

Public Health Department Accreditation, Performance and Quality Improvement, and NPHII: Connecting to Improve Public Health

Kaye Bender, Public Health Accreditation Board
Rachel Ford, Northwest Portland Area Indian Health Board
Mark Durand, Pacific Island Health Officers Association
Pacific Global Health Conference
October 9, 2012

Session Objectives

- Discuss public health department accreditation
- Describe PHAB's accreditation process
- Provide an update on the accreditation status
- Discuss accreditation resources available to health departments
- Discuss real-world examples of accreditation, quality/performance improvement, and NPHII connections

Public Health Department Accreditation



*Advancing
public health
performance*

**Kaye Bender, PhD, RN, FAAN, President and CEO
Public Health Accreditation Board
2012 Pacific Global Health Conference
Honolulu, HI
October 9, 2012**

What is Public Health Accreditation?



- The measurement of health department performance against a set of nationally recognized, practice-focused and evidenced-based standards.
- The issuance of recognition of achievement of accreditation within a specified time frame by a nationally recognized entity.
- The continual development, revision, and distribution of public health standards.

PHAB's Timeline

2003

Institute of Medicine (IOM) report calls for an examination of public health accreditation

2004

CDC identifies accreditation as a key strategy for strengthening public health infrastructure

2005

Exploring Accreditation Project (EAP) develops a model of national accreditation

2006

ASTHO, APHA, NACCHO, and NALBOH become BOI

2007

PHAB is incorporated in May

2008

Workgroups and committee begin development

2009-2010

PHAB conducts beta test

2011

PHAB launches in September

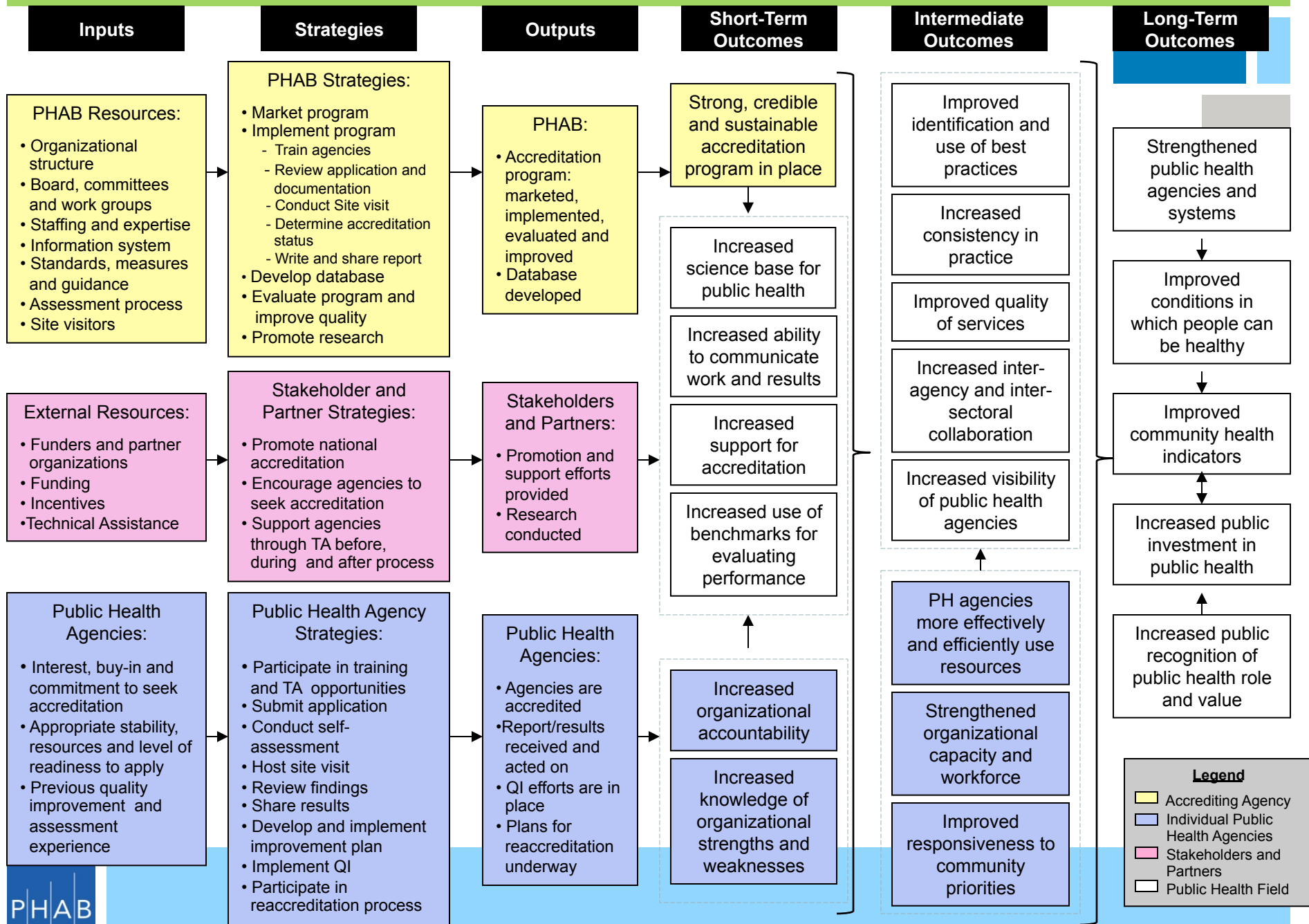
Public Health Accreditation Board (PHAB)



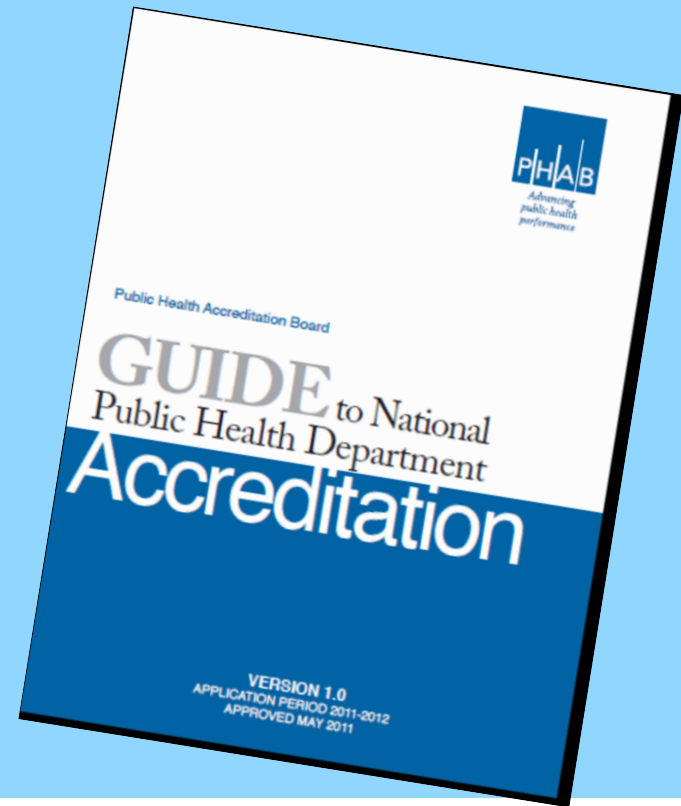
The goal of the voluntary national accreditation program is to improve and protect the health of the public by advancing the quality and performance of state, local, tribal and territorial public health departments.

Public Health Agency Accreditation System Implementation

Approved August 2010



The PHAB Accreditation Process



Seven Steps



1. Pre-application

Applicant prepares and assesses readiness, informs PHAB of its intent to apply (SOI)

2. Application

Applicant submits application and pre-requisites and receives training

3. Documentation Selection and Submission

Applicant gathers and submits documentation

4. Site Visit

Documentation review, site visit and site visit report

5. Accreditation Decisions

PHAB Accreditation Committee determines accreditation status:
Accredited (5 years)
or Not Accredited

6. Reports

Annual progress reports

7. Reaccreditation

Three Prerequisites



- ❖ **Community Health Assessment**
- ❖ **Community Health Improvement Plan**
- ❖ **Health Department Strategic Plan**
 - Submitted with the application for accreditation
 - Criteria included in Standards Domains 1 and 5

Health Department Role



- Appoint an Accreditation Coordinator
- Establish an Accreditation Team
- Select the best documentation for each of PHAB's measures and requirements for documentation
- Outreach and involve staff department-wide and partners, especially their governing entity

PHAB's Electronic Information System

Multiple users, different views

- Tracks transactions in process
- HD SOI and applications
- Health departments upload documentation
- Site visitors review documentation
- Site visitors develop Site Visit Report
- Accreditation Committee reviews SVR
- Accreditation Committee records decision

Standards and Measures Version 1.0



PHAB 12 Domains

Based on Core Functions of Public Health &
Ten Essential Public Health Services



Twelve Domains

1. Conduct assessments focused on population health status and health issues facing the community
2. Investigate health problems and environmental public health hazards to protect the community
3. Inform and educate about public health issues and functions
4. Engage with the community to identify and solve health problems
5. Develop public health policies and plans
6. Enforce public health laws and regulations
7. Promote strategies to improve access to healthcare services
8. Maintain a competent public health workforce
9. Evaluate and continuously improve processes, programs, and interventions
10. Contribute to and apply the evidence base of public health
11. Maintain administrative and management capacity
12. Build a strong and effective relationship with governing entity

Structural Framework



Domain



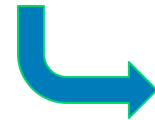
Standard



Measure



Documentation



Guidance



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performance*

Public Health Accreditation Board


STANDARDS & Measures

VERSION 1.0



APPLICATION PERIOD 2011-2012
APPROVED MAY 2011

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

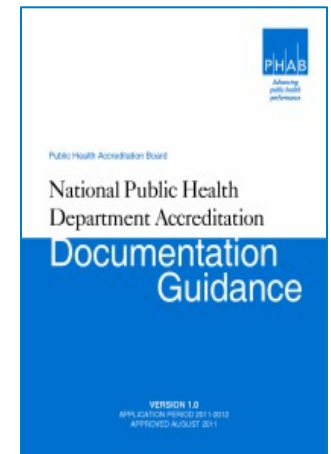
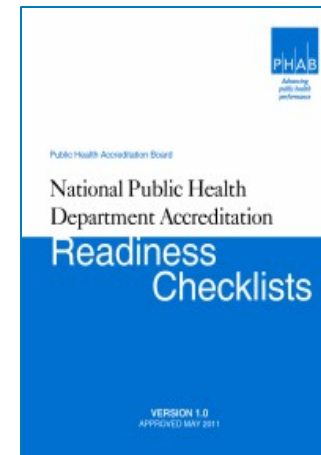
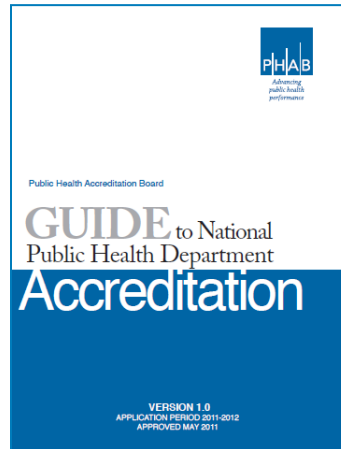
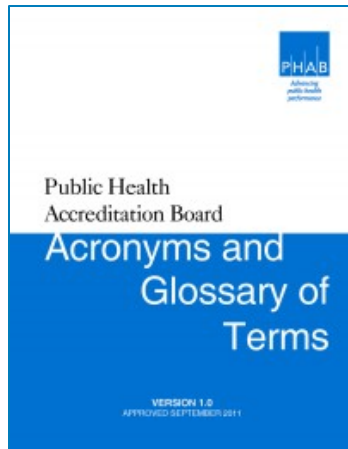
| Measure | Purpose | Significance |
|--|---|--|
| 2.1.5 A Monitor timely reporting of notifiable/reportable diseases, lab test results, and investigation results | The purpose of this measure is to assess the health department's assurance of timely reporting of notifiable/reportable diseases, laboratory test results, and investigation results. | A component of conducting timely investigations is the reporting of notifiable/reportable diseases, laboratory testing, and investigation of results as appropriate and required by law. When reporting is timely, all partners can work together to stop the spread of disease. |
| Required Documentation | Guidance | |
| <ol style="list-style-type: none">1. Current tracking log or audit of reports of disease reporting, laboratory tests reports, and/or investigations with actual timelines noted2. Copy of applicable laws | <ol style="list-style-type: none">1. The health department must provide a tracking log on reporting, including lab test results and investigation results. The department can choose between a log and a report. The log would be used to track various elements of an investigation. Note: If a log is provided, it must include timelines.2. The department must provide a copy of laws relating to the reporting of notifiable/reportable diseases. This can be a hard copy or a link to an electronic version. This can include a posting on a website or a department intranet, or a link to another website. <p>State health departments can include laws for local health departments to report to the state, as well as for states reporting to CDC.</p> | |



Technical Assistance and Support



Accreditation Support Materials





e-PHAB

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Welcome to the Public Health Accreditation Board

Accreditation Overview

Accreditation Process

Education Center

News Room

About PHAB



What is PHAB?

The Public Health Accreditation Board, located in Alexandria, VA, serves as the national accrediting organization for Tribal, state, local, and territorial public health departments.

LEARN MORE



Welcome to PHAB

The Public Health Accreditation Board (PHAB) is a nonprofit organization dedicated to improving and protecting the health of the public by advancing the quality and performance of Tribal, state, local, and territorial public health departments.

Featured Documents and Guides:



NATIONAL PUBLIC HEALTH DEPARTMENT ACCREDITATION



PHAB STANDARDS AND MEASURES



PHAB ACCREDITATION ONLINE ORIENTATION

Evaluation of the PHAB Beta Test: Brief Report

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08.16.2011

The Evaluation of the PHAB Beta...

08.11.2011

PHAB is excited to announce details...

07.07.2011

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Current Status



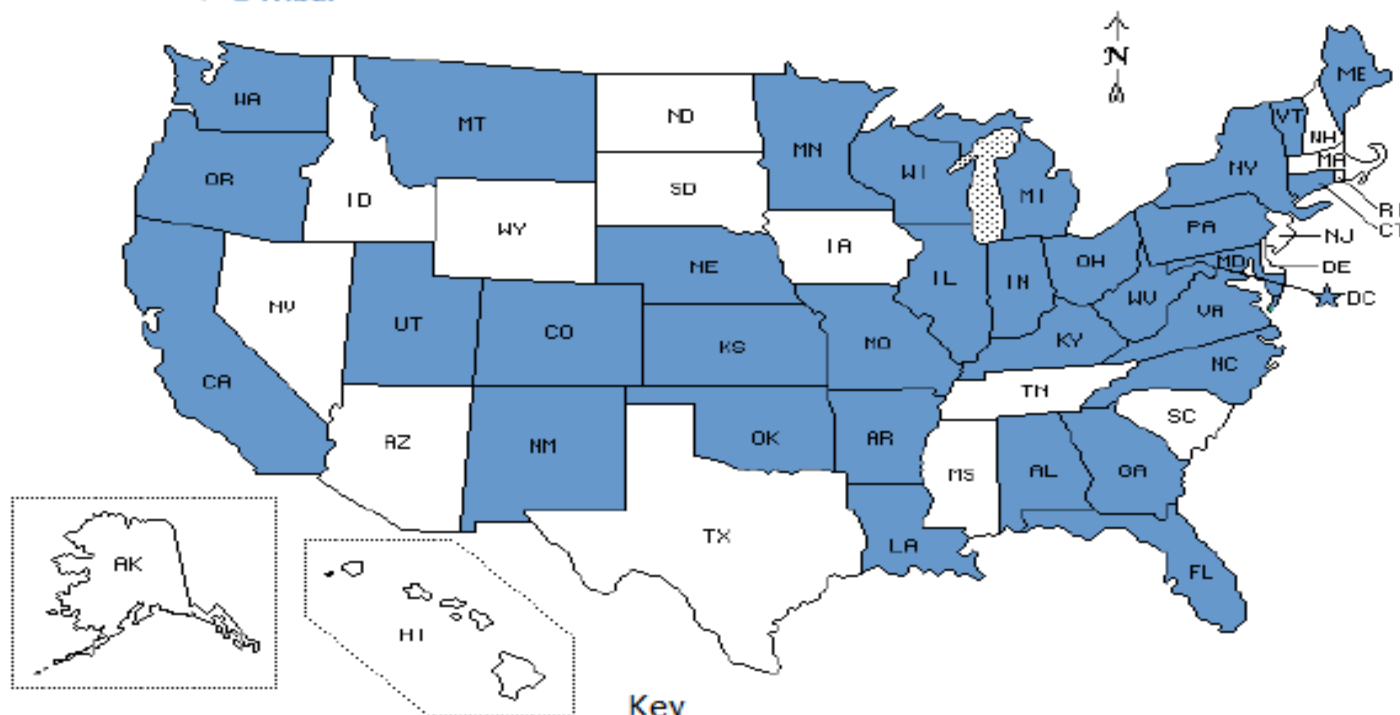
September 6, 2012

Public Health Accreditation Board (PHAB)
Distribution of Health Departments:

- ❖ 84 Local
- ❖ 12 State
- ❖ 1 Tribal

97 Health Departments in

e-PHAB



Key

■ States with health departments in e-PHAB

Applicant Names Are Kept Confidential

Accreditation Process Underway



- 85 site visitors trained and ready to go
- $\geq 1/3$ of health departments in the system have been trained and are uploading documents or preparing for next steps
- Accreditation Committee has met and updated their policies for operations
- First reviews have begun

Continued Development

- Program Linkages (MCH, EP, CD) Think Tanks in 2012-2013
- New/Stronger Content Areas (Informatics, Communications) Think Tanks in 2012-2013
- Territorial Think Tank -2012-2013
- New Overall Process for Keeping Standards Updated and for New Cycles

**But, don't just take it from me.
Hear what others are saying....just
about preparing for accreditation.**

**[http://www.phaboard.org/
education-center/phab-webcasts/](http://www.phaboard.org/education-center/phab-webcasts/)**



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performance*

Public Health Accreditation Board

www.phaboard.org

1600 Duke Street, Suite 440

Alexandria, VA 22314

703.778.4549

SIGN UP TO RECEIVE THE PHAB NEWSLETTER





NPHII and PHAB has done a lot of work together so that what a health department does for NPHII will usually work for PHAB!

Tribal Public Health Accreditation

Rachel Ford, MPH
Public Health Improvement Manager
Northwest Portland Area Indian Health Board

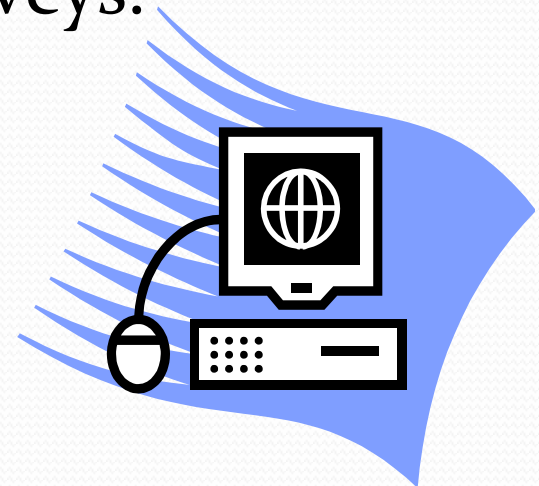
2012 Pacific Global Health Conference
October 9, 2012

Northwest Portland Area Indian Health Board: Public Health Improvement Program

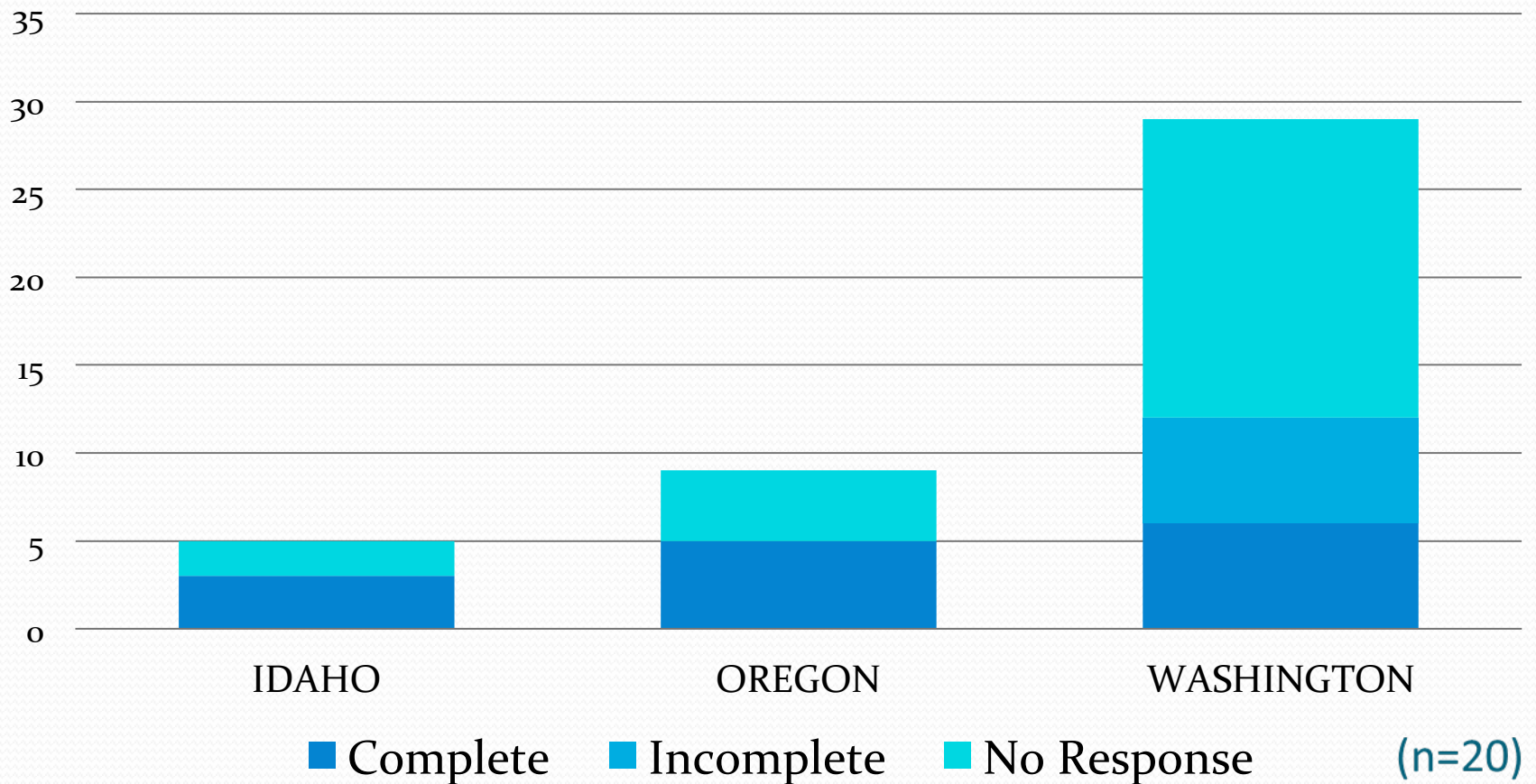
- **Funding:** Centers for Disease Control and Prevention: National Public Health Improvement Initiative grant.
- **Goal:** Facilitating access to Quality Improvement (QI) education and training, promoting a “QI Culture,” and linking QI with Public Health Accreditation.
- **Population:** 43 federally recognized Tribes of Idaho, Oregon and Washington.
 - Technical Assistance and Education available to all 43 Tribes, but focus primarily on 5 Tribes.

Public Health Improvement Survey: Logistics

- Survey emailed to Tribal Health Directors:
 - Administered through Survey Monkey.
 - Multiple choice and short answer questions.
 - Assessed existing public health infrastructure.
 - 14 complete and 6 incomplete surveys.

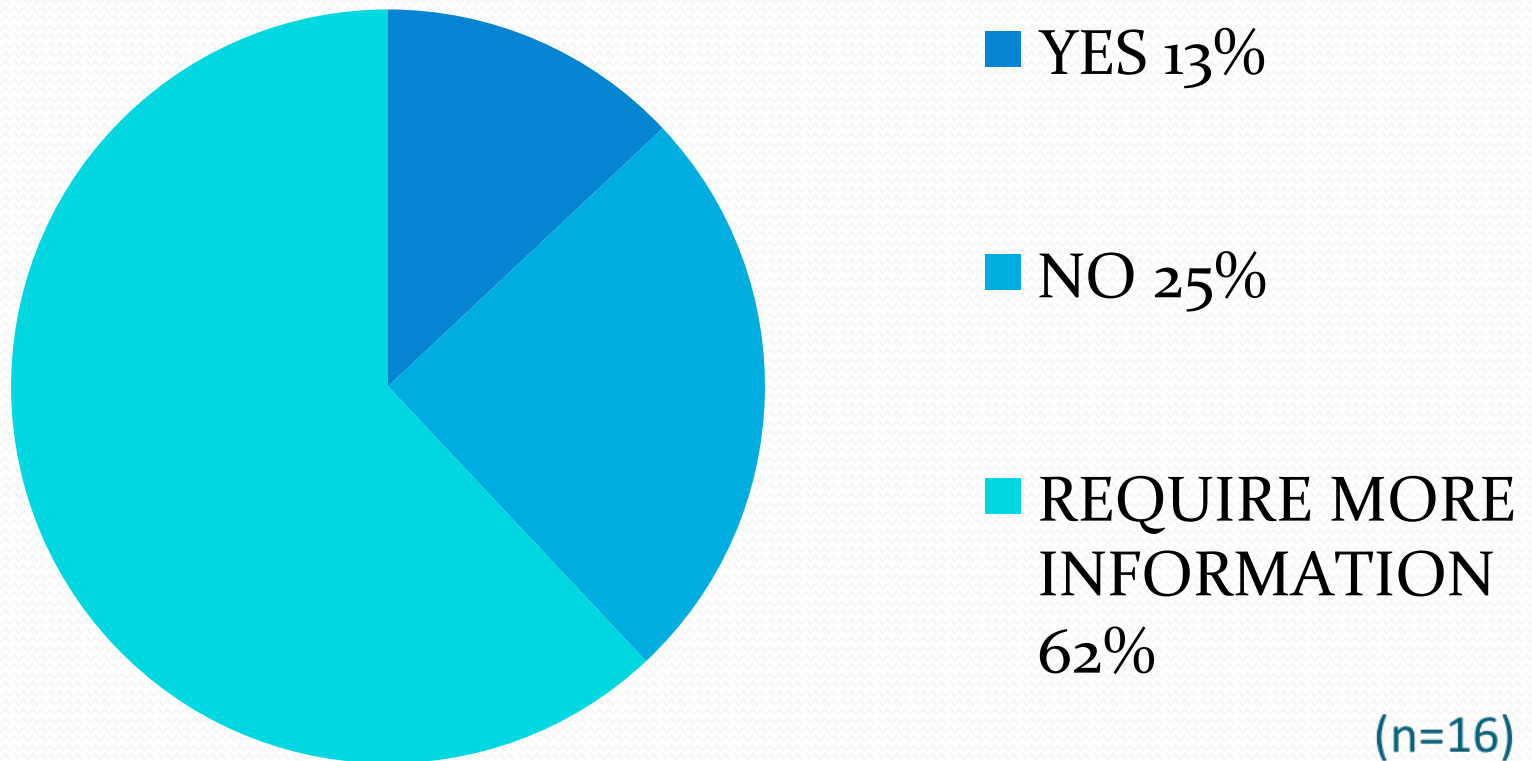


Public Health Improvement Survey: Tribal Response Rate by State



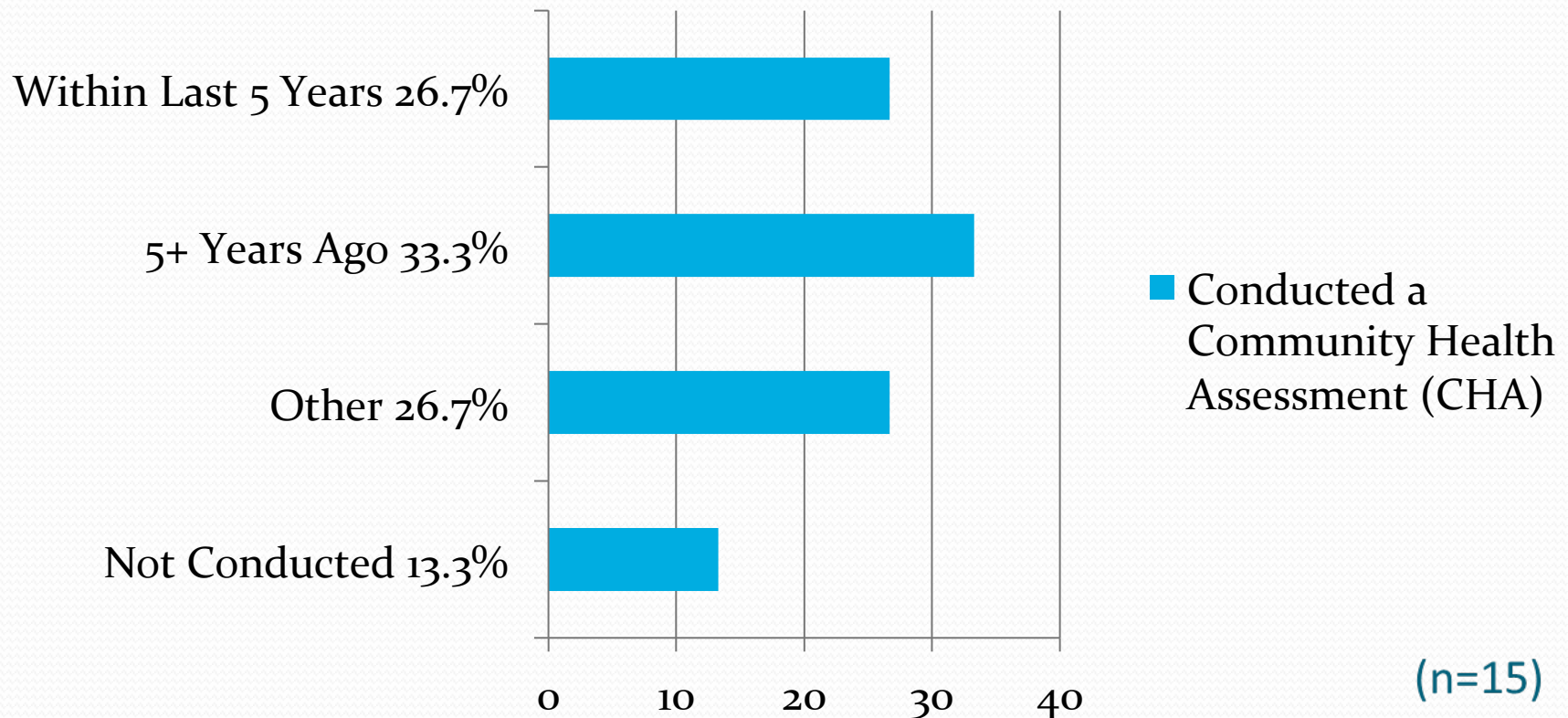
Public Health Improvement Survey: Public Health Accreditation

Intention to Seek Accreditation



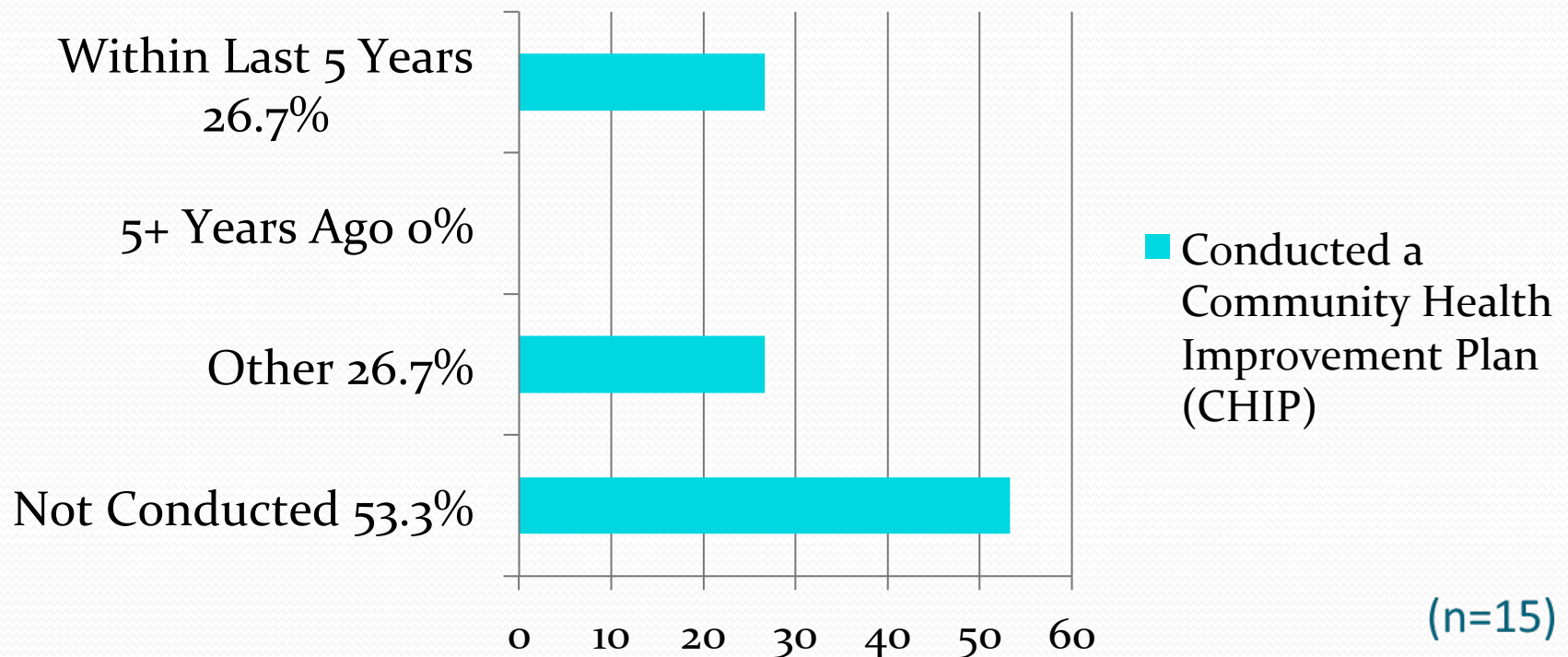
Public Health Improvement Survey: Public Health Accreditation Prerequisite

Conducted a Community Health Assessment (CHA)



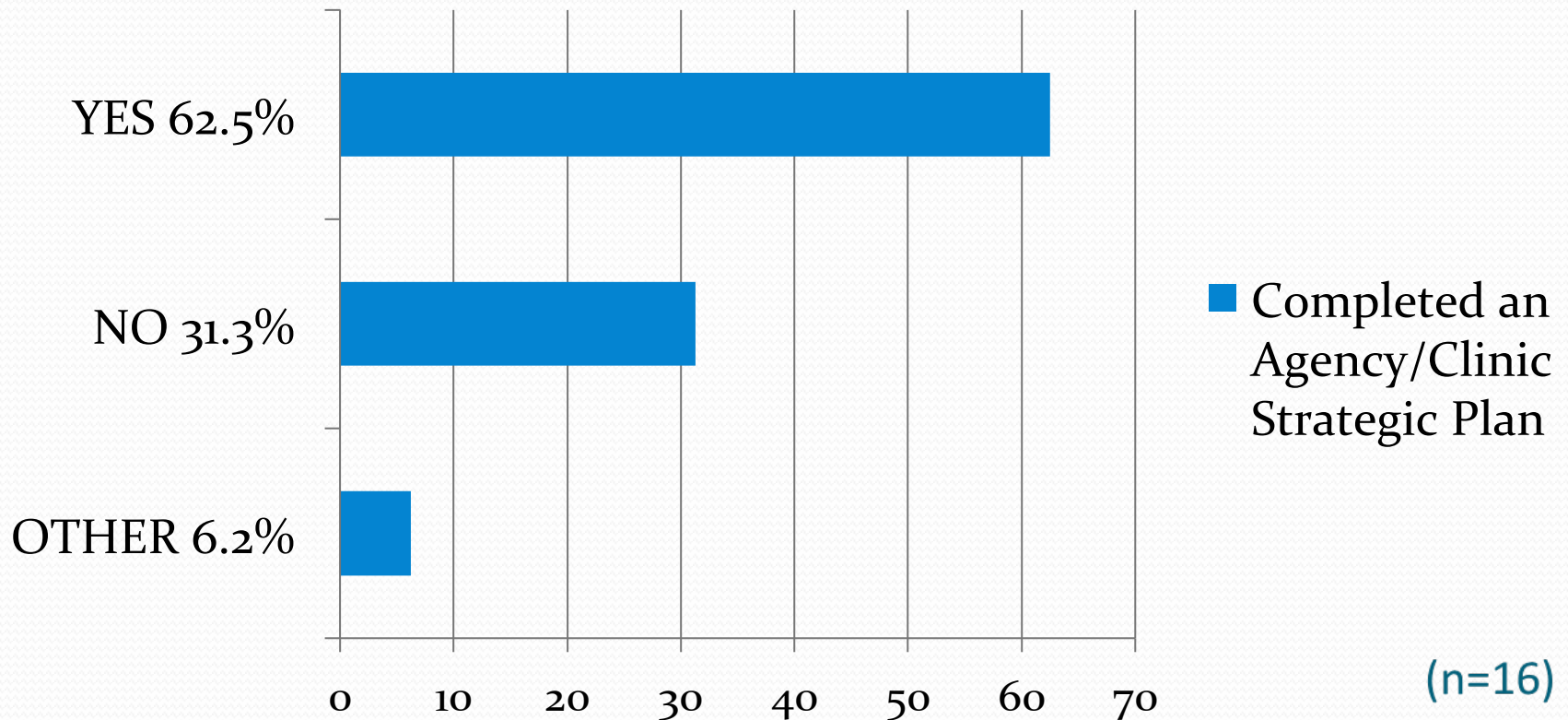
Public Health Improvement Survey: Public Health Accreditation Prerequisite

Conducted a Community Health Improvement Plan (CHIP)



Public Health Improvement Survey: Public Health Accreditation Prerequisite

Completed an Agency/Clinic Strategic Plan



Public Health Improvement Survey:

How can Board and EpiCenter Assist with Accreditation?

- 90% said:
 - Training or technical assistance.
 - Community Health Assessment (CHA).
 - Strategic planning.
- 80% said:
 - Community Health Improvement Plan (CHIP).
- 70% said:
 - Quality improvement for public health programs and services.
 - Public Health Accreditation information.

(n=10)

Public Health Improvement Trainings

Year 1:

- Trainings were offered to the Tribes primarily through the WA State DOH Public Health Performance Management Centers for Excellence training series.

Year 2:

- Public Health Accreditation training series was developed by the NPAIHB Public Health Improvement Program in collaboration with Red Star Innovations.

Tribal Public Health Accreditation: Training Series

- 1) Tribal Public Health Accreditation 101
- 2) Tribal Public Health Accreditation Readiness & Self-Assessment
- 3) Tribal Public Health Accreditation Prerequisites



Tribal Public Health Accreditation 101 Training

- Half-day training on the ***NEW*** National Voluntary Public Health Accreditation and what it means for Tribes.
- Tribal Public Health Accreditation – what it is and why bother!
- Learn about the accreditation process, prerequisites to apply, cost, as well as potential benefits and opportunities.

Tribal Public Health Accreditation Readiness & Self-Assessment Training

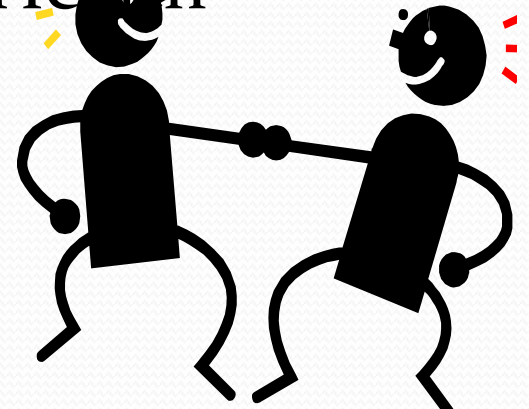
- One and a half day training focused on:
 - Public Health Accreditation process and the 3 prerequisites.
 - PHAB Domains, Standards and Measures.
 - Identifying strategies for accreditation preparation.
 - Learning how to use the Accreditation Readiness Self-Assessment Tool.
- Emphasis on bringing together teams of 3-4 representatives from each Tribal Health Department.

Tribal Public Health Accreditation Prerequisites Training

- One day training focused on the elements, scope, process, and outcomes of the 3 Public Health Accreditation prerequisites:
 - Community Health Assessment.
 - Community Health Improvement Plan.
 - Department Strategic Plan.
- Emphasis on bringing teams together to begin understanding how to complete the prerequisites.

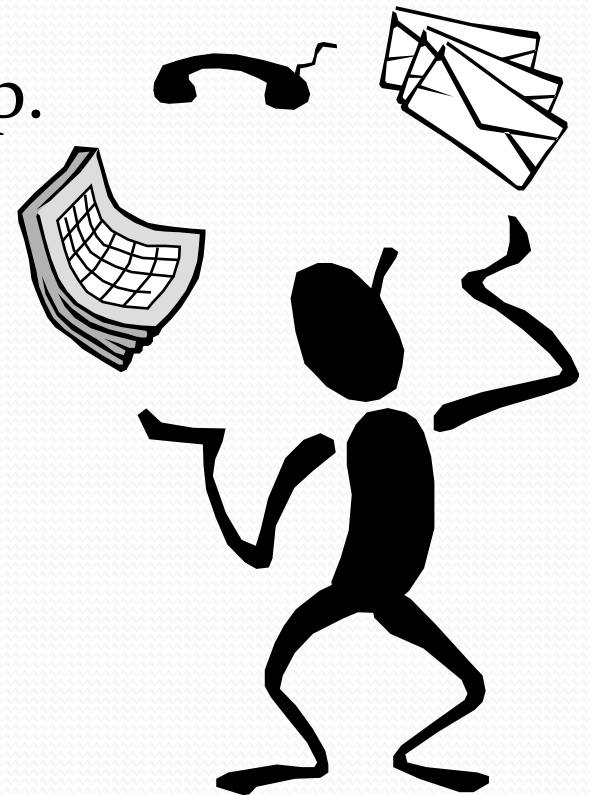
Public Health Improvement: Commitment from Tribes

- 24/43 Tribes or 56% participated in training series.
- Tribes are working towards completing or have completed prerequisites.
- Tribes are completing QI projects.
- Many Tribal leaders support Public Health Accreditation.



Public Health Improvement: Challenges for Tribes

- Lack of available FTE.
- Lack of funding.
- Lack of engagement by leadership.
- Conflicting priorities.
- Maintaining momentum.
- Building partnerships.



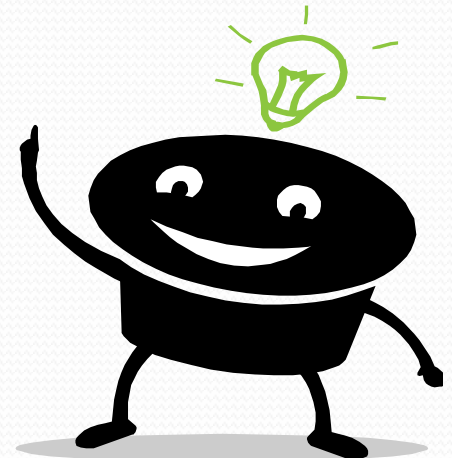
Public Health Improvement: Support for Tribes & NPAIHB Program

- Accreditation and QI in bite-sized pieces.
- Share accreditation and QI info at Tribal, State, and National meetings.
- Invite partners to attend Tribal meetings to further build relationships.
- Partners offering:
 - Technical assistance.
 - Training.
 - Coaching.
 - Collaboration.



Public Health Improvement: Food for Thought

- It is a process with many small steps.
- It may require a cultural shift.
- It will require strong leadership.
- It will require partnerships and collaboration.



Public Health Improvement Program: Contact Information

Rachel Ford, MPH

Public Health Improvement Manager

Northwest Portland Area Indian Health Board

2121 SW Broadway, Suite 300

Portland, OR 97201

503-416-3282

rford@npaihb.org







Public Health Accreditation and the USAPI

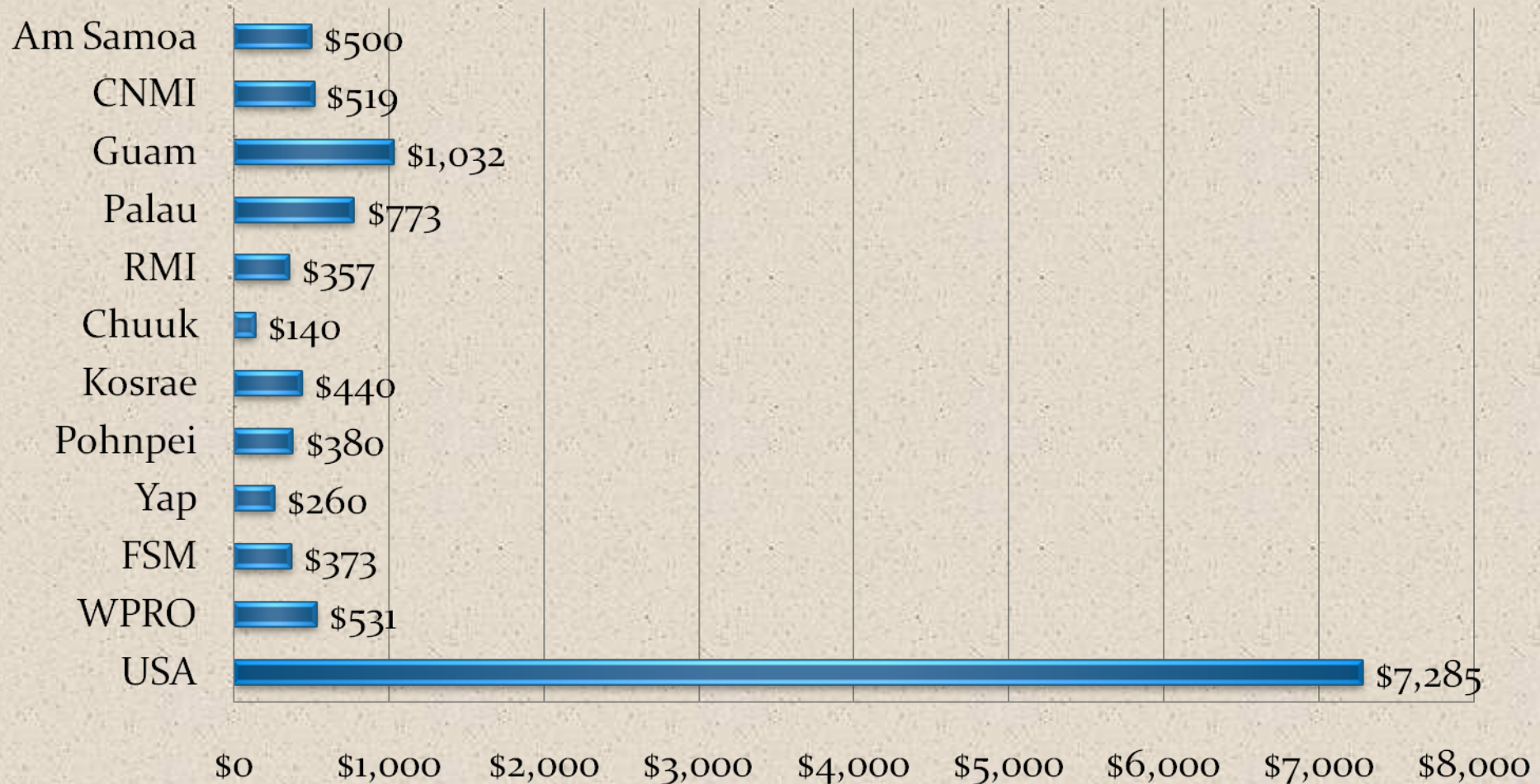
A Mark Durand

**Performance and Health Information Systems
Initiatives Coordinator**

Pacific Islands health Officers Association

USAPI Per Capita Total Expenditure on Health, 2007

(in Purchasing Power Parity (PPP) terms, International \$)



PIHOA Resolution 48-01

May 2010



Pacific Islands Health Officers Association

Board Resolution #48-01

*"Declaring a Regional State of Health Emergency
Due to the Epidemic of Non-Communicable Diseases
in the United States-Affiliated Pacific Islands"*

The Burden of NCDs

WHEREAS, the United States Affiliated Pacific Islands (USAPI) include American Samoa, Guam, the Commonwealth of Northern Mariana Islands, the Republic of the Marshall Islands, the Republic of Palau and the Federated States of Micronesia (Pohnpei, Chuuk, Yap and Kosrae);

WHEREAS, the USAPI are home to more than 500,000 people, who speak dozens of languages and live on hundreds of islands and atolls spanning millions of square miles of ocean and crossing five Pacific time zones, an area significantly larger than the continental United States;

WHEREAS, the leading causes of morbidity and mortality for adults in the USAPI are from non-communicable diseases (NCDs), including obesity, cancer, cardiovascular disease, stroke, diabetes, depression, injury, and arthritis and gout;¹

WHEREAS, the rates of NCDs and their risk factors in the USAPI are among the highest in the world, are rapidly increasing, are epidemic, and include high tobacco use, high alcohol consumption, a genetic predisposition towards obesity, significant environmental and behavioral health barriers to healthy eating and healthy families, a propensity toward injury, and a high prevalence of sedentary lifestyles;²

WHEREAS, NCDs cause a significant loss in longevity, quality of life, and loss to workforce productivity in the USAPI;

WHEREAS, the indigenous people of the USAPI are rich in culture but comparatively small in population; are fragile, isolated and endangered in multiple ways, including economically, socially and environmentally; have endured early decimation due to communicable diseases

“
—
*Declaring a Regional
State of Health
Emergency to the
Epidemic of Non-
Communicable
Diseases in the United
States-Affiliated Pacific
Islands*”

PIHOA Resolution 48-01

April, 2006



Pacific Islands Health Officers Association

Board Resolution #43-6

“Supporting the redefinition of the PIHOA priority area for licensure to include Quality Assurance and Improvement.”

WHEREAS. whereas, the setting of quality standards for health services is a core function of PIHOA members.

WHEREAS. PIHOA is already engaged in the improvement of regional standards related to health professions licensure and health worker training.

WHEREAS. high standards for organizations which deliver health care are also needed to assure delivery of quality services to our people.

WHEREAS. Quality Assurance and Improvement systems are vital for improving standards of health organizations at the local level.

WHEREAS, accreditation systems at the national or regional level reinforce local Quality Assurance and Improvement programs.

NOW, THEREFORE BE IT RESOLVED, that PIHOA will expand its priority area for professional licensing to encompass the development of systems for raising standards, including those related to health professions licensure, local Quality Assurance and Improvement programs, and national or regional accreditation initiatives.

BE IT FURTHER RESOLVED: that PIHOA will seek resources to help each jurisdiction develop an appropriate system of Quality Assurance and Improvement, such as that currently in development in Yap State, FSM and presented during the 43rd PIHOA Meeting.

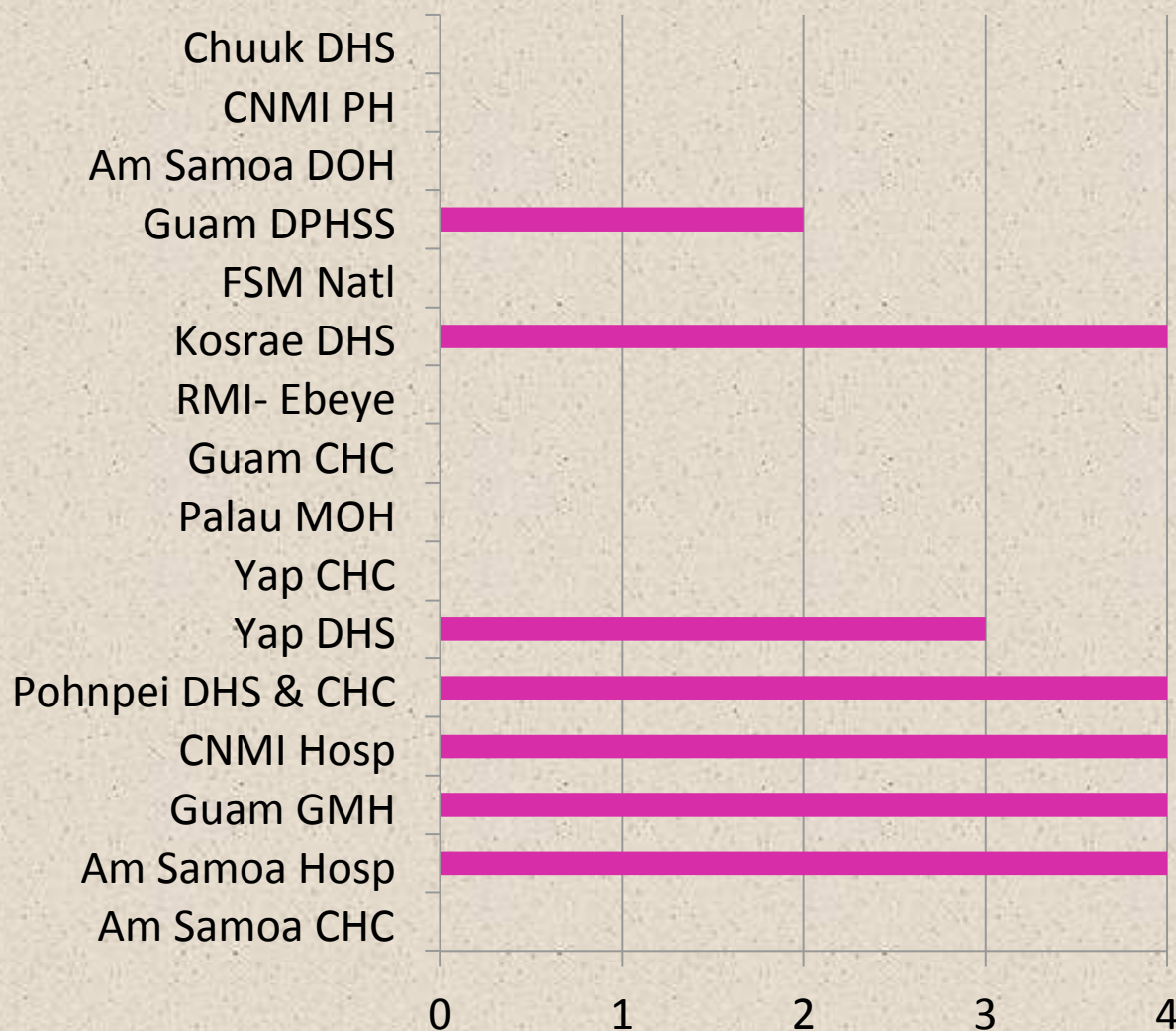
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—

*Supporting the
redefinition of the
PIHOA priority area
for licensure to
include Quality
Assurance and
Improvement”*



QA/QI- Program Development by Site- 2006

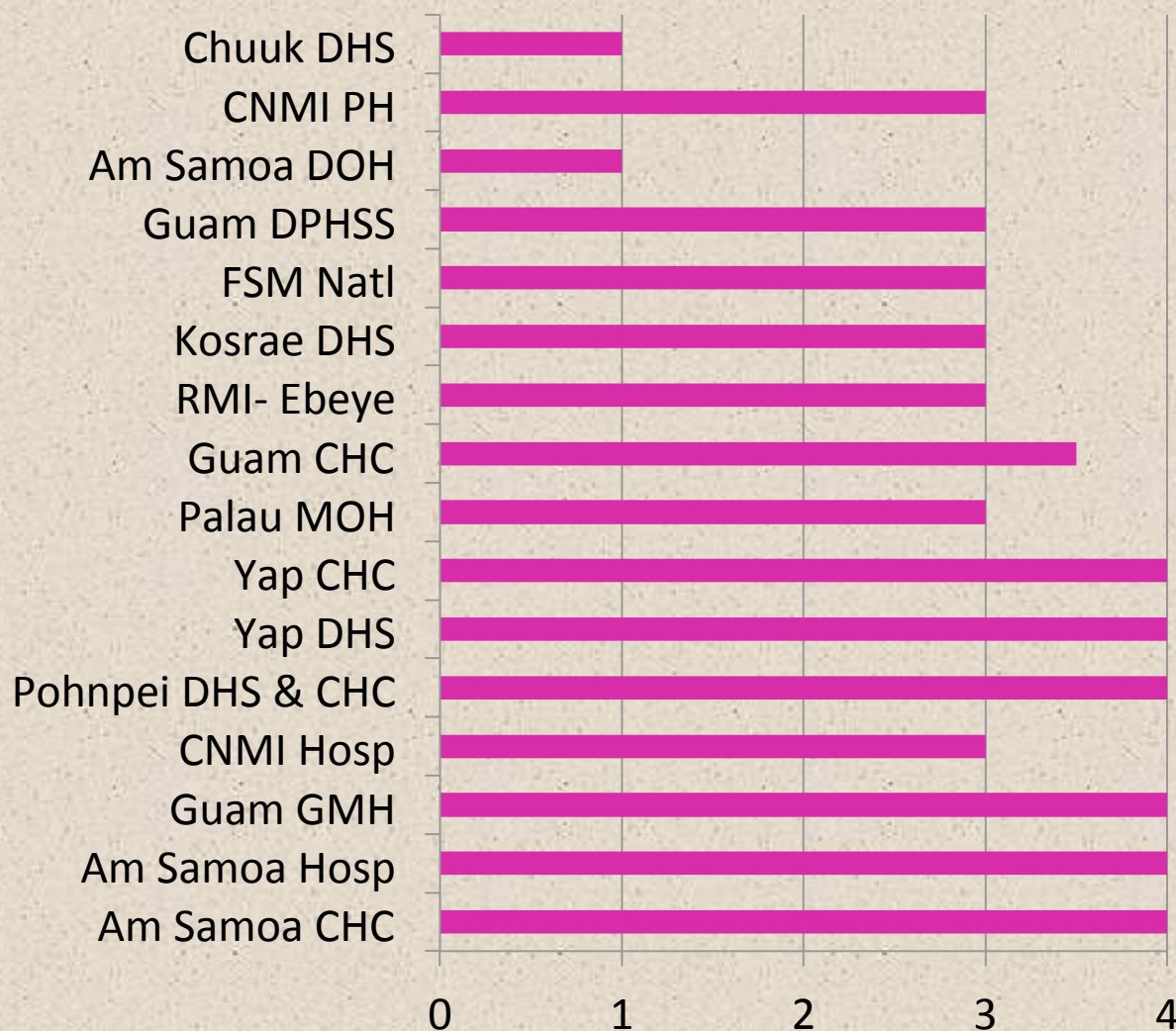


Key:

- 0 = No activity yet**
- 1 = Preliminary plan**
- 2 = Some progress**
- 3 = Program components installed**
- 4 = Program running**



QA/QI- Program Development by Site- 2012



Key:

0 = No activity yet

1 = Preliminary plan

2 = Some progress

3 = Program components installed

4 = Program running



Regional Developments: 2012

- Increasing recognition of importance of establishing appropriate, consensus, regional standards-

Regional Health Priorities

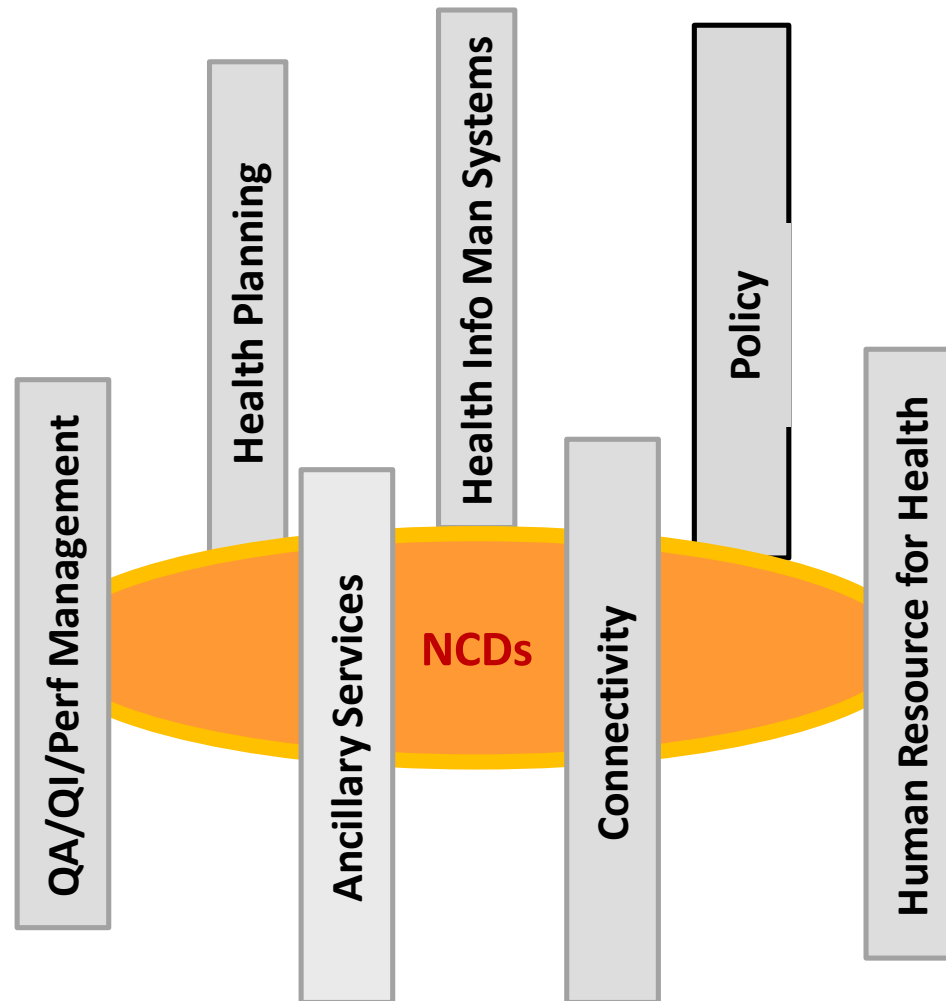


Figure 1: NCD platform for practicalizing PIHOA's regional health priorities



Biggest PIHOA Relational Issue

Fostering a clear, unified Pacific voice (our mission)

- *How to approach development of health systems in Pacific jurisdictions?*
- *What should regional initiatives that filter down to jurisdiction level look like?*

Managing Regionalism

(Next 4 slides from

The World of Regionalism

Regionalism is a fact, not an option. Funding sources (US Agencies, etc...) treat the USAPI as a region when making funding decisions, designing programs, setting priorities.

Many, many decisions are made, before resources ever get to our countries. These decisions can have a profound impact, and not always positive -- for example . . .

No Man's Land

Convening meetings

Setting the agenda

Facilitating and interpreting

Deciding who speaks

Defining what is “participation” and “consensus”

Assessing needs

Allocating resources

Developing policy; identifying values

Hiring staff for regional efforts

Developing regional strategies and work plans

What's at stake?

- Fragmented, duplicative data systems
- Unresponsive, culturally-inappropriate RFP/granting programs
- Poorly designed technical assistance & parachute consultants
- Unreasonable data collection and reporting requirements
- Fragmented public health programs that are organized to meet the needs of donors and fiscal professionals rather than communities
- Imposed priorities; non-Pacific values



Approaches to Building Capacity

Functional

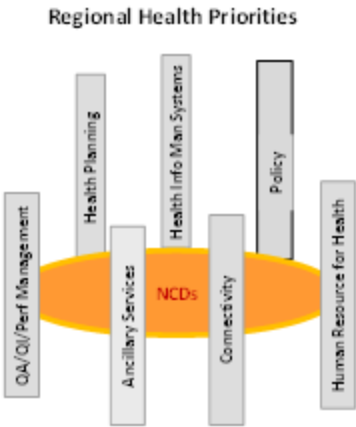
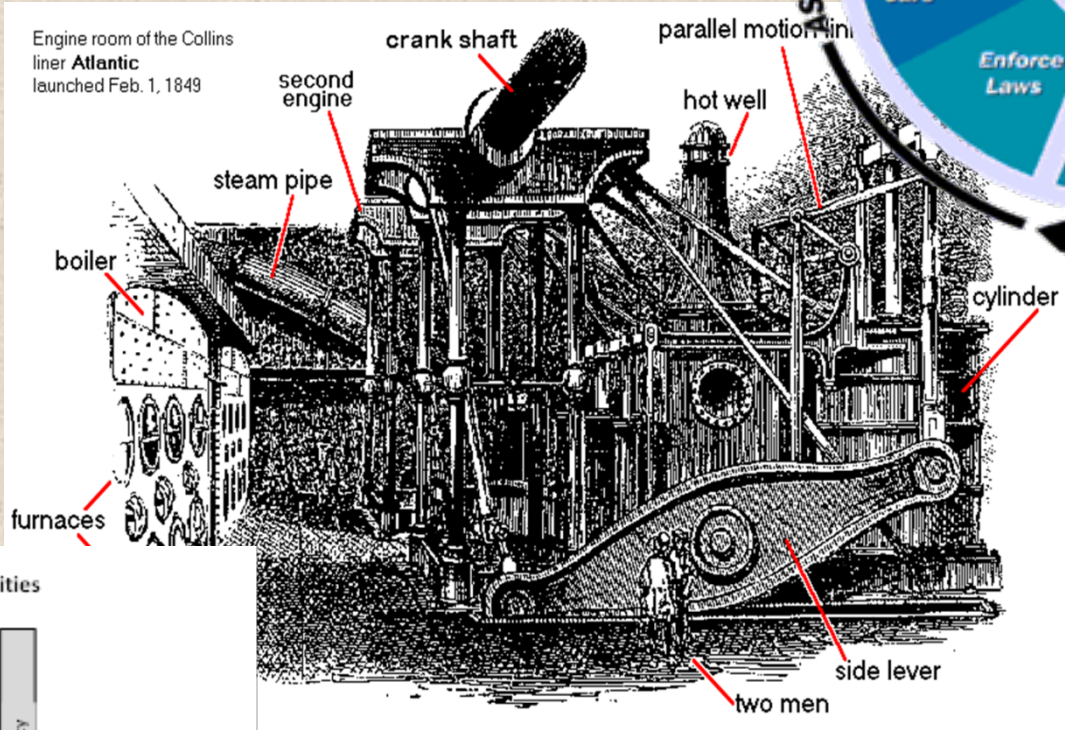
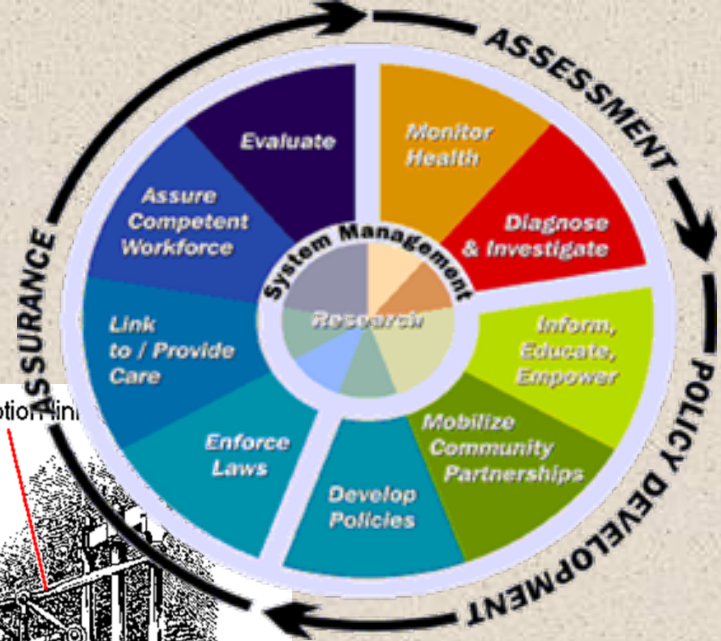


Figure 1: NCD platform for practicing PIHOs regional health priorities

Infrastructure

What works:

Sovereignty as Health
Communities of Practice
Coaching

Fostering In-Region Expertise

Mobilization Templates

“Socialization”

Building “Customized” Strategic Skill Sets

The Viral Approach

(an emerging “PIHOA” approach to capacity building)

Why effective local public health planning is SO IMPORTANT

- Strengthens the sovereignty of PIHOA members

If you don't do good planning, someone else will do it for you. Why? Because they are put in the position of deciding which voice to listen to. *(Donors really don't want to make these decisions.)*

- Basis of effective, informed regionalism

Other Factors:

- Formally trained PH workers are scarce
- ESL
- Unified curative and preventive health services

How NPHII fits:

- Focused on infrastructure
- Strong emphasis on quality improvement
- Strong emphasis on effective planning
- Flexible and customizable
- A major boost, (but essential not to be considered the major driver)

Implications for PH Accreditation

- High degree of overlap with regional priorities
[QI, Planning, Establishment of standards]
- Since approach quite new in region, will require lots of socialization
- Constraints may make uptake slower
[\$ stress, NCD emergency, workforce limitations, ESL, exclusive PH focus]
- Viral spread is most likely means of propagation

Mahalo- Thank you



A. Mark Durand

durand@pihoa.org

Questions

