



A Tribal Public Health Accreditation Readiness
Guidebook and Roadmap



Cultivating A Culture Of High Performance And Quality:

*Lessons Learned from the Three Sisters -
Corn, Squash & Beans*

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Introduction

Tribal Public Health Departments (TPHDs) are increasingly involved in public health activities in rapid response to the changing health needs of American Indian and Alaska Native communities. Tribes recognize that strengthening public health infrastructure can generate resources and increase the efficiency and effectiveness of programs and services. A stronger Tribal public health infrastructure may lead to improvements in health outcomes and greater capacity to respond to important public health issues.

Public health accreditation is a process by which a TPHD can measure its performance against a set of national standards. The accreditation process itself is an opportunity to advance public health quality and performance within TPHDs. It helps TPHDs identify performance improvement opportunities, bolster management practices, develop leadership, and strengthen important relationships in the community. The Public Health Accreditation Board (PHAB) is a non-profit organization that serves as the accrediting body. PHAB is dedicated to improving and protecting the health of the public by advancing and ultimately transforming the quality and performance of state, local, Tribal, and territorial public health departments. To achieve this vision, Tribal, state and local health departments must work together to achieve greater health outcomes.

Pursuing public health accreditation is no small feat. It is a complex process that includes many steps and requires a significant investment of human and financial resources.

This Tribal Accreditation Readiness Guidebook and Roadmap is designed to help TPHDs navigate the multifaceted accreditation process. The approach described in this guidebook was developed based on experience working with numerous TPHDs nationwide and is designed to provide general recommendations. We recognize that TPHDs are diverse in terms of size, structure, governance, population, jurisdiction and partners, and adapting the recommended approach, or using alternate approaches, may be preferable. The guidebook includes references to information and technical assistance, so you and your team can explore and use other tools and resources to help your TPHD achieve its objective.

We hope this guidebook serves as a helpful tool to plan, organize and benchmark your accreditation readiness activities, and that the roadmap makes it easy to monitor your progress through the phases of readiness.

This guidebook is intended to supplement PHAB's materials and documents, not to replace them. TPHDs are encouraged to reference PHAB materials and documents often.

"Public health accreditation is more than just a destination; it's a journey, and there are many ways to reach your journey's end. We hope the Tribal Accreditation Readiness Guidebook and Roadmap will be a helpful companion along the way!"

Background

The field of public health has evolved over the last few decades to include a framework of essential services, and more recently, a set of national standards by which governmental public health departments can achieve accreditation. In 1994, the Core Public Health Functions Steering Committee developed a framework for describing public health activities that should be addressed in all public health systems. This framework is referred to as the 10 Essential Public Health Services. These essential services are the basis for the Centers for Disease Control and Prevention's (CDC) National Public Health Performance Standards Program, as well as national public health accreditation.¹

Public health practice is most effective when it includes a systems approach. A systems approach is one where multiple stakeholders, both governmental and non-governmental, work in partnership to assure conditions in which people can be healthy. Such conditions often include, but are not limited to, social, economic, educational and environmental factors that either contribute to or hinder community wellness.

TRIBAL PUBLIC HEALTH SYSTEMS

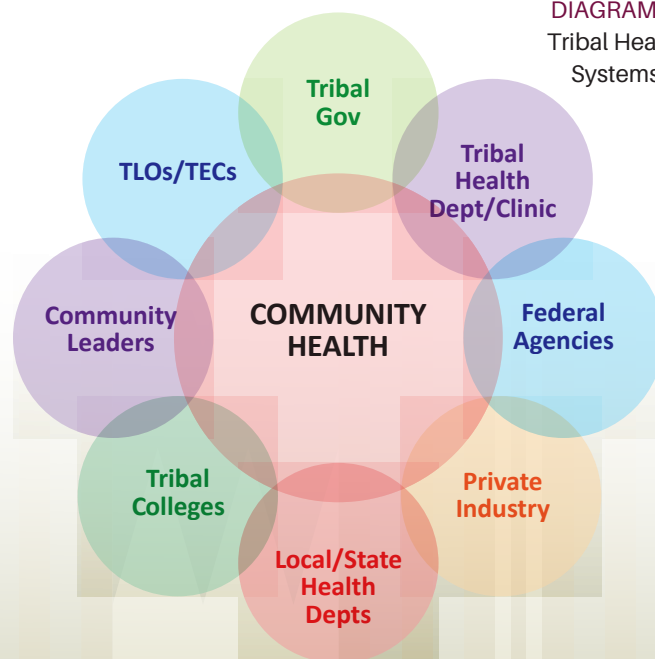
Tribal health services are often coordinated through complex systems made up of various stakeholders. Within this context, stakeholders may include local and state health departments, the Indian Health Service, Tribally Led Organizations, such as Indian Health Boards and Inter Tribal Councils, and Tribal Epidemiology Centers. The degree to which services are coordinated with other stakeholders varies by Tribe, region, and type of service or activity.

In Tribal public health systems, many entities work together to provide critical health functions and activities to support community health (see Diagram 1). Given that each Tribal system is unique, the scope and level of coordination that occurs between a TPHD and its partners will vary. PHAB recognizes that public health activities may be conducted directly by the TPHD or by another organization or entity through formal

10 ESSENTIAL PUBLIC HEALTH SERVICES

1. **Monitor health** status to identify and solve community health problems.
2. **Diagnose and investigate** health problems and health hazards in the community.
3. **Inform, educate, and empower** people about health issues.
4. **Mobilize community** partnerships and action to identify and solve health problems.
5. **Develop policies and plans** that support individual and community health efforts.
6. **Enforce laws and regulations** that protect health and ensure safety.
7. **Link people** to needed personal health services and assure the provision of health care when otherwise unavailable.
8. **Assure** competent public and personal health care workforce.
9. **Evaluate** effectiveness, accessibility, and quality of personal and population-based health services.
10. **Research** for new insights and innovative solutions to health problems.

DIAGRAM 1.
Tribal Health
Systems



1. Centers for Disease Control and Prevention. National Public Health Performance Standards Program, 10 Essential Public Health Services. <http://www.cdc.gov/nphsp/essentialservices.html>. (Accessed April 2013).

arrangements, such as contracts, compacts or memoranda of understanding. For purposes of accreditation, it is important to identify and document such partnerships, both internal and external to the Tribe. Understanding how the Tribal public health system is organized and who provides each of the 10 Essential Services makes it easier to identify the key partners you will want to engage when you start preparing for the accreditation process.

Because many programs and services are delivered in coordination (or in partnership) with others, it is important to include these partners in your public health accreditation readiness activities. Keep in mind that for accreditation purposes, documentation explaining how the process, program or intervention is delivered will be required; this holds true whether a TPHD conducts the public health activities or a partner conducts them.

Many TPHDs provide services such as mental health, substance abuse prevention and intervention, primary care, and social services. Because these activities are not considered core public health services under the Essential Public Health Services framework, PHAB's scope of accreditation authority does not extend to these areas. Therefore, documentation from these program areas is not generally accepted for public health accreditation. This is also true for documentation from health care facilities, professional licensing programs, and health care financing systems (e.g., Medicaid).

For more information, review the PHAB's Guidance on Appropriate Examples from Programs and Activities for Use as Documentation for PHAB Accreditation (January 2015). <http://www.phaboard.org/wp-content/uploads/Guidance-on-Appropriate-Examples-from-Programs-and-Activities-for-Use-as-Documentation-for-PHAB-Accreditation-January-2015.pdf>.

BENEFITS OF PUBLIC HEALTH ACCREDITATION

Public health accreditation is a voluntary process that seeks to advance and transform the performance and improve quality of health departments. Health departments electing to pursue accreditation status will document their processes to deliver the three core functions of public health—assessment, policy development and assurance—as well as the Ten Essential Public Health Services. Accreditation is based on a set of standards and measures. PHAB's Tribally-specific standards and measures were developed using a consultative process, including a workgroup of Tribal public health professionals convened by PHAB, the National Indian Health Board's Tribal Public Health Accreditation Advisory Board, and a national call for Tribal input.

Public health accreditation offers many potential benefits, including but not limited to:

- Strengthening self-determination by providing a framework for Tribes to improve public health infrastructure and build capacity
- Identifying and acting on improvement opportunities in order to deliver high quality public health services to all community members
- Strengthening leadership and employee performance within the TPHD
- Building stronger partnerships with the community, public health practitioners, and other essential stakeholders
- Potential access to new funding sources for various activities (such as quality and performance improvement) and opportunities to pilot new programs and processes

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

Background

ELIGIBILITY FOR PUBLIC HEALTH ACCREDITATION

One of the first questions to ask when considering accreditation is: “Is the TPHD eligible for accreditation?” PHAB’s definition of an eligible TPHD is:

A Tribal health department is defined, for the purposes of PHAB accreditation, as a federally recognized Tribal government[1], Tribal organization, or inter-Tribal consortium, as defined in the Indian Self-Determination and Education Assistance Act, as amended. Such departments have jurisdictional authority to provide public health services, as evidenced by constitution, resolution, ordinance, executive order, or other legal means, intended to promote and protect the Tribe’s overall health, wellness and safety; prevent disease; and respond to issues and events. Federally recognized Tribal governments may carry out the above public health functions in a cooperative manner through formal agreement, formal partnership, or formal collaboration.

[1] As evidenced by inclusion on the list of recognized Tribes mandated under 25 U.S.C. § 479a-1. Publication of List of Recognized Tribes.²

In other words, a TPHD, organization or consortium is considered eligible if it meets all of the following criteria:

- Is a governmental function of one or more federally recognized Tribes to provide public health services within its jurisdiction(s).
- Has jurisdictional authority to promote and protect the Tribe’s health, wellness and safety, prevent disease, and respond to issues and events of public health importance.
- Its jurisdictional authority is evidenced through legal action by the Tribe’s governing authority, such as a Tribal Chair and/or an entity, such as Tribal Council.

A TPHD may be a governmental function as described above; however, to be eligible for accreditation, its authority

must be formally evidenced, documented, or supported in the Tribal constitution or other legal document (such as a resolution, ordinance, executive order, or other legal means). If such documentation does not exist, the Tribe must develop and approve a legal document that will be submitted with the accreditation application. Evidence of eligibility is discussed further in this guidebook.

For more information about documenting a TPHD’s authority to conduct public health activities, reference PHAB’s Standards and Measures Version 1.5, Measure 12.1.1 A.

PHAB ACCREDITATION PROCESS

The PHAB accreditation process can feel overwhelming for many. The process includes seven primary steps: 1) Preparation, 2) Registration and Application, 3) Documentation Selection and Submission, 4) Site Visit, 5) Accreditation Decision, 6) Annual Reports, and (7) Reaccreditation.³ For each step, the TPHD must complete a set of activities within the pre-determined time limit (except for the preparation activities, in which the TPHD defines both the activities and the time frame). It is important to learn about the timing and requirements for each step, so you can align the TPHD’s planning, implementation and application activities with the PHAB accreditation process, especially for steps 1 through 4.

PHAB’s Guide to National Public Health Department Initial Accreditation provides a detailed description of activities associated with each step, as well as the timing. Rather than describe that process here, we encourage you to become familiar with PHAB’s Guide and supporting materials.

2. PHAB (2013). Acronyms and Glossary of Terms Version 1.5. _

http://www.phaboard.org/wp-content/uploads/FINAL_PHAB-Acronyms-and-Glossary-of-Terms-Version-1.5.pdf.

3. PHAB (2015). Guide to National Public Health Department Initial Accreditation. http://www.phaboard.org/wp-content/uploads/Guide-to-Accreditation-final_LR2.pdf



Resource!

Visit the PHAB website to access the Guide to National Public Health Department Initial Accreditation, adopted June 2015. <http://www.phaboard.org/wp-content/uploads/Guide-to-Reaccreditation-FINAL.pdf>

What's In This Guide?

This guide focuses on accreditation readiness, which are steps one through three described in the previous section. Planning and preparing for public health accreditation is a complex process that includes many steps.

Completing all seven steps of the accreditation process is a huge accomplishment that requires dedication, teamwork and leadership. This guidebook focuses on the first three steps: preparation, registration and application, and selecting and submitting required documentation. Planning and preparing for public health accreditation – what we call “accreditation readiness” – is a complex process. The complexities are due, in large part, to accreditation readiness not being a linear process, where you complete one step before moving to another. That is why we came up with the analogy of planting the three sisters – corn, squash and beans – when describing how to cultivate a culture of high performance and quality, which is the overarching aim of accreditation.

Many Tribes have a long tradition of planting and harvesting the three sisters together because of the synergistic relationship between the three. This is commonly referred to as companion planting (discussed in more detail later). When planted and nurtured together, the three form an interdependent relationship that allows them to thrive and yield a more abundant harvest than when the seeds are planted in isolation.

The same can be said of preparing for public health accreditation. When accreditation readiness tasks and activities are completed cooperatively with one another, a TPHD can achieve a better result than if the same activities are completed alone or in isolation. Examples of this type of coordination are provided throughout the guidebook.

This Tribal Public Health Accreditation Guidebook and Roadmap will help a TPHD navigate the process of preparing for accreditation by breaking it down into understandable steps, by identifying opportunities to bring synergy to the activity planning, and by providing ample guidance along the way. We have included references throughout, including sources of information, training, technical assistance and tools that may help you achieve your objective.

ROADMAP AND READINESS AREAS

An important feature of this guidebook is the Accreditation Readiness Roadmap, which divides the main activities you must do to cultivate a culture of high performance and quality into three Readiness Areas:

*Organizational Readiness,
Foundational Prerequisites,
and Performance Management.*

Each Readiness Area includes a description of the primary activities, which are organized by four phases:

*Early Phase,
Planning Phase,
Implementation Phase,
and Documentation Ready*

PHAB recommends that all items in the *PHAB Readiness Checklists*⁴ be completed prior to submitting an application for accreditation. Each health department needs to develop its own approach to preparing for public health accreditation. For this reason, we have used the PHAB Readiness Checklists, as well as other activities, as a guide to develop this guidebook and roadmap. We have also included other activities that may be helpful in preparing and organizing for accreditation. This resource is not intended to prescribe which specific activities should be completed and how, but rather to offer an approach for TPHDs to consider and adapt as appropriate.

Again, this guidebook is intended to supplement, not replace, PHAB's materials and documents describing the accreditation process and requirements. TPHDs are encouraged to reference PHAB materials and documents often.

What's In This Guide?

The public health accreditation Readiness Areas, as used in this guidebook, include three main categories where a TPHD can focus its efforts when preparing for accreditation:

- **Organizational Readiness** is the cornerstone to readiness efforts. It focuses on establishing an accreditation team and the internal resources you will need to plan and prepare for accreditation. This includes leadership support from the TPHD Director, Tribal Council, and Health Committees, among others. Their support will be critical to facilitating system-wide engagement in the process.
- **Foundational Prerequisites** focus on the three prerequisites needed to apply for public health accreditation: a community health assessment (CHA), a community health improvement plan (CHIP), and an organizational strategic plan. These foundational documents, along with other departmental plans and processes, lay the groundwork for making measurable improvements in health and performance.
- **Performance Management** in its simplest terms is a systematic process that helps a health department achieve its strategic goals. This readiness area focuses on putting the mechanisms in place to identify performance goals, targets, and indicators, and to monitor activities, use quality improvement to address performance issues, and report on progress.

READINESS PHASES

Accreditation readiness activities are organized along a continuum that is divided into four primary readiness phases:

- **Early Phase** references a time of information gathering and sharing. It is a time of learning about accreditation requirements and infrastructure needs. It includes informing and educating leadership, identifying who needs to be engaged in the process, and forming teams to address specific readiness activities.
- **Planning Phase** is a time for developing plans to complete activities that address accreditation requirements and benchmarks identified in the roadmap. Plans should include timelines for completion, person(s) responsible and approaches to monitoring progress.
- **Implementation Phase** is when plans are put into motion, tasks are completed, and vital documents are developed, gathered, and reviewed. Progress is monitored and plans are modified as challenges and opportunities are encountered.
- **Documentation Ready** occurs when planning and implementation efforts are completed and documentation is ready to be submitted to PHAB, based on the accreditation application process guidelines. Keep in mind that documentation is developed at various times throughout the accreditation preparation process.





READINESS AREAS AND PHASES - THREE SISTERS AND THE HARVEST

In order to better understand what it takes to cultivate a culture of high performance and quality, we have likened the three Readiness Areas to the three sisters (i.e., the tradition of companion planting).

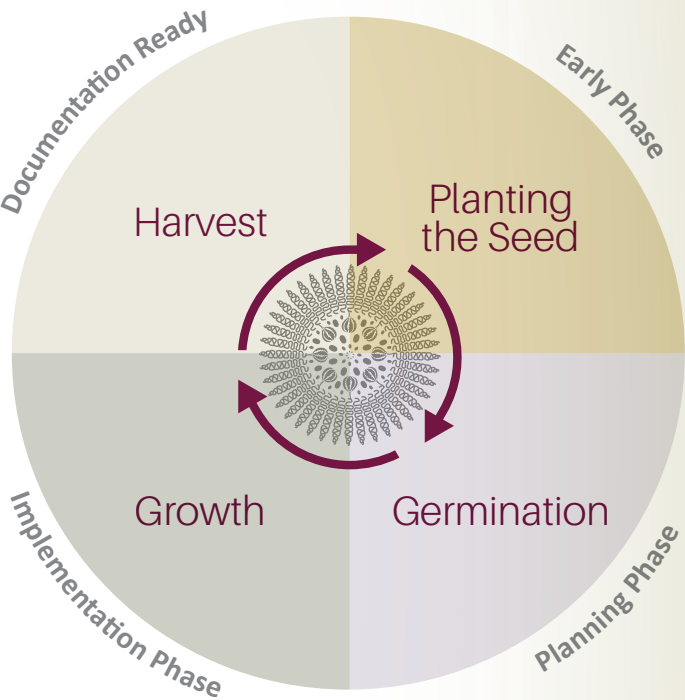
Like **corn**, *Organizational Readiness* is the pillar for public health performance. Engaging Tribal Leadership ensures that public health performance has the support and resources it needs to formalize internal and external partnerships and to develop policies and plans. Having financial resources and capable information systems are critical to developing a public health infrastructure that provides quality services that can effectively address the most pressing needs of the community.

Squash provides the ground cover to ensure the corn and beans have the nutrients and moisture required to thrive and bear the most fruit. Likewise, the *Foundational Prerequisites*, along with other planning documents, provide a beneficial base that nurtures the TPHD’s growth and overall performance. As PHAB states in its Guide to *National Public Health Department Initial Accreditation* (June 2015) document, these documents provide long-term guidance and direction to the health department.

Performance Management can be likened to **beans**. As their vines grow up along the corn stalk, they stabilize the corn and make it less vulnerable to weather and other elements. Quality public health performance practices require data-based decisions. Data-based decision making will ensure that programs and services are meaningful, purposeful and strategic, thus providing an environment that supports planned improvements efforts.

The phases of planting the seeds, germinating, growing, and harvesting the three sisters is likened to the four Readiness Phases, as illustrated in *Diagram 2. Phases of Readiness and Growth Cycle*.

DIAGRAM 2. Phases of Readiness and Growth Cycle



The three sisters are used throughout this guidebook as an analogy to remind us that, like companion planting, there is great value in coordinating public health accreditation activities across the three readiness areas in order to create synergy and connection in your work.



What's In This Guide?




HOW TO USE THE ACCREDITATION READINESS ROADMAP

The *Accreditation Readiness Roadmap* (insert) is designed as a companion guide that TPHDs can use to monitor their progress as they prepare for accreditation. Each *Readiness Area* is divided into columns representing subcategories to help you organize the many activities required within each area. The *Columns-Subcategories* include the major activities within each *Readiness Area*.

The chart below shows the subcategories for each readiness area.



Reference Roadmap FOLD OUT
located in the center of this guide

 ORGANIZATIONAL READINESS	 FOUNDATIONAL PREREQUISITES	 PERFORMANCE MANAGEMENT
<ul style="list-style-type: none">- Accreditation Team- Tribal Leadership Engagement & Support- Cost- Information System	<ul style="list-style-type: none">- Community Health Assessment- Community Health Improvement Plan- Organizational Strategic Plan	<ul style="list-style-type: none">- Self Assessment- Performance Management/ Quality Improvement

The Rows - Readiness Areas are divided into four readiness phases: 1) Early Phase; 2) Planning Phase; 3) Implementation Phase; and 4) Documentation Ready. Each Readiness Area subcategory includes benchmarks with specific indicators for each phase. You can use these benchmarks to monitor progress through each phase, as well as the completion of activities required throughout the PHAB

accreditation preparation and application process. Benchmarks listed in the roadmap address the majority of items included on the PHAB Readiness Checklists.⁵ Checklist items not addressed in the roadmap are discussed in the narrative of this guidebook.

5. PHAB (2015). National Public Health Department Accreditation Readiness Checklists. <http://www.phaboard.org/wp-content/uploads/checklist-revisedFINAL.pdf>

USING THE GUIDEBOOK AND ROADMAP TOGETHER

Topics in the guidebook follow the same order as the roadmap, beginning with the first *Readiness Area: Organizational Readiness*. Guidance will start with the first subcategory found in the first column, Accreditation Team. The guidance will progress down the column through each phase, starting with the Early Phase and ending with Documentation Ready. Guidance will cover the phases of each subcategory before going on to the next *Readiness Area: Foundational Prerequisites*. The guidebook follows the same structure, describing each benchmark in the roadmap across the *Readiness Areas* of the roadmap.

As you begin to use the guidebook and roadmap, we recommend you do the following:

- Read through the roadmap and become familiar with the subcategories in each *Readiness Area*.
- Review the benchmarks for each subcategory at each phase and determine which ones are already complete and which need to be addressed.
- Implement or adapt the strategies identified in this guidebook.
- Reference PHAB's guidance and supporting materials often to ensure your efforts address these requirements.

- Monitor progress through each phase by subcategory, and celebrate when the TPHD has successfully transitioned from one phase to the next. Include the date the TPHD completed the benchmarks in each phase and subcategory. (It's common for a TPHD to advance more quickly through phases in some subcategories than in others).
- Adjust the TPHD's work plan and activities as needed.

Reading through the guidebook and roadmap will help a TPHD understand the overall timing of particular readiness activities, how to plan concurrent activities, and how to identify and create connections within a complex process.

Organizational Readiness (corn)

ACCREDITATION TEAM

Organization Readiness is the cornerstone to accreditation readiness efforts. It is similar to corn in that it provides the structure for public health performance, just as corn stalks provide the structure for beans to climb. Organizational Readiness includes four primary components:

- 1) Accreditation Team
- 2) Leadership Engagement and Support
- 3) Cost
- 4) Information Systems

Choosing the right people, involving leadership, allocating financial resources, and putting the appropriate information systems into place provides the structure needed to support public health performance and facilitate a community health and organizational improvement planning process.

Accreditation Team

A TPHD forms an Accreditation Team after it has made the commitment to pursue public health accreditation and determined that the department is eligible. Making the initial decision to proceed can take time. The TPHD Director and staff must first learn about the accreditation process and benefits, and determine whether the department is implementing the 10 Essential Public Health Services. After the decision is made, we recommend that the TPHD Director appoint an Accreditation Coordinator to oversee and coordinate the process, and to eventually lead the Accreditation Team.

ACCREDITATION TEAM:

EARLY PHASE – INFORMATION GATHERING

(Planting the Seed)

Choosing the right person to serve as an Accreditation Coordinator and lead the preparation process is essential to the department's success. This person should have demonstrated skills in leadership, communication, organization, and team building. Ideally this person is a detail-oriented taskmaster who can delegate when needed, and motivate others when energy is low. This person should have strong support from the TPHD Director and should be respected and seen as credible by others. While this may seem like a tall order, the TPHD will want a very capable person leading the charge of preparing for public health accreditation, because it is a significant endeavor that requires time, tenacity and commitment.

Once selected, the Accreditation Coordinator should complete PHAB's online orientation, review the Guide to National Public Health Accreditation, and become familiar with PHAB's website, materials and resources. PHAB also has an Accreditation Coordinator Handbook that is very helpful for individuals taking on this role. Be sure to give the name and contact information of the Accreditation Coordinator to PHAB, as he/she will serve as the primary point of contact throughout the process.

Next, the TPHD Director and the Accreditation Coordinator need to identify the health department staff members who will comprise a multidisciplinary Accreditation Team to oversee and monitor accreditation readiness activities.



Resources!

PHAB's Accreditation Coordinator Handbook is an excellent resource that describes the PHAB requirements, selecting a team, running productive meetings, and managing the accreditation process. <http://www.phaboard.org/wp-content/uploads/PHAB-Accreditation-Coordinator-Handbook-Version-1.0.pdf>

PHAB also has a one-page fact sheet that outlines considerations for selecting an Accreditation Coordinator, plus responsibilities and skills that are beneficial to the role. <http://www.phaboard.org/wp-content/uploads/Considerations-for-Assigning-an-Accreditation-Coordinator-Tip-Sheet-March-2012.pdf>

National Association of County and City Health Officials (NACCHO) has a sample position description for an Accreditation Coordinator. http://archived.naccho.org/topics/infrastructure/accreditation/upload/Sample_Accreditation_Coordinator_Position_Description_052610-2.pdf

Forming an Accreditation Team usually occurs after the TPHD has gathered enough information to understand the purpose, requirements, benefits and associated costs. This is the perfect time to take account of the individual talents, strengths, and skills of various TPHD staff. This team may include members of senior management, middle management, and frontline program employees.

When building your team, consider individuals who are objective, organized, and effective communicators, as well as those who have strong leadership skills and credibility with staff. Also, strong teams members are those who are subject matter experts and effective delegators. Once selected, team members and the TPHD Director should complete the Online Orientation, if they haven't already. The Accreditation Coordinator(s) is responsible for leading the team and planning the various activities throughout the Readiness Phases.

ACCREDITATION TEAM: PLANNING PHASE – DETERMINING THE APPROACH (*Germination*)

After completing the tasks listed in the *Roadmap's Early Phase of Readiness*, the Accreditation Team needs to revisit and review the *PHAB Guide to Accreditation and PHAB Readiness Checklists*, including 1) Initial Accreditation Preparation Checklist, 2) Plans and Processes Checklist, 3) Infrastructure Checklist, and 4) Accreditation Process Checklists.⁶ The tasks listed in PHAB's Readiness Checklists are also included in this guidebook and roadmap. As previously mentioned, review these documents often. They provide important guidance on completing the various accreditation requirements.

As the Accreditation Team moves into the planning phase, they can begin creating an "Accreditation Work Plan." This work plan outlines major activities, benchmarks and timelines for accountability; it also identifies who is responsible for completing specific tasks. Once the Accreditation Team creates a work plan and has a clear understanding of the roles and responsibilities of various teams and individuals, it is important to assess whether resources are available to complete these activities. The Accreditation Team should work with other partners and staff to identify technical assistance resources, training, consultants, and tools needed to complete the identified tasks.

As resources are being secured and the TPHD Accreditation Work Plan is being developed, the Accreditation Team can set an initial target date for registering on e-PHAB, which is PHAB's electronic information system. Actual registration for e-PHAB comes later in the process, when the TPHD is nearly ready to submit an application, pay a fee and send the AC to training. (See *Guide to Accreditation for exact timelines*). After registering on e-PHAB, the health department is officially identified as a potential applicant for public health department accreditation.

Registration on e-PHAB is non-binding and does not commit the department to submit an application; however, ideally the TPHD will register when it is confident it is ready for the aforementioned activities and nearly ready to submit all documentation. The initial target date the team sets for registration is just that – a target date. Target dates often change due to time delays, unanticipated changes or challenges, or because priorities shift within the department. The Accreditation Team will likely update the benchmarks and timelines in the work plan as time goes on.

See the *Documentation Ready* section of this guide for more information about setting target dates for submitting the various PHAB application process requirements.

6. PHAB National Public Health Accreditation Readiness Checklists, Revised July 2015. <http://www.phaboard.org/wp-content/uploads/checklist-revisedFINAL.pdf>

Organizational Readiness (corn)

ACCREDITATION TEAM

ACCREDITATION TEAM: IMPLEMENTATION PHASE – PLAN INTO ACTION (Growth)

With a work plan in place, the Accreditation Team will need to develop a process to monitor the plan, identify and select documentation, and to communicate progress to the department leadership, staff and partners. These processes are most effective when they are written down, communicated with others, and supported by regular meetings.

As the accreditation effort progresses, the team collects and develops documentation that evidences accreditation activities as specified across the 12 Domains within the PHAB Standards and Measures. Be sure to track completed activities in the TPHD Accreditation Work Plan. Review *PHAB Readiness Checklists* regularly and monitor advancement and completion. Remember that although the information found in the *PHAB Readiness Checklists* is included in this resource, these two tools are organized differently and the information may appear in a different order.

ACCREDITATION TEAM: DOCUMENTATION READY – RESULTS (Harvest)

At this phase, the Accreditation Team is ready to move forward and register for e-PHAB. Once the registration process is started, the TPHD must complete the process within 90 days. Soon after registration, the PHAB will notify the TPHD if registration is complete and will provide access to the full application. There are 6 months between when a TPHD receives access to the application and when the completed application must be submitted. The application includes documentation proving the TPHD's eligibility for accreditation, an organizational chart, a letter of support from the appointing authority of the health department director, and confirmation of other important documents. After the TPHD submits the application fee and the AC completes an in-person training, PHAB provides online access to e-PHAB where the TPHD can upload documentation. The TPHD has 12 months from the time it receives access to the e-PHAB documentation module to upload and submit all required documentation for accreditation. We find *PHAB's Guide to National Public Health Department Initial Accreditation*, Appendix 1 found on page 34, to be helpful for understanding the activities and timeframe associated with registration and application.

By this time, documentation of TPHD eligibility for accreditation should be available and ready for you to submit. This documentation is discussed at length in the next section, *Tribal Leader Engagement and Support*.



Resources!

PHAB has created a resource that describes the information the application will request.

<http://www.phaboard.org/wp-content/uploads/Application-Tip-Sheet-REVISED-July-2016.pdf>

PHAB's Guide to National Public Health Department Initial Accreditation describes the application process in detail. http://www.phaboard.org/wp-content/uploads/Guide-to-Accreditation-final_LR2.pdf

TRIBAL LEADERSHIP ENGAGEMENT AND SUPPORT

Tribal Leadership has an essential role in planning and preparing for public health accreditation, including the application process. Tribal Leadership support is important as you a) engage stakeholders who are both internal and external to the Tribe, b) formalize partnerships through memoranda of understanding, c) document the role of governance in public health, and d) request TPHD budget allocations to cover the costs associated with accreditation (e.g., PHAB application fee, information systems purchases, and technical assistance/consultant fees).

For purposes of this guide, Tribal Leadership refers to what PHAB calls the ‘appointing authority,’ and the ‘governing entity’. Appointing authority refers to the executive position and governing entity refers to legislative governance. The appointing authority is typically the person or body that has the authority to appoint the TPHD Director. In most cases, this will be the Tribal Chair, chief executive or health board. The PHAB definition of the governing entity is:

“the individual, board, council or other body with legal authority over the public health functions of a jurisdiction, region, district or reservation as established by state, territorial, or Tribal constitution or statute, or by local charter, bylaw, or ordinance as authorized by state, territorial, Tribal, constitution or statute.”⁷

For TPHDs, this may be the Tribal Council, health committee or other health board. In some cases, the appointing authority and the governing entity might be the same. We strongly encourage that members of the governing entity view the PHAB online orientation. If that is not possible, an alternative approach would be to provide an in-house orientation.

TRIBAL LEADERSHIP: EARLY PHASE – INFORMATION GATHERING (Planting the Seed)

Inform Tribal Leadership about accreditation early in the process. Discuss its purpose, benefits, costs and general requirements. Provide a brief overview or orientation to accreditation, provide updates on high-level information, and discuss leadership’s role in the planning and

preparation process. Inform the appointing authority that a letter of his/her support is required when the PHAB application is ready for submission.

PHAB’s definition of governmental public health department eligibility is based on the definition of public health authority.⁸ In essence, the governing entity that has the primary statutory or legal responsibility for public health in a tribe, state, local and territory is eligible to apply. This authority must be documented by a legal document, which may be the Tribe’s constitution, Tribal resolution, ordinance, executive order or other legal instrument. Evidence of this authority is addressed in Measure 12.1.2 A. Because it can take time to update an existing legal document (or to create a new one, as the case may be), we highly recommend that TPHDs determine whether documentation of the governing entity’s authority exists, and if it does, determine whether it addresses the requirements of this measure. The same is true for the governing entity’s structure and composition. If documentation does not exist, the TPHD Director will need to work with the legal counsel and governing entity to develop the documentation.

We also recommend reviewing Domain 6 and 12 of the Standards and Measures early in the accreditation process. Domain 6 focuses on public health laws, and Domain 12 on governance. Together, these domains include standards and measures that address the authority, structure, role, and responsibilities of the governing entity. They also look at the processes that the TPHD and the governing entity use to review, update and enforce public health law. Written policies and procedures that describe the interface between the TPHD, governing entity and the community are also addressed. Early in the accreditation preparation, the TPHD will want to familiarize itself with what types of documentation are required for these domains, as these documents can be time-consuming to create or update, depending on what already exists.

7. PHAB (2013). Acronyms and Glossary of Terms Version 1.5. http://www.phaboard.org/wp-content/uploads/FINAL_PHAB-Acronyms-and-Glossary-of-Terms-Version-1.5.pdf 8. United States Department of Health and Human Services. Definition of public health authority. <https://www.hhs.gov/hipaa/for-professionals/special-topics/public-health/index.html>. Accessed March 1, 2018

Organizational Readiness (corn)

TRIBAL LEADERSHIP

TRIBAL LEADERSHIP: PLANNING PHASE – DETERMINING THE APPROACH (Germination)

By this time, it is likely that the TPHD has conducted the initial self-assessment based on the PHAB Standards and Measures. Also, by now the Accreditation Team has a better understanding of the eligibility and documentation requirements of Domains 6 and 12. The team will have discussed the governing entity's role in the accreditation process as well as what documentation is available and what is still needed to address the standards and measures.

The TPHD Director and Accreditation Coordinator should meet with the governing entity to discuss its supporting role in the overall accreditation process and to review any general performance strengths or gaps identified in the self-assessment. Be sure to inform the governing entity where its support and/or approval is needed, including, but not limited to, securing financial resources for accreditation readiness activities, addressing performance objectives, engaging internal and external partners, and formalizing partnerships with federal, state and local agencies. The TPHD will need to document ongoing communication with Tribal Leadership, as well as keep track of information about policies that need to be developed or updated.

During this planning phase, the TPHD Director is working with the governing entity and legal counsel to determine what legal documentation is needed, if any, to articulate the department's authority, as well as the governing entity's authority, structure and composition. As mentioned previously, these documents might be in the form of a Tribal resolution, ordinance, executive order or other legal instrument. This decision will likely be made based on the Tribe's legal structure, practices, and policies.

TRIBAL LEADERSHIP: DOCUMENTATION READY – RESULTS (Harvest)

At this point in the process, the TPHD has a signed letter of support from the appointing entity, and documentation of its eligibility – a legal document that sets forth the TPHD's public health operations, programs and services, as mandated by the governing entity. While PHAB does not require documentation of the TPHD's eligibility to apply for accreditation, the application does ask the applicant to acknowledge that the TPHD is a governmental public health department by PHAB's definition. Documentation of the TPHD's governmental public health authority will be required to address measure 12.1.1.



Resources!

A Tribal Public Health Code is a viable means for documenting authority. It can also be a good tool for addressing other standards and measures related to public health law. The National Congress of American Indians manages a Tribal Public Health Law Database that includes information on Tribal public health codes and policies. Search the database for examples of Tribal Public Health Codes from other tribes.

<http://www.ncai.org/policy-research-center/initiatives/projects/tribal-public-health-law#database>

Although created some time ago, another resource, for developing a public health code is: 'The Turning Point Model State Public Health Act: A Tool for Assessing Public Health Laws presented by the Public Health Statute Modernization National Excellence Collaborative.' http://www.turningpointprogram.org/Pages/pdfs/statute_mod/MSPHAFinal.pdf

COST

There are direct and indirect costs associated with preparing for accreditation. Most people think of the application fee, but there are other considerations as well, such as staff time, technical assistance needs, and infrastructure needs. Cost consideration will be ongoing throughout the TPHD's preparation for accreditation.

COST: EARLY PHASE – INFORMATION GATHERING (Planting the Seed)

Let's start with the fee. The application fee for accreditation is based on the size of the population the TPHD serves and can be paid all at once, or in increments, using a payment plan. The TPHD determines the population size. Unlike counties and states, where the population is based on how many individuals reside within a geographic boundary, some Tribes have unique considerations that may be dependent on a number of factors such as jurisdictional area (which may or may not be defined solely by Tribal lands) and whom they serve (e.g., Tribal members, Tribal members and spouses, or non-Tribal members who access services). We recommend that the process you use to determine the population size is the same process you use when planning your community health assessment. Ideally these population numbers, geographic location, and any other criteria used to define the 'population' or the community served is the same.

In addition to the application fee, the Accreditation Team and TPHD Director must consider other costs, such as the cost for technical assistance, training, information technology, data management systems and infrastructure development. These costs will be largely dependent on the TPHD's current capacity, infrastructure and the in-house expertise available for addressing the accreditation requirements. The team will most likely have a better sense of the resources it needs as it completes the planning phase.

COST: EARLY PHASE – DETERMINING THE APPROACH (Germination)

In the early phase of accreditation readiness, the easiest cost to determine is the PHAB application fee. However, by the planning stage, the Accreditation Team has gathered a great deal of information, and most likely has a better understanding of the resources needed to support

accreditation readiness activities. It may be helpful at this time to conduct a simple cost analysis to estimate the costs required to address the following:

- Staff time
- Completion of the three accreditation prerequisites
- Technical assistance needs
- Infrastructure needs (e.g., electronic filing system and software)
- PHAB application fee

These costs will be largely dependent on the TPHD's current capacity, infrastructure and the in-house expertise available for addressing the accreditation requirements. There may be other costs not listed here that the TPHD must consider. The department director and/or other appropriate staff can present this budget to Tribal Leadership with a request for funding. Other funding sources, such as grants, should also be explored.

COST: IMPLEMENTATION PHASE – PLAN INTO ACTION (Growth)

During the implementation phase, a TPHD will want to stay on top of ensuring that resources are available to support accreditation readiness technical assistance, training, and infrastructure needs, as identified earlier in the planning process. Resources should also be available for the PHAB initial accreditation review fee (at a minimum, for the first year). Check with PHAB for more information about individual health department payment plans if needed.

COST: DOCUMENTATION READY – RESULTS (Harvest)

By this time, the TPHD is now ready to apply for accreditation and pay the application fee. Keep in mind, the fee can be paid in annual installments, and if this is the case, the TPHD will have ensured that resources will be available in the budget for future years. Once submitted, PHAB will notify the TPHD that their application is complete and the fee has been received.

Organizational Readiness (corn)

INFORMATION SYSTEMS

INFORMATION SYSTEMS

Information systems (IS) encompass the processes, equipment and people involved with handling data within the TPHD. IS includes the information technology (IT) – the hardware (computers, monitors, scanners) and software (computer programs like MS Excel) – you'll need to collect, monitor and report on health department data. The TPHD will need to build enough capacity to efficiently collect data, ensure users have timely access, and store, organize, share and disseminate information. It is important for the Accreditation Coordinator and Team to involve their IS/IT departments in the early phase and continue collaborating with them throughout the whole readiness process.

You'll want robust information systems in place in order to conduct the following activities:

- Store and organize documentation in a user-friendly electronic filing system
- Maintain an infrastructure that supports capacity-building, monitoring, evaluation and data-based decision making (e.g., performance management systems)
- Ensure data is kept confidential and secure
- Provide technical support to users

There may be other activities the TPHD will need to consider for their information systems.

INFORMATION SYSTEMS: EARLY PHASE – INFORMATION GATHERING (Planting the Seed)

PHAB requires that all documentation and other application materials be submitted electronically. Thus, TPHDs must be able to organize and store documentation within an electronic filing system, one of the required PHAB standards and measures. To determine whether the Tribe has the infrastructure and/or capacity to develop this type of filing system, we recommend that the Accreditation Coordinator meet with IT staff to discuss the requirements of accreditation. Explain the need for an electronic filing system that can serve as a repository for documentation. Electronic files will typically be in MS Word, Excel and PDF formats; they must be accessible during the accreditation readiness process and also during the PHAB site visit. There may be other requirements to explore with the IT department, such as whether to purchase an electronic filing system (e.g., Microsoft SharePoint) or a secure server, where files can be safely stored and accessed by multiple users.

The Information Systems that you set up also play an important role when developing your performance management systems and the Foundational Prerequisites. This is because performance management and the prerequisites require collecting, storing, managing and protecting different types of data. By having solid systems in place, you will ensure that data is safe, secure and available throughout the process. Additional software programs may need to be purchased to manage performance data and monitor progress. Work with the IS/IT department to discuss the TPHD's data needs and to make a plan for data management and reporting.

INFORMATION SYSTEMS: EARLY PHASE – DETERMINING THE APPROACH (Germination)

With the help of IT staff, the TPHD can create and acquire the needed software and electronic filing systems. The filing system serves as a repository for documentation and should be organized so that each domain has a file for each standard, and each standard has a file for the documentation of each measure. This is where all documentation relating to accreditation will be filed, stored and reviewed, so you want it to be logical and well organized. Taking time to set up your filing system is critical because it will house all of the documentation will eventually be uploaded to e-PHAB and shared with site reviewers who will then determine whether the TPHD will be recommended for accreditation.

If the TPHD has an existing software program for its clinical performance management, learn about the program and determine if it might be appropriate for managing public health performance. A new system may not need to be purchased, only modified to meet the needs of public health.

INFORMATION SYSTEMS: IMPLEMENTATION PHASE – PLAN INTO ACTION (*Growth*)

The TPHD electronic filing system should now be in place. We recommend that the Accreditation Team, and any others responsible for filing documentation, be trained on how to organize and file documents. The Accreditation Coordinator should take the lead on making sure files are complete and organized.

By the implementation phase, appropriate systems and technology are in place to collect, store and manage health and performance data safely and securely. This means that you have purchased (or modified) the software needed to manage performance targets identified in the CHIP, strategic plan, program plans and the QI, workforce development and emergency operations plans, as appropriate.

There are several ways the IS/IT department can support the Accreditation Team throughout the two-day site visit. For example, the Site Visitor Team will be verifying the accuracy of information provided, asking questions regarding conformity with the standards and measures, and seeking clarification where needed. The IS/IT department can assist with the site visit by ensuring that meeting rooms have Wi-Fi and audio-visual equipment, such as screens and projectors. While a rare occurrence, site visitors may request additional information during the interview. The IS/IT department should ensure the Accreditation Coordinator has remote access to files. The PHAB site visit is usually scheduled well in advance and PHAB will provide guidance to the TPHD on what to expect.

INFORMATION SYSTEMS: DOCUMENTATION READY – RESULTS (*Harvest*)

While the TPHD will be required to have certain IS capacity to manage accreditation related activities, there is no one document that must be submitted as evidence of the TPHD's IS. At this point, the electronic filing system is effectively housing all the required documentation for accreditation, which is ready to be uploaded into e-PHAB. Consult with the IS/IT department to discuss the PHAB site visit and what will be required.



Resource!

PHAB's Technical Requirements for e-PHAB (Updated July 2017), describes specifications and requirements for any computer that will use e-PHAB. <http://www.phaboard.org/wp-content/uploads/Technical-Requirements-for-e-PHAB-Updated-July-2017.pdf>

Foundational Prerequisites (squash)

CHA

The foundational prerequisites for public health accreditation include three critical processes that culminate in three documents:

- 1) A community health assessment
- 2) A community health improvement plan
- 3) An organizational strategic plan

While the three prerequisites are often discussed as three separate documents, they also work closely together as a comprehensive improvement process that positively affects community health and the overall work of the TPHD.

Among the three sisters, squash provides the ground cover to ensure the soil has the nutrients and moisture required to thrive and bear the most fruit. Similarly, the foundational prerequisites result in an overall process that ensures that decisions are based on current data, and that programs and services are meaningful, purposeful and strategic—they provide the a rich environment for planned improvements to grow and thrive for years to come. Such a process can help ensure that:

- Services are leading to better health outcomes.
- Programs and services are focused on health priorities that are aligned with Tribal, state and national priorities.
- Infrastructure and processes are in place to ensure high performance.
- Policies are in place to support health improvement objectives.
- Stakeholders and leadership are engaged in the planning and implementation of health improvement efforts.

Prerequisites must be current and have been updated within the last five years. These three prerequisites will be submitted with the PHAB application for accreditation. After the application and prerequisites are submitted, PHAB will review the documents for completeness. Later, during the site visit and review process, the prerequisites are reviewed again to determine whether they address the requirements as outlined in their respective standards and measures.

COMMUNITY HEALTH ASSESSMENT

A Community Health Assessment (CHA) can be defined in a number of ways. Most definitions describe it as a collaborative process that includes regularly and systematically gathering, analyzing and disseminating information about the health of a community. PHAB describes CHA as:

"... a collaborative process of collecting and analyzing data and information for use in educating and mobilizing communities, developing priorities, garnering resources, and planning actions to improve the population's health."⁹

CHAs involve a multi-step process that engages Tribal and community leadership, as well as the community at-large, in three main tasks: identifying health concerns, prioritizing important health issues based on data, and documenting and communicating the results. Data collected and analyzed for the CHA provides important information about a community's health status. Data should include Tribal demographics, socioeconomic characteristics, quality of life, behavioral factors, the environment (including the built environment), morbidity and mortality, and other social, Tribal, community, or state determinants of health status. It is important to note that CHA results will serve as the basis for the Tribal community health improvement plan.

CHA: EARLY PHASE – INFORMATION GATHERING (Planting the Seed)

When preparing to conduct a CHA, first identify the most appropriate CHA model for the TPHD to use throughout the process. Many models, approaches and toolkits exist for conducting a CHA; however, few are specific to Tribes and Tribal communities, and not all models address the specific PHAB requirements. Whichever model you choose, be sure to reference the measures and required documentation that address CHA in Domain 1.

Once you select a CHA model and determine the approach you will be using, engage Tribal Leadership and inform them of your plans. Approval from Tribal Leadership may be required, because the CHA process includes primary data collection, which may need to be collected through community surveys, focus groups and interviews. The team may also collect secondary data from various Tribal departments, partner agencies and organizations. Having Tribal Leadership approvals is beneficial in a number of ways. It can help ensure the appropriate community protections are in place for data collection and reporting. It can also alleviate potential challenges to obtaining data from other programs and agencies within the Tribe.

Once the appropriate approvals are obtained, the Accreditation Team can identify staff and stakeholders to serve on a CHA Planning Team and/or participate in the CHA process. When seeking out partners and stakeholders, be sure to consider those representing departments and programs within the Tribe, as well as county, city, state, and federal governmental agencies, non-profit organizations, community coalitions, and others. You may want to develop subcommittees or workgroups to focus on particular aspects of the process, such as data collection and community engagement. Once identified, it will be important to provide the team with training on the chosen model, the overall approach, and the PHAB CHA requirements.

CHA: PLANNING PHASE – DETERMINING THE APPROACH

(Germination)

Planning a CHA often takes more time than many people anticipate. If done well, a CHA plan outlines the step-by-step process to be used (based on the model that you choose). Having a well-designed plan can help clarify roles and responsibilities of the CHA Planning Team and other workgroups or subcommittees. It can also determine

key benchmarks and timelines for completion and eliminate or minimize challenges caused by poor planning. CHA plans often include the following components:

- **Community Engagement** – defining community and identifying who will be engaged and what strategies will be used to engage them
- **Identification Of Health Indicators** – what measures will be used to determine overall community health status
- **Data Collection, Analysis And Reporting** – what data will be collected, methods for collection, how it will be analyzed, and methods for sharing results, as well as obtaining input on those results
- **Health Priority Setting** – what strategies will be used to review data and identify health areas for immediate improvement planning
- **Reporting Results** – what data will be included in a summary report for dissemination to community and stakeholders

A collaborative approach to conducting a CHA is critical to ensure that the process is community driven. Community participation fosters service coordination to address community needs, because it engages partners in both identifying and solving important community health priorities. It also builds a community's capacity and sense of ownership around improving health outcomes. Important elements to consider and define when planning a collaborative approach include:

- Who to engage in the community
- Ways to engage members of the community
- How best to draw on the strengths of the community
- Potential contributions to the process
- Reason for engagement – what are the desired outcomes



Resource!

The ITCA CHA for Public Health Accreditation: A Practical Guide and Toolkit also has a sample plan.
<http://itcaonline.com/wp-content/uploads/2011/03/Tribal-CHA-Toolkit-for-Public-Health-Accreditation-Pilot-Version.pdf>

Foundational Prerequisites (squash)

CHA

CHA: IMPLEMENTATION PHASE – PLAN INTO ACTION

(Growth)

CHA activities are now underway! Ideally, a diverse group of community members is engaged in a collaborative process to collect information and data on the community's health status. Data collected during the CHA process is analyzed and shared for input and interpretation. Community Health Profiles are often used to summarize and share the CHA process and findings. Be sure to share these summaries with the community, organizational partners and stakeholders. Communicate and disseminate CHA findings through various media techniques such as newsletters, listening sessions, local radio stations, and Tribal newspapers. All findings, including lessons learned, should be communicated in a timely and understandable manner.

After findings are shared, engage community stakeholders and partners in priority setting. Health priority setting based on CHA outcomes marks a transition point in the community health improvement process. You are transitioning from collecting and reporting data to informing the development of the CHIP (covered in later sections). The outcomes from community forums and meetings should be shared with stakeholders who will be involved in developing the CHIP. Doing so ensures that community perspectives are included in the planning of this second important foundational prerequisite.

It is important to document the CHA process, including, but not limited to, meeting agendas and summaries, data collection methods and tools, community engagement activities and outcomes, and dissemination activities. These documents will be required to address PHAB Standard 1.1. Review the standard documentation requirements often to ensure the appropriate documentation is collected and requirements are being addressed.

By the end of the implementation phase, the community health assessment will be complete and ready for submission to PHAB!

CHA: DOCUMENTATION READY – RESULTS

(Harvest)

Once the CHA process is complete and well documented, the Accreditation Coordinator can prepare the documentation for submission with the PHAB application. As previously mentioned, the Accreditation Coordinator must confirm that the CHA, along with the CHIP and Organizational Strategic Plan, are complete while registering for e-PHAB. The TPHD has an opportunity to update the CHA until all accreditation documentation is completed and uploaded in the e-PHAB system.

COMMUNITY HEALTH IMPROVEMENT PLAN

Community health improvement planning is a collaborative process that describes how the TPHD will work with its partners to achieve measureable health improvements in the community. PHAB defines a community health improvement plan (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.”¹⁰

It is a good idea to begin conceptualizing the CHIP approach during the final stages of the CHA. Since priority setting and community engagement are components of both the CHA and CHIP processes, we recommend identifying strategies to engage community in priority setting for both. That way you can dovetail community health priority setting for both the CHA and CHIP to support the completion of both prerequisites.

Refer to the PHAB Standards and Measures, Measure 5.2.1. for examples of models that can be used.

CHIP: EARLY PHASE – INFORMATION GATHERING

(Planting the Seed)

Like the CHA, the Accreditation Team needs to identify staff and stakeholders to participate in the community health improvement planning process. In many cases, it will be the same or similar group of people. We recommend forming a CHIP Team or committee to lead the process. It's best if the CHIP Team identifies the model and approach they will use.

Once the model and approach for the CHIP process has been selected, the team can identify other staff and stakeholders to participate in the process. Emphasis is placed on collaborating with public health system partners (outside of the health department) for planning. This not only brings different perspectives into the process, but it encourages a shared sense of responsibility during implementation. It also can foster stronger partnerships and greater coordination of services, which leads to better health outcomes. Regardless of which model you use, be sure to provide the team with training on the chosen model (including the overall approach) and the PHAB CHIP requirements.

10. PHAB (2013). Acronyms and Glossary of Terms Version 1.5

http://www.phaboard.org/wp-content/uploads/FINAL_PHAB-Acronyms-and-Glossary-of-Terms-Version-1.5.pdf



Resources!

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 Connecticut Department of Public Health, Planning and Workforce.

http://www.ct.gov/dph/lib/dph/state_health_planning/planning_guide_v2-1_2009.pdf

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

<http://www.naccho.org/topics/infrastructure/CHAIP/chachip-online-resource-center.cfm>

Foundational Prerequisites (squash)

CHIP

CHIP: PLANNING PHASE – DETERMINING THE APPROACH

(Germination)

While the entire process of developing a CHIP is considered “planning”, this particular section of the guidebook focuses on addressing the documentation requirements for *Measure 5.2.1: Conduct a process to develop a Tribal community health improvement plan*.

The process used to develop a community health improvement plan will need to include broad participation by Tribal public health system partners. Partners and/or stakeholders to consider including are departments and programs within the Tribe, as well as other groups that work with the TPHD to address health issues (such as governmental agencies, non-profit organizations, and community coalitions). Many of these stakeholders and partners may be the same as those engaged during the CHA process. A benefit of overlapping participation is that the community health improvement planning process becomes a natural progression from working together to assess health status to working together to plan for health improvement.

While developing your CHIP, be sure to review data and information gathered during the CHA and self-assessment against the standards and measures. The CHA results will tell you about community health status, while the self-assessment results can help identify issues, themes, assets and resources available in the community to support community health improvement efforts. Presenting these data to stakeholders and partners will help them to provide meaningful input and to prioritize health issues based on a variety of information sources.

Holistic health and wellness is a cultural value for many Tribal communities. For this reason, prioritizing can sometimes be a challenge, because community members may feel as if they are deciding that one health issue is more important than another. We recognize that all health issues are important in Tribal communities, and it is likely that prevention programs and services provided extend beyond the priorities, objectives and strategies listed in a CHIP. However, the general purpose of the CHIP is to focus on health concerns that have the greatest impact on the Tribe. Choosing these priorities empowers a TPHD to make measureable improvements on the overall health and wellness of the community. Reassuring community members that services will not be limited to the CHIP may help address any issues that arise during the prioritization process.

There are several tools you can use to prioritize health issues. Such tools include, but are not limited to, brainstorming sessions, multi-voting, nominal group technique and an affinity diagram. Check out the resource below. Or conduct an Internet search using any of these terms to generate a list of tools for prioritizing and building consensus. The CHIP team will need to choose which method they feel will work the best for them.

The community health improvement planning process must be documented. Refer to the PHAB Standards and Measures Version 1.5 for required documentation and guidance.



Resource!

For information on priority-setting techniques, visit NACCHO's First Things First: Prioritizing Health Problems. <http://www.naccho.org/topics/infrastructure/accreditation/upload/Prioritization-Summaries-and-Examples-2.pdf>

CHIP: IMPLEMENTATION PHASE – PLAN INTO ACTION

(Growth)

It is now time to create a written CHIP document, as indicated in Measure 5.2.2. A CHIP should include: Tribal health priorities, measurable objectives, improvement strategies, and activities with measurable and time-framed targets. The time-framed performance targets can be contained in a separate, internal document, such as an annual work plan, which must be submitted to PHAB as a supplement to the CHIP. Be sure to note any policy changes that are needed to meet identified health objectives. It is also important to identify individuals, programs and/or organizations that are responsible for implementing strategies identified in the plan. Formal agreements regarding these responsibilities are not required.

By the end of this phase, the CHIP will be complete and ready for submission to PHAB!

TPHDs may also want to review Government Performance Results Act (GPRA) measures to identify any measures that could be included as improvement measures in the CHIP. Review PHAB Standard 5.2 often to ensure the appropriate documentation is collected and all requirements are being addressed.

CHIP: DOCUMENTATION READY – RESULTS

(Harvest)

Similar to the CHA, the Accreditation Coordinator must confirm that the CHIP is complete prior to submitting the PHAB application, along with the Organizational Strategic Plan. The TPHD should begin implementing the CHIP during the PHAB application process, since the plan's implementation is addressed in Measure 5.2.3. As objectives are completed or new priorities are identified, you may need to revise the original CHIP. Documenting these changes and why they were deemed necessary is required.

It is also a good idea to include health improvement measures from the CHIP in your public health performance management system (Domain 9). Since the measures associated with CHIP implementation require that you 1) monitor progress, 2) collect performance data and 3) evaluate progress, it is often easier to combine health improvement measures into one integrated system rather than create a separate management system just for the CHIP. This is discussed further in the next Readiness Area.



Resource!

Documentation that the CHIP is in alignment with Tribal, state and national objectives is required. We recommend that TPHDs visit the Healthy People 2020 objectives at www.healthypeople.gov and the National Prevention Strategy at <https://www.surgeongeneral.gov/priorities/prevention/strategy/index.html>

Foundational Prerequisites (squash)

STRATEGIC PLAN

STRATEGIC PLAN

Many TPHDs are familiar with the strategic planning process, which often includes developing a vision, mission, goals and objectives for your health department. 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."*¹¹

The strategic planning process takes into account broader information that is based on assessments of the larger environment in which a TPHD operates. Such assessments can include information gathered in the self-study, community health assessment, or an environmental scan of external events, trends and other factors that may impact the TPHD or community health. *The strategic plan must link with the TPHD CHIP and QI Plan.* An approach for creating meaningful inter-connections between these three plans is addressed later in this section.

STRATEGIC PLAN: EARLY PHASE – INFORMATION GATHERING

(Planting the Seed)

As with the CHA and CHIP, the early phase of developing a strategic plan includes identifying appropriate staff and stakeholders to participate in the process. In some cases, all or some of these participants may also be on the

Accreditation Team. You may want to consider engaging the governing entity in the planning process, as it could help align the strategic planning process with any broader efforts already being undertaken by the Tribe. After you identify who will participate, it may be helpful to find a facilitator who can assist with the strategic planning process. A facilitator who is neutral to the process can be helpful in generating ideas and achieving consensus amongst the group, while moving the process along.

STRATEGIC PLAN: PLANNING PHASE – DETERMINING THE APPROACH

(Germination)

As part of the organizational strategic planning process, be sure to review the self-assessment results, as well as the TPHD's CHIP and QI plan. Reviewing these documents in the early stages will ensure that when you conduct the strengths, weaknesses, opportunities, and threats (SWOT) analysis, it will be based on performance and health data, rather than individual observation or opinion. Stakeholder analysis of assessment data and planning can be very helpful to the process and can encourage buy-in and support during the implementation of the plan. It is crucial that you document the strategic planning process, including meetings, agenda and methods used. These historical records are an important part of the documentation you will submit for the PHAB application.

11. PHAB (2011). Acronyms and Glossary of Terms Version 1.0.

<http://www.phaboard.org/wp-content/uploads/PHAB-Acronyms-and-Glossary-of-Terms-Version-1.02.pdf>



Resource!

For additional guidance, refer to the *Developing a Tribal Health Department Strategic Plan: A How-To-Guide*, adapted from the NACCHO *Developing a Local Health Department Strategic Plan: A How-To-Guide* specifically for Tribal Health Departments. <https://indigenoussphi.org/resources/>

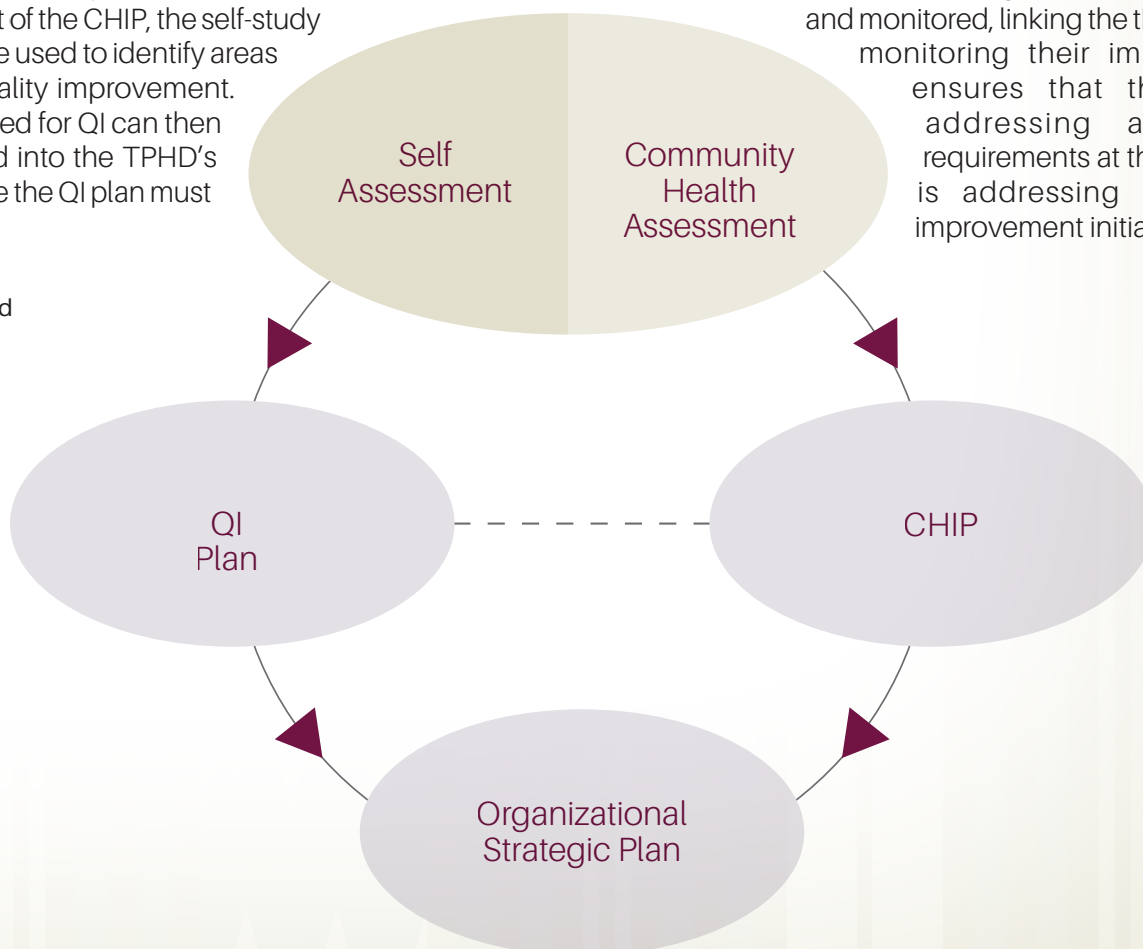
The TPHD organizational strategic plan must link with the CHIP and the QI plan. We strongly recommend thinking of all three plans as part of the strategic planning process. *Diagram 3. Assessment and Performance Improvement Planning* illustrates the relationship between the self-assessment and community health assessment to the development of the quality improvement, community health improvement and strategic plans. Using the data from both assessments to develop the plans ensures that planning is data-based. It also makes it easier to ensure that you are addressing common issues and themes (for performance and health improvement) so that the plans complement and link with each other in their shared goal of achieving stronger health outcomes (rather than going off in separate directions that don't support each other).

Much like community health assessment informs the development of the CHIP, the self-study results can be used to identify areas requiring quality improvement. Areas identified for QI can then be integrated into the TPHD's QI plan. Since the QI plan must

also be implemented and monitored, this is an opportunity to make progress toward addressing accreditation requirements while still preparing for accreditation. Since performance improvements can also enhance and support efforts to improve health, links can be made from the QI plan to the CHIP.

The strategic plan can then be linked to the QI plan and CHIP by referencing self-assessment and community health assessments. You can use results from the two assessments to identify themes, issues, strengths, and weaknesses, which form the basis for setting strategic priorities and goals. Using assessment results ensures that your strategic planning efforts are data-based and that they support the TPHD's QI plan and CHIP. Since the standards and measures associated with strategic planning also require that the strategic plan be implemented and monitored, linking the three plans and monitoring their implementation ensures that the TPHD is addressing accreditation requirements at the same time it is addressing performance improvement initiatives.

DIAGRAM 3.
Assessment and
Performance
Improvement
Planning



Foundational Prerequisites (squash)

STRATEGIC PLAN

STRATEGIC PLAN: IMPLEMENTATION PHASE – PLAN INTO ACTION

(Growth)

During the implementation phase of the strategic planning process, the TPHD is ready to adopt and implement its Organizational Strategic Plan, as described in measure 5.3.2 and 5.3.3. A strategic plan should include the mission, vision and guiding principles, strategic priorities, goals and objectives with measurable time-framed targets. Results from external trends, events and factors that may impact community health and the health department are documented, as well as the department's strengths and weaknesses.

By the end of this phase, the health department organizational strategic plan will be complete and ready for submission to PHAB!





STRATEGIC PLAN: DOCUMENTATION READY – RESULTS

(Harvest)

The Organizational Strategic Plan is the last of the three foundational documents. These documents and processes, along with other plans, such as the workforce development plan, emergency operations plan, an organizational branding strategy, and programmatic plans, make up the foundation upon which high performance and quality are cultivated and built. With the foundational documents developed, it is time for the TPHD to think more deeply about how it will manage its performance and implement these plans.

After adopting the strategic plan, the TPHD will need to create annual reports that track progress toward performance goals and objectives identified in the plan. Reports must include how targets are monitored, conclusions on progress, and any revisions or adjustments to the plan, based on work completed. Review PHAB Measures 5.3.1 through 5.3.3 often to ensure the appropriate documentation is collected and each of the requirements is being addressed. By including the Organizational Strategic Plan's performance goals in the TPHD's overall public health performance management system, the department is maintaining an integrated system and overall process, which supports efficiency and effectiveness in achieving its goals.

Performance Management (beans)

SELF-ASSESSMENT

When planting a three sisters garden that produces a quality harvest, one doesn't just plant seeds and walk away. There is a lot of planning involved. Planning begins with preparing the soil and determining the right time to plant seeds. There are songs, prayers and other ceremonial practices that accompany the sowing of seeds. There are days of pulling weeds, checking for insects, monitoring the soil, and watering or asking for rain to support a fruitful harvest. Performance management is similar. It is an ongoing process of monitoring and evaluating outcomes to best support the fruits of your harvest, which includes your strategic and programmatic goals.

Performance management begins early in the process of preparing for accreditation, although we don't always realize it until after we have conducted assessments and developed plans. We usually start thinking about performance management after the plans have been developed, and we need to monitor their implementation, measure impact, and evaluate results. But in actual practice, performance management begins when we start forming our teams, establishing our IT systems, completing the prerequisites, and creating other plans, such as the workforce development and emergency operations plans. It also begins when we identify goals for improving our overall public health services and activities.

Just as beans sprout into vines that stabilize the corn stalks, making them less vulnerable to wind and other elements, performance management stabilizes the Tribal public health infrastructure by increasing efficiency and effectiveness in the delivery of services, improving customer service and strengthening leaders and decision-makers. It also helps bolster management practices, improve processes and policies, and strengthens relationships with key stakeholders.

Public health accreditation is based on the premise that a high-performing governmental public health system leads to better health outcomes. High performance refers to the TPHD's capacity to effectively and efficiently deliver the core functions and essential services of public health. The Readiness Area Performance Management refers to putting a process, or system, into place so you can accurately assess, monitor, and evaluate whether your TPHD is yielding an abundant harvest, in other words, whether it is achieving its performance goals and making measurable improvements along the way.

The components addressing public health performance management in this guide include:

- 1) Self-Assessment
- 2) Performance Management/Quality Improvement

SELF-ASSESSMENT

An organizational self-assessment against the PHAB standards and measures is an effective way for a TPHD to evaluate its performance and readiness for accreditation. Engaging key stakeholders, such as Tribal administration and other departments, in the self-assessment process is essential to understanding how the system partners work together to deliver important services. Through the self-assessment process, the health department's strengths and opportunities for improvement are easily identified. These improvement areas can then be incorporated into the TPHD's organizational strategic plan, as well as into performance management/quality improvement efforts (discussed later within this Readiness Area).

SELF-ASSESSMENT: EARLY PHASE – INFORMATION GATHERING

(Planting the Seed)

Organizing and planning the self-assessment process can be intimidating for some. However, it is an excellent way for the Accreditation Team and other participants to become familiar with the PHAB standards and measures. It also gives the team a better sense of whether the TPHD is ready to consider accreditation as a short- or long-term goal.

Planning for a self-assessment is a starting point for documenting the TPHD's capacity, using a collaborative process. Determining the self-assessment approach and who will participate are important first steps. After participants are identified, it will be important for the Accreditation Coordinator to share the TPHD's interest in accreditation and orient the self-assessment team with the accreditation process.

Based on our experience conducting self-assessments with TPHDs of varying structures and sizes, we have found that individuals tend to work in common areas that cut across multiple domains. Therefore, we recommend a team approach based on "domain groupings" to help guide your self-assessment planning. Using this approach will help the Accreditation Team select who should participate in the self-assessment and what their roles will be, based on the general content of each of the PHAB domains.

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Performance Management (beans)

SELF-ASSESSMENT

Domain Groupings

We have identified common domain groupings to help guide your planning (see Table 1). The Accreditation Coordinator can use these groupings to identify small teams (or domain teams) who can take the lead in addressing the standards and measures within their assigned domain. Some smaller TPHDs may not have enough staff to form multiple domain teams. If that is the case, then a single team can identify one person to lead for each domain grouping based on their position and expertise. Conducting a review by domain groupings, rather than sequentially, streamlines the process by allowing the team to focus on similar content areas and public health functions.

See *Table 1. Sample Domain Groupings*, which provides an example of how a TPHD can group the twelve domains. When creating groupings, consider the TPHD's organizational chart, positions within the department, and the roles and responsibilities of participating staff. Again, this is just an example. TPHDs may create different groupings, depending on how the TPHD is structured and the roles and responsibilities of key staff.

If you do decide to form domain teams (or a single team to review by domain groupings) be sure to designate a lead who is responsible for convening the team, conducting the assessment, and reporting back to the Accreditation Team. Depending on the size of the TPHD, some individuals may serve on more than one domain team.



Resource!

For additional guidance, refer to the Tribal Health Department Self-Assessment Guide adapted from NACCHO's Guide to Organizational Self Study for local health departments.

https://indigenousphi.org/wp-content/uploads/2017/11/Self_Study_Guide.pdf.

<https://www.naccho.org/uploads/downloadable-resources/Programs/Public-Health-Infrastructure/Organizational-Self-Study-Guide.pdf>

Table 1. Sample Domain Groupings

Domains 1 and 2: Surveillance, Investigation and Environmental Public Health Hazards	Potential Staff to Involve
<ul style="list-style-type: none"> • 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 5: Develop public health policies and plans (Standards 5.4 only) 	Staff who work in data analysis, environmental health, emergency preparedness, epidemiologists
Domains 3, 4, 7, 10: Health Education, Promotion, Prevention and Evidence-Base	
<ul style="list-style-type: none"> • Domain 3: Inform and educate about public health issues and functions • Domain 4: Engage with the community to identify and address health problems • Domain 7: Promote strategies to improve access to health services • Domain 10: Contribute to and apply the evidence base of public health 	Health promotion managers/ coordinators, community health representatives, communications, evaluators, medical directors, other Tribal departments – social services, education, housing, etc.
Domains 5, 6, 11, 12: Policies, Plans, Laws and Governance	
<ul style="list-style-type: none"> • Domain 5: Develop public health policies and plans (Standards 5.1 – 5.3) • Domain 6: Enforce public health laws • Domain 11: Maintain administrative and management capacity • Domain 12: Maintain capacity to engage the public health governing entity 	Health policy staff, law enforcement, TPHD leadership - health board/committee member, health advisory council member, human resources, finance
Domains 8 and 9: Workforce, Performance Management and QI	
<ul style="list-style-type: none"> • Domain 8: Maintain a competent public health work force • Domain 9: Evaluate and continuously improve processes, programs and interventions 	Human resources, evaluators, performance managers, QI leaders and staff

Performance Management (beans)

SELF-ASSESSMENT

Engaging Tribal Administration and Departments in the Self-Assessment

Engaging departments and programs outside of the health department, but within the Tribe, is critical during the early stages of accreditation preparation. Not only is bringing in individuals from outside the TPHD necessary when addressing various standards and measures, it can help other departments better understand and appreciate how working in partnership can strengthen services, improve coordination, achieve shared goals, leverage resources and increase overall productivity.

Deciding to have Tribal administration and/or departments participate in the self-assessment should be based on their experience and expertise, as well as their role as a public health system partner. Understanding their roles and functions can help a TPHD determine where it is best to engage them by aligning their role with the content and documentation requirements of the standards and

measures. The more familiar the Accreditation Team is with the PHAB standards and measures, the easier it will be to determine the appropriate partners to engage and where they can contribute most. Some examples of departments and programs that a TPHD may choose to engage are listed in Table 1. Sample Domain Groupings.

It is a good idea to provide an orientation for participating Tribal administration, departments and program staff, so they understand the purpose of accreditation, its benefits, their role in supporting the effort, and the potential benefits to the community at large. We recommend you give each participant a written request to participate in the accreditation process. The request should include a clear and concise description of the request, roles, responsibilities, and potential time commitment.

TIP!

TPHDs are required to develop, implement and monitor an organizational strategic plan. If the self-assessment results are used as a basis for identifying strategic priorities, then implementing the strategic plan will address Standard 5.3: Develop and implement a health department organizational strategic plan, while also addressing other standards and measures as identified in the self-assessment. This approach allows you to potentially address multiple standards and/or measures as you prepare for accreditation.

Improvement areas identified in the self-assessment can also be integrated into the TPHD's QI plan in much the same way. Since the QI plan must also be implemented and monitored, this is an opportunity to address quality improvement needs and accreditation requirements simultaneously. See Standard 9.2: Develop and implement quality improvement processes integrated into organizational practice, programs, processes and interventions.

Developing a QI plan is discussed more on page 37

SELF-ASSESSMENT: PLANNING PHASE – DETERMINING THE APPROACH

(Germination)

The Self-Assessment Planning Phase begins after you have planted the initial seeds (conducted the self-assessment), and gathered information and shared what you learned with others. Now it is time to identify strengths and methodically prioritize opportunities for improvement. There is no right or wrong way to prioritize improvement areas; however, identifying and agreeing on the criteria you will use to prioritize can be helpful in guiding the process.

After prioritizing your improvement areas, you need to develop a process to identify, select and/or develop documentation for each measure. We recommend you reference PHAB's Do's and Don'ts for Preparing Documentation that provides basic guidelines for documentation. Whatever process is developed, be sure to describe the process in writing so everyone understands it, and then identify mechanisms for accountability. Examples of accountability mechanisms include consistent and ongoing communication with the team, regular meetings, written progress reports, and a timeline for completion. Creating a timeline for addressing specific measures and performance improvement initiatives will keep the improvement effort steadily moving forward. You may want to develop or adapt a form to track documentation as it is completed.

As the Accreditation Team proceeds with the self-assessment process, they will need to handle a lot of documentation. We suggest you start thinking about how best to organize and manage all this documentation. PHAB has created the *Standards and Measures Document Selection Spreadsheet, Version 1.5*. This tool helps the Accreditation Team and Coordinator manage the process of documentation selection during the early stages of accreditation preparation. The spreadsheet is not designed to be a long-term document management tool, but it can be used until you create your own internal system. <http://www.phaboard.org/accreditation-process/accreditation-materials/>

The resources listed above should be used in conjunction with the *PHAB Standards & Measures Version 1.5* and the *PHAB Guide to National Health Department Accreditation*.



Resources!

In March 2018, PHAB released the Supplemental Process and Documentation Guidance for Tribal Public Health Department Accreditation. Created in partnership with the National Indian Health Board, this resource is useful in providing Tribal-centric examples and suggestions for ensuring conformity with the standards and measures.

<http://www.phaboard.org/new-supplemental-process-and-documentation-guidance-for-tribal-public-health-department-accreditation/>

Check out PHAB's Do's & Don'ts for Preparing Documentation (2016) for documentation tips.

<http://www.phaboard.org/wp-content/uploads/Do%E2%80%99s-Don%E2%80%99ts-for-Preparing-Documentation-Updated-April-2016.pdf>

Performance Management (beans)

SELF-ASSESSMENT

SELF-ASSESSMENT: IMPLEMENTATION PHASE – PLAN INTO ACTION

(Growth)

The Accreditation Team and all those involved are now addressing performance needs according to the priorities and timeline developed in the planning phase. As documentation is identified, adapted or created, the Accreditation Coordinator (or designated staff) is monitoring progress to ensure completeness. After documentation is complete, it should be filed, or submitted to the Accreditation Coordinator for filing, according to the internal process that the TPHD has identified. The Accreditation Coordinator, or designated staff should review all documents for completeness. A completed document must adequately address the standards, be dated with the month and year of review, and be placed into the appropriate folder(s) in your electronic filing system.

By now, Tribal administration, departments and programs should be actively engaged in accreditation readiness and performance improvement activities, as appropriate. Be sure to document your collaboration process, and develop policies and protocols, as needed. The Accreditation Team can encourage accountability by having Tribal partners report regularly on progress and challenges. Regular meetings can provide a forum for general support and a way to communicate any necessary adjustments to plans and timelines.

SELF-ASSESSMENT: DOCUMENTATION READY – RESULTS

(Harvest)

At this point, the Accreditation Coordinator or team should have a process in place to review documentation for accuracy and completeness. Conducting a formal review of documentation with the Accreditation Team, much like PHAB site reviewers will, can help identify potential questions and information gaps. Once documentation has been reviewed for completeness, the Accreditation Coordinator, domain team leaders, or designated staff can upload it into the electronic filing system used by the TPHD. As soon as the TPHD has access to the e-PHAB system and documentation has been formally reviewed, staff can begin uploading documentation from the internal electronic filing system into e-PHAB.

PERFORMANCE MANAGEMENT /QUALITY IMPROVEMENT

Performance management and quality improvement (PM/QI) are foundational to public health performance improvement efforts and accreditation. Performance management in its simplest terms is a systematic process that helps a health department achieve its strategic goals. Frameworks for public health performance management systems, or processes, often include 1) identifying performance goals and targets, 2), assessment against a set of standards, 3) monitoring performance activities using data measurements in a tracking system, 4) quality improvement to address performance issues, and 5) reporting progress. A commonly used public health performance management framework is the Turning Point Performance Management System.¹²

Quality improvement (QI), on the other hand, is a tool that a TPHD can use to address performance issues. According to PHAB, QI is an element of performance management that uses a process to achieve specific targets for effectiveness and efficiency. QI in public health can be defined as

“The use of a deliberate and defined improvement process... which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community.”¹³

Creating an organizational culture of PM/QI can transform a TPHD's shared attitudes, beliefs, values and practices. Fostering an organizational culture that embraces PM/QI as a common practice for performance improvement requires: leadership commitment; the appropriate infrastructure to support PM/QI (such as a performance management system, information systems and QI activities); employee training and competency; a customer focus; teamwork and collaboration; and continuous process improvement.¹⁴ PM/QI facilitates a team approach to grow a strong community and customer focus and to integrate purposeful, data-based improvement processes within the TPHD.

12. Public Health Foundation. Turning Point: Performance Management Projects and Publications.

http://www.phf.org/resourcestools/Pages/Turning_Point_Project_Publications.aspx Accessed February 15, 2018.

13: Riley, W. et. al. (201). Defining quality improvement in public health. Journal of Public Health Management and Practice, 16 (1), 5-7.

14. NACCHO (2013). Roadmap to a Culture of Quality Improvement: A Guide to Leadership and Success in Local Health Departments.

<http://qiroadmap.org/culture-to-qi/foundational-elements-for-building-a-qi-culture/> Accessed August 12, 2013.

Performance Management (beans)

PM/QI

PM/QI: EARLY PHASE – INFORMATION GATHERING

(Planting the Seed)

Many health departments begin to think about PM/QI after they have completed the three prerequisites and are formulating a process for monitoring their performance. As we shared previously in this guide, we have found that TPHD staff often don't realize that by the time they have completed all three prerequisites, they have already initiated performance management practices. If TPHD staff have conducted a self-assessment against the PHAB standards and measures and completed a community health assessment, then they have already taken the first step of assessing the department's performance. When these assessment results are used to develop a CHIP and a strategic plan, the TPHD has started to identify performance improvement opportunities, select strategies for addressing these opportunities and target measures that will be used later to evaluate results. With multiple plans adopted and ready for implementation, a TPHD may be ready to put a performance management system – a process to manage the TPHD's strategic and programmatic goals – in place and explore opportunities to implement QI to address performance issues.

Many TPHDs already have experience conducting PM/QI within their clinical or behavioral health services. Some even have a performance management system in place to maintain accreditation for other accrediting bodies, such as Accreditation Association for Ambulatory Health Care (AAAHC) or Joint Commission on Accreditation of Healthcare Organizations (JCAHO). TPHDs may find that these existing PM/QI processes use different terms for similar practices within the public health accreditation process. For example, these other accrediting bodies might call quality improvement 'quality assurance,' and performance management 'balanced scorecard or dashboard.' Regardless of whether there is an existing

performance management system or not, there will be a lot to learn, discuss, negotiate, and decide. In the sections below, we have broken down some early considerations and decisions that a TPHD will have to make, depending on whether they already have experience with an existing system or they are new to PM/QI.

If the TPHD is New to PM/QI

A primary benefit to being new to PM/QI is that the TPHD can develop a performance management system that is completely tailored to their public health performance needs without having to fit it in with an existing system. The Accreditation Team will need to learn about performance management systems from the ground up, as well as identify training materials and opportunities. If necessary, the TPHD can utilize a consultant to help initiate the performance management system and quality improvement processes in the department. Once trained on PM/QI, the TPHD will need to start building the performance management system.

The Accreditation Coordinator will want to ensure that the process for developing the performance management system is well documented. Per the PHAB Measure 9.1.1, documentation could consist of meeting agendas, materials, minutes and orientations. The documentation should demonstrate how TPHD leadership and staff were engaged and supportive of the system being created. Forming a committee, team, council or other body is also a required component. Check out the resources at the end of this section to learn more about PM and QI and what is required for a robust performance management system.



Resource!

Learn more about the stages of performance management from the Public Health Foundation's Guide to the Stages of Performance Management.

http://www.phf.org/resourcestools/Pages/Guide_to_the_Stages_of_Performance_Management.aspx

If There IS an Existing PM/QI System

The Accreditation Coordinator (or designated staff) will need to learn about the existing PM/QI system and become familiar with the terms used to reference performance and quality improvement activities. For example, as part of that learning process, the Accreditation Coordinator will need to: 1) identify what plans, policies or processes, if any, are already written; 2) determine whether the existing system includes public health or other service areas within the department; 3) determine whether there is a committee, or other body, that oversees these efforts.

If there is an existing committee overseeing PM/QI efforts, we recommend that the Accreditation Coordinator meets with them to provide an overview of public health accreditation. The AC should explain how PHAB defines and evaluates PM and QI conducted by governmental health departments. It would also be helpful for the

committee to provide the Accreditation Coordinator or team with an overview of the existing PM/QI system, policies and processes. Be sure to document these meetings and discussions in the form of agendas, PowerPoint presentations, meeting minutes and materials. Meet with the health oversight committee, or governing entity, as appropriate and inform them of this work. Seek guidance on whether setting a policy or establishing a performance management system will require their approval.

Depending on what is learned by exploring the existing system, the TPHD will need to decide whether to expand the existing performance management system (to include public health) or create an independent process.

TIP!

Questions to Ask When There is an Existing PM System:

- Does your TPHD have an existing performance policy or plan under which public health PM/QI can be included?
- Is there an existing PM/QI body (committee) within the TPHD, and does it have the public health knowledge and experience to oversee public health PM/QI? If the body does not currently have public health expertise represented, are they willing to include additional staff to ensure that knowledge and experience is available?
- Does the existing body have a written description of their membership and responsibilities? Can their responsibilities be expanded to include public health PM/QI measures?
- Does the existing process include reporting performance outcomes? Can a distinct section be developed for the sole purpose of tracking and reporting public health-specific performance measures, as required for accreditation?
- Is the committee willing to dedicate time during performance management meetings to review performance data, evaluate progress, and make

recommendations for improvement—as these three areas relate to public health?

- Is the committee willing to document public health performance outcomes in a separate section within the meeting minutes for accreditation purposes?
- If the answer is no to any of these questions above, does it make sense to create a separate policy, process and committee for public health PM? And if so, to whom will the Public Health PM/QI committee report to? Will it report to the existing PM/QI body or directly to the health

Having clarity about how your public health PM/QI processes relate to the TPHD's PM/QI system - whether integrated into the existing system or as an independent system -will make the next steps a lot easier.

Performance Management (beans)

PM/QI

Establishing a PM System

Whether you develop an independent, public health focused PM/QI system or one that fits within the context of an existing system (which already addresses clinical or other health services within the TPHD) you will face a learning curve. It may be easier to identify the pathway forward by developing a new PM system for accreditation purposes, but both approaches are equally viable. Choose which one works best for the TPHD.

Determining the best approach is easier when you have a clear understanding of:

- 1) What currently exists by way of PM/QI, if anything,
- 2) What is required by PHAB,
- 3) What will be required internally by the TPHD to establish a new, or expand an existing, PM system, and
- 4) Your team's responses to the questions listed in the section above.

There are many pathways to developing a PM/QI process that includes public health— too many to discuss in this guidebook. However, if TPHD staff are clear about items 1-4 above, the decisions needed to create a process will also be clear.

PM/QI: PLANNING PHASE: PLANNING PHASE – DETERMINING THE APPROACH

(Germination)

At this point in the process, TPHD leadership and appropriate staff have been trained on PM concepts, PM systems, and QI. Staff have learned how systems are developed, the key elements of PM systems, and how to create a culture of QI. Now it is time to document the performance management system, or process, by developing a written plan. For purposes of this guide, we will talk about the PM and the QI plans separately, recognizing that some TPHDs will decide to develop one plan to address both. Either way, the plan (or plans) will require the same essential elements discussed below.

Performance Management Plan

We start with the PM plan because the QI plan has a supporting role in performance improvement. We will talk more about the role of QI in the next section. As part of the performance planning process, the PM/QI committee, or designee(s), develops a PM plan that describes the PM system. This plan should include performance goals, targets and indicators that communicate what is expected, as well as a tracking system (or process) for monitoring progress and reporting outcomes.



Resources!

We recommend TPHDs visit the resources below to learn more about PM/QI and to view samples of actual health department PM and QI plans. Each of these sites links to additional resources, training opportunities, case studies, samples from other health departments, and technical assistance offerings. NACCHO and ASTHO both have sample local and state health department plans that combine PM and QI, as well as separate PM and QI plans.

- Public Health Foundation
http://www.phf.org/focusareas/performance/Pages/Performance_Management.aspx
- National Association of County and City Health Officials (NACCHO) Roadmap to a Culture of Quality Improvement
<http://www.qiroadmap.org/culture-to-qi/>
- National Network of Public Health Institutes
<https://nnphi.org/focus-areas-service/performance-improvement-management/>
- Association of State and Territorial Health Officials (ASTHO)
www.astho.org/Programs/Accreditation-and-Performance/Quality-Improvement/
- Public Health Quality Improvement Exchange www.phqix.org

We recommend that the PM plan includes select performance goals from each the following plans: CHIP, strategic plan, workforce development plan and emergency operations plan. The PM plan may also include some performance goals that the TPHD has prioritized internally. Additionally, the TPHD may choose to include performance goals from the measures found in Healthy People 2020, 10 Essential Public Health Services, or the Government Performance and Results Act (GPRA). If selected, these performance goals ought to relate directly to the TPHD's overall performance and should either reflect leadership priorities or address a 'problem area' that needs to be monitored as part of the PM/QI system.

There are many ways to develop a performance management plan. It really depends on what systems are already in place (if any), which framework will be used to guide its development. One of the models we recommend considering comes from the Montana Public Health and Safety Department. What we find most helpful about the Montana model is that it illustrates how the TPHD's organizational self-assessment, prerequisites, and the QI and workforce development plans can fit into an overall performance management process that includes assessment, setting performance indicators, implementation and monitoring, evaluation and reporting. Be sure to review a number of models and approaches to determine which one your TPHD prefers.

A presentation on the Montana Public Health and Safety Department model can be found at <https://www.slideserve.com/garth/performance-management-in-action-the-montana-model>.

Once the PM/QI committee has determined its performance goals and measures indicating how capacities, process and outcomes will be evaluated, the next step is to create a data management system for monitoring progress. Data management system, such as ActionStrategy or Knowledge Capital Alliance, can also be purchased. These commercial systems include dashboards, scorecards, and other tracking mechanisms that allow you to enter performance data, track implementation and progress, and report results.

Reporting results is an important step that is sometimes overlooked or undervalued. Don't make this mistake! Reporting progress and results is crucial, because it allows the TPHD to efficiently share performance data with key stakeholders, both internal and external to the department. Sharing results with stakeholders is an opportunity to celebrate success, while also communicating areas for improvement, along with ideas for how to address these areas. Reporting also offers an opportunity to include comparisons to national standards or benchmarks, which provides context to the TPHD's performance goals.

Performance Management (beans)

PM/QI

QI Plan

In the previous section, we started by stating that the QI plan has a supporting role in performance management. Although it's not recommended, QI plans are sometimes developed independently of the performance management system. In other words, QI plans and projects are developed based on programmatic needs, rather than the overall department's performance needs. While using QI to address programmatic needs is important, using QI in support of the TPHD's larger performance goals may have a greater overall impact on a community health.

We recommend creating the QI plan after the PM plan has been created and implemented. Doing so gives TPHDs the opportunity to incorporate QI processes if strategic and programmatic performance targets are not being met. QI can be used to determine why certain performance targets are not being met (i.e., it can get to the root cause of performance issues); it can also be used to identify methods for improving performance. This allows you to develop the QI plan so it supports PM in a way that leads to measurable improvements.

The guidance in PHAB's standard 9.2 lists many ways to document the process of determining what the QI plan will address. Ultimately, the plan will include: QI training for health department staff; well thought-out goals, objectives and measures about the QI process itself, with time-framed targets; a monitoring and evaluation plan; and a plan on how to communicate QI activities to TPHD staff and engage them in implementing these activities. The QI plan will also include performance goals about the QI process itself. For example, a QI performance goal might be that 90 percent of staff will complete QI training within one year. Another example might be that every division within the department will complete at least one QI project each year. These examples are specific, measurable, and time-framed.

If you have taken our suggested approach of using the results from the self-assessment against the PHAB standards and measures to identify performance improvement opportunities that require QI, it will be much easier to link the QI plan to the organizational strategic plan and CHIP, as required. This guidebook offers suggestions for how to link these three plans in the Readiness Area: Foundational Prerequisites section.

Other Important Plans and Processes

As the TPHD is preparing for accreditation, it will develop other plans and processes, such as a workforce development plan, an emergency operations plan, an organizational branding strategy, and programmatic plans. The PM/QI committee may decide that there are specific performance goals within one or all of these plans that they want to include in the PM plan. The PM/QI committee may also decide to include performance goals that TPHD leadership and program staff have identified as critical performance needs. Such an approach allows the TPHD to take a more holistic approach to managing performance, as well as accreditation related activities. Returning to the three sisters analogy, managing various aspects of performance is much like the ongoing attention and care required to effectively tend a fruitful garden. It requires monitoring the soil, pulling weeds, watching for insects, and tending to the plants themselves.

Deciding Whether to Combine the PM and QI Plans

The next decision a TPHD needs to make is whether to create a PM plan that includes QI (one combined plan) or to create two separate PM and QI plans. There's no right or wrong approach. What works best for your TPHD and which approach you prefer is the "right" one. The pros and cons of the two approaches are minimal, but we will mention them here. Combining them into one written plan means one less plan to reference. It also means the performance targets for both are in one central place. However, when the plans are combined, there can be a perception that there isn't enough emphasis on QI, which may make it more challenging to create a culture of QI within the health department. By creating separate plans, a QI coordinator may feel more empowered to motivate staff to implement QI and celebrate QI successes department-wide. Regardless, if a combined plan is chosen, we recommend having clearly labeled sections for PM and QI, for the ease of all readers.

Once the decision has been made to create a combined plan or separate PM/QI plans and the plan(s) has been written, the TPHD is ready for implementation.

Performance Management (beans)

PM/QI

PM/QI: IMPLEMENTATION PHASE – PLAN INTO ACTION

(Growth)

It is now time to put your performance management system, including the QI Plan, into action. The seeds of performance and quality have been planted, and the plants are beginning to establish themselves and grow. During this phase, designated staff (such as a performance manager or QI manager/coordinator) document completed activities as part of the PM/QI plans. A primary role of the PM/QI staff is to monitor activities, ensure that performance data is being collected and analyzed, and identify performance gaps in effectiveness and efficiency. Once performance gaps are identified, staff can then determine which of these gaps would benefit from a QI process and include it in the QI Plan.

In the implementation phase, the PM/QI staff are implementing activities and documenting and tracking progress. Refer to PHAB measure 9.2.2 A. The health department must document QI implementation, including how they developed a solution, created a plan of action to address the issue, and how QI results were evaluated. PM/QI staff must also monitor QI projects to ensure they are accomplished in a timely manner and providing technical assistance to staff when needed. Review PHAB measure 9.1.2 to ensure the appropriate documentation is collected and requirements are being addressed.

It is not unusual for a TPHD to discover that in its first year of implementing a performance management system, the system itself requires QI! The TPHD may encounter hiccups or speed bumps in the overall performance management process that need to be addressed. For example, the

committee may not be getting through all the agenda items, or staff may not be collecting and entering the data into the data management system, just to name a few. Including the PM system as part of the QI plan is perfectly acceptable—sometimes even necessary – in the early stages of its development!

PM/QI: DOCUMENTATION READY – RESULTS

(Harvest)

Developing the PM/QI processes and plans requires a significant amount of time. We highly recommend that TPHDs complete the PM/QI planning phase *before* initiating the accreditation application process, even though it is not required by PHAB. PHAB will ask you to confirm that you have made significant progress on its development.

Measure 9.1.3 A requires that the PM process has been implemented, progress analysis has been conducted, and that results and next steps have been documented. Measure 9.2.2 A also requires that the TPHD has implemented QI. Developing and implementing the PM/QI plans prior to submitting your application will eliminate a lot of pressure and stress and increase your readiness to upload all of the required documentation within the timeframe provided.

Once the PM/QI plans and required documentation are gathered, including data collection, management and analysis, the Accreditation Coordinator can upload the documents into the TPHD's electronic filing system for Domain 9.



Resource!

There are many high-quality resources available to help with QI efforts. We have had great luck with “Embracing Quality in Public Health: A Practitioner’s Quality Improvement Guidebook”, developed by the Michigan Public Health Institute. It provides an overview of QI fundamentals and a step-by-step approach that uses the Plan-Do-Check-Act cycle. It also includes case studies from local health departments, discusses how to build a culture of QI, and provides multiple resources for QI.

<https://www.mphiaccredandqi.org/embracing-quality-in-public-health/qi-guidebook/>

Conclusion

It is now time to harvest the fruits of all that you have done! Harvest is when we witness the rich results of the synergetic, cooperative and interdependent relationships among the three sisters – *Organizational Readiness, Foundational Prerequisites, and Performance Management* – which cultivates a high-performing TPHD that provides quality services that support a healthy Tribal community. You have prepared the TPHD organizationally, engaged the stakeholders in a public health improvement process, and created a public health performance management system. It is time to apply for accreditation! At this point, it is likely this *Tribal Accreditation Readiness Guidebook and Roadmap* is dog-eared and worn from continual reference, as are your copies of the *PHAB Standards and Measure Version 1.5*, *PHAB Readiness Checklists*, and *PHAB Guide to National Public Health Department Accreditation*. Let the worn pages be a reminder of the hard work and effort your team has put forth on behalf of your community.

For many, the overall health and wellness of Tribal communities is a cultural value. TPHDs are continuously seeking opportunities to address the public health needs of the communities they serve. Tribes recognize the importance of strengthening public health infrastructure as a way to generate resources and increase the efficiency and effectiveness of programs and services. We believe public health accreditation is a powerful process for strengthening the Tribal public health infrastructure, which in turn supports healthy communities for this generation and the next.

We hope this guidebook and roadmap are helpful companions on your journey toward public health accreditation. We look forward to seeing more Tribal Health Departments announced on the PHAB list of accredited health departments in the near future!



Resources

ORGANIZATIONAL READINESS

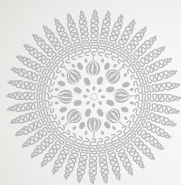
- PHAB Guidance on Appropriate Examples from Programs and Activities for Use as Documentation for PHAB Accreditation <http://www.phaboard.org/wp-content/uploads/Guidance-on-Appropriate-Examples-from-Programs-and-Activities-for-Use-as-Documentation-for-PHAB-Accreditation-January-2015.pdf>
- PHAB Guide to National Public Health Department Initial Accreditation <http://www.phaboard.org/wp-content/uploads/Guide-to-Reaccreditation-FINAL.pdf>
- PHAB Accreditation Coordinator Handbook <http://www.phaboard.org/wp-content/uploads/PHAB-Accreditation-Coordinator-Handbook-Version-1.0.pdf>
- PHAB Assigning an Accreditation Coordinator Tip Sheet <http://www.phaboard.org/wp-content/uploads/Considerations-for-Assigning-an-Accreditation-Coordinator-Tip-Sheet-March-2012.pdf>
- NACCHO Accreditation Coordinator Sample Position Description http://archived.naccho.org/topics/infrastructure/accreditation/upload/Sample_Accreditation_Coordinator_Position_Description_052610-2.pdf
- PHAB Application Tip Sheet <http://www.phaboard.org/wp-content/uploads/Application-Tip-Sheet-REVISED-July-2016.pdf>
- PHAB Guide to National Public Health Department Initial Accreditation http://www.phaboard.org/wp-content/uploads/Guide-to-Accreditation-final_LR2.pdf
- National Congress of American Indians Tribal Public Health Law Database <http://www.ncai.org/policy-research-center/initiatives/projects/tribal-public-health-law#database>
- The Turning Point Model State Public Health Act: A Tool for Assessing Public Health Laws presented by the Public Health Statute Modernization National Excellence Collaborative http://www.turningpointprogram.org/Pages/pdfs/statute_mod/MSPHAFinal.pdf
- Technical Requirements for e-PHAB (Updated July 2017)
- <http://www.phaboard.org/wp-content/uploads/Technical-Requirements-for-e-PHAB-Updated-July-2017.pdf>

FOUNDATIONAL PREREQUISITES

- Inter Tribal Council of Arizona, Inc. CHA for Public Health Accreditation: A Practical Guide and Toolkit <http://itcaonline.com/wp-content/uploads/2011/03/Tribal-CHA-Toolkit-for-Public-Health-Accreditation-Pilot-Version.pdf>
- Connecticut Department of Public Health, Planning and Workforce Guide and Template for Comprehensive Health Improvement Planning Version 2.1 http://www.ct.gov/dph/lib/dph/state_health_planning/planning_guide_v2-1_2009.pdf
- NACCHO, Recommendations on Characteristics for High-Quality Community Health Assessments and Community Health Improvement Plans
- <http://www.naccho.org/topics/infrastructure/CHAIP/chachip-online-resource-center.cfm>
- NACCHO, First Things First: Prioritizing Health Problems <http://www.naccho.org/topics/infrastructure/accreditation/upload/Prioritization-Summaries-and-Examples-2.pdf>
- Healthy People 2020 www.healthypeople.gov
- National Prevention Strategy <https://www.surgeongeneral.gov/priorities/prevention/strategy/index.html>
- Seven Directions, Developing a Tribal Health Department Strategic Plan: A How-To-Guide <https://indigenoussphi.org/resources/>

PERFORMANCE MANAGEMENT/ QUALITY IMPROVEMENT

- Seven Directions, Tribal Health Department Self-Assessment Guide
https://indigenoussphi.org/wp-content/uploads/2017/11/Self_Study_Guide.pdf
- PHAB Supplemental Process and Documentation Guidance for Tribal Public Health Department Accreditation.
<http://www.phaboard.org/new-supplemental-process-and-documentation-guidance-for-tribal-public-health-department-accreditation/>
- PHAB's Do's & Don'ts for Preparing Documentation
<http://www.phaboard.org/wp-content/uploads/Do%E2%80%99s-Don%E2%80%99ts-for-Preparing-Documents-Updated-April-2016.pdf>
- Public Health Foundation. Guide to the Stages of Performance Management.
http://www.phf.org/resourcestools/Pages/Guide_to_the_Stages_of_Performance_Management.aspx
- Public Health Foundation
http://www.phf.org/focusareas/performance/Pages/Performance_Management.aspx
- NACCHO Roadmap to a Culture of Quality Improvement
<http://www.qiroadmap.org/culture-to-qi/>
- National Network of Public Health Institutes
<https://nnphi.org/focus-areas-service/performance-improvement-management/>
- Association of State and Territorial Health Officials (ASTHO)
www.astho.org/Programs/Accreditation-and-Performance/Quality-Improvement/
- Public Health Quality Improvement Exchange
www.phqix.org
- Montana Public Health and Safety Department Model
<https://www.slideserve.com/garth/performance-management-in-action-the-montana-model>
- Michigan Public Health Institute, Embracing Quality in Public Health: A Practitioner's Quality Improvement Guidebook
<https://www.mphiaccredandqi.org/embracing-quality-in-public-health/qi-guidebook/>



A Tribal Public Health Accreditation Readiness **Guidebook and Roadmap**

3. THREE SISTERS



SEVEN DIRECTIONS
INDIGENOUS VOICES FOR PUBLIC HEALTH

The Mission of Seven Directions, A Center for Indigenous Health is to advance American Indian and Alaska Native health and wellness by honoring Indigenous knowledge, strengthening Tribal and Urban Indian public health systems, and cultivating innovation and collaboration.

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