

# Guidance on Appropriate Examples from Programs and Activities for Use as Documentation for PHAB Accreditation

January 2015

## PHAB's Public Health Population-based Focus

PHAB's public health department accreditation standards address the array of public health functions and services set forth in the ten Essential Public Health Services, including a range of core public health programs, services, and activities. Public health department accreditation gives reasonable assurance of capacity and capabilities of public health departments in these areas.

The focus of the **PHAB Standards and Measures** is population-based disease prevention, health protection, and health promotion.

- A population-based approach is an approach that targets a population as the subject instead of the individual. (*Scutchfield, FD, and CW Keck. Principles of Public Health Practice. Delmare CENGAGE Learning. 2009*)
- Population-based health are interventions aimed at disease prevention and health promotion that effect an entire population and extend beyond medical treatment by targeting underlying risks, such as tobacco; diet and sedentary lifestyles; and environmental factors. (*Turnock BJH. Public Health: What It Is and How It Works. Gaithersburg, MD: Aspen Publishers, Inc.; 1997*)

PHAB's scope of administrative authority to accredit health departments is also based on the fact that there is no other national organization offering accreditation for population-based programs, services and initiatives. PHAB uses the definition of public health program that is included in the PHAB Acronyms and Glossary of Terms. PHAB's accreditation does not overlap with other national or regulatory accreditation functions.

### For more information, contact:

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## Overarching Principles for Activities and Services Outside of PHAB's Scope

Overarching operating principles about what PHAB's accreditation does not cover include the following:

1. **Individual patient care and associated interventions**, whether provided in the clinic, home, or other facility such as a school or correctional facility, or which have case management components are not included in PHAB's scope of authority.

PHAB's liability does not extend to assuring the capacity of a health department to provide individual patient care services. Even though PHAB recognizes that some health departments are the safety net providers in their communities, standards and measures that would assess patient care would look very different than the population-based standards and measures. Additionally, for health departments who also operate a Federally Qualified Health Center (FQHC), there is an accreditation available through the Joint Commission (JC). For individual services and interventions related to mental or behavioral health interventions, health departments can also consider those specialty accreditations.

2. **Programs for the reimbursement for health care services**, such as Medicaid or other health care insurance programs are outside of the scope of PHAB accreditation.

These programs have oversight from either the Center for Medicaid and Medicare Services (CMS) or from state insurance commissions or authorities.

3. **Social services and educational support programs**, such as those for the developmentally disabled, services for disabled adults, child welfare programs, child abuse intervention, domestic violence/intimate partner violence intervention and sheltering, low income housing assistance, child foster programs, adult protective services, and food stamps do not fall under PHAB's accreditation purview.

The distinction with these programs is between public health and social services. The definition of "social services" is "an activity designed to promote social well-being; specifically: organized philanthropic assistance (as of the disabled or disadvantaged)." (<http://www.merriam-webster.com/dictionary/social%20service>).

4. **Individual professional and facilities licensure and certificate programs** are outside of the scope of PHAB accreditation.

Individual professional and facilities licensure and certificate programs are unique to state licensure laws and are overseen accordingly. Health facilities licensure and certification activities are not included in PHAB's accreditation standards since that oversight is often a combination of federal contracting, state law, and state or local rules and regulations. This also includes Certificate of Need (CON) functions.

5. **Animal health** programs, such as animal shelters, catch-spay-release efforts, and rabies vaccination clinics, are outside of the scope of PHAB accreditation.

PHAB has no standards that relate to animal health or animal control in any capacity.

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## Additional Guidance

PHAB's overarching principles for activities and services outside of PHAB's scope hold true for all of the Standards and Measures, programs, and activities.

**Quality Improvement:** Documentation concerning clinical/personal health client satisfaction surveys or clinic/personal health services wait times would not be an appropriate example of a quality improvement project for PHAB documentation.

**Policy, Planning, and Systems Development:** Documentation of advocacy for policies related to establishing systems of care and initiatives aimed at developing access to health care may be used as PHAB documentation for measures that describe the health department's capacity for policy, planning, and systems development.

## Program and Activity Examples

Some programs or program areas provide both population-based public health and also personal or one-on-one services. Documentation related to the program's population-based public health activities is appropriate for PHAB documentation, while documentation related to the individual, personal, or clinical services provided by the same program, is not appropriate for PHAB documentation. That is, irrespective of the program (e.g., WIC, Ryan White, dental health, healthy mothers/healthy babies), documentation of activities related to the provision of individual patient care, clinical services, or individual counseling is not appropriate to use for PHAB documentation. A few examples are:

- PHAB will accept and assess documentation from a public health education program that informs the public of the need for dental hygiene; PHAB will not accept and assess documentation from a dental clinic that provides individual dental services.
- Documentation of population health education about the use of condoms for disease prevention is appropriate for use as PHAB documentation; documentation on individual HIV testing, counseling, or treatment is not.
- Documentation concerning population education about the importance of prenatal care is appropriate for use as PHAB documentation; documentation about the provision of prenatal care or services provided at a well-baby clinic is not.
- Documentation concerning population-based prevention of substance abuse, including prescription drug abuse, is appropriate for use as PHAB documentation; documentation concerning treatment for drug addiction is not.
- Population-based suicide prevention is appropriate for use as PHAB documentation; documentation of suicide prevention hotline programs (the provision of individual counseling) is not appropriate for PHAB documentation purposes.
- Population-based activities for the prevention of child abuse, intimate partner violence, domestic violence, or elder abuse are appropriate for use as PHAB documentation: documentation concerning shelters, counseling, and other social service assistance is not appropriate for use as PHAB documentation.

## Technical Assistance

Applicants should first seek guidance from the version of the **PHAB Standards and Measures** under which they applied for accreditation. There is documentation Guidance for each measure. That resource serves as the primary source of information for health departments. Specific questions should be referred to PHAB Accreditation Specialists.