

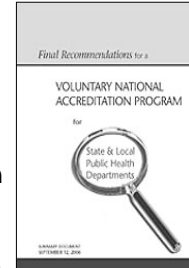
## Public Health Accreditation Board



*Helping raise the standard  
for public health.*

## A Rising Tide...

- CDC's Future Initiatives
- “Future of the Public’s Health” in the 21st Century (IOM)
- Statewide Accreditation Programs
- Exploring Accreditation



## Credentialing and Accreditation

- Credentialing is a concept that applies to individuals who seek public health certification.
- Accreditation is a concept of validating performance improvement that applies to state, local, tribal, and territorial health departments.

## Voluntary Accreditation Goal

The goal of a voluntary national accreditation program is to improve and protect the health of the public by advancing the quality and performance of state and local public health departments.

Exploring Accreditation Final Report, p. 4

## PHAB Board of Directors

- Rex Archer (MO)
- Kaye Bender (MS)
- Shepard Cohen (MA)
- Leah Devlin (NC)
- Fernando A. Guerra (TX)
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## PHAB Board of Directors

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- Carol Moehrle (ID)
- Judy Monroe (IN)
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## PHAB Board of Directors

Ex-officio

- Georges Benjamin, APHA
- Marie Fallon, NALBOH
- Paul Jarris, ASTHO
- Pat Libbey, NACCHO

## Funding Partners

- Centers for Disease Control and Prevention
- Robert Wood Johnson Foundation

## Eligible Applicants

Any governmental entity with primary legal responsibility for public health in a state, territory, tribe, or at the local level:

- State Health Departments
- Local Health Departments
- Tribal Health Departments
- Territorial Health Departments

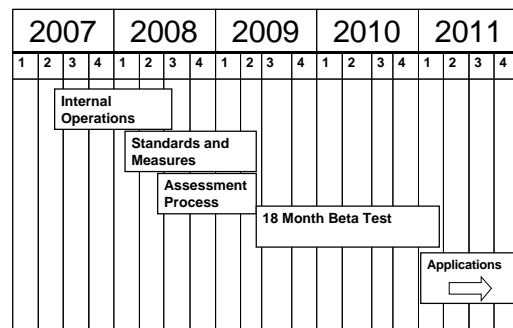
## Developmental Work

- Standards Workgroup
- Assessment Process Workgroup
- Beta test
- Equivalency Recognition Workgroup

## Developmental Work

- Research and Evaluation Committee
- Fees & Incentives Workgroup
- Marketing and Communication

## PHAB Timeline



### **Standards Development Workgroup**

- Workgroup comprises state and local health department leaders and BOH members
- Collaborative, consensus, iterative process
- Facilitated by consultant with standards development expertise

### **Standards and Measures Development**

- Standards for all health departments
- Measures specific to local and state health departments
- Guidance for documentation and demonstration of department performance on meeting standards and measures
- Scoring and weighting methodology

### **Standards and Measures: Principles**

- Advance the collective practice
- Keep them simple and reduce redundancy
- Be sensitive to burden of preparation and review

### **Standards and Measures: Principles**

- Mutually reinforce the roles of local and state health departments and demonstrate their shared accountability
- Applicable to all sizes and all forms of governance structure
- Based on American National Standards Institute principles

### **Principles continued**

- Based on a body of existing work
  - Essential PH Services
  - NACCHO Operational Definition
  - National Public Health Performance Standards Program
  - State Experiences
  - ASTHO Survey Data
- Essentially all of the concepts in the Operational Definition and NPHPSP have been incorporated

### **Standards Development Timeline**

- Draft standards and measures developed by workgroups  
Feb 2008 - Feb 2009
- Alpha test/desk review - Oct 2008 - Nov 2009
- Public vetting - Feb 2009 - April 2009

## **Standards Development Timeline**

- Revised based on feedback  
April 2009 - July 2009
- PHAB Board approval - June 2009
- Beta testing - July 2009 - Nov. 2010

## **Standards Vetting**

- Why?
  - Improve standards and measures
- What?
  - Standards, measures and scoring
- How?
  - Through a variety of online and in-person opportunities

## **Standards Vetting**

- When?
  - February-April 2009

We need to hear from YOU to make these credible and reflective of public health practice!

## **Substantial Equivalency Recognition**

SER would allow LHDs accredited by state-based programs to be recognized as 'substantially equivalent' to PHAB accreditation

## **Substantial Equivalency Recognition**

- Develop guidelines and principles for the evaluation of state-based accreditation programs so that equivalency to the national accreditation program can be determined
- Acknowledge states with existing programs

## **Substantial Equivalency Recognition**

- Not a grandfathering process
- Recognizes programs that conform to the national program
- Not "PHAB accreditation," but eligible for same benefits
- Professional Accreditation Consultant

## **Assessment Process Workgroup**

- Determine how to evaluate whether a health department has achieved accreditation status
- Determine how health departments can appeal decisions
- Professional Accreditation Consultant

## **Assessment Process**

Process to include:

- Readiness Review
- Application Form
- Self-assessment
- Site Visit

## **Assessment Process**

Process to include:

- Findings and Recommendations Report
- Final Determination
- Appeals Process
- Maintenance of Performance
- Re-accreditation

## **Assessment Process: Principles**

- The assessment process should reduce anxiety and increase comfort for the applicant
  - Training, technical assistance, and informational materials on the accreditation process (mechanics) will be provided to applicants by PHAB

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## **Assessment Process: Principles**

- The assessment process should reduce anxiety and increase comfort for the applicant
  - All applicants will be required to participate in PHAB training on the application process

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## **Research and Evaluation Committee**

- Develop a plan for evaluating the assessment processes and identifying research that would improve the standards-setting and accreditation program
- Review standards and measures for validity and reliability

## **Research and Evaluation Committee**

- Provide consultation on data collection and interface with accreditation tracking and application online system

## **Financing**

- Workgroup on fees and incentives
- Affordability of fees critical to success
- Accreditation process should be designed with cost controls in mind

## **Benefits of Accreditation**

- Accountability
- Identifies areas for improvement
- Highlights LHD strengths
- Credibility

## **Benefits of Accreditation**

- Promotes sharing best practices
- Improves understanding of public health
- Provides team-building opportunity for staff
- Improves staff understanding of co-worker function and roles

## **Incentives**

- Workgroup on Fees and Incentives
- Uniformly positive
- Participate in learning community
- Informed by UNC research
- Possible tangible incentives
  - Improved access to funding
  - Grants application requirements
  - Grants reporting requirements

## **Incentives Research**

Important to State HDs

- Financial Incentives
  - Accredited Agencies
  - Agencies Applying for Accreditation
- Infrastructure and Quality Improvement
- Grants Administration
- Grants Application

## **Incentives Research**

**Important to Local HDs**

- **Financial Incentives**
  - **Agencies Considering Accreditation**
  - **Accredited Agencies**
- **Infrastructure and Quality Improvement**
- **Technical Assistance and Training**

## **Incentives Underway**

- **Infrastructure and Quality Improvement**
- **Technical Assistance and Training**

## **Incentives to be Developed**

- **Financial Incentives**
- **Grants Administration**
- **Grants Application**

## **Areas for Further Exploration**

- **Incentives thresholds**
- **Incentives from States to Locals**
- **Providing incentives**
  - **Menu**
  - **Sequencing**

## **Your Next Steps.....**

- **Review Exploring Accreditation Final Recommendations**
- **Visit [www.phaboard.org](http://www.phaboard.org) often for updates**
- **Convene key “thought leaders” to discuss next steps in your agency**

## **Your Next Steps.....**

- **Work with your association**
  - **ASTHO, NACCHO, NALBOH**
- **Employ the National Public Health Performance Standards**
- **Employ NACCHO’s Operational Definition for Local Health Departments**

**Multi-State Learning  
Collaborative III  
Lead States in Public Health  
Quality Improvement**

**Project Purpose**

- Prepare states/locals for accreditation
- Incorporate quality improvement practice into public health systems
- Inform the national accreditation program
- Promote collaborative learning across states and partners
- Expand the knowledge base in public health

**Project Support**

Funded by RWJF  
Three Rounds of Funding  
MLC I, II, III  
MLC III is for 3 years  
\$150,000 per year

**Project Support**

Collaboration with national partners  
Managed by NNPHI and PHLS



Membership organization that promotes the development and sustainability of unique non-profit organizations that foster innovations in health.



- 26 member institutes in 24 states
- 19 emerging institutes in 15 states
- Based in New Orleans & Washington, DC





**Alumni society of graduates of public health leadership institutes.**

**Members of PHLS collaborate with national public health organizations to shape the future of public health. Coordinated by NNPHI**

## **MLCI**

**“Performance Assessment and Accreditation”**

- **5 states, 1 year**
- **Informed Exploring Accreditation**
- **Enhance state accreditation & assessment**
- **Real time laboratory demonstrating proof of accreditation concept**

## **MLC II**

**“Quality improvement in the context of Accreditation”**

- **10 states, 1 year**
- **Introduction of QI Training & Consultation**
- **Use of in-state collaboratives**
- **Increased reach to LHDs**
- **Linked to Accreditation progress**
- **Use of Storyboards**

## **Key Ingredients**

**Frank and Open Discussion:**

**“Trust and willingness to be open, to let others see what you do – good and bad...”**

## **Key Ingredients**

**Peer Networking:**

**“MLC-2 Meetings...have provided...the team with (an opportunity) to learn what other states are doing. It is nice to feel part of a bigger effort, to know what is possible.”**

## **Key Ingredients**

**Clear Goals:**

**“It helps to have common goals so that sharing becomes more relevant.”**

**Flexibility:**

**“There are benefits to having a variety of approaches within the 10 different states rather than doing exactly the same thing.”**

### **MLC III**

**“Lead States in Public Health Quality Improvement”**

- 16 states, 3 years
- Supporting PHAB
- Leading the way
- Bolstering QI capacity
- Institutionalizing QI in states and localities
- Showing progress on QI targets

### **States in the MLC**

- Florida
- Illinois
- Indiana
- Iowa
- Kansas
- Michigan
- Minnesota
- Missouri
- Montana
- New Hampshire
- New Jersey
- North Carolina
- Oklahoma
- South Carolina
- Wisconsin
- Washington

### **Goal**

- The goal of MLC-3 is to bring state and local practitioners and other stakeholders together in a community of practice that will:
  - Prepare local and state health departments for national accreditation

### **Goal**

- Contribute to the development of the national voluntary accreditation program
- Advance the application of quality improvement methods that result in specific, measurable improvements, and the institutionalization of quality improvement practice in public health departments

### **Prepare Local and State Health Departments for National Accreditation**

- Observations and learning from MLC 1 and MLC 2
- Learning from State Accreditation Efforts
- Learning PHAB’s process

### **Contribute to the Development of the National Voluntary Accreditation Program**

- Past history with Exploring Accreditation
- Participation on PHAB Committees and Workgroups
- Hear opportunities for contribution

### **Advance the Applications of Quality Improvement Methods**

- In-state collaboratives as a model to advance QI practice and uptake
  - Experience of MLC 2 states
  - Experience from health care
  - Wisdom from IHI with PH interpretation
- Focusing QI on identified targets

### **Targets Selected**

#### **CAPACITY/PROCESS**

- Community Health Profile
- Culturally appropriate services
- Health Improvement Planning
- Assure Competent Workforce
- Customer Service

### **Targets Selected**

#### **OUTCOME**

- Reduce the incidence of vaccine preventable disease
- Reduce preventable risk factors that predispose to chronic disease
- Reduce infant mortality rates

### **Targets Selected**

#### **OUTCOME**

- Reduce the burden of tobacco related illness
- Reduce the burden of alcohol related disease and injury

### **Michigan – Capacity Example**

- 4 local health departments conducted QI projects in MLC-2
- Ottawa: Addressing organizational leadership, planning, and communication

### **Michigan – Capacity Example**

- Berrien: Building media capacity
- Genessee: Building surveillance capacity
- Kent: Building capacity for outreach and education

## Ottawa County Health Department

- **QI Team:** OCHD Administrative Team
- **Aim:** Improve relationship between staff and leadership
- **Planning:** Conducted a variation of the Baldrige Organizational Assessment Survey

## Ottawa County Health Department

- **Identify and test solutions:**
  - Increase communication between leadership and staff
  - Finance 101
  - Provide leadership development

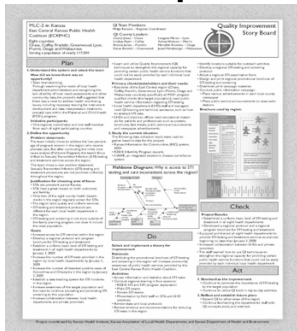
## Ottawa County Health Department

- **Repeat survey and study results:** new data showed improvement
- **Standardize the improvement:** continue to assess progress by repeating the survey

## Kansas – Health Outcome Example

- 3 regions conducted QI projects in MLC-2
- **Projects included:**
  - Uniform STI treatment and testing
  - Increase childhood vaccination rates
  - Increase number of preventative oral screening visits

## Kansas – Health Outcome Example



## East Central Kansas PH Coalition

- **Team:** Regional coordinator and representatives from 8 county health departments
- **Problem Statement:** low percentage of pregnant women receive prenatal care

## East Central Kansas PH Coalition

- **Root Cause Analysis:** Determined that STI testing and treatment services provided within the region lacked uniformity
- **Fishbone diagram:** Illustrated the cause and effect of the root causes related to inconsistent provision of STI services

## East Central Kansas PH Coalition

- **Milestones:** identify, test, review potential solutions
  - Address barriers (data, lack of training, limited funding)
  - Address lack of STI protocols
  - Training was conducted

## East Central Kansas PH Coalition

- **Results:**
  - Established uniform level of STI testing and treatment in all eight departments in the region
  - Developed regional protocols
  - Trained staff
  - Increased QI capacity

## Guiding Principles

- **Partnership**
- **Participation**
  - Active Learning
  - Contribution to project direction
- **Collaboration**
- **Open Communication**
  - Willingness to share –the good, the bad, and the ugly

## Guiding Principles

- **Expand the Reach**
  - Within state
  - Within collaborative
  - Within accreditation community
  - To public health community

## Reach of the MLC

