

2010-2011 Standards for Public Health in Washington State

Local Public Health Agencies

With permission from Public Health Accreditation Board (PHAB), the *2010-2011 Standards for Public Health in Washington* are based on the PHAB Standards (Beta version) as well as recommendations from the 2008 Washington State site reviews. The PHAB structure and numbering system have been adopted. Agencies have a choice about the scope of the 2010-2011 review. Those who want to prepare for accreditation in the future can use this cycle to prepare by agreeing to be reviewed on all standards and measures. Washington State Department of Health (DOH) has decided to be reviewed on all standards and measures. Local health agencies have the option to be reviewed on all standards and measures or only those that were previously part of the Washington's set of standards and measures.

Overview

The 2010-2011 Washington State Standards for Public Health are organized into **Part A** and **Part B**. **Part A** contains **Administrative Standards** and **Part B** is organized into **Domains** that parallel the 10 Essential Services. Each **Domain** contains the related standards and measures.

- For DOH there are 30 required standards and 117 measures applicable to state public health agencies
- For local public health agencies there are 24 required standards (**in bold**) and 6 optional standards (**in blue**), 79 required measures and 31 optional measures (note that some required standards include optional measures). The optional standards are for use by local health agencies that wish to prepare for PHAB accreditation.
- Each measure has been linked (cross-walked) to the measures of the 2007 Standards for Public Health in Washington. The 2007 measures often point to more than one PHAB measures and vice-versa. Note that a cross-walked Washington measure may only partially contribute to meeting a PHAB measure or related guidance.
- There are 9 local and 8 state 2007 Washington measures that had no correlates in the PHAB measures. These are retained in the 2010-2011 Washington standards and are included under the appropriate PHAB standard. Standards have been reworded to conform to PHAB conventions and numbered at the end of the PHAB sequence of measures.

Structure

The 2010-2011 Washington State Standards for Public Health are organized into **Part A** and **Part B**.

Part A includes standards for administrative capacity and governance. Part A uses the following taxonomy:

○ Standard	A1
○ Measure	A1.1
○ State, Local or Both	A1.1 S (state) or L (local) or B (both)

Part B uses the structure of the Ten Essential Services and Operational Definition. Part B uses the following taxonomy:

○ Domain	1
○ Standard	1.1 (Note that each standard has a short form “title” followed by a full standard statement)
○ Measure	1.1.1
○ State, Local or Both	1.1.1 S (state) or L (local) or B (both)

The PHAB acronyms and glossary provide a detailed overview of the terms used in these 2010-2011 standards, including the selected acronyms referenced here:

○ AAR	After Action Report
○ ERP	Emergency Response Plan
○ CHIP	Community Health Improvement Plan
○ SHA	State Health Agency
○ SHIP	State Health Improvement Plan

Summary of Standards

Part A: Administrative Capacity and Governance

Provide Infrastructure for Public Health Services Standard A1 B: Develop and maintain an operational infrastructure to support the performance of public health functions.
Provide Financial Management Systems Standard A2 B: Establish effective financial management systems.
Define Public Health Authority (Optional) Standard A3 B: Maintain current operational definitions and statements of the public health roles and responsibilities of specific authorities.
Provide Orientation / Information for the Governing Entity Standard A4 B: Provide orientation and regular information to members of the governing entity regarding their responsibilities and those of the public health agency.

Part B

Domain 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community

Collect and Maintain Population Health Data Standard 1.1 B: 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.
Analyze Public Health Data Standard 1.2 B: Analyze public health data to identify health problems, environmental public health hazards, and social and economic risks that affect the public's health.
Use Data for Public Health Action Standard 1.3 B: Provide and use the results of health data analysis to develop recommendations regarding public health policy, processes, programs or interventions.

Domain 2: Investigate health problems and environmental public health hazards to protect the community

Investigate Health Problems and Environmental Public Health Hazards Standard 2.1 B: Conduct timely investigations of health problems and environmental public health hazards in coordination with other governmental agencies and key stakeholders.
Contain/Mitigate Health Problems and Environmental Public Health Hazards Standard 2.2 B: Contain/mitigate health problems and environmental public health hazards in coordination with other governmental agencies and key stakeholders
Maintain Provision for Epidemiological, Laboratory, and Support Response Capacity (Optional) Standard 2.3 B: Maintain access to laboratory and epidemiological/environmental public health expertise and capacity to investigate and contain/mitigate public health problems and environmental public health hazards.

Maintain Policies for Communication

Standard 2.4 B: Maintain a plan with policies and procedures required for urgent and non-urgent communications.

Domain 3: Inform and educate about public health issues and functions

Provide Prevention and Wellness Policies, Programs, Processes, and Interventions

Standard 3.1 B: Provide health education and health promotion policies, programs, processes, and interventions to support prevention and wellness.

Communicate Information on Public Health Issues and Functions

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

Domain 4: Engage with the community to identify and address health problems

Engage the Public Health System and the Community in Identifying and Addressing Health Problems

Standard 4.1 B: Engage the public health system and the community in identifying and addressing health problems through an ongoing, collaborative process.

Engage the Community to Promote Policies to Improve the Public's Health

Standard 4.2 B: Promote understanding of and support for policies and strategies that will improve the public's health.

Domain 5: Develop public health policies and plans

Establish, Promote, and Maintain Public Health Policies (Optional)

Standard 5.1 B: Serve as a primary resource to governing entities and elected officials to establish and maintain public health policies, practices, and capacity based on current science and/or promising practice.

Develop and Implement a Strategic Plan

Standard 5.2 B: Develop and implement a health department organizational strategic plan.

Conduct a Community Health Improvement Planning Process (Optional)

Standard 5.3 L: Conduct a comprehensive planning process resulting in a community health improvement plan [CHIP].

Maintain All Hazards/Emergency Response Plan

Standard 5.4 B: Maintain All Hazards/Emergency Response Plan (ERP).

Domain 6: Enforce public health laws and regulations

Maintain Up-to-Date Laws (Optional)

Standard 6.1 B: Review existing laws and work with governing entities and elected officials to update as needed.

Educate About Public Health Laws
Standard 6.2 B: Educate individuals and organizations on the meaning, purpose, and benefit of public health laws and how to comply.

Conduct Enforcement Activities
Standard 6.3 B: Conduct and monitor enforcement activities for which the agency has the authority and coordinate notification of violations among appropriate agencies.

Domain 7: Promote strategies to improve access to healthcare services

Assess Healthcare Capacity and Access to Healthcare Services
Standard 7.1 B: Assess healthcare capacity and access to healthcare services.

Implement Strategies to Improve Access to Healthcare Services
Standard 7.2 B: Identify and implement strategies to improve access to healthcare services.

Domain 8: Maintain a competent public health workforce

Maintain a Qualified Public Health Workforce
Standard 8.1 B: Recruit, hire and retain a qualified and diverse public health workforce.

Maintain a Competent Public Health Workforce
Standard 8.2 B: Assess staff competencies and address gaps by enabling organizational and individual training and development opportunities.

Domain 9: Evaluate and continuously improve processes, programs, and interventions

Evaluate the Effectiveness of Public Health Processes, Programs, and Interventions
Standard 9.1 B: Evaluate public health processes, programs, and interventions provided by the agency and its contractors.

Implement Quality Improvement
Standard 9.2 B: Implement quality improvement of public health processes, programs, and interventions.

Domain 10: Contribute to and apply the evidence base of public health

Identify and Use Evidence-Based and Promising Practices
Standard 10.1 B: Identify and use evidence-based and promising practices.

Promote Understanding and Use of Research (Optional)
Standard 10.2 B: Promote understanding and use of the current body of research results, evaluations, and evidence-based practices with appropriate audiences.

Standards, Measures and Guidance

Part A: Administrative Capacity and Governance

Note: Timeframe for all standards and measures is within the last five years unless otherwise noted in the measure. See PHAB Acronyms and Glossary.

Provide Infrastructure for Public Health Services
Standard A1 B: Develop and maintain an operational infrastructure to support the performance of public health functions.

Measure	Documentation and Scoring Guidance	2007 Crosswalk	Type of Review
A1.1 B: Maintain policies and procedures regarding agency operations, review policies regularly and make them accessible to staff	Required Documentation <ul style="list-style-type: none"> • Policy and Procedure Manual or individual policies (may be electronic) • Agency organizational chart • Reports of review at least every five years or proof of ongoing updating process • Description of methods for staff access to policies 	Optional	Health Department Level
A1.2 B: Demonstrate written policies regarding confidentiality, including applicable HIPAA requirements	Required Documentation <ul style="list-style-type: none"> • Confidentiality Policies, including business associate agreements and electronic transfer of data policies • Documentation of training content and staff participants • Signed employee confidentiality forms, as required by policies 	10.5 L 11.5 L	Health Department Level
A1.3 B: Maintain socially, culturally, and linguistically relevant approaches in agency processes, programs, and interventions	Required Documentation <ul style="list-style-type: none"> • Policy or procedure for development of culturally and linguistically appropriate interventions and materials • Two examples (policies or materials) that demonstrates provision of processes, programs or interventions in a cultural or linguistic competent manner, including application of social marketing activities • Documentation of training content and staff participants 	2.10 L	Health Department Level

	<p>Other Examples of Documentation</p> <ul style="list-style-type: none"> • Report of a cultural and linguistic competence assessment of the agency (this could be the CLCPA self-assessment from the National Center for Cultural Competence, assessment against CLAS standards or another tool) 		
<p>A1.4 B: Maintain a Human Resources system</p>	<p>Required Documentation</p> <ul style="list-style-type: none"> • Human Resource Policy and Procedure Manual or individual policies(may be electronic) that address at least eight of these topics: <ul style="list-style-type: none"> ○ Personnel recruitment ○ Personnel selection and appointment ○ Salary structure ○ Equal opportunity employment ○ Hours of work ○ Time reporting ○ Overtime ○ Benefit package ○ Training and continuing education ○ Performance evaluation and individualized training plan ○ Sexual and other harassment ○ Problem solving and complaint handling ○ Computer use <p>Other Examples of Documentation</p> <ul style="list-style-type: none"> • Labor agreements, including description of mechanisms for working relationships <p><i>See Domain 8 for implementation of Human Resource policies and procedures</i></p>	10.1 L	Health Department Level
<p>A1.5 B: Maintain information systems that support the agency’s mission and workforce by providing infrastructure for data collection/analysis, program management, and communication</p>	<p>Examples of Documentation</p> <ul style="list-style-type: none"> • Two examples that demonstrate use of technology to support public health functions • Inventory list of hardware • List of software, including capacity for data analysis, word processing, internet/website 	11.2 L	Health Department Level

A1.6 B: Maintain facilities that are clean, safe, accessible, and secure	Examples of Documentation <ul style="list-style-type: none"> • Licenses for clinical areas • Inspection reports • Certificate of occupancy • Log of facility work orders or facility related issues • ADA compliance audit 	10.6 L	Health Department Level
A1.7 B: Describe infrastructure for data collection, program management and communication and the processes in place for assuring protection of data (passwords, firewalls, backup systems) and data systems, to address security and authorized use. There is documentation of monitoring these processes for compliance	Required Documentation (Washington Guidance) <ul style="list-style-type: none"> • Description of IT safety and security processes that contains all of the activities listed below: <ul style="list-style-type: none"> ○ assuring protection of data (passwords, firewalls, backup systems) and data systems, AND ○ addressing security, AND ○ addressing redundancy, AND ○ appropriate use. • Documentation of monitoring these processes for compliance with the policies and procedures described above at least once in last 14 months. 	11.1 L	Health Department Level
A1.8 B: Include strategies for use of future technologies as part of the organization or county IS plan	Required Documentation (Washington Guidance) <ul style="list-style-type: none"> • Agency or county IS plan includes strategies for the use of future technologies by the LHJ. 	11.3 L	Health Department Level

Provide Financial Management Systems
Standard A2 B: Establish effective financial management systems.

Measure	Documentation and Scoring Guidance	2007 Crosswalk	Type of Review
A2.1 B: Comply with requirements for externally funded programs	Examples of Documentation <ul style="list-style-type: none"> • Audited financial statements • Program reports 	Optional	Health Department Level

<p>A2.2 B: Maintain written agreements with entities providing processes, programs and/or interventions delegated or purchased by the public health agency</p>	<p>Required Documentation</p> <ul style="list-style-type: none"> • Two examples of current written contracts/MOUs, MOAs for processes, programs and/or interventions <p><i>See Domain 9 for program evaluation of delegated/contracted service providers</i></p>	<p>9.2 L</p>	<p>Health Department Level</p>
<p>A2.3 B: Maintain financial management systems</p>	<p>Required Documentation</p> <ul style="list-style-type: none"> • Annual agency budget approved by governing entity • Two examples of financial reports (at least quarterly) • Audited financial statements <p>Other Examples of Documentation</p> <ul style="list-style-type: none"> • Documentation that audit has been reviewed by the governing entity and/or key agency staff • Documentation that financial reports reviewed by the governing entity and/or key agency staff 	<p>9.1 L</p>	<p>Health Department Level</p>
<p>A2.4 B: Seek resources to support agency infrastructure and processes, programs and interventions</p>	<p>Examples of Documentation</p> <ul style="list-style-type: none"> • Annual budget submission • Budget revisions • Additional funding requests • Grant applications and fundraising • Newspaper articles/letters to the editor on the need for improvement in public health (can be issues specific) • Public Health meeting discussing public health funding 	<p>Optional</p>	<p>Health Department Level</p>

Define Public Health Authority (Optional)
Standard A3 B: Maintain current operational definitions and statements of the public health roles and responsibilities of specific authorities.

Measure	Documentation and Scoring Guidance	2007 Crosswalk	Type of Review
A3.1B: Provide mandated public health operations and services	Required Documentation <ul style="list-style-type: none"> • Applicable laws and regulations and/or statewide listing of mandated public health services • Description of operations that reflect authorities (e.g., service descriptions, annual reports, meeting minutes) 	Optional	Health Department Level
A3.2B: Demonstrate that the governing entity complies with regulations regarding governing entities	Examples of Documentation <ul style="list-style-type: none"> • Applicable laws and regulations • Governing entity operating rules • Self assessment of performance in compliance with applicable laws, regulations and operating rules 	Optional	Health Department Level
A3.3 B: Demonstrate the evaluation of the agency director by the governing entity	Required Documentation <ul style="list-style-type: none"> • Position description and qualifications for agency director • Current evaluation of the agency director <p><i>See Domain 8 for evaluation of agency staff</i></p>	Optional	Health Department Level

Provide Orientation / Information for the Governing Entity
Standard A4 B: Provide orientation and regular information to members of the governing entity regarding their responsibilities and those of the public health agency.

Measure	Documentation and Scoring Guidance	2007 Crosswalk	Type of Review
A4.1 B: Provide orientation and regular information to the governing entity regarding the responsibilities of the public health agency	Examples of Documentation <ul style="list-style-type: none"> • Sample of training packets • Attendance records for governance member orientation meeting • Governing entity minutes • Documentation of governing entity member attendance at related informational sessions 	12.1 L	Health Department Level

<p>A4.2 B: Provide orientation and regular information to the governing entity regarding their responsibilities</p>	<p>Examples of Documentation</p> <ul style="list-style-type: none"> • Governing entity meeting minutes with actions • Governing entity policies, memos, NALBOH news briefs or other documents • Documentation of governing entity member attendance at related informational sessions • Examples of governing entity action on responsibilities, including championship of community and political support for public health 	<p>12.1 L</p>	<p>Health Department Level</p>
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Part B

Domain 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community

Note: Timeframe for all standards and measures is within the last five years unless otherwise noted in the measure. See PHAB Acronyms and Glossary.

Collect and Maintain Population Health Data
Standard 1.1 B: 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.

Measure	Documentation and Scoring Guidance	2007 Crosswalk	Type of Review
1.1.1 B: Demonstrate that a surveillance system is in place for receiving reports 24/7 and for identifying health problems, threats, and environmental hazards	Required Documentation <ul style="list-style-type: none"> • Processes and protocols to maintain the comprehensive collection, review, and analysis of data from multiple sources, • Processes and protocols to assure data are maintained in a secure and confidential manner • Current 24/7 contact information, in the form of a designated telephone line or a designated contact person (which may be provided in rural areas via regional or state agreements) • Reports of testing 24/7 contact systems, such as, internet, fax, page phone line, etc. <p><i>See Domain 2 for investigation and response activities</i></p>	4.1 L 4.4 L 5.1 L	Health Department Level
1.1.2 B: Communicate with surveillance sites on at least an annual basis	Required Documentation <ul style="list-style-type: none"> • List of providers and public health system partners who are surveillance sites reporting to the surveillance system • Documentation of trainings/meetings held with surveillance sites regarding reporting requirements, reportable diseases/conditions, and timeframes • Reports of surveillance data by reporting site • Documentation of distribution of surveillance data (such as emails, phone calls, newsletters, etc.) 	4.1 L 4.2 L	Health Department Level

<p>1.1.3 B: Collect additional primary and secondary data on population health status</p>	<p>Note: The scope of public health data assessment is broad and includes collection of information by local and state agencies or partners on communicable disease (food / water / air / waste / vector-borne), injuries, chronic disease / disability and morbidity / mortality for the purpose of analysis and use in health data profiles:</p> <ul style="list-style-type: none"> • Primary data includes communicable disease and public health environmental hazard reports (collected in 1.1.1 B), as well as community surveys, registries and other methods for tracking chronic disease and injuries, census data, vital records • Secondary data includes other state health agency data, hospital discharge data and data collected by other agencies (e.g. EPA) <p>Required Documentation</p> <ul style="list-style-type: none"> • Two examples of aggregated primary and secondary data collected and sources of each • Two examples of standardized data collection instruments 	<p>1.1 L</p>	<p>Health Department Level</p>
<p>1.1.4 L: Provide reports of primary and secondary data to SHA</p>	<p>Examples of Documentation</p> <ul style="list-style-type: none"> • Reports to SHA may include entries in registries, web-based communicable disease reporting system, faxed paper reports, e-mail confirmation of receipt of reports <p><i>See Domain 3 and 4 regarding provision of data/analysis to stakeholders</i></p>	<p>4.5 L</p>	<p>Health Department Level</p>

<p>1.1.5 L: Describe the process for identifying new providers in the community and engaging them in the reporting process.</p>	<p>Required Documentation (Washington Guidance)</p> <ul style="list-style-type: none"> • Written description of process for identifying new providers in the community and engaging them in the reporting process, OR • Reports showing regular identification of new providers in the community and actions to engage them in the reporting process. 	<p>4.3 L</p>	<p>Health Department Level</p>
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Analyze Public Health Data
Standard 1.2 B: Analyze public health data to identify health problems, environmental public health hazards, and social and economic risks that affect the public’s health.

Measure	Documentation and Scoring Guidance	2007 Crosswalk	Type of Review
<p>1.2.1 B: Analyze and draw conclusions from data to identify trends over time, clusters, health problems, behavioral risk factors, environmental health hazards, and social and economic conditions that affect the public’s health</p>	<p>Required Documentation</p> <ul style="list-style-type: none"> • Two examples of reports containing analysis of data collected and conclusions from review of the data (such as epidemiologic reports, cluster identification or investigation reports, outbreak investigations, environmental public health hazards, population health status or key health indicator reports, community surveys, outbreak after action reports, Community Health Status Indicators [CHSI] reports, with the following characteristics: <ul style="list-style-type: none"> ○ Reports are within defined timelines based on policy guidelines and/or evidence-based practice ○ Reports compare data to other agencies and/or the state or nation and/or provide trend data • Minutes or documentation of meetings (e.g., internal/external, or leadership/community) to review and discuss selected data reports 	<p>1.2 L</p>	<p>Health Department Level</p>

<p>1.2.2 L: At least annually, provide public health data to the community in the form of reports on a variety of public health issues</p>	<p>Note: includes data on health behaviors, diseases, etc. [See 1.1.3 B regarding scope] targeted to a variety of audiences (e.g., public health and health care providers, governing entity, key stakeholders, and the public), using a range of methods such as reports, presentations, minutes, press releases, etc.</p> <p>Required Documentation</p> <ul style="list-style-type: none"> • Two examples of analytic reports designed to meet community needs, with specific audiences identified with proof of distribution 	<p>1.4 L</p>	<p>Health Department Level</p>
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Use Data for Public Health Action
Standard 1.3 B: Provide and use the results of health data analysis to develop recommendations regarding public health policy, processes, programs or interventions.

Measure	Documentation and Scoring Guidance	2007 Crosswalk	Type of Review
<p>1.3.1 B: Use data to recommend and inform public health policy, processes, programs and/or interventions</p>	<p>Required Documentation</p> <ul style="list-style-type: none"> • Two examples that demonstrate use of data to inform public health policy, processes, programs and/or interventions 	<p>1.3 L</p>	<p>Health Department Level</p>
<p>1.3.2 L: Develop and distribute community health data profiles to support public health improvement planning processes at the local level</p>	<p>Note: Health profiles should include a broad array of assessment indicators, supported by primary and secondary data, such as those described in MAPP, CHSI, PACE EH or other assessment frameworks.</p> <p>Required Documentation</p> <ul style="list-style-type: none"> • Completed local health data profiles at least every five years • Documented distribution to public health system partners, community groups and key stakeholders such as governing entities or community advisory groups, via email and websites, etc. <p><i>See Domain 4 for planning processes and Domain 5 for plans using the data</i></p>	<p>1.4 L</p>	<p>Health Department Level</p>

<p>1.3.3 L: Provide the BOH a report annually on the public health data in Domain 1 and the Local Public Health Indicators report prepared by DOH, as well as other data about community health status, communicable disease, environmental health risks and related illness, and access to critical health services, with recommended actions for health policy decisions</p>	<p>Required Documentation (Washington Guidance)</p> <ul style="list-style-type: none"> • BOH review of an annual report or various separate reports with trended data on a set of core indicators that include measures of: <ul style="list-style-type: none"> ○ Local Public Health Indicators AND ○ community health status, AND ○ communicable disease AND ○ environmental health risks and related illness, AND ○ access to critical health services. • Documented BOH recommendations for actions on health policy decisions. 	<p>12.2 L</p>	<p>Health Department Level</p>
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Domain 2: Investigate health problems and environmental public health hazards to protect the community

Note: Timeframe for all standards and measures is within the last five years unless otherwise noted in the measure. See PHAB Acronyms and Glossary.

Investigate Health Problems and Environmental Public Health Hazards
Standard 2.1 B: Conduct timely investigations of health problems and environmental public health hazards in coordination with other governmental agencies and key stakeholders.

Measure	Documentation and Scoring Guidance	2007 Crosswalk	Type of Review
2.1.1 B: Maintain protocols for investigation process	<p>Required Documentation</p> <ul style="list-style-type: none"> • Current written protocols that include: <ul style="list-style-type: none"> ○ Assignment of responsibilities for investigations of health problems and environmental public health hazards ○ Identifying information about the health problem or hazard, case investigation steps and timelines, and reporting requirements 	4.4 L 4.6 L 4.9 L	Health Department Level
2.1.2 L: Demonstrate expertise and capacity to conduct an investigation	<p>Note: This includes infectious health problems and environmental public health hazards investigations.</p> <p>Examples of Documentation</p> <ul style="list-style-type: none"> • Documented statement of qualifications for staff conducting investigations • Documentation of on-the-job training related to investigations. • Audits, programmatic evaluations, case reviews or peer reviews of investigation reports against protocols • Completed AARs (see 2.2.3 B) 	Optional	Health Department Level

<p>2.1.3 B: Demonstrate expertise and capacity to conduct investigations of non-infectious health problems and hazards</p>	<p>Note: This includes morbidity and mortality associated with emergent and non-emergent non-infectious health problems (e.g. non-communicable health problems, drowning, injuries and environmental public health hazards) including risk factors and root causes</p> <p>Required Documentation</p> <ul style="list-style-type: none"> • Documented statement of qualifications for staff conducting investigations, OR • Documentation of on-the-job training related to investigations. OR • An example of a partnership established through contracts/MOAs/MOUs/ agreements with other governmental agency or key stakeholders that plays a role in investigations • An example of a completed investigation of a non-infectious health problem or hazard 	<p>Optional</p>	<p>Health Department Level</p>
<p>2.1.4 B: Establish partnerships and work collaboratively with governmental and community partners on reportable/disease outbreak or environmental public health investigations</p>	<p>Required Documentation</p> <ul style="list-style-type: none"> • Two examples of partners/partnerships established through contracts/MOAs/MOUs/ agreements with other governmental agencies and key stakeholders that play a role in investigation or have direct jurisdiction over investigation. • Two examples of working with partners to conduct investigations 	<p>Optional</p>	<p>Health Department Level</p>
<p>2.1.5 B: Monitor timely reporting of notifiable diseases, lab test results, and investigation results.</p>	<p>Required Documentation</p> <ul style="list-style-type: none"> • Current tracking log of reporting, lab tests and/or investigations with actual timelines noted, OR • Current report or audit of reporting, lab tests and/or investigations • Copy of applicable laws 	<p>4.5 L 8.7 L</p>	<p>Health Department Level</p>

Contain/Mitigate Health Problems and Environmental Public Health Hazards
Standard 2.2 B: Contain/mitigate health problems and environmental public health hazards in coordination with other governmental agencies and key stakeholders

Measure	Documentation and Scoring Guidance	2007 Crosswalk	Type of Review
2.2.1 B: Maintain protocols for containment/mitigation, including disease-specific procedures for outbreaks and conducting follow-up documentation and reporting	Required Documentation <ul style="list-style-type: none"> • Current written protocols for mitigation, contact and clinical management, providing prophylaxis, use of emergency biologics, and the process for exercising legal authority for disease control 	4.6 L 4.10 L 4.11 L	Health Department Level
2.2.2 B: Demonstrate that protocols include decision criteria for determining when a public health event triggers the All Hazards Plan or the public health emergency response plan	Note: This includes outbreaks, clusters and environmental public health hazards. Required Documentation <ul style="list-style-type: none"> • Infectious disease outbreak protocols describing initiation triggers for All Hazards/ERP or the public health emergency response plan • Environmental public health protocols describing initiation triggers for All Hazards/ERP or the public health emergency response plan • Cluster evaluation protocols describing initiation triggers for All Hazards/ERP or the public health emergency response plan [See Standard 5.4 B] 	4.6 L	Health Department Level
2.2.3 B: Complete an After Action Report (AAR) following communicable disease outbreaks, environmental public health risks, natural disasters, and other events that threaten the health of people	Note: While AARs have been used for drills and exercises as part of All Hazards Plans (see 5.4.3 B), the intent is to apply the AAR methodology to actual events that significantly threaten the health of people. Required Documentation <ul style="list-style-type: none"> • Thresholds used to determine when events rise to significance and AAR review • List of significant events that occurred, including outbreaks, environmental public health risks, etc. 	8.8 L 8.9 L	Health Department Level

	<ul style="list-style-type: none"> Completed After Action Reports for two events which document what worked well, identify issues and recommend changes in investigation/response procedures and other process improvements <p><i>See Domain 9 for use of AARs in program evaluation and quality improvement</i></p>		
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Maintain Provision for Epidemiological, Laboratory, and Support Response Capacity (Optional)
Standard 2.3 B: Maintain access to laboratory and epidemiological/environmental public health expertise and capacity to investigate and contain/mitigate public health problems and environmental public health hazards.

Measure	Documentation and Scoring Guidance	2007 Crosswalk	Type of Review
2.3.1 B: Maintain 24/7 emergency access, including surge capacity, to epidemiological and environmental public health resources capable of providing for rapid detection, investigation and containment/mitigation of public health problems and environmental public health hazards	Examples of Documentation <ul style="list-style-type: none"> All Hazards Plan/ERP Policies and Procedures ensuring 24/7 coverage Call Down lists Contracts/MOAs/MOUs/Mutual assistance agreements detailing relevant staff 	Optional	Health Department Level
2.3.2 B: Maintain provisions for 24/7 access, including surge capacity, to laboratory resources capable of providing for rapid detection, investigation and containment of health problems and environmental public health hazards	Examples of Documentation <ul style="list-style-type: none"> Laboratory certification, maintains a CLIA certificate or waiver for laboratory testing done on site All Hazards Plan/ERP Policies and Procedures ensuring 24/7 coverage Contracts/MOAs/MOUs/Mutual assistance agreements with other public and private laboratories Protocols for handling and submitting specimens 	Optional	Health Department Level

<p>2.3.3 B: Maintain access to other support personnel and infrastructure capable of providing additional surge capacity</p>	<p>Examples of Documentation</p> <ul style="list-style-type: none"> • All Hazards Plan/ERP • Protocol that pre-identifies support personnel to provide surge capacity • Call Down lists • Staffing list for surge capacity (e.g., nursing, health education, communications, IT, logistics, and administrative personnel) and description of how staff accesses this information • Documented availability of equipment for transportation, field communications, PPE (e.g., Equipment logs, Inventory of transportation vehicles) • On-going training/exercise schedule (e.g., Basic ICS , PPE training) • Contracts/MOAs/MOUs/Mutual assistance agreements for additional staff capacity for surge situations 	<p>Optional</p>	<p>Health Department Level</p>
<p>2.3.4 B: Demonstrate that SHAs and LHDs work together to build capacity and share resources to address state and local efforts to provide for rapid detection, investigation, and containment/mitigation of public health problems and environmental public health hazards</p>	<p>Examples of Documentation</p> <ul style="list-style-type: none"> • Reports or other documentation (e.g., meeting minutes, memoranda of understanding, emails) demonstrating shared resources and/or additional capacity • All Hazards Plan/ERP • Joint exercises 	<p>Optional</p>	<p>Health Department Level</p>

Maintain Policies for Communication

Standard 2.4 B: Maintain a plan with policies and procedures required for urgent and non-urgent communications.

Measure	Documentation and Scoring Guidance	2007 Crosswalk	Type of Review
<p>2.4.1 B: Maintain written protocols for urgent 24/7 communications</p>	<p>Required Documentation (at least two examples updated semiannually from the following)</p> <ul style="list-style-type: none"> • Protocols that include lists of partners, addresses, telephone lists, email/website addresses for media, health providers, and other frequent contacts and provide for redundant communication mechanisms, if needed • Examples of information to the public on how to contact the LHD to report a public health emergency or environmental public health risk 24/7 which may include calling 911, or 211, or 311 • Phone numbers for weekday/weekend and after-hours emergency contacts are available to law enforcement and appropriate local agencies and organizations, such as tribal governments, schools and hospitals • Emails, faxes, websites with contact information • Call-Down list, telephone tree • After-hours phone answering messages, 24/7 pager phone access 	<p>2.2 L 2.4 L</p>	<p>Health Department Level</p>
<p>2.4.2 B: Implement a system to receive and provide health alerts and appropriate public health response for health care providers, emergency responders, and communities on a 24/7 basis</p>	<p>Examples of Documentation</p> <ul style="list-style-type: none"> • Tracking system such as HAN system or other • Reports of testing 24/7 contact and phone line(s) 	<p>2.3 L 4.4 L</p>	<p>Health Department Level</p>

2.4.3 B: Provide timely communication to local media during public health emergencies	Examples of Documentation <ul style="list-style-type: none"> • Press conference materials and packages or press releases with dates noted to validate timeliness • Factsheets • Media Contact Sheet 	2.3 L	Health Department Level
2.4.4 B: Provide timely communication to the general public during public health emergencies	Examples of Documentation <ul style="list-style-type: none"> • Materials such as media contact sheet, website screen prints, flyers, factsheets, with dates noted to validate timeliness 	2.3 L 2.7 L	Health Department Level

Domain 3: Inform and educate about public health issues and functions

Note: Timeframe for all standards and measures is within the last five years unless otherwise noted in the measure. See PHAB Acronyms and Glossary.

Provide Prevention and Wellness Policies, Programs, Processes, and Interventions
Standard 3.1 B: Provide health education and health promotion policies, programs, processes, and interventions to support prevention and wellness.

Measure	Documentation and Scoring Guidance	2007 Crosswalk	Type of Review
3.1.1 B: Provide information to the public on health risks, health behaviors, health needs, prevention, and/or wellness approaches	<p>Required Documentation</p> <ul style="list-style-type: none"> • Two examples of providing information on health risks, health behaviors, health needs, prevention, and/or wellness including information provided, to whom, date, and for what purpose 	2.7 L	Health Department Level
3.1.2 B: Implement health promotion strategies to protect the population from preventable conditions	<p>Note: As in 1.1.3 B, the scope of preventable conditions is very broad.</p> <p>Required Documentation</p> <ul style="list-style-type: none"> • Two examples of health education and promotion strategies that: <ul style="list-style-type: none"> ○ Correspond to community needs identified through community health assessment data ○ Are based on sound theory, evidence of effectiveness and/or promising practices ○ Reflect social marketing methods • Documentation that strategies have been implemented in collaboration with community partners 	6.1 L 6.4 L	Health Department Level

<p>3.1.3 B: Establish priorities for prevention, education, early intervention and outreach services to the entire population or at-risk populations. Data from program evaluation and the analysis of public health data, as well as local issues, funding availability, experience in service delivery, and information on evidence based practices are used to develop these prevention priorities</p>	<p>Required Documentation (Washington Guidance)</p> <ul style="list-style-type: none"> • Descriptions of prevention priorities for prevention, health promotion, early intervention and outreach services for general population or targeted, at-risk populations. • Analyses (at least two examples) of community health data and program evaluation data used to develop prevention priorities described above. These analyses may also include data on local issues, funding availability, experience in service delivery, or information on evidence based practices.] 	<p>6.2 L</p>	<p>Health Department Level</p>
<p>3.1.4 B: Review prevention and education information of all types (including technical assistance) at least every other year and update, expand or contract as needed based on revised regulations, changes in community needs, evidence-based practices and public health data. There is a process to evaluate the content and use of and to update materials</p>	<p>Required Documentation (Washington Guidance)</p> <ul style="list-style-type: none"> • Documented review (at least every other year) of prevention and health education information of all types (including technical assistance) • Two examples of updated, expanded or contracted prevention and health education information reflecting revised regulations, changes in community needs, evidence-based practices and health data. • Written description of the process to conduct all the activities listed below: <ul style="list-style-type: none"> ○ organize materials, AND ○ develop materials, AND ○ distribute or select materials, AND ○ evaluate materials, AND ○ update materials. 	<p>6.3 L</p>	<p>Sample of Programs</p>

Communicate Information on Public Health Issues and Functions
Standard 3.2 B: Provide information on public health issues and functions through multiple methods to a variety of audiences.

Measure	Documentation and Scoring Guidance	2007 Crosswalk	Type of Review
3.2.1 B: Provide information on public health mission, roles, processes, programs and interventions to improve the community's health	Required Documentation <ul style="list-style-type: none"> • Two examples of providing information on public health mission, roles, processes, programs, and/or interventions, including information provided, to whom, date, and for what purpose • At least one example of two of the following items: <ul style="list-style-type: none"> ○ Educational materials with logo(s) ○ Reports or materials distributed to media (such as advertisements, press releases etc) ○ Agency uniform/department apparel ○ Appropriate Signage inside and outside the facility 	2.1 L 2.8 L	Health Department Level
3.2.2 B: Establish and maintain communication procedures to provide information outside the agency	Required Documentation <ul style="list-style-type: none"> • Written communications procedures with date created and updated biennially, that include: <ul style="list-style-type: none"> ○ Disseminating accurate, timely and appropriate information for different audiences ○ Coordinating with community partners for the dissemination of public health messages ○ Maintaining a current contact list of media and key stakeholders ○ Designating a position or person as the public information officer. Responsibilities include managing media relationships, creating public health messages, and other communications activities 	2.4 L 2.5 L 2.6 L (Add to WA Guidance: <i>including steps for creating and distributing clear and accurate public health alerts and media releases</i>)	Health Department Level

	<ul style="list-style-type: none"> ○ Describing responsibilities for positions interacting with the news media and the public, including, as appropriate, any governing entity members and any public health staff member 		
3.2.3 B: Maintain written risk communication plan	<p>Required Documentation</p> <ul style="list-style-type: none"> • Written Risk Communication Plan 	2.5 L 2.6 L	Health Department Level
3.2.4 B: Make information available through a variety of methods, including a website	<p>Note: The LHD may have own web site or be part of another entity’s internet domain</p> <p>Required Documentation</p> <ul style="list-style-type: none"> • Website or web page that contains current information on, at a minimum, the following issues: <ul style="list-style-type: none"> ○ 24 hr. contact number for reporting health emergencies ○ Notifiable conditions line or contact number ○ Health data, such as morbidity and mortality data ○ Links to laws ○ Information and materials from program activities such as communicable disease, environmental public health and prevention ○ Hyperlink to SHA, CDC and other agencies, as appropriate <p>Other Examples of Documentation</p> <ul style="list-style-type: none"> • Description of communication strategies, including: <ul style="list-style-type: none"> ○ Methods (e.g., radio, telephone brochures, flyers, newsletters, press releases, and other mechanisms) ○ Targeted audiences (e.g., the public, governing entity and elected officials, health care providers) 	2.7 L 2.8 L 11.4 L	Health Department Level

<p>3.2.5 B: Demonstrate that accurate and current information is available in formats that are accessible to everyone in the community</p>	<p>Required Documentation</p> <ul style="list-style-type: none"> • Demographic data regarding ethnicity and languages spoken in the community • List of culturally competent staff or contractors providing interpretation or translation services, as needed based on demographic data • Availability of TTY and other assistive staff or technology devices to meet ADA requirements • Two examples of current materials that are culturally appropriate, in other languages, and/or at low reading level 	<p>2.10 L</p>	<p>Health Department Level</p>
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Domain 4: Engage with the community to identify and address health problems

Note: Timeframe for all standards and measures is within the last five years unless otherwise noted in the measure. See PHAB Acronyms and Glossary.

Engage the Public Health System and the Community in Identifying and Addressing Health Problems
Standard 4.1 B: Engage the public health system and the community in identifying and addressing health problems through an ongoing, collaborative process.

Measure	Documentation and Scoring Guidance	2007 Crosswalk	Type of Review
4.1.1 B: Establish and actively participate in collaborative partnerships and coalitions to address public health issues	Required Documentation <ul style="list-style-type: none"> • Two examples of ongoing collaborations that address public health issues (e.g. tobacco coalition, maternal child health coalitions, HIV/AIDS coalition, or a planning process such as CHIP) • List of partners in each collaboration • Description of process and templates used for collecting feedback and evaluating at least one partnership. • Documentation of use of evaluation findings. 	3.1 L 3.2 L	Health Department Level
4.1.2 B: Recruit and engage governing entity members, stakeholders, community partners and the public to participate in collaborative partnerships and coalitions to address important public health issues	<p>Note: The following is a list of groups, sectors, and types of organizations that should be considered for participation in collaborative partnerships and coalitions; community representatives, governmental agencies, medical care providers, education, criminal justice, environmental organizations, regulated entities, faith-based and business organizations, philanthropy and others, that reflects diversity and includes representatives of at-risk and vulnerable populations.</p> <p>Examples of Documentation</p> <ul style="list-style-type: none"> • Documentation of partners who participated in the planning process • Documentation of use of an 	Optional	Health Department Level

	established national or state model to engage a wide range of diverse stakeholders (e.g. MAPP or use of the NPHPSP state/local public health system performance assessment, APEX-PH)		
4.1.3 L: Link stakeholders to technical assistance regarding models of recruiting and engaging with the community, as requested	Examples of Documentation <ul style="list-style-type: none"> • Documentation of requests and what was provided • Documentation of technical assistance (e.g. documentation of on-site, telephone, web-based assistance or trainings) provided on using an established model of community planning (e.g., MAPP, PACE-EH, and others). 	Optional	Health Department Level

Engage the Community to Promote Policies to Improve the Public's Health
Standard 4.2 B: Promote understanding of and support for policies and strategies that will improve the public's health.

Measure	Documentation and Scoring Guidance	2007 Crosswalk	Type of Review
4.2.1 L: Disseminate the results of community health assessments to the community	Required Documentation <ul style="list-style-type: none"> • Two examples of assessment reports on priority community health issues within the last 24 months • Documentation of distribution (e.g., e-mails, distribution list) and/or review of reports in Advisory or Coalition minutes within the last 24 months 	3.1 L 3.2 L	Health Department Level
4.2.2 B: Engage the community about policies and strategies that will promote the public's health	Required Documentation <ul style="list-style-type: none"> • Two examples of agency efforts to educate the community, governing entity and/or elected officials (e.g., presentations, meeting packets, press stories, event summaries or other documentation) 	3.2 L	Health Department Level

Domain 5: Develop public health policies and plans

Note: Timeframe for all standards and measures is within the last five years unless otherwise noted in the measure. See PHAB Acronyms and Glossary.

Establish, Promote, and Maintain Public Health Policies (Optional)
Standard 5.1 B: Serve as a primary resource to governing entities and elected officials to establish and maintain public health policies, practices, and capacity based on current science and/or promising practice.

Measure	Documentation and Scoring Guidance	2007 Crosswalk	Type of Review
5.1.1 B: Monitor public health issues under discussion by governing entities and elected officials	Required Documentation <ul style="list-style-type: none"> • Two examples of monitoring/tracking public health issues under discussion by various governing entities (e.g., a tracking system or other documentation such as meeting minutes, membership on list-serv, newsletters that show the agency periodically reviews policy development activity) 	Optional	Health Department Level
5.1.2 L: Contribute to the development and/or modification of public health policy by facilitating community involvement and engaging in activities that inform the policy development process	Required Documentation <ul style="list-style-type: none"> • Two current examples of any of the following: <ul style="list-style-type: none"> ○ Informational materials (e.g., issue briefs, media statements, talking points, fact sheets) ○ Records of public testimony by agency staff ○ Documented participation in advisory groups responsible for advising on health policy 	Optional	Health Department Level
5.1.3 B: Inform governing entities, elected officials and the public of potential public health impacts (both intended and unintended) from current and/or proposed policies	<p>Note: Policies include those from other sectors that impact public health such as land use, housing, transportation, etc.</p> Required Documentation <ul style="list-style-type: none"> • Two current examples of any of the following: <ul style="list-style-type: none"> ○ Impact statements or fact sheets about the impact of current or proposed policies ○ Documented distribution of memorandum, emails, briefing statements, or 	Optional	Health Department Level

	<p>discussion of policy issues (e.g., agency staff involved, governing entity/elected official contacted, topic discussed, response and follow up)</p> <ul style="list-style-type: none"> ○ Documented presentation of evaluations and/or assessments of current and/or proposed policies 		
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Develop and Implement a Strategic Plan
Standard 5.2 B: Develop and implement a health department organizational strategic plan.

Measure	Documentation and Scoring Guidance	2007 Crosswalk	Type of Review
5.2.1 B: Conduct a strategic planning process	<p>Note: The intent of these measures is to develop and implement a strategic plan to strengthen the organization internally. The <i>Strategic Plan</i> focuses on a range of agency level organizational goals, strategies and objectives including new initiatives. [See Glossary for definitions and relationships of Strategic Plans, SHIPs and QI plans.]</p> <p>Required Documentation</p> <ul style="list-style-type: none"> • Documentation of the planning process used to develop the organization’s strategic plan. This could include such topics as: <ul style="list-style-type: none"> ○ Membership of the planning group including agency staff and governing entity members ○ Identification of external trends, events, or factors that may impact community health or the agency ○ Assessment of agency strengths and weaknesses ○ Link to SHIP or QI plan, as appropriate 	<p>12.6 L 12.7 L</p>	Health Department Level

<p>5.2.2 B: Develop a strategic plan</p>	<p>Required Documentation</p> <ul style="list-style-type: none"> • Agency strategic plan dated within the last five years (may not be titled this, but should contain the following) including: <ul style="list-style-type: none"> ○ Mission, vision, guiding principles/values ○ Strategic priorities ○ Goals and objectives with measureable and time-framed targets. Measurable and time-framed targets may be contained in another document such as an annual work plan, etc. 	<p>12.6 L 12.7 L</p>	<p>Health Department Level</p>
<p>5.2.3 B: Implement the strategic plan</p>	<p>Required Documentation</p> <ul style="list-style-type: none"> • Annual reports of progress towards goals and objectives including monitoring of performance measures and conclusions on progress toward targets <p>Note: This measure is Not Applicable if measure 5.2.2 B is not met.</p>	<p>12.8 L (Add to WA Guidance: <i>The strategic plan is adopted by the BOH. The plan is disseminated to LHJ staff and made available to community partners /stakeholders and the public.</i>)</p>	<p>Health Department Level</p>
<p>5.2.4 B: Review and revise the strategic plan</p>	<p>Required Documentation</p> <ul style="list-style-type: none"> • Documentation of revised strategic plan at least every five years <p>Note: This measure is Not Applicable if measure 5.2.2 B is not met.</p>	<p>Optional</p>	<p>Health Department Level</p>

Conduct a Community Health Improvement Planning Process (Optional)
Standard 5.3 L: Conduct a comprehensive planning process resulting in a community health improvement plan [CHIP].

Measure	Documentation and Scoring Guidance	2007 Crosswalk	Type of Review
<p>5.3.1 L: Conduct a community health improvement process that includes broad participation from the community</p>	<p>Note: The <i>Community Health Improvement Plan (CHIP)</i> has a larger focus than the organization, and will involve partners in the assessment, planning, and strategy development process, as well as in implementation of strategies. A CHIP and a Strategic Plan can and should cross-reference one another, so a strategic initiative that is in a CHIP may also be in the Strategic Plan. [See Glossary for definitions and relationships of Strategic Plans, CHIPs/SHIPs and QI plans.] This may be a single plan or a series of plans that focus on populations or geographic areas.</p> <p>Required Documentation</p> <ul style="list-style-type: none"> • Documentation that the process included: <ul style="list-style-type: none"> ○ Broad participation of community partners ○ Information from community health assessments ○ Issues and themes identified by the stakeholders and the community ○ Identification of community assets and resources ○ Established set of priority community health issues ○ Development of measurable health objectives • Completed health improvement process framework such as MAPP or other tools 	Optional	Health Department Level

<p>5.3.2 L: Produce a community health improvement plan as a result of the community health improvement process</p>	<p>Required Documentation</p> <ul style="list-style-type: none"> • Community health improvement plan (CHIP) dated within the last five years that includes: <ul style="list-style-type: none"> ○ Assessment data about the prevailing health of the population ○ Community health priorities, objectives, improvement strategies and performance measures with measureable and time-framed targets. Measurable and time-framed targets may be contained in another document such as an annual work plan. ○ Policy changes needed to accomplish health objectives ○ Individuals and organizations that have accepted responsibility for implementing strategies (does not need to be a formal agreement such as an MOU) ○ Measureable health outcomes or indicators to monitor progress <p>Other Examples of Documentation</p> <ul style="list-style-type: none"> • If available, documentation of alignment between the health improvement plan and community/state/national priorities (i.e., CHIP takes state and national priorities into consideration) 	<p>Optional</p>	<p>Health Department Level</p>
<p>5.3.3 L: Implement elements and strategies of the community health improvement plan, in partnership with others</p>	<p>Examples of Documentation</p> <ul style="list-style-type: none"> • Reports of actions taken related to strategies to improve health • CHIP Work plan with documentation of progress <p>Note: This measure is Not Applicable if measure 5.3.1 L is not met.</p>	<p>Optional</p>	<p>Health Department Level</p>

<p>5.3.4 L: Monitor progress on strategies and health improvement in order to revise the CHIP, as needed</p>	<p>Required Documentation</p> <ul style="list-style-type: none"> • Evaluation reports on progress related to strategies in a CHIP including: <ul style="list-style-type: none"> ○ Monitoring of performance measures ○ Progress related to health improvement indicators (for future iterations of accreditation cycles as these changes may take a while) • Revised CHIP based on evaluation results <p>Note: This measure is Not Applicable if measure 5.3.1 L is not met.</p>	<p>Optional</p>	<p>Health Department Level</p>
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Maintain All Hazards/Emergency Response Plan
Standard 5.4 B: Maintain All Hazards/Emergency Response Plan (ERP).

Measure	Documentation and Scoring Guidance	2007 Crosswalk	Type of Review
<p>5.4.1 B: Participate in the development and maintenance of an All Hazards/ERP</p>	<p>Required Documentation</p> <ul style="list-style-type: none"> • Documentation of preparedness meetings with other government agencies (e.g., meeting minutes, calendar of meetings, email exchanges, phone calls) • Documentation of collaboration in the testing of the All Hazards / ERP, through the use of drills and exercises • Description of real event or exercise including documented coordination with emergency response partners • Evaluation report, meeting minutes from debriefing or After-Action Report (AAR) with required elements as specified by PPHR • Documentation of collaboration in revision of the All Hazards / ERP • Documentation of review meeting within the last two years • Documentation of updated contact information 	<p>5.3 L</p>	<p>Health Department Level</p>

	<ul style="list-style-type: none"> • Documentation of coordination with emergency response partners • Revised All Hazards/ERP, as needed 		
<p>5.4.2 B: Develop and maintain a public health emergency response plan (ERP)</p>	<p>Required Documentation</p> <ul style="list-style-type: none"> • ERP as defined by Project Public Health Ready (PPHR) or other state or national guidelines such as LEOP that includes: <ul style="list-style-type: none"> ○ Designation of an emergency response coordinator ○ Roles and responsibilities of the agency and its partners ○ Communication networks and/or communication plan ○ Continuity of Operations • Documentation of testing of the public health ERP, through the use of drills and exercises <ul style="list-style-type: none"> ○ Process for exercising and evaluating the public health ERP ○ Evaluation report, meeting minutes from debriefing or After-Action Report (AAR) with required elements as specified by PPHR • Documentation of revision of the public health ERP <ul style="list-style-type: none"> ○ Documentation of review meeting within the last two years ○ Revised public health ERP, as needed <p>Examples of Documentation</p> <ul style="list-style-type: none"> • Documentation of designated staff, such as Incident Command System (ICS), as described in organizational charts, job descriptions and/or job action sheets • Memoranda of agreement/understanding regarding resources needed, as identified in the plan • Supply inventory lists with access to resources, deployment 	<p>2.4 L 2.5 L 5.2 L 8.8 L 8.9 L</p>	<p>Health Department Level</p>

<p>5.4 3 B: Identify public health services that are essential for the public to access in different types of emergencies. Provide public education and outreach information on how to access these essential services.</p>	<p>Required Documentation (Washington Guidance)</p> <ul style="list-style-type: none"> • Written description or list of public health services that are essential for the public to access in different types of emergencies. • At least two examples of information distributed/available to the public on how to access the essential services during an emergency. 	<p>5.4 L</p>	<p>Health Department Level</p>
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Domain 6: Enforce public health laws and regulations

Note: The term “laws” is used throughout this Domain and other standards to reference all types of statutes, regulations, rules, executive orders, ordinances, case law and codes that are applicable to the entity being accredited. This means that 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. Timeframe for all Standards and measures is within the last five years, unless otherwise noted in the measure. See [PHAB Acronyms and Glossary](#).

Maintain Up-to-Date Laws (Optional)
Standard 6.1 B: Review existing laws and work with governing entities and elected officials to update as needed.

Measure	Documentation and Scoring Guidance	2007 Crosswalk	Type of Review
6.1.1 B: Maintain access to legal and program expertise to assist in the review of laws	<p>Required Documentation</p> <ul style="list-style-type: none"> • Documentation that legal counsel is available to the LHD, such as a contract or MOU or MOA for services with legal counsel or documentation of legal assistance (e.g., legal opinions on file, review and feedback) • Documentation of using program experts to review proposed laws for conformance with programmatic requirements <p>Other Examples of Documentation</p> <ul style="list-style-type: none"> • Documentation of attendance at seminars or training regarding laws 	Optional	Health Department Level
6.1.2 B: Evaluate the need for changes in laws	<p>Required Documentation</p> <ul style="list-style-type: none"> • Two examples of review of laws (e.g., minutes or presentations) within last three years • At least one example of a regulation/ordinance or enforcement activity that changed as a result of review within last three years <p>Other Examples of Documentation</p> <ul style="list-style-type: none"> • Evaluations of laws, and enforcement activities for consistency with evidence-based and/or promising practices for achieving compliance • Documented use of model public health laws, checklists, templates 	Optional	Health Department Level

	<p>and/or exercises in reviewing laws</p> <ul style="list-style-type: none"> • Documentation of input solicited from key stakeholders on proposed and/or reviewed laws (e.g., Issue forums; town meetings, hearings) 		
6.1.3 B: Inform governing entity and elected officials of needed updates of laws and make recommendations for action	<p>Examples of Documentation</p> <ul style="list-style-type: none"> • Policy agendas, position papers, white papers, legislative briefs including recommendations for action • Documentation of distribution to governing entity and/or elected officials 	Optional	Health Department Level

Educate About Public Health Laws
Standard 6.2 B: Educate individuals and organizations on the meaning, purpose, and benefit of public health laws and how to comply.

Measure	Documentation and Scoring Guidance	2007 Crosswalk	Type of Review
6.2.1 B: Maintain agency knowledge and consistent application of public health laws	<p>Required Documentation</p> <ul style="list-style-type: none"> • List of positions with regulatory and enforcement responsibilities and their job descriptions • Documentation of staff training in uses of laws to support public health interventions and practice, within the last two years • Documentation of consistent application of public health laws, e.g. audits of case files 	10.4 L	Sample of Programs
6.2.2 B: Make laws, and permit/license application requirements accessible to the public	<p>Examples of Documentation</p> <ul style="list-style-type: none"> • Website access (or alternative physical location within the agency) to laws and permit/license application processes • Newsletters or direct mailings, with distribution list • Other documentation of distribution, e.g. responses to requests, logs of violations, and/or complaints 	2.9 L	Health Department Level

6.2.3 B: Provide education to regulated entities regarding their responsibilities and methods to achieve full compliance with applicable laws	Examples of Documentation <ul style="list-style-type: none"> • Website FAQ site and other educational materials • Newsletters, with distribution list • Training sessions, with attendance list and materials • Public meetings with minutes, agendas, and attendance list • Documentation of TA provided through email, phone logs, etc. • Press releases 	2.8 L	Sample of Programs
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Conduct Enforcement Activities Standard 6.3 B: Conduct and monitor enforcement activities for which the agency has the authority and coordinate notification of violations among appropriate agencies.

Measure	Documentation and Scoring Guidance	2007 Crosswalk	Type of Review
6.3.1 B: Maintain current written procedures and protocols for conducting enforcement actions	Required Documentation <ul style="list-style-type: none"> • Documentation of authority to conduct enforcement activities • Procedures and protocols/decision trees for laws or enforcement actions for achieving compliance 	4.9 L	Sample of Programs
6.3.2 B: Conduct inspection activities of regulated entities according to mandated frequency and/or a risk analysis method that guides the frequency and scheduling of inspections of regulated entities	Examples of Documentation <ul style="list-style-type: none"> • Protocol/algorithm for scheduling inspections (e.g., identify restaurants with frequent violations) or documentation of compliance with mandated frequencies • Inspection work plan or schedule with appropriate frequencies • Database or log of inspection reports with actions, status, follow-up, reinspections and final disposition 	4.8 L 4.9 L	Sample of Programs
6.3.3 B: Conduct enforcement activities and follow up on complaints according to procedures and protocols for both routine and emergency situations	Required Documentation <ul style="list-style-type: none"> • Data base or log of actions with analysis and standards for follow-up at each level • Documentation of hearings, meetings with regulated entities, compliance plans 	4.8 L	Sample of Programs

<p>6.3.4 B: Conduct analysis of complaints, violations and enforcement activities to determine patterns, trends, compliance and effectiveness</p>	<p>Examples of Documentation</p> <ul style="list-style-type: none"> • Annual report summarizing complaints, violations, enforcement activities • Documentation of an evaluation of a random number of enforcement actions each year to determine compliance with timeliness and effectiveness of enforcement procedures • Debriefings or other evaluations of specific enforcement actions with documentation of what worked well, issues and recommended changes in investigation/response procedures and other process improvements 	<p>4.8 L 8.7 L</p>	<p>Sample of Programs</p>
<p>6.3.5 B: Coordinate notification of violations to the public, when required, and coordinate the sharing of information about enforcement activities, analysis, results and follow-up activities among appropriate agencies</p>	<p>Required Documentation</p> <ul style="list-style-type: none"> • Communication protocol for interagency notification cooperation • If notification of the public is required, documentation of the protocol for notification • Two examples of notification of enforcement actions, e.g. websites, minutes, conference calls, emails, correspondence, MOUs and MOAs that demonstrate sharing of information in enforcement activities 	<p>4.8 L 4.9 L</p>	<p>Sample of Programs (two examples per program)</p>

Domain 7: Promote strategies to improve access to healthcare services

Note: Timeframe for all standards and measures is within the last five years unless otherwise noted in the measure. See PHAB Acronyms and Glossary.

Assess Healthcare Capacity and Access to Healthcare Services
Standard 7.1 B: Assess healthcare capacity and access to healthcare services.

Measure	Documentation and Scoring Guidance	2007 Crosswalk	Type of Review
<p>7.1.1 B: Convene and/or participate in a collaborative process to assess the availability of healthcare services</p>	<p>Note: The intent of these measures is for LHJs to participate in community activities to assess and improve individuals’ access to general healthcare services. The LHJ is NOT expected to directly provide any general healthcare services in order to improve access. Healthcare services include, but are not limited to, clinical preventive services, EMS, emergency departments, urgent care, ambulatory care (primary and specialty), inpatient care, dental, and behavioral health. [See Glossary for definition of Healthcare Services]</p> <p>Examples of Documentation</p> <ul style="list-style-type: none"> • Charters, meeting agendas with minutes or rosters of coalitions/networks/councils and their members (e.g., healthcare providers, social services organizations, and other stakeholders) working on collaborative processes to assess availability of healthcare services • Description of partnerships across the SHA, LHDs, and the healthcare system to make comprehensive data available for the purposes of healthcare planning (e.g., regional health information organizations (RHIOs) and health information exchanges (HIEs), less formal local planning efforts) 	7.1 L	Health Department Level

<p>7.1.2 B: Identify underserved and at-risk populations and those who may experience barriers to healthcare services</p>	<p>Examples of Documentation</p> <ul style="list-style-type: none"> • Specific reports of needs of the population as indicated in other consumer satisfaction surveys, and surveys of special population groups [See Standard 1.3 and Standard 5.3] • Description of process, e.g. sector maps or other tools, for including diverse sets of community partners, including communities of color, tribal representatives, and specific populations to assist in identification of programs gaps and barriers to accessing care 	<p>7.2 L 7.3 L</p>	<p>Health Department Level</p>
<p>7.1.3 B: Identify gaps in access to healthcare services</p>	<p>Required Documentation</p> <ul style="list-style-type: none"> • Data from across the partnership (see 7.1.1) that includes any of the following: <ul style="list-style-type: none"> ○ Assessment of capacity and distribution of healthcare workforce ○ Availability of healthcare services such as clinical preventive services, EMS, emergency departments, urgent care, ambulatory care (primary and specialty), inpatient care, dental, behavioral health, and other services ○ Results of periodic surveys of access, such as focus groups, studies of eligibles receiving services and other assessment information • Analysis of data identifying gaps in access 	<p>7.2 L 7.3 L 8.4L</p>	<p>Health Department Level</p>

Implement Strategies to Improve Access to Healthcare Services
Standard 7.2 B: Identify and implement strategies to improve access to healthcare services.

Measure	Documentation and Scoring Guidance	2007 Crosswalk	Type of Review
<p>7.2.1 B: Convene and/or participate in a collaborative process to establish strategies to improve access to healthcare services</p>	<p>Required Documentation</p> <ul style="list-style-type: none"> • One example of coalitions/networks/councils (e.g. charters or rosters) working on collaborative processes to reduce barriers to accessing healthcare services that are linked to gaps in access [See 7.1.3 above] • Reports or meeting minutes of coalitions/networks with identified strategies to improve access to healthcare services 	<p>7.1 L</p>	<p>Health Department Level</p>
<p>7.2.2 B: Implement and/or collaborate to implement strategies to increase access to healthcare services, including linking individuals with needed services and/or establish systems of care in partnership with the community</p>	<p>Required Documentation</p> <ul style="list-style-type: none"> • Two examples of active relationships with community providers such as schools, health care providers, tribal programs and social services agencies, which include mechanisms to share information, assist people in obtaining the services they need and optimize access. Some examples include: <ul style="list-style-type: none"> ○ Memoranda of Understanding ○ Cooperative system of referral used by agency and community partners to assist people who experience barriers to obtaining needed health services ○ Documentation of outreach activities, case finding, case management, and activities to ensure that people can obtain the services they need ○ Assistance to eligible beneficiaries with application and enrollment in Medicaid, or other medical assistance programs ○ Service program coordination (e.g., common intake form) and/or co-location (e.g., 	<p>7.1 L 7.4 L</p>	<p>Health Department Level</p>

	<p>WIC, Immunizations and lead testing) to optimize access</p> <ul style="list-style-type: none"> ○ Grant applications submitted by community partnerships ○ Subcontracts in the community to deliver healthcare services ○ Program/work plans that document strategies have been implemented 		
<p>7.2.3 B: Lead or collaborate in culturally competent initiatives to increase healthcare access for underserved and at-risk populations</p>	<p>Note: Methods for including diverse sets of community partners, including communities of color, tribal representatives, and specific populations to assist in planning and implementing programs intended to reach targeted population groups</p> <p>Examples of Documentation</p> <ul style="list-style-type: none"> ● Examples of interventions delivered in a culturally competent manner, such as use of lay health advocates indigenous to targeted population groups ● Documentation (such as staff resumes or attendance at training session for cultural competency) that agency staff with appropriate language and cultural competency skills work to gain trust and develop rapport with targeted population groups 	Optional	Health Department Level

Domain 8: Maintain a competent public health workforce

Note: Timeframe for all standards and measures is within the last five years unless otherwise noted in the measure. See PHAB Acronyms and Glossary.

Maintain a Qualified Public Health Workforce
Standard 8.1 B: Recruit, hire and retain a qualified and diverse public health workforce.

Measure	Documentation and Scoring Guidance	2007 Crosswalk	Type of Review
8.1.1 B: Apply recruitment and retention policies and make policies available to staff	<p>Required Documentation</p> <ul style="list-style-type: none"> • Two examples of recruitment of qualified and diverse staff that reflects the population being served (e.g. job postings and position descriptions specify needed competencies, educational and experience requirements) • Two examples of conducting retention activities of qualified and diverse staff (e.g. employee satisfaction survey results, needs assessments of work environment, reward and recognition programs, career ladders, promotion opportunities, supervisor mentoring programs) • Two examples of how policies are made available to staff such as intranet, policy manual, or review of policies as part of orientation • One example of how recruitment efforts are designed to promote diversity • One example of succession planning for critical positions <p>Examples of Documentation</p> <ul style="list-style-type: none"> • Data and analysis of recruitment actions (e.g. percent of minority staff, percent of vacancies filled in timely manner) • Data and analysis of retention actions (e.g. turnover rate for last three years) 	10.1 L	Health Department Level

<p>8.1.2 B Make job standards and position descriptions available to staff</p>	<p>Required Documentation</p> <ul style="list-style-type: none"> • Demonstrate that job and position descriptions are available to staff • Documentation of review of job duties and responsibilities with new staff (within last two years) 	<p>10.2 L</p>	<p>Sample of Programs</p>
<p>8.1.3 B: Confirm that staff meet qualifications for their positions, job classifications and licensure</p>	<p>Note: The intent of this measure is that LHDs have stated the qualifications, including core competencies, necessary for each position and verify staff compliance with these qualifications.</p> <p>Required Documentation</p> <ul style="list-style-type: none"> • Description of process to verify staff qualifications • Evidence that qualifications have been checked for all staff hired in last two years (e.g. logs or spreadsheets or other evidence showing verification of licensure or certification; education and/or degrees, required core competencies, prior public health experience) 	<p>10.3 L</p>	<p>Sample of Programs</p>
<p>8.1.4 B: Establish relationships and/or collaborate with schools of public health and/or other related academic programs to promote the development of qualified workers for public health</p>	<p>Required Documentation</p> <ul style="list-style-type: none"> • One example of partnership or collaboration with educational organization with evidence of strategies for promoting public health as a career or of training in public health fields, such as: <ul style="list-style-type: none"> ○ Practicum, student placements/academic service learning, and/or internship opportunities ○ Involvement in joint programs ○ Faculty positions or guest lectures ○ Participation in high school, college and/or job/career fairs 	<p>Optional</p>	<p>Health Department Level</p>

Maintain a Competent Public Health Workforce
Standard 8.2 B: Assess staff competencies and address gaps by enabling organizational and individual training and development opportunities.

Measure	Documentation and Scoring Guidance	2007 Crosswalk	Type of Review
8.2.1 B: Complete performance evaluations and improvement/training plans	Required Documentation <ul style="list-style-type: none"> • Policy for conducting employee evaluations • Template/form for performance evaluations with improvement/training objectives • Report on percent of eligible employees (employed longer than 12 months) with performance evaluations and improvement/training objectives updated annually or as required by agency policy 	10.2 L	Sample of Programs
8.2.2 B: Implement an agency workforce development plan that addresses the training needs of the staff and the development of core competencies	Examples of Documentation <ul style="list-style-type: none"> • Agency workforce development plan that includes: <ul style="list-style-type: none"> ○ Nationally adopted core competencies, such as Core Competencies for Public Health Professionals from Council on Linkages or other set of competencies ○ Use of results from agency customer satisfaction studies (See Standard 9.1) ○ Description of the overall work of the agency and how various functions contribute to that work ○ Curricula and training schedules • Two examples of implementing the agency workforce development plan (e.g. training curricula to address gap, staff attendance at state or national conferences) 	10.4 L	Health Department Level

<p>8.2.3 B: Make provisions for staff leadership and management development activities</p>	<p>Examples of Documentation</p> <ul style="list-style-type: none"> • Documented training activities in the past two years, with content and attendance list • Documented participation in courses such as : <ul style="list-style-type: none"> ○ National Public Health Leadership Institute ○ Environmental Public Health Leadership Institute ○ Regional, state or local public health leadership institutes ○ Executive management seminars or programs ○ Graduate programs in leadership/management • An example of succession planning for critical positions 	<p>10.4 L</p>	<p>Health Department Level</p>
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Domain 9: Evaluate and continuously improve processes, programs, and interventions

Note: Timeframe for all standards and measures is within the last five years unless otherwise noted in the measure. See PHAB Acronyms and Glossary.

Evaluate the Effectiveness of Public Health Processes, Programs, and Interventions
Standard 9.1 B: Evaluate public health processes, programs, and interventions provided by the agency and its contractors.

Measure	Documentation and Scoring Guidance	2007 Crosswalk	Type of Review
9.1.1 B: Engage governing entity in establishing agency policy direction regarding a performance management system	<p>Note: this measure is focused on governing entity activities.</p> <p>Examples of Documentation</p> <ul style="list-style-type: none"> • Documentation of governing entity policy direction (e.g., meeting packets and minutes) 	Optional	Health Department Level
9.1.2 B: Establish agency policy and capacity to implement a performance management system	<p>Note: this measure is focused on administrative capacity to support performance management</p> <p>Examples of Documentation</p> <ul style="list-style-type: none"> • Relevant agency policies and proof of updates • Documented staff availability and/or involvement to support evaluation of agency performance and quality improvement (e.g., access to or assignment of staff with knowledge and skill in evaluation methodologies and tools and in quality improvement methodologies and tools) • QI Committee charter, minutes 	8.1 L	Health Department Level
9.1.3 B: Establish goals, objectives and performance measures for processes, programs and interventions	<p>Note: The intent of this measure is that key processes and all programs and interventions of the agency (whether delivered directly, delegated or contracted) have goals, objectives, and quantifiable performance measures, including process and/or health outcomes</p> <p>Required Documentation</p> <ul style="list-style-type: none"> • Two examples of goals, objectives and related quantifiable performance measures with time- 	8.1 L	Sample of Programs (two examples per selected number of programs)

	framed targets for a process, program, or intervention		
9.1.4 B: Monitor performance measures for processes, programs and interventions	<p>Note: The intent of this measure is that key processes and all programs and interventions of the agency have quantifiable performance measures that are monitored</p> <p>Required Documentation</p> <ul style="list-style-type: none"> For the two examples in 9.1.3 B, documentation of monitoring actual performance (e.g., data reports, statistical summaries, graphical presentations of performance on the measures) <p><i>Note:</i> this measure is Not Applicable if 9.1.3 B is not met</p>	8.2 L	Sample of Programs (two examples per program)
9.1.5 B: Evaluate the effectiveness of processes, programs, and interventions and identify needs for improvement	<p>Note: The intent of this measure is that key processes and all programs and interventions of the agency are evaluated and monitoring data is used to identify areas and methods for improvement</p> <p>Required Documentation</p> <ul style="list-style-type: none"> For the two examples in 9.1.3 B, documentation of analysis of goals, objectives, actual performance on measures compared to time-framed targets, and use of QI tools (e.g., root cause analysis) to identify areas for improvement <p>Note: this measure is Not Applicable if 9.1.3 B is not met</p>	8.2 L 8.4 L 8.6 L	Sample of Programs (two examples per program)
9.1.6 B: Implement a systematic process for assessing and improving customers' satisfaction with agency services	<p>Required Documentation</p> <ul style="list-style-type: none"> Description of types of customers (e.g., vital statistics customers, restaurant operators, individuals receiving immunizations or other services) and specific processes and templates used for collecting feedback and evaluating results Two examples of results of collecting and analyzing customer satisfaction data 	8.5 L	Health Department Level

	<ul style="list-style-type: none"> Documentation of how these examples were used for improvement 		
9.1.7 L: Require staff participation in evaluation methods and tools training	Examples of Documentation <ul style="list-style-type: none"> Documentation of evaluation training, attendance rosters 	10.4 L	Health Department Level
9.1.8 L: Report annually to the BOH regarding progress toward program goals and the recommendations based on evaluation of AARs, via a single compiled report or multiple reports throughout the year	Required Documentation (Washington Guidance) <ul style="list-style-type: none"> BOH review of an annual report or various separate reports with specific statements of progress toward agency and program goals. Recommendations based on evaluation of each significant outbreak, environmental event, natural disaster, table top exercise or other public health emergency are reported to the BOH. 	12.3 L 12.4 L	Health Department Level

Implement Quality Improvement
Standard 9.2 B: Implement quality improvement of public health processes, programs, and interventions.

Measure	Documentation and Scoring Guidance	2007 Crosswalk	Type of Review
9.2.1 B: Establish a quality improvement plan based on organizational policies and direction	<p>Note: See Glossary for definitions of and relationships among Strategic Plans, Health Improvement Plans and Quality Improvement Plans.</p> <p>Opportunities for evaluation and improvement can be identified through:</p> <ul style="list-style-type: none"> Analysis of health data/health indicators Program evaluations including surveillance functions AARs Planning processes, See Standard 5.2, Standard 5.3 and Standard 5.4 <p>Required Documentation</p> <ul style="list-style-type: none"> Quality Improvement (QI) Plan that includes the following components: 	12.9 L	Health Department Level

	<ul style="list-style-type: none"> ○ Purpose and scope of QI activities ○ Goals and objectives with quantifiable and time-framed measures ○ Responsible person(s) for each objective ○ Description of QI projects ○ Description of process to evaluate the effectiveness of QI activities <p>Other Examples of Documentation</p> <ul style="list-style-type: none"> ● Documentation of implementation of the QI Plan such as QI project reports or reports of progress ● Annual evaluation and revision of the QI Plan 		
9.2.2 B: Implement quality improvement efforts	<p>Examples of Documentation</p> <ul style="list-style-type: none"> ● Two examples of implementing QI (e.g., QI project work plan, evidence of improvement actions and follow up monitoring) 	12.9 L	Health Department Level
9.2.3 L: Demonstrate staff participation in quality improvement methods and tools training	<p>Examples of Documentation</p> <ul style="list-style-type: none"> ● Documentation of QI training, attendance rosters ● Documentation of the availability of quality improvement expertise for technical assistance. 	10.4 L	Health Department Level
9.2.4 L Review the quality improvement plan annually, including: Performance measures are tracked, reported and used to assess the impact of improvement actions; Meaningful improvement is demonstrated in at least one objective; Revision of the plan with new, revised and deleted objectives is made based upon the review.	<p>Required Documentation (Washington Guidance)</p> <ul style="list-style-type: none"> ● Written review of the quality improvement objectives from the previous year include: <ul style="list-style-type: none"> ○ performance measures are tracked, reported and used to assess the impact of improvement actions, AND ○ meaningful improvement is demonstrated in at least one objective ● Revised QI plan with new, revised and deleted objectives is made based upon the review. 	12.10 L	Health Department Level

Domain 10: Contribute to and apply the evidence base of public health

Note: Timeframe for all standards and measures is within the last five years unless otherwise noted in the measure. See PHAB Acronyms and Glossary.

Identify and Use Evidence-Based and Promising Practices Standard 10.1 B: Identify and use evidence-based and promising practices.

Measure	Documentation and Scoring Guidance	2007 Crosswalk	Type of Review
10.1.1 B: Review and use applicable evidence-based and/or promising practices when implementing new or improved processes, programs or interventions	Required Documentation <ul style="list-style-type: none"> • Two examples from within the past three years of review and use of evidence-based or promising practices, including: <ul style="list-style-type: none"> ○ Source of EBP or promising practice ○ Description of how EBP or promising practice was implemented in agency processes, programs and interventions 	1.2 L 6.1 L 8.3 L	Health Department Level

Promote Understanding and Use of Research (Optional) Standard 10.2 B: Promote understanding and use of the current body of research results, evaluations, and evidence-based practices with appropriate audiences.

Measure	Documentation and Scoring Guidance	2007 Crosswalk	Type of Review
10.2.1 B: Communicate research findings, including public health implications	Required Documentation <ul style="list-style-type: none"> • Two examples of communication of research findings (evaluated pursuant to 10.2.3 S) and their implications to stakeholders, public health system partners, and/or the public 	Optional	Health Department Level
10.2.2 B: Develop and implement policies that ensure human subjects are protected when the agency is involved in research activities	Required Documentation <ul style="list-style-type: none"> • Policies regarding research, such as Institutional Review Board (IRB) policy • One example within the last three years, where applicable, of use of policies 	Optional	Health Department Level