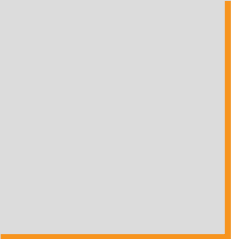




# MHOA Lunch & Learn: Collaborating for Accreditation



August 1, 2023



Cambridge  
Public Health  
Department

# Today's Objectives

---

By the end of today's webinar, attendees will:

- Understand the PHAB accreditation rules for shared services
- Identify which PHAB standards are ideal for collaboration
- Learn existing resources for collaboration and identify new opportunities with fellow MHOA members



# Webinar 1 Recap: Accreditation Overview

---

- PHAB is a voluntary accreditation process for health departments that demonstrate a culture of *high performance* and *continuous quality improvement*
- The *10 Essential Public Health Services* and the *Foundational Public Health Services* are the backbone of the accreditation requirements
- Becoming accredited involves *documentation submission* and a *site visit*
- *Diverse accreditation teams* are essential the success of the accreditation process
- *Conducting a readiness audit is key to prioritizing resource allocation*



# Webinar 2 Recap: Costs & Funding

---

- At a minimum, health departments must pay a *readiness and training fee* (\$1,299) and an *annual fee* (\$5,600-\$22,400 based on population size)
- The *Pathways Recognition Program* is an option for health departments that are not ready for full accreditation
- Some *indirect costs of accreditation* may include salaries; strategic plan development; and consultant fees for data analysis, policy/procedure development, training opportunities, and other needs
- Sources of funding are not usually explicitly PHAB-related (your readiness audit will help you identify *topic-specific grants*)
- There are many *free and low-cost resources* available to complete the PHAB requirements



# PHAB Rules on Collaboration & Sharing Resources

## PHAB Policy

---

- Collaboration is not only encouraged, in some cases *it is required*
- ***Collaborations are defined broadly***: They can be within your community, with other communities, with governmental agencies, educational institutions, nonprofits, for-profits, etc.
- Your health department does ***not need to be the lead agency*** on a collaboration, but you must prove you play an active role (group charters, MOUs, shared services agreements, meeting minutes, reports, etc.)
- A group of local health departments may apply together as a ***regional collaborative*** (the Worcester model)
- Documentation from ***umbrella organizations*** that applies to your health department can be submitted (city statutes, Massachusetts laws, etc.)
- Cross-jurisdictional sharing: “Documentation of services ***provided by another entity*** for an applicant’s jurisdiction ***can be submitted.***”



# Requirements That *Require* Collaboration

## Standards

---

- 1.1.1.1 Community Health Assessment must include partners from sectors other than governmental public health and organizations that represent specific populations
- 1.2.2.1 Participation in data sharing with other entities (providing or receiving)
- 2.1.6.1 Investigation or mitigation action implemented collaboratively to address a reportable condition, disease outbreak, injury, or environmental health issue
- 2.2.1.1 Emergency Operations Plan must be collaboratively reviewed with stakeholders
- 2.2.3.1-2 External resources for emergencies (physical inventory and surge personnel)



# Requirements That *Require* Collaboration

---

- 2.2.5.1 Risk Communications Plan must describe how messages during an emergency are coordinated and developed among partners
- 2.2.7.2 After Action Reports must include response partners
- 3.1.1.1 Non-emergency communications procedures must include the process for coordinating with community partners to promote the dissemination of public health messages
- 3.2.2.2 Unified messaging coordinated with other health departments, community partners, or the governing entity
- 4.1.1.1 Collaborative activities to address a specific public health issue or population that builds on an ongoing partnership with another organization



# Requirements That *Require* Collaboration

---

- 4.1.2.1 Active participation in a current, ongoing community coalition that addresses multiple population health topics or in two coalitions that each address a single health topic or population (4.1.2.2: strategies implemented)
- 5.1.2.1 A review of current or proposed policies that includes input gathered from stakeholders or strategic partners
- 5.2.1.1 and 5.2.2.1 The Community Health Improvement Plan, which is collaboratively developed and implemented
- 5.2.4.2 Implementation of one strategy, in collaboration with stakeholders, partners, or the community, to address factors that contribute to specific populations' higher health risks and poorer health outcomes, or inequities
- 7.1.1.1 A collaborative assessment of access to health care that must include primary care and behavioral health providers





# Requirements That *Require* Collaboration

---

- 7.1.2.1 Collaborative implementation of a strategy to assist the population in obtaining health care services
- 7.2.1.1 Multi-sector implementation of an effort to improve access to social services or to integrate social services and health care
- 7.2.2.1 Collaborative strategy to ensure continuity of access to needed care during service disruptions
- 10.2.6.3 Signed agreements with organizations outside the health department that outline how those other organizations will provide services, programs, or interventions on behalf of the health department



# Requirements That Benefit from Collaboration

---

- **Domain 1**
  - Collecting and analyzing quantitative and qualitative data
- **Domain 2**
  - Maintaining surveillance systems and training surveillance sites
  - 24/7 laboratory access
  - Shared inspection/enforcement responsibility
  - Emergency Operations Plan
  - Continuity of operations
  - Health Alert Network (HAN)
- **Domain 3**
  - Including priority populations in the development of communications
- **Domain 6**
  - Referring complaints to the appropriate inspection or enforcement agency
- **Domain 7**
  - Collecting feedback from patient populations
- **Domain 9**
  - Collecting customer satisfaction feedback
  - Evaluating programs, services, or interventions
  - Fostering innovation
- **Domain 10**
  - Various operational, equity, HR, IT, etc. policies



# Examples from Cambridge

---

- Community Health Assessment & Community Health Improvement Plan
- Flu & COVID testing and vaccine clinics
- COVID contact tracing collaborative (Cambridge, Chelsea, Revere, Winthrop)
- Public Health Excellence shared services agreement (Cambridge, Somerville)
- Cambridge Substance Use Advisory Committee
- Food and Fitness Policy Council
- Shared inspection/enforcement obligations with Cambridge's Inspectional Services Department



# PHAB Resources

---

- [Center for Sharing Public Health Services](#)

- Historically managed by the Kansas Health Institute with support from the Robert Wood Johnson Foundation, moved under PHAB in 2022
- A national resource to help health departments work together and to provide tools and resources to support sharing arrangements
- Resources: [Sample agreements](#), [publications](#), [technical assistance](#)

- [Capacity Building Assistance](#)

- Capacity building includes actions that build, strengthen, and maintain the necessary competencies and resources needed to sustain or improve the delivery of health services
- After completing the PHAB Readiness Assessment, health departments receive a report that summarizes themes, identifies gaps, and *identifies other health departments at a similar state of readiness for peer learning and sharing*
- Health departments can contact [educationservices@phaboard.org](mailto:educationservices@phaboard.org) to discuss capacity building needs



# Webinar Attendee Submissions

---

- **Working with CHNAs:** Community Health Network Areas (CHNAs) may be a great partner in completing key PHAB requirements. Depending on your local CHNA, they could assist with the health assessment, CHIP development, convening partners, or offering training.
- **Working with Hospitals:** Lessons learned from working with hospitals on health assessments include:
  - Be clear up front with what the public health-specific needs are from the assessment. Hospital assessments on their own do not typically meet the PHAB Community Health Assessment requirements.
  - Regularly meet with the hospital while the assessment is being conducted to make sure the PHAB requirements are being met throughout the process.
  - Be sure to request that your community-specific data be available separately. Hospitals may combine the data for their entire catchment area in their assessment.



# Questions?

*Contact: Kristin Ward, Director of  
Performance & Quality Improvement*  
[kward@challiance.org](mailto:kward@challiance.org)



Cambridge  
Public Health  
Department

