



PHAB

STANDARDS AND MEASURES

VERSION 1.5:

A SUMMARY

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OCTOBER 1, 2014*

Presentation Outline



1. Introduction to Version 1.5
2. Summary of revisions for clarity
3. Summary of new content
4. Overview of major revisions

STANDARDS AND MEASURES

VERSION 1.5 :

INTRODUCTION



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.

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

MEASURE	PURPOSE	SIGNIFICANCE	
<p>Measure 1.1.1 S</p> <p>A state partnership that develops a comprehensive state community health assessment of the population of the state</p>	<p>The purpose of this measure is to assess the state health department's collaborative process for sharing and analyzing data and information concerning state health, state health challenges, and state resources to develop a state level community health assessment.</p>	<p>The development of a state community health assessment requires partnerships with other organizations in order to access data, provide various perspectives in the analysis of data and determination of contributing factors that impact health outcomes, present data and findings, and share a commitment for using the assessment. Assets and resources in the state must be addressed in the assessment, as well as health challenges. Data are not limited to traditional public health data but may include information, for example, quality of life, attitudes about health behavior, socioeconomic factors, environmental factors (including the built environment), and social determinants of health. Data are provided from a variety of sources and through various methods of data collection.</p>	
REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN
<p>1. Participation of representatives from a variety of state sectors</p>	<p>1. The state health department must document that the process for the development of a state level community health assessment includes participation of partners outside of the health department that represent state populations and state health challenges.</p> <p>The collaboration must include various sectors of the state, as appropriate for the state: for example, state government (for example, community development, education, aging, etc.), for-profits (for example, businesses, industries, and major employers in the state), statewide not-for -profits (for example, hospital association, Kids Count, Childhood and Women's Death Review organizations, Cancer Society, public health institutes, environmental public health groups, groups that represent minority health, etc.), voluntary organizations, health care representatives (for example, hospital associations or primary care associations), academia, military installations in the state, and representatives of local or regional health departments in the state and of Tribal health departments in the state.</p>	<p>1</p>	<p>5 years</p> <p>Documentation must include the month and year.</p>

REVISIONS: CONTENT ISSUES



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

PUBLIC HEALTH ETHICS

- **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:

<http://www.phaboard.org/wp-content/uploads/Version-1.5-changes-and-clarifications-FINAL1.pdf>

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.

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

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 prioritiesconsider 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.

8.2.3 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!