
ACCREDITATION QUALITY IMPROVEMENT INITIATIVE (AQII)
BUILDING CAPACITY TO MEET NEW MICHIGAN LOCAL PUBLIC HEALTH
ACCREDITATION STANDARDS

**OVERVIEW, INVENTORY OF AVAILABLE RESOURCES &
RECOMMENDATIONS FOR NEW INVESTMENTS**

REPORT TO THE MICHIGAN LOCAL PUBLIC HEALTH ACCREDITATION COMMISSION
FROM THE ACCREDITATION QUALITY IMPROVEMENT COMMITTEE

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Accreditation Quality Improvement Initiative (AQII)
Building Capacity to Meet New Michigan Local Public Health Accreditation Standards
Overview, Inventory of Available Resources & Recommendations for New Investments

Background & Charge

In September 2016, Governor Rick Snyder created the Public Health Advisory Commission to improve Michigan's public health system. The Commission, now called the Public Health Advisory Council (PHAC), includes 24 members representing diverse professions and experiences. In April 2017, PHAC made 39 recommendations that include enhancing standards to strengthen Michigan's Local Public Health Accreditation Program.

In January 2018, the Accreditation Quality Improvement Initiative (AQII) was established by the Michigan Local Public Health Accreditation Commission. The AQII Committee began meeting in February 2018, meets monthly, and is charged with developing Michigan Accreditation Program minimum program requirements and indicators based on national standards and frameworks (i.e., Public Health 3.0, PHAB National Accreditation Standards, Chief Health Strategist, etc.).

Using PHAC recommendations and 2017 Michigan Local Public Health Strategic Planning process priorities, the AQII Committee has developed new program requirements and indicators (i.e., accreditation standards) in three areas:

- 1) Cross-Sector/Non-Traditional Partnerships
- 2) Workforce Development
- 3) Quality Improvement

These three areas were chosen because they meet the PHAC recommendations to align with national standards. They were also selected for their abilities to make a positive impact on health outcomes in Michigan and because they align with current public health frameworks and initiatives in use by governmental and non-governmental public health systems across the nation. The three areas are mutually supportive and work together to strengthen health department performance and improve community health status. Additionally, during strategic priority planning sessions with Michigan local health officers, the three areas were cited as needs toward achieving better results and improved agency performance.

Public Health 3.0, Chief Health Strategist & Health Department Accreditation

Public Health 3.0: A Call to Action to Create a 21st Century Public Health Infrastructure—The Office of the Assistant Secretary for Health, in October 2016, released a set of recommendations to achieve *Public Health 3.0* (PH3.0). This paradigm for public health transformation recognizes that we need to focus on social determinants of health to create lasting improvements for the health of everyone in America. Building healthy communities requires strategic collaboration across all sectors. PH3.0 calls on local public health infrastructure to ensure the conditions in which everyone can be healthy. PH3.0 recognizes that, "In order to solve the fundamental challenges of population health, we must address the full range of factors that influence a person's overall health and well-being. From education to safe

environments, housing to transportation, economic development to access to healthy foods—the social determinants of health are the conditions in which people are born, live, work, and age.”ⁱ

Chief Health Strategist—In PH3.0, the *Chief Health Strategist* drives local public health transformation and brings community members and partner organizations together for collective impact on social determinants of health. Broadly speaking, a Chief Health Strategist (sometimes called a community convener or health strategist) is not necessarily one person at the top leading the effort; it can be the local health officer, a group of LHD representatives, or a coalition of those both in and outside the public health field, collaborating and working toward the same goals. Chief Health Strategists are public health leaders in their community, engaging with community stakeholders to actively address the social determinants of health inequity.

Health Department Accreditation—*Health department accreditation* provides opportunities to support public health transformation and foster health department performance and quality improvement with the goal of improved health. Both the state-operated Michigan Local Public Health Accreditation Program (MLPHAP) and the nationally-operated Public Health Accreditation Board (PHAB) accreditation program provide these opportunities. The MLPHAP takes a program-specific look at LHD performance (including contract-compliance and compliance with statutory responsibilities specified in the Michigan Public Health Code). PHAB accreditation focuses on the Ten Essential Public Health Services and takes a broader (non-program-specific) organization-wide look at LHD policies, partnerships, processes and performance. Both accreditation programs are good for public health in Michigan.

AQII Process

In January 2019, to be responsive to its charge, AQII will submit draft recommendations for program requirements (accreditation standards) to the Michigan Association for Local Public Health and the Michigan Local Public Health Accreditation Program Commission for review and feedback. Using feedback received, draft program requirements will be revised as necessary and used in a pilot process to gather additional feedback from health departments. Evaluation data will be collected during the pilot process and analyzed to identify any needed modifications. After the pilot is complete, the program requirements will go through the local/state Standards Review process.

It is important to note that AQII will span several years, keep pace with current public health practice, and strengthen Michigan’s public health system. Program requirements developed as part of this collaborative process will be incorporated into cycle eight of the Michigan Local Public Health Accreditation Program beginning in 2021.

Existing Resources to Meet New Accreditation Standards

Local health departments (LHDs) in Michigan continue to experience increasing and evolving population health challenges. Stagnant or diminished funding is insufficient to address demands; LHDs are expected to accomplish more with fewer resources. AQII members have discussed that because current local public health resources are limited, some local health departments will be challenged to meet existing requirements, let alone new standards. To begin to address this reality, AQII has developed flexible standards with numerous options for health departments. Additionally, in August 2018, AQII reported to the PHAC and emphasized that building greater capacity and stronger public health infrastructure will require additional investments and resources. That important message will continue to be shared with the PHAC, the Michigan Local Public Health Accreditation Commission, local/state partners, and other stakeholders.

In January 2019, when draft recommendations for new accreditation standards are shared with MALPH and the Michigan Local Public Health Accreditation Commission, the AQII Committee will also share this report recommending additional investments and resources. These recommendations include the inventory of available resources described below as examples intended to inform discussion. It is important to note this inventory is not all-inclusive. Rather, it provides a snapshot of the types of resources currently available. The final column in the inventory relates to the three categories of proposed new accreditation standards; it provides information to identify which resource can be used to build capacity for a topic area.

Examples of Existing Resources Available to Meet New Accreditation Standards				
Resource Name	Organization & Description	Purpose or Focus Area	Number/Value	New MI Accreditation Standards
LHD Cross-Jurisdictional Sharing Grants	Funded by MDHHS, Local Health Services; Funds available for exploration of service sharing agreements &/or collaboration in the operations (role and function) of Michigan's local health departments.	Cross-jurisdictional sharing of personnel, processes, technology, development of plans, etc.	Dollar amount varies annually and is dependent on scope of proposal and available funds. FY'19 funding level is \$775,000 across ~15 agencies. Competitive. Average grant is \$55,381.	-Cross-sector Partnerships -Workforce Development -Quality Improvement
PHAB Accreditation Readiness Mini-grants for LHDs and Tribal health agencies	Funded by MDHHS, Office of Performance Improvement & Management (OPIM); MPHI manages mini-grant process.	Health Assessment, Health Improvement Planning, Strategic Planning, Workforce Development, PM/QI, etc.	3 Mini-grants awarded per year @ \$10,000 each. Competitive.	-Cross-sector Partnerships -Workforce Development -Quality Improvement
PM, QI, and Accreditation Readiness Technical Assistance (TA) Bank of Hours for LHDs and Tribal health agencies	Funded by MDHHS, OPIM; TA provided by MPHI and MDHHS	Health Assessment, Health Improvement Planning, Strategic Planning, Workforce Development, PM/QI, etc.	200 hours available per year to LHDs/Tribes as needed. Average request consumes about 40 hours. Non-competitive.	-Cross-sector Partnerships -Workforce Development -Quality Improvement
QI Train-the-Trainer Session for LHDs and Tribal health agencies	Funded by MDHHS, OPIM; MPHI coordinates and delivers QI training.	Using the Plan-Do-Study-Act method to conduct agency-wide or program -specific QI projects.	3-day QI training session available at no cost to MI LHDs. Non-competitive; first come-first served.	-Quality Improvement

Existing Resources Available to Meet New Accreditation Standards (Continued)

Resource Name	Organization & Description	Purpose or Focus Area	Number/Value	New MI Accreditation Standards
Embracing Quality in Public Health: On-Line Performance Management Primer	Funded by MDHHS, OPIM; On-line training in performance management and quality improvement for MI LHDs and others.	Audio and interactive activities to assist in learning about PM with public health examples of using PM to improve quality and LHD performance.	No-cost for LHDs. Continually available on-line to any interested LHD staff or leadership.	-Quality Improvement
Premier Public Health Pre-Session	Funded by MDHHS, OPIM; conducted in collaboration with MPHIL. Training for LHDs and others.	Topics cover PM, QI, Workforce Development, and others.	No cost, 3-hour training for LHDs and others.	-Cross-sector Partnerships -Workforce Development -Quality Improvement
State Agency Program Consultation and Technical Assistance	Provided by MDHHS, MDARD, & MDEQ; Program consultation related to meeting program requirements and Accreditation Standards.	Assists LHDs in meeting program requirements specified in the master agreement between state agencies and LHDs.	No cost, ongoing TA and program consultation, as needed.	-Quality Improvement
Michigan Network for Accreditation Coordinators (MI-NAC)	Funded by MDHHS, OPIM Network for peer learning and resource sharing among MI LHDs	Assists LHDs in preparing to meet MI or national PHAB Accreditation standards	No cost; open meetings. Quarterly sessions (via teleconference) to share resources and discuss topics of interest.	-Cross-sector Partnerships -Workforce Development -Quality Improvement
Accreditation Support Initiative (ASI)	Funded by National Association of City and County Health Officials (NACCHO); The ASI for LHDs provides direct, targeted funding to recipients.	Accreditation Support Initiatives (ASIs) stimulate QI and promote the readiness of health departments for voluntary national accreditation through the Public Health Accreditation Board (PHAB).	Number of awardees varies annually/ \$15,000 each. Competitive.	-Cross-sector Partnerships -Workforce Development -Quality Improvement

General Discussion Regarding Funding & Resources

Historically, LHDs have organized their services by conditions or program areas (e.g., Immunizations, Hearing/Vision, HIV/STDs, environmental health, personal health, WIC, etc.). This model falls short when addressing social determinants of health or building capacity for accreditation readiness, including workforce development and quality improvement. Narrowly defined government funding streams do not provide flexibility to respond promptly to emerging community needs or enable programs to mix funds internally or across jurisdictions for collective efforts and maximum impact. LHDs typically receive funds with stipulations that preclude their use and/or need to be used in ways that do not meet the health needs in communities. State health departments also need flexible financial support and funding; they frequently are required to defend against major threats to existing federal funding sources like the Prevention and Public Health Fund. LHDs uniformly cite difficulties obtaining sustainable, flexible funding as a major barrier to meeting accreditation standards—related to both Michigan’s accreditation program and the national PHAB accreditation program. LHDs or health officers operating as chief or community health strategists (who can influence social determinants of health and health inequities), brings an added layer of complexity with its own set of challenges and resource needs.

To begin to help address the need for flexibility and resources, MDHHS and partners have implemented several initiatives. The preceding inventory of available resources reflects that a variety of capacity building resources are currently in existence. While these resources can be used to support a LHDs efforts to meet standards related to cross-sector partnerships, workforce development, and quality improvement, the scope and availability to all LHDs are limited. Additionally, the source of funding for most of these resources (Federal Preventive Health and Health Services Block Grant) is subject to change or elimination at the federal level. While of value, the existing resources may be viewed as short-term; they are inadequate for sustaining and institutionalizing progress.

Specific AQII Recommendations for New Investments and Additional Resources

New investments and additional resources are required to enable Michigan LHDs to meet existing accreditation standards plus new Michigan accreditation standards in the areas of cross-sector partnerships, workforce development, and quality improvement (see Appendices A, B, and C for proposed new accreditation standards). These investments (financial and non-financial) must be developed for long-term use, sustainable, available to all LHDs on a non-competitive basis, and built into the state/local funding structure. Specifically:

- 1) Michigan LHDs require state funding to support at least one additional full-time staff (1 FTE) to build agency capacity and successfully meet the proposed new accreditation standards (MPRs and Indicators) on an ongoing basis. The FTE should be established as a senior-level position and report directly to the health officer. The position requires an individual with demonstrated skills in building partnerships, convening community collaboratives, leading quality improvement, and implementing workforce development strategies.
- 2) LHDs need expanded access to ongoing training toward building skills and capacities among LHD staff.
- 3) LHDs require flexibility in how they can use essential local health services funding (formerly called “local public health operations funding”) received from the state. This will facilitate institutionalizing an LHD culture of building non-traditional partnerships, improving quality, and implementing workforce development.

- 4) LHDs require targeted funding for Community Health Assessment and Improvement (CHAI). This funding (a pool of \$1-\$2M) was previously made available by the state health department to LHDs for the purposes of community health assessment and developing community-wide health improvement plans (both are requirements of national PHAB accreditation for local health departments). The CHAI collaborative community process, including use of community data and establishing common priorities, is foundational to advancing public health in Michigan using practices listed in PH3.0, Chief Health Strategist, and Accreditation. The CHAI community process is essential for understanding and addressing social determinants of health and health inequities; facilitating collective impact; maximizing resources and achieving improved health status in Michigan.

In closing, new investments and additional resources are needed to meet new accreditation standards, foster essential partnerships, improve quality, address workforce deficiencies, and solve the fundamental challenges of improving population health. The absence of adequate resources in the near term will contribute to increased long term costs and contribute to the further erosion of population health status in Michigan.

ⁱ https://www.healthypeople.gov/sites/default/files/Public-Health-3.0-White-Paper.pdf?_ga=2.219549776.855091542.1545083084-131513866.1545083084. Accessed December 2018.