1. **Project Overview**

Worcester County is a growing rural county in Maryland – known for recreational activities and retirement living. The 2010 United States Census Bureau reported the county had a population of 51,454, a 10.6 percent increase from the 2000 population census data. The county also has a large population of visitors to Ocean City and the Assateague State and National Parks. The proportion of persons 65 years and over is 23.3 percent and 12 percent of the population of Worcester County live below the poverty level.

These are some of the activities our agency engaged in while under the auspices of the NACCHO grant, in order of implementation:

- completed the PHAB online orientation (4 key staff, later 7 domain leaders)
- formed a core accreditation team to get the project started (same 4 key staff)
- reviewed PHAB standards and measures
- organized internal filing systems
- participated in national webinars, state and county PHAB teleconferences, and unit meetings throughout the health department
- created a PHAB steering committee to develop a department-wide structure and strategy
- collected and reviewed documentation relating to PHAB standards
- began CHIP and Strategic Planning activities
- completed CHA involving community stakeholders meetings

We have made significant progress in developing our CHIP and Strategic Plan which are expected to be completed in June. The CHA was completed on May 17th. We have organized and structured our agency’s steering committee’s overall plan for PHAB accreditation and we have begun collecting a considerable amount of the documentation required for accreditation. Although not a deliverable for NACCHO, we have revised the agency’s PI plan and companion training plan. Also, significant was reorganizing or PHAB steering organization after participating in the most important tool provided by NACCHO – the grantee conference call.

2. **Reflections: Successes, Challenges, and Lessons Learned**

Regular PHAB-specific meetings along with consistent discussion and updates in other standing committee meetings keep PHAB present in our minds as we go about our work day. Being familiar with the details of the standards particularly relevant to our programs helps us look for improvement opportunities.
We faced some early challenges with staff hesitancy to embrace “yet another thing we have to do,” given that most staff are already operating at peak capacity. The message to them is they are already doing a large percentage of the work required in the standards. Their work is to take a closer look at what they are doing and make sure they are not missing any important components associated with quality public health activities.

It helps to break down the work into manageable pieces that are subsequently addressed by small groups of health department staff considered most knowledgeable in the activities within a given domain. The work of these small groups can then be funneled up to “another set of eyes” in the interpretation team before documentation is accepted for submission to PHAB. It also helps to be patient and flexible with unrealistic deadlines.

NACCHO offered good support to our effort and helped our agency to push forward by helping to pay for the time it takes to work on PHAB activities. The webinars and conferences helped us to feel more comfortable with our experience as we received assurance that many of our struggles were mirrored in other agencies around the country. It may be better to have the first conference call with other grantees earlier and every other month. The first one was very useful and validating. We would probably not have collected and reviewed nearly as much documentation if it were not for NACCHO’s requirement of two sample documents per domain.

3. **Impact and Next Steps**

The PHAB project has increased staff understanding of the public health core competencies. Core competencies have been a topic of intermittent discussion in our health department for years. PHAB will give real meaning to the words in a consistent way.

The impact of the project to date has helped our organization to steadily progress toward the goal of public health accreditation. We have collected and reviewed a considerable amount of documentation and have identified several areas where “open loops” have become more obvious to us under domains 3 (involving agency branding) and 11 (access to policy). We will be able to close these loops with just a little more effort to complete the work we have already begun in agency branding and we have recently reviewed computer software to help us tackle policy organization and access. NACCHO’s requirement of two document samples per domain is also a great incentive to push forward.

The work we have engaged in under the grant has definitely advanced our preparation for PHAB accreditation as well as Joint Commission compliance. We have developed an organized structure and process to this end, have created a number of teams to address specific domain requirements, and have become increasingly more familiar with the standards under each of the 12 domains. We have reflected on our current practices and have found new ways to enhance them - all driven by discussions initiated through our PHAB project.

Our plan for the next 12 months is to submit application to PHAB in June 2012; continue to review
the quality of our work and associated documentation – looking for opportunities for improvement in process, organization, and provision of public health services. Our 24-month plan is to host a PHAB site visit and continue to work at either gaining or maintaining public health accreditation.