

Appendix A: Cross-Sector Partnership Sub-group

MPR I

A local health department shall continually and diligently endeavor to prevent disease, prolong life, and promote the public health through organized programs, including prevention and control of environmental health hazards; prevention and control of diseases; prevention and control of health problems of particularly vulnerable population groups; development of health care facilities and health services delivery systems; and regulation of health care facilities and health services delivery systems to the extent provided by law.

Reference: P.A. 368 of 1978, Section 2433

Draft Indicator (proposed change - replacing indicator 1.8)

A local health department shall engage multiple sectors and community partners to generate collective impact for improving social determinants of health¹ and addressing public health priorities. Collaborative efforts and actions must include various cross-sector and non-traditional partnerships outside the health department and within the community, as defined below (see list under “Documentation Required”).

Source of Derivation:

Public Health 3.0: A Call to Action to Create a 21st Century Public Health Infrastructure
Powers and Duties Indicator 1.8, Cycle 7

PHAB Standards and Measures, including, but not limited to, the following Standards: 1.1, 1.3, 2.1, 4.1, 5.2, 7.1, and 8.1.

Purpose:

The purpose of this measure is to assess the health department’s capacity and progress toward playing a prominent role in working across sectors and with non-traditional partners to address public health priorities. This includes improving the social, economic, and environmental conditions that contribute to community health and the achievement of health equity.

Significance:

Local health departments are an essential part of a strong public health system. They play a central, but not exclusive, role assuring healthy communities by promoting public health, preventing disease, and creating conditions that foster community health and well-being. Leveraging new partnerships and resources through deliberate collaboration across health and non-health sectors is essential to improving health and achieving health equity. Through cross-sector collective action, these non-traditional partnerships can create conditions in which everyone can be healthy.

This indicator may be met by:

There are eight listed actions a health department may take to meet the indicator. A health department must provide evidence from the preceding three years that it is meeting at least three of the eight actions.

1. Developing or building new cross-sector and non-traditional partnerships toward achieving collective impact, and/or
2. Creating, convening, or sustaining strategic non-program specific relationships with key health systems and health-related organizations or private businesses representing populations experiencing health disparities or inequities, and/or
3. Leading community health promotion efforts in partnership with health care systems, clinicians, health insurers, and hospitals, and/or
4. Participating with and supporting community coalitions that examine data, set collective goals, and develop plans to improve health outcomes, and/or
5. Leading or playing a prominent community role in engaging multiple sectors to address determinants of health¹ to achieve health equity, and/or

¹ The State Innovation Model (SIM) in Michigan has identified the following determinants of health domains: healthcare, food, employment & income, housing & shelter, utilities, family care, education, transportation, and personal & environmental safety.

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6. Using creative and/or innovative strategies to collectively develop partnerships and impact the greatest health needs of the community, and/or
7. Providing leadership in public health policy development through collaboration with multiple sectors and community partners. This may include serving as a chief health strategist or community convener to drive initiatives including those that foster shared resources, services, goals, and collective action to create or assure conditions that improve the community's health and well-being, such as a community health assessment, environmental assessment, and community health improvement plan in partnership with health systems.
8. Participating in formal or informal academic partnerships to implement and test evidence-based strategies, and/or participating in community-based participatory research.

Documentation Required:

The health department must describe and document its engagement of multiple sectors, non-traditional partners, and community members to improve social determinants of health and address public health priorities. Required documents may include, but are not limited to: policies, plans, assessments, reports, agendas, meeting minutes, participant lists, websites, data sets, briefs, media campaigns, contracts, memorandums of understanding, etc. The following items must be included within the documentation:

- a) Description of the multi-sector partnership and its members
- b) LHD's prominent role in the partnership
- c) Priorities, health needs, and social determinants of health addressed
- d) Collaborative process used (key action steps taken, or model used) and duration of the collaboration
- e) Frequency and mode of meetings
- f) List of partnership resources, assets, and roles/responsibilities (i.e., what each partner is contributing to the effort)
- g) Method of implementing actions, responsible parties, and monitoring of progress
- h) Outcomes and results of the collective action and cross-sector partnership

Cross-sector partners and non-traditional partners may include, but are not limited to: elected officials, law enforcement, correctional agencies, transportation, housing and community development, parks and recreation, planning and zoning boards, school boards, groups representing populations with high risk or poor health outcomes, businesses, industries, non-profit organizations, faith-based organizations, chambers of commerce, civic groups, hospitals, health-care providers, health insurers, environmental groups, economic development, philanthropic groups, social services, neighborhood organizations, nursing homes, academia, and mental health. Special attention must be made to ensure inclusion of those groups who are served by the health department, including groups who experience health and social inequities. Examples include groups or individuals who represent minority health, tribal agencies, community members, service recipients, people with lived experience, etc.

Evaluation Question:

- How has the LHD developed or built a cross-sector community collaboration coalition or work group with non-traditional partners that addresses community health priorities or other important community health issues? What is the impact of the LHD's cross-sector partnership?
- Has the LHD created, convened, and/or sustained relationships with community organizations (private, public, non-profits) that impact health disparities or inequities? Can the LHD describe the process for establishing the partnerships and demonstrate outcomes?
- How is the LHD leading a community health promotion effort in partnership with its local health care system (hospitals, health care providers, FQHCs, health care service insurers, etc.)?
- How is the LHD collaborating with and supporting community coalition planning and implementation efforts to improve health outcomes (through data analysis and data sharing; planning activities including establishing goals, objectives, work plans, evaluation, resource and grant acquisition, etc.)?
- Describe how the LHD is leading, participating and/or supporting community multi-sector partnerships addressing determinants of health and equity?
- Describe how the LHD is using creative and/or innovative strategies to develop and sustain partnerships that impact community health priorities?

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- How did the LHD demonstrate serving as a “Chief Health Strategist” that convened community stakeholders to determine health priorities, develop plans to address health priorities, and evaluate community health outcomes/impacts?
- Has the LHD developed and can demonstrate formal or informal partnerships with universities or academic organizations to implement evidence-based programs and/or strategies or participate in Community Based Participatory Research?

Draft

Appendix B: Quality Improvement Sub-group

Draft MPR

Develop and implement quality improvement activities in processes, interventions, and/or services.

Source of Derivation: P.A. 368 of 1978, Section 2472

Purpose:

The purpose of this measure is to assess the health department's culture of quality, including how quality improvement principles are being addressed at the programmatic level across the health department.

Significance:

When health department leadership supports a culture of quality and builds a sound quality improvement infrastructure, staff across the health department are more likely to use a quality improvement approach within their programs. Health department staff at all levels use quality improvement tools and methods to improve efficiency, effectiveness, and customer satisfaction for the purpose of improving population health outcomes.

Draft Indicator 1

The program is using data, stakeholder input, and team knowledge to drive decision-making and evaluate whether changes made have resulted in improvement.

Source of Derivation: PHAB Standards and Measures 1.5, Standard 9.2.2A

This indicator may be met by:

There are three listed actions a health department may take to meet the indicator. A health department must provide evidence it is meeting at least one of the three actions.

1. Using program data to identify opportunities for improvement or comparing baseline data to data collected after a change has been made; **and/or**
2. Implement a process to capture, analyze, and use input from a variety of stakeholders to inform processes to improve services and outcomes. Stakeholders include, but are not limited to, clients/customers, staff, local governing entity and other departments/agencies; **and/or**
3. Making decisions for moving forward based on the analysis of data, including whether to standardize changes or to implement quality improvement tools/methods to test another change.

Documentation Required:

Required documents may include, **but are not limited to:** policies, plans, assessments, reports, agendas, meeting minutes, websites, data sets, briefs, media campaigns, customer satisfaction surveys and processes, staff satisfaction surveys and processes, analysis of survey results, other data analyses, etc.

- a) Examples of how the program has used data to identify opportunities for improvement;
- b) Examples of how the program has collected and used data from a variety of stakeholders;
- c) Examples of how the program has utilized stakeholder input to inform quality improvement activities; or
- d) Examples of how the program has evaluated whether changes have led to improvement and the actions taken accordingly.

Evaluation Questions:

- How are staff using program data and measurement to identify and address areas for improvement?
- How are programs collecting and using customer data from different groups of customers (internal/external)? Has the program made improvements based on customer data collected?
- Data and measures tell staff whether the changes made actually led to improvement. How are staff involved in quality improvement projects assessing whether changes made have resulted in improvement? What are staff doing with the results of that assessment?
- Are improvement efforts ongoing?

Draft Indicator 2

Appendix B: Quality Improvement Sub-group

Program staff are involved in quality improvement activities, including professional development related to quality improvement.

Source of Derivation: PHAB Standards and Measures 1.5, Measure 9.2.2 A

This indicator may be met by:

There are three listed actions a health department may take to meet this indicator. A health department must provide evidence it is meeting all three actions.

1. Program staff are using quality improvement tools and/or methods to address identified opportunities for improvement; and
2. Program staff at all levels are involved in quality improvement activities/projects; and
3. Program staff are participating in available training/technical assistance opportunities in quality improvement.

Documentation Required:

Required documents may include, **but are not limited to:** reports, meeting agendas, meeting minutes, participant lists, QI plans or policies, documentation of quality improvement projects, quality improvement team charter, quality improvement training policies, plans, or materials, etc.

- a) Examples of quality improvement methods or tools used to address identified improvement needs;
- a) Documentation of staff involved in improvement activities;
- b) Documentation of training or technical assistance offered; and
- c) Documentation of staff participation in training activities.

Evaluation Questions:

- How are programs using quality improvement tools and/or methods to address identified opportunities for improvement?
- Are staff at all levels in the program involved in quality improvement activities and/or projects? How are they involved?
- Are staff provided with opportunities to participate in quality improvement training? Are staff participating in available training?
- Do staff have access to resources for technical assistance in implementing quality improvement projects?

Appendix C: Workforce Development Sub-group

MPR I

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Reference: P.A. 368 of 1978, Section 2433

Draft Indicator 1.9

A local health department shall ensure a competent public health workforce through assessment of staff competencies and the provision of needs-based staff development opportunities.

Source of Derivation:

PHAB Measure 8.2.1

Purpose:

The purpose of this indicator is to ensure the health department is maintaining staff capacity and ability to carry out the activities and duties included in MPR I. A health department must assess employee training needs, develop and implement a plan with strategies to meet those needs, and evaluate implementation to ensure needs are being met. The health department must also ensure that assessment, planning, implementation of strategies, and evaluation are ongoing and cyclic.

Significance:

Health departments must have a competent workforce with the skills and experience needed to perform their duties and carry out the health department's mission. Workforce development strategies support the health department, individual staff members, staff development, and the overall workplace environment. Employee training and core staff competencies assure a competent workforce.

This indicator may be met by:

There are seven actions identified which a local health department may use to meet this indicator. Of this seven, a local health department must show evidence of meeting three.

1. Completion of a competency assessment based on/ informed by a nationally adopted set of core competencies. (i.e.: The Council on Linkages Between Academia and Public Health Practice, Core Competencies for Public Health Professionals, etc).
2. Completion of a staff engagement survey targeting workplace environment, training needs, etc. that drives departmental training offerings, completed on a routine basis.
3. Documentation that the local health department has developed at least one strategy to address competency gaps identified through a workforce needs assessment.
4. Documentation that the local health department has implemented at least one strategy to address competency gaps identified through the workforce needs assessment.
5. Documentation of annually completed staff trainings, which may include: social determinants of health, cultural diversity, public health ethics, emerging public health issues, etc.
6. Documentation of Academic partnerships, i.e. Internships, working collaboratively provide or create identified needed training for local health department staff or students, participation in community-based participatory research, etc.
7. Evidence of a completed Workforce Development Plan. Local health departments are encouraged to seek approval of the plan by their local governing entity.

Documentation Required:

Documentation and/or evidence may include:

- a) Copies of completed core competency assessments

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- b) Copies of completed staff engagement surveys
- c) Copies of completed staff satisfaction surveys
- d) Copies of staff training needs assessment
- e) Approved policies outlining timeframes for assessment completion
- f) Proposed strategies and implementation timelines
- g) Staff training schedules and/or training roster of participants
- h) Training certificates
- i) List of staff trainings offered annually
- j) Documentation of mentoring programs
- k) Documentation of relationships with academic institutions, etc.
- l) Copy of agency internship handbook
- m) Copy of agency workforce development plan

Evaluation Question:

- What recognized core competencies for staff has the local health department adopted?
- How has the local health department assessed staff competencies against the adopted set of competencies? How frequently is the assessment completed?
- How does the health department annually assess staff training needs?
- How has the health department planned to address identified training needs? Did the health department develop written strategies to address identified needs? How is this plan shared with the local governing entity and/or with staff?
- How is staff engagement assessed at the health department? How frequently is it assessed? Is there an agency policy outlining the assessment process timeline?
- Does the health department have an approved Workforce Development Plan, which addresses the capability and capacity of the workforce, includes an environmental assessment, core competencies, annual staff trainings and content, and strategies to address gaps in staff capacity and capabilities?
- How does the health department engage with academic institutions?
- Describe the internship opportunities provided by the health department. Is there a defined internship process for the department?