer these programs, which are often supplemented by other public health programs and services through Tribal funding and other sources.

Format for the Standards and Measures

In this document, the PHAB Standards and Measures are preceded by the domain number and brief description of the domain. The chart below provides an example of the layout for standards, measures, and required documentation, guidance, number of examples, and timeframe for required documentation.

STANDARD:		This is the standard to which the measure applies.	
MEASURE	PURPOSE	SIGNIFICANCE	
This section states the measure on which the health department is being evaluated.	<p>The purpose of this measure is to assess the health department's . . .</p> <p>This section describes the public health capacity or activity on which the health department is being assessed.</p>	This section describes the necessity for the capacity or activity that is being assessed.	
REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN
<p>Documentation of:</p> <p>This section lists the documentation that the health department must provide as evidence that it is in conformity with the measure.</p> <p>The documentation will be numbered:</p> <ol style="list-style-type: none"> 1. Xxx 2. Xxx <ol style="list-style-type: none"> a) xxx b) xxx 	<p>1. The health department must provide/document that</p> <p>This section provides guidance specific to the required documentation. Types of materials may be described, e.g., meeting minutes, partnership member list, etc. Examples may also be provided here. This section will state if the documentation is department-wide or if a selection of programs' documentation is required.</p>	<p>X examples</p> <p>This section states the number of examples required</p>	<p>X years</p> <p>This section states the time frame for the date on the documentation.</p> <p>The date on the documentation must be within the number of months or years specified before the date of submission of all of the documentation to PHAB.</p>



*Advancing
public health
performance*

PUBLIC HEALTH ACCREDITATION BOARD

1600 Duke Street, Suite 200

Alexandria, VA 22314

T: 703.778.4549

F: 703.778.4556

www.phaboard.org

This publication was supported through grant funding from the Robert Wood Johnson Foundation (RWJF) and Cooperative Agreement #1U900T000228-01 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC or RWJF.