PHAB STANDARDS AND MEASURES
VERSION 1.5:
A SUMMARY

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Advancing public health performance  phaboard.org
Presentation Outline

1. Introduction to Version 1.5
2. Summary of revisions for clarity
3. Summary of new content
4. Overview of major revisions
PRINCIPLES FOR STANDARDS AND MEASURES

- Advance the **collective public health practice**
- **Moderate level:** not minimum, not maximum
- Be **clear,** reduce redundancy, minimize burden
- Build **quality improvement** into standards
- Apply to all sizes of HDs and all forms of governance structure
- Establish **same standards** for Tribal, state, and local health departments (different measures)
- Be **reflective of emerging public health issues** and opportunities
- Promote effective internal and external **collaborative partnerships**
REVISION GOALS

- **Advance** the field of public health
  - Do **not create barriers** to health departments applying for or achieving accreditation.
  - Inform the field of how Version 1.5 lays the groundwork for **future expectations** in emerging areas.
    - Assist PHAB fulfill its role in supporting the transformation of public health practice in the future.
    - Assist accredited health department prepare for re-accreditation through annual reports.
    - Briefing papers to be developed for each new content area.

- **Clarify** meaning and requirements
REVISION OBJECTIVES

• Clarify requirements and intent
• Consistency in phrasing and wording
• Expanded lists of examples and resources
• Better logic flow
• Add or expand topics based on requests from the field:
  – Health Equity
  – Public Health Communications
  – Public Health Informatics
  – Public Health Workforce Development
  – Emergency Preparedness
  – Public Health Ethics
WHY NOW AND WHAT’S NEXT?

• Why now?
  – Having used the Standards and Measures, Version 1.0, identified areas in need of clarity
  – Identified areas in need of emphasis (as requested by the field).

• What’s next?
  – PHAB does not intend to revise the Standards and Measures frequently.
  – The next revisions will be limited to address specific topics as new information becomes available and a change is indicated.
WHEN?

- Version 1.5 is effective on July 1, 2014
- PDF is available online now
- Printed copies will be available in June
- Revised Glossary will be available in June
WHEN?

• Health department directors must submit their application in e-PHAB by 11:59 PM Eastern Time on June 2, 2014 to be assessed under Version 1.0 of the Standards and Measures to be assessed with Version 1.0.

• Health departments that submit their applications on June 3, 2014 or after will be reviewed and assessed using Version 1.5 of the Standards and Measures.

• PHAB strongly recommends that health departments wanting to apply under Standards and Measures, Version 1.0 submit their Statement of Intent (SOI) NOW.
SUMMARY OF REVISIONS:
CLARITY AND CONSISTENCY
CLARIFICATIONS

• Introduction added guidance on documentation
• Expanded guidance on core PH programs
  • Applicable activities for documentation
• Changed “signature” to “evidence of authenticity”
• Removed “should” for “must”
• Removed “such as” for “examples include”
• Clarified definitions for several terms used
  • e.g. primary data, cluster evaluation, surveillance, community assets
• Format change: new columns for “number of examples” and “date” requirements
### Standard: This is the standard to which the measure applies.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Purpose</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>This section states the measure on which the health department is being evaluated.</td>
<td>The purpose of this measure is to assess the health department’s... This section describes the public health capacity or activity on which the health department is being assessed.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Required Documentation</th>
<th>Guidance</th>
<th>Number of Examples</th>
<th>Dated Within</th>
</tr>
</thead>
<tbody>
<tr>
<td>This section lists the documentation that the health department must provide as evidence that it is in conformity with the measure.</td>
<td>1. The health department must provide/document that... 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.</td>
<td>X examples</td>
<td>X years This section states the time frame for the date on the documentation. The date on the documentation must be within the number of months or years</td>
</tr>
</tbody>
</table>
### Measure 1.1.1 S, continued

<table>
<thead>
<tr>
<th>REQUIRED DOCUMENTATION</th>
<th>GUIDANCE</th>
<th>NUMBER OF EXAMPLES</th>
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</tr>
</thead>
<tbody>
<tr>
<td>3. The process used to identify health issues and assets</td>
<td>3. The state health department must document the collaborative process used to identify and collect data and information, identify health issues, and identify existing state assets and resources to address health issues. The process used may be an accepted national model; state-based model; a model from the public, private, or business sector; or other participatory process model. When a specific model is not used, the key steps undertaken that outline the process used should be described. National models include, for example, Mobilizing for Action through Planning and Partnerships (MAPP) (developed for local health departments but can be used in state health departments), Association for Community Health Improvement (ACHI) Assessment Toolkit, Assessing and Addressing Community Health Needs (Catholic Hospital Association of the US) (<a href="http://www.chausa.org/docs/default-source/general-files/cb_assessingaddressing-pdf.pdf?sfvrsn=4">http://www.chausa.org/docs/default-source/general-files/cb_assessingaddressing-pdf.pdf?sfvrsn=4</a>), and the University of Kansas Community Toolbox (<a href="http://ctb.ku.edu/en/node/9">http://ctb.ku.edu/en/node/9</a>). Examples of tools or resources that can be adapted or used throughout, or as part of, the community health assessment process include NACCHO’s Resource Center for Community Health Assessments and Community Health Improvement Plans, Community Indicators process project, Asset Based Community Development model, Tribal Accreditation Readiness Guidebook and Roadmap, Inter Tribal Council of Arizona’s Tribal CHA Toolkit, National Public Health Performance Standards Program (NPHPSP), Assessment Protocol for Excellence in Public Health (APEX/PH), Guide to Community Preventive Services, and Healthy People 2020.</td>
<td>1 process</td>
<td>5 years</td>
</tr>
</tbody>
</table>
STANDARDS AND MEASURES, VERSION 1.5

REVISIONS: CONTENT ISSUES

PHAB

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HEALTH EQUITY

• The concept of health equity and many health equity tools were embedded in Version 1.0
• Intent of Version 1.5 is to promote the importance of health equity by raising its profile and addressing it more directly.
• Emphasized “health equity” by stressing “populations that are at higher health risk or with poorer health outcomes.”
• In several places encouraged “health equity thinking” by expanding examples of data to be collected, possible contributing causes, partners, and factors to be considered:
  • For example, socioeconomic factors, immigration status, housing, transportation, sexual orientation, poverty, access to health foods, etc.
COMMUNICATION SCIENCE

• Technology and communication vehicles are changing rapidly
  • Multiple modes of communication available
    • Digital communication
  • Strategic approach to communication and health education required to effectively reach the right people with the right message
    • Diverse population creates both challenges and opportunities for interaction with communities.
• Public profile of public health is critical to health department’s effectiveness in community
  • Branding
PUBLIC HEALTH INFORMATICS

- Data management
  - Increasing amounts of available data
  - Sophisticated technology
  - Data security
  - Confidentiality
- Data driven decision making
  - Increased emphasis
  - Data from multiple data sources
- Local data to understand community
  - Primary
  - Qualitative
WORKFORCE DEVELOPMENT

- Key asset
  - Staff competencies
    - Assess collective capacity and address gaps
- Changing environment
  - Changing technology and communication
  - Emphasis on health equity and cultural competence
- Professional development and supportive work environment
EMERGENCY PREPAREDNESS

• Continued/increasing natural disasters and man-made disasters
  • Weather related
  • Environmental public health issues

• Community resilience
  • Community resources to respond to, withstand, and recover
• **New Measure** that requires policy/process for the identification and resolution of ethical issues that arise from the department’s program, policies, interventions, or employee/employer relations (11.1.2).
ACCESS TO CARE

• Changing landscape
  • Health care reform
    • To early to know full impact
  • Public health/health care integration

Consider emerging issues and potential impact on public health, the health care system, and reimbursement.
OVERVIEW OF SPECIFIC REVISIONS
DETAILED CHANGES
BY DOMAIN, STANDARD, MEASURE, & REQUIRED DOCUMENTATION

GO TO:


That is:  http://www.phaboard.org
• Accreditation Process
• Standards and Measures
• Bottom of the page
• “Summary of Revisions and Clarifications in Standards and Measures, Version 1.5”
STANDARDS AND MEASURES
SUMMARY OF VERSION 1.5 REVISIONS AND CLARIFICATIONS
MARCH 2014

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

<table>
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<td>• General rewording for consistency and increased clarity</td>
<td>• Incorporated information from the Guide to Documentation, doing away with the need for a separate Guide.</td>
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INTRODUCTION

|                       |                       |                       |
|                       |                       | • Changed requirement for “signature” to “evidence of authenticity” |
|                       |                       | • Clarified “core public health programs” |
|                       |                       | • Incorporated information from the Guide to Documentation, doing away with the need for a separate Guide. |

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

| 1.1.1 Partnership for CHA | • Added to Required Documentation (RD) 1 Guidance: require representation of populations at risk | • Added examples of community partners |
|                          | • Added examples of process models and tools | • Broke out models and tools more clearly |
OVERVIEW OF MAJOR REVISIONS

Domain 1
COMMUNITY HEALTH ASSESSMENT

• Partnership must include representatives of populations at risk
• Qualitative and quantitative data
• Primary and secondary data
• Existence and extent of health inequities between and among specific populations
• Factors that contribute to higher health risks and poorer health outcomes
• Ongoing monitoring, refreshing, and adding data and analysis
OVERVIEW OF MAJOR REVISIONS

1.3.1 Data analyzed
   - Describe analytic process (RD)
   - Data from multiple data bases/sources (RD)
   - Aggregate primary and secondary data (RD)

3.1.2 Health promotion
   - Planned approach (RD)

3.2.1 Information to the public health
   - Relationship with the media (RD)

3.2.2 Branding (new Measure)

4.1.1 Partnerships
   - Community, policy, or program change implemented through partnership (RD)
OVERVIEW OF MAJOR REVISIONS

5.2.2 Community Health Improvement Plan

- In establishing priorities...consider social determinants, causes of higher health risks, and poorer health outcomes...and health inequities. (RD)
- Policy changes include those to alleviate identified causes of health inequity (e.g., housing, transportation, safety, etc.). (RD)

5.3.2 Strategic Plan

- Consideration of key support functions (e.g., information management, workforce, communication and branding.) (RD)
OVERVIEW OF MAJOR REVISIONS

WORKFORCE DEVELOPMENT

Moved workforce issues from Domain 11 to Domain 8

8.2.1 Workforce Development Plan

- Address the collective capacity and capability of the department workforce and its units and gaps in capacity and capabilities (RD guidance)
- Be responsive to the changing environment (RD guidance)
  - technology advances quickly such as information management and (digital) communication science.
  - Advancements in field, e.g., health equity, and cultural competence.

8.3.2 Professional Development

- 8.2.3: expanded from development activities for leadership and management to “professional and career development for all staff” (New Measure)

8.2.4 Work Environment

- 8.2.4: work environment that is supportive to the workforce (New Measure)
  - Employees support in jobs
  - Employee recognition
  - Employee wellness
OVERVIEW OF MAJOR REVISIONS

11.1.2 Ethical issues identified and ethical decisions made (New Measure)

11.1.6 Information Management
- Information technology infrastructure that supports public health functions (RD)
- Secure information systems (RD)
- Maintenance of confidentiality of data (RD)
- Maintenance of information management system (RD)
- Management of information assets (RD)
OVERVIEW OF MAJOR REVISIONS

OTHER

6.3.4 Compliance Patterns
• “Documentation from an enforcement program that is out of compliance with state law or is under sanctions or a performance improvement plan must be labeled as being out of compliance with state law or under sanctions or a performance improvement plan” (New Guidance)

11.2.1 Oversight of grants and contracts
• The health department must provide any formal communications from state or federal funders that indicate the health department is a “high-risk grantee.” (RD)
QUESTIONS?
Thank you!

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