Territorial Public Health Performance and Accreditation 101

A Resource and Guide for Territorial Health Agencies

Acknowledgements

This resource was developed through a collaborative effort between the Association of State and Territorial Health Officials (ASTHO), Red Star International (Red Star), the United States-affiliated Pacific Islands (USAPI), and through partnership and ongoing engagement with the CDC's Office for State, Tribal, Local, and Territorial Support (OSTLTS) and the Public Health Accreditation Board (PHAB). USAPI includes American Samoa, the Commonwealth of Northern Mariana Islands, the Federated States of Micronesia, Guam, the Republic of the Marshall Islands, and the Republic of Palau. Red Star drafted the resource after conducting an environmental scan of performance improvement needs and key informant interviews, and facilitating feedback through a survey and conference calls with USAPI representatives.

ASTHO thanks the following individuals who contributed to this resource through key informant interviews and feedback on drafts. Their firsthand knowledge and experiences were invaluable to the development of this resource.

ASTHO also thanks the Public Health Accreditation Board for providing additional feedback, content, and guidance on integrating a territorial perspective into this resource and for ensuring accuracy related to accreditation content.

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Contents

Background

This resource is designed to extend the performance improvement and public health accreditation efforts in territories that started with CDC's National Public Health Improvement Initiative (NPHII). This resource is part of an effort to strengthen and build ownership of performance work in territorial public health agencies. ASTHO created this resource with information relevant to the territories' unique characteristics.

The development process occurred in two phases and included the following steps:

Phase I: Environmental Scan and Resource Outline

- Red Star worked in partnership with ASTHO's Performance Team to plan the environmental scan and key informant interviews.

- ASTHO hosted a teleconference with USAPI representatives as part of the newly-established Territory Performance Improvement Learning Community to introduce the concepts to be discussed during the key informant interviews and share how the outcomes of the interviews would be used to develop the performance improvement resource.

- Red Star conducted key informant interviews with USAPI representatives to determine the informants' knowledge, experience, and perceptions about public health performance (including public health accreditation, performance assessment, quality improvement, and community health assessment), and to identify technical assistance needs.

- Red Star analyzed and summarized the results and presented the findings to representatives from USAPI, ASTHO, PHAB, and CDC OSTLTS. CDC OSTLTS representatives included those who are most involved in supporting accreditation and advancing accreditation readiness. ASTHO then used this input and feedback to develop the resource content and outline.

Phase II: Resource Development

- Red Star prepared a draft of the resource using the outline created in Phase I.

- ASTHO and Red Star co-hosted a webinar to present the resource to ASTHO's peer network of territorial health agency staff and provided an overview of its content.

- Red Star developed a form to obtain feedback regarding content, style, presentation, and usefulness. The feedback form was distributed to USAPI representatives as a web-based survey and modifiable PDF. Representatives were given the option to choose the survey format that was most convenient to complete.

- Red Star collected and reviewed the forms, then summarized the feedback and revised the resource accordingly.

- Red Star submitted the completed resource to ASTHO as a final deliverable for Phase II.

- ASTHO shared drafts of the resource with PHAB for review and incorporated feedback to ensure accurate reference and description of the PHAB accreditation program and process.

- ASTHO shared final drafts with CDC OSTLTS and made revisions to ensure alignment with other accreditation-focused resources and initiatives within territorial public health agencies.

Using This Resource

Welcome to ASTHO's Territorial Public Health Performance and Accreditation 101, a resource and guide created for territorial public health agencies! Territorial health agencies (THAs) are involved in a variety of public health activities and face challenging conditions and priorities while responding quickly to the changing health needs of their communities. Efforts to strengthen an agency's public health performance can enhance local capacity and skills, and build capacity to efficiently and effectively improve health outcomes in areas with limited resources.

The ASTHO Territorial Public Health Performance and Accreditation 101 guide is designed to provide THAs with a simple framework for improving their territorial public health systems' overall performance, as well as the health of the communities they serve. Whether a THA intends to pursue public health accreditation now or later, this resource guides health departments in planning and implementing activities that form the foundation for successful and effective public health practice. You can use the many practical tips in this guide to maintain and sustain these activities over time. Although this resource was primarily developed for territorial settings, state, tribal, and local health departments may also find it helpful.

This resource is divided into seven sections:

1. Public Health and Territorial Communities

2. Introduction to Public Health Accreditation in the Territories

3. Getting Started: Planting the Seed in the Territories for Performance Improvement

4. Organizational Self-Assessment and Identification of Accreditation Documentation

5. The Key Accreditation Documents

6. Performance Management and Quality Improvement

7. Sustainability: Preparing for the Future

Each section includes a brief description of the topic, commonly asked questions and recommendations, practical tips for planning and preparation, and a list of resources for additional guidance.

This resource is intended for use by health agency leaders, performance improvement managers, accreditation coordinators, and other staff members charged with coordinating performance improvement within their agencies. Though this resource was developed through the lens of health agency staff, leaders may find the content helpful, as they play a key role in facilitating a culture of quality within their agencies and building an infrastructure and system that prioritizes performance improvement and accreditation readiness activities. ASTHO recommends reviewing the entire resource regardless of whether you have completed the readiness activities described, as you may find some of the tips useful when you encounter challenges and opportunities during the improvement process. Although there are seven sections, this resource is not intended to be a step-by-step guide. Each agency may choose to strategically address topics in an order that considers the current culture of quality, available resources, and efforts to align initiatives and priorities within the agency.

To further your understanding of the accreditation process and learn more about preparing for and achieving accreditation, we recommend ASTHO's Accreditation Readiness Resource Kit. This resource kit introduces accreditation and is structured based on PHAB's seven steps to accreditation. It explains each step in detail and provides resources and tools.

▰ SECTION 1

Public Health and Territorial Communities

Island communities and cultures deeply value overall health and wellness. These values can provide insight and context for THA leaders and staff to achieve a strong community-focused approach. In these unique areas of the world, public health faces geographical and resource challenges that directly impact how public health services are organized and delivered. Despite these challenges and barriers, territorial communities have been resilient and innovative in their efforts.

WHERE DO WE START?

Public health in territorial communities operates in a structure different from many other communities, and thus presents its own opportunities and challenges. Assess your agency's role within the larger context of public health in your community, and how your agency engages others in public health work.

CASE EXAMPLE: After completing a community health assessment (CHA), for example, the Republic of Palau's Ministry of Health faced a challenge with soliciting public input on the assessment without a web platform to facilitate public comment. Palau's accreditation team identified local international night markets as a venue to capture community feedback on the CHA. Following two nights at the markets, where they set up booths to display the CHA, the Ministry of Health received 180 community member responses on top health priorities for Palau.

For more information, see Palau Case Study: Faced with a Technological Obstacle, Republic of Palau Ministry of Health Takes Creative Approach to Gathering Community Health Assessment Feedback.

In the territories, public health practice is closely tied to and defined by communities. This engagement and collaboration with communities is key to driving public health efforts.

CASE EXAMPLE: At the Guam Department of Public Health and Social Services (GDPHSS), improving health was directed through community engagement and collaboration with other agencies. As GDPHSS developed its community health assessment, the department relied on interagency and island partnerships to inform the direction of the assessment and ensure the data from the assessment reflected the island's perspectives and concerns. Through this work, GDPHSS formed partnerships with legislative offices, other government agencies, local hospital, the U. S. military, local schools, and other groups.

For more information, see Guam Case Study: Building Interagency and Island Partnerships to Improve Health.

Public health is often carried out by promoting, protecting, and improving the health of communities through health education, research, disease surveillance, and prevention, as well as responding to public health emergencies. Rather than focusing solely on eliminating disease, public health focuses on ensuring that the conditions and communities in which people live are healthy. These conditions include the social, economic, and environmental factors that contribute to health, such as access to healthy foods, smoke-free buildings, access to safe recreational areas, and availability of community programs for healthy living.

The public health field has evolved over the last few decades to include a framework of essential services. In 1994, the Core Public Health Functions Steering Committee developed a framework, called the 10 Essential Public Health Services, that describes public health activities that should be addressed in all public health systems. These essential services are the basis for national public health accreditation and provide language and definitions for understanding public health agencies' roles.

But what do these definitions mean for island communities? To start, they help answer some very important questions, outlined in **Figure 1** below.

FIGURE 1.   10 ESSENTIAL PUBLIC HEALTH SERVICES[1*]

ESSENTIAL SERVICE DEFINITIONS	HELP US ANSWER SOME OF THESE QUESTIONS
1. **Monitor health** status to identify and solve community health problems.	1. How healthy is our island community? How is our community's health changing over time? **Practical Application in Island Communities:** How many newly identified diabetes cases are seen every year? How many people in the community are living with uncontrolled diabetes?
2. **Diagnose and investigate** health problems and health hazards in the community.	2. How quickly do we find out about health problems or threats? Are we ready to respond? How effective is our response? **Practical Application in Island Communities:** Community infectious disease outbreak investigations, as well as planning for new and emerging infectious diseases. Local public health emergency preparedness program, THA epidemiology programs, surveillance systems, etc.
3. **Inform, educate, and empower** people about health issues.	3. How well do we provide the community with information about health issues so that they can make healthy choices? **Practical Application in Island Communities:** Community diabetes education program, diabetes educators, hand hygiene campaign, community outreach program(s).
4. **Mobilize community partnerships** and action to identify and solve health problems.	4. How well do we work with all partners across the island(s) to identify and address health issues? **Practical Application in Island Communities:** Community Health Improvement Planning (CHIP) with community stakeholders; community councils and taskforces; coalitions or alliance groups.
5. **Develop policies and plans** that support individual and community health efforts.	5. What policies exist to protect and promote health on the island(s)? Have we developed plans for improvement and are we monitoring progress? **Practical Application in Island Communities:** Community Health Improvement Planning (CHIP), emergency disaster plans, new smoke-free ordinances.

6. **Enforce laws and regulations** that protect health and ensure safety.	6. How well do we enforce health regulations (e.g., seat belt safety, no smoking areas)? Are our health regulations current and effective? **Practical Application in Island Communities:** School immunization and vaccination requirements; environmental health and food safety: food handler permits, local restaurant sanitation inspections and requirements.
7. **Link people** to needed personal health services and assure the provision of healthcare when otherwise unavailable.	7. Are people able to access the services they need? Are we addressing the barriers that sometimes make it difficult for families to get the care they need in a timely manner? **Practical Application in Island Communities:** Public health oral health program: sealant and fluoride varnish program for low income and uninsured families; non-communicable disease patient resource outreach program; co-locating services for ease of access (e.g., WIC and food assistance).
8. **Assure** competent public and personal healthcare workforce.	8. Do we have competent public health staff who are well trained? Are we assessing staff competencies and providing opportunities for professional development? **Practical Application in Island Communities:** Human resources for health program, ongoing personal and professional development training, job descriptions and personnel evaluations, cross-cutting and training specific to various disciplines.
9. **Evaluate** effectiveness, accessibility, and quality of personal and population-based health services.	9. Are we making a difference in the health of our community? Are we achieving our health improvement goals for the community and facilitating a culture of continuous quality improvement? **Practical Application in Island Communities:** Performance management and quality improvement; health indicator monitoring; measuring outcomes through surveys, assessments, and conducting program evaluations.
10. **Research** for new insights and innovative solutions to health problems.	10. Are we exploring and using new ways to get the job done? Are we using practices that have evidence of being effective in similar communities? **Practical Application in Island Communities:** Awareness and use of evidence-based interventions, such as those in The Community Guide; "vaccinating the herd" flu vaccinations; handwashing effectiveness in reducing spread of infectious disease; proper wound care for the prevention of staph infections in diabetic patient and diabetes care education.

*These 10 Essential Public Health Services are used as a framework for public health and form the basis for the public health accreditation standards. In public health accreditation, there are two additional domains added to the 10 thatreflect the Essential Public Health Services: Administrative Management and Capacity, and Relationship with the Governing Entity. These domains are explained more in Section 2 on public health accreditation.

Public health practice and performance are most effective when they use a systems approach, where multiple stakeholders work together and coordinate efforts to deliver the 10 Essential Public Health Services across the island(s), rather than trying to deliver them in isolation, without help or input from others (as shown in **Figure 2**). Stakeholders include any people or groups who have a vested interest in protecting and promoting community health, and can include the territorial health agency, hospitals and clinics, schools, community development organizations, public safety or law enforcement agencies, environmental agencies, or housing authorities.
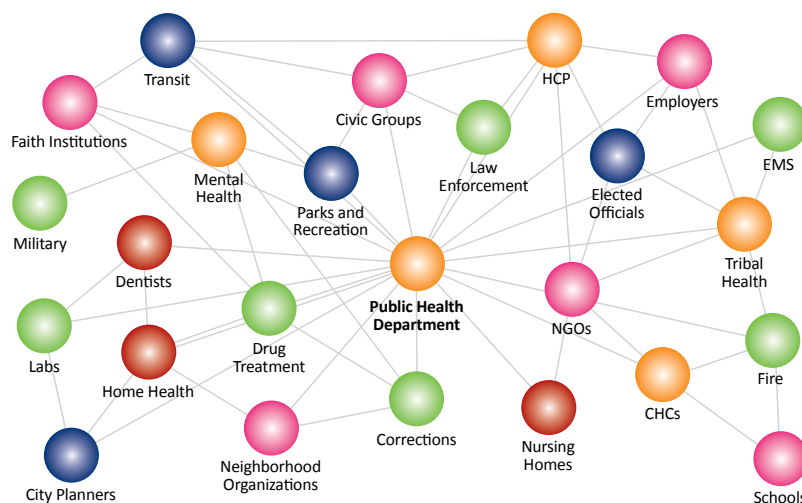
FIGURE 2. SYSTEMS APPROACH
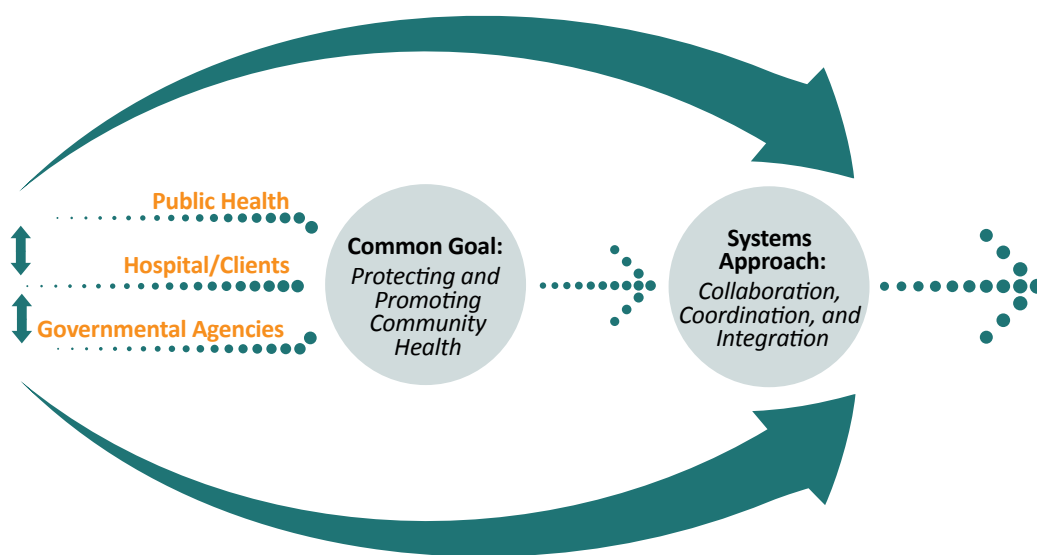
Figure 2. A systems approach to public health focuses on the broader connections of different entities working towards a common goal through collaboration, coordination, and integration in the delivery of services, unifying effort, and improvement.

The values that guide public health practice today are like those that guide traditional canoeing practices among many of the Pacific and Caribbean Islands. If a large voyaging canoe is to successfully sail across an ocean, it must be well built, the people sailing it must have a clear vision of where they want to go, and all individuals on board must work as a team. The same is true for a territorial health agency. Like a canoe, the agency must have a strong infrastructure (including competencies, relationships, and resources). The agency administrator, manager, and the performance improvement manager or accreditation coordinator (PIM/AC), like the captain and navigators of a canoe, must have a clear vision and mission for improving health outcomes. And the staff, who function like the crew, must work as a team, both within the agency and with external partners, to deliver programs and services. The analogy of the canoe may be more helpful to some agencies than others, but we will use it throughout this resource to make connections between public health performance and traditional canoe practices and values.

? Question

How do I help others see the value of public health and developing a systems approach to performance improvement?

Some THA staff may have little knowledge about what public health practice is and why it is important. Providing a presentation can help inform staff about public health, orient them to the concept and practices of performance improvement, and identify common goals across programs (you can find presentation templates in the resources section below). You can use the public health presentation as an opportunity to build relationships with other staff and to define and discuss the value of a systems approach to public health. When everyone has the same understanding of what public health means, it will be easier to identify areas where you can work together to make improvements.

💡 Tips

To help you orient staff and find ways to engage others in your efforts:

- Seek approval and support from an administrator, manager, or supervisor to provide department staff with an overview of public health and the 10 Essential Public Health Services.

- Identify an appropriate and strategic time to present the information (e.g., all-staff meeting, a committee or coalition meeting, or a managers' meeting).

- Provide staff with an overview of public health and get them talking about how different programs address each of the 10 Essential Public Health Services.

- Explain the PIM/AC's role and how performance improvement can support his or her work. (Section 3 explains more about the PIM/AC's role).

- Listen to staff to understand what their goals are and what they are trying to accomplish in their programs and services. Write down these goals and keep them handy.

- Share ways that public health performance activities can support their goals. For example, explain how a community health assessment can provide data that can be used to write grant proposals so that you can get funding for purchasing equipment, training staff, or creating a new program. Or, explain how data from a community health assessment could be used to measure changes in health status.

- Conduct an initial pre-assessment or gap analysis to support the need to enhance, establish, and engage staff, as well as build support from agency leaders. This assessment may identify agency strengths and weaknesses in moving forward, provide insight on agency capacity and competencies, as well as highlight any potential risks and barriers.

Resource

- The National Public Health Performance Standards define and describe public health systems and the 10 Essential Public Health Services. This website also provides presentation templates in PowerPoint and PDF formats that can be used to facilitate discussions about public health.

▬ SECTION 2

Introduction to Public Health Accreditation in the Territories

Public health accreditation is a voluntary process that seeks to advance performance and improve quality within health departments. It is a process by which a THA can measure its performance against a set of national standards. After measuring its performance, the THA can more easily evaluate and identify opportunities for improving performance, developing leadership, and strengthening important relationships in the community. The Public Health Accreditation Board (PHAB) is the nonprofit organization that serves as the accrediting body of governmental public health agencies. PHAB's organizational vision is to support a high-performing governmental public health system comprised of accredited territorial, state, local, and tribal public health departments that will make the United States a healthier nation overall.

> ### WHERE DO WE START?
>
> Many THAs have developed key plans for public health department accreditation. Identify work your agency has done toward accreditation preparation in the past, such as deliverables accomplished through NPHII and other performance improvement initiatives, as well as alignment of your public health activities to the 12 PHAB domains.

PHAB developed and organized its standards for public health department accreditation to assess a health agency's capacity to perform the public health functions described in the 10 Essential Public Health Services. These accreditation standards are organized into 12 domain areas:

- Domain 1: Conduct and Disseminate Assessments Focused on Population Health Status and Public Health Issues Facing the Community
- Domain 2: Investigate Health Problems and Environmental Public Health Hazards to Protect the Community
- Domain 3: Inform and Educate about Public Health Issues and Functions
- Domain 4: Engage with the Community to Identify and Address Health Problems
- Domain 5: Develop Public Health Policies and Plans
- Domain 6: Enforce Public Health Laws
- Domain 7: Promote Strategies to Improve Access to Healthcare
- Domain 8: Maintain a Competent Public Health Workforce
- Domain 9: Evaluate and Continuously Improve Processes, Programs, and Interventions
- Domain 10: Contribute to and Apply the Evidence Base of Public Health
- Domain 11: Maintain Administrative and Management Capacity
- Domain 12: Maintain Capacity to Engage the Public Health Governing Entity

The introduction of public health accreditation in the territories was initiated through CDC's National Public Health Improvement Initiative (NPHII), which required grantees to develop at least one of the following required documents of the national accreditation standards: community health assessment (CHA), community health improvement plan (CHIP), or strategic plan. During this time, many THAs developed one or more of these key documents. In addition, it was part of the NPHII to hire or designate a performance improvement manager, who was responsible for the health department's cross-cutting performance improvement efforts. This generally included accreditation, and in some cases, grantees established programs or offices to support the performance improvement work. Through this initiative, THAs became more familiar with the accreditation process and explored its benefits on the health system, public health infrastructure, and the community.

PHAB accreditation provides a means for THAs to identify performance improvement opportunities, improve management, develop leadership, and improve relationships with the community, as well as improve health outcomes. The process is one that challenges the health department to think about public health service operations and functions, as well as overall performance. It encourages and stimulates quality and performance improvement across the health department. It also stimulates greater accountability and transparency to citizens within the community, health department partners and stakeholders, and private and federal funders. National public health department accreditation has been developed because of the desire to improve service, value, and accountability, and serves as external validation that THA meets a set of criteria that is intended to advance quality and performance.

The public health accreditation process is dedicated to improving performance by helping public health departments assess their current capacity and guide them to improve outcomes, thus promoting a healthier population.[2] This is a process that documents the capacity—the skills, structures, resources, and relationships—of a THA to deliver the 10 Essential Public Health Services. Territorial public health systems, which are made up of important stakeholders as described in the previous section, provide critical health functions and activities to support community health. These functions and activities cover, but are not limited to, environmental public health, health education and promotion, chronic disease prevention and control, communicable disease, injury prevention, maternal and child health, clinical services, and laboratory services. Because no single entity can deliver this wide range of public health services, many different partners contribute to the public health system (see **Figure 3**). Each territorial system is unique and the scope and level of coordination that occurs between a THA and its partners will vary. Identifying partners that make up the territorial public health system and understanding their role in providing public health services builds buy-in and ownership with various accreditation readiness activities.

FIGURE 3. TERRITORIAL PUBLIC HEALTH SYSTEM STAKEHOLDERS

PHAB recognizes that many agency programs and services are delivered in partnership or through coordination with other organizations. Involving these stakeholders in the accreditation process is critical because the standards address a wide range of core public health programs, including activities that require involvement of partners and the community itself, such as developing the community health assessment and health improvement plan. In addition to public health programs and services, the standards also address leadership and administrative functions, such as finance, human resources, management capacities, and engagement with the governing entity. Although accreditation assesses the capacity of health agencies, the standards and measures set expectations for agency programs and services to collaborate with community partners and stakeholders, so it is important to include territorial public health system stakeholders in planning and performance improvement activities.

CASE EXAMPLE: The Puerto Rico Department of Health (PRDOH) used the accreditation process to assess its agency performance, identify opportunities for improvement, find strategies to sustain continuity of services, develop leadership, and strengthen important relationships in the community. In addition, PRDOH successfully implemented an initiative to support the accreditation process by involving staff in their accreditation core team. The team helped ensure progress towards accreditation by assisting with the development of working tools, ensuring staff involvement, and communicating accreditation efforts across PRDOH.

For more information, see Puerto Rico Case Study: Accreditation Provides Opportunity to Deliver Higher Standard of Public Health Service in Puerto Rico.

Benefits of Accreditation

Taking steps toward accreditation offers many potential benefits, including:

- Strengthening self-determination by providing a framework for THAs to improve public health infrastructure and build capacity.

- Standardizing practices within the THA for greater efficiency and effectiveness.

- Helping THAs identify and act on improvement opportunities to deliver high quality public health services to all community members.

- Continually assessing the local health needs of the population and public health system infrastructure.

- Strengthening the THA's leadership and employee performance.

- Building stronger partnerships with the community, public health practitioners, and other important partners.

- Eliminating programmatic silos and enhancing systems thinking approach and internal partnerships.

- Strengthening workforce and programmatic outcomes.

- Providing potential access to new and competitive funding sources to support performance improvement activities.

- Supporting programmatic grant requirements through implemented standards such as quality measures.

- Generating community impact through improved health outcomes.

Other benefits may be identified as the public health accreditation initiative grows and PHAB's accreditation process continues to develop and improve through its own continuous quality improvement efforts.

? Question

What if our agency is not actively pursuing public health accreditation, but sees it as a long-term goal?

Public health accreditation standards were drawn from existing public health standards and competencies rooted in the 10 Essential Public Health Services and developed and tested with considerable practitioner input. Even if your agency is not actively pursuing accreditation, the accreditation standards can be used as a guide to evaluate performance, identify areas for improvement, and develop a plan for addressing the improvement. Regardless of whether a THA has firmly decided to pursue accreditation, the process to prepare for accreditation can serve as a framework to assess policies and practices, ensure the agency is providing essential services, and support internal efforts in improving agency performance.

Tips

PHAB provides many resources to help health departments learn more about and prepare for accreditation. Taking the time to develop a basic understanding of the accreditation process will make it easier to communicate with community partners, staff, leadership, and peers about accreditation and performance improvement activities. Learning more about accreditation also provides a greater perspective and knowledge on how activities and systems relate to one another in a way that can advance your agency's work and its outcomes.

To help you or your THA get up to speed quickly on the basics of accreditation, PHAB has an online orientation that includes four 30-45 minute modules:

- A General Overview of Public Health Department Accreditation
- An Introduction to the Accreditation Process
- The Nuts and Bolts of the PHAB Accreditation Process
- Understanding the PHAB Standards and Measures and Documentation

You can view these modules online at any time. You may either watch them all in one sitting, which takes approximately two hours, or watch them individually, but we recommend that you watch them in sequence.

If your agency does decide to apply for public health accreditation, your accreditation coordinator and health department director will be required to view this full orientation.

Resources

PHAB's website is the best source of information and resources on accreditation. Visit the website to learn more about accreditation. Some helpful PHAB resources for health agencies planning for accreditation are listed below.

- PHAB's accreditation web page provides an overview on the national accreditation program. To learn more about PHAB as the accreditation body, visit its About PHAB web page.
- PHAB has developed several readiness checklists to help health agencies determine if they are ready to apply for accreditation.
- PHAB's Guide to National Public Health Department Initial Accreditation outlines the specific process for seeking and obtaining initial public health department accreditation.
- The PHAB Standards and Measures Version 1.5 document provides guidance for public health departments preparing for accreditation and assists them in selecting documentation.
- PHAB's 9 Things Every Health Department Should Know About Public Health Department Accreditation contains basic information about accreditation and is a great resource to share with your agency's leadership.
- PHAB's accreditation benefits web page includes links to an evaluation and a report in the CDC's Morbidity and Mortality Weekly Report on the benefits of accreditation, as well as a series on the impact of accreditation.

Health departments interested in actively pursuing accreditation should view the ASTHO Accreditation Readiness Resource Kit. ASTHO's Territory Performance Improvement Learning Community serves as a peer network that provides participants with a forum to engage with colleagues in other territories and freely associated states to exchange public health performance, quality improvement, and accreditation readiness resources.

■ SECTION 3

Getting Started: Planting the Seed in the Territories for Performance Improvement

Because THAs are diverse and unique in their size, structure, governance, population, geography, and partners, there is no one size fits all approach to getting organized for performance improvement. Regardless of the approach used, the PIM/AC will want to organize efforts in a way that builds on the agency's strengths, including its people, processes, and resources, and respects the uniqueness of its culture, governance, organizational structure, and geography. However, it is key to know that adopting

an approach to performance improvement needs to be integrated into the organization's culture of quality. Later in this section, we will discuss considerations for building on what works well within your agency and how to align your efforts in a way that respects the agency's organizational culture, structure, and governance.

Define the Performance Improvement Manager/Accreditation Coordinator's Role

From 2010-2014, NPHII supported most THAs in hiring a performance improvement manager to advance and lead performance improvement efforts in their health agencies. Many health agencies actively preparing for accreditation designate the PIM to also serve as their accreditation coordinator. It is important to recognize that not all THAs have a PIM or AC to lead performance improvement initiatives. In some cases, a quality improvement manager or other position has been tasked with these efforts. Regardless of a person's title, if they are charged with leading performance improvement efforts, it is important for this person to understand their role. For purposes of this resource, we will use PIM/AC to refer to the lead person, understanding that this person may have a different title, or may have other responsibilities in addition to those discussed in this resource.

CASE EXAMPLE: For example, Guam's performance improvement manager led teams focused on developing the island's CHA, CHIP, and strategic plan. This position was located within the health department's director's office and had the main responsibilities of working with management and forming multidisciplinary teams to successfully complete these plans. The PIM kept health department leadership engaged and facilitated buy-in from division leaders, community partners, and Guam's elected officials.

See Guam Case Study: Building Interagency and Island Partnerships to Improve Health.

Using the canoeing analogy, the PIM/AC is the navigator whose primary role is to lead, support, and facilitate performance improvement activities. To do that, a PIM/AC must gather information and share it with others. The PIM/AC will be responsible for convening partners and community stakeholders, providing guidance around performance improvement work, facilitating planning and quality

improvement initiatives, maintaining continuous communication around performance improvement activities and outcomes, and organizing resources and activities. This includes developing work plans and timelines, monitoring progress, and organizing resources to complete tasks. To accomplish this wide range of responsibilities, a PIM/AC should have or develop certain skills, abilities, and public health performance knowledge, including:

SKILLS	ABILITIES	KNOWLEDGE
• Leadership skills. • Analytical skills. • Time management and organization skills. • Communication skills. • Writing skills. • Team building skills. • Computer skills. • Project management skills.	• Detail oriented. • Able to motivate others. • Able to facilitate meetings, discussions, consensus. • Able to understand agency's operations. • Have access to the agency director. • Have authority to require assignments.	• General understanding of public health. • 10 Essential Public Health Services. • Knowledge of accreditation, assessment, and planning. • Quality improvement concepts and tools. • Performance management frameworks (such as Turning Point model).

Question

How can I better understand the role of PIM/AC?

There are many resources that provide information about the role of a PIM/AC in leading public health performance activities, as well as what qualities, skills, and abilities facilitate success. To determine how a PIM/AC would best support performance work, leadership should identify priorities and performance initiatives the PIM/AC would lead. Focus on understanding how the PIM/AC plays a role in your agency's overall organizational strategic plan.

Tips

- The PIM/AC must be knowledgeable about public health, public health performance, and accreditation. If you need to sharpen your knowledge of these topics, you can review concepts using the resources listed in Sections 1 and 2.

- PHAB has a one-page resource that describes the considerations for selecting an accreditation coordinator. This resource can help you and your agency define the role of the PIM/AC as it relates to accreditation readiness, and it also provides more information about the skills and abilities listed above.

- If you are a PIM/AC and you have been in your position for some time, there are always opportunities to further develop your skills and abilities. The resources below can help you identify areas for professional development.

- Even if accreditation is a long-term goal, the guidance included in this handbook will be helpful to anyone managing performance improvement initiatives.

Resources

- PHAB's [Considerations for Selecting an Accreditation Coordinator](#) guide provides general information about the responsibilities and skills of a PIM/AC, as well as the attributes needed to be effective.

- PHAB's [Accreditation Coordinator Handbook](#) contains helpful information about the PIM/AC's responsibilities, which include building a team, leading productive meetings, and managing the accreditation process.

- PIM/ACs are encouraged to attend conferences, trainings, and forums to learn more about public health accreditation and performance improvement initiatives.

Form a Multidisciplinary Team

Public health performance improvement requires a team effort that taps into the knowledge, experience, skills, and perspectives of the health department's staff. A multidisciplinary team is more likely to achieve performance improvement goals than a single staff member, because working as a team generates group ownership of the process, greater commitment to the goals, increased accountability among staff, and accounts for different expertise and skillsets. In addition, successes are shared across the department. With greater commitment and accountability comes the increased likelihood that performance improvement efforts will be sustained.

CASE EXAMPLE: The Puerto Rico Department of Health established a multidisciplinary accreditation core team to support accreditation efforts. The team collaborated with the accreditation coordinator to support efforts around conducting an organizational self-assessment, managing and storing accreditation documentation, and communicating accreditation strategies.

For more information, see [Puerto Rico Case Study: Accreditation Provides Opportunity to Deliver Higher Standard of Public Health Service in Puerto Rico](#).

CASE EXAMPLE: Guam's Department of Public Health and Social Services formed teams to work on its community health assessment, community health improvement plan, and strategic plan. The teams represented all divisions of the department and were selected based on their position and role, as well as their knowledge, experience, and skills relevant to the task.

For more information, see [Guam Case Study: Building Interagency and Island Partnerships to Improve Health](#).

Therefore, we recommend the PIM/AC form a multidisciplinary team—with members representing various programs and services across the agency with different skill sets and expertise—to lead the effort. Teams should represent different levels of the agency as well, from management to field staff. Having a core team to drive the planning, organization, and implementation is integral to the success and sustainability of performance improvement efforts.

? Question

When and how do I choose the team members?

Forming the team usually occurs after the THA has gathered enough information to understand the purpose, benefits, and process of improving public health performance. A PIM/AC should work with the agency director (or his or her designee) to identify the health department staff members who will comprise the team and have the willingness to work collaboratively to solve problems and test solutions together.

Tips

- The first step to forming the team is to be clear about why the team is being formed. Determine what the purpose is for creating the team. For example, are you bringing the team together to learn about accreditation and assess the department's readiness? Is it to use the accreditation standards and measures to identify performance improvement opportunities? Whatever the purpose may be, this should be clearly defined and supported by the agency director because the team's purpose will help you identify who will fulfill it.

- When identifying the team, you may want to consider how your agency is structured and how it typically forms committees. Or, maybe there is an existing committee or workgroup that can help guide these efforts. Identify what works in your agency for pulling teams and workgroups together, and follow a similar process. A manager or supervisor can help guide that process.

- When forming the team, consider members of senior management, middle management, and frontline program employees. This is the perfect time to consider the talents, strengths, and skills of THA staff.

- When building your team, consider individuals who are objective, organized, and effective communicators, as well as those who have credibility with staff, or who are strong leaders, effective delegators, or subject matter experts.

- Once you have your team, orient them to public health, public health performance, and accreditation. You may use PHAB's PowerPoint presentation in the resources section below, or create your own with links to resources or distribute copies of at-a-glance. You may also consider going through the PHAB orientation videos, linked in the resources below, as a team. Be sure to let them know the team's purpose and goals.

Once you have the multidisciplinary team on board and are developing plans to move ahead with performance improvement, consider organizing and presenting a department-wide orientation. This is a great way to:

- Raise awareness of performance improvement efforts.

- Share your team's purpose and intended outcomes.

- Discuss performance improvement's benefits and opportunities.

- Communicate leadership support of performance improvement.

"E lauhoe mai na wa'a; i ke ka, i ka hoe; i ka hoe, i ke ka; pae aku i ka 'aina."

*"Everybody paddle the canoes together; bail and paddle, paddle and bail,
and the shore will be reached."*

—HAWAI'IAN PROVERB

Resources

- PHAB's online orientation videos provide a foundational overview of national public health department accreditation. Completion of the online orientation videos and evaluation is required for accreditation coordinators and health directors seeking accreditation, but are valuable for all health department staff seeking information about PHAB accreditation.

- PHAB's Accreditation Materials include PowerPoint presentations on the PHAB accreditation program and the standard and measures.

- If the team is interested in more in-depth accreditation information, you can share the resources in Section 2.

- There are many ways to orient staff to accreditation and performance improvement. Below are three orientation training examples that you can use to develop a similar training for your agency:

  » California's Accreditation Overview Training for Managers and Supervisors PowerPoint

  » Oregon's Introduction to Accreditation and Quality Improvement PowerPoint

  » Vermont's Accreditation Two-Page Overview

Lead Effective Meetings

Once the PIM/AC forms the team, he or she will need to keep team members engaged. The best way to do that is to have a clearly defined purpose, goals, responsibilities, and timeframes for every meeting you call. Meetings should be consistent and productive.

Question

How do I keep the team energized and engaged?

Teams are more likely to remain energized and engaged when they are clear about their purpose and able to see tangible results from participation, such as displaying visuals (e.g., dashboards) that show progress of performance improvement initiatives.

Tips

- Prepare for each meeting. Write down the meeting's purpose and what you want to accomplish.
- Develop an agenda for the meeting, including the name of who will lead any topic discussions.
- Start and end the meeting on time.
- Facilitate the meeting, keeping track of time and managing participation so that everyone has a chance to give input and all topics get addressed (or moved to the next meeting's agenda).
- Celebrate accomplishments! Allow time to acknowledge and celebrate completed benchmarks along the way.

Resource

The Community Toolbox, created by the University of Kansas, is an online resource that provides step-by-step guidance for community-building skills.

- Chapter 16: Group Facilitation and Problem Solving provides excellent guidance and tools for managing effective meetings.

Encourage Agency Leadership

The health agency administrator is incredibly valuable to performance improvement efforts and department-wide involvement in the process. A crew looks to the navigator for guidance on where to go, but they look to the captain for the overall command on what to do. The agency administrator—the "captain"—needs to be vocal about the agency's commitment to performance improvement and the need for staff support. Leaders are important because they:

- Cultivate, support, and drive the culture of performance improvement and quality within an organization.
- Set the tone for performance improvement.
- Encourage cooperation, collaboration, and coordination across the agency.
- Monitor performance improvement progress.
- Celebrate achievements.
- Inform the governing entity of progress, island-wide efforts and initiatives, and policy development.

Leadership support will be important as you engage internal and external stakeholders, formalize partnerships through memoranda of understanding or other processes, gather documentation that addresses the PHAB standards and measures, and request technical assistance on performance improvement activities.

If your agency has made the decision to pursue public health accreditation, then the agency director will have a critical role in the application process, including viewing required webinars and approving the application before it is submitted to PHAB.

Resource

ASTHO's leadership resources on accreditation and performance management provide an overview in these areas of performance improvement from a leader perspective.

- Health Department Accreditation: A Guide and Perspectives from Leaders to Their Peers
- Performance Management Systems in State Health Agencies: Guidance and Perspectives from Leaders to Their Peers

Keep the Governing Entity Informed

The governing entity refers to the individual, board, council, commission, or other body with legal authority over the public health functions of a jurisdiction of the territorial government, as legally established by statute, law, ordinance, or constitution.[3] Regardless of the territory's governance structure, they need to remain informed of the agency's overarching efforts in order to:

- Provide general support and feedback.
- Develop policy and legislation to improve health, whether in response to community health assessment and community health improvement plan priorities or based on other health data and information.
- Review and approve legal agreements, as appropriate, with community partners and stakeholders to leverage resources, coordinate services, or implement other public health activities.
- Monitor activities of THAs and ensure that community needs are being met.

? Question

How do I engage both administrative leadership and the governing entity in my performance improvement activities?

There are several ways to engage administrative leadership and governance (see **Tips**), but it will be important to do so within your agency's chain of command or protocols.

💡 Tips

Here are some approaches to getting leadership on board:

- The PIM/AC (or appropriate manager or supervisor) should provide regular updates on progress of performance improvement activities, status, and outcomes.

- Invite leadership to a team meeting quarterly or as appropriate.

- Consider adding leadership to performance improvement teams, or seek a leadership sponsor, to build in support and engagement.

- Align performance improvement activities with the priorities of the administrative leadership and governing entity.

- Identify areas that will require future administrative action, and let these leaders know ahead of time that their input or approval may be required.

- Seek advice or counsel on how and when it is best to engage the governing entity. The agency administrator may be the best person to ask for advice on this matter. Ask him or her how you can support that effort.

- Keep the agency administrator apprised of items that may require future legislative or executive action.

▪ SECTION 4

Organizational Self-Assessment and Identification Accreditation Documentation

Territorial health agencies may use an organizational self-assessment (OSA) to assess performance at a specific point in time through a process that evaluates the current level of performance using PHAB standards and measures. It is a structured approach to self-assessing your agency and identifying gaps in its infrastructure, processes, and practices. The process identifies areas of strength and weakness in an agency's capacity to demonstrate its compliance with accreditation standards. Gaps are present when an agency does not have documentation to provide evidence

of its capacity to meet a particular measure. An organization can use the OSA results to prioritize and facilitate improvement activities. PHAB standards and measures tell you what is needed, but they do not tell you how to get there. It is up to the agency to determine the strategy to get the agency to that higher level of performance.

An OSA provides a means for understanding a THA's operations, processes, policies, and partners. It is often a first step for bringing different programs, units, divisions, and others within the THA together to look at how well the agency is performing as a whole. OSA results can be used to identify an agency's strengths and areas for improvement and identify opportunities to more effectively coordinate services across programs. Assessment results can also be used as data to develop your agency's community health improvement plan and organizational strategic plan, both of which are requirements of public health accreditation. Additionally, the OSA can be used to better understand an agency's accreditation readiness and help it decide whether to pursue accreditation as a short- or long-term goal. In this sense, accreditation can support self-determination because it provides a framework for territories to determine how to improve public health infrastructure and build capacity based on how their agency defines quality.

CASE EXAMPLE: The Federated States of Micronesia (FSM) conducted an OSA to evaluate and understand its systems and program operations in order to strengthen services. Prior to starting the OSA process, the department of health services for FSM's Yap State had programs that were functioning in silos. As a result, each program was not informed of the resources, functions, and tools available in other programs. The OSA gave program coordinators the opportunity to communicate with one another and answer questions. Then, the health department identified resources and capacities that could assist the agency if divisions worked together moving forward.

For more information, see Federated States of Micronesia's Yap State Breaks Down Silos During its Organizational Self-Assessment.

The first time an agency conducts an OSA, the results are usually preliminary because an agency does not know the accuracy of the assessment until it starts to gather the documentation and verify whether it addresses the measures. Sometimes the documentation cannot be located or does not

address all the requirements within the measure—or, the opposite may be true and the documentation does address all the requirements. Going through the OSA process can often raise confidence levels, increase morale, and motivate staff to work together to improve the quality of services. Once documentation is collected, staff will need to adjust to the assessment outcomes and address documentation gaps. This is the reason OSAs are often conducted more than once and assessment results need to be updated as more information is gathered.

Many THAs completed an assessment during their CDC-funded NPHII activities. For many territories, this was their first attempt at self-assessing practices against standardized measures. This process and information can be revisited and repeated to assess progress and update results to build a more updated and accurate picture of your agency, further align strategic priorities, and allocate staffing and resources based on gaps, strengths, and weaknesses.

Question

How do you conduct an OSA?

An OSA is conducted by gathering representatives from programmatic (e.g., environmental health, maternal and child health) and operational areas (e.g., human resources, finance) of the agency to review the standards and measures and determine the level to which the agency can meet the required documentation for each measure. The tips below provide suggestions on how to organize an OSA.

Tips

There are many ways to prepare for an OSA. The approach your agency uses will depend greatly on the number of staff and the agency's organizational chart. In some cases, your multidisciplinary team will be the most appropriate group to conduct the OSA. If the THA has a large staff, you can involve other department staff and create teams based on the PHAB domains to conduct the review. If the THA has a small staff, a few staff can do the OSA over multiple meetings. Leadership should be involved throughout an OSA. This includes informing leadership of the process at the beginning, as well as building initial engagement and support throughout the process. Regardless of how a THA conducts the OSA, the results it generates can be used to map your course of performance improvement.

- Review the guidance resources on organizing an OSA.

- Based on the size of your health department, determine which tool will work most effectively.

- Work with your performance improvement team to create "domain teams" to focus on the standards and measures within each of the PHAB domains.

- Assign staff to work on certain domains based on their knowledge and area of expertise. Assigning staff members to the appropriate domains will help them stay engaged in the process. In some cases, staff might work on multiple teams, or domain teams might get grouped together if the members overlap.

Resources

- [ASTHO's Accreditation Technical Assistance Preliminary Document Review Version 1.5](#) can help THAs score and make notes during a preliminary assessment.

- Red Star has created an [OSA guide specifically for tribal health departments](#). Because there are many similarities between how tribal health departments and THAs are structured, this guide might be particularly relevant.

- NACCHO has a [guide](#) for helping local health departments conduct an OSA.

How to Use Information Collected During an Organizational Self-Assessment

Using OSA results is a critical step toward performance improvement. Identifying the strengths of a public health system during the OSA provides an opportunity to celebrate a THA's successes. The agency administrator may want to consider sharing these findings with partners, leadership, all THA staff, or the community. Identifying strengths is also useful because the factors that contribute to the strengths may be applicable to finding solutions to identified weaknesses. For example, if the OSA reveals that your agency is very good at collecting data, this may be something to draw on when trying to solve a weakness where data is not being used to develop policy.

? Question

How does the team use the results to improve performance?

💡 Tips

A THA may choose to use the results of an OSA by first defining the problems at one of the following four levels, and then identifying and prioritizing areas of improvement for that level:

Level 1: *Individual Measures*

For each measure with a low score, identify the issues with meeting the measure and what documentation is needed. You may consider preparing a problem statement for these measures. A problem statement briefly describes the issue, how the THA or community is affected, and the size of the problem. Identifying this information at the measure level can be helpful for recognizing and prioritizing areas of improvement.

Level 2: *Individual Standards*

Staff should consider each standard and write one or two problem statements that describe the set of measures identified as needing improvement. This level of analysis will begin to provide surface-level insight into issues identified in the OSA. Individual standards likely have multiple measures that requirement improvement. Given that multiple measures may need to be addressed, the standard may be a strategic priority for one or more programs within a bureau or department, or across two or more bureaus.

Level 3: *Domains*

It can be helpful to explore areas of improvement among multiple standards and measures within a domain. The OSA participants should consider each domain and brainstorm the fewest problem statements possible to describe the measures that were identified as areas for improvement. If an entire domain has multiple standards and measures that require

improvement, there may be larger issues within the THA that require leadership involvement. This would require a higher level of analysis and insight into why these issues may exist. For example, there may be a lack of infrastructure, financial resources, or staff to address the domain as a whole.

Level 4: *Cross-Domain Clusters*

THAs can also analyze results across all domains and identify areas of improvement that seem to cluster around a common theme. This level of analysis is the broadest and requires the most thoughtful analysis of the THA. This level of analysis also suggests insights into systemic problems and offers a platform for improvements that can have a more significant impact across the agency.

Regardless of the level you choose to prioritize performance improvement efforts, all levels of analysis will lead to targeted and purposeful efforts with measurable outcomes.

"Ua usiusi-fa'ava'asavili"

"To obey like a canoe before the wind."
—SAMOAN PROVERB

Resources

The following resources can help THAs navigate the various stages of organizing, completing, and analyzing OSA results. Gaps identified during the preliminary assessment can be documented using:

- ASTHO's Summary Documentation Checklist: Gaps Identified by Domain.
- ASTHO's Post Organization Self-Assessment Action Planning Template can be used to develop action plans for completing documentation and developing a timeline.
- THA staff can use the PHAB documentation selection spreadsheet as a template to organize documentation.

■ SECTION 5

The Key Accreditation Documents

There are several plans and processes required within the PHAB standards that involve significant time and effort. Four documents that are required to be in place when applying for public health accreditation include:

- a CHA (Measure 1.1.2).

- a CHIP (Measure 5.2.2).

- an organizational strategic plan (Measure 5.3.2).

- a quality improvement (QI) plan (Measure 9.2.1).

Many THAs completed at least one of these plans through the support of NPHII. Additionally, other agency-wide plans that a health agency should have in place or substantially completed when applying for accreditation are:

- an emergency operations plan (Measure 5.4.2).

- a workforce development plan (Measure 8.2.1).

When applying for accreditation, the health agency should also be able to ensure that a performance management policy or system (Measure 9.1.2) is in place and that an organization branding strategy (Measure 3.2.2) is in effect or near completion.

Although the CHA, CHIP, and strategic plan are three separate documents, their true power lies in how they complement one another to create a comprehensive improvement process that positively affects community health and a THA's overall work. The CHA process results in data and information about the health status of a community and can be used to identify health priorities to be addressed in the CHIP. Both CHA and CHIP require community engagement, so together they provide an opportunity to educate and inform the community about health issues and engage them in priority setting. The strategic plan addresses the THA's internal operational capacity building to support overall improvement planning efforts. Even for agencies who are not planning on applying for accreditation yet, completing the three prerequisites is good public health practice and supports data-based decision-making about health issues that are important to the community.

When you take the time to collect and use the most current data to plan and complete the key documents, you help ensure that:

- Services provided are leading to better health outcomes.

- Programs and services are focused on health priorities that are aligned with territorial and national priorities.

- Processes are in place to ensure high performance.

- Policies are in place to support health improvement objectives.

- Stakeholders and leadership are involved and on board with planning and implementing your health improvement efforts.

Communities and people have always used data to make important decisions. Consider a voyaging canoe: its builders use data and mathematics to design and engineer a canoe that is safe for crew, can sail great distances without a motor, and can sustain rough weather conditions. Lives depend on it in the same way: THAs can use data to create a coordinated public health system that ensures the safety and well-being of the community, provides quality services that can be sustained independent of grant funding, and can respond to public health emergencies such as a natural disaster or a disease outbreak. Using data in traditional canoe building and sailing may look different than using data to make improvement plans within your agency, but the concept is essentially the same. Using data and information to improve your agency's performance and the community's health is very much aligned with traditional practices.

CASE EXAMPLE: The Guam Department of Public Health and Social Services (DPHSS) embarked on a journey in 2012 to complete three of PHAB's key documents for accreditation: the CHA, the CHIP, and an organizational strategic plan. This was the first time that DPHSS had tried to conduct a comprehensive improvement planning process that engaged the island's government leadership and agencies, community groups and organizations, academia, health professional organizations, and the federal government. The health department experienced some initial challenges organizing the effort and generating broad support and participation across the health department. Staff were unfamiliar with accreditation and public health performance improvement initiatives, and were accustomed to working independently, often with their own priorities and funding requirements.

As the health department progressed in the improvement planning process, it was met with an unintended—yet favorable—outcome. Because of the process, DPHSS formed new partnerships and strengthened existing ones. In addition to leadership involvement by Congresswoman Madeleine Bordallo's office, Gov. Eddie Calvo's office, and Senator Dennis Rodriguez from the Committee on Health and Human Services, and the Department of Education, DPHSS forged stronger relationships with the Guam Behavioral Health and Wellness, Guam Community College, local hospitals, and the U.S. military.

For more information, see Guam Case Study: Building Interagency and Island Partnerships to Improve Health.

Community Health Assessment

A CHA can be defined several ways. Most definitions describe a collaborative process that includes regular and systematic collection, analysis, and dissemination of information on a community's health. PHAB describes it as:

> *"…a systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community. The ultimate goal of a community health assessment is to develop strategies to address the community's health needs and identified issues. A variety of tools and processes may be used to conduct a community health assessment; the essential ingredients are community engagement and collaborative participation."[4]*

Conducting a CHA is a multi-step process that takes time to do well. It engages the community at large in identifying health concerns, prioritizing important health issues based on data, and documenting and communicating the results. The data you collect should include demographics, socioeconomic characteristics, quality of life, behavioral factors, the environment (including the built environment, such as recreational areas, safe roads, and community gardens), morbidity and mortality, and other social determinants of health. Conducting a thorough CHA is important because the CHA results will serve as the basis for creating the CHIP.

? Question

A CHA seems like such an enormous task. How do I go about collecting the data?

CHAs are more than simply collecting data. The process used to conduct a CHA is just as important—if not more important—than just collecting the data and summarizing it in a report. A CHA involves a systematic process that often includes the following steps:

- Define the population.
- Engage the community.
- Identify community health issues.
- Identify community health resources.

- Collect data.
- Analyze data.
- Report results.
- Monitor and refresh data on a regular basis.

Tips

There are several things you can do to help you prepare to conduct a CHA:

- Learn as much as you can about what a CHA is, what is involved in the process, and what resources and tools are available.

- Once you have a good understanding of the CHA process, review some of the different models, guides, and toolkits for conducting a CHA. Each model usually has a stated purpose, benefit, and use.

- Select a model that fits best with your community. Consider your community's health priorities and interests. Does the model explore the community health indicators that your agency is interested in understanding? Determine which model describes a process that could work in your community, given your agency's structure and protocols.

- Once you have identified the model, learn its key elements and present the model to your team. It's important that everyone understands the steps that need to be taken. Work with the team to develop a plan, including defining the roles and responsibilities for each team member.

- Use the model to develop and implement a CHA plan. Some of the resources below provide templates, worksheets, and guidance on how to do that.

Resources

- The PHAB Standards and Measures Version 1.5 document provides guidance on the process and content requirements for the CHA.

- ASTHO provides a State Health Assessment Guide. These resources can be adapted to any public health agency.

- See ASTHO's sample state health assessments and Accreditation Library.

- The most commonly used model is Mobilizing for Action through Planning and Partnership (MAPP). This is a very comprehensive model that addresses the CHA and CHIP requirements. If you select the MAPP model, NACCHO's MAPP Clearinghouse has a variety of resources and tools you can use.

- The Inter Tribal Council of Arizona's Community Health Assessment for Public Health Accreditation: A Practical Guide and Toolkit was designed to guide tribes through the CHA process based on the PHAB standards and measures version 1.0. If your agency is actively pursuing accreditation, it is important to review PHAB's standards and measures version 1.5. This resource might be particularly helpful, as there are many leadership, structural, and cultural similarities between tribes and territories.

- NACCHO's website contains training and tools on identifying and selecting indicators, collecting data, analyzing and synthesizing that data, and reporting findings.

- CDC has a robust Community Health Assessment and Health Improvement Planning website to assist health agencies as they develop CHAs and CHIPs.

Community Health Improvement Plan

A CHIP, like a CHA, is a collaborative process. A CHIP describes how a THA will work with its partners to achieve measurable health improvements in the community. PHAB defines a CHIP as:

"…a long-term, systematic effort to address public health problems on the basis of the results of community health assessment activities and the community health improvement process. This plan is used by health and other governmental education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources."[5]

The process for developing and implementing a CHIP includes many of the same elements as a CHA:

- Engage community stakeholders.

- Share health assessment data with stakeholders.

- Identify community health issues.

- Identify community health resources.

- Identify health priorities. Identify health improvement strategies.

- Allocate responsibility for strategies.

- Track actions toward strategies.

- Report progress on strategies.

- Monitor and revise strategies as needed.

? Question

Do I need to wait until after the CHA is completed to begin a CHIP?

The short answer is no. In fact, it is a good idea to begin conceptualizing the approach you will use to conduct the CHIP during the final stages of the CHA. Both documents can be developed by collecting and identifying data and information, prioritization, and developing steps toward improvement. Keep in mind that you will need to involve the community in various stages of the CHA and CHIP development and implementation. Therefore, it is a good idea to start thinking about how and when you can involve the community. This way, the community will understand how its participation is necessary to both understand which health issues are important and also which strategies can be implemented to make improvements.

⚡ Tips

- Like the CHA, learn as much as you can about what a CHIP is and what is required by closely reviewing and understanding the PHAB standards and measures.

- Review samples of CHIPs completed by other state, local, and tribal health departments.

- Once you have a good understanding of the CHIP process, review some of the different models, guides, and toolkits for conducting a CHA.

- Select the model that fits best with your agency. Consider which planning process will be most effective given your agency's structure and protocols.

- Provide all participating staff and partners with training on the chosen model (including the overall approach) and the PHAB CHIP requirements.

- After you have selected the model and approach for the CHIP process, the multidisciplinary team can help identify which staff and partners should participate in the process. We recommend that your agency collaborate with public health system partners (outside of the health department) for planning. This not only brings different perspectives into the process, it encourages a shared sense of responsibility when the CHIP is actually conducted. It can also foster stronger partnerships and greater coordination of services, which leads to better health outcomes.

Resources:

- The PHAB Standards and Measures Version 1.5 document provides guidance on the process and content requirements for the CHIP.

- A community-friendly model that we find easy to follow is the Guide and Template for Comprehensive Health Improvement Planning Version 2.1, developed by the planning and workforce branch of the Connecticut Department of Public Health.

- Recommendations on Characteristics for High-Quality Community Health Assessments and Community Health Improvement Plans is a nice tool for tracking progress and maintaining quality results while conducting your CHA and CHIP. This resource was developed by NACCHO and includes a detailed checklist of tasks to complete, as well as suggestions for writing the report narratives.

- ASTHO has many tools, including a guide with more resources, recorded webinars, and links to sample plans:

  » **ASTHO's Are You Ready to Sail Your SHIP (State Health Improvement Plan)? Learning Series:**

    – Webinar 1: Identifying Stakeholders and Engaging in Systems Thinking.

    – Webinar 2: Leveraging Data Inputs.

    – Webinar 3: Establishing and Communicating Priorities from Your SHIP.

    – Webinar 4: Implementing Your SHIP.

  » Developing a State Health Improvement Plan: Guidance and Resources.

  » Sample state health improvement plans.

Organizational Strategic Plan

Many THAs are familiar with the strategic planning process, which often includes developing a vision, mission, goals, and objectives for your organization. PHAB's Glossary of Terms explains that:

"A strategic plan results from a deliberate decision-making process and defines where an organization is going. The plan sets the direction for the organization and, through a common understanding of the mission, vision, goals, and objectives, provides a template for all employees and stakeholders to make decisions that move the organization forward."[6]

Unlike the CHA and CHIP, which are community processes and documents that engage partners and stakeholders in the public health system, the strategic plan is specific to the health agency as an internal document that outlines the direction of the agency. The strategic planning process considers overarching information that is based on assessments of the larger context in which a THA operates. Such assessments can include information gathered during the OSA, the CHA, and an environmental scan of external events, trends, and other factors that may impact the THA or community health.

❓ Question

Should we use the same team to conduct the organizational strategic plan that we used for the CHA and CHIP?

💡 Tips

- In some cases, all or some of these participants may have also been on the CHA or CHIP team.

- Consider engaging the governing entity or its members in the strategic planning process, as it may help align the strategic planning process with any efforts being undertaken more broadly by the agency. Seek guidance from the agency administrator on how best to engage the governing entity.

- After you identify who will participate, it may be helpful to find a facilitator who can assist with the strategic planning process.

- Other important considerations for the strategic plan include integrating CHIP priorities into the plan. Identify strategies to strengthen the agency that will support CHIP priorities. OSA results provide a great source of information that can help you identify measures you can address to better support CHIP priorities. For example, there might be a policy, procedure, or communications measure that you can address to support tobacco prevention or cessation.

- Establish three or four priorities and determine how you will meet those priorities in the context of the rest of your work.

- Strategic plans are living documents that are applied. The best plans are clear road maps that guide implementation and contain applicable performance measures to monitor and measure change in your objectives over time. Strategic plans should be reviewed and revised when necessary.

- Strategic planning is not an isolated process. Effective strategic planning enjoys broad input and support. Although a select workgroup (often the management team) may do the majority of the planning, the process should get input from across the THA at key points. Such a plan has the best chance of being successfully implemented.

- Strategic planning builds on other plans and assessments. The plan should be aligned with other plans and assessments, such as the CHA, CHIP, and the agency's QI plan, and workforce development efforts. Selected measures can become part of your agency's performance management system.

Resources

- The PHAB Standards and Measures Version 1.5 document provides guidance on the requirement of a strategic plan.

- ASTHO's Strategic Planning Guide provides assistance and resources on conducting a strategic planning process within your agency. The guide discusses the seven steps of the strategic planning process and walks the THA through each phase.

- Red Star offers the Developing a Tribal Health Department Strategic Plan: A How-To Guide, which provides an approach to strategic planning that takes into account the unique context tribes face. Some of the approaches to leadership and community engagement may be relevant to THAs.

- ASTHO has collected sample state agency strategic plans that can help you document your plan.

Quality Improvement Plan

Although the QI plan is a required document for accreditation through PHAB, an agency QI plan is a valuable tool even if the agency is not currently planning to become accredited. The QI plan can serve as a roadmap for QI program planning and activities while also providing documentation for existing and future efforts. Additionally, a QI plan can foster a culture of quality in the agency.

A QI plan describes what an agency is planning to accomplish and reflects what is currently happening with QI processes and systems in that agency. It is a guidance document that informs everyone in the organization as to the direction, timeline, activities, and importance of quality and quality improvement in the organization. A QI plan encompasses more than a collection of specific QI projects. It should reflect the agency's approach to quality across the organization and the establishment of a culture that supports quality and performance agency-wide. The QI plan is also a living document and should be revised and updated regularly as a visible sign of management support and commitment to quality.

Question

What should be included in a QI plan?

A QI plan describes what quality means to the health agency and the process through which they identify and make changes to areas of improvement. A QI plan should describe accountability for identifying areas of improvement in all agency operations, and describe the methods for using quality improvement in those areas. Finally, a QI plan should identify ways of tracking and reporting on QI activities to THA staff and governing entities.

Tips

- Leadership should be committed and involved in the development and implementation of a QI plan. Leaders can champion QI and performance in their agencies, and can give staff the authority to make changes.

Resources:

- The PHAB Standards and Measures Version 1.5 document provides guidance on the QI plan requirement.
- ASTHO's Quality Improvement Plan Toolkit provides assistance and resources on developing an agency-wide QI plan. The guide doffers a QI plan development checklist and walks THAs through each step of development.

Elements of a Quality Improvement Plan

1. Description of Organizational Culture and Quality
2. Key Quality Terms
3. Organizational Structure, Roles, and Responsibilities
4. Quality Improvement Training
5. Quality Improvement Methodology
6. Goals and Projects
7. Implementation and Monitoring
8. Communication
9. Evaluation of the Quality Improvement Plan and Activities
10. Sustainability

Other Key Accreditation Documents

In addition to the CHA, CHIP, strategic plan, and QI Plan, PHAB requires the following plans in place or near completion when applying for accreditation: an emergency operations plan, a workforce development plan, and a performance management policy or system.

The emergency operations plan "outlines core roles and responsibilities for all-hazard responses."[7] According to PHAB's Glossary of Terms, an emergency operations plan:

> "...assigns responsibility to organizations and individuals for carrying out specific actions at projected times and places in an emergency that exceeds the capability or routine responsibility of any one agency; sets forth lines of authority and organizational relationships, and shows how all actions will be coordinated; describes how people and property will be protected in emergencies and disasters; identifies personnel, equipment, facilities, supplies, and other resources available—within the jurisdiction or by agreement with other jurisdictions—for use during response and recovery operations; and identifies steps to address mitigation concerns during response and recovery activities."

Like the other plans described above, the emergency operations plan requires public health departments to work in coordination with other agencies and organizations. PHAB requires the following components included in the emergency operations plan: designation of the staff position responsible for coordinating response efforts, roles and responsibilities for the public health department and its partners, a network or plan for communicating with other emergency networks and organizations, and a plan for continuity of health department operations during a response.[8]

The workforce development plan focuses on the need for health departments to strategically approach developing a competent workforce to performance public health duties. The workforce development plan:

> "...sets forth objectives and strategies that are aimed at training or educational programs to bring public health employees up to the date on the skills necessary to do their jobs better or to train the next generation of public health workers and leaders."[9]

At its simplest level, a competent, capable workforce is at the center of any successful organization. Investment in training and development of the workforce can yield multiple benefits for both the employee and the organization. These benefits may include, but are not limited to: expanded staff knowledge, skills, and abilities; improved quality of products and services; enhanced individual and organizational performance; increased employee satisfaction, retention rates, and commitment to the organization; expanded ability for the organization to adapt to change; and deepened bench strength to support succession.

Finally, PHAB describes the components of an agency-wide performance management system or policy as:

> *"...setting organizational objectives across all levels of the department, identifying indicators to measure progress toward achieving objectives on a regular basis, identifying responsibility for monitoring progress and reporting, and identifying areas where achieving objectives requires focused quality improvement processes."*[10]

The performance management system is a key tool for monitoring your agency's performance, and identifying areas for improvement. The performance management system plays a key role in a health agency's continuous performance improvement activities, and can help engrain a culture of quality in your agency (which is described further in Section 6).

Resources

- The PHAB Standards and Measures Version 1.5 document provides guidance on the requirements of an emergency operations plan, workforce development plan, and performance management policy or system.

- ASTHO has several tools, including a guide with more resources, recorded webinars, and links to sample plans:

  » Sample state agency emergency operations plans, workforce development plans, and performance management systems and policies.

  » Workforce Development Plan Toolkit.

  » PHAB Domain 8: Maintain a Competent Public Health Workforce webinar.

- The Public Health Foundation's Performance Management System Framework is a popular and comprehensive approach for designing a performance management system that sustains performance improvement in public health agencies.

Performance Management and Quality Improvement

Performance management (PM) and quality improvement are practices that are increasingly popular in the field of public health to improve performance and increase efficiencies. Creating a culture of performance improvement within your agency can help transform a THA's shared attitudes, beliefs, values, and practices about the quality of services provided to the community and its impact. In many areas of the territories, community values are hardwired into the practices of THAs, which can be used to support and facilitate performance improvement work. Creating an organizational culture that embraces PM and QI as common practices for performance improvement requires several conditions: leadership commitment; an appropriate infrastructure to support PM/QI, such as a performance management system and QI plan; employee commitment; a customer focus; teamwork and collaboration; and continuous process improvement.[11] By integrating strategic and purposeful improvement processes that are data-based, a team approach to PM/QI can facilitate strong community- and customer-centered services.
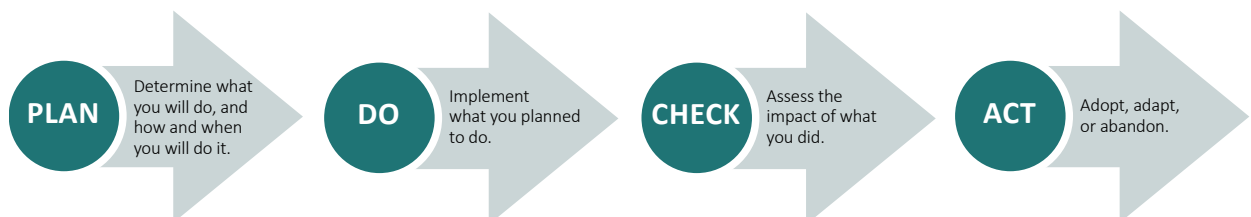
> ### WHERE DO WE START?
>
> A culture of quality is key to ensuring lasting performance improvement in your health agency. Use the assessments provided in the resources below to understand your agency's QI culture.

Some territories have clinical services within their health agencies, making it likely that the clinical side already has a QI plan and implements QI within the agency's clinical services. Introducing QI on the public health side of the agency may take time, since it may be a new concept for many staff. The best approach is to embed foundational knowledge around QI into an agency and share examples of how QI can impact program outcomes. For THAs with a clinical service or those linked to a hospital system with a QI program, they should learn how that program implements and measures QI and incorporate practices into their public health work. It may be best to follow internal protocols and seek guidance from your supervisor, a manager or the administrator. Identify ways that QI planning and tracking can expand to include your public health department and programs. Developing a QI plan is a critical element to standardizing and sustaining QI practices and creating a culture of QI. This approach systematically integrates QI into an agency.

A Plan Do Check Act (PDCA)—or Plan Do Study Act (PDSA)—cycle is a popular QI model in public health, as it is both simple and powerful. The simplicity of a PDCA or PDSA comes from its systematic, straightforward, flexible approach. Its power is derived from its reliance on the scientific method: developing, testing, and analyzing hypotheses. THAs can use these models to address complex problems and employ additional QI tools. **Figure 4** describes what occurs in each step of a cycle.

FIGURE 4: PDC(S)A MODEL OUTLINE

PLAN — Determine what you will do, and how and when you will do it.
DO — Implement what you planned to do.
CHECK — Assess the impact of what you did.
ACT — Adopt, adapt, or abandon.

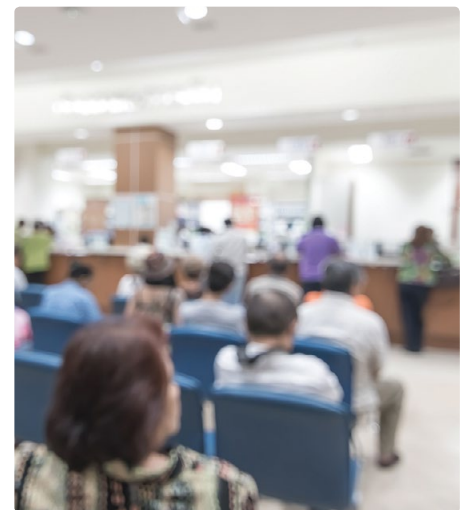# Building a Culture of Quality in Territorial Health Agencies

A culture of quality can impact how a THA operates and provides services to its customers. Agencies with a culture of quality may see improving performance as a necessary part of their daily operations and not simply implementing individual QI projects. When health agencies are faced with challenging environments, such as shrinking resources and increasing demand for services, a culture of quality is critical to sustaining an efficient and effective organization.

Many THAs took the first steps towards building a culture of quality in their organizations through NPHII, which supported health agencies in accreditation readiness activities and performance improvement practices. Through the initiative, THAs received training in QI, and some implemented QI tools to improve efficiency and effectiveness of their agencies' practices.

Agencies define what a culture of quality looks like for their organization, considering the unique characteristics of their agency and their community. However, some key principles include a customer focus, engaged and committed leadership and staff, use of data to identify and analyze problems and guide solutions, and continually making improvements over time.

Although THAs should define a culture of quality for their organization with the perspective of the unique characteristics of their island communities in mind, there are three basic steps for working through this process. The steps, adapted from ASTHO's Quality Improvement Plan Toolkit, are explained below:

- **Assess the culture of quality in your agency**. Determining your agency's culture of quality and desired future state of quality in the organization is an important first step in the quality planning process.

    » What does quality currently look like in our organization?

    » What does our agency want the future state of quality to look like in one year, three years, and five years?

    » Measuring current status accurately will help identify gaps that exist between the current status and future quality, as well as help with planning for resources and training.

- **Plan for improvements in quality culture**.

- **Periodically reassess culture of quality**. It is recommended that agency leaders and staff complete an assessment survey (see the resources section below) on an annual or biannual basis. Results should be compared to previous surveys. Your agency can determine if improvement strategies are working and what further training or institutional strategies may be needed.

❓ Question

What is the first step to building a culture of quality in my agency?

A culture of quality is a key foundation to increasing understanding of how a health system operates and identifying areas of improvement. In order to begin building a quality culture in your THA, it is important to have buy-in from agency staff, leadership, and partners, as they comprise the public health system and contribute to your agency's operations. Additionally, many THAs have integrated clinical and public health services in their organizations. As clinical and public health services can inform one another and build off the other's work, it is important to engage these areas of your agency in defining and building a quality culture. Informing these stakeholders about the importance of a culture of quality and its benefits is a first step to gaining buy-in.

Tips

- Although it can be challenging to know where to start with QI, the best suggestion we can offer is to start where you are. If your agency is new to QI, then start small and learn the basics, beginning with small-scale, simple projects that involve one or two programs. As you get further along in your QI efforts, you can begin looking at resources that guide public health agencies on how to take their QI to the next level.

- Leadership support and involvement is critical to institutionalizing a culture of QI in a health agency. Staff can conduct individual QI projects, but leaders and managers create and support organizational culture, including a culture that supports QI. Encourage leadership involvement throughout the process of defining the framework for your agency's culture of quality and in sharing this framework with other agency staff.

- Involve staff early by providing QI training to share QI principles and how they can be used to improve work efficiency. ASTHO and NACCHO's resources below share examples of QI training for health agency staff.

- Having a QI plan for your agency fosters a culture of quality. See Section 7 for more on developing a QI Plan.

Resources

- ASTHO's Quality Improvement Plan Toolkit provides strategies to health agencies looking to make quality improvement an agency-wide process.

- NACCHO's Roadmap to a Culture of Quality Improvement includes strategies and steps for creating a quality culture. It lists the foundational elements of QI culture, including leadership commitment, QI infrastructure, and employee empowerment.

- The How CQI Oriented is Your Culture survey from the Center for Public Health Quality can help THAs assess their agency culture of quality before and after a six-month QI training program.

- The Action Plan for Leaders to Support a QI Team and Sustain a QI Culture planning tool can be used to plan strategies for building and sustaining QI culture. The Center for Public Health Quality, which developed the tool, found that it helped leaders implement QI culture strategies developed while staff participated in QI training and projects.

- The 50-question Organizational QI Maturity survey was developed to evaluate the Robert Wood Johnson Foundation Multistate Learning Collaborative. A shorter version of the survey was developed to represent the key domains of QI maturity.

- Embracing Quality in Public Health: A Practitioner's Quality Improvement Guidebook by the Michigan Public Health Institute, is an excellent QI resource that is easy to follow. It provides an overview of QI fundamentals and a step-by-step approach using the PDCA cycle. It also includes case studies from local health departments and discusses how to build a culture of QI.

- Public Health Quality Improvement Exchange is an online community designed to be a communication hub for public health professionals interested in learning and sharing information about QI. It provides news and events, and sample QI projects and plans.

- Public Health Foundation offers many QI and PM tools, resources, training, and technical assistance.

Sustainability—Preparing for the Future

Many THAs are seeking opportunities to improve their performance so that they can better address the public health needs and challenges of their communities. Strengthening their territorial public health infrastructure is a way to generate resources, increase the efficiency and effectiveness of programs and services, and promote healthy communities for this generation and the next.

Applying the guidance and practical tips and utilizing the resources provided throughout this guide will help you create the foundation needed to sustain your public health performance efforts.

The cornerstones of sustainability include:

WHERE DO WE START?

Performance improvement is a continuous process that can provide great benefits to health agencies and their communities. Explore the many resources shared in this document to assist your agency in determining next steps towards accreditation preparation, and connect with the various peer networks facilitated by ASTHO and partner organizations to learn from others and share your agency's accreditation readiness experiences.

- **Start where you are**. Use the PHAB standards and measures as a compass to help you assess the status of your agency, identify and prioritize areas where you can improve performance, and determine your course for continuously making improvements.

- **Stay informed.** Continue to take advantage of available webinars, trainings, resources, and technical assistance.

- **Teach others.** Continuously share what you learn with other staff to help them see the value of improving your agency's work.

- **Identify shared goals.** Find out what motivates people. Learn what their program goals and objectives are, and try to find ways to align your work with theirs.

- **Maintain a multidisciplinary team** to oversee and assist with performance improvement initiatives. A PIM/AC needs his or her crew—you cannot do it alone!

- **Engage leadership.** Keep leaders informed of your activities and what you learn and help them stay abreast of important work occurring across the field of public health. The captain needs to be on board to inform the crew of their commitment to performance improvement.

"E kore e ngaro; he takere waka nui"

"The hull of a canoe that is well carved is never lost."
— MAORI PROVERB

We hope this resource will be a helpful companion along your journey in public health performance improvement and accreditation. For more information about the accreditation process and requirements, visit PHAB's website. For additional resources to support your accreditation efforts, visit ASTHO's accreditation and performance website and CDC's accreditation website.

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