

# Local Health Department Accreditation Readiness & Progress in Oregon

**Prepared By:**

Kathleen Johnson, MPH

Program Manager

September 30, 2014

# Table of Contents

<b>Executive Summary .....</b>	<b>3</b>
<b>Background .....</b>	<b>4</b>
<b>Accreditation Support and Progress in Oregon.....</b>	<b>5</b>
Funding .....	5
Accreditation Progress .....	7
Accreditation Prerequisites .....	10
<b>Quality Improvement and Performance Management .....</b>	<b>13</b>
Quality Improvement .....	13
Performance Management .....	15
<b>Successes and Lessons Learned.....</b>	<b>15</b>
<b>Moving to the Future and Recommendations .....</b>	<b>16</b>
Summary of Recommendations .....	17

## Executive Summary

In 2011 the Public Health Division (PHD) in the Oregon Health Authority and the Coalition of Local Health Officials embarked on a project to improve Public Health System functions and help move Local Health Departments (LHDs) towards National Public Health Accreditation.

This report describes the impact that three years of support, technical assistance and regional sharing has had on local health department accreditation readiness and quality improvement progress. At the beginning of the grant the Coalition of Local Health Officials (CLHO) conducted a baseline survey to look at key indicators related to accreditation readiness and conducted a final survey at the end of the grant period. This report describes the findings including current accreditation readiness status in terms of the progress on the three prerequisites, quality improvement and documentation collection, as well as project success and lessons learned, and recommendations for moving forward.

### Oregon Local Health Department Accreditation Readiness Highlights

- 91% of LHDs have a completed Community Health Assessment
- 44% of LHDs have a completed agency Strategic Plan
- 21 of 34 LHDs are working on some type Quality Improvement initiative
- 13 of 34 LHDs have submitted their Statement of Intent (SOI) to apply for Accreditation
- 10 of those 13 LHDs have submitted their Application for Accreditation
- 4 of those 10 LHDs have received National Public Health Department Accreditation
- At least 25 of the 34 LHDs have applied for and received grant funds to work on accreditation readiness activities

### Recommendations

- Create funding opportunities that prioritize local health department and public health system improvements
- Adapt language in public health Program Elements to support Accreditation and Quality Improvement, not just Quality Assurance
- Institutionalize a standards review process to ensure that Accreditation related work remains a priority in the absence of specific funding
- Provide Accreditation related learning opportunities for local public health professionals
- Maintain and build Accreditation Communities of Practice like the Accreditation Work Group and the Accreditation Govspace website

Over the last three years Oregon's Local Health Departments (LHDs) have made tremendous strides in their progress towards National Public Health Department Accreditation, as LHDs continue to make progress it is important that the Oregon Public Health System continues to support this work.

## Background

In 2010, the Coalition of Local Health Officials (CLHO) leadership, the Public Health Division (PHD) in the Oregon Health Authority, and Multnomah County Public Health Department, collaborated on a statewide application for funding from the Center for Disease Control and Prevention's (CDC) National Public Health Improvement Initiative (NPHII). The PHD was awarded NPHII funding and created the Performance Management Program (PMP). Between Fall 2010 and Fall 2014 the PMP supported health departments to improve management of day-to-day work, prepare for National Public Health Accreditation, and use successful practices and share results with others.

Coinciding with the beginning of the National Public Health Improvement Initiative (NPHII), the non-profit Public Health Accreditation Board (PHAB) launched National Public Health Department Accreditation in 2011. The accreditation process seeks to advance quality and performance within local, tribal and state public health departments across the country. Public health department accreditation has been developed to improve public health service, value, and accountability to stakeholders and the community. Accreditation provides an opportunity for health departments to identify performance and quality improvement opportunities, improve management, develop leadership, and strengthen relationships with the community (PHAB, 2012).

The accreditation process documents the capacity of public health departments to deliver the three core functions of public health and the Ten Essential Public Health Services<sup>1</sup>. In order to show this capacity, the department submits documentation that meets the requirements described in the PHAB Standards and Measures Version 1.0 and now, Version 1.5. This includes developing a Quality Improvement program and conducting three prerequisites, the Community Health Assessment, the Community Health Improvement Plan and the agency-wide Strategic Plan.

As a part of the NPHII work, Oregon largely focused its efforts and resources on supporting Local Health Departments (LHDs) in National Public Health Accreditation readiness. The support provided to LHDs by the PMP included:

- The development of the Oregon Public Health Assessment Tool
- The administration and analysis of a statewide workforce development assessment
- Support for quality improvement projects
- Opportunities for leadership and policy development
- Competitive funding opportunities for Local Health Departments (LHDs)
- Financial support to the Coalition of Local Health Officials

---

<sup>1</sup> Information on the Three Core Functions and Ten Essential Services of Public Health can be found at

## Accreditation Support and Progress in Oregon

### Funding

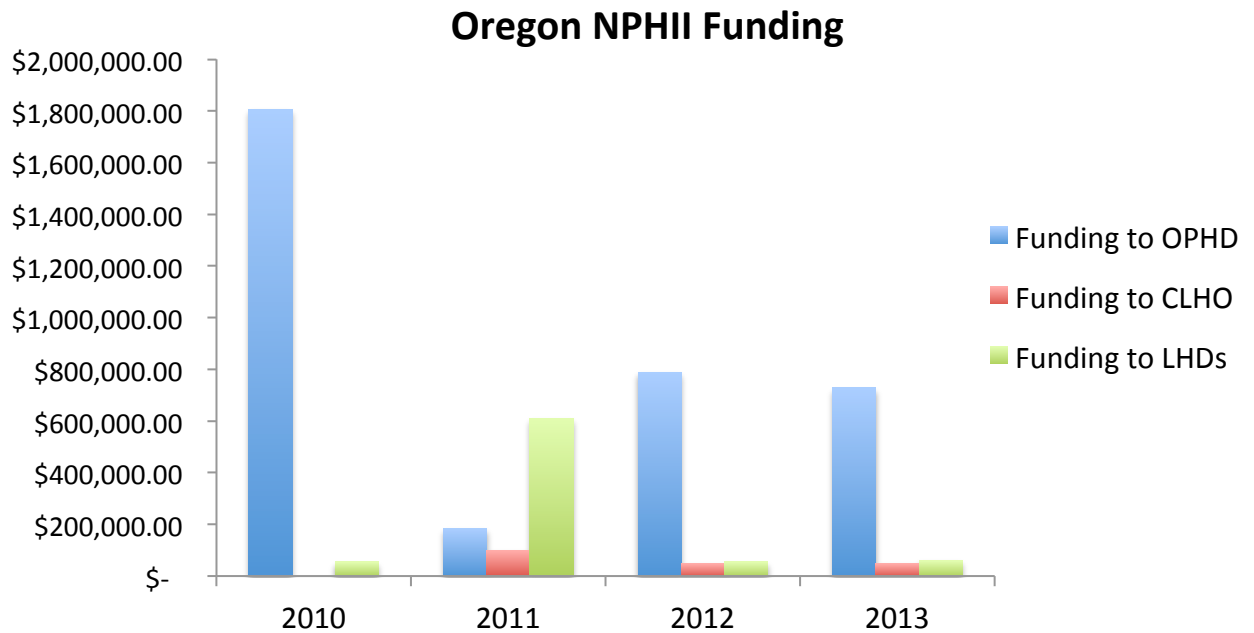
From 2010 to 2014 the Performance Management Program (PMP) in the Oregon Health Authority funded twenty-four different Local Health Departments (LHDs), totaling \$778,846, through accreditation readiness grants (Figure 1 and Figure 2). These competitive funds provided support to LHDs to work on a variety of accreditation readiness activities. Projects supported by these funds included: community health assessments, community health improvement planning, strategic planning, quality improvement and performance management work, workforce development, and documentation collection.

Along with competitive funds for LHDs, the PMP provided financial support with NPHII funding to the Coalition of Local Health Officials (CLHO), from 2011 to 2014, to support a Program Manager position. In the 2011-2012 grant cycle year, CLHO was funded \$100,000 to fully fund the Program Manager position, in the 2012-2013 and 2013-2014 cycles CLHO received \$50,000 to fund half of the Program Manager's position (Figure 1).

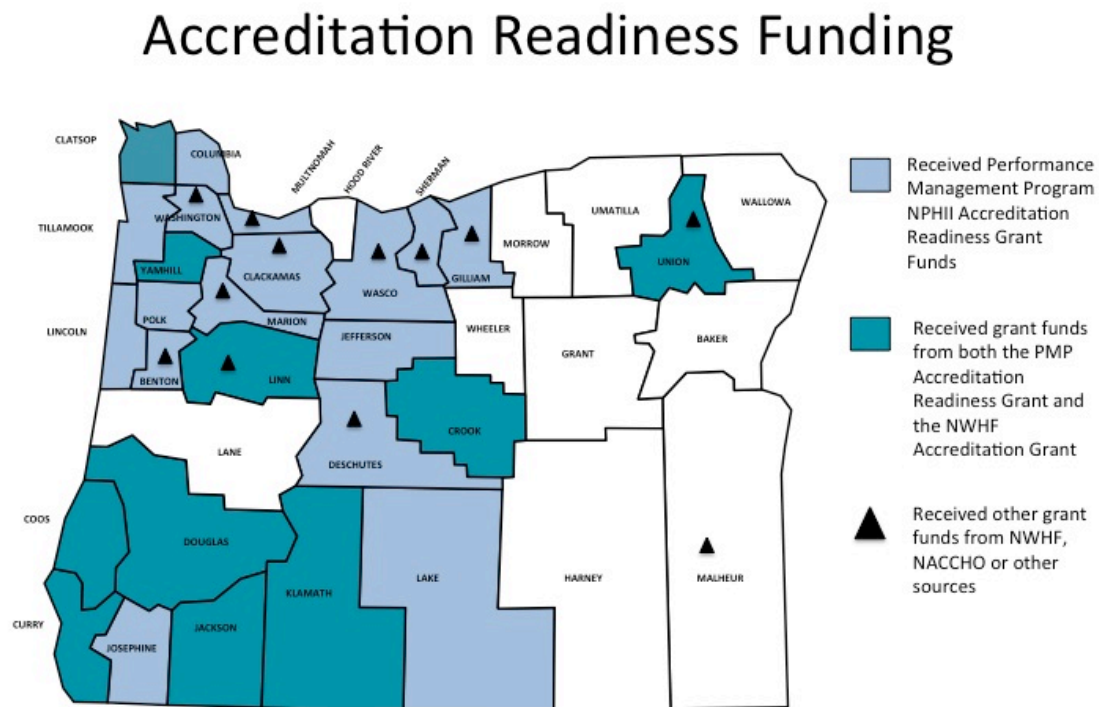
With NPHII funding, the CLHO Program Manager provided support and technical assistance that included regular sharing opportunities across LHDs, accreditation and QI training opportunities, regular check-ins to provide individualized technical assistance and informational resources developed based on identified LHD needs. This funding also helped support additional public health systems improvement activities including revising the minimum standards for local public health, working with partner organizations to develop grant opportunities and additional technical assistance opportunities, and developing an online sharing system for accreditation and Quality Improvement.

In addition to the grants for LHDs provided by the PMP, and the support from the CLHO Program Manager, LHDs were able to support their accreditation readiness efforts through grant opportunities made available by National Association of City County Health Officials (NACCHO) and the Northwest Health Foundation (NWHF) (Figure 2). Combined, these resources allowed for tremendous progress to be made across Oregon in accreditation readiness.

**Figure 1.** NPHII Funding to Oregon Public Health Division, CLHO, and Local Health Departments 2010-2014



**Figure 2.** Accreditation Readiness Funding to LHDs from 2010 to 2014



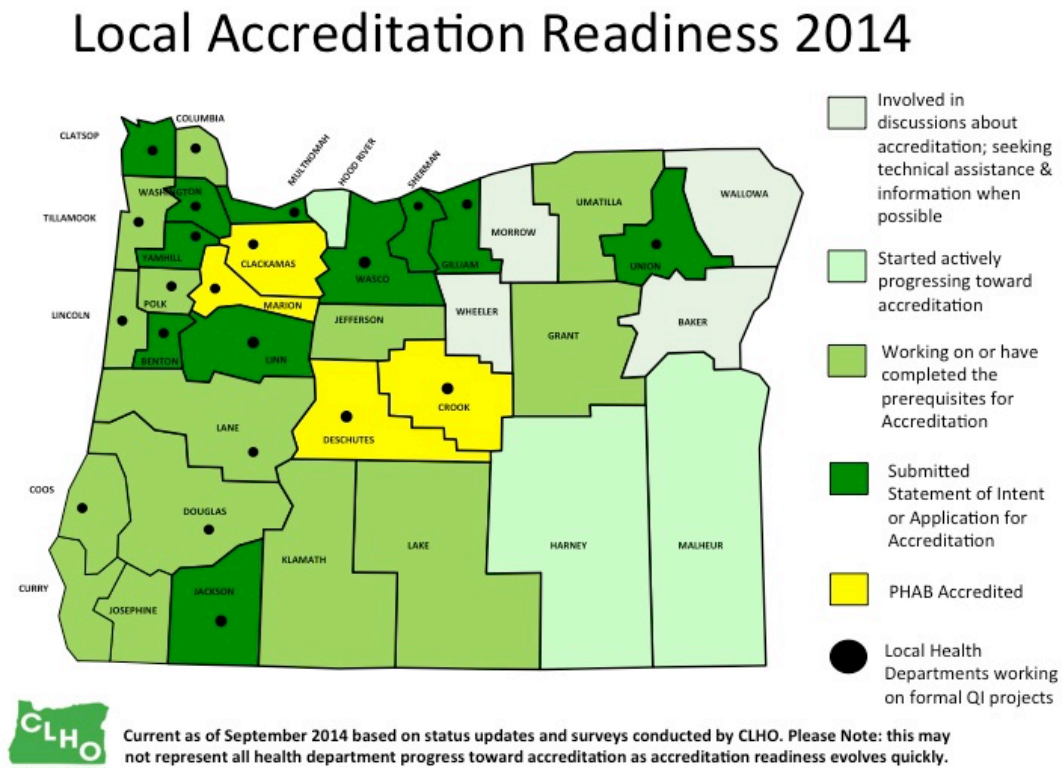
Current as of September 2014 based on status updates and surveys conducted by CLHO. Please Note: this may not represent all health department progress toward accreditation as accreditation readiness evolves quickly.

In the four years that Oregon has been funded through the National Public Health Improvement Initiative (NPHII) grant, eleven LHDs have submitted a statement of intent or have applied for National Public Health Accreditation. Of those eleven, four LHDs have been awarded 5-year Accreditation status (Figure 4). Additionally, twenty of Oregon's LHDs are actively working on quality improvement and are in the process of building formal quality improvement systems within their LHDs (Figure 4). The progress in accreditation readiness from 2012 to 2014 is shown in Figure 3 and Figure 4.

# Local Accreditation Readiness 2012



**Figure 4.** Accreditation Readiness in Oregon 2014



**Table 1.** Local Health Department Accreditation Readiness Progress\*\*\*

	<b>2011</b>	<b>2014</b>
Board of Health is supportive of the Health Department seeking Accreditation	70.6% (24 LHDs)*	100% (34 LHDs)*
Health Department Director has considered the costs of applying for accreditation and the implications for the Health Department's budget	79.4% (27 LHDs)	85.3% (29 LHDs)
Health Department has a completed Community Health Assessment	17.6% (6 LHDs)	91.2% (31 LHDs)
Health Department has a completed Community Health Improvement Plan	0% (0 LHDs)	79.4% (27 LHDs)
Health Department has a completed Agency Strategic Plan	0% (0 LHDs)	44.1% (15 LHDs)
Health Department has an assigned Accreditation Coordinator	55.9% (19 LHDs)**	64.7% (22 LHDs)**
Accreditation Coordinator has completed the PHAB Online Orientation	32.4% (11 LHDs)	58.8% (20 LHDs)
There is evidence that collaboration with tribal, state or community partners is inherent in how the health department conducts its work	47.1% (16 LHDs)	82.4% (28 LHDs)
The Health Department Accreditation team has begun to meet and discuss tasks and how to organize the work	14.7% (5 LHDs)	35.3% (12 LHDs)
A process has been developed or is underway to select potential program documentation that is the most relevant for each measure	29.4% (10 LHDs)	44.1% (15 LHDs)
The Health Department has reviewed the PHAB Standards and Measures Version 1.0 or 1.5	23.5% (8 LHDs)	61.8% (21 LHDs)
The department completed an initial "self-study" or review of the standards, measures, and required documentation to determine areas of strength and opportunities for improvement	14.7% (5 LHDs)	38.2% (13 LHDs)
The health department has identified a target date for submitting a Statement of Intent (SOI) to PHAB (includes those who have already submitted)	11.8% (4 LHDs)	44.1% (15 LHDs)

\* Note that many Local Health Departments noted that while their Board of Health is supportive of the Health Department seeking Accreditation, they are only supportive if the LHD is able to find funding for the work and accreditation fees.

\*\*Note that, especially among smaller LHDs, many LHD directors are acting as the accreditation coordinator; they will assign someone once they get closer to applying, but for now they are “assigned” to this role.

\*\*\*Due to extenuating circumstances, a few health departments were unable to complete full surveys, and data was estimated based on recent conversations and status updates.

---

### **Accreditation Prerequisites**

There are three prerequisite processes (and resulting documents) that must be complete before applying for Accreditation: a Community Health Assessment, a Community Health Improvement Plan and an Agency Strategic Plan. These documents are uploaded at the time a health department applies for Accreditation. In the first two years (2011-2013) of funding a large proportion of the support provided by the CLHO Program Manager was focused on prerequisites and orientating LHDs to the accreditation process.

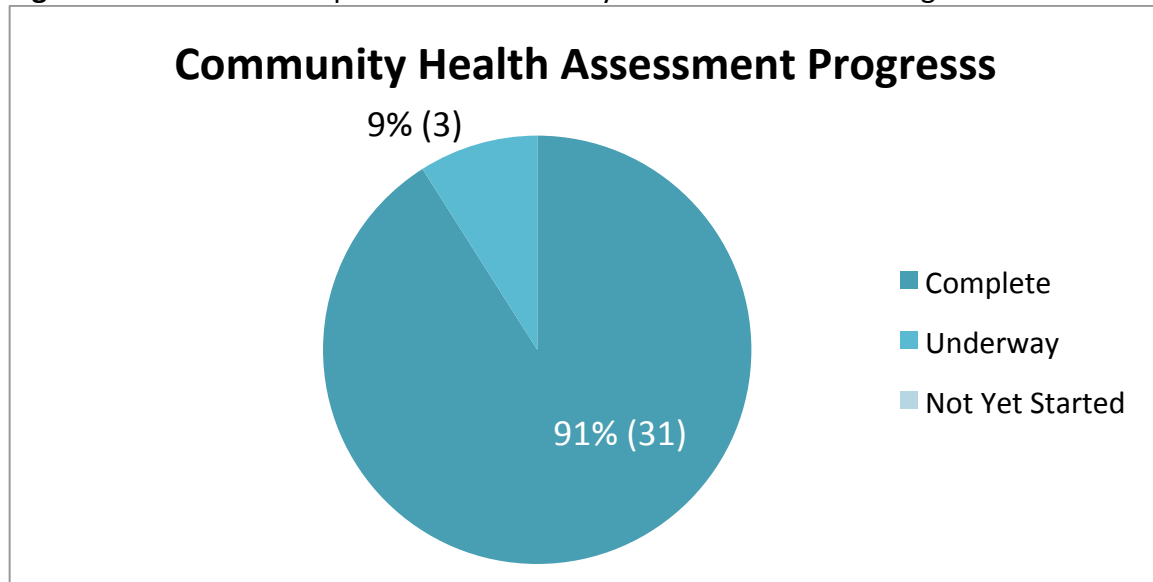
The Community Health Assessment (CHA) is a community-wide assessment to describe the health status of the population, identify community health issues, and to determine factors that contribute to health issues in the community.

In Oregon, there are many local partners with requirements to conduct a CHA including local Coordinated Care Organizations (CCOs), non-profit hospitals (for their IRS Community Benefit Requirement), and Local Health Departments (LHDs) for the purpose of national accreditation or other local needs. Many LHDs have collaborated with these community partners, and have lent public health expertise on the process, conducted joint assessments or collaborated in other ways. Due to varied relationships and timelines, this collaboration has looked different in each community. Some partnerships have negotiated shared funding, some have arranged to hire staff for these joint assessments, and some partners have negotiated other means of collaboration. In some areas, the partners are conducting separate assessments, but are still working together closely to inform each other’s work.

Currently, 31 (91%) of LHDs have a completed CHA, and three (9%) are currently working on one (Figure 5). Many of these assessments have been conducted in partnership with Coordinated Care Organizations (CCOs) and local non-profit hospitals. In Central Oregon, Deschutes, Jefferson, Crook, and the Confederated Tribes of the Warm Springs Reservation came together with the Central Oregon Health Council to complete a regional community health assessment finished in 2012. In the metro area, Multnomah, Washington, Clackamas, and Clark (Washington State) counties are working

with the two CCOs and 15 non-profit hospitals on the Healthy Columbia Willamette regional CHA.

**Figure 5.** Local Health Department Community Health Assessment Progress 2014

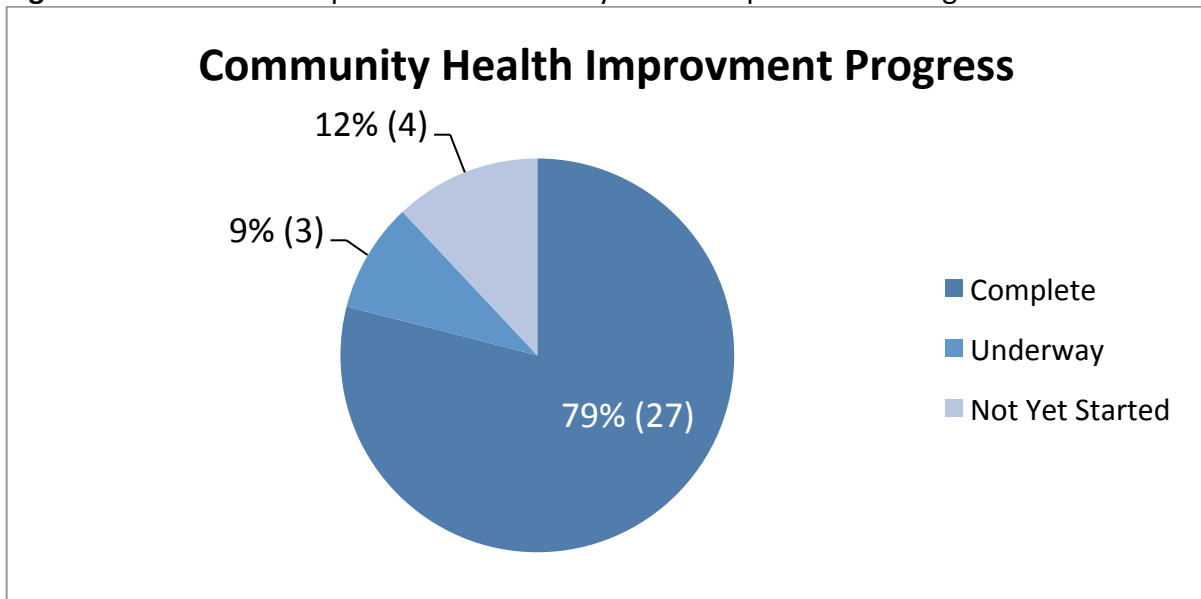


The Community Health Improvement Plan (CHIP) is a community-wide plan that determines how the community is going to work together to address the health issues and priority areas identified in the CHA.

Similar to the CHA partnerships described above, new partnerships emerged through shared work on local CHIPs, between CCOs working on their required Community Health Improvement Plans, hospitals working on their implementation plans and LHDs working on their plans for accreditation. This planning phase often comes as the second stage after conducting a CHA. Due to the varied timelines and that many health departments were focused on completing their assessment work, fewer partnerships were formally developed on this front, but many LHDs worked with their, and continue to do so, local CCO partners on an improvement plan or have started developing plans to coordinate this work.

Currently, 27 (79%) of LHDs have completed a CHIP, nine (3%) are in process and four (12%) have not yet started (Figure 6). This is compared to 2011 when 22 (65%) LHDs had not yet started, and 12 (35%) were in the process.

**Figure 6.** Local Health Department Community Health Improvement Progress 2014

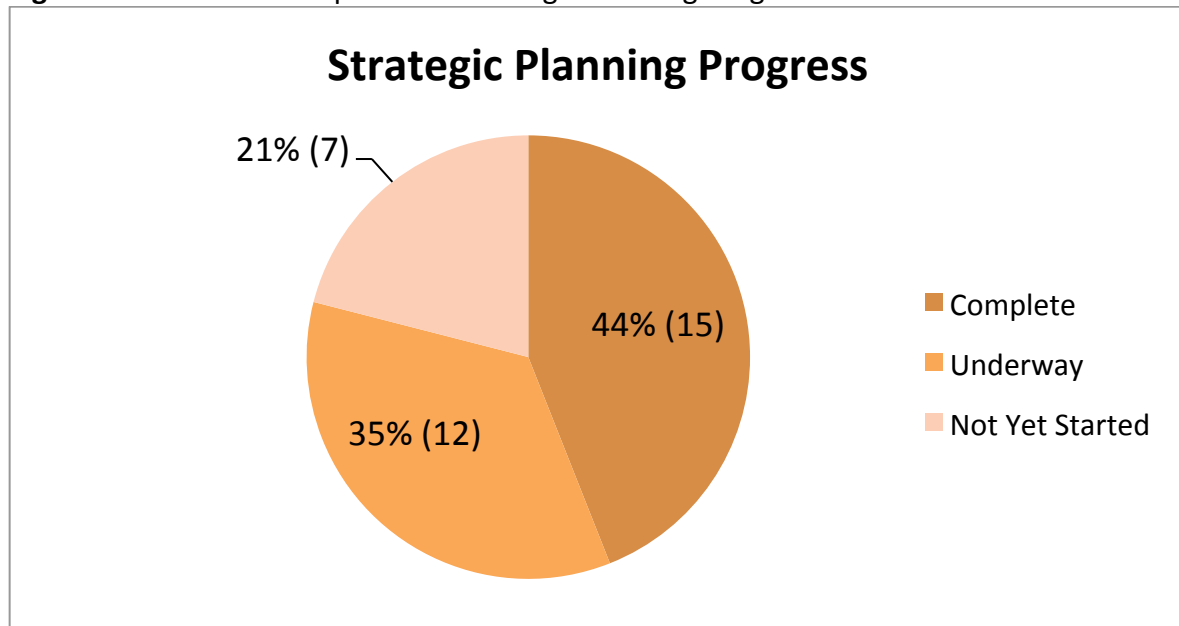


The third prerequisite, the Strategic Plan is an agency-wide plan for defining and determining an organization's roles, priorities, and direction over three to five years. The strategic plan provides a guide for making decisions on allocating resources and on taking action to pursue strategies and priorities. A health department's strategic plan focuses on the entire health department. Health department programs may have program-specific strategic plans that complement and support the health department's organizational strategic plan (PHAB Standards and Measures Version 1.0, 2012).

Currently, in Oregon, fifteen (44%) of LHDs have completed a Strategic Plan, 12 (35%) are in process and seven (21%) have not yet started (Figure 7). This is compared to 2011 when 18 (53%) of LHDS had not yet started a Strategic Plan, and 16 (47%) were in the process.

Most of Oregon's smaller and more rural LHDs are in the beginning stages of the accreditation process. Many are beginning or currently work on their strategic planning process and are using the CCO CHAs and CHIPs they helped to develop to guide their strategic plans.

**Figure 7.** Local Health Department Strategic Planning Progress 2014



## Quality Improvement and Performance Management

An integral part of the accreditation process is developing a robust quality improvement and performance management system. This work addresses domain nine requirements, but is also an important component throughout all accreditation readiness. In the last year of NPHII funding (2013-2014), CLHO's technical assistance, resource sharing, and training opportunities had a greater emphasis on Quality Improvement and Performance Management to meet the needs of LHDs. As more of Oregon's LHDs progressed through the accreditation process many were focusing on developing Quality Improvement and Performance Management infrastructure within their health departments.

### Quality Improvement

A goal of public health department accreditation is to promote high performance and continuous quality improvement (QI). Domain nine focuses on the evaluation of all programs and interventions, including key public health processes, and on the implementation of a formal quality improvement process that fosters a culture of quality improvement. Additionally, PHAB has incorporated the concept of continuous quality improvement throughout the Standards and Measures and the accreditation process (PHAB, 2012).

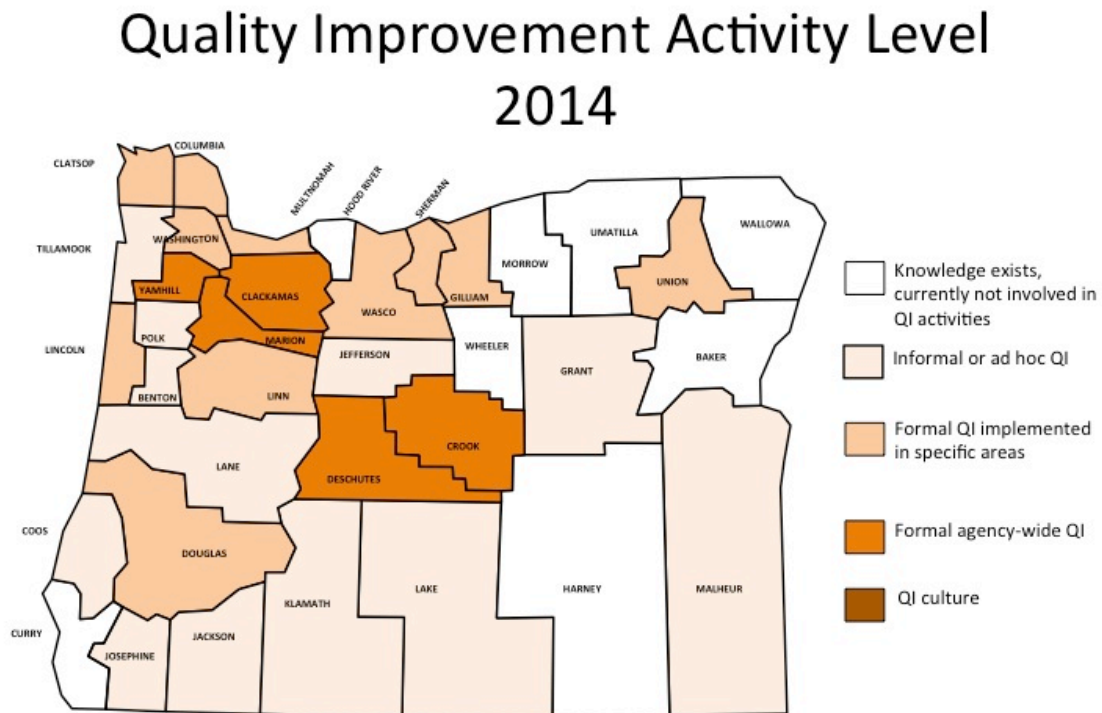
Many LHDs have developed QI plans and policies, and are actively working on QI projects. Many other LHDs regularly conduct QI, but not with the formal, documented methods that will allow them to show examples for accreditation. Most have focused efforts on implementing more formal, measurable QI methodology. Some LHDs have started with QI activities in order to develop a plan based on how the work actually

occurs within their health department setting. As Figure 8 highlights the QI work LHDs are undertaking and their progression towards a QI culture. Although a requirement for National Public Health Accreditation, Oregon's LHDs value QI work as they see and understand the benefits of increasing efficiency and effectiveness of the services and programs they provide. For those who have started working on QI projects, some examples of QI projects include:

- Clinic flow
- Clinic no-show rates
- Environmental health inspections
- Customer satisfaction surveys and feedback

For LHDs that were interested in developing more formal QI processes many requested technical assistance from the CLHO Program Manager. Some of the technical assistance provided to LHDs included training QI committees on formal QI process, such as Plan, Do, Check, Act, and process mapping, providing QI concepts overviews at all staff meetings, or helping a LHD to launch a specific QI project.

**Figure 8.** Local Health Department Quality Improvement Activity Level



Current as of September 2014 based on status updates and surveys conducted by CLHO. Please Note: this may not represent all health department progress toward accreditation as accreditation readiness evolves quickly.



## **Performance Management**

Domain nine also requires the development and use of Performance Management System to monitor achievement and organizational objectives. Developing a Performance Management System requires thoughtful planning and a fair amount of time, as well as the participation of all programs and departments within a LHD. Some LHDs have developed their first iteration of a Performance Management System and many are working to develop one as the next step they are working on. This has been a topic that many LHDs have requested technical assistance or support for. Over the past three years, CLHO has worked to provide webinars, workshops, and individual technical assistance on Performance Management. For LHDs that have participated in these offerings they have said that they were helpful in increasing their Performance Management knowledge and skills.

## **Successes and Lessons Learned**

The National Public Health Improvement Initiative (NPHII) was the first time a Center for Disease Control and Prevention (CDC) funding opportunity was not tied to a specific disease. The funding was comprehensive and specific to investing in public health infrastructure, this allowed for opportunities to be innovative and creative in the way Oregon approached this work.

One of the innovations that came from the NPHII program in Oregon was the sharing of resources by investing in CLHO. With this investment CLHO was able to build infrastructure, by hiring a Program Manager, so that CLHO could own the knowledge, build expertise, and share the work stream with the PMP. The joint effort between CLHO and the PMP was successful for many reasons; one being some LHDs were early adopters of the accreditation process and had gained knowledge and experience in the process where the PMP had yet to. The Public Health System was able to capitalize on this LHD knowledge and expertise through the shared work stream.

With the partnership and shared work between the PMP and CLHO, Oregon has fostered communities of practice for LHDs to share accreditation resources and provide peer-to-peer technical assistance. The Accreditation Work Group (AWG) is a community of practice that meets every other month and is facilitated by the CLHO Program Manager and a PMP Performance Specialist. The group discusses accreditation domain requirements and quality improvement, and shares examples and resources. Corresponding with the AWG CLHO and the PMP co-own the Accreditation Govspace website where accreditation related resources are posted, LHDs can upload documentation examples, and use as a forum for peer support. Both the AWG and the Accreditation Govspace website have been successful in bolstering LHDs accreditation progress.

The collaboration between CLHO and the PMP with the NPHII grant has allowed for multiple opportunities for the Oregon Public Health System to speak as one voice. In

2014, the Journal of Public Health Management and Practice published an article co-written by CLHO staff, the PMP Manager, and Deputy Director of the Public Health Division. The article entitled, “Accreditation Case Report for the Oregon Public Health Division - Building a Collaborative Approach to Accreditation Across a State Public Health System: One State's Experience”, highlights the successes of the work done together through the NPHH funding. In addition to the journal article, LHDs, CLHO, and the PMP have presented together at Oregon Public Health Associations’ Annual Conference on their accreditation, quality improvement, and performance management work.

## **Moving to the Future and Recommendations**

During interviews and surveys, LHDs continually identified funding, staff capacity, and time (conflicting priorities) as barriers to achieving National Public Health Accreditation. Funding and staff capacity are the most important needs to make progress on accreditation possible. Due to the categorical nature of public health funding, there is little flexibility to work on accreditation readiness or other work to support health department infrastructure, aside from specific accreditation grant funds. LHDs have written numerous grants in order to pursue their accreditation readiness activities. Specific funding for accreditation readiness can pay for a dedicated staff person, or supplement staff time, which will help move the health department toward Accreditation. It can also allow for significant progress on quality improvement and performance management efforts, which can increase health department efficiency, potentially saving the health department money and resources in the long run. It is important for the Oregon Public Health System to create or find ways to continue to fund this important work.

Moving forward it is important that State and Local Public Health partners continue to identify ways for which the public health system in Oregon can support this important work. Some strategies include changing the language in public health Program Elements to support Accreditation and Quality Improvement, and ensure the work of programs at the Public Health Division and Local Health Departments is consistent with Accreditation Standards.

Over the last three years, CLHO and its partners at the Public Health Division in the Oregon Health Authority have been working to update the standards for local public health in Oregon, and developing recommendations for how to operationalize the new standards. Through this work the standards for local public health have been aligned with National Public Health Accreditation standards, and a standards review process has been recommended that has the potential to support all LHDs in Oregon no matter where they are in the accreditation process. Institutionalizing this standards review process is another strategy for ensuring that accreditation related work remains a priority in the absence of specific accreditation funding. Additionally, an institutionalized

standards review process will begin to direct Oregon's public health system more towards continuous improvement and tracking of outcomes.

A vital component of the accreditation movement in Oregon was partnership with public health system partners including the Oregon Public Health Association (OPHA). CLHO's partnership with OPHA allowed for the development of workshops facilitated by national experts and technical assistance opportunities relevant to the accreditation needs of LHDs. Local Health Departments identified the workshops and technical assistance as extremely helpful in understanding topics ranging from Community Health Improvement planning to performance management. As the Oregon Public Health System moves into the future it is essential to continue to provide accreditation related learning opportunities for local public health professionals through workshops, training opportunities, and technical assistance. These opportunities will inform local public health professionals of changes to the accreditation process and provide them with the knowledge and skills required to continue the work at their health department.

Through the shared work stream, CLHO and the Performance Management Program (PMP) created communities of practice, the Accreditation Workgroup (AWG) and the Accreditation Govspace website, for peer support and sharing accreditation and quality improvement best practices and lessons learned across the public health system. In addition to the AWG, a small and rural county Accreditation Workgroup was formed. The small and rural county Accreditation Workgroup was formed to create a community of practice that focuses on specific issues and needs related to limited staff and resources in order to move forward with accreditation. Most people described these communities of practices as very helpful and hoped that there is a continued effort to maintain and build these sharing environments.

### **Summary of Recommendations**

- Create funding opportunities that prioritize local health department and public health system improvements
- Adapt language in public health Program Elements to support Accreditation and Quality Improvement, not just Quality Assurance
- Institutionalize a standards review process to ensure that Accreditation related work remains a priority in the absence of specific funding
- Provide Accreditation related learning opportunities for local public health professionals
- Maintain and build Accreditation Communities of Practice like the Accreditation Work Group and the Accreditation Govspace website

Over the last three years Oregon's Local Health Departments (LHDs) have made tremendous strides in their progress towards National Public Health Department Accreditation, as LHDs continue to make progress it is important that the Oregon Public Health System continue to support this work.