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Public Health Accreditation Board

Supplemental Documentation Guidance for Army Preventive Medicine/Public Health Departments

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Introduction

The Public Health Accreditation Board (PHAB) **Standards and Measures Version 1.5** document serves as the official standards, measures, required documentation, and guidance blueprint for PHAB national public health department accreditation. In October 2015, the Army and thePublic Health Accreditation Board (PHAB) began a review of PHAB's Standards and Measures (Version 1.5) for public health accreditation to identify components and language in the document that may pose barriers to Army public health entities in achieving public health accreditation. PHAB utilized feedback from the Department of the Army to provide additional interpretation and reduce barriers when applying the Standards and Measures to Army public health entities. There are many factors that go into the decision and ability of an Army Health Department to undertake public health accreditation, such as cost, military operations and installation priorities. However, PHAB intends for the process to achieve public health accreditation should be equitable and accessible by all public health departments once that decision has been made. The Army Department review of the Standards and Measures provided PHAB with recommendations to enhance the application of the standards to Installation Army Preventive Medicine/Public Health Departments, thus increasing the accessibility to accreditation opportunities by Army public health entities.

This document has been developed based on the recommendations received from the Department of the Army review. Supplemental and clarifying information has been developed to be used in concert with the documentation guidance in the official document, **PHAB Standards and Measures Version 1.5.** Users of this supplemental documentation guidance are encouraged to place this document side-by-side with that document to appropriately apply the supplemental guidance in their preparation for accreditation. Any questions about the document or its contents should be directed to Robin Wilcox, PHAB Chief Program Officer, rwilcox@phaboard.org.

General Documentation Reminders

PHAB's standards, measures, and guidance for documentation apply to all Army preventive medicine/public health departments equally. Throughout the document, when the term "Army health department" is used, it is intended to apply to Army preventive medicine/ public health departments in local installations across the country. Therefore, the measures that are indicated for local health departments are also intended to pertain to local Army health departments.

PHAB does not intend to be prescriptive about how the Army health department meets the standards and measures. The health department is expected to ensure that the standards are met for the population or community that they serve. The focus of the standards, measures, and required documentation is that the health department ensures that the services and activities are provided to the population, irrespective of "how" those services and activities are provided or through what organizational structure or arrangement. While the accountability for meeting the measures rests with the Army health department being reviewed for accreditation, documentation that provides evidence of meeting the measure must be provided, even if the documentation is produced by another Department of the Army (e.g. Army Public Health Center), or chain of command (e.g., US Army Medical Command) or Department of Defense agency, component, or unit or other partner organizations (such as a state or local health department). It would be advisable for the health department to include a short explanation with its documentation concerning why a measure is met with documentation developed by another organization. Army health departments should also remember that if a measure uses the word "must" in its documentation requirement, then, the information has to be included. If the measure uses the phrase "examples that may be used", then, the Army health department should select what works best for its setting

Examples of documentation for Army health departments include:

- **Army health departments, as agencies that are a part of a larger organization and with higher chains of command, may utilize the policies, procedures, or functions of those organizations and commands**. For example, a health department may utilize the human resources system of the organization of which it is a part (e.g., MTF). In this case, the documentation for "human resource policy and procedures manual or individual policies" would be the policies and procedures of the MTF.

- **Army health departments may share functions or services with other Army or partner agencies**. For example, environmental health is a service that is sometimes provided by another garrison, the Army, or a local or state agency. A number of PHAB standards and measures include or address environmental health. A health department's documentation should include some examples from environmental health and may be documents that are produced by that other agency.

- **Army health departments may have agreements with each other about the responsibility for and provision of public health functions.** For example, the Army Public Health Center may provide the epidemiology function for an Army health department. If the Army Public Health Center does not provide this function, the Army health department would need to obtain it by other means. Therefore, when the Army Public Health Center has the primary responsibility to perform a function in a measure, the applicant Army health department must still provide documentation that the function is being performed. The Army health department cannot dismiss its accountability for meeting the measure, even if the Center is responsible for performing the function.

- **Health departments may have formal agreements or partnerships with other organizations to provide functions or activities**. For example, a health department might contract with an academic institution to collect primary data. The health department is accountable and responsible for ensuring the high quality, accuracy, and utility of those data, but it does not have to collect the data. If such is the case, the health department must show that there is a formal mechanism for the partnership or agreement, such as an MOU, a contract, or other written agreement.

- **Army health departments may share responsibility of writing, reviewing and updating regulations.** For example, Army health departments may have specific program functions within larger regulations that belong to all service areas of the military installation or MTF. This could cause regulations to be out of date which is out of the control of Army health departments and could surpass the required timeframe in which PHAB requires documentation to be reviewed and or updated. In cases where regulations are out of date and out of control of Army health departments, they can address these situations through creating a memo, internal review or email chain that states the documents have been evaluated with the required timeframe, are usable and changes have been filtered up the chain of command for appropriate updates.

Scope of Public Health Services for PHAB Accreditation

PHAB is charged with administering the national public health department accreditation program for Tribes, states, local jurisdictions, and territories. There are other national organizations that administer accreditation for direct, individual and personal health care services. PHAB does not duplicate nor compete with those organizations. For example, the Accreditation Association for Ambulatory Health Care (AAAHC) administers and manages accreditation for ambulatory, outpatient individual health care in areas such as clinical services, dentistry, behavioral health, and health education and wellness. The Joint Commission, (JC) is an independent, not-for-profit organization that accredits and certifies nearly 21,000 health care organizations and programs in the United States. Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards in health care. Both the AAAHC and the JC provide accreditation services to entities, including Army Installations, for the programs and services they provide while taking care of patients who need health care. MTF's may have both AAHC and JC accreditation or they may only have one or the other.

PHAB's scope of accreditation is different, and is additional to the AAHC and the JC accreditation. PHAB's accreditation gives Army preventive medicine departments the opportunity to specifically describe and promote the public health services that it provides. It is a recognition that those services are also included in the MTF's overall commitment to the good health of its population.

PHAB's public health department accreditation standards address the array of public health functions set forth in the ten Essential Public Health Services. Public health department accreditation standards address a range of core public health programs and activities including, for example, environmental public health, health education, health promotion, community health, chronic disease prevention and control, infectious disease, injury prevention, maternal and child health, public health emergency preparedness, access to clinical services, public health laboratory services, vital records and health statistics, management /administration, and governance. Thus, public health department accreditation gives reasonable assurance of the range of public health services that a health department should provide. The standards refer to this broad range of work as health department processes, programs, and interventions.

PHAB recognizes that some Army health departments are embedded within the MTF or Tricare health care system. In these cases, the Army will want to be sure to select only those programs that are provided for the protection and promotion of health for the broader community or population for which the Army health department is responsible. (See the PHAB guidance one-page tip sheet on **Accepted Program Areas for PHAB Documentation at www.phaboard.org)**.

Army Preventive Medicine/Public Health Departments

Army preventive medicine includes a broad set of capabilities and programs that are applied across a wide range of military settings. Programs and services range from basic field sanitation techniques to comprehensive medical, behavioral health, and occupational and environmental health exposure surveillance systems and procedures. These capabilities are focused on the medical readiness of the force to combat health threats across the full spectrum of military operations in the U.S and outside the U.S. **The population served by the Army health department includes, at a minimum, all beneficiaries enrolled to the installation MTF (e.g., Active Duty personnel, their Families, and Retirees, when applicable), the DoD civilian workforce assigned to the installation (for occupational health purposes only), and the military units assigned to the installation.**

All references to the Army preventive medicine (PM) department at the installation level that have regulatory responsibility for public health services at the community level (Army Regulation(AR) 40–5; Department of the Army Pamphlet(PAM) 40–11). Such departments are understood to be the department responsible for preventive medicine and under the authority of the Medical Treatment Facility (MTF) at an Army installation level unless otherwise stated.

For purposes of accreditation, PM refers to the Army's term for "a broad set of capabilities, ranging from basic field sanitation techniques to comprehensive medical, behavioral health, and occupational and environmental health (OEH) exposure surveillance systems and procedures. These capabilities are focused on the medical readiness of the force to combat health threats across the full spectrum of military operations" (PAM 40–11). However, activities related to field PM or PM services in an operational environment are excluded for the purposes of public health department accreditation. For purposes of this document, the phrase "health department" or "Army health department" refers to Army preventive medicine departments located at the installation. Unless otherwise specified, it pertains only to the department under the authority of the installation medical treatment facility (MTF). Also, the term "Commander" as it pertains to the governance of Army preventive medicine departments is specific to the commander to whom the chief of the Army preventive medicine department reports, for example the MTF Commander, unless otherwise specified. Army preventive medicine departments may interact more frequently with one or more of the MTF Command Team members than with the MTF Commander; however, the MTF Commander is ultimately the point of accountability for the Army preventive medicine department. Using the Army MTF example, the MTF Command Team reports directly to the MTF Commander and may be defined as the Deputy Commander for Clinical Services (DCCS), Deputy Commander for Administration (DCA), Deputy Commander for Nursing (DCN), and Command Sergeant Major (CSM).PHAB understands the unique nature of the military chain of command system and the decision-making authority of MTF Commanders. The supplemental guidance statements are to probe the health department on ways to address the concerns and needs of the population even when the ultimate decision may be guided by Commands.

PHAB respects the unique mission of Army public health departments and the delicate nature of confidentiality policies set in place to protect the work and people they serve. These documentation guidance supplemental statements have been developed with that respect in mind. Health departments who are not allowed to show confidential information via PHAB's electronic system should write a short description of the document they plan to show during the site visit to explain what the document entails and how it will meet the particular measure. During the site visit the health department should have documents previously discussed prepared, for example, by highlighting or bookmarking pages that specifically address the measure and or/standard. Examples could include excerpts from Trooper Response Plan or memo.

Relationship of This Document to General PHAB Accreditation

There are a few overarching principles to keep in mind as these supplemental documentation guidelines are used.

- There is no change in the accreditation requirements set forth in the PHAB Standards and Measures Version 1.5.
- There is no change in the PHAB accreditation review process, as set forth in the Guide to National Public Health Department Initial Accreditation.
- In many cases, the documentation guidance in PHAB Standards and Measures Version 1.5 remains the same. The documentation guidance that is being provided here should be a supplement to clarify PHAB's expectations in the context of Army public health. Only documentation guidance that is unique to Army health departments has been provided. If the user of this document still has some difficulty in understanding what the measure is requiring, PHAB has two suggestions:
    - Re-read the measure along with the standard, the purpose and the significance. Very often reading the measure requirements in the context of the standard purpose and significance will provide the user with appropriate context for understanding the measure. The measures do not stand alone.
    - If the user of this document is still having difficulty understanding the measure's intent, please feel free to contact PHAB either by phone or by email. PHAB welcomes questions related to the interpretation of the standards and measures.

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

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

Required Documentation	Supplemental Documentation Guidance for Army Preventive Medicine Departments
Measure 1.1.1 **Tribal/local partnership that develops a comprehensive communit yhealth assessment of the population served by the health department**	
1. Participation of representatives from a variety of sectors of the Tribal or local community	1. Army health departments may self-determine who the partners are that are most appropriate to include in the development of a community health assessment. Some examples of partners specific to the Army include garrison assets such as Morale, Welfare, & Recreation (MWR), Army Community Service (ACS), Family Advocacy Program manager, Alcohol & Drug Control Emergency Services, Children and Youth Services, and Safety; Mission assets such as brigades, battalions, companies, public affairs, health promotion officer, headquarters, and medical assets such as Army Public Health Nurse, behavioral health, clinical operations; and representatives from education, social services, health, and law enforcement from the installation and/or local communities neighboring the installation. Type of Army beneficiary is an additional example of a specific population or group that is at higher risk or has poorer health outcomes. ***Note**: In this section communities are those served by Army installations*
2. Regular meetings or communications with partners	2. No additional guidance.
3. The process used to identify health issues and assets	3. Existing assets and resources could include installation assets. The Army's current adopted model for community health assessment is based on Mobilizing for Action through Planning and Partnerships (MAPP), a national model. The PHAB Standards and Measures include MAPP as an acceptable model. Examples of other national models areincluded in PHABs Standards & Measures document.

Measure 1.1.2 **A Tribal/local community health assessment** ***Note:*** *The population served by the Army health department includes, at a minimum, all beneficiaries enrolled to the installation MTF (e.g. Active Duty personnel, their families, retirees, when applicable), the DoD civilian workforce assigned to the installation (for occupational health purposes only), and military units assigned to the installation. Some Army health departments, their partners and stakeholders may have shorter assessment and planning timeframes and may produce a community health assessment every two or three years. The assessment must have been produced or revised within the last five years as stated in PHAB Standards & Measures document, so an assessment that has been produced with the last two or three years is acceptable.*	
1. A Tribal or local community health assessment that includes: a. Data and information from various sources contributed to the community health assessment and how the data were obtained b. Demographics of population c. Description of health issues and specific descriptions of population groups with particular health issues and inequities d. Description of factors that contribute to specific populations' health challenges e. Description of existing Tribal or community or assets or resources to address health issues	a. Examples of sources of secondary data also include: Army, DoD, garrison entities such as ACS; MTFs, other hospitals or clinics, recreation and public safety. Data sources also include, for example, MTF Population Health Management, Army Family Action Plan, USAPHC's Community Health Status Assessment, Public Health 360. b. A description of the demographics may also include population of the installation served by the Army health department. c. No additional guidance. d. The discussion of the contributing causes of the health challenges may include policies (e.g., military privileges) and resource distribution (e.g., installation commissaries). e. A listing or description of the assets and resources that can be mobilized and employed to address health issues may include MWR, CHPC, ACS, Army Wellness Centers (AWCs), and others.
2. Opportunity for the Tribal or local at large to review and contribute to the assessment	2 .Additional examples of methods to seek input include: publication of a summary or white paper with feedback or comment forms, and briefings at unit meetings. ***Note****: This requirement pertains to the installation and the community served at large.*
3. The ongoing monitoring, refreshing, and adding of data and data analysis	3. Other examples of community dialogue include participating in other agencies', units', or local organizations' community meetings, for example, Army Family Action Plan meetings, church meetings, and school public meetings. Additional documentation examples include reports of data and their analysis supported by Information Papers (IPs), white papers, or briefings, and AARs of open forums.

Measure 1.1.3 Accessibility of the community health assessment to agencies, organizations, and the general public	
1. Information provided to partner organizations concerning the availability of the community health assessment	1. Documentation could also be, for example, emails or memoranda of records to units.
2. The availability of the community health assessment findings to the public	2. No additional guidance.

Standard 1.2: 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

Required Documentation	Supplemental Documentation Guidance for Army Preventive Medicine Departments
Measure 1.2.1 **24/7 surveillance system or set of program surveillance systems**	
1. Process(es) and/or protocol(s) for the collection, review, and analysis of comprehensive surveillance data on multiple health conditions from multiple sources	1. No additional guidance.
2. Processes and/or protocols to assure that confidential data are maintained in a secure and confidential manner	2. No additional guidance.
3. 24/7 contact capacity	3. In Army health departments an example of documentation of a 24/7 contact system may also be Standard Operating Procedure (SOP) which is used to collect data from those who report data to the health department. There may be a designated contact person for the health department, such as a duty officer, or a list of contacts. The list may be a wiring diagram or call-tree that is used if the primary call is received off-site or by another organization. Army SOPs can also be used as examples of protocols.
4. Testing 24/7 contact systems	4. Army health department system of testing and frequency processes may be defined in SOPs.

Measure 1.2.2 **Communication with surveillance sites** ***Note**: This measure also includes surveillance sites specific to Army installations for example, providers.*	
1. The identification of providers and public health system partners who are surveillance sites reporting to the surveillance system	1. Army health department examples of surveillance sites include MTFs.
2. Trainings/briefings held with surveillance sites regarding reporting requirements including reportable diseases/conditions, and reporting timeframes	2. Training may also be provided via Video Teleconference(VTC).
3. Surveillance data received concerning two different topics	3. No additional guidance.
4. The distribution of surveillance data	4. Documentation could also be situation reports, executive summaries and IPs.
Measure 1.2.3 **Primary data**	
1. Collection of primary quantitative health data	1. Data can also be obtained from surveys of, or interviews with, target groups. Additional documentation of data sources could come from briefings, reports, interim progress reports, minutes of meetings where briefings presenting the primary quantitative data were provided, or other communications of the data results and conclusions.
2. Collection of primary qualitative health data	2. Other examples of data that may address social conditions include spousal under- or unemployment issues. Other forms of documentation could be briefings provided.
3. The use of data collection instruments	3. Standardized instruments include those that are recognized as DoD, Army-wide, national, state-wide, or local data collection tools.
Measure 1.2.4 **Data provided to state health departments and tribal health departments in the jurisdiction that the local health department is authorized to serve** **Note***: Army health departments may be authorized to serve and cover neighboring jurisdictions*	
1. The provision of data to the state health department and to the Tribal health department (if one or more is located in the jurisdiction the local health department is authorized to serve)	1. Other examples of data that may address social conditions that affect the health of the population served include, for example, spouse under- or unemployment, transportation, and housing. Documentation could be, for example, distribution SOPs and memorandum for record. For the two required examples: 1 can show provision to Army Public Health Center or Regional Medical or Health Command; 1 can be to a neighboring local or state health department(s). The 2 examples should be from 2 different events/entities.

Standard 1.3: Analyze public health data to identify trends in health problems, environmental health, occupational health hazards, and social and economic factors that affect the public's health.

Required Documentation	Supplemental Documentation Guidance for Army Preventive Medicine Departments
Measure 1.3.1 **Data analyzed and public health conclusions drawn**	
1.Analysis of data and conclusions drawn with the following characteristics:	1. For Army health departments an analysis can be completed by another entity such as the Army Public Health Center, Regional Medical/Health Command, state or local health department. Other examples of data to be analyzed include occupational health, results of noise hazards in the workplace.
2. Review and discussion of data analysis	2. Data analysis reviews and discussions may be internal to the Army health department or they may include other departments, units, or agencies at the MTF, on the installation, or off-post partners. Additional documentation could be, for example, interim progress reports, or other documentation of briefings to show the presentation, review, and discussion of data analysis.
3. Analysis of data that demonstrates the use of information and data from multiple databases or data sources	3. No additional guidance.
4. Aggregated primary and secondary data and the sources of each	4. Additional documentation could be, for example, reports, memoranda, interim progress reports, briefings, Geographic Information System (GIS) maps, or other written documents.
Measure 1.3.2 **Public health data provided to various audiences on a variety of public health issues**	
1. The distribution of data analysis and findings to address community public health issues, to specific audiences	1. Army health departments may also include data for public health issues from occupational hazard reports. Distribution of data reports may be targeted to additional audiences such as, CHPC members or CHPC Board of Directors, health care providers, units, veterinarians, garrison or mission command teams, community service groups, local schools, labor unions, other public health stakeholders, partners, and the public. Data or written reports need not be produced solely by the Army health department. The Army health department may also use reports produced by the state, an academic institution, Army Public Health Center, TheU.S. Army Medical Command (MEDCOM) or other organizations. However, data analysis developed by others must have a connection to the jurisdiction and the populations served by the Army health department and must contain information of public health significance.

Standard 1.4: Provide and use the results of health data analysis to develop recommendations regarding public health policies, processes, programs, or interventions.

Required Documentation	Supplemental Documentation Guidance for Army Preventive Medicine Departments
Measure 1.4.1 **Data used to recommend and inform public health policy, processes, programs, and/or interventions**	
1. The use of data to inform public health policy, processes, programs, and/or interventions	1. Additional documentation could also include documented program improvements, or a revised or new policy and procedure, such as those made through the CHPC, MTF, other agency, or the Army health department itself.
Measure 1.4.2 **Summaries, fact sheets or information papers of data to support public health improvement planning processes**	
1. Tribal or community health data summaries or fact sheets.	1. Additional documentation could also be a fact sheet, information paper, brief, white paper, a single document of comprehensive data, or a dynamic website with comprehensive data that is updated as data are available (i.e., web-based dashboard). Community health data summaries produced by other commands, Army Public Health Center, MEDCOM, local health department, state health department or national or federal sources for the Army health departments are insufficient documentation of the measure unless the Army health department demonstrates how the data summary was supplemented with additional data collected and analyzed by the Army health department.
2. Distribution of health data summaries, to public health system partners, community groups, and key stakeholders	2. Army health department must document the distribution of summaries of health data. Examples of key stakeholders of the army health departmentinclude the CHPC, MTF, garrison, and/or mission commander/command teams, units, agencies, and other Army or DoD public health entities, including preventive medicine departments. This may include partners who receive services, help in the delivery of service, or support public health services for the community served by the Army health department. Documentation could be, for example, bulletins to the community, email distribution list-serve, posting on the department or garrison website, media releases, fact sheets or IP or briefings of data that is updated as data are available.

DOMAIN 2: INVESTIGATE HEALTH PROBLEMS AND ENVIRONMENTAL PUBLIC HEALTH HAZARDS TO PROTECT THE COMMUNITY

Standard 2.1 Conduct timely investigations of health problems and environmental public health hazards

Required Documentation	Supplemental Documentation Guidance for Army Preventive Medicine Departments
Measure 2.1.1 **Protocols for investigation process**	
1. Protocols that include: a. Assignment of responsibilities for investigations of health problems, environmental, and/or occupational health hazards b. Health problem- or hazard-specific protocol steps including case investigation steps and timelines, and reporting requirements	1. Army health department written protocols may also include a procedure for occupational health hazards. Examples of army occupational health hazards include noise hazards, ergonomic hazards and radiation exposures. a. Protocol documentation examples can include specific responsibilities shown in a decision tree. b. Documentation of protocols could also be, for example, standard operating procedures, policies, and regulations that cover assignments of responsibility for investigations.
Measure 2.1.2 **Capacity to conduct an investigation of an infectious disease**	
1. Reviews of investigation reports	1. The Army health department can include relationships with the Army regional, Army Public Health Center, or other commands to demonstrate the capacity to conduct an investigation. Documentation, for example could be a completed memorandum for record (MFR), organizational inspection program (OIP) report, and staff assistance visit (SAV) report.
Measure 2.1.3 **Capacity to conduct investigations of non-infectious health problems, environmental, and/or occupational public health hazards**	
1.Completed investigation of a non-infectious health problem or hazard	1. Army health departments' non-infectious health problems may also include occupational health hazards. Examples of occupational health hazards could be, for example, noise hazards, radiation hazards, or ergonomic hazards. Written assurance of a completed investigation for Army health departments could also be found in a contract/MOA/MOU/Army or DoD Regulation. Additional documentation could also be memoranda for record, information papers (IP), mission support requests, and presentation of investigation records, including logs and notes.

Measure 2.1.4 **Collaborative work through established governmental and community partnerships on investigations of reportable diseases, disease outbreaks, and environmental public health issues**	
1.Partnerships with other governmental agencies/departments and/or key community stakeholders that play a role in investigations or have direct jurisdiction over investigations	1. Army health department canalso provide Army or DoD regulations/agreements that document established partnerships for the investigation of outbreaks of disease, health care associated infections, or environmental health or occupational health hazards. If these partnerships are with other Army or governmental agencies/departments and key community stakeholders the agreement must state or show that the partner plays a role in investigation.
2.Working with partners to conduct investigations	2. No additional guidance.
3.Laboratory testing for notifiable/reportable diseases	3. Army health departments may provide a list of currently-provided public health laboratory services that includes testing for notifiable/reportable diseases. Documentation could be, for example, scope of laboratory accreditation documents or laboratory test menus.
Measure 2.1.5 **Monitored timely reporting of notifiable/reportable diseases, lab test results, and investigation results**	
1.Tracking log or audit of reports of disease reporting, laboratory tests reports, and/or investigations with actual timelines noted	1. No additional guidance.
2. Applicable laws	2. Army health departments can provide a copy of Army and/or DoD regulations in addition to state and local laws relating to the reporting of notifiable/reportable diseases. Additional documentation could be a screen shot of a posting on a website or department intranet depicting applicable reporting guidance, reportable medical event guidelines, state and local disease reporting laws, and Disease Reporting System internet (DRSi) guidance

Standard 2.2
Contain/mitigate health problems and environmental public health hazards

Required Documentation	Supplemental Documentation Guidance for Army Preventive Medicine Departments
Measure 2.2.1 **Protocols for containment/mitigation of public health problems and environmental public health hazards**	
1. Protocol or protocols that address containment/mitigation of public health problems and environmental health and occupational health hazards	1. Army health departments documentation may include policy memoranda, standard operating procedures (SOPs), disaster/emergency management plans and/or annexes. These protocols may be contained in a single document or may comprise many separate documents.
Measure 2.2.2 **A process for determining when the All Hazards Emergency Operations Plan (EOP) will be implemented**	
1. Protocols that address infectious disease outbreaks, describing processes for the review of specific situations and for determining the activation of the All Hazards EOP	1. Examples of Army health department protocols could be, for example, standard operating procedures for disease outbreak management or EOP activation and pandemic influenza response plans.
2.Protocols that address environmental health issues describing processes for the review of specific situations and for determining the initiation of the All Hazards EOP	2. Army health department may provide protocols that specifically address environmental health and/or occupational health hazards that describe the process for determining when the All Hazards EOP will be implemented. Additional documentation could be, for example, a Hazard Material Spill Response Plan or Hazardous Waste/Materials Management Plan.
3. Cluster evaluation protocols that describe the processes for the review of specific situations that involve a closely grouped series of events or cases of disease or other health-related phenomenon with well-defined distribution patterns in relation to time or place or both, and for determining initiation of the All Hazards EOP	3. Cluster evaluation protocols that describe processes may also be found in Army standard operating procedures and emergency management plans.

Measure 2.2.3 **Complete After Action Reports (AAR)** ***Note**: No additional guidance for this measure*

Standard 2.3

Ensure access to laboratory and epidemiological/environmental public health expertise and capacity to investigate and contain/mitigate public health problems and environmental public health hazards

Required Documentation	Supplemental Documentation Guidance for Army Preventive Medicine Departments
Measure 2.3.1 **Provisions for the health department's 24/7 emergency access to epidemiological and environmental public health resources capable of providing rapid detection, investigation, and containment/mitigation of public health problems and environmental public health hazards**	
1. Policies and procedures ensuring 24/7 coverage	1. Documentation could include MTF and/or installation emergency response plan and staffing documents/operating procedures.
2. Process to contact epidemiological, environmental, and environmental public health resources	2. Documentation could be, for example, contact rosters or lists, and standard operating procedures for electronic personnel notification systems. ***Note**: Army health departments may also include process to contact occupational public health resources.*
3. Contracts/MOAs/MOUs/mutual assistance agreements detailing relevant staff	3. Army health departments can also provide ARs in additional to contracts/MOAs/MOUs and mutual assistance agreements.
Measure 2.3.2 **24/7 access to laboratory resources capable of providing rapid detection, investigation and containment of health problems and environmental public health hazards**	
1. Laboratory certification	1. No additional guidance.
2. Policies and procedures ensuring 24/7 coverage	2. Army health departments can also provide ARs to show documentation of policies and procedures that assure 24/7 laboratory coverage.
3. Protocols for the health department's handling and submitting of specimens	3. Documentation could be regulations and standard operating procedures for handling and submitting specimens.
Measure 2.3.3 **Access to laboratory and other support personnel and infrastructure capable of providing surge capacity** ***Note:** Army health departments need to show what their roles are in emergency planning or coordination and how they practice, for example, during specific hospital based trainings. This could be provided through an MOU or other document that specifies the health department's roles and responsibilities during a public health emergency.*	
1. Surge capacity protocol that pre-identifies support personnel to provide surge capacity	1. Documentation could be, for example, regional and/or local EOPs.
2. Access to surge capacity staffing list	2. Army health department staff listing for surge capacity could be a part of an All Hazards/Emergency Response Plan (ERP) or a separate protocol. Staff positions may include Information Management Division (IMD) and occupational health specialist.

3. Availability of equipment	3. Army health departments document could be, for example, an installation or regional EOP.
4.Training/exercise schedule for surge personnel	4. Army health departments document could be, for example, an installation or regional EOP.
5. Contracts/MOAs/MOUs/mutual assistance agreements for additional staff capacity for surge situations	5. In addition to contracts/MOAs/MOUs/mutual assistance agreements Army health department may use ARs to document that support staff capacity for surge situations.
Measure 2.3.4 **Collaboration among Tribal, state, and local health departments to build capacity and share resources to address Tribal, state, and local efforts to provide for rapid detection, investigation, and containment/mitigation of public health problems and environmental public health hazards** ***Note:*** *Public health problems and environmental health hazards are not always contained in the jurisdiction of the health department. Army and other military public health entities and Tribal, state, and local health departments have the responsibility to work together to provide rapid detection, investigation and containment/mitigation. Army health departments network with local and state entities for mitigation, detection, and containment with regulations, contracts, and memoranda of understanding or agreement, as approved by the DoD or U.S. Army.*	
1. Shared resources and/or additional capacity	1. No additional guidance.
2. Joint exercises for rapid detection, investigation, and containment/mitigation of public health problems and environmental health hazards	2. Army health departmentsdocumentation of joint exercises may also showthat they work together with local entities to test or implement shared resources and build capacity during such exercises. Documentation could also be AARs, EXSUMs, or other records.

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

Required Documentation	**Supplemental Documentation Guidance for Army Preventive Medicine Departments**
Measure 2.4.1 **Written protocols for urgent 24/7 communications**	
1. Protocol for urgent 24/7 communications	1. Documentation of a communications protocol could be, for example, contact rosters, lists and SOPs for electronic personnel notification systems.
2. Documentation of information available to partners (and/or the public) on how to contact the health department to report a public health emergency or environmental/ occupational public health risk 24/7	2. Documentation of provision of information sent to partners could be a screen shot of a web page showing contact information and notification instructions.
3. The method for partners and the public to contact the health department 24/7	3. Documentation of how partners and the public contact the Army health department could also be, for example, SOPs for staff duty officers.

Measure 2.4.2 **A system to receive and provide urgent and non-urgent health alerts and to coordinate an appropriate public health response** ***Note:*** *Army health departments health alert communications is expanded to occupational health hazards as well as environmental health and other urgent public health problems.*	
1. A tracking system for the receipt and issuance of urgent and non-urgent health alerts	1. The tracking system or HAN may be a state system in which Army, Tribal or local health departments participate. The Army may establish a smaller system for providers and responders within the jurisdiction of the Army health department. Some jurisdictions have established a Joint Information Center (JIC) with a public information officer for the health department; health departments may provide evidence of this as documentation. An example tracking system could be the Electronic Surveillance System for Early Notification of Community Based Epidemics (ESSENCE) or Disease Epidemiology Daily Reports.
2. Reports of testing 24/7 contact and phone line(s)	2. Documentation could be also be SOPs or an AAR of a test.
Measure 2.4.3 **Timely communication provided to the general public during public health emergencies**	
1. Communications plan, procedure, or process to provide emergency information to the public	1. Documentation could be, for example, a public affairs communications plan or risk communications SOP.
2. Communications through the media to provide information during a public health emergency	2. No additional guidance.

DOMAIN3:INFORMANDEDUCATEABOUTPUBLICHEALTHISSUESANDFUNCTIONS

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

Required Documentation	Supplemental Documentation Guidance for Army Preventive Medicine Departments
Measure 3.1.1 **Information provided to the public on protecting their health**	
1. The provision of information to the public on healthrisks, health behaviors, disease prevention, or wellness	1. Documentation does not have to be generated directly by the Army health department. Documentation from another office (such as by a public affairs office) can be used.
2. Consultation with the community and target group during the development of the educational material/messages	2. Documentation could also be a meeting of a CHPC Working Group or an advisory group representing the target population.

3.Healtheducationmessages that are coordinated or based on information provided by Tribal, state, and/or local health departments	3. Documentation could be, for example, a fact sheet, IP, an email or memorandum, minutes of meetings where messaging was discussed, or a documented phone conversation during which the message was discussed. ***Note**: Army health departments may coordinate health education messages with DoD local public health entities*.
Measure 3.1.2 **Health promotion strategies to mitigate preventable health conditions**	
1. A planned approach for developing and implementing health promotion programs	1. A planned approach could be documented through an SOP.
2. Development and implementation of health promotion strategies	2. Army departments may include examples of evidence-based practices or sources of evidence-based or promising practices include the *Guide to Community Preventive Services,* the Army Public Health Center, and peer-reviewed journals and publications.
3. Engagement of the community during the development of a health promotion strategy	3. Documentation of a health promotion strategy could be CHPC Working Group meeting with the target population.
4. Implementation of strategies in collaboration with stakeholders, partners, and/or the community	4. Documentation of collaborated strategy implementation could also include AAR or other official description of the implementation of the strategy.
Measure 3.1.3 **Efforts to specifically address factors that contribute to specific populations' higher health risks and poorer health outcomes**	
1. Identification and implementation of strategies to address factors that contribute to specific populations' higher health risks and poorer health outcomes, or health inequity/disparity, including: a. Analysis of factors that contribute to higher health risks and poorer health outcomes of specific populations and the development of health equity indicators b. Public health efforts to address identified community factors that contribute to specific populations' higher health risks and poorer health outcomes and to impact health equity indicators c. Internal policies and procedures to ensure programs address specific populations at higher risk for poor health outcomes	1. For Army Health Departments specific populations include military beneficiaries; for example, Active Duty, Family Members, Civilians and Retirees. a. The analysis of factors that cause or contribute to specific populations at higher health risks and poorer health outcomes, or health inequity/disparities could also include and health equity indicators across units or unit type, and/or beneficiaries or neighborhood of residence. Health equity indicators must be specific to the factors analyzed. Factors could also be employment opportunities and military privileges. b. No additional guidance. c. Internal policies and procedures for the inclusion of health equity considerations of specific populations could also include speakers of English as a second language and Exceptional Family Members.

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

Required Documentation	Supplemental Documentation Guidance for Army Preventive Medicine Departments
Measure 3.2.1 **Information on public health mission, roles, processes, programs, and interventions to improve the public's health provided to the public**	
1. The provision of information provided to the public about what public health is, its value, and/or on the health department's roles, processes, programs, and interventions	1. Documentation of distribution of information could also be a copy of a briefing and web posting on the department's and/or MTF's website.
2. Relationship with the media to ensure their understanding of public health and to ensure that they cover important public health issues	2. Documentation of communication with the media could also include a radio interview of a department staff person or MTF Commander or his/her appointee.
Measure 3.2.2 **Organizational branding strategy**	
1. A department brand strategy	1. Documentation could be, for example, written health department policies, plans, or strategies or a separate branding strategic document. Examples of branding strategies that can be used are those specifically developed by the MTF for local use, the Army health department's own, or NACCHO's National Identity for Public Health Departments guide (http://www.naccho.org/advocacy/phlogo/). The branding strategy may be based upon the branding occurring at a higher level, such as at the MTF, or it may be a standalone strategy based on the individual Army health department. In either case, it is important that the Army health department be individually recognizable within the MTF.
2. Implementation of the department's branding strategy	2. No additional guidance.
Measure 3.2.3 **Communication procedures to provide information outside the health department**	
1. Procedures for communications	1. For this measure Army health departments designated staff positions for public information officers are also known as the public affairs office. Responsibilities and expectations for staff positions may include guidance for the public affairs office or public affairs SOPs as well as for health department staff specifically, as well as the Commander to whom the chief, preventive medicine reports; and could include policy by exception. Additional documentation can be found within public affairs offices within the health department's overarching command (e.g., MTF) or with the garrison.

2. Implementation of communications procedures	2. Documentation of communication procedures could be email between the health department and public affairs, or public affairs officer and the media, or other written communication to the media. Public affairs offices within the health department's overarching command, for example the MTF, or with the garrison are acceptable documentation.
Measure 3.2.4 **Risk communication plan**	
1. Risk communication plan	1. A risk communication plan for Army health departments may be part of an All-Hazards plan or other EOP.
Measure 3.2.5 **Information available to the public through a variety of methods.** ***Note:*** *The purpose of this measure is to assess the Army health department's use of a variety of methods and formats to keep the public informed about public health. In addition to PHABs Standards and Measures Army health departments also inform the public about environmental health and occupational health issues, public health regulations and policies.*	
1. A website or webpage that contains information on: a. A 24/7 contact number for reporting health emergencies b. A notifiable/reportable conditions link or contact number c. Health data d. Links to public health-related laws e. Information and materials from program activities f. Links to CDC and/or other public health-related federal, state, or local agencies, as appropriate g. The names of the health department's leadership	1. The Army health department may also document that its website provides: a. No additional guidance. b. No additional guidance. c. Additional health data, for example, community health assessment or web-based health indicator dashboard. d. Links can also be public health related regulation or policies. e. Additional information and materials from program activities could include occupational health. f. Links can also include those of the Army and DoD. g. No additional guidance.
2. Other communication strategies for informing the public about public health issues or functions	2. No additional guidance.
Measure 3.2.6 **Accessible, accurate, actionable, and current information provided in culturally sensitive and linguistically appropriate formats for target populations served by the health department** ***Note:*** *No additional guidance for this measure.*	

DOMAIN 4:ENGAGE WITH THE COMMUNITY TO IDENTIFY AND ADDRESS HEALTH PROBLEMS

Standard 4.1: Engage with the public health system and the community in identifying and addressing health problems through collaborative processes

Required Documentation	Supplemental Documentation Guidance for Army Preventive Medicine Departments
Measure 4.1.1 **Establishment and/or engagement and active participation in a comprehensive community health partnership and/or coalition; or active participation in several partnerships or coalitions to address specific public health issues or populations.** ***Note:*** *Army health departments collaborative partners include CHPC which addresses public health issues and concerns,and provides various perspectives, additional expertise, and assets and resources.*	
1. Collaborative partnerships with others to address public health issues	1. An example of an Army health department comprehensive community partnership include the CHPC or Healthy Community Task Force in neighboring civilian communities. Additional examples of issues addressed by collaborative partnerships include: alcohol and other substance use prevention, suicide prevention, physical health such as obesity prevention, family violence prevention, STDs, behavioral health, and increased recreational opportunities. These partnerships and coalitions, whether a broad multi-issue partnership or a group of single-issue partnerships or coalitions, may address goals of the Army overall. They may address additional public health issues specific to army installations such as, education and training opportunities and spousal and veteran employment opportunities. Additional documentation could be a summary or report of the partnership(s) or coalition(s), EXSUMs from meetings and IPs.
2. Partner organizations or representation	2. Army health department's list of participating partners can also include units for the coalition(s) or partnerships(s) referenced above. Organizational and representational membership maybe listed without individuals' names, for example, the names of the ACS; MWR; Active Duty and their Families; Retirees; DoD Civilians; etc. represented, or other agency/department or roles/positions. Membership of various sectors of the community may include, ACS, MWR, units, Family Members, MTF, etc. Community members could also be those impacted directly by the issue(s) addressed by the coalition.
3. Community, policy, or program change implemented through the coalition(s) or partnership(s)	3. Examples of changes could also be, for example, an on-post farmers' market; the removal of soda vending machines from facilities and an increase in the number of recreational areas.

Measure 4.1.2 **Stakeholders and partners linked to technical assistance regarding methods of engaging with the community** ***Note:*** *No additional guidance for this measure.*

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

Required Documentation	Supplemental Documentation Guidance for Army Preventive Medicine Departments
Measure 4.2.1 **Engagement with the community about policies and/or strategies that will promote the public's health**	
1. Engagement of members of the specific community or group that will be affected by a policy and/or strategy to promote the public's health	1. Other documentation of the Army health department's engagement with the affected population could be, for example, input posted through groups' customary communication channels such as on-post and other local newspapers and newsletters, Army Family Action Plan (AFAP), etc. Other examples include agendas or minutes from meetings with a particular community served by the Army health department or a particular group of people, for example, single Soldiers; Soldiers who are single parents; DoD Civilians, or Retirees.
Measure 4.2.2 **Engagement with governing entities, advisory boards, and elected officials about policies and/or strategies that will promote the public's health.** ***Note:*** *Army health department engagement is with the commander to whom the chief, preventive medicine reports (e.g. MTF Commander), or other commands regarding policies and/or strategies that will promote the public's health*	
1. Engagement with the governing entity, advisory boards, and or/elected officials about policies and/or strategies that will promote the public's health	1. The health department must document that it communicates and collaborates with the MTF Commander or other commands concerning public health policy or strategy. Documentation could be, for example, a copy of a briefing, meeting agenda, meeting minutes, EXSUM, white paper, IP, or written public comments.

DOMAIN 5:DEVELOP PUBLIC HEALTH POLICIES AND PLANS

Standard 5.1: Serve as a Primary and Expert Resource for Establishing and Maintaining Public Health Policies, Practices, and Capacity

Required Documentation	Supplemental Documentation Guidance for Army Preventive Medicine Departments
Measure 5.1.1 **The monitoring and tracking of public health issues that are being discussed by individuals and entities that set policies and practices that impact on public health**	
1. Monitoring/tracking of policies under consideration by the governing entity, elected officials, government official, and/or other entities that set policies and practices that impact public health	1. The Army health department documentation that the department stays informed of the public issues that are being discussed can also include the MTF Commander and/or other commands or entities that set policies and practices that impact the department or the health of the population it serves.

	Examples of such policies and practices include a tobacco-free medical campus policy, on-post alcohol sales hours, motorcycle safety, and hands-free device driving policies on-post. Additional documentation could be, for example, meeting minutes and agendas; a log of policies impacting health, environmental health, and occupational health; health department membership on the CHPC and/or CHPC Working Groups or attendance at meetings that discuss public health issues; list-serves, newsletters, reports, executive summaries, IPs, or situation reports showing health department review and tracking of issues discussed by Army commands or other policy proponents for the community served by the health department. ***Note**: In Army health departments governing entities, elected officials and governmental offices may refer to Army commands who set policies and practices that impact public health.*
Measure 5.1.2 **Engagement in activities that contribute to the development and/or modification of policy that impacts public health**	
1. Documentation of the health department's contribution to deliberations concerning public health policy	1. The Army health department may document that it has contributed to deliberations concerning installation public health policy. Other examples Army health departments may use include informational material such as IPs and white papers. Additionally, health department staff participation in an advisory or work group appointed by the Army chain of command, including, but not limited to the CHPC or CHPC Working Group could be used. The group must have a stated purpose or intent of providingadviceorinfluencinghealthpolicy.Thisdoesnothavetobethegroup's only role but may be one among many responsibilities assigned.
Measure 5.1.3 **Informed governing entities, elected officials, and/or the public of potential intended or unintended public health impacts from current and/or proposed policies** ***Note**: In Army health departments governing entities, elected officials and governmental offices may refer to Army commands who set policies and practices that impact public health.*	
1.Information provided to policymakers, and/or the public about potential public health impacts of policies that are being considered or are in place	1. The Armyhealth department may also inform commanders or other MTF policy makers about potential public health impacts of policies that are being considered or are in place. Policies that impact public health but are developed by other sectors, for example, child and youth services, commissary, emergency services, housing, transportation, and education may be included. Additional examples of documentation addressing policies include current or proposed policies addressed by an IP, white paper, or impact statement.

Standard 5.2: Conduct a comprehensive planning process resulting in a community health improvement plan

Required Documentation	Supplemental Documentation Guidance for Army Preventive Medicine Departments
Measure 5.2.1 **A process to develop a community health improvement plan** ***Note:*** *The Army health department community is referred to the population they serve within the military installation. Collaboration is with different sectors of the installation to develop community health improvement plans.*	
1. Community health improvement planning process that included:	1. The Army's current adopted model for community health improvement planning is based on Mobilizing for Action through Planning and Partnerships (MAPP), a national model. Other national models are listed on PHAB's Standards and Measures document. Additional documentation of the Army health department community health improvement planning process included all the following:
a. Broad participation of community partners	a. Participation by a wide range of community partners representing various sectors of the community. CHPC membership captures many of these and may be sufficient but may not capture all, as community partners may include, as appropriate for the specific community: hospital and healthcare providers, mission, garrison, and unit representatives, chaplains, Active Duty military personnel, veterinarians, safety and emergency services, Retirees assigned as beneficiaries to the MTF, DoD Civilians employed at the installation, Military Families, Children Youth and School Services (CYSS), academic institutions, local schools, Army Family Action Plan, Family Readiness Groups, MWR, housing, ACS, Department of Public Works (DPW) and master planning, other garrison agencies, state or neighboring local health departments, other departments of local government. Note that members of this group for community health improvement planning may or may not be the same as members of the community health assessment partnership. Documentation could be, for example, participant lists, attendance rosters, meeting minutes, or membership lists for CHPC or other working groups or subcommittees.
b. Information from community health assessments	b. No additional guidance.
c. Issues and themes identified by stakeholders in the community	c. No additional guidance.
d. Identification of community assets and resources	d. Community assets and resources could include, for example, skills and attributes of military personnel and their Families, participation of Retirees, local on- and off-post organizations, educational opportunities, MWR, institutions (e.g., faith-based organizations, local foundations, institutions of higher learning), as well as other community factors, for example: community readiness and a supportive community.

e. A process to set health priorities	e. A description of the process used by participants to develop a set of priority health issues. This may include a description of particular prioritization techniques used.
Measure 5.2.2 **Community health improvement plan adopted as a result of the health improvement planning process** ***Note:*** *Army health department partners and stakeholders include CHPC.*	
1. Community health improvement plan that includes: a. Desired measurable outcomes or indicators of health improvement and priorities for action b. Policy changes needed to accomplish health objectives c. Individuals and organizations that have accepted responsibility for implementing strategies d. Consideration of state and national priorities	1. Army health department community health improvement plan may also include the following: a. Strategies of Army health department may include Army and DoD guidance. b. No additional guidance. c. No additional guidance. d. Army health departments must demonstrate that they considered Army Medicine, Department of the Army, and national and state health improvement priorities where they have been established. Army priority alignment could include Army Medicine 2020 and the Ready and Resilient program. National priority alignment could include the National Prevention Strategy and Healthy People 2020. Some Army health departments, their partners and stakeholders may have shorter planning timeframes and, for example, may produce a community health improvement plan every two or three years. Some of the goals in the plan may be for a longer time period than five years, but the plan must have been produced or revised within the last five years.

Measure 5.2.3 **Elements and strategies of the health improvement plan implemented in partnership with others** ***Note:*** *The purpose of this measure is to assess the Army health department's implementation of its community health improvement plan in partnership with others (e.g., CHPC, CHPC Working Groups, garrison programs such as ACS; Veterinary Services, on- and off-post partners and stakeholders, family readiness groups, etc.) serving and working with the population served by the health department.*	
1. A process to track actions taken to implement strategies in the community health improvement plan	1. The Army health department must provide a tracking process of actions taken toward the implementation of the community health improvement plan. Documentation of a tracking process could be, for example, a report, narrative, table, IP, spread sheet, database, or a combination thereof. This may take the form of an action or work plan that includes the status of the plan's implementation.
2. Implementation of the plan	2. No additional guidance.
Measure 5.2.4 **Monitor and revise as needed, the strategies in the community health improvement plan in collaboration with broad participation from stakeholders and partners** ***Note:*** *No additional guidance for this measure.*	

Standard 5.3: Develop and implement a health department organizational strategic plan.

Required Documentation	Supplemental Documentation Guidance for Army Preventive Medicine Departments
Measure 5.3.1 **Department strategic planning process**	
1. Use a planning process to develop the organization's strategic plan: a. Membership of the strategic planning group b. Strategic planning process steps	1. Army health departments planning process may include the umbrella agency in which the health department sits (e.g. MTF). The health department's process may have been part of a larger organizational planning process (e.g., MTF's strategic planning process). If such is the case, the health department must have been actively engaged in the process and must provide evidence that public health was an integral component in the process. a. Army health departments list of participants may include various levels of staff as well as the MTF Commander (as the health department's governing entity). b. No additional guidance.

Measure 5.3.2 **Adopted department strategic plan** ***Note:*** *No additional guidance for this measure.*
Measure 5.3.3 **Implemented department strategic plan** ***Note:*** *No additional guidance for this measure.*

Standard 5.4: Maintain an all hazards emergency operations plan.

Required Documentation	Supplemental Documentation Guidance for Army Preventive Medicine Departments
Measure 5.4.1 **Process for the development and maintenance of an All Hazards Emergency Operations Plan (EOP)**	
1. Collaborative planning with other government agencies	1. The Army health department must document that it participates in preparedness meetings with the MTF and garrison commands, other installation or mission entities, other levels of Army public health entities, as well as civilian agencies such as Tribal, state, or local health departments. Additional documentation could be, for example, executive summaries and situation reports, meeting participant rosters. ***Note****: Governmental agencies may include Army and DoD.*
2. Collaborative testing of the All Hazards EOP: a. Description of a real emergency or exercise b. Debriefing or After-Action Report (AAR)	2. The Army health department may document that it participates in drills, exercises, or actual implementation of the All Hazards EOPto test its implementation. a. Examples of emergency response partners may be on-post partners such as MTF, emergency services, and safety; or Tribal, state, or local civilian emergency services agencies, including law enforcement and hospitals. b. Additional examples of documentation from emergency or drill/exercises could be minutes from a hot-wash.
3. Collaborative revision of the All Hazards EOP	3. Army health department Documentation of a collaborative review of All Hazards EOP could be, for example, IPRs.

Measure 5.4.2 Public health emergency operations plan (EOP)	
1. An EOP, as defined by Tribal, state, or national guidelines	1. The Army health department public health EOP may be written as defined by Army, DoD, national, or state guidelines. In the plan, special needs and vulnerable populations can also include, exceptional family members, people who do not speak English, or people who speak English as a second language. In the public health EOP, the roles and responsibilities of the health department and its partners may include the public health emergency officer (PHEO), if one is in place.

DOMAIN 6:ENFORCEPUBLICHEALTHLAWS

Standard 6.1Review existing laws and work with governing entities and elected/appointed officials to update as needed

Required Documentation	Supplemental Documentation Guidance for Army Preventive Medicine Departments
Measure 6.1.1 **Laws reviewed in order to determine the need for revisions** ***Note:*** *Army health departments refer to Army regulations as laws in this measure.*	
1. Reviews of public health laws or laws with public health implications that include the following: a. Evaluations of laws for consistency with public health evidence-based and/or promising practices; and consideration of the impact on groups at particular risk for poor health outcomes b. Use of model regulations, checklists, templates, and/or exercises in reviewing law	1. Documentation or ARs may reviewed in addition to interim progress reports, briefing slides, memoranda. Documentation could also be in the form of white papers or a completed comment matrix, including recommendations for amendments or revisions. a. Examples of evidence- based practice can be found in various sources, including the Community Guide to Community Preventive Services: http://www.thecommunityguide.org/ b. Other standard outlines or guides may include ARs. The standard outline or guide could also be developed by the MTF or the Army. c. Other levels of the organization that the Army health department may collaborate with are commands, the organization, other commands, or policy proponents and health related agencies and departments.

c. Collaboration with other levels of the organization, other commands, or policy proponents and health related departments when the regulations impact them d. Collaboration with other levels of health departments when the laws impact on them	d. The Army health department may document that it communicated with others via e-mail, coordinated in the staffing process, or otherwise shared information or discussed the regulation. The health department may document that it has submitted completed comment matrices or written reviews of current regulations or proposals for new regulations to commands or policy proponents. Documentation could be, for example, completed comment matrices, decision briefs or quad charts, information papers, emails, or a memorandum to a command or policy proponent. ***Note**: Army health departments may coordinate information with commands or policy proponents concerning revisions or amendments to current Army regulations, pamphlets, and/or proposed new regulations, pamphlets, or orders.*
Measure 6.1.2 **Information provided to the governing entity and/or elected/appointed officials concerning needed updates/amendments to current laws and/or proposed new laws** ***Note:** No additional guidance for this measure.*	

Standard 6.2: Educate individuals and organizations on the meaning, purpose, and benefit of public health laws and how to comply

Required Documentation	Supplemental Documentation Guidance for Army Preventive Medicine Departments
Measure 6.2.1 **Department knowledge maintained and public health laws applied in a consistent manner** ***Note:** Within this measure where laws are mentioned Army health departments may also use ARs.*	
1. Provisions of training for staff in regulations to support public health interventions and practice	1. No additional guidance
2. Efforts to ensure the consistent application of public health regulations	2. Army health departments may rely on chains of commands to enforce regulations in addition to other agencies.
Measure 6.2.2 **Laws and permit/license application requirements are accessible to the public** ***Note:** No additional guidance for this measure.*	

Measure 6.2.3 **Information or education provided to regulated entities regarding their responsibilities and methods to achieve full compliance with public health related laws**	
1. Provision of information or education to regulated entities concerning their responsibilities for compliance with public health regulations	1. Provisions of information could also be provided to a targeted group, by posting immunization requirements at child and youth services or child development centers, or notifications of regular inspections at food service facilities; or it may be provided to the entire population, which is a regulated entity regarding animal vaccination requirements for pets brought on the installation. Additional documentation could be town hall meetings with minutes or agendas and attendance list and documentation of consultation and information provided through email and/or phone logs.

Standard 6.3
Conduct and monitor public health enforcement activities and coordinate notification of violations among appropriate agencies

Required Documentation	Supplemental Documentation Guidance for Army Preventive Medicine Departments
Measure 6.3.1 **Written procedures and protocols for conducting enforcement actions**	
1. Authority to conduct enforcement activities or be involved in compliance activities	1. This authority may be located in a regulation, rule, order, MOU or MOA, SOP, letter of agreement, pamphlet, or contract. If the Army health department has little or no authority to conduct enforcement actions, the department must be coordinating and sharing information with agencies, departments, or chains of command that do have public health related enforcement command or command and control.
2. Procedures and protocols for achieving compliance with laws or enforcement actions	2. Where the health department does not conduct public health enforcement actions, SOPs may also be used by the enforcement agency, department, or chain of command.
Measure 6.3.2 **Inspection activities of regulated entities conducted and monitored according to mandated frequency and/or a risk analysis method that guides the frequency and scheduling of inspections of regulated entities** ***Note:*** *Other agencies that Army health department may coordinate and share information with are chains of command. No additional guidance for this measure.*	
Measure 6.3.3 **Procedures and protocols followed for both routine and emergency situations requiring enforcement activities and complaint follow-up**	
1. Actions taken in response to complaints	1.Example of documentation of actions taken as a result of investigations or follow-up complaints could also be AAR, MFR.

2. Communications with regulated entities regarding a complaint or compliance plan	2. The Army health department may coordinate and share information with agencies or chains of command that do have public health-related enforcement authority or command and control. Documentation could also be meetings or other official communications with regulated entities regarding a complaint and any resulting compliance plans. The compliance plan has no specific format and will be determined by regulation or department protocol.
Measure 6.3.4 **Patters or trends identified in compliance from enforcement activities and complaints**	
1. Enforcement programs' annual reports summarizing complaints, enforcement activities, and compliance	1. Additional documentation from an enforcement program that is out of compliance with state law, Army or DoD regulation, or is under sanctions or a performance improvement plan must be labeled as being out of compliance. This documentation may also apply to Measure 11.2.1 RD 3.
2. Debriefing or other evaluations on enforcement for process improvements	2. Documentation of trends, patterns and compliance to this measure could also include IPs, AARs, briefing slides, MFRs, or interim progress reports. All other process improvements discussed must be noted in the documentation. ***Note:*** *Army health departments may refer to debriefings or other evaluations on compliance or enforcement activities as "Hot-wash" or AAR*
Measure 6.3.5 **Coordinated notification of violations to the public, when required, and coordinated sharing of information among appropriate agencies about enforcement activities, follow-up activities, and trends or patterns**	
1. Communication protocol for interagency notifications	1. The Army health department may provide and document a communication protocol for interdepartmental and inter-command notifications to other entities such as the garrison commander, senior mission commander, DPW, etc. The protocol may be in parts to address multiple communication protocols, or it may be a single comprehensive protocol for notifying other agencies concerning trends or patterns in compliance or enforcement actions.
2. Protocol for notifications of the public of enforcement activities	2. The Army health department may provide documentation that it is informed of patterns, trends, enforcement activities, and compliance with public health-related regulations. Documentation examples may include situation reports, interim progress reports, EXSUMs, MFRs, or IPs.

DOMAIN 7: PROMOTE STRATEGIES TO IMPROVE ACCESS TO HEALTH CARE

Standard 7.1
Access health care service capacity and access to health care services

Required Documentation	Supplemental Documentation Guidance for Army Preventive Medicine Departments
Measure 7.1.1 **Process to access the availability of health care services**	
1. A collaborative process to assess availability of health care services	1. The Army health department might also include representatives of the MTF, social service, nutritional, dental, and other units. Documentation of participation in a collaborative process could also be Clinical Operations Division meeting agendas or meeting minutes that illustrate the Army health department's participation in the process; or a review of measures such as Healthcare Effectiveness Data Information Set (HEDIS) to assess health care service availability.
2. The sharing of comprehensive data for the purposes of assessing the availability of health care services and for planning	2. Examples of documentation could also be examples of data sharing through briefings, reports, emails, and IPs.
3. Consideration of emerging issues in public health, the health care system, and health care reimbursement	3. Emerging issues that may impact Army health departments might also include patient-centered medical homes. Documentation of emerging issues that impact access to healthcare could also be operations orders or IPs.
Measure 7.1.2 **Identification of populations who experience barriers to health care services identified**	
1. A process for the identification of unserved, underserved, or special needs populations	1. Documentation of a process for identifying special needs populations could also include a policy for beneficiary access to care or a local SOP.
2. A report that identifies populations who are unserved or underserved	2. Examples of populations who experience barriers to health care services or health care utilization also include military affiliation. An example of additional documentation could be an Army care utilization report or community health assessment.
Measure 7.1.3 **Identification of gaps in access to health care services and barriers to the receipt of health care services identified**	
1. The process or set of processes used for the identification of service or utilization gaps and barriers to accessing health care services	1. Additional documentation of processes could also be MEDCOM or local MTF SOPs and operation orders (OPORDs).
2. Reporting the analysis of data from across the partnership(see7.1.1)that identify the gaps	2. The Armyhealth department partnerships may also include the MTF's clinical operations; or population health or managed care data; that identify and describe gaps in

in access to or utilization of health care services and the causes of these gaps or barriers to care.	access to, utilization of, and barriers to health care services. Data may be contributed by all partners or may be discussed or evaluated by partners in the collaborative. The reports must include assessment of cause(s) for lack of access to services or gaps in health care utilization and barriers to access to care. Causes of gaps may include a population that lacks transportation to healthcare, does not speak or understand English, or is immuno-compromised. Barriers may also be the result of populations that do not trust healthcare providers, fear negative career repercussions for seeking certain services, or do not understand why certain routine medical services or screenings are necessary to protect their health. Barriers may include, but not be limited to, travel distance in rural areas, inability to obtain timely appointments, or limited service hours of healthcare.

Standard 7.2: Identify and implement strategies to improve access to health care services

Required Documentation	Supplemental Documentation Guidance for Army Preventive Medicine Departments
Measure 7.2.1 **Process to develop strategies to improve access to health care services**	
1. A coalition/network/council working collaboratively to reduce barriers to health care access or gaps in utilization or access	1. Documentation could also be, a workgroup or council charter for the group; or workgroup reports, work plans, and memoranda.
2. Strategies developed by the coalition/network/council working through a collaborative process to improve access to health care services	2. No additional guidance.
Measure 7.2.2 **Implemented strategies to increase access to health care services**	
1. Collaborative implementation of mechanisms or strategies to assist the population in obtaining or utilizing health care services	1. Army health department documentation could also be, for example: • A documented cooperative system of referral between MTF departments or with providers external to the military health system that shows the methods used to link individuals with needed healthcare services. • Documentation of assisting eligible beneficiaries with applying for/enrollinginworkers'compensationorothermedicalassistanceprograms.

Measure 7.2.3 **Implemented culturally competent initiatives to increase access to health care services for those who may experience barriers to care due to cultural, language, or literacy differences**	
1. Initiatives to ensure that access, utilization, and barriers are addressed in a culturally competent manner	1. No additional guidance.

DOMAIN 8:MAINTAIN A COMPETENT PUBLIC HEALTH WORKFORCE

Standard 8.1 Encourage the development of a sufficient number of qualified public health workers

Measure	Supplemental Documentation Guidance for Army Preventive Medicine Departments
Measure 8.1.1 **Relationships and/or collaborations with educational or other programs that promote the development of future public health workers** ***Note:*** *Army health departments have a unique partnership with academic and educational programs. Collaboration efforts promote the Army health department as an employer of choice and open new pathways for recruitment. Collaboration with academic programs can create opportunities for internships, guest lecturers, and other ways to expose students or new graduates to public health practice. Examples of educational programs could include for example, public health nursing, medical, engineering and science, health promotion, public policy, veterinary medicine) or working with organizations such as the Reserve Officer Training Corps (ROTC).*	
1. Relationship or collaboration that promotes public health as a career.	1. Additional, examples of partnerships or collaboration include: a practicum; student placements/academic service learning; internship opportunities; collaborating with the Recruiting Command to talk with new Soldier candidates or with the Army Medical Department Center &School (AMEDDC&S) to talk with students in basic leader courses; faculty positions held or guest lectures provided by Army health department staff; participation in high school, university, college, and/or job/career fairs.

Standard 8.2
Ensure a competent workforce through the assessment of staff competencies, the provision of individual training and professional development, and the provision of a supportive work environment

Required Documentation	Supplemental Documentation Guidance for Army Preventive Medicine Departments
Measure 8.2.1 **Workforce development strategies**	
1. Workforce development plan	1. For the workforce development plan Army health departments may also use state, Army, or DoD-developed or specialty-focused sets of competencies, for example, nursing, public health preparedness, and informatics competencies. An example of a barrier could be how to address gaps in military vs. civilian workforce development needs and methods.

2. Implemented workforce development strategies	2. Examples for army health departments could include any differences in strategies for military vs. civilian employees.
Measure 8.2.2 **A competent health department workforce** ***Note**: No additional guidance for this measure*	
Measure 8.2.3 **Professional and career development for all staff** ***Note:** Army health department may also interact with the MTF commander and other commands.*	
1. Participation in personal professional development activities by staff of the department (other than management and leadership staff, who are addressed below)	1. Examples of Army health department documentation of staff members' completion of professional development activities may include annual individual development plans (IDPs) and/or officer evaluation reports (OERs). Professional development activities may also include classes offered by AMEDDC&S, Documentation may also be OERs, Total Army Performance Evaluation System (TAPES) content, or IDPs.
2. Development activities for leadership and management staff	2. No additional guidance.
3. Participation of department leaders and managers in training provided by others, outside of the health department	3. Additional examples of providers may include AMEDDC&S and garrison institutes. Course topics may also be, for example, officer professional development and preventive medicine leadership.
Measure 8.2.4 **Work environment that is supportive to the workforce** ***Note:** For Army health departments policies, may be for military or civilian employees.*	
1. Policies that provide an environment in which employees are supported in their jobs	1. No additional guidance.
2. A process for employee recognition	2. Additional examples of employee recognition include a cash or pass award program (for civilian and military personnel, respectively).
3. Employee wellness activities	3. No additional guidance.

DOMAIN9:EVALUATE AND CONTINUOUSLY IMPROVE HEALTH DEPARTMENT PROCESSES, PROGRAMS, AND INTERVENTIONS

Standard 9.1
Use a performance management system to monitor achievement of organizational objectives

Required Documentation	Supplemental Documentation Guidance for Army Preventive Medicine Departments
Measure 9.1.1	

Staff at all organizational levels engaged in establishing and/or updating a performance management system.	
1. Health department leadership and management supportive and engaged in establishing and/or updating a performance management system	1. Additional documentation could be SOPs; or items discussed with the MTF commander and/or briefings presented to the MTF commander.
2. Health department staff at all other levels engaged in establishing and/or updating a performance management system	2. No additional guidance.
Measure 9.1.2 **Performance management policy/system**	
1. An adopted performance management system	1. No additional guidance.
Measure 9.1.3 **Implemented performance management system**	
1. A functioning performance management committee, council, or team	1. Additional documentation could be SOPs.
2. Goals and objectives	2. Additional examples of administrative areas where performance management might be appropriate include processing of requests for information, inspection report submissions, staff professional development (e.g., percentage of annual personnel evaluations completed on time), and workforce development (e.g., rate of IDP completion). Examples of program areas where performance management might be appropriate include achievement of program-level goals for occupational health/industrial hygiene staff completion of worksite visits, and the timely completion of site inspections by Army Public Health Nurse (APHN) and Environmental Health staff.
3. Implementation of the process for monitoring the performance of goals and objectives	3. Additional documentation of monitoring of performance may come from council meetings where progress is reviewed.
4. Analysis of progress toward achieving goals and objectives and identification of areas in need of focused improvement processes	4. No additional guidance.
5. Identification of results and next steps	5. No additional guidance.
6. A completed performance management self-assessment	6. No additional guidance.
Measure 9.1.4 **Implemented systematic process for assessing customer satisfaction with health department services**	

1. Collection, analysis, and conclusions of feedback from two different customer groups	1. Army health department customer groups could be tenant organizations on the installation; food establishment operators; healthcare beneficiaries enrolled at the MTF; contractors; and internal customers such as: MTF staff/leadership. Additional examples of instruments to collect customer/stakeholder satisfaction may also include departmental comment cards. Interactive Customer Evaluation (ICE) comments may or may not be sufficient to meet this required documentation, based on the department's identified customers/stakeholders as described above. Documentation may also be IP of MFR that describes the process and the results and conclusions of the analysis of the feedback.
2. Results and actions taken based on customer feedback	2. No additional guidance.
Measure 9.1.5 **Opportunities provided to staff for involvement in the department's performance management**	
1. Staff development in performance management	1. Documentation may also be participation in online/distance learning opportunities, such as webinars; other training materials; or specific work with performance management consultants and/or subject matter experts (SMEs).

Standard 9.2: Develop and implement quality improvement processes integrated into organizational practice, processes, and interventions

Required Documentation	Supplemental Documentation Guidance for Army Preventive Medicine Departments
Measure 9.2.1 **A written quality improvement plan**	
1. A written quality improvement plan	1. No additional guidance.
Measure 9.2.2 **Implemented quality improvement activities**	
1. Quality improvement activities based on the QI plan	1. Examples of quality improvement projects in a program area might include improving timeliness of data reporting into DOEHRS or of communicable disease reporting; or implementation of evidence-based practices. Examples of quality improvement projects in an administrative area might be the new employee orientation process, staff meetings, and intradepartmental communication. Additional documentation could be, for example, QI project work plans, reports, storyboards, or Organizational Inspection Program (OIP) documentation that identifies achievement of objectives and includes evidence of action and follow-up.

2. Staff participation in quality improvement activities based on the QI plan	2. Additional documentation may also be Quality Council or QI team meeting minutes, EXSUMs, MFRs, or committee or project responsibilities listings.

DOMAIN 10:CONTRIBUTE TO AND APPLY THE EVIDENCE BASE OF PUBLIC HEALTH

Standard 10.1
Identify and use the best available evidence for making informed public health practice decisions

Required Documentation	Supplemental Documentation Guidance for Army Preventive Medicine Departments
Measure 10.1.1. **Applicable evidence-based and/or promising practices identified and used when implementing new or revised processes, programs, and/or interventions**	
1. The use of evidence-based or promising practices	
Measure 10.1.2 **Fostered innovation in practice and research** ***Note:*** *No additional guidance for this measure*.	

Standard 10.2: Promote understanding and use of the current body of research results, evaluations, and evidence-based practices with appropriate audiences

Required Documentation	Supplemental Documentation Guidance for Army Preventive Medicine Departments
Measure 10.2.1 **Protection of human subjects when the health department is involved in or supports research**	
1. An adopted human subjects research protection policy	1. Additional documentation could also be the Regional Medical Command Human Research Protection Program.
Measure 10.2.2 **Access to expertise to analyze current research and its public health implications**	
1. The availability of expertise (internal or external) for analysis of research	1. If the expertise is outside of the health department, a regulation is another way to demonstrate access to such expertise.
Measure 10.2.3 **Communicated research findings, including public health implications**	
1. The communication of research findings and their public health implications to stakeholders, public health system partners, and/or the public	1. Army health department audiences can also include: the MTF commander; community and healthcare partners such as the CHPC; departments within the MTF; and the general public served by the health department.

Measure 10.2.4 **Technical assistance provided to the state health department, local health departments, and other public health system partners in applying relevant research results, evidence- based and/or promising practices** ***Note:*** *No additional guidance for this measure.*	

DOMAIN 11: MAINTAIN ADMINISTRATIVE AND MANAGEMENT CAPACITY

Standard 11.1
Develop and maintain an operational infrastructure to support the performance of public health functions.

Required Documentation	Supplemental Documentation Guidance for Army Preventive Medicine Departments
Measure 11.1.1 **Policies and procedures regarding health department operations reviewed regularly and accessible to staff**	
1. Policy and procedure manual or individual policies	1. Army health departments written operations policies/procedures may also be SOPs. Some health departments may use policies and procedures that are not specific to the health department, but are Army- or DoD-wide. These policies and procedures could demonstrate compliance with the measure if they apply to the health department as well as other Army entities, units, or departments. Only the most recent version of policies may be provided. If policies are provided to staff via electronic format, the policies can be files on a server, SharePoint, or health department intranet, or postings on the web. If the policies are voluminous, the health department may also provide a screenshot of SharePoint folders, or a list of policies.
2. Health department organizational chart	2. Army health department's organizational chart may include the current governing entity (e.g., MTF commander),MTF command team, department leadership, department upper management positions, and the organization of programs. Itdoes not need to detail every staff position; however, position titles or program names are required; individuals' names are not required.
3. Review of policies and procedures	*3.* Army health department policies and procedures are not necessarily created by the health department or MTF. However, those that are created for the health department by other units should still be reviewed on a regular basis for continued applicability to public health functions.
4. Methods for staff access to policies	4. No additional guidance.

Measure 11.1.2 **Ethical issues identified and ethical decisions made**	
1. Strategies for decision making relative to ethical issues	1. Army health department provision for accountability may include the appropriate chain of command. Additional examples of a process include documentation of completed ethics training, an active MTF Ethics Committee, contract procurement policies, an SOP for addressing ICE comments that may raise an ethical issue, or other process that complies with appropriate command and control channels and Army procedures.
2. Ethical issues reviewed and resolved	2. Additional examples of ethical issues include addressing issues of child vaccination exemptions in CYSS, distribution of flu vaccine in a shortage situation. If no ethical issues have arisen, then the health department should document this status as well.
Measure 11.1.3 Policies regarding confidentiality, including applicable HIPAA requirements	
1. Confidentiality policies	1. Some Army health departments may use confidentiality policies and procedures that are not specific to the health department but are Army- or DoD-wide.
2.Training of staff on the implementation of confidentiality policies	2. No additional guidance.
3. Signed employee confidentiality form, as required by policies	3. No additional guidance.
Measure 11.1.4 **Policies, processes, programs, and interventions provided that are socially, culturally, and linguistically appropriate to specific populations with higher health risks and poorer health outcomes.** ***Note:*** *Army health departments are responsible for the health of all Active Duty Soldiers and other beneficiaries in the health department's jurisdiction and its population served. The Army health department's policies, programs, services, materials, and processes may also address social, cultural, and language differences of Exceptional Family Member Program participants.*	
1.Policy or procedure for the development of interventions and materials that: address the needs of the specific populations who experience a disproportionate share of poor health outcomes; and are culturally and	1. No additional guidance.

linguistically appropriate for the served population within the health department's jurisdiction	
2.Processes, programs, or interventions provided in a culturally or linguistically competent manner	2. No additional guidance.
3. Assessment of the health department's cultural competence and knowledge of health equity	3. No additional guidance.
4. Cultural competency or cultural sensitivity training provided to health department staff	4. An example of training includes that hosted by the Army Diversity Office or other similar entities.
Measure 11.1.5 **A human resources function**	
1. Human resource (HR) policies and procedures	1. The Army health department human resource manual or set of policies and procedures may also address employment and human resources legal requirements that pertain to the Army, DoD and/or Federal government setting.
2. Staff access to human resources policies and procedures	2. No additional guidance.
3. Employment working relationship agreements	3. Additional examples of documents used to establish working relationships include OPORDs.
4. A human resource function that supports management, the workforce, and workforce development by being a responsive partner to programs	4. Additional documentation could also be OPORD and/or an Army regulation.
Measure 11.1.6 **Information management function that supports the health department's mission and workforce by providing infrastructure for data storage, protection, and management; and data analysis and reporting**	
1. Information technology infrastructure that supports public health functions	1. Documentation of Army technology that supports administrative functions may also be evidence of submission to the Armed Forces Health Longitudinal Technology Application (AHLTA), Medical Protection System (MEDPROS), Defense Occupational and Environmental Health Readiness System-Environmental Health (DOEHRS-EH), Defense Occupational and Environmental Health Readiness System-Industrial Hygiene (DOEHRS-IH), or the MTF's information management division.
2.Secure information systems	2. No additional guidance.
3. Maintenance of confidentiality of data	3. No additional guidance.
4. Maintenance of information management system	4. No additional guidance.
5. Management of information assets	5. No additional guidance.

Measure 11.1.7 **Facilities that are clean, safe, accessible, and secure**	
1. Licenses for laboratory services	1. Licenses for laboratory services may also meet Army or DoD requirements in addition to others stated in PHAB's Standards and Measures.
2. Inspection reports	2. Other examples of documentation include occupational health and OIP reports.
3. Assurance of accessibility to the health department's facilities	3. Army health departments may also provide documentation of compliance with ADA-related Army and/or DoD laws and regulations that pertain to the jurisdiction which the health department is authorized to serve in addition to others stated in PHAB's Standards and Measures.

Standard 11.2: Establish effective financial management system

Required Documentation	**Supplemental Documentation Guidance for Army Preventive Medicine Departments**
Measure 11.2.1 Financial and programmatic oversight of grants and contracts	
1. Audited financial statements	1. Audits or internal control reviews are formal examinations of the health department's financial accounts. The health department's audit may be part of a larger audit of its command or overarching unit (such as the MTF).
2.Program/public health services reports	2. Army health departments may provide program reports that has been submitted to funding sources inside the military setting.
3. Communications from federal or state funding agencies or organizations	3. No additional guidance. See comment on Measure 6.3.4.1
Measure 11.2.2 **Written agreements with entities from which the health department purchases, or to which the health department delegates, services, processes, programs, and/or interventions**	
1. Contracts/MOUs/MOAs or other written agreements for the provision of services, processes, programs, and/or interventions	1. Army health department documentation could be, for example, a written agreement with, or regulation stating support from, another command (e.g., regional) as one of the required examples. The other required example must be a written agreement with another agency or organization.
Measure 11.2.3 **Financial management systems** ***Note:*** *Some Army health departments may not be able to upload overall budget to PHAB's electronic system because of military confidentiality regulations and laws and/or because health department budget is part of larger budget (i.e., MTF). In this circumstance health departments, can redact financial information from larger budget. The purpose of this measure is for health departments to have a financial management plan which shows what funds are allocated and what they do with those funds.*	

Measures 11.2.4 Resources sought to support agency infrastructure and processes, programs, and interventions	
1. Formal efforts to seek additional financial resources	1. The health department must document its leveraging of funds to obtain additional resources (for example, submission of a formal budget or materials request).
2. Communications concerning the need for financial support to maintain and improve public health infrastructure and services	2. No additional guidance.

DOMAIN 12: MAINTAIN CAPACITY TO ENGAGE THE PUBLIC HEALTH GOVERNING ENTITY

Note: *In this Domain Army health departments refer to the governing entity as Commanders. Communication may travel through the chain of command to Commanders who have ultimate responsibility of the installation or unit.*

Standard 12.1
Maintain current operational definitions, statements of public health roles, responsibilities, and authorities

Required Documentation	Supplemental Documentation Guidance for Army Preventive Medicine Departments
Measure 12.1.1 Mandated public health operations, programs, and services provided	
1. Authority to conduct public health activities	1. No additional guidance.
2.Operationsthat reflect authorities	2. Documentation could be, for example, program or installation status reports, service descriptions, annual reports, reports to the department's commander (e.g. MTF commander), meeting minutes, functional descriptions, organizational descriptions, an annual historical report, or SOPs.
Measure 12.1.2 Operational definitions and/or statements of the public health governing entity's roles and responsibilities	
1. The governing entity's authority	1. The health department may also provide a description and formal written statement of the responsible commander's public health authority. The information could be, for example, from an AR, regional entity, MEDCOM, or DoD Office of the Assistant Secretary of Defense (OASD)–Health Affairs. Documentation could also be a copy of the AR or ARs thatsetforththemandatedauthority,oradescriptionoftheauthorityandthe reference to its applicable legal citation.
2. The governing entity's structure and composition	2. Army health departments may provide a written description of the command structure and composition of the organization that has responsibility for the health department, as noted above. Documentation could be an AR or a local organizational chart.

Standard 12.2
Provide information to the governing entity regarding public health and the official responsibilities of the health department and of the governing entity.

Required Documentation	Supplemental Documentation Guidance for Army Preventive Medicine Departments
Measure 12.2.1 **Communication with the governing entity regarding the responsibilities of the health department**	
1. Communication with the governing entity regarding the responsibilities of the public health department a. Communication with the governing entity about its operational definitions and/or statement of the public health governing entity's roles and responsibilities b. The orientation process for new members of the governing entity	1. The Army health department may also document communications provided to the commander concerning the health department's responsibilities, as set forth in the health department's authorizing document(s) and/or Army regulation(s) or order(s). The health department will select its documentation for this measure based on the applicable authorizing document(s), regulation(s), or order(s). Documentation could be, for example, command health reports, MFRs, briefs, interim progress reports, IPs, or emails. a. The health department may also document its sharing with the commander selected and relevant operational definitions and/or statements of its role and responsibilities related to public health. The health department will select its documentation based on and appropriate to the commander and relevant Army regulations. Documentation could also be, for example, command or installation health reports, meeting minutes, MFRs, emails, briefing documents, or other correspondence. b. The health department may also document its process for orienting new commanders to their public health-related responsibilities. Documentation could also be a commander's briefing.

Standard 12.3
Encourage the governing entity's engagement in the public health department's overall obligations and responsibilities

Required Documentation	Supplemental Documentation Guidance for Army Preventive Medicine Departments
Measure 12.3.1 **Information provided to the governing entity about important public health issues facing the community, the health department, and/or the recent actions of the health department**	
1. Communication with the governing entity regarding important public health issues and/or recent health department actions	1. The health department may also document communications with the commander regarding important public health issues and/or recent health department actions. Important public health issues may also include environmental and occupational health hazards. Documentation could be reports, EXSUMs, program updates, or IPs.

Measure 12.3.2 **Actions taken by the governing entity tracked and reviewed**	
1. Consistently review issues discussed, actions taken, and policies set by the governing entity	1. Documentation could be, for example, reports from the Strategic Management System, MTF, or unit-level dashboards.
Measure 12.3.3 **Communication with the governing entity about health department performance assessment and improvement**	
1. Communication with the governing entity concerning assessment of the health department's performance	1. Additional documentation could be MFRs or professional correspondence.
2. Communication with governing entity concerning the improvement of the health department's performance	2. No additional guidance.