



MISSOURI INSTITUTE FOR COMMUNITY HEALTH

partners for better health

ACCREDITATION WORKSHOPS

If you are ready to do more than just think about Accreditation and you want ideas on how to begin, come to one of the regional workshops begin held around the state. Forty nine representatives from local public health agencies have participated in the four workshops held so far. These workshops were held in Potosi, Springfield, Warrensburg and Trenton. More workshops are planned and MICH encourages any local health department who would like to host a workshop to contact Janet Canavese at janet@michweb.org.

At the workshop, attendees will be able to participate in a case study, review the standards and ask questions, learn what reviewers are looking for and hear how an accredited agency prepared for the accreditation site visit.

Also available at the workshops are tools and resources that make preparing your journey for accreditation easier.

Comments from participants:

"I will tell other LPHA's how great an experience and helpful this has been."

"I would like for more staff to attend future workshops."

"Great resources."

"This was an excellent workshop. The MICH staff was very knowledgeable and gracious. They made the interaction interesting and easy."

The respect and credibility that accreditation brings will mean real benefits to you and your health department.

Accredited Health Departments have:

- strengthened their local health policies;
- expanded and strengthened their partnerships; and
- obtained additional resources to run the vital programs that make a difference to everyone's health.

Upcoming Workshops:

Friday, December 14, 2007 at 9:00 am at Shelby County Health Department

Thursday, January 10, 2008 at 10:00 at Douglas County Health Department

Friday, February 1, 2008 at 10:00 at Clinton County Health Department

Participate in an accreditation workshop near you by contacting Janet Canavese at janet@michweb.org.

Save the Date For Upcoming Events

April Advisory Council Meeting -

- Friday April 4, 2008
- 10:00 a.m.
- Capitol Plaza Hotel
Jefferson City, MO

September Advisory Council Meeting -

- September 19, 2008
- 10:00 a.m.
- Capitol Plaza Hotel
Jefferson City, MO

A BIG

"Thank You"

to all local health departments who have responded to our survey regarding quality improvement and strengthening our accreditation program. We had a great response.

MISSOURI EFFECTIVE PRACTICES PROJECT

The Missouri Effective Practices Project (MEPP) is designed to provide a portal for Local Public Health Agencies to submit, and to search for effective practices online. The first year of the project was spent researching the concept of effective practices, understanding the different types of practices, and how health departments might use them.

Currently MICH is working with a programmer on the design of a database for MEPP that will store examples of effective practices. Criteria for the design are that it be very user friendly and intuitive. A testing model is expected to be available in December 2007. Features of the system will be a search engine using core functions and essential services; a submission page that allows a full description of a practice to be submitted by health departments; and a registration function.

Another feature called "Request for Practices" (RFP) is planned for inclusion in the system. This RFP is an adaptation on the traditional call for papers used by scholarly journals. The intent is to post a "thread" for discussion about a public health topic of current interest to the public health workforce. For example, a recent ice storm in Southwest Missouri resulted in significant emergency response by public health departments in that area. Lessons learned during this response should be documented so the entire public health community can benefit. It is the goal of MEPP to record these types of experiences in a system that is easy for others to access.

For more information about MEPP, contact Beverly Tremain at btremain@publichealthconsulting.net.

LEADERSHIP, THE KEY TO CONTINUOUS QUALITY IMPROVEMENT

Starting a continuous quality improvement program sounds time consuming, but it isn't if the task is approached one step at a time. In this edition of the MICH newsletter, we will discuss the first steps in establishing a solid foundation for enhancing the quality of an organization.

Good leadership is not just a matter of telling people what to do, but having the ability to ask the right questions. At your next staff meeting simply ask managers and key staff, "What actions are you taking to improve the quality of your services?" Let everyone know that an immediate answer is not expected, but the next time you meet, a short response from each person/program will be expected.

At the next meeting ask. No one is likely to announce they are doing nothing to improve services. Staff will go back to work areas and begin asking questions, start a process, or figure out how to get better at what they are already doing. By consistently asking the question during one-on-one or group meetings with key staff the expectation for performance improvement will be established. The results will have a profound impact on quality in your organization.

To reinforce questions and expectations for improvement, set up a library/learning center with tools, resources and other reference materials on quality. Resources can include a list of web sites useful in learning about quality, articles from the web on quality improvement tools, books, and manuals from previous QI trainings. Two excellent websites are the Institute for Healthcare Improvement at: <http://www.ihf.org/IHI/Topics/Improvement/ResourcesforPublicHealth.htm> and the Public Health Foundation Public Health Infrastructure Resource Center at: <http://www.phf.org>.

Lastly, provide an opportunity for those who are successful in improving quality of their services or work processes to share their success with others in your organization. These few simple steps will help lay the foundation needed to introduce a quality improvement culture into your organization.

In the next issue of the MICH newsletter, we will share a fun new twist on the Plan-Do-Check-Act Cycle that will make organizational improvement quick and fun for you and your staff.

NEW RELEASE OF NATIONAL PUBLIC HEALTH PERFORMANCE STANDARDS

The National Public Health Performance Standards Program (NPHPSP) provides a way to assess state and local public health systems, and governance of local public health agencies. The first assessment instrument, released in 2002, was developed by a partnership of national public health organizations including Centers for Disease Control and Prevention, American Public Health Association, National Association of Local Boards of Health, and others. The original set of standards was used in more than 30 states to establish baseline performance, engage system partners, and to identify improvement opportunities.

Version two of NPHPSP instrument was recently released after being updated and streamlined. The assessment continues to be based upon the ten essential public health services, is focused on the public health system rather than on a public health department, describes an optimal level of performance, and supports a quality improvement process. Peer work groups and subject matter experts were involved in revision of NPHPSP. Updates were done in multiple content areas such as preparedness, informatics, public health marketing, laboratory, workforce, public health law, and social justice.

COMMUNITY ASSET BUILDERS NEW MANAGEMENT PARTNER

Suzanne Alewine and Doris Boeckman, principal partners, of Community Asset Builders, LLC (CAB), were selected to serve as the new contracted Support Services for their impressive qualifications and expertise. CAB has been in the association management field for nearly seven years, with the principal partners having a diverse set of skills and wide range of expertise. Services officially began September 1, 2007 and include board, financial, meeting and training management services among a host of other services. Combined, Suzanne and Doris have over 35 years of experience. They have jumped in and are busy getting acclimated with MICH's finances, grants, member records and priorities. Since some of you may not have an opportunity to meet CAB staff first hand in the immediate future, following is a staff photo (Vicki Ford is absent from the photo) and a brief summary of the expertise of each individual providing support to MICH at some level.

More about Community Asset Builders and their staff on the following page.

In addition to modernizing content, the newly released instrument is streamlined and therefore shorter, in that the questioning is less detailed and delves into fewer levels of system activity or sub-questions. It is altered with response options and has added discussion features that may help identify areas for improvement.

There is a separate questionnaire that is used to identify the percentage that the agency contributes to overall system performance. An optional priority questionnaire may be used to better categorize performance improvement activities that should occur as a result of the NPHPSP assessment.

NPHPSP is complementary to public health agency accreditation in that it could be a self study prior to application for accreditation, provides evidence of system relationships, develops a culture of performance improvement, and assesses activities using an essential services framework.

A NPHPSP online toolkit can be accessed at www.cdc.gov/od/ocphp/nphpsp. Or call 1-800-747-7649 or e-mail phpsp@cdc.gov for more information.

APRIL ADVISORY COUNCIL MEETING

Quality improvement (QI) methods can help programs solve common problems such as

- Difficulty meeting objectives or standards
- Staff feeling overworked
- Worsening health outcomes
- Inconsistencies in how things are done
- Costly or time-consuming mistakes
- Dissatisfied clients or partners

Whether you work in a local public health agency, community based organization, or an academic institution, a performance management system can help streamline efforts and achieve measurable results.

Find out more about how quality improvement tools can help increase organizational capacity.



Community Asset Builders, LLC has six full-time professional staff and two part-time administrative support personnel, of which six provide direct support to Missouri Institute for Community Health.

Suzanne Alewine - Prior to forming Community Asset Builders, Suzanne Alewine was the Director of the Community Health Assistance Resource Team (CHART) for the Missouri Department of Health and Senior Services. She was responsible for providing leadership, consultation and technical assistance to Missouri communities in all aspects of health and quality of life improvement, and for developing strategic alliances to address key state level issues. The team supported over 100 community initiatives statewide. Suzanne completed an undergraduate degree in Business Administration and a Masters in Public Administration at the University of Missouri – Columbia. Suzanne is the lead for the MICH account and will be in providing support and consultation to the Board of Directors.

Doris Boeckman - Prior to founding Community Asset Builders, Doris served as Community Interventions Consultant for the Missouri Department of Health and Senior Services CHART team. Prior to CHART, she was director of community health for the Missouri Hospital Association where she was responsible for engaging hospital leadership in shifting from traditionally defined health care to focus on community and population health, providing technical assistance to more than 150 member hospitals. She had previously been employed as Grant Administrator of a statewide initiative for the Missouri Family Health Council. Doris received a degree in Business Administration from Lincoln University in Jefferson City. Doris will stay apprised of all MICH activities and will step in when there is a need for her expertise.

Jane Albert – Jane joined CAB on January 3, 2007 as Administrative Assistant and works closely with Doris and Suzanne. She helps with supportive duties related to tracking memberships, working on member directories, managing calendars, assimilating board packets, helping with conferences, training and other events as needed. She is also a whiz with travel arrangements and will have the lead for scheduling travel (out of state) for speakers and board members. Jane retired from the Missouri Department of Health and Senior Services prior to joining CAB. She works 18 hours per week, primarily on Monday, Wednesday and Friday.

Patty Gaffke – Patty started employment June 1, 2006 and received her BA in Graphics Design from Avila in Kansas City. Most of you will see Patty’s work in the newsletter, promotional materials and on the website. She does all of the graphics design work for CAB clients, including newsletters, business cards, conference programs, promotional materials, annual reports, etc. She has a wealth of creative talent and skill. Before coming to CAB, she was employed by Jeff City Printing. Her hobby is photography, so you may see her out and about at various MICH functions.

Lisa Huff – Lisa has been with Community Asset Builders since early 2004 and manages the CAB office. She also serves as grants administrator for another client. Effective September 2007, Lisa began providing support to MICH in the area of financial, accounts and grants management. Lisa previously worked for Central Bank in Jefferson City and has extensive finance, human resource and merchant account experience. She is a point person for MICH and monitors the MICH email account, so you may get replies from her.

Christina Stafford – Christina has been with Community Asset Builders since February 2005. She is a telecommute employ and resides in St. Peters, Missouri. She works with all CAB clients on a variety of things, but with an emphasis on web development, community assessment, strategic planning and resource development. Christina has a Masters Degree in Business Administration.

If you ever need anything, please do not hesitate to contact the CAB/MICH office at 573-632-2700.

PUBLIC HEALTH ACCREDITATION BOARD

The Public Health Accreditation Board (PHAB) was incorporated in May 2007 to develop and oversee a national system for the voluntary accreditation of state, local, territorial, and tribal health departments. Dr. Albert C. Gray assumed leadership of PHAB as its Executive Director in June of this year and Robin Wilcox, MPA was hired as Associate Director in August. The goal of a voluntary national accreditation program is to “improve and protect the health of the public by advancing the quality and performance of state and local public health departments.” The PHAB is governed by a board of directors with Marie Fallon (NALBOH) as its president

PHAB has set a timeline to receive applications for national accreditation by 2011. During the interval, there will be an inclusive process to develop standards and measures and procedure for agency assessment. This will be followed by beta testing during 2009 and 2010. During the developmental stage, various workgroups will consider setting of fees, identifying incentives, and marketing the program.

Consensus on proposed standards and measures will be reached within workgroups that include subject matter experts and representatives from accreditation programs already in operation. An upcoming ASTHO survey on structure and function of state public health will inform state agency standards development, and NACCHO’s Operational Definition of a Local Public Health Agency will be considered along with standards already developed for local public health agency performance. Drafted standards will be available for public review and comment and approved changes will be incorporated.

A PHAB research and evaluation workgroup is still in formation. This group will research whether accreditation results in improved agency performance, and to what extent agency performance influences health outcomes. Evaluation questions will consider effectiveness and efficiency of assessment processes.

For more information about PHAB go to www.phaboard.org or e-mail agray@phaboard.org or rwilcox@phaboard.org.

MIDWEST STATES CONSIDER MULTI-STATE ACCREDITATION AND CERTIFICATION

Partnerships are important not only for current projects but also for the future. A case in point is the Heartland Centers for Workforce and Emergency Preparedness of St. Louis University School of Public Health’s annual retreat. Public health representatives from Missouri, Oklahoma, Kentucky and Kansas meet to discuss workforce and emergency preparedness issues, how they are addressed in their states and how resources can be leveraged among the states. The Missouri Institute for Community Health participates in this retreat and gives an update on its voluntary accreditation program. As a result of these updates, MICH was invited to Kansas to speak at the Association of Public Health Nurses annual meeting and to Oklahoma and Kentucky to talk to public health officials about accreditation

After these presentations, Oklahoma and Kansas public health officials decided to continue discussions within their states. After conferring this summer and the Heartland retreat in September, Missouri, Kansas and Oklahoma agreed in principle to the formation of a multi-state institute. Oklahoma researched the Missouri standards and found they were applicable in Oklahoma and use of them would not expose agencies to any additional risk. Tulsa City/County Health

Department volunteered to be the pilot if an independent accrediting agency was established. Meanwhile, Kansas is working on regionalizing services in the rural areas and developing a public health workforce certification program. Their certification program is a good fit with accreditation and the institute.

The decision to form a new corporation was a difficult one. While Heartland had a framework under which an institute could be created, the uniqueness of the institute might be compromised. The Missouri Institute for Community Health was started with assistance from the Missouri Department of Health and Senior Services to provide a forum where academic, professional healthcare associations and governmental partners could meet together in a neutral setting to work on projects such as the voluntary accreditation program. Each of the states felt this was an important premise for the founding of the new institute. At present, we are drafting by-laws and articles of incorporation and expect to have an operational virtual institute for the purpose of accrediting local and state health departments by spring 2008.