

# Aligning Accreditation and the Foundational Public Health Capabilities

Public Health National Center for Innovations  
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## Introduction

The Public Health Accreditation Board (PHAB) is the nonprofit accrediting body for Tribal, state, local, and territorial public health departments. In November 2015, PHAB launched the Public Health National Center for Innovations (PHNCI), a new division established to identify, implement, and spread innovations in public health practice to help meet the health challenges of the 21st century in communities nationwide. This document explains the alignment between version 1.5 of the accreditation standards and measures and the suite of skills, programs, and activities that supports implementation of the foundational public health services (FPHS).

## Accreditation Standards and Measures Overview

The *PHAB Standards & Measures Version 1.5* document sets forth the domains, standards, measures, and required documentation public health departments must meet in order to become accredited.

- **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** demonstrates the degree to which a health department conforms to a measure.

# 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.

<b>STANDARD:</b> This is the standard to which the measure applies.			
<b>MEASURE</b> This section states the measure on which the health department is being evaluated.	<b>PURPOSE</b> 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.	<b>SIGNIFICANCE</b> This section describes the necessity for the capacity or activity that is being assessed.	
<b>REQUIRED DOCUMENTATION</b> <b>Documentation of:</b> This section lists the documentation that the health department must provide as evidence that it is in conformity with the measure.  The documentation will be numbered: 1. Xxx 2. Xxx a) xxx b) xxx	<b>GUIDANCE</b> <b>1. The health department must provide/document that . . .</b> 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.	<b>NUMBER OF EXAMPLES</b> <b>X examples</b> This section states the number of examples required	<b>DATED WITHIN</b> <b>X years</b> 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 specified before the date of submission of all of the documentation to PHAB.

<sup>1</sup> *PHAB Standards & Measures Version 1.5*. Alexandria, VA: Public Health Accreditation Board. April 2014. Available at [http://www.phaboard.org/wp-content/uploads/PHABSM\\_WEB\\_LR1.pdf](http://www.phaboard.org/wp-content/uploads/PHABSM_WEB_LR1.pdf).

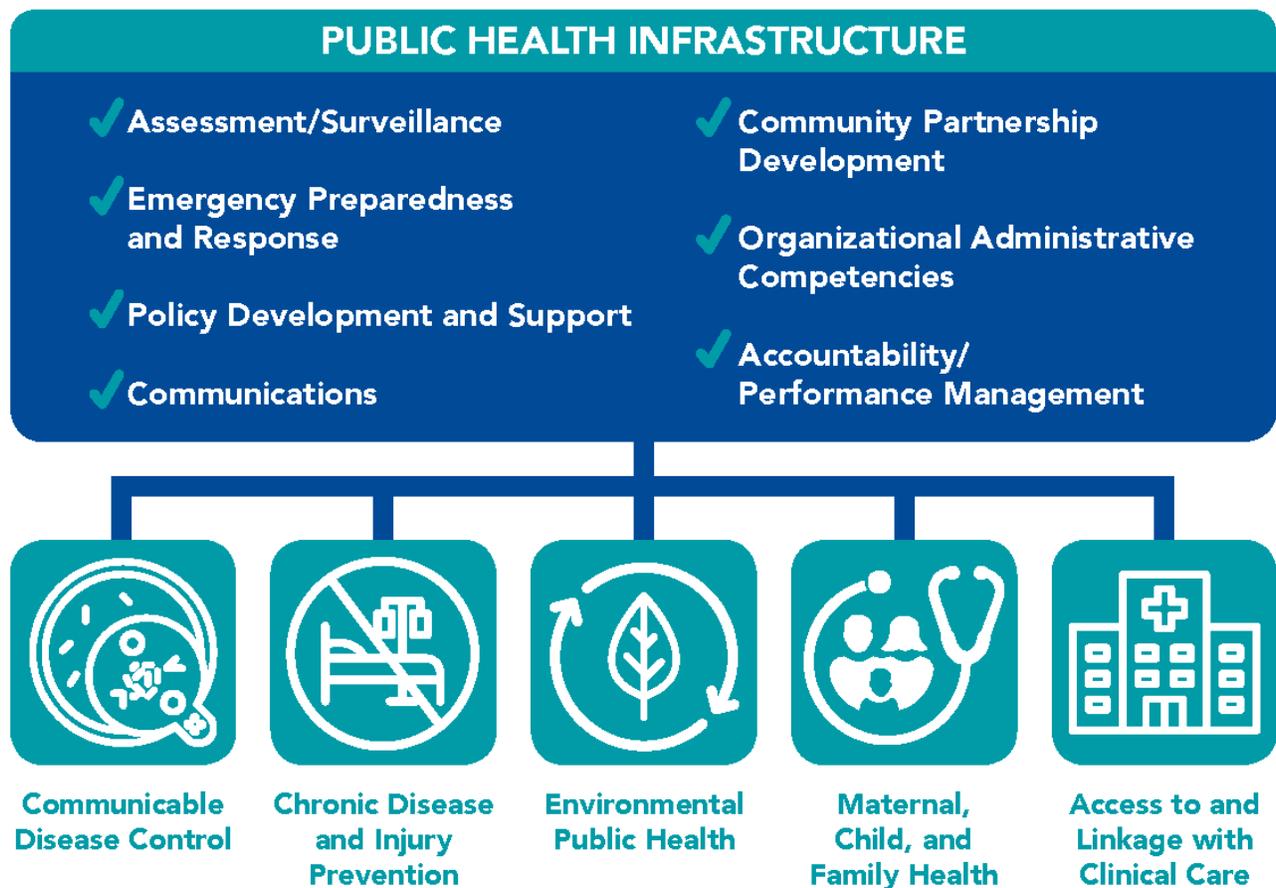
## Foundational Public Health Services Overview

FPHS are the public health infrastructure and programs that no health department should be without and for which costs can be estimated.

**Public health infrastructure consists of the foundational capabilities**, which are the cross-cutting skills and capacities needed to support basic public health protections and other programs and activities that are key to ensuring the community's health and achieving equitable health outcomes.

**Public health programs, or foundational areas**, are those basic public health, topic-specific programs that are aimed at improving the health of the community affected by certain diseases or public health threats. Examples of these include, but are not limited to, chronic disease prevention, community disease control, environmental public health, and maternal, child, and family health.

**Local protections and services unique to a community's needs** are those determined to be of additional critical significance to a specific community's health and are supported by the public health infrastructure and programs. This work is essential to a given community and cannot be visually depicted because it varies by jurisdiction.



## Alignment between the PHAB Standards & Measures and FPHS

The accreditation standards and measures and FPHS were developed for different reasons. Accreditation was developed as a tool to improve the performance and quality of public health departments, while FPHS was developed to represent a minimum package of public health services to make the case for sustainable funding and to describe what is needed everywhere for public health to function anywhere.

Despite this difference, the accreditation standards and measures and FPHS were both developed by the field for the field and describe core elements of governmental public health practice. There is significant alignment between the two as outlined in the following tables.<sup>2</sup>

The first table provides a high-level overview of the alignments, followed by a more detailed table reflecting the elements of each FPHS activity. Collectively, the tables reflect how an accredited health department embodies the public health infrastructure that supports implementation of FPHS.

While this document reflects the alignment with the public health infrastructure elements of FPHS, it is not reflective of any state-specific versions of FPHS. As changes in FPHS and the accreditation standards and measures occur, PHNCI and PHAB will update this document accordingly.

**Summary Alignment Table**

The “FPHS” column lists each activity per the national FPHS model. The “PHAB Standards & Measures Version 1.5 Domains” columns provide one column per PHAB domain. Where there is alignment between the activity and the domain, the cells are filled in with the color green to indicate the alignment. The [Appendix](#) at the end of this document lists the full domain names for reference.

FPHS	PHAB Standards & Measures Version 1.5 Domains											
	1	2	3	4	5	6	7	8	9	10	11	12
Assessment/Surveillance												
Emergency Preparedness and Response												
Policy Development and Support												
Communications												
Community Partnership Development												
Organizational Administrative Competencies:												
– Leadership and Governance												
– Health Equity												
– Information Technology Services, including Privacy and Security												
– Human Resources Services												
– Financial Management, Contract, and Procurement Services, including Facilities and Operations												
– Legal Services and Analysis												
Accountability/Performance Management												
– Quality Improvement												

**Detailed Alignment Table**

The definitions of each FPHS activity are listed in the first column. The “PHAB Standards & Measures Version 1.5 Domains” columns provide one column per PHAB domain. Where there is alignment between the definition of the activity and the domain, the cells are filled in with a black dot to indicate the alignment. The [Appendix](#) at the end of this document lists the full domain names for reference.

<sup>2</sup> While FPHS is generally listed in the tables, the focus of the alignment centers around the cross-cutting skills and capacities needed to support basic public health protections and other programs and activities that are key to ensuring the community’s health and achieving equitable health outcomes.

FPHS	PHAB Standards & Measures Version 1.5 Domains											
	1	2	3	4	5	6	7	8	9	10	11	12
<b>Assessment/Surveillance</b>												
– Ability to collect sufficient foundational data to develop and maintain electronic information systems to guide public health planning and decision-making at the state and local level. Foundational data include Behavioral Risk Factor Surveillance Survey (BRFSS), a youth survey (such as YRBS), and vital records, including the personnel and software and hardware development that enable the collection of foundational data.	•											
– Ability to access, analyze, and use data from (at least) seven specific information sources, including (1) U.S. Census data, (2) vital statistics, (3) notifiable conditions data, (4) certain health care clinical and administrative data sets including available hospital discharge, insurance claims data, and Electronic Health Records (EHRs), (5) BRFSS, (6) nontraditional community and environmental health indicators, such as housing, transportation, walkability/green space, agriculture, labor, and education, and (7) local and state chart of accounts.	•											
– Ability to prioritize and respond to data requests, including vital records, and to translate data into information and reports that are valid, statistically accurate, and accessible to the intended audiences.	•											
– Ability to conduct a community and statewide health assessment and identify health priorities arising from that assessment, including analysis of health disparities.	•				•							
– Ability to access 24/7 laboratory resources capable of providing rapid detection.		•										
<b>Emergency Preparedness and Response</b>												
– Ability and capacity to develop, exercise, and maintain preparedness and response strategies and plans, in accordance with established guidelines, to address natural or other disasters and emergencies, including special protection of vulnerable populations.		•			•							
– Ability and capacity to lead the Emergency Support Function 8 – Public Health & Medical for the county, region, jurisdiction, and state.		•			•							
– Ability to activate the emergency response personnel and communications systems in the event of a public health crisis; coordinate with federal, state, and local emergency managers and other first responders; and operate within, and as necessary lead, the incident management system.		•			•							
– Ability to maintain and execute a continuity of operations plan that includes a plan to access financial resources to execute an emergency and recovery response.		•			•							
– Ability to establish and promote basic, ongoing community readiness, resilience, and preparedness by enabling the public to take necessary action before, during, or after a disaster.		•			•							
– Ability to issue and enforce emergency health orders.						•						
– Ability to be notified of and respond to events on a 24/7 basis.		•			•							
– Ability to function as a Laboratory Response Network (LRN) Reference laboratory for biological agents and as an LRN chemical laboratory at a level designated by CDC.		•			•							

FPHS	PHAB Standards & Measures Version 1.5 Domains											
	1	2	3	4	5	6	7	8	9	10	11	12
<b>Policy Development and Support</b>												
– Ability to serve as a primary and expert resource for establishing, maintaining, and developing basic public health policy recommendations that are evidence-based, grounded in law, and legally defensible. This ability includes researching, analyzing, costing out, and articulating the impact of such policies and rules where appropriate, as well as the ability to organize support for these policies and rules and place them before an entity with the legal authority to adopt them.					•	•						
– Ability to effectively inform and influence policies being considered by other governmental and non-governmental agencies within your jurisdiction that can improve the physical, environmental, social, and economic conditions affecting health but are beyond the immediate scope or authority of the governmental public health department.					•	•						
<b>Communications</b>												
– Ability to maintain ongoing relations with local and statewide media including the ability to write a press release, conduct a press conference, and use electronic communication tools to interact with the media.			•									
– Ability to write and implement a routine communication plan that articulates the health department’s mission, value, role, and responsibilities in its community, and support department and community leadership in communicating these messages.			•									•
– Ability to develop and implement a risk communication strategy, in accordance with Public Health Accreditation Board Standards, to increase visibility of a specific public health issue and communicate risk. This includes the ability to provide information on health risks and associated behaviors.		•	•									
– Ability to transmit and receive routine communications to and from the public in an appropriate, timely, and accurate manner, on a 24/7 basis.		•	•									
– Ability to develop and implement a proactive health education/health prevention strategy (distinct from other risk communications) that disseminates timely and accurate information to the public in culturally and linguistically appropriate (i.e., 508 compliant) formats for the various communities served, including through the use of electronic communication tools.		•	•									•
<b>Community Partnership Development</b>												
– Ability to create, convene, and sustain strategic, non-program specific relationships with key health-related organizations; community groups or organizations representing populations experiencing health disparities or inequities; private businesses and health care organizations; and relevant federal, tribal, state, and local government agencies and non-elected officials.				•			•					
– Ability to create, convene, and support strategic partnerships.				•	•							
– Ability to maintain trust with and engage community residents at the grassroots level.				•								
– Ability to strategically select and articulate governmental public health roles in programmatic and policy activities and coordinate with these partners.				•								

FPHS	PHAB Standards & Measures Version 1.5 Domains											
	1	2	3	4	5	6	7	8	9	10	11	12
– Ability to convene across governmental agencies, such as departments of transportation, aging, substance abuse/mental health, education, planning and development, or others, to promote health, prevent disease, and protect residents of the health department's geopolitical jurisdiction.				•			•					
– Ability to engage members of the community in a community health improvement process that draws from community health assessment data and establishes a plan for addressing priorities. The community health improvement plan can serve as the basis for partnership development and coordination of effort and resources.					•							
<b>Organizational Administrative Competency: Leadership and Governance</b>												
– Ability to lead internal and external stakeholders to consensus, with movement to action, and to serve as the public face of governmental public health in the department's jurisdiction.			•	•								
– Ability to directly engage in health policy development, discussion, and adoption with local, state, and national policymakers, and to define a strategic direction of public health initiatives.				•	•							
– Ability to engage with the appropriate governing entity about the department's public health legal authorities and what new laws and policies might be needed.						•						•
<b>Organizational Administrative Competency: Health Equity</b>												
– Ability to strategically coordinate health equity programming through a high level, strategic vision and/or subject matter expertise which can lead and act as a resource to support such work across the department.	•		•				•				•	
<b>Organizational Administrative Competency: Information Technology Services, including Privacy and Security</b>												
– Ability to maintain and procure the hardware and software needed to access electronic health information and to support the department's operations and analysis of health data.	•										•	
– Ability to support, use, and maintain communication technologies needed to interact with community residents.	•											
– Ability to have the proper systems in place to keep health and human resources data confidential.											•	
<b>Organizational Administrative Competency: Human Resources Services</b>												
– Ability to develop and maintain a competent workforce, including recruitment, retention, and succession planning; training; and performance review and accountability.								•			•	
<b>Organizational Administrative Competency: Financial Management, Contract, and Procurement Services, including Facilities and Operations</b>												
– Ability to establish a budgeting, auditing, billing, and financial system and chart of expense and revenue accounts in compliance with federal, state, and local standards and policies.											•	
– Ability to secure grants or other funding (governmental and not) and demonstrate compliance with an audit required for the sources of funding utilized.											•	

FPHS	PHAB Standards & Measures Version 1.5 Domains												
	1	2	3	4	5	6	7	8	9	10	11	12	
- Ability to procure, maintain, and manage safe facilities and efficient operations.												•	
<b>Organizational Administrative Competency: Legal Services and Analysis</b>													
- Ability to access and appropriately use legal services in planning, implementing, and enforcing, public health initiatives, including relevant administrative rules and due process.							•						
<b>Accountability/Performance Management: Quality Improvement<sup>3</sup></b>													
- Ability to perform according to accepted business standards and to be accountable in accordance with applicable relevant federal, state, and local laws and policies and to assure compliance with national and Public Health Accreditation Board Standards.						•							
- Ability to maintain a performance management system to monitor achievement of organizational objectives.									•				
- Ability to identify and use evidence-based and/or promising practices when implementing new or revised processes, programs and/or interventions at the organizational level.										•			
- Ability to maintain an organization-wide culture of quality improvement using nationally recognized framework quality improvement tools and methods.									•				

Additional questions on this alignment document should be addressed to Jessica Solomon Fisher, Chief Innovations Officer, at [jfisher@phnci.org](mailto:jfisher@phnci.org) or 703-778-4549 ext. 116.

**Appendix: PHAB Standards & Measures Version 1.5 Domains**

<b>Domain 1</b>	Conduct and disseminate assessments focused on population health status and public health issues facing the community
<b>Domain 2</b>	Investigate health problems and environmental public health hazards to protect the community
<b>Domain 3</b>	Inform and educate about public health issues and functions
<b>Domain 4</b>	Engage with the community to identify and address health problems
<b>Domain 5</b>	Develop public health policies and plans
<b>Domain 6</b>	Enforce public health laws
<b>Domain 7</b>	Promote strategies to improve access to health care
<b>Domain 8</b>	Maintain a competent public health workforce
<b>Domain 9</b>	Evaluate and continuously improve processes, programs, and interventions
<b>Domain 10</b>	Contribute to and apply the evidence base of public health
<b>Domain 11</b>	Maintain administrative and management capacity
<b>Domain 12</b>	Maintain capacity to engage the public health governing entity

<sup>3</sup> The PHAB accreditation process is built upon the activities listed in this FPHS activity. The domains are noted as places where the principles are specifically mentioned in the **PHAB Standards & Measures Version 1.5**.