

Public Health Department Accreditation

A gap analysis based upon PHAB Standards and
Measures v1.0

EXECUTIVE SUMMARY

This report reflects an internal review of [REDACTED] national public health department accreditation readiness based upon the Public Health Accreditation Board's (PHAB) Standards & Measures v1.0. Sixteen agency leaders were surveyed about [REDACTED] work related to one or more accreditation domains. In total, these surveys included 263 questions assessing compliance to the seventy-two standards within PHAB's twelve accreditation domains. For measures in which our work was deemed not compliant or incompletely compliant, respondents were asked to describe the gap between current [REDACTED] activities and the PHAB measure. Survey results were then reviewed by the agency leadership.

EXECUTIVE SUMMARY

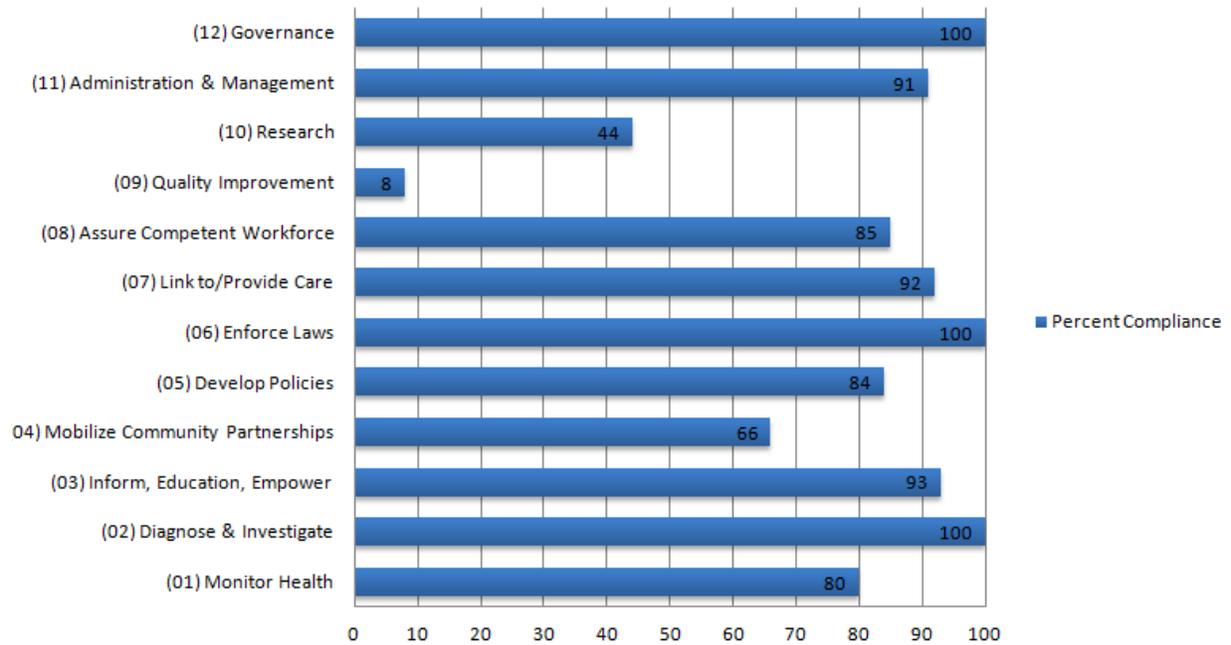
Of the 263 survey questions, staff reported a compliance rate of 84% (211) of the PHAB measures. Ten of the twelve domains had greater than 80% compliance to all measures. Domain 9 (Performance Management and Quality Improvement) had the most identified gaps. Domain 9 requires the development and implementation of a performance management system which is in the process of development by the [REDACTED] leadership team.

This internal assessment, supported through NACCHO by the Office for State, Tribal, Local and Territorial Support at the U.S. Centers for Disease Control and Prevention, will help [REDACTED] [REDACTED] to identify opportunities to improve our work and achieve our mission to promote health and health equity in [REDACTED]. It will also inform our participation in the ongoing national discussion regarding what resources are needed to ensure that health departments may continue to provide residents with the highest quality public health services.

[REDACTED]
Director

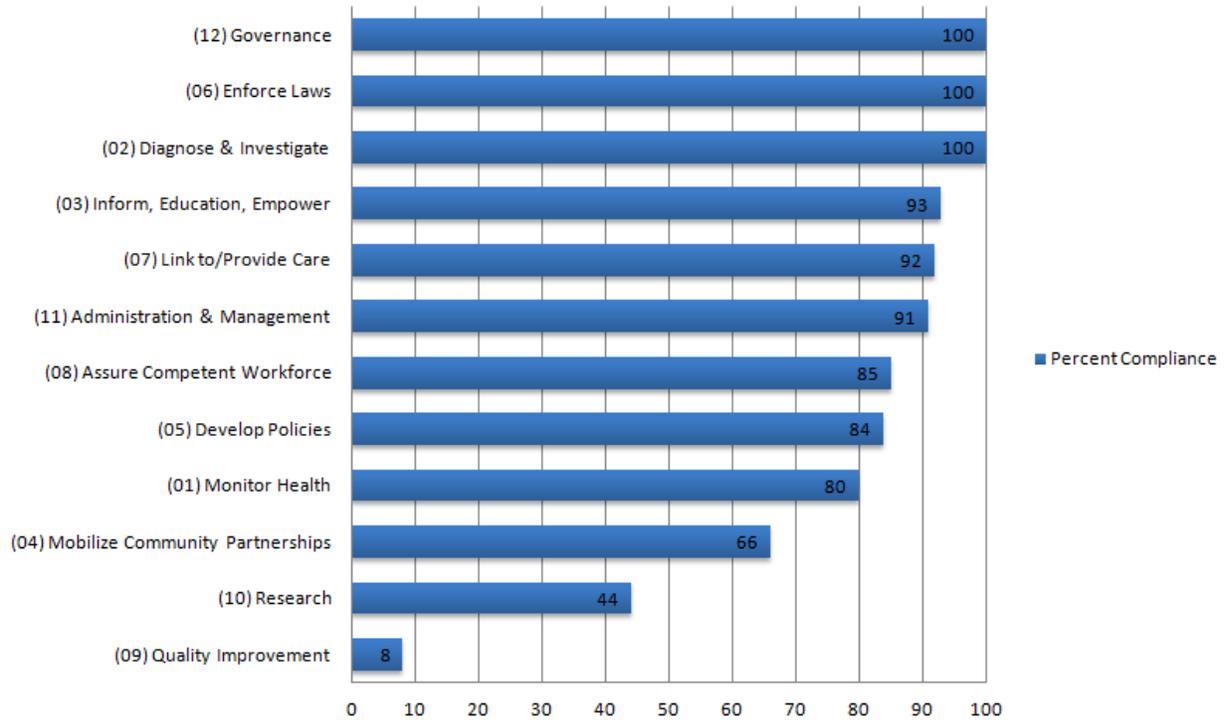
SUMMARY STATISTICS

Estimated Compliance to PHAB Standards and Measures by Domain Number



SUMMARY STATISTICS

Domain with Highest Estimated Compliance to PHAB Standards and Measures



GAP ANALYSIS BY DOMAIN



The following pages summarize PHAB Standards & Measures v1.0 compliance survey results by domain. Each domain analysis begins with a graph summarizing the reported rate of compliance with the PHAB measures. Measures for which survey respondents deemed [REDACTED] activities not compliant or incompletely compliant are then listed along with gap analysis comments submitted by respondents. Domains for which respondents agreed our activities are fully compliant with PHAB measures do not include comments in this report.

DOMAIN 1 – CONDUCT AND DISSEMINATE ASSESSMENTS FOCUSED ON POPULATION HEALTH STATUS AND PUBLIC HEALTH ISSUES



1.1.1 Participate in or conduct a Tribal/local partnership for the development of a comprehensive community health assessment of the population served by the health department

We are in the midst of the MAPP process, which will result in a comprehensive community health assessment. We expect to complete MAPP by the end of 2013.

1.1.2 Complete a Tribal/local community health assessment

Using multiple sources of population surveillance data, [redacted] annually produces the Health of [redacted] report. This report uses descriptive analytic techniques to describe common causes of morbidity and mortality among [redacted] residents and various subpopulations. Although this report provides a detailed description of the health status and health-related behaviors of [redacted] residents, it is not a traditional community needs assessment.

1.1.3 Ensure that the community health assessment is accessible to agencies, organizations, and the general public

The report is completed by [redacted]. The results are shared with various community partners through personal communications, emails and presentations.

DOMAIN 1 – CONDUCT AND DISSEMINATE ASSESSMENTS FOCUSED ON POPULATION HEALTH STATUS AND PUBLIC HEALTH ISSUES

Documentation that the community health assessment has been distributed to partner organizations

The report is produced by [REDACTED]. It is presented to partners at which time partners have the opportunity to provide feedback about the report that may be incorporated the following year.

We meet and communicate with many partners on a regular basis, but not necessarily around data. Our Research and Evaluation Office may have more to say about this.

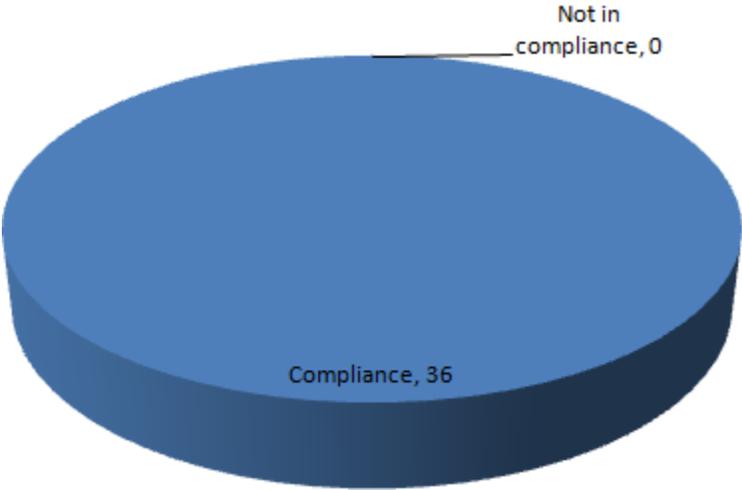
1.2.1 Processes and/or protocols to maintain the comprehensive collection, review, and analysis of data on multiple health conditions from multiple sources

We receive reports of communicable diseases through healthcare provider, healthcare institution, and laboratory reporting to [REDACTED]. Well-established protocols exist for follow-up of reported cases and outbreaks. In addition we receive surveillance data sets from various state agencies, including [REDACTED]. Written protocols also exist for [REDACTED] Syndromic Surveillance System and [REDACTED] Behavioral Risk Factor Surveillance System.

Note:

Most requirements will be satisfied once the MAPP process is completed.

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



Fully Satisfied

DOMAIN 3 – INFORM AND EDUCATE ABOUT PUBLIC HEALTH ISSUES AND FUNCTIONS



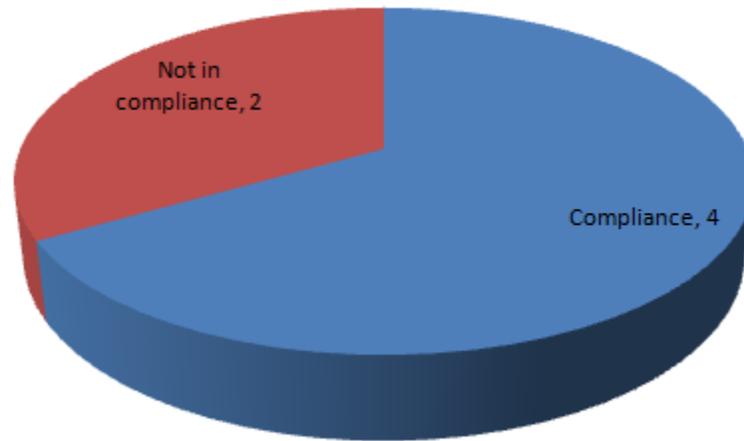
3.2.2 Describe the process for disseminating information accurately, timely, and appropriately. The procedures must define the process for different audiences who may request or receive information from the health department.

We don't have written policies that define the process for reaching different audiences with accurate, timely, and appropriate information, but we incorporate these values into all of our public health messaging. Codifying them in written form is what's missing.

3.2.3 Maintain written risk communication plan

We do not currently have a written risk communication plan. There are working documents that spell out procedures for communicating during certain emergency responses, but there is no singular risk communications plan for [redacted].

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



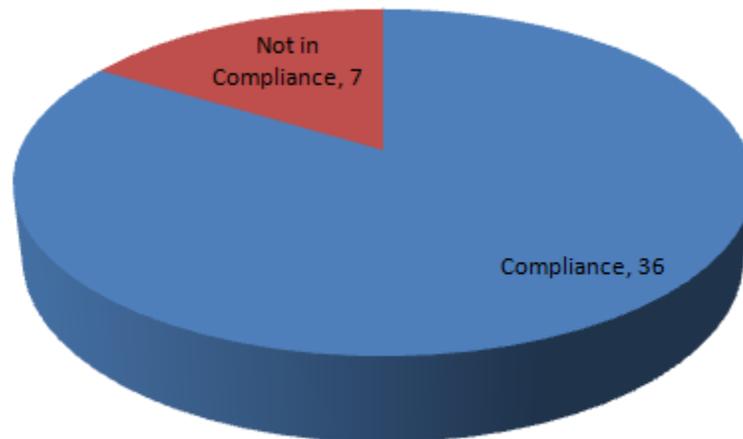
4.1.1 The health department must provide a description of the process, protocol, steps taken, or strategies employed to engage with and mobilize the community.

██████████ does not have the requisite documentation.

4.1.2 Documentation of consultation, technical assistance, or information provided on models of community engagement

Not sure we have two models. I know we do have one - MAPP and NPHPSP (that is part of MAPP).

DOMAIN 5 – DEVELOP PUBLIC HEALTH POLICIES AND PLANS



5.2.1 Conduct a process to develop community health improvement plan

Will be satisfied once our MAPP process has been completed - December 2013.

5.2.2 Community health priorities, measurable objectives, improvement strategies and performance measures with measurable and time-framed targets

Will be satisfied once our MAPP process has been completed and implementation is ready to begin - Spring 2014.

5.2.2 Policy changes needed to accomplish health objectives

Has been under discussion, but no actual plan for doing so. This is something we will need to revisit. Will be incorporated into our MAPP process.

5.2.2 Measurable health outcomes or indicators to monitor progress

Plan won't be completed until 12/31/13. We expect to show measurable progress within 3-5 years.

5.2.4 Revised health improvement plan based on evaluation results

Once the plan has been developed, we expect to do yearly evaluations and to revise the plan as needed.

DOMAIN 5 – DEVELOP PUBLIC HEALTH POLICIES AND PLANS

5.3.2: Adopt a department strategic plan

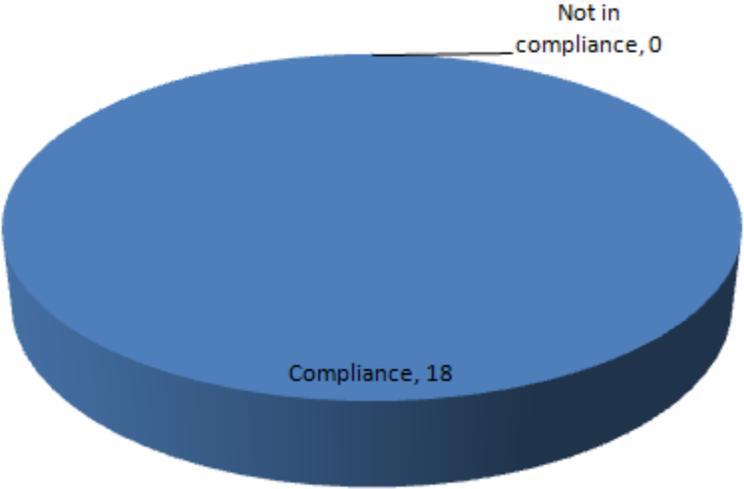
5.3.2a Mission, vision, guiding principles/values

We are in the final stages of finalizing a revised mission, vision and guiding principles. We hope to complete this by summer 2013.

5.3.2f Link to the health improvement plan and quality improvement plan

Our strategic plan will be linked with the community health improvement program once the MAPP process is completed in December of 2013.

DOMAIN 6 – ENFORCE PUBLIC HEALTH LAWS



Fully Satisfied

DOMAIN 7 – PROMOTE STRATEGIES TO IMPROVE ACCESS TO HEALTH CARE SERVICES



7.2.1 Development of strategies through the collaborative process to improve access to health care services

We are working on this measure through the MAPP process but can not claim that we fully satisfy the measure at this time.

DOMAIN 8 – MAINTAIN A COMPETENT PUBLIC HEALTH WORKFORCE



8.2.1 Nationally adopted core competencies

While we have worked with the Council on Linkages competencies, we have not formally adopted a set of competencies.

DOMAIN 9 – EVALUATE AND CONTINUOUSLY IMPROVE PROCESSES, PROGRAMS, AND INTERVENTIONS



9.1.1 Documentation of engaging the health department staff at all other levels in establishing or updating a performance management system

While a PMS model has been discussed at the management level, staff have not been included.

9.1.2 A completed performance management self-assessment

The [redacted] has developed an organization-wide performance evaluation system but it has not been implemented system-wide. Every program and bureau is responsible for its own self-assessment. A standards-based performance management system is also in development for programs which deliver direct services.

Performance management self-assessment has been completed for the five-year over-arching goals (i.e., reducing rates of overweight/obesity, low birth weight/infant mortality, and Chlamydia infection, as well as the inequitable racial gaps for residents of color) however these are limited, specific issues.

9.1.2 A current, functioning performance management committee or team

While the leadership team does to some extent fill this role, there is no designated committee or team that deals exclusively with PMS.

DOMAIN 9 – EVALUATE AND CONTINUOUSLY IMPROVE PROCESSES, PROGRAMS, AND INTERVENTIONS

Each program is responsible for the measuring and evaluating the achievement of programs goals and objectives. While the budget process and Over Arching goals do provide agency-wide assessment and review of some Program accomplishments, an agency-wide PMS is not used.

9.1.3 Demonstration of a process for monitoring of performance of goals and objectives

Programs often collect and analyze consumer feedback, however, there is no [redacted] wide approach to collecting this information, in fact this is currently no centralized list of [redacted] customers/stakeholders.

Information is maintained regarding employee training however it is not linked to a PMS.

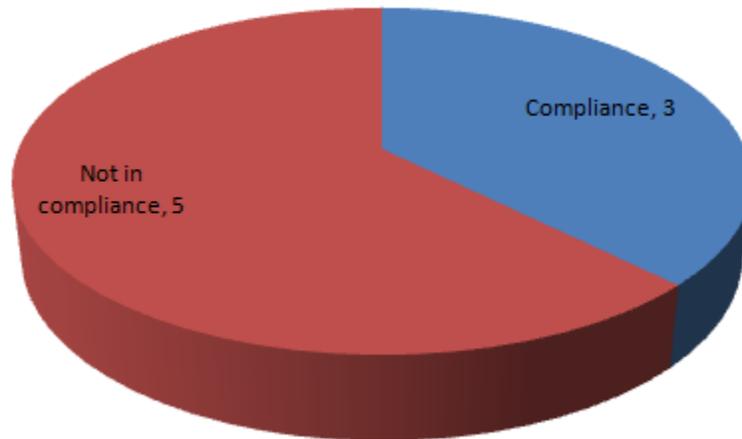
9.2.1 A written quality improvement plan

The [redacted] does not currently have a written quality improvement plan.

Note:

Overarching Goals plans may satisfy this measure.

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



10.1.1 Description of how evidence based or promising practice was implemented in agency processes, programs, and/or interventions

No written description is available

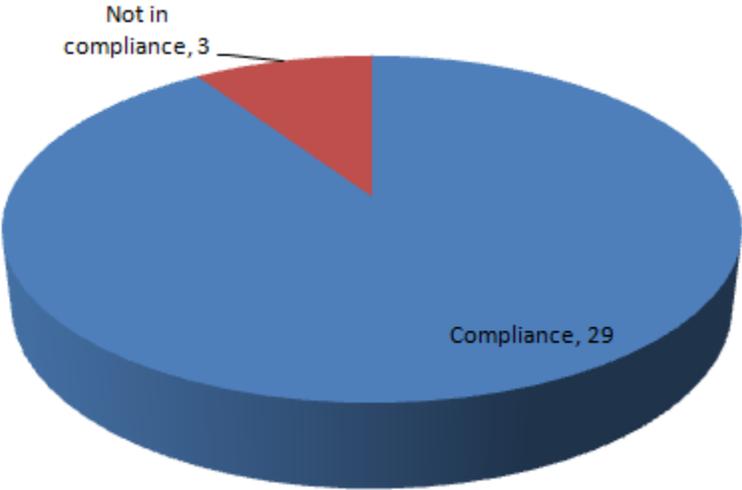
10.2.1 Human subjects research protection policy

There is no written policy. The [redacted] has interagency agreements with Institutional Review Boards (IRBs) of academic institutions who review the [redacted] study proposals.

10.2.2 Documentation of availability of expertise (internal or external) for analysis of research

It is unclear whether we have the required documentation. The [redacted] does have the expertise internally and externally.

DOMAIN 11 – MAINTAIN ADMINISTRATIVE AND MANAGEMENT CAPACITY



11.1.2 Maintain written policies regarding confidentiality, including applicable HIPAA requirements and provide staff training on these requirements

Our online HIPAA training module went down and the vendor went out of business. New employees receive some overview of HIPAA at orientation and receive the policy and must sign the confidentiality form. There is however no formal training.

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



Fully Satisfied

ACKNOWLEDGEMENTS

This report was prepared by [REDACTED].

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