Crosswalk on Public Health Accreditation and Retail Program Standards

[Referencing Public Health Accreditation Board Domains Version 1.0 and 2013 FDA Voluntary National Retail Food Regulatory Program Standards]

NACCHO
National Association of County & City Health Officials

ENVIRONMENTAL HEALTH

Contents

Acknowledgments

This document was made possible through the support of the Food and Drug Administration cooperative agreement #5U50FD004334-02. NACCHO is grateful for this support. The views expressed within do not necessarily represent those of the sponsor.

Brief Overview of Public Health Accreditation

The state and local health department accreditation process seeks to advance quality and performance within health departments. Accreditation standards define the expectations for all health departments that seek to become accredited and document the capacity of the health department to deliver the three core functions of public health and the Ten Essential Public Health Services. Thus, accreditation gives reasonable assurance of the range of public health services a health department should provide. Accreditation declares that the health department has an appropriate mission and purpose and can demonstrate that it will continue to accomplish its mission and purpose.

More information about the Public Health Accreditation Board's (PHAB's) voluntary program is available at www.phaboard.org. Standards and measures for accreditation are updated regularly; this document is based on Version 1.0.

Brief Overview of the Retail Program Standards

The Voluntary National Retail Food Regulatory Program Standards (Retail Program Standards) are a set of nine standards against which important aspects of a retail food regulatory program can be assessed. The Retail Program Standards serve as a guide to regulatory retail food program managers in the design and administration of a retail food program and provide a means to recognize a program's accomplishments. The Retail Program Standards are as follows:

Standard 1: Regulatory Foundation
Standard 2: Trained Regulatory Staff
Standard 3: Inspection Program Based on Hazard Analysis and Critical Control Points (HACCP) Principles
Standard 4: Uniform Inspection Program
Standard 5: Foodborne Illness and Food Defense Preparedness and Response
Standard 6: Compliance and Enforcement
Standard 7: Industry and Community Relations
Standard 8: Program Support and Resources
Standard 9: Program Assessment

More information about the Food and Drug Administration's (FDA's) Retail Program Standards is available at www.fda.gov/food/guidanceregulation/retailfoodprotection/programstandards. Standards and measures are updated regularly; this document is created based on the 2013 Retail Program Standards.

How Accreditation and the Retail Program Standards Connect

PHAB is a non-profit organization that has developed a national voluntary accreditation program for state, local, and tribal health departments. PHAB's process and program were developed over several years with the input of public health professionals from across the country. The FDA Retail Program Standards complement the PHAB program by providing a performance-based system for the design, management, and continuous improvement of one important component of the public health program, the regulation of retail food and foodservice establishments. Although the scope of the PHAB voluntary program is much broader than that of the Retail Program Standards, the philosophical approach for each program is the same; both provide a strategic framework for the continuous improvement of public health. Participation in either or both of these initiatives will encourage public health professionals to operate more holistically. Promoting these complementary tools jointly will increase adoption of both; provide needed efficiencies for local food programs; facilitate successful implementation; and encourage state, local, and tribal health programs to consider the use of both initiatives for program improvement. Working collaboratively and sharing leadership in this effort can decrease confusion on the part

of state and local health department partners and maximize resources.

The PHAB accreditation recognizes state and local health departments for meeting nationally recognized standards and undertaking a self-improvement process. Essentially, the goal of the Retail Program Standards is the same. The similarities between the PHAB Accreditation Standards and the Retail Program Standards validate the implementation of both efforts to improve public health.

How LHDs Can Use this Document to Work towards the Retail Program Standards and Public Health Accreditation

The PHAB accreditation process and the Retail Program Standards aim to improve the quality of public health practice. Both initiatives were developed in collaboration with other partners; tested in the field; provide performance measures and standards; promote continuous quality improvement of programs; provide the framework for the services supplied by state, local, and tribal public health systems; and strengthen national, state, and local partnerships. The concern is that many LHDs may view the PHAB accreditation process and the Retail Program Standards as individual, mutually exclusive projects or initiatives to promote best practices within a health department. In some cases, LHDs may desire to do both, but face budget limitations, resource challenges, or time constraints.

The intention of this document is to illustrate that the PHAB accreditation process and the Retail Program Standards do not need to be individual, mutually exclusive processes for participating LHDs.

LHD retail food regulatory programs currently enrolled in the Retail Program Standards will find that documents, processes, policies and procedures, and training that were established as part of their Retail Program Standards enrollment can also be used to meet certain pieces of required documentation for the PHAB accreditation process.

For LHDs enrolled in the PHAB accreditation process but not in the Retail Program Standards, this document will show the value of enrolling an LHD's retail food regulatory program in the Retail Program Standards as the health department pursues PHAB accreditation. Specifically, this document demonstrates that some of the pieces of required documentation for PHAB accreditation can be produced when an LHD retail food regulatory program enrolls in the Retail Program Standards and implements the Retail Program Standard's best practices and standards. The LHD retail food regulatory program benefits by implementing a set of standards specifically oriented towards retail food protection, while the broader LHD also benefits by meeting some of the goals and standards of the PHAB accreditation process. This reduces the duplication of work and resources associated with pursuing two separate processes.

As stated above, the PHAB accreditation process and the Retail Program Standards have many similarities. A broad overview of these similarities can be seen in Table 1. These similarities are also illustrated in significant detail in Table 2. Table 2 provides examples of specific documents generated during the Retail Program Standards process and shows where these documents might be used to meet certain required documentation examples for the PHAB measures.

Table 1: Broad Overview of Similarities between PHAB Standards and Retail Program Standards

This table shows where there is theoretical alignment between PHAB domains (based on the 10 essential public health services) and the Retail Program Standards. This alignment does not indicate that accreditation measures are automatically met by enrolling and participating in the Retail Program Standards. It simply indicates that there are similarities in the intent, goals, and/or documentation associated with each set of standards.

Public Health Accreditation Board Domains Version 1.0	Corresponding FDA Retail Program Standard
Domain 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community	Standards 3, 5, 7, 9
Domain 2: Investigate health problems and environmental public health hazards to protect the community	Standards 5, 6, and 8
Domain 3: Inform and educate about public health issues and functions	Standards 5, 7
Domain 4: Engage with the community to identify and address health problems	Standard 7
Domain 5: Develop public health policies and plans	N/A
Domain 6: Enforce public health laws	Standards 1, 2, 3, 4, 5, 6, 7
Domain 7: Promote strategies to improve access to healthcare services	N/A
Domain 8: Maintain a competent public health workforce	Standard 2
Domain 9: Evaluate and continuously improve processes, programs, and interventions	N/A
Domain 10: Contribute to and apply the evidence base of public health	Standards 1, 3
Domain 11: Maintain administrative and management capacity.	N/A
Domain 12: Maintain capacity to engage the public health governing entity	Standards 1, 7

Table 2: Detailed Examination of the Similarities between PHAB Standards and Retail Program Standards

This table shows where certain requirements or documentation generated through an LHDs' enrollment and participation in the Retail Program Standards may meet the intent of certain measures in PHAB's Standards and Measures Version 1.0.

***Guidance on using the crosswalk:** The crosswalk is set up as a table with three columns that should be read from left to right. The first column, "PHAB Measures," includes the measure being referred to in the PHAB standards and measures Version 1.0. The second column, "Alignment with PHAB Documentation," includes a summary on the required PHAB documentation that may be met by requirements or documents generated through participation in the FDA Standard listed in the third column. The second column also includes the link and page number to the full information on the required documentation in PHAB Standards and Measures Version 1.0.

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

PHAB 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.		
PHAB Measure	**Alignment with PHAB Documentation**	**FDA Standard and Aligning Documentation**
1.2.1A – Maintain a surveillance system for receiving reports 24/7 in order to identify health problems, public health threats, and environmental public health hazards	Aligns with Doc 1 (see pg. 24-25). Doc 1: LHD must provide written processes and/or protocols to collect comprehensive data from multiple sources and to review and analyze those data. Processes and protocols must include how data are collected, such as fax, emails, web reports, phone calls to the LHD or to another site, such as emergency management or a 9-1-1 call center. The surveillance system must be able to receive reports at any time. The LHD defines from whom the reports are received.	**Standard 5 – Foodborne Illness and Emergency Preparedness Response** In order to achieve conformance with Standard 5, enrollees must establish policies and procedures to detect, collect, investigate, and respond to complaints and emergencies involving foodborne illness, injury, and contaminated food. Enrollees must also review the data to identify trends and contributing factors likely to cause foodborne illness or injury. This documentation may help an LHD meet the intent of Document 2 in 1.2.1 A.

PHAB Measure	Alignment with PHAB Documentation	FDA Standard and Aligning Documentation
1.2.3 A – Collect additional primary and secondary data on population health status	Aligns with Doc 2 (see pg. 24-25). Doc 2: LHD must provide two examples of standardized data collection instruments that they have used. These two examples must collect data in two different program areas. Standardized instruments are those that are recognized as national, state-wide, or local collection tools.	**Standard 3 – Inspection Program Based on HACCP Principles** In order to achieve conformance with Standard 3, enrollees may incorporate the use of Model Form 3-A. Model Form 3-A, as included in the model Food Code, is a standardized data collection instrument. Many LHDs use the data collected by the form to look at trends in food establishment compliance. This documentation may help an LHD meet the intent of Document 2 in 1.2.3 A.
1.2.3 A – Collect additional primary and secondary data on population health status	Aligns with Doc 2 (see pg. 25-26). Doc 2: LHD must provide two examples of standardized data collection instruments that they have used. These two examples must collect data in two different program areas. Standardized instruments are those that are recognized as national, state-wide, or local collection tools.	**Standard 9 – Program Assessment** In order to achieve conformance with Standard 9, an LHD must conduct a risk factor study. The data collection instrument used to complete a risk factor study is a standardized data collection tool. Therefore, this documentation may help an LHD to meet the intent of Document 2 in 1.2.3 A.

PHAB Measure	Alignment with PHAB Documentation	FDA Standard and Aligning Documentation
1.2.3 A – Collect additional primary and secondary data on population health status	Aligns with Docs 1 and 2 (see pg. 23-26). Doc 1: LHDs must provide two reports demonstrating that they have collected primary and secondary data. That is, each report must include data that have been collected by the health department (or by others under contract or on behalf of the department) and data collected by others (governmental departments or levels of government, academic institutions, non-profits, or other researchers). The sources of the data used for each report must also be provided. Doc 2: LHDs must provide two examples of standardized data collection instruments that they have used. These two examples must collect data in two different program areas. Standardized instruments are those that are recognized as national, state-wide, or local collection tools.	**Standard 5 – Foodborne Illness and Emergency Preparedness Response** In order to achieve conformance with Standard 5, the LHD must establish procedures and guidance for collecting information on the suspect food's preparation, storage, or handling during on-site investigations of food related illness, food-related injury, or outbreak investigations. At least once per year, the LHD must review the data collected in the complaint log or database and the foodborne illness and food-related injury investigations to identify trends and factors that are most likely to cause foodborne illness or food-related injury. These periodic reviews of foodborne illnesses may suggest a need for further investigations and steps for illness prevention. This documentation may help the LHD to meet the intent of Document 1 in 1.2.3 A. Although not explicitly required by Standard 5, an LHD may have a standardized data collection instrument used to perform the data collections required in Standard 5. If a standardized data collection instrument is used, this may help the LHD meet the intent of Document 2 in 1.2.3 A.

PHAB Measure	Alignment with PHAB Documentation	FDA Standard and Aligning Documentation
1.2.4 L – Provide reports of primary and secondary data to the state health department and Tribal health departments in the state	Aligns with Doc 1 (see pg. 29). Doc 1: A LHD is required to submit two examples of reports of primary and secondary data that it has provided to the state health departments and one report of primary and secondary data that it has provided to local Tribal health departments. LHDs that do not have jurisdictions that overlap with the Tribal health departments do not have to demonstrate that they share local data with Tribes, but must provide documented evidence that there is no jurisdictional overlap. Data distributed may be in electronic or hard copy format. Examples include: registries, such as cancer registries or immunization registries; vital records reports; environmental public health data; or data in web-based communicable disease reporting systems. The reports may also address social conditions that affect the health of the population served, such as unemployment, poverty, or lack of accessible facilities for physical activity.	**Standard 5 – Foodborne Illness and Emergency Preparedness and Response** In order to achieve conformance with Standard 5, an LHD must share final reports of investigations with the state epidemiologist and reports of confirmed foodborne disease outbreaks with Centers for Disease Control and Prevention (CDC). This documentation may help an LHD meet the intent of Document 1 in 1.2.4 L.
1.2.4 L – Provide reports of primary and secondary data to the state health department and Tribal health departments in the state	There is theoretical alignment here as the intent of this measure is to indicate that a LHD shares data/information with a state health department.	**Standard 9 – Program Assessment** In order to achieve conformance with Standard 9, an LHD must complete a risk-factor study to survey the occurrence of foodborne illness risk factors in food establishments within the LHD's jurisdiction. Although not explicitly required by Standard 9, many LHD share this data with their state health department (by choice or because it is required through a contract or delegation agreement). If this is done, it may help the LHD meet the intent of Document 1 in 1.2.4 L.

Standard 1.3: Analyze public health data to identify trends in health problems, environmental public health hazards, and social and economic factors that affect the public's health.		
PHAB Measure	**Alignment with PHAB Documentation**	**FDA Standard and Aligning Documentation**
1.3.1 A – Analyze and draw conclusions from the public health data	Aligns with Docs 1 and 2 (see pg. 32-33). Doc 1: LHD must provide two examples of reports, each containing analysis and conclusions drawn from data. Data reports used in the analysis are not required, but evidence of the LHD's analysis and conclusions is required. Examples include epidemiologic reports, workplace fatality or disease investigation reports, cluster identification or investigation reports, outbreak investigation reports, etc. Doc 2: LHD must provide documentation of review of data analysis reports. Minutes or documentation of meetings must be provided to show the presentation, review and discussion of data reports. The meetings may be internal, with governing entities, with community groups, with other health or social service organizations, or provided to elected bodies.	**Standard 5 – Foodborne Illness and Emergency Preparedness and Response** In order to achieve conformance with Standard 5, at least once per year the LHD must review data collected in the complaint log or database and the foodborne illness and food-related injury investigations to identify trends and factors that are most likely to cause foodborne illness or food-related injury. These periodic reviews of foodborne illnesses may suggest a need for further investigations and steps for illness prevention. This documentation may help the LHD meet the intent of Document 1 in 1.3.1 A. If the LHD chooses to present this data to industry, consumers, and other government agencies, documentation created and retained as part of Standard 7 may also help the LHD meet the intent of Document 2 in 1.3.1 A.

PHAB Measure	Alignment with PHAB Documentation	FDA Standard and Aligning Documentation
1.3.1 A – Analyze and draw conclusions from the public health data	Aligns with Docs 1 and 2 (see pg. 32-33). Doc 1: LHD must provide two examples of reports, each containing analysis and conclusions drawn from data. Data reports used in the analysis are not required, but evidence of the LHD's analysis and conclusions is required. Examples include epidemiologic reports, workplace fatality or disease investigation reports, cluster identification or investigation reports, outbreak investigation reports, etc. Doc 2: LHD must provide documentation of review of data analysis reports. Minutes or documentation of meetings must be provided to show the presentation, review and discussion of data reports. The meetings may be internal, with governing entities, with community groups, with other health or social service organizations, or provided to elected bodies.	**Standard 9 – Program Assessment** In order to achieve conformance with Standard 9, an LHD must conduct a risk-factor study. After the study is completed, an analysis of the data must be conducted and the LHD must write a report on the outcomes and conclusions of the study. This information must be used to develop and implement targeted intervention strategies to address out-of-control risk factors identified during the risk-factor study. This documentation may help the LHD meet the intent of Document 1 in 1.3.1 A. If the LHD chooses to present the risk factor study data to industry, consumers, and other government agencies, documentation created and retained as part of Standard 7 may also help the LHD meet the intent of Document 2 in 1.3.1 A.

PHAB Measure	Alignment with PHAB Documentation	FDA Standard and Aligning Documentation
1.3.2 L – Provide public health data to the community in the form of reports on a variety of public health issues, at least annually	Aligns with Doc 1 (see pg. 36-37). Doc 1: LHD must document distribution of two analytical public health reports to specific audiences in the community. Reports must be provided at least annually, so the two examples must be from two different years. Each report should include data on one or more specific public health issues, such as health behaviors; disease clusters or trends; public health laboratory reports; environmental public health hazards reports; or health indicators, such as infant mortality rate. Distribution of the reports may be targeted to a variety of audiences, including: public health and health care providers, community service groups, local schools, key stakeholders, and the public. The documentation could provide evidence of a range of methods of distribution, including: mailing lists, email lists, presentations, workshops, web postings, meeting minutes, published editorials, and press releases. The report itself does not have to be distributed, but the contents must be communicated.	**Standard 7 – Industry and Community Relations** In order to achieve conformance with Standard 7, an LHD must sponsor or participate in meetings with industry and consumers. The Standard is flexible with respect to the format of meetings and the content or agenda items. Some LHDs may provide reports to the public at these meetings on various food safety indicators, such as complaint data, foodborne illness incidence data, general compliance data, and possibly data collected through the risk-factor study. Since the LHD is required to retain documentation of these meetings, this documentation may help the LHD meet the intent of Document 1 in 1.3.2 L.

Standard 1.4: Provide and use the results of health data analysis to develop recommendations regarding public health policy, processes, programs or interventions.		
PHAB Measure	**Alignment with PHAB Documentation**	**FDA Standard and Aligning Documentation**
1.4.1 A – Use data to recommend and inform public health policy, processes, programs, and/or interventions	Aligns with Doc 1 (see pg. 41). Doc 1: LHD provides documentation that the data has been used to impact the development of policy, process, program or intervention or the revision or expansion of an existing policy, process, program or intervention. Examples could include: meeting minutes, changes to LHD website, documented program improvements, or a revised policy and procedure.	**Standard 5 – Foodborne Illness and Emergency Preparedness and Response** In order to achieve conformance with Standard 5, at least once per year, the LHD must review the data collected in the complaint log or database and the foodborne illness and food-related injury investigations to identify trends and factors that are most likely to cause foodborne illness or food-related injury. These periodic reviews of foodborne illnesses may suggest a need for further investigations and steps for illness prevention. This documentation may help an LHD meet the intent of Document 1 in 1.4.1 A.
1.4.1 A – Use data to recommend and inform public health policy, processes, programs, and/or interventions	Aligns with Doc 1 (see pg. 41). Doc 1: LHD provides documentation that the data has been used to impact the development of policy, process, program or intervention or the revision or expansion of an existing policy, process, program or intervention. Examples could include: meeting minutes, changes to LHD website, documented program improvements, or a revised policy and procedure.	**Standard 9 – Program Assessment** In order to achieve conformance with Standard 9, an LHD must implement intervention strategies based on analysis of risk-factor study data in order to target out-of-control risk factors identified in the risk factor studies. During the subsequent risk-factor study, the LHD is supposed to evaluate the efficacy of the intervention. Documentation of the data analysis along with the intervention strategy may help an LHD meet the intent of Document 1 in 1.4.1 A.

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.		
PHAB Measure	**Alignment with PHAB Documentation**	**FDA Standard and Aligning Documentation**
2.1.1 A – Maintain protocols for investigation process	Aligns with Docs 1a and 1b (see pg. 50-51). Doc 1: LHD must provide written protocols that include a procedure for conducting investigations. If this function is carried out in full or in part by a federal agency, other LHD, or other entity, then an MOU/MOA or other agreement must be provided to demonstrate the formal assignment of responsibilities for investigation of health problems and environmental and occupational public health hazards. Doc 1a: LHD must provide a protocol that delineates the assignment of responsibilities for investigators. Doc 1b: The protocol must contain information about the health problems or hazards that will be investigated, case investigation steps and timelines related to those problems or hazards, and reporting requirements.	**Standard 5 – Foodborne Illness and Emergency Preparedness and Response** In order to achieve conformance with Standard 5, an LHD must establish written operating procedures for responding to and conducting investigations of foodborne illness and food-related injury. The procedures must clearly identify the roles, duties, and responsibilities of LHD staff and how the LHD interacts with other relevant departments and agencies. The procedures may be contained in a single source document or in multiple documents. This documentation may help an LHD to meet the intent of Document 1, 1a, and 1b in 2.1.1 A.
2.1.2 T/L – Demonstrate capacity to conduct an investigation of an infectious or communicable disease	Aligns with Doc 1 (see pg. 54-55). Doc 1: LHD must provide two examples of audits, programmatic evaluations, case reviews, or peer reviews of investigation reports (as compared to written protocols). The documentation must reference the LHD's capacity to respond to outbreaks of infectious or communicable disease.	**Standard 8 – Program Support and Resources** In order to achieve conformance with Standard 8, an LHD must meet or exceed a certain inspection-to-Full-Time Employee (FTE) ratio. Meeting or exceeding this ratio implies that the LHD has the capacity to conduct investigations. This documentation, in conjunction with documentation from Standard 2 (training) and Standard 5 (policies for investigations of foodborne illness and complaints), may help an LHD to meet the intent of Document 1 in 2.1.2 T/L.

PHAB Measure	Alignment with PHAB Documentation	FDA Standard and Aligning Documentation
2.1.4 A – Work collaboratively through established governmental and community partnerships on investigations of reportable/disease outbreaks and environmental public health issues	Aligns with Doc 1 (see pg. 57). Doc 1: LHD must provide documentation that shows collaboration with partners (i.e. MOUs, investigation reports, meeting minutes, laboratory list of services, etc.).	**Standard 5 – Foodborne Illness and Emergency Preparedness and Response** In order to achieve conformance with Standard 5, an LHD must establish MOUs or other agreements outlining roles, duties, responsibilities, lab capabilities, and report-sharing. This documentation may help an LHD meet the intent of Document 1 in 2.1.4 A.
2.1.5 A – Monitor timely reporting of notifiable/reportable diseases, lab test results, and investigation results	Aligns with Doc 1 (see pg. 58). Doc 1: LHD must provide a tracking log on reporting, including lab test results and investigation reports. LHD can choose between a log and a report. The log would be used to track various elements of an investigation. If a log is provided, it must include timelines.	**Standard 5 – Foodborne Illness and Emergency Preparedness and Response** In order to achieve conformance with Standard 5, an LHD must establish tracking logs and reports. However, these are limited to those under the purview of the food program such as complaint logs and on-site investigation reports. It also requires that policies exist for communication and coordination with other programs such as those involving other regulatory issues, epidemiology, laboratories, and the media. The food program would not be accountable for those functions or reports from outside the food program's functional area under the Retail Program Standards.

Standard 2.2: Contain/mitigate health problems and environmental public health hazards.		
PHAB Measure	**Alignment with PHAB Documentation**	**FDA Standard and Aligning Documentation**
2.2.1 A – Maintain protocols for containment/mitigation of public health problems and environmental public health hazards	Aligns with Doc 1 (see pg. 61) Doc 1: LHD must provide two examples of written protocols for containment/mitigation of health problems and hazards. This includes disease-specific procedures for follow-up and reporting during outbreaks. To "maintain" means that the department keeps the protocols up-to-date. The protocols must address mitigation, contact management, clinical management, use of prophylaxis and emergency biologics, communication with the public health laboratory, and the process for exercising legal authority for disease control. These protocols may be in a single document or be comprised of many separate documents.	**Standard 6 – Compliance and Enforcement** In order to achieve conformance with Standard 6, an LHD must develop written, step-by-step procedures for compliance and enforcement. These procedures are likely to deal with imminent health hazards and other food safety hazards observed in a food facility. This documentation may help an LHD meet the intent of Document 1 in 2.2.1 A.

PHAB Measure	Alignment with PHAB Documentation	FDA Standard and Aligning Documentation
2.2.1 A – Maintain protocols for containment/mitigation of public health problems and environmental public health hazards	Aligns with Doc 1 (see pg. 61) Doc 1: LHD must provide two examples of written protocols for containment/mitigation of health problems and hazards. This includes disease-specific procedures for follow-up and reporting during outbreaks. To "maintain" means that the department keeps the protocols up-to-date. The protocols must address mitigation, contact management, clinical management, use of prophylaxis and emergency biologics, communication with the public health laboratory, and the process for exercising legal authority for disease control. These protocols may be in a single document or be comprised of many separate documents.	**Standard 5 – Foodborne Illness and Emergency Preparedness and Response** In order to achieve conformance with Standard 5, an LHD must establish written procedures to address containment/mitigation of public health problems and environmental public health hazards. These include the following: • Program procedures describe the disposition, action, or follow-up and reporting required for each type of complaint or referral report. • Program procedures require disposition, action, or follow-up on each complaint or referral report alleging food-related illness or injury within 24 hours. • The program has established procedures and guidance for collecting information on the suspect food's preparation, storage, or handling during on-site investigations of food-related illness, food-related injury, or outbreak investigations. • Program procedures provide guidance for immediate notification of appropriate law enforcement agencies if at any time intentional food contamination is suspected. • Program procedures provide guidance for the notification of appropriate state and federal agencies when a complaint involves a product that originated outside the agency's LHD or has been shipped interstate. This documentation may help the LHD meet the intent of Document 1 in 2.2.1 A.

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.		
PHAB Measure	**Alignment with PHAB Documentation**	**FDA Standard and Aligning Documentation**
2.3.1 A – Maintain provisions for 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	Aligns with Docs 1, 2, and 3 (see pg. 67). Doc 1: LHD must provide policies and procedures that outline how the LHD maintains 24/7 access to the support services in emergencies. Doc 2: LHD must provide a call down list that is used to contact epidemiological and environmental public health resources. Doc 3: LHD must provide a list and description of contracts, MOA/MOUs, or mutual assistance agreements that define access to resources to assist in 24/7 capacity for emergency response.	**Standard 5 – Foodborne Illness and Emergency Preparedness and Response** In order to achieve conformance with Standard 5, an LHD must establish procedures that require disposition, action, or follow-up on each complaint or referral report alleging food-related illness or injury within 24 hours. This documentation may help the LHD meet the intent of Document 1 in 2.3.1 A. Additionally, the LHD must establish and maintain contact lists for individuals, departments, and agencies that may be involved in the investigation of foodborne illness, food-related injury, or food contamination. This documentation may help the LHD meet the intent of Document 2 in 2.3.1 A. Furthermore, an LHD must have a letter of understanding, written procedures, contract, or MOU acknowledging that a laboratory(s) is willing and able to provide analytical support to the LHD's food program. The documentation describes the type of biological, chemical, and radiological contaminants and other food adulterants that can be identified by the laboratory. The laboratory should be able to conduct environmental sample analysis, food sample analysis, and clinical sample analysis Additionally, the LHD must maintain a list of alternative laboratory contacts from which assistance could be sought in the event that a food-related occurs. This documentation may help the LHD meet the intent of Document 3 in 2.3.1 A.

PHAB Measure	Alignment with PHAB Documentation	FDA Standard and Aligning Documentation
2.3.2 A – Maintain 24/7 access to laboratory resources capable of providing rapid detection, investigation and containment of health problems and environmental public health hazards	Aligns with Docs 1 and 2 (see pg. 68-69). Doc 1: LHD must provide documentation of laboratory capacity. Laboratory capacity may be within the health department, may be provided by reference laboratories, or a combination of both internal and external support. The health department must provide documentation that the laboratory has accreditation, certification, and licensure appropriate for all the testing that it performs (i.e., CLIA License, EPA Drinking Water Certification, FDA Certification for Milk Testing, etc.). Doc 2: LHD must provide policies and procedures that assure 24/7 laboratory coverage. These policies and procedures may be contained in the All Hazards Emergency Operations Plan or may be separate policies and procedures. These resources may be within the department, or the department can have agreements with other agencies, individual contractors, or a combination in order to be responsive 24/7. Contracts, MOAs/MOUs, or mutual assistance agreements that the department has with other public and private laboratories to provide support services may be provided.	**Standard 5 – Foodborne Illness and Emergency Preparedness and Response** In order to achieve conformance with Standard 5, an LHD must have a letter of understanding, written procedures, contract, or MOU acknowledging that a laboratory(s) is willing and able to provide analytical support to the LHD's food program. The documentation describes the type of biological, chemical, and radiological contaminants and other food adulterants that can be identified by the laboratory. The laboratory should be able to conduct environmental sample analysis, food sample analysis and clinical sample analysis Additionally, the LHD must maintain a list of alternative laboratory contacts from which assistance could be sought in the event that a food-related emergency exceeds the capability of the primary support lab(s) listed in paragraph 3.a. This list should also identify potential sources of laboratory support such as the FDA, the U.S. Department of Agriculture, the CDC, or environmental laboratories for specific analysis that cannot be performed by the LHD's primary laboratory(s). The documentation described above may help the LHD meet the intent of Document 1 and 2 in 2.3.2 A.

PHAB Measure	Alignment with PHAB Documentation	FDA Standard and Aligning Documentation
2.3.4 A – Demonstrate that Tribal, state, and local health departments work together 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.	Aligns with Doc 1 (see pg. 72-73). Doc 1: LHDs must provide policies, procedure, or MOUs that demonstrate plans to communicate and collaborate in addressing public health problems and environmental public health hazards.	**Standard 5 – Foodborne Illness and Emergency Preparedness and Response** In order to achieve conformance with Standard 5, LHDs must establish a procedure to address the trace-back of foods implicated in an illness, outbreak, or intentional food contamination. The trace-back procedure provides for the coordinated involvement of all appropriate agencies and identifies a coordinator to guide the investigation. Trace-back reports are shared with all agencies involved and with the CDC.
2.3.4 A – Demonstrate that Tribal, state, and local health departments work together 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.	Theoretical alignment exists here because the intent of the PHAB measures is for agencies to work together	**Standard 8 – Program Support and Resources** Additional capacity and resources to support Standard 5 can also be used to support Standard 8.

Standard 2.4: Maintain a plan with policies and procedures for urgent and non-urgent communications.		
PHAB Measure	**Alignment with PHAB Documentation**	**FDA Standard and Aligning Documentation**
2.4.1 A – Maintain written protocols for urgent 24/7 communications.	Aligns with Doc 1 (see pg. 75-76). Doc 1: Written communication protocols that provide a means for the LHD to contact health care providers, response partners, the media, and others, 24/7. The protocol must include the contact information, such as phone numbers, email addresses, and website addresses for relevant partners. LHD must have duplicative means to get in touch with partners.	**Standard 5 – Foodborne Illness and Emergency Preparedness and Response** In order to achieve conformance with Standard 5, an LHD must establish contact lists for individuals, departments, and agencies that may be involved in the investigation of foodborne illness, food-related injury, or food contamination. The LHD must also have procedures for contacting law enforcement in the event that intentional contamination is suspected, or for contacting other state and federal agencies when there are complaints about products outside the LHD's control. This documentation may help the LHD meet the intent of Document 1 in 2.4.1 A. Additionally, Standard 5 requires program procedures that require disposition, action, or follow-up on each complaint or referral report alleging food-related illness or injury within 24 hours. This documentation may include information that meets the intent of Document 1 in 2.4.1 A.
2.4.3 A – Provide timely communication to the general public during public health emergencies.	Aligns with Docs 1 and 2 (see pg. 79-80). Doc 1: LHD must provide two examples that demonstrate how it has communicated with and provided information to the public. The information should be accurate, accessible, and actionable. Doc 2: LHD must provide two examples of using the media to communicate information to the public during a public health emergency. Examples could include: a press conference, media packets, press release, public service announcement, or video of a televised interview. Documents must be dated. The measure deals with public health emergencies and the documentation must demonstrate timely communication with the media during an emergency.	**Standard 5 – Foodborne Illness and Emergency Preparedness and Response** In order to achieve conformance with Standard 5, an LHD must establish a written policy or procedure that defines a protocol for providing information to the public regarding a foodborne illness outbreak or food safety emergency. The policy or procedure should address coordination and cooperation with other agencies involved in the investigation. A media person is designated in the protocol; however, no time frames are stipulated. This documentation may help the LHD meet the intent of Document 1 and 2 in 2.4.3 A.

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

Standard 3.1: Provide health education and health promotion policies, programs, processes, and interventions to support prevention and wellness.		
PHAB Measure	**Alignment with PHAB Documentation**	**FDA Standard and Aligning Documentation**
3.1.1 A – Provide information to the public on protecting their health.	Aligns with Doc 1 (see pg. 85-87). Doc 1: LHD must provide two examples of information that it has shared with the public to address the listed message areas (health risks, health behaviors, prevention, or wellness).	**Standard 7 – Industry and Community Relations** In order to achieve conformance with Standard 7, the LHD must conduct education outreach activities and retain documentation of these activities. As a result, an LHD may have documentation showing that they conducted educational outreach for consumers, school children, high school students, and others on various food safety topics (such as cooking meat and poultry thoroughly, hand-washing, etc.).This documentation may help the LHD meet the intent of Document 1 in 3.1.1 A.
Standard 3.2: Provide information on public health issues and public health functions through multiple methods to a variety of audiences.		
PHAB Measure	**Alignment with PHAB Documentation**	**FDA Standard and Aligning Documentation**
3.2.3 A – Maintain written risk communication plan	Aligns with Doc 1 (see pg. 94-95). Doc 1: LHD must provide a copy of the risk communication plan, protocol, or procedures. The plan must provide protocols for how information is provided for a given situation, delineate roles and responsibilities, and describe how the LHD will work with the media.	**Standard 5 – Foodborne Illness and Emergency Preparedness and Response (Part 6 – Media Management)** Standard 5 requires the LHD to have a written policy or procedure that defines a protocol for providing information to the public regarding a foodborne illness outbreak or food safety emergency. The policy or procedure should address coordination and cooperation with other agencies involved in the investigation. A media person is designated in the protocol. This documentation may help the LHD meet the intent of Document 1 in 3.2.3 A.

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 public health problems through collaborative processes.		
PHAB Measure	**Alignment with PHAB Documentation**	**FDA Standard and Aligning Documentation**
4.1.1 A – Establish and/or actively participate in partnerships and/or coalitions to address specific public health issues or populations	Aligns with Docs 1, 2, and 3 (see pg. 102-103). Doc 1: LHD must provide two examples of current collaborations in which it is an active member. Each collaboration must address a particular public health issue or population. Doc 2: LHD must provide a list of the participating partner organizations in the two collaborations referenced in 1 above. Doc 3: LHD must provide a description of the process, protocol, steps taken, or strategies employed to engage with and mobilize the community.	**Standard 7 – Industry and Community Relations** In order to achieve conformance with Standard 7, the LHD must sponsor or participate in meetings with industry and consumers. Documentation of these meetings must be provided with the self-assessment documentation. This documentation may help the LHD meet the intent of Document 1, 2, and 3 in 4.1.1 A. Standard 7 also requires documentation that the meetings and interactions occurred. The Standard requires documentation of at least one meeting or interaction per year. This documentation may help the LHD meet the intent of Document 1, 2, and 3 in 4.1.1 A.
Standard 4.2: Promote the community's understanding of and support for policies and strategies that will improve the public's health.		
PHAB Measure	**Alignment with PHAB Documentation**	**FDA Standard and Aligning Documentation**
4.2.1 A – Engage with the community about policies and/or strategies that will promote the public's health	Aligns with Doc 1 (see pg. 108). Doc 1: LHD must submit two examples that demonstrate the engagement with a particular population that will be affected by a policy or strategy. Example documents include minutes of a town hall meeting or public hearing, etc.	**Standard 7 – Industry and Community Relations** In order to achieve conformance with Standard 7, an LHD must sponsor or participate in meetings with industry and consumers and perform educational outreach. This Standard provides flexibility with respect to the type of meetings. LHDs that meet with specific segments of the population that may be impacted by a specific rule or regulation can include this in their Standard 7 documentation. This documentation may help the LHD meet the intent of Document 1 in 4.2.1 A.

Domain 6: Enforce public health laws

Standard 6.1: Review existing laws and work with governing entities and elected/appointed officials to update as needed.		
PHAB Measure	**Alignment with PHAB Documentation**	**FDA Standard and Aligning Documentation**
6.1.1 A – Review laws to determine the need for revisions	Aligns with Doc 1c (see pg. 148-150). Doc 1: LHD must document its evaluation of two laws within the last three years. The reviews may be documented by meeting minutes, reports, presentations, memos, or some other record of the discussion of the review and findings. They may also be in the form of policy agendas, position papers, white papers, and legislative briefs, including recommendations for amendments. Reviews may be of a law that the health department enforces or of a law that the health department has no legal authority to enforce, but that has implications for the health of the public in the jurisdiction of the health department. The documentation may address the review of enforcement protocols and/or adherence to protocols and not of a law itself. Health departments must provide documentation that: c) Demonstrates evidence that input was sought from key partners and stakeholders through, for example, public notice, town forums, meetings, hearings, or request for input on the health department's web page.	**Standard 7 – Industry and Community Relations** PHAB Domain 6 requires the LHD to show that they solicited input from key stakeholders on proposed laws. In order to achieve conformance with Standard 7, an LHD must sponsor or participate in meetings with industry and consumers. Many LHDs already hold public meetings and/or request public comments on proposed regulations. This documentation would likely be retained by an LHD attempting to meet Standard 7. This documentation may help the LHD meet the intent of Document 1 in 6.1.1 A.

Standard 6.2: Educate individuals and organizations on the meaning, purpose, and benefit of public health laws and how to comply.		
PHAB Measure	**Alignment with PHAB Documentation**	**FDA Standard and Aligning Documentation**
6.2.1 A – Maintain agency knowledge and apply public health laws in a consistent manner	Aligns with Docs 1 and 2 (see pg. 154-155). Doc 1: LHD must document that the staff are trained in laws that support public health interventions and practice. The training agenda is not specified and can include both general and specific aspects of public health law. Staff must be trained on the specific aspects of the law for which they are programmatically responsible. For example, a communicable disease nurse should be trained on the law that addresses communicable disease reporting; he or she would not be required to know specific elements on public water laws. The training must have been provided to staff within the prior two years. Documentation could be training agendas, minutes of training meetings, HR lists of personnel trained and the date of the training, or links to online training required for staff completion and documentation that it was completed. Doc 2: LHD must document its efforts to ensure consistent application of public health laws. Documentation might include: internal audits, enforcement documents or logs, written review of case reports, reports or minutes of meetings with other agencies or entities that enforce laws, communications with other agencies or entities on the importance of consistent application of laws.	**Standard 2 – Trained Regulatory Staff** In order to achieve conformance with Standard 2, the LHD must document continuing education for retail food regulatory program staff. The self-assessment worksheet documents may be sufficient to help the LHD meet the intent of Document 1 in 6.2.1 A. Additionally, many LHDs may maintain continuing education records in order to support their work with Standard 2. These records may also help the LHD meet the intent of Document 1 in 6.2.1 A. Standard 2 also requires the LHD to provide documentation of a training plan for Food Safety Inspection Officers. This documentation could be used to help meet the intent of Document 2 in 6.2.1 A. Obtainment of continuing education units (CEUs) could also be used to support documentation for this domain.

PHAB Measure	Alignment with PHAB Documentation	FDA Standard and Aligning Documentation
6.2.1 A – Maintain agency knowledge and apply public health laws in a consistent manner	Aligns with Doc 2 (see pg. 154-155). Doc 2: LHD must document its efforts to ensure consistent application of public health laws. Documentation might include: internal audits, enforcement documents or logs, written review of case reports, reports or minutes of meetings with other agencies or entities that enforce laws, communications with other agencies or entities on the importance of consistent application of laws.	**Standard 4 – Uniform Inspection Program** In order to achieve conformance with Standard 4, an LHD must implement and document a quality assurance program based on the criteria in Standard 4. This documentation could be used to support this domain, especially if the program is actively conducting quality assurance and maintaining records of the process. Note that Standard 4 uses term 'uniformity' instead of consistency, but the intent is the same. The internal statistical analysis serves as an internal audit for inspection activities.
6.2.1 A – Maintain agency knowledge and apply public health laws in a consistent manner	Aligns with Doc 2 (see pg. 154-155). Doc 2: LHD must document its efforts to ensure consistent application of public health laws. Documentation might include: internal audits, enforcement documents or logs, written review of case reports, reports or minutes of meetings with other agencies or entities that enforce laws, communications with other agencies or entities on the importance of consistent application of laws.	**Standard 3 – Inspection Program Based on HACCP Principles** In order to achieve conformance with Standard 3, the LHD must develop and maintain documentation of the following: • A standard inspection form helps to ensure uniformity/consistency in application of regulations. • Having a variance review policy and a HACCP review policy helps to ensure that variance/HACCP standards are applied consistently across the regulated community. • A policy for on-site correction and follow-up activities helps to ensure uniformity and consistency in application of the regulations. This documentation may help the LHD meet the intent of Document 2 in 6.2.1 A.
6.2.1 A – Maintain agency knowledge and apply public health laws in a consistent manner	Aligns with Doc 2 (see pg. 154-155). Doc 2: LHD must document its efforts to ensure consistent application of public health laws. Documentation might include: internal audits, enforcement documents or logs, written review of case reports, reports or minutes of meetings with other agencies or entities that enforce laws, communications with other agencies or entities on the importance of consistent application of laws.	**Standard 6 - Compliance and Enforcement** In order to achieve conformance with Standard 6, an LHD must develop and maintain documentation of written, step-by-step procedures for compliance and enforcement. The availability of these procedures, coupled with any documentation that staff has been trained to these procedures (e.g., Standard 2 documentation) may help the LHD meet the intent of Document 2 in 6.2.1 A.

PHAB Measure	Alignment with PHAB Documentation	FDA Standard and Aligning Documentation
Measure 6.2.3 A – Provide information or education to regulated entities regarding their responsibilities and methods to achieve full compliance with public health related laws	Aligns with Doc 1 (see pg. 157). Doc 1: LHD must submit a written record that it has provided information to regulated individuals or entities about their responsibilities related to public health laws. This may be a targeted group, such as public schools that are responsible for enforcing immunization requirements of their students, tracking immunization records, and reporting the vaccination records or lack of records; or, it may be the entire population, who are a regulated entity in regard to the immunization law and their responsibility for having their children vaccinated.	**Standard 7 – Industry and Community Relations** To achieve conformance with Standard 7, an LHD must conduct educational outreach activities. Such activities may include public meetings prior to adoption of the Food Code to discuss new changes and compliance with the new changes. Following adoption, many LHDs may hold public meetings and trainings to talk to the industry about compliance with changes to the Food Code. Standard 7 requires LHDs to retain documentation of these educational outreach activities. This documentation may help the LHD meet the intent of Document 1 in 6.2.3 A.

Standard 6.3: Conduct and monitor public health enforcement activities and coordinate notification of violations among appropriate agencies.		
PHAB Measure	**Alignment with PHAB Documentation**	**FDA Standard and Aligning Documentation**
6.3.1 A – Maintain current written procedures and protocols for conducting enforcement actions	Aligns with Doc 1 (see pg. 159-160). Doc 1: LHD must provide the documentation of authority to conduct enforcement activities. Two examples are required. The health department may select the areas or programs. This authority may be located in a state or local code, MOU, letter of agreement, contract, legislative action, executive order, ordinance, or rules/regulations. In some cases, the health department may have little or no authority to conduct enforcement actions. In those cases, the department should be coordinating and sharing information with agencies that do have public health related enforcement authority. In those cases, the health department must provide documentation of the authority of the other entity that conducts enforcement.	**Standard 1 – Regulatory Foundation** As part of the self-assessment process, the LHD must review a copy of the statute, regulation, rule, ordinance, or other prevailing set of regulatory requirements that govern the operation of a retail food establishment. The statute, regulation, rule, or ordinance may include a section outlining the regulatory authority's ability to conduct enforcement activities. This documentation may help the LHD meet the intent of Document 1 in 6.3.1 A.
Measure 6.3.1 A – Maintain current written procedures and protocols for conducting enforcement actions	Aligns with Doc 2 (see pg. 159-160). Doc 2: LHD must provide copies of two procedures, protocols or processes, such as decision trees, for two enforcement program areas. One of the examples should address communicable disease. Where the LHD does not conduct public health enforcement actions, the protocols used by the enforcement agency should be provided and should demonstrate cooperation between the enforcement agency and the LHD.	**Standard 6 – Compliance and Enforcement** Standard 6 requires LHDs to include a written step-by-step procedure that describes how compliance and enforcement tools are to be used to achieve compliance. This documentation may help the LHD meet the intent of Document 2 in 6.3.1 A.

6.3.2 A – Conduct and monitor inspection activities of regulated entities according to mandated frequency and/or a risk analysis method that guides the frequency and scheduling of inspections of regulated entities	Aligns with Doc 1 (see pg. 161). Doc 1: LHD must provide the schedule for inspections for two programs. The LHD may select the areas or programs. The selected schedules should be, but may not be, in programs where the LHD has authority to conduct an inspection of the regulated entity. In some cases, these schedules are mandated. In other cases, the department may provide a protocol or an algorithm for scheduling inspections. For example, rules requiring restaurant inspections on a specified schedule or a schedule for return inspections after a violation may be submitted. These may be documents provided by another agency that has enforcement responsibilities.	**Standard 1 – Regulatory Foundation** As part of the self-assessment process, the LHD must review a copy of the statute, regulation, rule, ordinance, or other prevailing set of regulatory requirements that govern the operation of a retail food establishment. In some enrolled LHDs, this document may codify the minimum inspection frequency for all facilities. Therefore the documentation associated with this criterion may help the LHD to meet the intent of Document 1 in 6.3.2. A.
6.3.2 A – Conduct and monitor inspection activities of regulated entities according to mandated frequency and/or a risk analysis method that guides the frequency and scheduling of inspections of regulated entities	Aligns with Doc 1 (see pg. 161). Doc 1: LHD must provide the schedule for inspections for two programs. The LHD may select the areas or programs. The selected schedules should be, but may not be, in programs where the LHD has authority to conduct an inspection of the regulated entity. In some cases, these schedules are mandated. In other cases, the department may provide a protocol or an algorithm for scheduling inspections. For example, rules requiring restaurant inspections on a specified schedule or a schedule for return inspections after a violation may be submitted. These may be documents provided by another agency that has enforcement responsibilities.	**Standard 3 – Inspection Program Based on HACCP Principles** An LHD must establish written processes used for grouping establishments based on food safety risk and the inspection frequency assigned to each category. This documentation may help the LHD meet the intent of Document 1 in 6.3.2 A.
6.3.2 A – Conduct and monitor inspection activities of regulated entities according to mandated frequency and/or a risk analysis method that guides the frequency and scheduling of inspections of regulated entities	Aligns with Doc 1 (see pg. 161). Doc 1: LHD must provide the schedule for inspections for two programs. The LHD may select the areas or programs. The selected schedules should be, but may not be, in programs where the LHD has authority to conduct an inspection of the regulated entity. In some cases, these schedules are mandated. In other cases, the department may provide a protocol or an algorithm for scheduling inspections. For example, rules requiring restaurant inspections on a specified schedule or a schedule for return inspections after a violation may be submitted. These may be documents provided by another agency that has enforcement responsibilities.	**Standard 6 – Compliance and Enforcement** An LHD may establish compliance and enforcement policies that adjust the frequency of inspection based on compliance or enforcement issues. If this is established as part of the written policies for compliance and enforcement, then this Standard 6 documentation may help the LHD meet the intent of Document 1 in 6.3.2 A.

6.3.3 A – Follow procedures and protocols for both routine and emergency situations requiring enforcement activities and complaint follow-up	Aligns with Doc 1 (see pg. 163-164). Doc 1: LHD must document actions taken through investigations or follow-up of complaints, as well as analysis of the situation and standards for follow-up. Documentation must be provided for two programs. The LHD may select the areas or programs. The standards for follow-up may be within the procedure and protocols and do not have to be a part of the log. If separate, the standards must be included with the database or log for the documentation).	**Standard 6 – Compliance and Enforcement** In order to achieve conformance with Standard 6, an enrollee must establish a written policy to describe how compliance and enforcement tools are used to achieve compliance. Additionally, the enrollee must randomly sample establishment files to show that at least 80 percent of sampled establishments meet the following conditions: a. The inspection and enforcement staff takes compliance and enforcement action according to the procedure (i.e., the staff follow the step-by-step compliance and enforcement procedures when violations occur); and b. Resolution was successfully achieved for all out-of-control risk factors or interventions that were recorded on the selected routine inspection. This documentation may help an LHD to meet the intent of Document 1 in 6.3.3 A.

6.3.5 A – Coordinate notification of violations to the public, when required, and coordinate the sharing of information among appropriate agencies about enforcement activities, follow-up activities, and trends or patterns	Aligns with Doc 1, 2, and 3, (see pg. 167-168). Doc 1: LHD must provide a communication protocol for interagency notifications. The protocol may be part of multiple communication protocols concerning the sharing of information or it may be a single protocol that covers all aspects of notifying other agencies related to enforcement actions. Doc 2: LHD must provide a protocol for notifying the public. If there are laws that require public notification, the reference must be submitted. Doc 3: LHD must provide two examples of notification of enforcement actions. Notification can be through a variety of methods, including: posting on a website, minutes from public meetings, conference calls, emails, correspondence, press release, public presentation, reports, and MOUs and MOAs with other agencies that demonstrate sharing information on enforcement activities. The two examples must be from two different enforcement programs.	**Standard 5 – Foodborne Illness and Emergency Preparedness and Response** In order to achieve conformance with Standard 5, an enrollee must establish program procedures for notification of law enforcement agencies (in the event that intentional contamination is suspected) and the appropriate state or federal agencies when a complaint involves a product that originated outside the agency's LHD. This documentation may help an LHD meet the intent of Document 1 in 6.3.5 A. In order to achieve conformance with Standard 5, an LHD must also establish a written policy or procedure that defines a protocol for providing information to the public regarding foodborne illness outbreaks or a food safety emergency. This documentation may help an LHD meet the intent of Document 2 in 6.3.5 A. In order to achieve conformance with Standard 5, an LHD must establish written procedures addressing recalls and trace-backs of food. If the written procedures include protocols for public notification, then this documentation may help an LHD to meet the intent of Document 3 in 6.3.5 A.

Domain 8: Maintain a competent public health workforce

Standard 8.2: Assess staff competencies and address gaps by enabling organizational and individual training and development opportunities.		
PHAB Measure	**Alignment with PHAB Documentation**	**FDA Standard and Aligning Documentation**
8.2.1 A – Maintain, implement and assess the health department workforce development plan that addresses the training needs of the staff and the development of core competencies	Docs 1 and 2 (see pg. 187) partially aligns with Standard 2, if the LHD's workforce development plan includes Standard 2 and associated Standard trainings. The workforce development plan submitted to PHAB will need to include trainings other than those associated with the Standard. Doc 1: LHD is required to submit annually updated workforce development plans, training schedules and description of the material or topics to be addressed in the training curricula. Doc 2: LHD is required to submit two examples of implementing the workforce development plan such as training curricula to address and identified gap, staff attendance at state or national conferences, and staff attendance at training/educational sessions provided by other organizations related to their area of work.	**Standard 2 – Trained Regulatory Staff** In order to achieve conformance with Standard 2, LHDs must ensure that their Food Safety Inspection Officers complete the necessary curricula and training schedules, as outlined in Standard 2. Additionally, enrolled LHDs must provide documentation that these training activities occurred as part of meeting Standard 2. The required curricula and training schedules in Standard 2, along with documentation of these activities may help the LHD meet the intent of Document 1 and 2 in 8.2.1 A.

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.		
PHAB Measure	**Alignment with PHAB Documentation**	**FDA Standard and Aligning Documentation**
10.1.1 A – Identify and use applicable evidence-based and/or promising practices when implementing new or revised processes, programs and/or interventions	Aligns with Doc 1a and 1b (see pg. 209-210). Doc 1a: LHD must provide two examples of the incorporation of an evidence-based or promising practice in a public health process, program, or intervention. The examples must have occurred within the previous three years. Doc 1b: LHD must provide a description of how the evidence-based or promising practice identified in (a) above was incorporated into the design of a new or revised process, program, or intervention. Documentation may be in the form of internal memos, annual reports, program descriptions in public information (reports, newsletters), or other program descriptions written by the department.	**Standard 1 – Regulatory Foundation** In order to achieve conformance with Standard 1, the LHD must use regulations that are reasonably similar to the FDA model Food Code. Standard 1 includes numerical criteria for determining if a set of regulations are similar to the FDA model Food Code. The provisions in the FDA model Food Code reflect FDA's current understanding of evidenced-based practices for the effective control of microbiological, chemical, and physical hazards in food facilities that can cause foodbome illness. Further information about the model Food Code can be found in the introduction and the preface. Additionally, a list of references used to support the model Food Code provisions can be found in Annex 2 of the FDA Food Code.

Standard 10.2: Promote understanding and use of the current body of research results, evaluations, and evidence-based practices with appropriate audiences.		
PHAB Measure	**Alignment with PHAB Documentation**	**FDA Standard and Aligning Documentation**
10.2.3 A – Communicate research findings, including public health implications	Aligns with Doc 1 (see pg. 216). Doc 1: LHD must provide two examples of communication through which the department conveyed research findings and their public health implications to stakeholders, other health departments, members of the public health system and non-public health system partners, and/or the public. Documentation could include: a presentation, prepared report, discussion at a meeting recorded in the minutes, web posting, email list serve, newspaper article, webinar, or press release. Appropriate audiences could include: the health department's governing entity; elected/appointed officials; agencies, departments, or organizations that collaborate with the health department in the delivery of services; community and healthcare partners; and the general public. Audiences would be especially appropriate if involved in or affected by the research. The research must have been evaluated by experts to provide valid implications. In any LHD distribution list of research findings, the Tribal and state health department(s) in the state must be included.	**Standard 3 – Inspection Program Based on HACCP Principles** In order to achieve conformance with Standard 3, an LHD must establish policies and procedures for addressing variance requests. These policies and procedures may include a protocol for notifying the appropriate stakeholders. As part of the self-assessment for Standard 3, the LHD must demonstrate that they followed their policies and procedures for variance reviews. Documentation may contain a letter to stakeholders describing the outcome of the review process. This documentation may help the LHD meet the intent of Document 1 in 10.2.3 A.

Domain 12: Maintain capacity to engage the public health governing entity

Standard 12.1: Maintain current operational definitions and statements of public health roles, responsibilities, and authorities.		
PHAB Measure	**Alignment with PHAB Documentation**	**FDA Standard and Aligning Documentation**
12.1.1 A – Provide mandated public health operations, programs, and services	Aligns with Doc 1 (see pg. 244-245). Doc 1: LHD must provide a copy of the body of law (statutes, rules, regulations, ordinances) that sets forth its mandated public health operations, programs, and services or a listing of mandated public health services and the reference to the legal citation. LHD must have copies or access to the laws and regulations available to the site visit team.	**Standard 1 – Regulatory Foundation** As part of the self-assessment process for Standard 1, the LHD must review a copy of the statute, regulation, rule, ordinance, or other prevailing set of regulatory requirements that govern the operation of a retail food establishment. The statute, regulation, rule, or ordinance would likely include a section documenting the authority of the regulatory authority to conduct public health activities.
12.1.2 A – Maintain current operational definitions and/or statements of the public health governing entity's roles and responsibilities	Aligns with Doc 1 (see pg. 246). Doc 1: LHD must provide a written description of its governing entity's authority. Documentation could be a copy of the body of law (statutes, rules, regulations, ordinances) that sets forth the mandated authority, or a description of the authority and the reference to the legal citation.	**Standard 1 – Regulatory Foundation** As part of the self-assessment process for Standard 1, the LHD must review a copy of the statute, regulation, rule, ordinance, or other prevailing set of regulatory requirements that govern the operation of a retail food establishment. The statute, regulation, rule, or ordinance would likely include a section documenting the authority of the regulatory authority.

Standard 12.3: Encourage the governing entity's engagement in the public health department's overall obligations and responsibilities.		
PHAB Measure	**Alignment with PHAB Documentation**	**FDA Standard and Aligning Documentation**
12.3.1 A – Provide the governing entity with information about important public health issues facing the health department and/or the recent actions of the health department	Aligns with Doc 1 (see pg. 251). Doc 1: LHD must provide two examples of information exchange between the LHD and the governing entity. Communication exchanges include discussions or dialogue with the governing entity regarding public health issues. These could be demonstrated through reports, testimonies, formal meeting minutes, meeting summaries, program updates, reports on identified public health hazards, community health assessment findings, community dashboards, outbreak and response efforts, annual statistical reports, or other written correspondence (memos, emails), and other informal approaches.	**Standard 7 – Industry and Community Relations** In order to achieve conformance with Standard 7, an LHD must sponsor or participate in meetings such as food safety task forces, advisory boards, or advisory committees. The LHD must maintain quality records, such as minutes, agendas, or other records to show that these meetings were conducted. Although not explicitly required by Standard 7, many LHDs invite officials from the governing entity to these meetings, during which important food safety issues may be discussed. Amending the meeting minutes or agendas to reflect the attendance of officials from the governing entity would exceed what is required by the Standard, but help the LHD meet the intent of Document 1 in 12.3.1 A.