



Crosswalk

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for



**Office of Public Health Practice
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*An analysis of PHAB standards and Michigan
local public health accreditation
requirements*

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Appendix 1: Accreditation for Local Public Health: A Comparison of the Michigan Local Public Health Accreditation Program (MLPHPAP) and the National Public Health Accreditation Program (PHAB) GREEN PAPER is used by permission of Debra Scarmarchia Tews, MA, Accreditation & Quality Improvement Manager, Michigan Department of Community Health Local Health Services.

Table of Contents

Introduction	1
Author	2
Disclaimer	3
Crosswalk Format	3
Crosswalk: Michigan and National Voluntary Public Health Accreditation	5
Domain 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community	5
Domain 2: Investigate health problems and environmental public health hazards to protect the community	7
Domain 3: Inform and educate about public health issues and functions	9
Domain 4: Engage with the community to identify and address health problems	11
Domain 5: Develop public health policies and plans	12
Domain 6: Enforce public health laws	13
Domain 7: Promote strategies to improve access to health care services	15
Domain 8: Maintain a competent public health workforce	16
Domain 9: Evaluate and continuously improve processes, programs, and interventions	17
Domain 10: Contribute to and apply the evidence base of public health	18
Domain 11: Maintain administrative and management capacity	19
Domain 12: Maintain capacity to engage the public health governing entity	20

Appendix 1

Accreditation for Local Public Health: A Comparison of the Michigan Local Public Health Accreditation Program (MLPHPAP) and the National Public Health Accreditation Program (PHAB) GREEN PAPER.

*Green paper Prepared By: Debra Scarmarcia Tews, MA, Accreditation & Quality Improvement Manager,
Michigan Department of Community Health Local Health Services, June 7, 2010 (Rev. 7/8/10, 8/31/10)*

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Introduction

Public health accreditation is a status that provides public notification that the public health department or program meets standards of quality set forth by an accrediting body. Public health accreditation demonstrates accountability to the community and measures performance against established standards.

In Michigan, public health accreditation for local public health departments (LHDs) was embodied in the Michigan Local Public Health Accreditation Program (MLPHAP)¹. The MLPHAP, formed in 1998, is a collaboration of Michigan's state departments of Agriculture and Rural Development, Community Health, and Environmental Quality, the Michigan Public Health Institute, the Michigan Association for Local Public Health, and Michigan's local public health departments. The purpose of MLPHAP is to monitor and evaluate Michigan's 45 local health departments for compliance with an established set of Minimum Program Requirements (MPRs). This MPR set is based on law, statute, or administrative rule for 13 program/administrative functions. Michigan's local health departments receive an on-site review every three years. In 2011, Michigan is in the process of completing Cycle 4, its 4th accreditation cycle. Cycle 5 will begin in 2012.

A national voluntary public health accreditation program was launched in July 2011 under the auspices of the Public Health Accreditation Board (PHAB). PHAB receives support from the Centers for Disease Control and Prevention (CDC) and The Robert Wood Johnson Foundation (RWJF), and works closely with national organizations, such as the National Association of County & City Health Officials (NACCHO), the Association of State and Territorial Health Officials (ASTHO), the National Association of Local Boards of Health (NALBOH), the National Indian Health Board, and APHA (American Public Health Association). PHAB's national accreditation program is based on the 10 essential public health services and also includes Administrative and Management Capacity and Capacity to Engage the Public Health Governing Authority.² Version 1.0 is the initial release of its domains, standards and measures for the voluntary national accreditation review for state, local, and tribal health departments.³

To aid in understanding how Michigan's ongoing state-wide accreditation work may be used to support and assist in meeting national voluntary accreditation through PHAB, the Michigan Public Health Training Center, which is housed in the University of Michigan School of Public Health's Office of Public Health Practice, commissioned a Crosswalk of the two programs in 2011. The goal of this Crosswalk is to take each of the 12 PHAB standards and identify relevant

¹ Michigan Local Public Health Accreditation Program www.accreditation.localhealth.net

² Public Health Accreditation Board www.phaboard.org

³ Public Health Accreditation Board www.phaboard.org

standards within the MLPHAP, indicate their applicability and point out current documentation efforts being done for MLPHAP that may serve national accreditation standards. This Crosswalk is a tool for Michigan's local public health departments, as they work toward applying for national public health accreditation.

Given how recently the launch of national voluntary accreditation occurred—July 1, 2011—this Crosswalk should be viewed as a work-in-progress, subject to updates and additions. Readers can benefit from the documentation examples identified here and, hopefully, will contribute their own examples of how work done under the Michigan accreditation process also fits within the framework of the national voluntary accreditation program.

An accreditation green paper was written by Michigan Department of Community Health (MDCH) Local Health Services Manager Debra Tews in 2010 and provides an overview of Michigan's public health accreditation program and PHAB's program, which was in beta test at that time. The green paper is contained in Appendix 1 of the Crosswalk.

Author

The Crosswalk was developed by Mary Lynn Kushion and represents her depth of knowledge with both MLPHAP and the PHAB's national voluntary public health accreditation program. Her blend of expertise and national, state and local experiences make her uniquely qualified to reflect on the two sets of standards and produce a Crosswalk.

Ms. Kushion is the Health Officer of the Central Michigan District Health Department; a position she has held since January 1993. Ms. Kushion had led her department through four accreditation cycles including the voluntary Quality Improvement Supplement (QIS) contained within the MLPHAP Powers and Duties section.

In 2003, Ms. Kushion was asked to chair the Michigan Accreditation Quality Improvement (AQIP) Workgroup, a sub-committee of the Michigan Local Public Health Accreditation Commission. The charge for the AQIP Workgroup is to ensure that improvement activities associated with Michigan's accreditation process engage all key stakeholders, to identify opportunities for process improvement and to develop recommendations for ongoing process improvement. Ms. Kushion has also been a member of the Michigan Local Public Health Accreditation Commission since 2006.

Ms. Kushion was a member of the Research and Evaluation Team for *Exploring Accreditation*, an RWJ-funded project that provided final recommendations in 2006 for a voluntary national accreditation program for state and local public health departments. She was also selected to serve as a member of the PHAB Standards Development Workgroup. In 2010 Ms. Kushion served as a member on two PHAB beta test site visits.

Ms. Kushion has also served on the NACCHO Public Health Infrastructure Workgroup and is currently the chairperson of the NACCHO Accreditation Preparation and Quality Improvement Workgroup.

Disclaimer

It is the author's belief that this report and its documentation examples **may** support and assist the reader in meeting standards within the PHAB process. The author does not make any guarantees that what is referenced in this report as suggested evidence to meet the PHAB standards will actually satisfy PHAB reviewers; the information is being provided as suggestions only.

Crosswalk Format

The Crosswalk includes:

- PHAB Version 1.0 domains and standards. All 12 PHAB domains are included.
- An indication of whether or not the standard is also measured within Michigan's system utilizing the minimum program requirements in the Cycle 4 tool.
- Suggestions for how local health departments within the state of Michigan may be able to potentially meet the PHAB standards with documentation/evidence currently required to meet the minimum program requirements in MLPHAP. Evidence or documentation examples drawn from the Michigan Accreditation Program, Cycle 4, where available.

The Crosswalk does not address the individual PHAB measures within standards; the comparisons between the two accreditation systems are presented at the PHAB Standard/MLHAP MPR level. Furthermore, the Crosswalk does not give all of the possible documentation necessary to meet the PHAB standards as they are contained in the PHAB Version 1.0 Standards and Measures, but rather gives examples to give the reader an idea of the types of documentation required. The elements and requirements contained as a component of the Powers and Duties Section were included in the Crosswalk and are referenced as the Plan of Organization,⁴ which is a document all local health departments in Michigan are required to submit to MDCH for approval every three years and the approved plan is necessary to meet Powers and Duties indicator 1.6.

⁴ The Plan of Organization is a Michigan Public Health Code Requirement for all local health departments which is reviewed and approved by the Michigan Department of Community Health once every three years. It includes the agency's legal responsibilities, organizational structure, mission, collaborative initiatives, service delivery, evaluation and health officer and medical director qualifications. The Plan of Organization can be found at http://www.michigan.gov/documents/mdch/PlanofOrganizationPackage3_5_07_189023_7.doc

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Domain 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community

PHAB Standards (Version 1.0)	Michigan Accreditation Program Indicators (Cycle 4)	Meeting PHAB Standards: Evidence/Documentation Examples
1.1 Participate In or Conduct a Collaborative Process Resulting in a Comprehensive Community Health Assessment	<p>Not addressed in Michigan's Cycle 4 process.</p> <p>Many local health departments (LHD) in Michigan participate in community health assessments, but because it is not a state mandate and does not receive state funding, it is not included in the accreditation process.</p>	<p>LHDs who have not yet begun a community health assessment process are encouraged to work with local non-profit hospitals that are mandated to complete a community health assessment process.</p> <p>A completed community health assessment report.</p>
1.2 Collect and Maintain Reliable, Comparable, and Valid Data That Provide Information on Conditions of Public Health Importance and On the Health Status of the Population	<p>MI accreditation sections contain specific examples of the types of data collected. Examples are cited as follows:</p> <p>Section 1 Powers and Duties 1.2 (a & b): Demonstrate access to vital health statistics. Documents that demonstrates analysis and interpretation of vital stats.</p> <p>Section 1 Powers and Duties 1.3 LHD shall make investigations as to causes of disease, morbidity and mortality as well as environmental hazards.</p> <p>Plan of Organization 2.D</p> <p>Section 3 Food Service 7 Identify critical violations during field review.</p> <p>Section 4 Communicable Disease (CD) 1.2 Collects CD data</p> <p>Section 4 CD 1.4 Data on annual report</p> <p>Section 5 Hearing 1.2 Documentation of hearing screenings between ages of 3-5</p> <p>Section 5 Hearing 2.1 Report stats of Hearing screenings in public and private schools.</p> <p>Section 6 Immunizations (Imms). 4.1 LHD shall sustain immunization levels in Michigan Childhood Immunization Registry (MCIR)</p> <p>Section 7 On-Site Sewage 5.1 Documentation on system failures and why they occurred.</p> <p>Section 8 Sexually Transmitted Disease (STD) 1.1 Ensure reporting and follow-up with Michigan's Public Health Code</p> <p>Section 9 Vision 1.2 Documentation of Vision screenings for children 3-5.</p> <p>Section 9 Vision 2.1 Program reports that show LHD assured vision screenings for school age children.</p> <p>Section 12 HIV/AIDS 1.1 and 1.2 Conduct reporting and follow-up of HIV/AIDS cases.</p>	<p>PHAB will require evidence of partnerships/training/utilization of surveillance sites. Agencies need to show evidence of where the surveillance sites are located and the types of meetings/trainings held with the sites.</p> <p>Documentation on general population health data and its availability will be required. Website screen shots, annual reports, press releases, county health rankings data are possible examples.</p>

Domain 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community

PHAB Standards (Version 1.0)	Michigan Accreditation Program Indicators (Cycle 4)	Meeting PHAB Standards: Evidence/Documentation Examples
1.3 Analyze Public Health Data to identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors That Affect the Public's Health	<p>Michigan's indicators do not specifically include analysis of social and economic conditions, but rather focus on health problems and hazards.</p> <p>Section 1 Powers and Duties 1.2 (a & b) Demonstrate access to vital health statistics. Documents that demonstrates analysis and interpretation of vital stats.</p> <p>Section 1 Powers and Duties 1.3 LHD shall make investigations as to causes of disease, morbidity and mortality as well as environmental hazards.</p> <p>Section 4 CD 1.2 Collects/analyzes data.</p> <p>Section 7 On-Site Sewage 5.1 Documentation on system failures and why they occurred.</p> <p>Section 8 STD 3 Analyze STD morbidity priority reporting sites and provide professional attention to those sites.</p>	<p>Examples include information distributed to various audiences on the status of health behaviors, and/or environmental issues in order to inform the public on the health status of the community. Evidence needs to show that the information contained in the report was distributed and how it was distributed, but does not necessarily need to include the report itself.</p>
1.4 Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Interventions	<p>Not addressed in Michigan Cycle 4 process, but two examples are listed here on how data collected to meet the MLPHAP may be used to meet the PHAB standard.</p> <p>Section 6 Imms. 6.1 LHD uses the IAP mechanism to improve immunization rates, clinic hours and to coordinate services/communication with private/public providers</p> <p>Section 8 STD 3.1 Analyze STD morbidity priority reporting sites and provide professional attention to those sites.</p>	<p>Utilize the reports generated in PHAB Standard 1.3; use the information in the reports to form county health profiles and show evidence of how they were distributed to community stakeholders and the public through the use of website screen shots, email distributions, press releases, presentations.</p>

Domain 2: Investigate health problems and environmental public health hazards to protect the community

PHAB Standards (Version 1.0)	Michigan Accreditation Program Indicators (Cycle 4)	Meeting PHAB Standards: Evidence/Documentation Examples
2.1 Conduct Timely Investigations of Health Problems and Environmental Public Health Hazards	<p>Section 1 Powers and Duties 1.2 LHD shall utilize health stats for purposes of protecting the public's health.</p> <p>Section 4 CD 1.2 Collects/analyzes data.</p> <p>Section 3 Food Service 7 Citing of critical violations during field review.</p> <p>Section 3 Food Service 8 Food Code complaint inspections are conducted.</p>	<p>Communicable Disease/Food Borne Outbreak Policies/Protocols with reporting timelines and staff responsibilities included in the policy (can be hard copy or available electronically).</p> <p>Examples of disease/environmental health investigations conducted by the agency.</p>
2.2 Contain/Mitigate Health Problems and Environmental Public Health Hazards	<p>Prevention of public health disasters outside of communicable disease and/or food borne outbreaks are not addressed in Michigan's accreditation process in Cycle 4.</p> <p>Section 3 Food Service 10 Enforcement of food code violations</p> <p>Section 3 Food Service 11 Unauthorized construction of food facilities</p> <p>Section 3 Food Service 14 Variances are reviewed for conditions that vary from the code</p> <p>Section 3 Food Service 15 Complaint investigations are done when reported.</p> <p>Section 4 CD 2.1 Initiate CD investigations required by Michigan law and executive orders</p>	<p>After Action reports, results of food service investigation. Epidemiological report sent to state with findings/recommendations and conclusions.</p> <p>List of significant events within the jurisdiction and what prompts activation of the All-Hazard Plan.</p>
2.3 Ensure Access to Laboratory and Epidemiologic/Environmental Public Health Expertise and Capacity to Investigate and Contain/Mitigate Public Health Problems and Environmental Public Health Hazards	<p>Section 2 Clinical Lab 1.1 LHD acts in accordance with the Clinical Lab Improvement Amendment of 2003.</p> <p>Section 4 CD 1.3 Submit to MDCH.</p> <p>Section 4 CD 1.2 Collects data from labs, etc.</p>	<p>CLIA certificate, evidence of access to lab services 24/7, protocols for handling specimens.</p> <p>24/7 Call down lists and documentation that it has been tested.</p> <p>Assurance of 24/7 coverage and surge capacity.</p>

Domain 2: Investigate health problems and environmental public health hazards to protect the community

PHAB Standards (Version 1.0)	Michigan Accreditation Program Indicators (Cycle 4)	Meeting PHAB Standards: Evidence/Documentation Examples
2.4 Maintain a Plan with Policies and Procedures for Urgent and Non-Urgent Communications	<p>Although this happens routinely throughout the state, emergency preparedness is not currently included in Michigan's accreditation process. The examples cited in this section relate to communications between the state and local health departments to communicate specific disease/program indicators.</p> <p>Plan of Organization 2.d IT capacity available to access and distribute current public health information.</p> <p>Section 4 CD 2.3 Notify MDCH immediately if suspect CD in jurisdiction</p> <p>Section 4 CD 1.1, 2.1, 3.1, and 4.1 Policies and procedures for CD reporting</p> <p>Section 4 CD 1.3 CD case reports submitted electronically via MDSS (technology)</p> <p>Section 6 Imms 4.3 LHD submits immunization reports to the MCIR</p> <p>Section 6 Imms 4.1 LHD conforms to on-line reporting requirements</p> <p>Section 6 Imms 4.2 LHD uses web-based reporting to assure accurate school records.</p> <p>Section 8 STD 5 Submission of quarterly STD medication inventory report to MDCH.</p> <p>Section 12 HIV/AIDS 2.3 Maintain necessary technological capacity.</p>	<p>Agency Risk Communications Plan</p> <p>Media Relations Plan</p> <p>Participation and use of Health Alert Network (HAN)</p> <p>Evidence that the media was used during a public health emergency</p> <p>Evidence of joint exercises with state and Tribal partners</p>

Domain 3: Inform and educate about public health issues and functions

PHAB Standards (Version 1.0)	Michigan Accreditation Program Indicators (Cycle 4)	Meeting PHAB Standards: Evidence/Documentation Examples
3.1 Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness	<p>Section 1 Powers and Duties 1.4 A local health department shall plan, implement, and evaluate health education through the provision of expert technical assistance, or financial support, or both.</p> <p>Section 1 Powers and Duties 1.7 LHD shall plan, implement and evaluate nutrition services.</p> <p>Section 3 Food Service. Important Factor I Addresses educational outreach activities such as newsletters, website, training, etc.</p> <p>Section 4 CD 1 – General definition- The local health department must have a system in place that allows for the referral of disease incidence and reporting information from physicians, laboratories, and other reporting entities to the local health department.</p> <p>Section 5 Hearing 6 A local health department shall conduct periodic free hearing programs for the testing and screening of children residing in its jurisdiction. The time and place of the programs shall be publicized.</p> <p>Section 9 Vision 6A Local health department shall conduct periodic free vision programs for the testing and screening of children residing in its jurisdiction. The time and place of the programs shall be publicized.</p> <p>Section 11 Family Planning 10.2 The agency must have an Information and Education (I & E) committee to review and approve all informational and educational materials developed or made available by the project.</p> <p>Section 12 HIV/AIDS 7 Establish, maintain and document linkages with community resources that are necessary and appropriate to addressing the prevention and care needs of clients receiving HIV-related services.</p>	<p>Examples of press releases, annual reports, presentations, flyers, brochures which address health issues, risks, behaviors, prevention or wellness and how they were shared with public.</p> <p>Meeting minutes from advisory councils regarding the formation of messaging.</p>

Domain 3: Inform and educate about public health issues and functions

PHAB Standards (Version 1.0)	Michigan Accreditation Program Indicators (Cycle 4)	Meeting PHAB Standards: Evidence/Documentation Examples
3.2 Provide Information on Public Health Issues and Public Health Functions Through Multiple Methods to a Variety of Audiences	<p>Section 1 Powers and Duties 1.4 LHD plans, implements and evaluates health education through provision of tech. assist/financial support.</p> <p>Powers and Duties Plan of Organization 3 Contains a clear, formally written, publicized statement of the department's mission (may include Vision, Values, Goals, Objectives).</p> <p>Section 3 Food Service Important Factor I Addresses educational outreach activities such as newsletters, website, training, etc.</p> <p>Section 6 Imms 1.4 LHD sends recalls to children not up to date.</p> <p>Section 11 Family Planning 13 Provide informational and educational programs.</p> <p>Section 12 HIV/AIDS 8 Perform activities necessary to control the spread of HIV infection.</p>	<p>Examples of how the health department communicates its existence, mission, vision and role/ presence to the community such as through use of logo on brochures, clothing, signage, flyers, etc.</p> <p>Agency written communication plan with evidence of annual updating of contacts (media, partners).</p> <p>Media Contact list</p> <p>Website/page with 24/7 emergency contact number, health data, links to public health laws and reportable conditions contact number</p> <p>List of contractors for translation, interpretation and communication service</p> <p>Examples of culturally appropriate materials</p> <p>Use of Facebook and Twitter as communication tools</p>

Domain 4: Engage with the community to identify and address health problems

PHAB Standards (Version 1.0)	Michigan Accreditation Program Indicators (Cycle 4)	Meeting PHAB Standards: Evidence/Documentation Examples
4.1 Engage with the Public Health System and the Community in Identifying and Addressing Health Problems Through Collaborative Processes	Identified in Plan of Organization rather than in accreditation process. Plan of Organization Section 4 – Local planning and collaboration initiatives.	Examples of coalitions where public health is an active participant, such as Tobacco Reduction, Complete Streets, Healthy Kids - meeting minutes, emails. Documentation through emails, newsletters etc. on community engagement models and how they were shared with community partners
4.2 Promote the Community's Understanding of and Support for Policies and Strategies That will Improve the Public's Health	Not addressed in Cycle 4 process.	Examples (press releases, presentations) given to the community and/or governing board on how policies/laws will impact/improve public health.

Domain 5: Develop public health policies and plans

PHAB Standards (Version 1.0)	Michigan Accreditation Program Indicators (Cycle 4)	Meeting PHAB Standards: Evidence/Documentation Examples
5.1 Serve as a Primary and Expert Resource for Establishing and Maintaining Public Health Policies, Practices and Capacity	Identified in Plan of Organization rather than in accreditation process. Plan of Organization – Section 4 Local Planning and Collaboration Initiatives.	Examples of presentations given on public health to board, legislature, community groups Participation on Michigan Association for Local Public Health (MALPH) list serves and meetings where public health issues/laws/policies are discussed.
5.2 Conduct a Comprehensive Planning Process Resulting in a Tribal/State/Community Health Improvement Plan	Not addressed in Cycle 4 process.	Evidence that health department has collaborated with hospitals and community partners to develop a community health improvement plan (a PHAB pre-requisite) Meeting minutes, emails reports. Examples of how the plan was implemented, evaluated and revised
5.3 Develop and Implement a Health Department Organizational Strategic Plan	Identified in Plan of Organization rather than in accreditation process. Plan of Organization – Section 3 Mission, Vision and Values – Contains a clear statement of LHD’s mission, vision, values, goals and objectives.	Agency strategic plan (a PHAB pre-requisite). Annual progress reports
5.4 Maintain an All Hazards Emergency Operations Plan	Not addressed in Cycle 4 process; however it is a mandated document from the Office of Public Health Preparedness (MDCH).	Evidence of an All-Hazards Plan that includes roles and responsibilities of partners in an emergency. Evidence of testing and revisions to the plan Evidence of an agency Emergency Operations Plan

Domain 6: Enforce public health laws

PHAB Standards (Version 1.0)	Michigan Accreditation Program Indicators (Cycle 4)	Meeting PHAB Standards: Evidence/Documentation Examples
6.1 Review Existing Laws and Work with Governing Entities and Elected/Appointed Officials to Update as Needed	<p>The MLPHAP does not specifically require a review of existing laws, and does not address working with governing entities but does have several sections where evidence of enforcement is required. Examples of these requirements are as follows and included in PHAB 6.3:</p> <p>Section 1 Powers and Duties 1.1 LHD enforces laws vested in the LHD.</p> <p>Section 1 Powers and Duties 1.6 Plan of Organization adopted by local governing entity and approved by MDCH.</p>	<p>Meeting minutes from board of health/county/city commission meetings regarding public health laws and enforcement of them.</p> <p>Examples within Michigan include the Smoke Free Air law, licensing of body art facilities, the food code and local sanitary code.</p> <p>Evidence that laws have been reviewed and evaluated for consistency with public health evidence-based and/or promising practices.</p>
6.2 Educate Individuals and Organizations On the Meaning, Purpose, Compliance, and Benefit of Public Health Laws and How to Comply	<p>Section 3 Food Service Important Factor 1 Educational outreach to educate public.</p> <p>Section 3 Food Service 16, 17 and 18 Technical, field and specialty food training all required for inspection staff.</p> <p>Section 4 CD 3.3 Adequately prepared staff capable of enforcing MI law for control of CD.</p>	<p>Staff training logs, conference attendance documents pertaining to training on public health laws.</p> <p>Availability of laws on website</p> <p>Evidence that laws have been communicated to individuals and entities required to abide by them. Examples may include public schools that have to enforce immunization requirements and restaurants that need to abide by food code laws.</p>

Domain 6: Enforce public health laws

PHAB Standards (Version 1.0)	Michigan Accreditation Program Indicators (Cycle 4)	Meeting PHAB Standards: Evidence/Documentation Examples
6.3 Conduct and Monitor Public Health Enforcement Activities and Coordinate Notification of Violations among Appropriate Agencies	<p>Section 1 Powers and Duties 1.6 Plan of Organization adopted by local governing entity and approved by MDCH.</p> <p>Section 3 Food Service 3 Conducting food inspections in accordance with the law.</p> <p>Section 3 Food Service 10 Enforcement policy must be in place and demonstrate use.</p> <p>Section 4 CD 1.3 electronic submission of all reports, treatment and follow up to MDCH via MDSS</p> <p>Section 4 CD 4.2 Policy/procedure for responding to individuals who failed or refused to comply with treatment.</p> <p>Section 4 CD 4.3 Have policy/procedure to issue emergency orders for involuntary detention and treatment</p> <p>Section 6 Imms 5.1 LHD uses MCIR to assure accurate school data has been entered by assigned deadlines.</p> <p>Section 6 Imms. 5.2 LHD assures daycare reporting to MDCH by assigned deadline each year.</p> <p>Section 7 On-Site Sewage 1.2 The local regulation authorizes enforcement measures.</p> <p>Section 7 On-Site Sewage 1.3 Evidence that enforcement measures are utilized.</p> <p>Section 10 BCCCP 9 Assure that screening and follow-up services meet minimum state/fed. Requirements.</p> <p>Section 12 HIV/AIDS 8.1 Protocol to enforce health threat to others and duty to warn.</p>	<p>Food inspection reports; responding to communicable disease investigations</p> <p>Evidence of enforcement hearings; appeals board meeting minutes. One example has to be for communicable disease</p> <p>Examples of authority to conduct enforcement activities (state/local codes)</p> <p>Inspection schedules for two programs (food service, campgrounds, public swimming pools)</p> <p>Log of inspection reports and the follow-up conducted</p> <p>Agency compliance plan</p> <p>Annual report of complaints</p> <p>Protocol on how to notify public in cases of non-compliance.</p>

Domain 7: Promote strategies to improve access to health care services

PHAB Standards (Version 1.0)	Michigan Accreditation Program Indicators (Cycle 4)	Meeting PHAB Standards: Evidence/Documentation Examples
7.1 Assess Health Care Service Capacity and Access to Health Care Services	<p>Technically, the Michigan Cycle 4 does not require health departments to assess health care capacity and/or assure access. The examples provided program-specific measures within the MLPHAP which assure access to various services provided by public health agencies.</p> <p>Section 5 Hearing 1.1 system in place to schedule children between ages 3-5 for hearing screening upon request.</p> <p>Section 5 Hearing 2.1 Hearing screening for all children in grades K, 2 and 4.</p> <p>Section 8 STD 1.1 Use STD clinic protocol to ensure timely service.</p> <p>Section 8 STD 4.1 Maintain protocols and personnel needed to control spread of disease.</p> <p>Section 9 Vision 1.1 System in place to schedule children between 3-5 for vision screening upon request</p> <p>Section 9 Vision 2.1 LHD to provide vision screenings to school age children.</p> <p>Section 10 BCCCP 10.4 All women requiring immediate follow-up are receiving services defined in the CDC Completeness Performance Indicators.</p> <p>Section 11 Family Planning 6 Provide that priority in the provision of services will be given to persons from low-income families.</p> <p>Section 11 Family Planning 11 Provide for medical services related to family planning (including physician's consultation, examination prescription, and continuing supervision, laboratory examination, contraceptive supplies) and necessary referral to other medical facilities when medically indicated, and provide for the effective usage of contraceptive devices and practices.</p> <p>Section 11 Family Planning 18 Provide coordination and referral arrangement with providers of health care services.</p> <p>Section 12 HIV/AIDS 4.1 Referral system into early intervention and care services.</p>	<p>Federally Qualified Health Center (FQHC) planning grant participation, hospital community health assessment meeting minutes, local collaborative council meeting minutes where access to healthcare was discussed.</p> <p>Participation in the activities of county health plans.</p> <p>Reports regarding the health care needs of the population within the jurisdiction.</p> <p>Evidence of process used to identify gaps in service.</p>
7.2 Identify and Implement Strategies to Improve Access to Health Care Services	Not specifically addressed in Cycle 4 process.	Examples of active relationships with community providers to increase healthcare access. Many of the same documents as listed above, but with examples of strategies identified and implemented.

Domain 8: Maintain a competent public health workforce

PHAB Standards (Version 1.0)	Michigan Accreditation Program Indicators (Cycle 4)	Meeting PHAB Standards: Evidence/Documentation Examples
8.1 Encourage the Development of a Sufficient Number of Qualified Public Health Workers	Not addressed in Michigan's Cycle 4 process.	Samples of presentations made to schools/colleges/universities and other community groups to increase awareness of public health and potential careers in public health. Evidence of internship experiences.
8.2 Assess Staff Competencies and Address Gaps by Enabling Organizational and Individual Training and Development	<p>Section 1 Powers and Duties 1.7 Health Officer and Medical Director Qualifications.</p> <p>Section 3 Food Service 16, 17 and 18 Technical, field and specialty food training all required for inspection staff.</p> <p>Section 4 CD 3.3 Adequately prepared staff capable of enforcing MI law for control of CD.</p> <p>Section 5 Hearing 5.1 All techs attend MDCH training and must pass written and practical application.</p> <p>Section 5 Hearing 5.2 All techs attend at least one MDCH approved workshop every 24 months.</p> <p>Section 9 Vision 2.3 and 3.2 Based on observation of 5 screenings, staff is tested to assure that all procedures are administered correctly.</p> <p>Section 9 Vision 5.1 All vision techs trained in accordance with MDCH guidelines and attend vision tech approved workshop every 24 months.</p> <p>Section 12 HIV/AIDS 6.1 Engages in technical assistance, program evaluation and/or capacity development activities.</p> <p>Section 11 Family Planning 8.2 MPR 14 Provide for orientation and in-service training for all project personnel.</p>	<p>Google log of staff training, staff sign-in sheets of trainings with agendas/meeting materials.</p> <p>Staff development plan.</p> <p>Documentation that managers and leadership staff have attended leadership training.</p>

Domain 9: Evaluate and continuously improve processes, programs, and interventions

PHAB Standards (Version 1.0)	Michigan Accreditation Program Indicators (Cycle 4)	Meeting PHAB Standards: Evidence/Documentation Examples
9.1 Maintain a Performance Management System to Improve Organizational Practice, Processes, Programs, and Interventions	<p>Section 1 Powers/Duties Quality Improvement Supplement (QIS) MPR 2 Process in place for development of process and/or program goals and performance measures.</p> <p>Section 4 CD 1.2 Collects/collates and analyzes CD surveillance data.</p> <p>Section 6 Imms 2.1 1 LHD shall sustain immunization levels in Michigan Care Improvement Registry (MCIR)</p> <p>Section 12 HIV/AIDS Indicator 5.4 A minimum of 70% of all sex or needle-sharing partners/contacts located, and who accept PCRS, and who have an unknown or previously negative HIV serostatus will receive an HIV test subsequent to PCRS notification.</p>	<p>The results from the MLPHAP and the corresponding corrective plans of action may be able to be used as examples of performance management as it involves the entire staff within the agency.</p> <p>Agency must have a performance management system in place that includes assessment, monitoring and results.</p> <p>Evidence to support staff involvement (agendas, meeting minutes, packets)</p> <p>Customer satisfaction surveys and analysis of results</p> <p>Evidence to indicate staff was provided training opportunities in the area of performance management.</p>
9.2 Develop and Implement Quality Improvement Processes Integrated Into Organizational Practice, Programs, Processes, and Interventions	<p>Cycle 4 of the MLPHAP does include a voluntary Quality Improvement Supplement (QIS). The QIS has 3 MPR's related to quality improvement:</p> <ol style="list-style-type: none"> 1. Establish a culture of quality improvement (QI) within the local health department. 2. Evaluate the effectiveness of public health processes and/or program goals and performance measures. 3. Implement quality improvement of public health processes and/or program goals. 	<p>Complete the elements of the QIS and utilize same documentation.</p> <p>Evidence must include implementation of an agency quality improvement plan with one example from a program area and the other must be from an administrative area.</p> <p>Evidence to indicate staff participation in plan (meeting minutes, presentations)</p>

Domain 10: Contribute to and apply the evidence base of public health

PHAB Standards (Version 1.0)	Michigan Accreditation Program Indicators (Cycle 4)	Meeting PHAB Standards: Evidence/Documentation Examples
10.1 Identify and Use the Best Available Evidence for Making Informed Public Health Practice Decisions	Not addressed in Michigan Cycle 4 process, but routinely LHDs are given special recognition when best-practices are demonstrated.	<p>Result of interaction with consultants on use of the CDC Community Guide to Preventive Services and/or NACCHO Model Practices.</p> <p>2 examples illustrating when health department used evidence-based or promising practice. Examples must be from two separate program areas.</p>
10.2 Promote Understanding and Use of Research Results, Evaluations, and Evidence-based Practices With Appropriate Audiences	Not addressed in Michigan Cycle 4 process, however within the Plan of Organization 2.d IT must demonstrate capacity available to access and distribute current PH information.	<p>Screen shots from agency website where research findings are cited; medical director reports distributed; press releases which discuss research findings.</p> <p>Institutional Review Board review policy or a policy stating that the health department is never involved in human subject research.</p> <p>Evidence of access to outside experts who analyze research.</p> <p>Examples of communicating research findings to the stakeholders/public.</p>

Domain 11: Maintain administrative and management capacity

PHAB Standards (Version 1.0)	Michigan Accreditation Program Indicators (Cycle 4)	Meeting PHAB Standards: Evidence/Documentation Examples
11.1 Develop and Maintain an Operational Infrastructure to Support the Performance of Public Health Functions	Plan of Organization 2 – LHD Organization Organizational chart, agency policies/procedures.	<p>Copy (hard copy or electronic version) of agency's approved Plan of Organization.</p> <p>Written operating procedures, organizational chart and evidence of review every 5 years.</p> <p>Confidentiality Policy and signed employee forms</p> <p>Cultural and linguistically interventions and materials are developed and applicable to jurisdiction it serves.</p> <p>Human Resource system in place</p> <p>Staff qualifications checked</p> <p>Use of technology to support the department; hardware and software inventory</p> <p>Certificate of Occupancy</p> <p>ADA Compliance Audit</p>
11.2 Establish Effective Financial Management Systems	Plan of Organization 2 –LHD Organization Board approval of operating budget.	<p>Copy of meeting minutes where budget is approved by board; copy of last agency independent financial audit.</p> <p>Evidence of submission of grant applications</p> <p>Evidence of asking for additional investment in public health.</p>

Domain 12: Maintain capacity to engage the public health governing entity		
PHAB Standards (Version 1.0)	Michigan Accreditation Program Indicators (Cycle 4)	Meeting PHAB Standards: Evidence/Documentation Examples
12.1 Maintain Current Operational Definitions and Statements of the Public Health Roles, Responsibilities, and Authorities	Section 1 Powers and Duties 1.6 (Plan of Organization 1. Legal Responsibilities) State and local laws, statutory authority and governing entity relationship.	Copy (hard copy or electronic version) of Plan of Organization; sanitary code, public health code.
12.2 Provide Information to the Governing Entity Regarding Public Health and the Official Responsibilities of the Health Department and of the Governing Entity	Not addressed in Cycle 4 process.	Board of Health/County Commission meeting minutes, Samples of Board member orientation/PowerPoint presentation. Meeting minutes where a public health issue is discussed with governing entity. Evidence indicating governing entity members have received a copy of "Michigan's Guide to Public Health for Local Governing Entities County Commissioners, Boards of Health and City Councils" (Nov. 2006 MDCH) Governing entity orientation materials
12.3 Encourage The Governing Entity's Engagement in the Public Health Department's Overall Obligations and Responsibilities	Not included in Cycle 4 process, but board members are encouraged to attend the Powers and Duties Exit Conference during the accreditation on-site review.	Board of Health/County/City Commission meeting minutes where public health issues are discussed; decisions made. Documentation of annual review of issues discussed, actions taken and policies set by governing entity (meeting minutes, presentation packet, report) Documentation of annual agency performance and improvement efforts as reviewed by governing entity (meeting minutes)

Appendix 1

Accreditation for Local Public Health

A Comparison of the
Michigan Local Public Health Accreditation Program
(MLPHAP)
and the National
Public Health Accreditation Program
(PHAB)

GREEN PAPER

Green Paper: A discussion document intended to stimulate debate and launch a process of discussion or consultation. It may be followed by a white paper.

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A Comparison of the Michigan Local Public Health Accreditation Program and the National Public Health Accreditation Program

Overview

The Michigan Local Public Health Accreditation Program (MLPHAP) has been in operation since 1998.¹ All 45 Michigan local health departments are accredited and participating in the process for the fourth time. On the national level, a new accreditation program is under development. The new program, spearheaded by the Public Health Accreditation Board (PHAB), seeks to accredit all state, local and tribal health departments in the nation.² This paper will examine both accreditation programs to stimulate and launch discussion regarding the future of the MLPHAP. A comparison and range of ideas will be presented; the paper is intended to provide a framework for considering the programs' commonalities and differences, and to invite accreditation partners and stakeholders to contribute views and information. The following topic areas will cover key information related to each accreditation program.

Accrediting Bodies

The governing authority for the MLPHAP is the Michigan Department of Community Health (MDCH). Three state agencies comprise the accrediting body:

- Michigan Department of Community Health
- Michigan Department of Agriculture and Rural Development
- Michigan Department of Environmental Quality

The Accreditation Commission maintained by the Michigan Public Health Institute serves as the advisory body for the MLPHAP. The Accreditation Quality Improvement Process (AQIP) Committee provides monitoring and recommendations for quality improvement to the program.

The Public Health Accreditation Board is the accrediting body for national public health accreditation. This non-profit organization was created to promote and manage the national accreditation program. PHAB convenes public health leaders and practitioners from around the country to develop national standards and processes, tests the standards and processes in the field, assesses their strengths and areas for improvement and will make revisions as necessary.

Development & Creation of Programs

The MLPHAP is a mature, organized, and institutionalized local public health accreditation program. The timeline began with the establishment of the Public Health Code in 1978, followed by the state/local development of Minimum Program Requirements (MPRs) in 1980. During 1989, with state technical assistance, local health departments used the Assessment Protocol for Excellence in Public Health (APEXPH) tool as a means to assess and enhance core capacities. During 1989 – 1992, Established Committees One and Two (comprising state/local public health leaders) recommended pursuing accreditation. These early collaborative efforts defined the attributes of a local health department and served as the basis for the MLPHAP. The program has been in operation since the 1997 pilot phase.

PHAB was incorporated in 2007, after public health leaders explored the feasibility of a national accreditation program. The field saw the need for and value of public health accreditation, and advocated for the implementation of a national voluntary program. PHAB was developed in

¹ Michigan Local Public Health Accreditation Program, www.accreditation.localhealth.net.

² Public Health Accreditation Board, www.phaboard.org.

accordance with the recommendations generated by the Exploring Accreditation Steering Committee. The Steering Committee comprised primarily state and local public health officials, including boards of health, and their work was informed by existing state-based accreditation programs and accreditation experts from other fields.

Governmental Entities & Eligibility

For the MLPHAP, Michigan's 45 local health departments are eligible for and required to participate in the program.

For the PHAB program, the governmental entity that has the primary statutory or legal responsibility for public health in a state, territory, tribe or at the local level is eligible for accreditation. This includes state health departments, territorial health departments, local (city and county) health departments and tribal health departments. Eligibility is intended to be very flexible and inclusive, accommodating the many different configurations of governmental public health at all levels, including both centralized and decentralized state health departments, health departments that are part of a larger governmental agency, health departments that do not have environmental health responsibility, regional and district health departments and local health departments that share resources in order to fulfill particular functions.

Program Partners

The Michigan Department of Community Health (MDCH) oversees the MLPHAP. Partners include the Michigan Departments of Agriculture and Rural Development (MDARD) and Environmental Quality (MDEQ); Michigan's 45 Local Health Departments (LHDs); the Michigan Public Health Institute (MPHI); and the Michigan Association for Local Public Health (MALPH).

PHAB is supported by a number of leading national public health organizations such as the American Public Health Association (APHA), Association of State and Territorial Health Officials (ASTHO), Centers for Disease Control and Prevention (CDC), National Association of County and City Health Officials (NACCHO), National Association of Local Boards of Health (NALBOH), National Indian Health Board (NIHB), National Network of Public Health Institutes (NNPHI), Public Health Foundation (PHF) and Robert Wood Johnson Foundation (RWJF).

Program Missions

The mission of the MLPHAP is to assure and enhance the quality of local public health in Michigan by identifying and promoting the implementation of public health standards for local public health departments and evaluating and accrediting local health departments on their ability to meet these standards.

PHAB is dedicated to promoting and protecting the health of the public by advancing the quality and performance of all public health departments in the U.S. PHAB works in pursuit of creating a high-performing public health system that will make us the healthiest nation.

Program Goals

Goals of the MLPHAP are to:

- Assist in continuously improving the quality of local public health departments
- Establish a uniform set of standards that define public health and that serve as a fair measurement for all local public health departments
- Establish a process by which the state can ensure that there is capacity at the local level to address core functions of public health
- Provide a mechanism for accountability, so that public health can demonstrate that financial resources are being effectively used and community needs are being met

Objectives for the MLPHAP are to:

- Maintain Michigan local public health departments' ability to remain current and up to date regarding public health practice and science
- Provide state and local governing entities a clear definition of grant-funded services that must be in place in order to qualify as an accredited local health department
- Provide to local public health departments improved coordination of on-site reviews of state funded programs

PHAB program goals are to improve and protect the health of the public by advancing the quality and performance of all health departments in the country – state, local, territorial and tribal. The program is based on the idea that accreditation will drive public health departments to continuously improve the quality of the services they deliver to the community.

Mandatory vs. Voluntary

The MLPHAP is required by the contractual agreement that LHDs have with the Michigan Department of Community Health and its state partners. The program performs both contract compliance and quality improvement functions.⁴

The PHAB program is voluntary.

Cycle Length

The MLPHAP operates on a three-year accreditation cycle.

A five-year accreditation cycle has been adopted by the PHAB.

Funding

The MLPHAP is funded by the Michigan Department of Community Health.

PHAB is funded by The Centers for Disease Control and Prevention and the Robert Wood Johnson Foundation. The goal for the accreditation program is to be self-sustaining with reasonable revenues from the application fees and, if necessary, be supplemented by additional support.

Application Forms & Eligibility

The MLPHAP requires no application forms and mandates no specific readiness preparation activities, except for advance submission of an on-site review schedule, family planning pre-materials, and a plan of organization.

PHAB requires an application form, eligibility determination, and readiness preparation. The eligibility determination process involves the required submission of current documents including a:

- 1) Strategic plan
- 2) Community health assessment
- 3) Community health improvement plan

These documents must meet PHAB's criteria, yet to be developed.

Self-Assessments and Site Visits

MLPHAP and PHAB each require self-assessments and site visits. However, MLPHAP does not require submission of the self-assessment.

PHAB applicants must submit a self-assessment within 12 months of application.

Program Timelines

The MLPHAP began piloting its program 13 years ago, in 1997. Michigan LHDs are in the process of becoming accredited for the fourth time.

In September 2009, PHAB launched a national beta test in which thirty state, local and tribal health departments will complete the full accreditation process and provide feedback on the program and the standards. The beta test will run through the end of 2010. As the beta test and program development progress, public health departments across the country will be preparing for national accreditation. After the accreditation program is adjusted based on input from the beta test, the national public health accreditation program will launch in 2011. By 2015, PHAB aims to have 60 percent of the U.S. population served by an accredited public health department.

Relationship Between Sets of Standards

The state health department is responsible for establishing minimum standards of scope, quality, and administration for the delivery of required and allowable services as set forth under the Public Health Code. The current MLPHAP model is based on Minimum Program Requirements (MPRs). These MPRs serve as Michigan's accreditation standards, which must be based in law, rule, department policy or accepted professional standards. The standards are program-specific and do not align on a one-to-one correspondence with the 10 Essential Services.

The PHAB standards and measures were developed with consideration of 1) NACCHO's Operational Definition of a Functional Local Health Department, 2) the instruments of the National Public Health Performance Standards Program, 3) existing standards and measures from state-based accreditation and related programs, and 4) ASTHO's report on services offered by states. The Standards Development Workgroup reviewed numerous standards and measures and selected what they felt were the best. The standards align very closely with the 10 Essential Services.

Standards Development

With respect to the MLPHAP, a state and local standards development workgroup, through a formal process, develops and reviews all standards. This is typically done on an annual basis with major revisions occurring only at the beginning of a new accreditation 3-year cycle. Most Michigan standards are program-specific, public health code based, and predate the 10 Essential Services.

PHAB's Board of Directors and the PHAB Standards Development Workgroup, along with significant feedback from public health leaders and practitioners, developed the standards, measures and processes that were formally adopted by PHAB's Board in August 2009. PHAB held a public vetting process on the draft standards which resulted in feedback from the public health field. PHAB received 4,000 individual comments, online surveys and group feedback forms. The PHAB standards and measures focus on core public health functions (as defined by the 10 Essential Services) and exclude areas such as Medicaid, mental health, substance abuse, primary care and human service programs. However, when core public health functions are provided by more than one agency, the agencies will come together for the purposes of an accreditation survey (e.g., environmental public health functions are located in a different agency than communicable disease functions).

Minimum Standards vs. Optimum Standards

As mentioned, the MLPHAP uses the concept of MPRs. MPRs are the minimum standards by which programs and services are measured. Each MPR has one or more indicators that test for conformance.

The PHAB standards are typically considered optimum.

Compliance and Weighting

MLPHAP requires 100% compliance with standards. The standards are not weighted; there are no thresholds.

PHAB's application of the measures and how they might be weighted will be tested during the beta test. The beta test will look at various scales, scoring and weighting schemes. Health departments will not have to meet 100 percent of the measures. They will however, be expected to meet minimum thresholds that will be established at the domain level.

Type of Standards or Measures

The MLPHAP assesses a local health department's ability to meet requirements for "essential" and "important" indicators. Essential indicators represent the minimum capacity that a local

health department must have in order to be accredited. The local health department must meet all essential indicators in order to be accredited. Important indicators represent highly valued ancillary capacity. They demonstrate local health enhanced capacity for program performance. In a recent survey, 82.4% of Michigan LHD respondents are satisfied with the composition of standards (MPRs and indicators) and 77.8% believe there is consistency between published standards and reviewer judgement.⁴

In the PHAB process, each measure has been designated as either a capacity, process or outcome measure (some may have characteristics of more than one type, the predominant characteristic is used) based on these brief definitions:

- Capacity—something that is in place
- Process—something that must be done
- Outcome—a change or lack of change resulting from an action or intervention.

Two subtypes of outcomes are used: process outcome, in which the results of a process are tracked, and health outcome, where the results may include health status information.

Numbers of Standards and Measures

The number of MPRs and Indicators (standards & measures) MLPHAP uses varies depending upon the number of categorical programs offered by the LHD. There are a total of 96 essential indicators in Powers & Duties, Clinical Laboratory, Food Service, Communicable Disease, Hearing, Vision, Immunization, On-Site Sewage, and STD.

For the PHAB Beta test process, there are 11 Domains—the administrative capacity and governance domain in Part A and the ten domains in Part B (aligned with the 10 Essential Services). There are 30 Proposed Standards and 102 proposed measures applicable to local health departments.

Guidance & Documentation

The Michigan Local Public Health Accreditation Tool provides guidance to local health departments throughout all phases of the Accreditation process. The tool includes an Introduction and Overview of the Program; a Users' Guide which outlines, explains and clarifies all relevant policy, procedure and process related to the Program; a Self-Assessment which may be used for internal local health department review; and a Minimum Program Requirement Indicator Guide intended to provide detailed information on how to successfully meet programmatic indicators.

PHAB draft standards and measures include a "guidance for documentation" feature. Associated with each measure is a description of the kinds of documentation a health department might include to attest to their ability to meet a measure. Some listed documents are required; others are suggested. The examples listed in the draft standards and measures are not the only possible examples. There are likely to be many more options identified through the beta test and through implementation of the program.

Timeframes for Documentation & Evidence

The MLPHAP typically uses a three year period (from date of previous accreditation review) to demonstrate compliance with standards. Additionally the LHD has 365 days after the review to demonstrate compliance.

Documentation for compliance with the standards must be within the five years prior to the PHAB Accreditation Survey date, unless the measure states a different timeframe. These other timeframes are defined below and in the PHAB Glossary. Some specific timeframes are longer than five years [the timeframe for strategic plans is five years] and some are shorter [the timeframe for data reports is annual]. There are references throughout the measures to timeframes, starting from the PHAB accreditation survey date, for certain activities. For the purposes of consistency, these are defined as:

- Annually (within prior 14 months)
- Current (within prior 24 months)
- Biennially (at least every 24 months prior to accreditation survey date)
- Regular (based on a pre-established schedule determined by the health department)

Accreditation Decisions & Status

The MLPHAP uses the designations of Accredited or Not Accredited. This designation of Accredited is awarded to local health departments that meet all essential indicators. Local health departments that do not fully meet all essential indicators at the time of the follow-up review or within 365 days of the final day of the on-site review receive the designation of Not Accredited.

PHAB uses the following range of decisions:

- Full Accreditation (5 years)
- Conditional Accreditation (up to 2 years) with conditions to be resolved within a specified period of time
- Non-accreditation

Satisfaction With & Benefits of Accreditation

The MLPHAP is Michigan-based and aligns required program reviews under one common process. This provides a coordinated approach to quality assurance and performance improvement. The MLPHAP has been designed collaboratively to meet Michigan-specific needs and provides a mechanism for LHD input on standards development and quality improvement. The 2003 AQIP Accreditation Survey³ found that the majority of Michigan health officers believe that:

- Accreditation has materially improved local public health departments in Michigan
- The Accreditation tool, self assessment, on-site review, and corrective plans of action (CPA) are all valuable aspects of the accreditation process that contribute to improved public health departments in Michigan
- Michigan's Accreditation Process should continue

The 2008 MPHI Accreditation Survey⁴ found that the vast majority of health officer respondents are satisfied with the accreditation process (90.3%); the accreditation process is useful for internal program evaluation (93.9%); and the accreditation process confers benefits such as

³ AQIP Survey. Executive Summary & Analysis. Final Report. Center for Collaborative Research in Health Outcomes & Policy. 2003.

⁴ Accreditation Cycle 3: Survey of Local Health Departments by the Michigan Public Health Institute. 2008

improved program performance (87.9%) and accountability (82.8%). Most LHD respondents (84.8%) viewed the CPA process as a useful tool to promote continuous program improvement.

Shared benefits of the MLPHAP and the PHAB program are likely similar. According to PHAB, several states have accreditation programs for local health departments. Based on accreditation surveys and input provided to PHAB from local and state public health professionals, the following benefits have been realized by these accredited local health departments:

- The accreditation assessment process provides valuable, measurable feedback to health departments on their strengths and areas for improvement.
- Engaging in the accreditation process provides an opportunity for health departments to learn quality and performance improvement techniques that are applicable to multiple programs.
- Gaining accreditation status results in increased credibility among elected officials, governing bodies and the public.
- The recognition of excellence brought on by meeting accreditation standards positively impacts staff morale and enhances the visibility of health departments.
- Accreditation is a means of demonstrating accountability to elected officials and the community as a whole.

Accreditation Fees

Under the MLPHAP, LHDs pay no fees for the review process and there are no financial incentives related to the program.

There will be fees connected to the PHAB program. PHAB has convened a Fees and Incentives Workgroup to determine application fees, with an underlying principle of developing a fee structure that does not present financial barriers to health departments wishing to participate in the accreditation process.

Preparation Costs

Under the MLPHAP both LHDs and state agencies incur costs attributable to the program. Intensive preparation is required by LHDs, including allocation of time, staff, materials, and other resources. The Accreditation Cycle 3 Survey found that 56% of LHD respondents indicated limited funding and resources presented a challenge to their participation in the program.⁴ The state departments supply reviewers and bear all costs attributable to review teams such as salaries, travel, training, and materials. Additionally, the MDCH has costs attributable to administration and oversight. LHD and state data pertaining to time allocation and related costs of the program have not been collected.

For the PHAB program, costs have not yet been quantified. Health departments participating in the beta test will document the resources required to undertake the process, which will inform the national accreditation program. Additionally, many LHDs accredited by state-based programs attest that the cost of preparing is worth it. LHDs have received funding based on accreditation status, have noted areas where cost efficiencies can be gained based on self-assessment results or site visit reports, and noted many other benefits that justify the cost.

Quality Improvement

One of the four primary MLPHAP goals is to assist in continuously improving the quality of local public health departments. To advance this goal, a voluntary Quality Improvement Supplement (QIS) was added to the Powers & Duties Section at the onset of cycle four. More than 50% (9 of 16) cycle four (year one) LHDs have successfully participated in the QIS. The QIS standards are similar to the PHAB standards.

In connection with PHAB, the Exploring Accreditation Report noted that a voluntary national accreditation program should “promote high performance and continuous quality improvement.” This philosophy is reflected throughout the standards and measures, as well as in Domain 9, which focuses on evaluation of key public health processes and programs. Included is the implementation of a formal quality improvement plan.

Equivalency Recognition

The PHAB Equivalency Recognition Workgroup issued its preliminary recommendations via a report produced in August 2008. It is important to note that work on equivalency recognition is incomplete and has not undergone a formal public vetting process.

The purpose of the Equivalency Recognition Workgroup was to develop guidelines and a process for determining whether existing state-based accreditation programs for local health departments are sufficiently similar to the PHAB program for recognition purposes. If adopted, use of the recognition process would enable PHAB to confer national equivalency accreditation status to local health departments accredited through such compliant state programs.

Equivalency, as defined by the workgroup, is the capability of different systems to meet the same standards. Substantial equivalency recognition (SER) means that PHAB has determined that a LHD accredited by a PHAB approved state based public health accreditation program is comparable in all significant aspects to a LHD accredited by PHAB, including meeting acceptable standards of such areas as capacity and performance. PHAB approved state based public health accreditation programs may differ from PHAB in the structure and operation of their accreditation processes, as long as the standards and accreditation process are considered comparable with PHAB criteria and procedures for maintaining substantial equivalency status.

According to workgroup recommendations, SER would not be PHAB accreditation. PHAB would maintain a clear distinction between participation in these two different processes. The state-based program would need to have components that correlate in concept to each of the domains covered by PHAB accreditation standards. If equivalency becomes an option, PHAB would establish a fee structure.

Challenges and Unknowns

While highly engaged in and supportive of the development of a national voluntary accreditation program by PHAB, several Michigan LHDs and other stakeholders have expressed concerns related to the new program. These concerns and/or questions include, but are not limited to, the following:

1. Stakeholder Input
 - The perspectives, ideas, and preferences of all 45 Michigan LHDs and their governing entities about PHAB accreditation have not been systematically gathered in a formal way. Some informal input has been received during MALPH meetings.
 - The perspectives of other MLPHAP stakeholders have not been systematically gathered.
2. PHAB's Stage of Development
 - The PHAB program is still under development. It is unclear how the program will operate and what the standards and required documentation will be when finalized after the Beta Test.
 - The capacity of PHAB to conduct reviews is unknown (there are almost 3000 LHDs across the nation). Will LHDs seeking participation be placed on a waiting list? How would this align with Michigan's Accreditation cycle?
 - The realized benefits of participating in PHAB are unknown. Will participation increase the likelihood of federal grant funding opportunities? Will participation improve performance?
 - Are there advantages to early participation in the PHAB process?
3. Time, Cost & Preparation
 - Public health resources, both human and capital, are severely constrained in Michigan at both the local and state level.
 - The fees/costs to participate in the PHAB program are unknown.
 - The current PHAB requirement for LHDs to have a current strategic plan, community health assessment, and community health improvement plan (all based on PHAB criteria) may render many Michigan LHDs ineligible to participate when the application process begins in 2011.
 - If the PHAB program replaced the MLPHAP, some state program reviews would still need to be conducted.
 - Will Michigan LHDs be expected to participate in both Accreditation programs? LHDs may not want or be able to participate in both.
 - What preparatory actions (training, technical assistance, funding) need to occur to meet national standards?
 - LHDs need to know much more about the costs, benefits, and coordination with the current accreditation process
 - LHDs need many more answers before presenting balanced and accurate proposals to their local governing entities
4. Equivalency
 - A complete comparison of the MLPHAP standards to the PHAB program standards has not been conducted.
 - The costs and benefits of attempting to align the MLPHAP with the PHAB program are unknown.
 - The Equivalency Recognition process including fees to participate has not yet been established by PHAB. It is also unknown if equivalency recognition would be implemented for a short term and then phased out.

5. Consequences & Implications

- If unable to meet the requirements for PHAB accreditation, what would be the consequences and implications for Michigan LHDs?
- If unable to meet PHAB requirements, with respect to performance and standards, from where would consultation and technical assistance for LHDs come? Would there be attributable additional costs to hire a consultant?
- If unable to meet PHAB accreditation requirements, there is the potential to be ineligible for future federal grants.

Potential Courses of Action

Local and state understanding about the full range of implications regarding the PHAB program appears to be significantly incomplete. In large part, this is attributable to the newness of the PHAB program. While enormous strides have been made, the PHAB program is still evolving. Components will be changing and more information will be forthcoming. Some potential next steps to informing a course of action for the MLPHAP could include some or all of the following:

- 1) Circulate this greenpaper among program partners including LHDs, MDA/MDEQ, MPH, the Multi-state Learning Collaborative Steering Committee, AQIP, Standards Review Committee, Accreditation Commission, Accreditation Reviewers and Managers, and the Public Health Management Team to garner ideas and stimulate additional accreditation related dialogue.
- 2) Wait for completion of the PHAB Beta test and additional guidance from PHAB.
- 3) Invite Kaye Bender, PHAB CEO, to Michigan to discuss PHAB and Equivalency Recognition.
- 4) Charter a comprehensive crosswalk of MLPHAP standards vs. PHAB standards.
- 5) Survey Michigan LHDs about their knowledge, interest, ideas, preferences, and perspectives regarding the PHAB program and the future of the MLPHAP.
- 6) Convene MLPHAP partners to chart a collaborative and mutually agreeable accreditation direction.
- 7) Seek lessons learned from LHDs in other states that participate in the PHAB program.
- 8) Prepare a whitepaper describing a problem and related issues and preferred solutions.
- 9) Prepare talking points for use by LHDs to engage local governing entities.

Conclusion

As of this writing, this green paper provides a brief overview of current information related to the MLPHAP and the national PHAB accreditation program for local health departments (much of the information was directly obtained via the MLPHAP and PHAB websites). As such, the paper identifies and compares the existing components of both the MLPHAP and the national PHAB program. It also describes the characteristics of each approach to accreditation for local public health. Included are some of the potential challenges and unknown factors. This paper is intended to serve as a springboard for discussion among all partners and stakeholders.



The Michigan Public Health Training Center (Michigan PHTC) works to promote and protect the health and quality of life in Michigan's communities by strengthening public health practices of organizations, practitioners, and future workers. The Michigan PHTC collaborates with organizations to advance strategic planning, education and resources development. The Training Center improves public health workforce competency through training, collaborations, mentoring students in field placements, and technical assistance to organizations.

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