

Why Aren't Public Health Agencies Ready for Accreditation?

Kentucky Public Health Leadership Institute Scholars:

Russelyn Behanan; B.S.N.

Disease Management Nurse; Humana

Wendy Hawkins; M.S., REHS

Laboratory Director; Marshall County Health Department

Nicolette Jones; M.S., CADC

Substance Abuse Supervisor; Louisville Metro Public Health and Wellness

Megan LaFollette; RD, LD

Community Health Education and Promotion; Louisville Metro Public Health and Wellness

Mentor:

Muriel Harris; M.P.H., Ph.D.

Assistant Professor and Diversity Officer; School of Public Health and Information Sciences, University of Louisville

EXECUTIVE SUMMARY:

When The Accreditors first came together, we wanted to put together a tool-kit to help health departments achieve ‘Accreditation.’ We had been hearing about this elusive ‘Accreditation’ through grapevines at work and from our supervisors, but when we started out, we had no idea what a large undertaking this could be. It was definitely a project that would exceed our deadline. As we started brainstorming about the direction the project would go, we decided to provide an overall strategy on how an agency could ready itself for accreditation and to pick one specific domain from the national accreditation standards and provide a more detailed approach to help ensure competencies within that particular domain.

The domains identified by the Public Health Accreditation Board (PHAB) mirror the Ten Essential Public Health services. We chose Domain 8: ‘Maintain a competent public health workforce’ to examine individually. We felt that if an agency could ensure the competency of their workforce, then meeting the measures in the other domains would be easier. We felt that if everyone involved was well informed, well notified, and had a part to play, success would be more readily obtained. We have particular interest in measure 8.1.4.B – Establish relationships and/or collaborate with schools of public health and/or other related academic programs to promote the development of qualified workers for public health. This measure stood out because education is where the whole creation of a competent worker begins. A workforce that has been properly prepared, exposed to the actual facility and its inner workings, and allowed to grow while there is a workforce that is engaged and takes ownership.

It is not our intention to create an all-inclusive manual on exactly what a public health agency needs to do to ready them for accreditation. But, more so to create a guideline for agencies to consider that includes outcomes, both positive and negative for preparation strategies and a more detailed look at ways to meet a specific measure. It is our hope that by sharing the feedback we have received from our peers and some of the possible outcomes we have discovered, we can bring to the forefront specific ways to meet an individual measure and in return other agencies can use it as a template to apply it to the needs of their entity.

INTRODUCTION/BACKGROUND:

For several years, public health leaders have been hearing the term ‘accreditation’ in regards to public health departments. Accreditation for other health care providers such as JCAHO for hospitals, founded in 1951¹ and other public service entities have existed for quite a while, but up until now, no accreditation for health departments has been recognized on a national level. Yes, there have been some individual states, such as North Carolina, that have had a state-level accreditation program in place for health departments, but there hasn’t been any effort made on the national level, until only recently. In 2007, the Public Health Accreditation Board (PHAB) was incorporated to ‘promote and manage the national accreditation program.’²

It is widely accepted that local health departments are going to play an increasingly critical role in promoting and preserving the health of people in local communities.

Currently, it is difficult to measure a health department's performance, as a whole, when compared to other health departments.

Many benefits and advantages are available to those health departments that seek national accreditation. Some of these include increased credibility with the public, demonstration of accountability for the elected officials, Boards of Health and the public. Other benefits include measurable evaluations and feedback and quite possibly, increased funding opportunities.

Currently PHAB is working with several Beta Test sites across the country to test the voluntary accreditation program. The Beta testing commenced in 2009 and will conclude prior to the national launch in 2011. In Kentucky, Franklin County Health Department was chosen as one of the 30 public health departments to participate in the Beta test.

The Commonwealth of Kentucky has placed such an emphasis on health department accreditation, that during the 2010 General Session, House Bill (HB) 258 was introduced which allows for a Kentucky Commission of Public Health to help ensure "all health departments in Kentucky achieve national accreditation and maintain accreditation by the Public Health Accreditation Board, or any successor entity, by December 31, 2019."³ As of the time of this writing, the bill had passed the House of Representatives and was waiting on approval from the Senate and the Governor. The types of preventative health programs that public health offers, will most definitely be brought to the forefront as our national lawmakers seek health reforms. Accreditation will be strongly encouraged, if not mandated through these efforts. Many lobbies have encouraged state lawmakers to 'get ahead of the curve' of the federal government by mandating regarding health department accreditation. By achieving accreditation before mandated by the federal government, Kentucky health departments will be able to not only improve the overall quality of public health in the Commonwealth, but will help improve services made available to all Kentuckians.

Even though PHAB has published accreditation standards, they are still very numerous and lengthy. At first glance it may seem that there is no way a local health department can meet all of the standards. The probability is that most public health agencies are already engaged in a lot of these standards, they just aren't standardized or properly documented. A strategy and guidance documentation to help health departments 'walk-through' the accreditation process would be helpful and might make the task of preparing for accreditation not so daunting.

Problem Statement:

Why aren't public health agencies ready for accreditation?

Causal Loop Diagram:

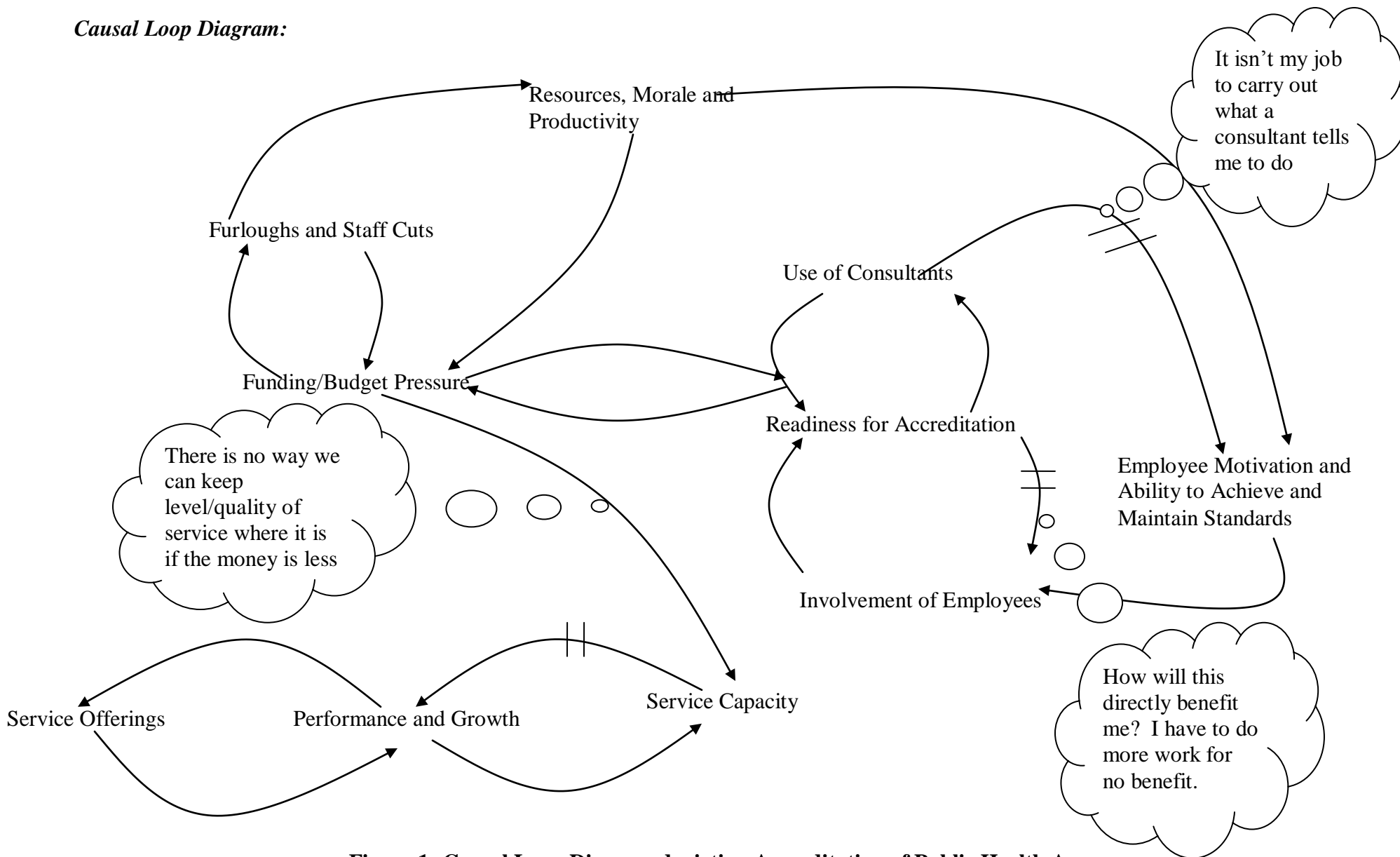


Figure 1: Causal Loop Diagram depicting Accreditation of Public Health Agency

10 Essential Public Health Services/National Goals Supported:

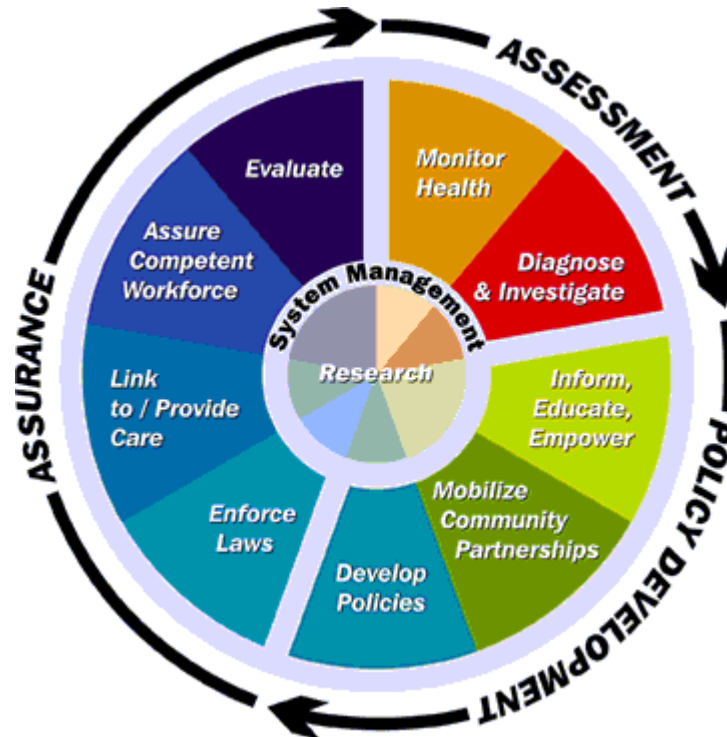


Figure 2: 10 Essential Services and Core Functions of Public Health⁴

In 1994 the Core Public Health Functions Steering Committee established the framework for the Essential Public Health Services (ESPHS). This Steering Committee represented the US Public Health Service agency and other major public health organizations. These 10 Essential Services describe what public health activities all communities should be performing and provide working definitions detailing the responsibilities of local public health agencies.⁵

Although the public health department accreditation process has components of all 10 Essential Services,⁶ The Accreditors felt this project most closely fit into

ESPHS #8 – Assure a Competent Public and Personal Health Care Workforce.

It is one of the goals of public health department accreditation to achieve a level of standardization among all public health providers.

This project will also help achieve two goals of the National Public Health Performance Standards Program⁷ (NPHPS) of

- Provide performance standards for public health systems and encouraging their widespread use
- Promote continuous quality improvement of public health systems

PROJECT OBJECTIVES/DESCRIPTION/DELIVERABLES:

The objectives of The Accreditors are:

- Provide a strategy that health departments can use to ready themselves for accreditation.
- Examine an individual domain and provide suggestions as to how to meet requirements specified by the Public Health Accreditation Board (PHAB) standards.

The Accreditors will offer a strategy for ways health departments can go about readying themselves for public health accreditation. This strategy will include different options and the possible risk and rewards for choosing each option. A detailed example, including applicable forms, will be included for one of the ten domains to be measured during the accreditation process.

METHODOLOGY:

When The Accreditors first came together, we wanted to be able to provide an all-inclusive ‘tool-kit’ that local health departments could use to ready themselves for public health accreditation. As we started researching and learning more about the Public Health Accreditation Board’s proposed accreditation standards, we quickly saw that a project of that magnitude might be a bit more than we could tackle in the year of KPHLI.

During our brainstorming sessions, it seemed like we always came back to a couple of key things

- Most health departments will already have policies/procedures in place for most of the PHAB domains of measure³ although these policies may not be written and located in one spot
- There are several different ways to go about achieving accreditation and most of the ways have pros and cons associated with it
- The main reason that local health departments will seek accreditation is for additional funding opportunities that may be available to ‘accredited’ agencies

As the project evolved and we worked with David Stroh to define and refine our causal loop, we quickly saw that one of the more helpful things we could provide to agencies seeking accreditation is an outline or strategy of what we have discovered as we constructed our causal loop diagram (See Figure 1 and Appendices 1 & 2). We spent a significant amount of time looking through the PHAB domains and comparing the standards of measure with what we have at our own agencies. We felt most agencies would already have policies or practices in place that would deal with most of the domains, but that Domain 8 – Maintain a Competent Public Health Workforce would be one of the more difficult domains to measure since at times, it is hard to define what ‘competent’ really means. We zeroed in on ‘8.1.4.B – Establish Relationships with and/or Collaborate with Schools of Public Health and/or other Related Academic Programs to Promote the Development of Qualified Workers for Public Health.’ An integral part of ‘Maintaining a Competent Public Health Workforce’ is getting competent

– as defined by job descriptions, licensure requirements, etc. – employees is working with them from an early stage and to train them properly in the public health arena and there is no better way to train potential public health workers than through intern relationships with public health related academic programs.

Upon research into Domain 8, it was apparent that while Louisville Metro Public Health and Wellness and Marshall County Health Department took interns from colleges and universities, there were no policies or standardized procedures for accepting student interns. The current set ups are based on informal connections between the academic institution and personnel within the local health department. The result is a lack of formal and detailed placements and clear expectations for students. Internships and practicums should benefit both local health departments and students. Students also have school requirements that need to be met upon completion of practicum or internship. Students also have limited information when inquiring about internship or practicum placement opportunities.

RESULTS:

Several forms were drafted to aid in streamlining student internship and practicum placement (See Appendices 3 – 5). An application form was drafted with appropriate codes to match accreditation domain. A Student internship opportunity description has been drafted as well as student and department contract, and orientation checklist. All forms are available to be adopted by any health department seeking accreditation. The description and forms will be available on the department website for students to complete required documentation when seeking internship opportunities. The independent project was added to each as a means of addressing students curriculum needs, development of independent work skills, and leadership skills development.

In the PHAB Accreditation standards it requires documentation of ‘partnership or collaboration with educational organizations’ encouraging the promotion of public health as a career. The partnerships can included but are not limited to

- Practicum, student placements/academic service learning, and/or internship opportunities
- Involvement in joint programs
- Faculty positions or guest lectures
- Participation in high school, college and/or job/ career fairs

While many health departments already have formal programs in place, during our research we found that several informal partnerships already exist between local health departments and community partners. One goal of accreditation readiness is to work on formalizing the partnerships and ensuring all communities partners are aware of the opportunities available.

The following table represents types of documentation that *could* be used to meet the PHAB standard for Domain 8.

Examples of Required Documentation:

<ul style="list-style-type: none"> • Practicum, student placements/academic service learning, and/or internship opportunities 	<ul style="list-style-type: none"> • Formal agreements between agencies and colleges and universities • Required application process information and application documentation available online or by request
<ul style="list-style-type: none"> • Involvement in joint programs 	<ul style="list-style-type: none"> • Listing of program content and collaborating agencies, persons, groups, etc. • Advertising of joint programs among involved agencies
<ul style="list-style-type: none"> • Faculty positions or guest lectures 	<ul style="list-style-type: none"> • Listing of agency employees who hold faculty positions at colleges or universities • Utilize availability of agency employees by accessing online or as requested speaker request form. An example can be found at http://www.louisvilleky.gov/health/healtheducationandpromotionservices and click on the ‘Community Health Events Request Form’
<ul style="list-style-type: none"> • Participation in high school, college and/or job/ career fairs 	<ul style="list-style-type: none"> • Copies of advertisements listing participating agencies • Formal agreement between agencies • Copies of ‘contact lists’ listing agency as a participator as a contact for graduating students

CONCLUSIONS:

During research for this project, we feel that health departments will have most of the procedures already in place to be able to meet the domain requirements. However, many of the agencies may not have *written* policies/procedures in place to meet the standards. The accreditation process will stress the importance of *written* policies and documentation. There are many ways that health departments can pursue accreditation readiness; we hope that we have provided some general overall strategies and possible pitfalls affecting agency performance. When choosing Domain 8.1.4 B, we attempted to provide more specific suggestions as to what type of documentation could be used to meet standards listed. We realize that our suggestions are not all inclusive of ways for health departments to achieve accreditation readiness. The Public Health Accreditation Board’s website, found at www.phaboard.org, lists steps, strategies and forms for health departments to use to work toward agency accreditation.

Upon talking with local health department officials, an additional area where strategies, guidance documentation and suggestions would be helpful would be in the ‘Governance’

area of the accreditation standards which are addressed in Measures A3 and A4. As HB 258 stated, it will use the existing Public Health Leadership Institute to help oversee and advise part of the accreditation process with the intention of strengthening the governing bodies of health departments. It is recommended to continue research and planning in this area, if we continue with the project after the completion of KPHLI.

With the impending implementation of the National Health Care Plan, Public Health is poised to play a large role in carrying out the prevention component of this plan. As this national plan is implemented and ‘passed down,’ health departments will be required to meet certain standards, i.e., accreditation. It is anticipated that Kentucky will add public health departments to the accreditation plan in a pyramid style, starting with ten (10) health departments volunteering each year. So, it is believed that the state already has the first 9, at least, volunteer health departments from the 10 that applied to be a PHAB Beta Test site and weren’t chosen. Many are hopeful and optimistic that Kentucky is ready to meet the challenge of health department accreditation head on to build accountability, credibility and improve the health outcomes for the citizens of Kentucky.

LEADERSHIP DEVELOPMENT OPPORTUNITIES:

Russelyn Behanan

My year as a KPHLI scholar has been indelible. It started with tornadoes, grill fires, and numerous other disasters, but it has ended in what feels like success. Like any other accomplishment, it ends with sweet satisfaction of accomplishment and knowledge that I will be able to use for the remainder of my career. Through the various self-awareness tools, I was able to look more closely at who I am as a leader, what I do well, and what my strengths are. This was invaluable information that helped me build my individual development plan that shows me where and how I can improve as a leader. I was able to develop some great relationships with not only my team mates, but my fellow scholars and leaders who represent various communities and organizations around Kentucky and Ohio. These are people I may have never met had it not been for this opportunity. I take away from KPHLI a new distinction and a challenge to always continue to exceed my own expectations. I will always encourage my peers to experience KPHLI.

Wendy Hawkins

During this past year in KPHLI, I have been allowed, and expected to, take a close look not only at my personal attributes that could enhance or hinder my leadership abilities, but also to examine how each action taken could affect a subsequent action later on. I have learned that although at times, I feel very autonomous in my job, that I really am a part of a whole system. I have been given insight into how others may perceive me and my leadership style/ability and have been supplied with tools to help become the leader I want to become. I feel very fortunate to have had the opportunity to meet and work closely with my group. Our team had several obstacles to overcome during the year and I feel like we addressed them and handled them in an appropriate and professional manner.

I look forward to continued relationships not only with my teammates but others I have met during this past year.

Megan LaFollette

My participation in KPHLI has complimented my interest in public health and service to my community. I enrolled in KPHLI simultaneously as I accepted a new position in Community Health Education and Promotion. While learning a new job, the many personal development and personality assessments help me navigate my strengths. I learned my strengths that I can now utilize when developing partnerships within the community and with co-workers. I hope to continue to grow within the department and continue to improve my job skills.

Nicolette Jones

This past year as a KPHLI scholar has been a rewarding and educational experience. While this year has held many challenges in public health with the H1N1 virus involvement as well as other department focuses, being involved with the program has allowed me to have a better understanding of how the core functions as well as the 10 Essential Public Health Services work within the system. I have been reminded that the smallest piece of a system affects the whole in a greater measure and while it is time consuming, it is important to look at the whole and make the connections. Work with my team has probably been the most rewarding as I have met people who are passionate about their work and have a strong commitment of service to others. Overall, involvement with KPHLI has left me excited and with a better understanding of the future of Public Health as well as the knowledge of there being a dedicated workforce throughout the state.

REFERENCES

1. Facts about the Joint Commission Website. 2010. Available at http://www.jointcommission.org/AboutUs/Fact_Sheets/joint_commission_facts.htm. Accessed March 19, 2010.
2. Public Health Accreditation Board – About Us Website. 2010. Available at <http://www.phaboard.org/index.php/about/>. Accessed March 19, 2010.
3. Kentucky Legislative Record – House Bill 258 Website. 2010. Available at <http://www.lrc.ky.gov/record/10rs/hb258.htm>. Accessed March 26, 2010.
4. Essential Public Health Services. Public Health in America Website. 2008. Available at: <http://www.health.gov/phfunctions/public.htm>. Accessed March 19, 2010.
5. 10 Essential Public Health Services. Centers for Disease Control and Prevention Website. 2008. Available at <http://www.cdc.gov/od/ocphp/nphpsp/EssentialPHServices.htm>. Accessed March 19, 2010.
6. Draft Voluntary Accreditation Standards for Public Health Accreditation. Public Health Accreditation Board Website. 2009. Available at http://www.phaboard.org/index.php/beta_test/standards/ Accessed March 19, 2010.
7. National Public Health Performance Standards Program. Centers for Disease Control and Prevention Website. 2008. Available at <http://www.cdc.gov/od/ocphp/nphpsp/index.htm> Accessed March 19, 2010.

APPENDICES

Appendix 1: Steps Health Departments Can Take to Get Ready for Accreditation

1. Review Public Health Accreditation Board Accreditation (PHAB)
<http://www.phaboard.org/pdfs/Guide%20to%20Accreditation%20-%20FINAL%20draft%2010-26-09.pdf>
2. Review PHAB Standards.
http://www.phaboard.org/index.php/beta_test/standards/
3. Review and complete the PHAB accreditation readiness checklist.
<http://www.phaboard.org/pdfs/Readiness%20Checklist%20FINAL%20draft%2010-26-09.pdf>
4. Once at least 50% of the tasks listed in the readiness checklist are underway, complete the PHAB Statement of Intent.
<http://www.phaboard.org/pdfs/Statement%20of%20Intent%20FINAL%20Draft10-26-09.pdf>
5. Complete the PHAB Assessment Tool
<http://www.phaboard.org/images/uploads/Draft%20Self-Assessment%20Tool%20LOCAL.pdf>

Appendix 2: Possible Pitfalls/Positives Associated with Certain Strategies

There are several different ways that a health department can work to ready themselves for accreditation. Two of the ways that we defined are 1) using outside consultants and 2) using the employees.

Using consultants may speed up the process of readying an agency for accreditation because the consultants will have been through this process before and is familiar with it. However, by using consultants that won't give the employees any 'ownership' into the process and help motivate them to maintain the standards after accreditation has been awarded. And the employee may feel like it isn't their job to carry out and implement what a 'consultant' tells them to do.

By using employees to ready an agency, you would think that they would take ownership in the process and be motivated to achieve and maintain the standards. But, some employees may want to know how accreditation will directly affect them and why they should have to do more work for no visible benefit.

One of the main reasons health departments will start seeking national accreditation is due to funding opportunities and budget pressure. Decreases in funding/budgets can lead to furloughs and staff cuts which can adversely affect resources, morale and productivity. However, threats of lay-off and cuts could help motivate employees to achieve accreditation.

If funding and budgets are cut, that could directly affect the agencies service capacity. If the funding is decreased, then employees could say that there is no way the level and quality of service can stay the same if the money is less. If service capacity is decreased then performance and growth could decrease as well as service offerings which could lead to furloughs and staff cuts.

While there is no clear-cut solution to how best work toward accreditation readiness, we believe that it is imperative to use employees throughout the readiness process so that they feel informed and included. Employees need to be made aware of the possible adverse actions that could eventually happen if the agency does not become accredited

Appendix 3: Volunteer/Intern Orientation Checklist

STUDENT ORIENTATION CHECKLIST

The checklist below will assist in the orientation process. It is important that your supervisor provide details specific to your assigned division, program, and position. The following items are discussed with each volunteer/student intern. Please initial as each is completed:

	Mission Statement
	Agency Values
	Definition of Public Health
	Public Health Core Functions
	Records Check Form
	Confidentiality Agreement for Agency Volunteers/Student Interns
	HIPAA Policies
	Dress Code
	Policy for Parking
	Time Sheet/Hours Recorded
	Agency Administrative Manual
	Public Health Orientation Module: TRAIN

Volunteer/Student Intern: Please sign after you have received, read, and had the opportunity to ask questions concerning the information and policies during your orientation. Do not hesitate to ask your supervisor or management staff for clarification (Please always refer to your administrative manual).

Your signature indicates that you agree to abide by all information and regulations covered in your discussions during orientation. A copy of this will be given to you and placed in your file.

I have successfully completed the Student Intern Orientation on

Date _____

Volunteer/Student Intern Signature _____

Volunteer Coordinator Signature _____

Assigned Department _____

Supervisor's Name _____

Appendix 3: Internship Application

Internship Application Graduate Level Application, Masters or Doctorate

Date:

Name:

Home Address:

Email Address:

Phone Number(s):

1. Current Degree Program and Expected Graduation Date:
2. Internship required for graduation? Y/N
3. Current GPA:
4. Please select your area of concentration:
 - a. Biostatistics
 - b. Environmental & Occupational Health Sciences
 - c. Epidemiology
 - d. Health Behavior
 - e. Health Management
 - f. Community Health
5. List educational highlights, special awards, certificates, etc.
6. Please list any leadership roles either work or volunteer.
7. Please list at least 5 skills you can offer your preceptor during placement.
8. Each intern will be required to complete an independent project of their choice to help fulfill degree requirements. What type of project do you envision yourself completing?
9. Personal Statement: Briefly describe why you would like an internship at LMPHW, what you are passionate about, how it will help your career goals, etc.

Appendix 4: Student Contract

Student Internship Contract
Student Activities/Learning Objectives/Competencies

TODAYS DATE: _____

STUDENT NAME:

PRECEPTOR NAME:

PRACTICUM SITE ADDRESS:

List major projects to be performed:

List competencies for the student (i.e. the student will be able to...)

This statement of responsibilities is acceptable (signatures required):

STUDENT SIGNATURE _____ DATE _____

PRECEPTOR SIGNATURE _____

DATE _____

Appendix 5: Intern Evaluation

INTERNSHIP PERFORMANCE EVALUATION

Intern's Name: _____

Dates : _____

Name of Facility: _____

Evaluator: _____

Please check the standard which best indicates the intern's level of achieving the competencies below.

Competency	Needs improvement	Meets standard	Above standard
1. Perform ethically in accordance with the values of applicable agency(ies)			
2. Participate in professional activities			
3. Participate in legislative and public policy processes as they directly affect job function.			
4. Use current technologies for information and communication activities			
5. Supervise education and training for target groups			
6. Develop and review educational materials for target populations (perform)			
7. Participate in the use of mass media for community-based programs			
8. Interpret and incorporate new scientific knowledge into practice (perform)			
9. Supervise translation of research for target populations			
10. Acquire knowledge of about the greater community the agency serves			
11. Identify community resources that agency utilizes			
12. Address possible gaps in resources			
13. Demonstrate cultural competence			
14. Demonstrate ability to work collaboratively with agency staff			
15. Demonstrated ability to utilize supervision and feedback to enhance learning and performance.			

Comments: _____
