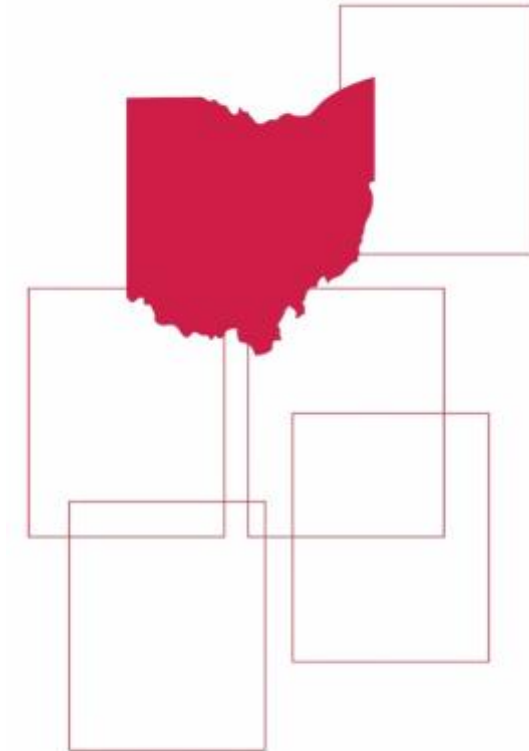


LOCAL HEALTH DEPARTMENT PROFILE AND ACCREDITATION READINESS PROJECT

Work Plan Progress Summary
May 2017



**THE OHIO STATE
UNIVERSITY**

Center for Public Health Practice



The Center for Public Health Practice (CPHP) and the Ohio Department of Health (ODH) are supporting local public health accreditation efforts through the Ohio Local Public Health Accreditation Readiness Project. This three-year initiative has two purposes: 1) to answer critical questions related to local health department (LHD) accreditation and service provision, and 2) to assist local health departments (LHDs) in achieving accreditation.

Introduction and Methods

As part of the readiness project, CPHP developed and disseminated an accreditation work plan template to the LHDs. Work plan templates were developed utilizing Excel software. A webinar was conducted on 3/28/2017 to provide guidance to the LHDs regarding use of the work plan template. The template includes the Public Health Accreditation Board (PHAB) pre-requisite documents required for PHAB accreditation as well as key steps in the process of preparing and applying for accreditation. For organizations considering sharing service arrangements as a way to support provision of services, there are milestones related to accomplishing formalized collaborative relationships.

LHDs reporting either not having started the accreditation process or as being in pre-registration on the 2016 LHD Profile and Accreditation Readiness Assessment (n=77) were required to submit a work plan. Agencies who submitted PHAB applications between responding to the 2016 survey and the due date for the first work plan (April 30, 2017) were exempted. Work plans will be submitted to CPHP every six (6) months through 2018. CPHP reporting of work plans will capture information relative to overall progress, as well as anticipated support needed by the LHD’s as they work towards accreditation. CPHP will analyze the work plan data and will submit a summary composite report to ODH every six (6) months. Table 1 shows a description of LHDs submitting, not submitting and exempt from submitting workplans.

Table 1: Description of LHDs Submitting, Not Submitting and Exempt from Submitting Work plans

| Jurisdiction Type | Submitting Work plans (n=61) | Not Submitted (n=16) | Exempt* (n=43) |
|-------------------------|------------------------------|----------------------|----------------|
| City | 44 | 12 | 11 |
| County/Combined | 17 | 4 | 32 |
| Population Size Served* | | | |
| Very Small (<25,000) | 16 | 5 | 6 |
| Small (25,000-49,999) | 26 | 7 | 7 |
| Medium (50,000-99,999) | 13 | 3 | 9 |
| Large (100,000-499,999) | 6 | 1 | 17 |
| Very Large (>=500,000) | 0 | 0 | 4 |
| County Type | | | |
| Appalachian | 30 | 7 | 8 |
| Rural, Non-Appalachian | 15 | 6 | 11 |
| Suburban | 9 | 2 | 9 |
| Urban | 7 | 1 | 15 |

*LHDs that already submitted an application to PHAB were not required to submit a work plan.



Accreditation Readiness Results

LHDs reported their progress across a number of milestones in the accreditation process by responding to each step as either being Not Started, In Process, or Complete. For this initial work plan submission, LHDs were asked to indicate their status for each item as of 2016, as well as their status as of April 2017 (refer to template in the appendix). Provided below are the results of changes in status between 2016 and April 2017, overall and by LHD size.

As illustrated in Table 2 below, although generally limited, progress was made between 2016 and April of 2017 across all PHAB Standards and Measures, except for the PHAB prerequisite, Performance Management System. Of the 61 submitting work plans, only five completed the Performance Management System prerequisite and only 11 have completed the Workforce Development Plan prerequisite as of April 2017.

Table 2: Percent of LHDs with Milestone Status Reported as Complete, 2016-2017

| Standard Requirement | 2016 | | 2017 | |
|---|------|---------|------|---------|
| | N | Percent | N | Percent |
| Completion of prerequisite: Community Health Assessment (CHA) [PHAB Std 1.1] | 38 | 62 % | 42 | 68 % |
| Completion of prerequisite: Community Health Improvement Plan (CHIP) [PHAB Std 5.2] | 29 | 47 % | 30 | 49 % |
| Completion of prerequisite: Strategic Plan (SP) [PHAB Std 5.3] | 23 | 37 % | 24 | 39 % |
| Completion of prerequisite: Communication & branding strategy [PHAB Std 3.2] | 16 | 26 % | 20 | 32 % |
| Completion of prerequisite: Emergency Operations Plan (EOP) [PHAB Std 5.4] | 52 | 85 % | 53 | 86 % |
| Completion of prerequisite: Workforce Development Plan [PHAB Std 8.2] | 9 | 14 % | 11 | 18 % |
| Completion of prerequisite: Quality Improvement Plan [PHAB Std 9.2] | 14 | 22 % | 17 | 27 % |
| Completion of prerequisite: Performance Management System [PHAB Std 9.1] | 5 | 8 % | 5 | 8 % |

Std. = Standard. For more information on PHAB Standards and Measures, reference

<http://www.phaboard.org/accreditation-process/public-health-department-standards-and-measures/>

Table 3 shows accreditation milestones by population size served. The most likely milestones reported to be “completed” as of April 2017 included: designation of an internal accreditation team (90%), completion of an Emergency Operations Plan (86%) and completion of a Community Health Assessment (68%). Table 4 shows whether LHDs made progress on each milestone between 2016 and 2017. The milestones showing the most change in progress were both the development of a Workforce Development Plan and a Performance Management System, with 13% (n=8) of LHDs moving from Not Started to In Progress.



Table 3: Percent of LHDs Completing Milestones by Population, 2017

| Selected Milestones | Very Small (<25,000) N=16 | | Small (25,000-49,999) N=26 | | Medium (50,000-99,999) N=13 | | Large (100,000-499,999) N=6 | | Statewide N=61 | |
|--|------------------------------|---------|-------------------------------|---------|--------------------------------|---------|--------------------------------|---------|-------------------|---------|
| | N | Percent | N | Percent | N | Percent | N | Percent | N | Percent |
| Budget for costs of applying for accreditation | 9 | 56 % | 15 | 57 % | 7 | 53 % | 5 | 83 % | 36 | 59 % |
| Health Department has designated internal Accreditation Team | 16 | 100 % | 21 | 80 % | 12 | 92 % | 6 | 100 % | 55 | 90 % |
| Internal communications plan to keep staff & community leaders informed of progress toward accreditation | 7 | 43 % | 13 | 50 % | 7 | 53 % | 4 | 66 % | 31 | 50 % |
| Complete "self-assessment" to review standards, measures, & required documentation | 8 | 50 % | 16 | 61 % | 8 | 61 % | 5 | 83 % | 37 | 60 % |
| Completion of prerequisite: Community Health Assessment (CHA) [PHAB Std 1.1] | 9 | 56 % | 17 | 65 % | 11 | 84 % | 5 | 83 % | 42 | 68 % |
| Completion of prerequisite: Community Health Improvement Plan (CHIP) [PHAB Std 5.2] | 6 | 37 % | 12 | 46 % | 8 | 61 % | 4 | 66 % | 30 | 49 % |
| Completion of prerequisite: Strategic Plan (SP) [PHAB Std 5.3] | 1 | 6 % | 11 | 42 % | 7 | 53 % | 5 | 83 % | 24 | 39 % |
| Completion of prerequisite: Communication & branding strategy [PHAB Std 3.2] | 3 | 18 % | 9 | 34 % | 5 | 38 % | 3 | 50 % | 20 | 32 % |
| Completion of prerequisite: Emergency Operations Plan (EOP) [PHAB Std 5.4] | 14 | 87 % | 23 | 88 % | 11 | 84 % | 5 | 83 % | 53 | 86 % |
| Completion of prerequisite: Workforce Development Plan [PHAB Std 8.2] | 2 | 12 % | 4 | 15 % | 1 | 7 % | 4 | 66 % | 11 | 18 % |
| Completion of prerequisite: Quality Improvement Plan [PHAB Std 9.2] | 2 | 12 % | 6 | 23 % | 4 | 30 % | 5 | 83 % | 17 | 27 % |
| Completion of prerequisite: Performance Management System [PHAB Std 9.1] | 1 | 6 % | 0 | 0 % | 0 | 0 % | 4 | 66 % | 5 | 8 % |
| Submit application | 0 | 0 % | 0 | 0 % | 0 | 0 % | 1 | 16 % | 1 | 1 % |
| Gain access to e-PHAB after Accreditation Coordinator training | 1 | 6 % | 0 | 0 % | 1 | 7 % | 1 | 16 % | 3 | 4 % |
| Submit documentation | 0 | 0 % | 0 | 0 % | 0 | 0 % | 0 | 0 % | 0 | 0 % |
| Site visit completed | 0 | 0 % | 0 | 0 % | 0 | 0 % | 0 | 0 % | 0 | 0 % |
| Accreditation decision communicated to health department | 0 | 0 % | 0 | 0 % | 0 | 0 % | 0 | 0 % | 0 | 0 % |

Percent calculation based on the number of LHDs in each of population group - Number of LHDs submitting work plans N=61



Table 4: Percent of LHDs with Change in Milestone Progress, 2016 to 2017

| Selected Milestones | Remained as Not Started | | Moved from Not Started to In Progress | | Moved from Not Started to Complete | | Remained as In Progress | | Moved from In Progress to Complete | | Complete | |
|--|-------------------------|---------|---------------------------------------|---------|------------------------------------|---------|-------------------------|---------|------------------------------------|---------|----------|---------|
| | N | Percent | N | Percent | N | Percent | N | Percent | N | Percent | N | Percent |
| Budget for costs of applying for accreditation | 6 | 9 % | 2 | 3 % | 1 | 1 % | 17 | 27 % | 1 | 1 % | 34 | 55 % |
| Health Department designated internal Accreditation Team | 1 | 1 % | 1 | 1 % | 2 | 3 % | 4 | 6 % | 5 | 8 % | 48 | 78 % |
| Internal communications plan to keep staff & community leaders informed of progress toward accreditation | 3 | 4 % | 7 | 11 % | 1 | 1 % | 20 | 32 % | 4 | 6 % | 26 | 42 % |
| Complete "self-assessment" to review standards, measures, & required documentation | 1 | 1 % | 5 | 8 % | 2 | 3 % | 18 | 29 % | 0 | 0 | 35 | 57 % |
| Completion of prerequisite: Community Health Assessment (CHA) [PHAB Std 1.1] | 1 | 1 % | 0 | 0 | 0 | 0 | 18 | 29 % | 4 | 6 % | 38 | 62 % |
| Completion of prerequisite: Community Health Improvement Plan (CHIP) [PHAB Std 5.2] | 9 | 14 % | 2 | 3 % | 0 | 0 | 20 | 32 % | 1 | 1 % | 29 | 47 % |
| Completion of prerequisite: Strategic Plan (SP) [PHAB Std 5.3] | 15 | 24 % | 7 | 11 % | 0 | 0 | 15 | 24 % | 1 | 1 % | 23 | 37 % |
| Completion of prerequisite: Communication & branding strategy [PHAB Std 3.2] | 15 | 24 % | 4 | 6 % | 0 | 0 | 22 | 36 % | 4 | 6 % | 16 | 26 % |
| Completion of prerequisite: Emergency Operations Plan (EOP) [PHAB Std 5.4] | 2 | 3 % | 1 | 1 % | 0 | 0 | 5 | 8 % | 1 | 1 % | 52 | 85 % |
| Completion of prerequisite: Workforce Development Plan [PHAB Std 8.2] | 15 | 24 % | 8 | 13 % | 0 | 0 | 27 | 44 % | 2 | 3 % | 9 | 14 % |
| Completion of prerequisite: Quality Improvement Plan [PHAB Std 9.2] | 23 | 37 % | 6 | 9 % | 1 | 1 % | 15 | 24 % | 2 | 3 % | 14 | 22 % |
| Completion of prerequisite: Performance Management System [PHAB Std 9.1] | 26 | 43 % | 8 | 13 % | 0 | 0 | 21 | 35 % | 0 | 0 | 5 | 8 % |
| Submit application | 55 | 91 % | 1 | 1 % | 0 | 0 | 3 | 5 % | 0 | 0 | 1 | 1 % |
| Gain access to e-PHAB after Accreditation Coordinator training | 57 | 95 % | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 % | 2 | 3 % |
| Submit documentation | 58 | 96 % | 0 | 0 | 0 | 0 | 2 | 3 % | 0 | 0 | 0 | 0 |
| Site visit completed | 60 | 100 % | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Accreditation decision communicated to health department | 60 | 100 % | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Number of LHDs submitting work plans N=61



Both Table 5 and Figure 1 below illustrates where LHDs made progress, by population size served. Small LHDs made less progress when compared to other LHD population size served categories. Very Small LHDs were most likely to make progress in developing an internal communications plan and in strategic planning, whereas Medium LHDs were most likely to make progress developing a Quality Improvement Plan. Large LHDs made the most progress in developing Workforce Development Plans.

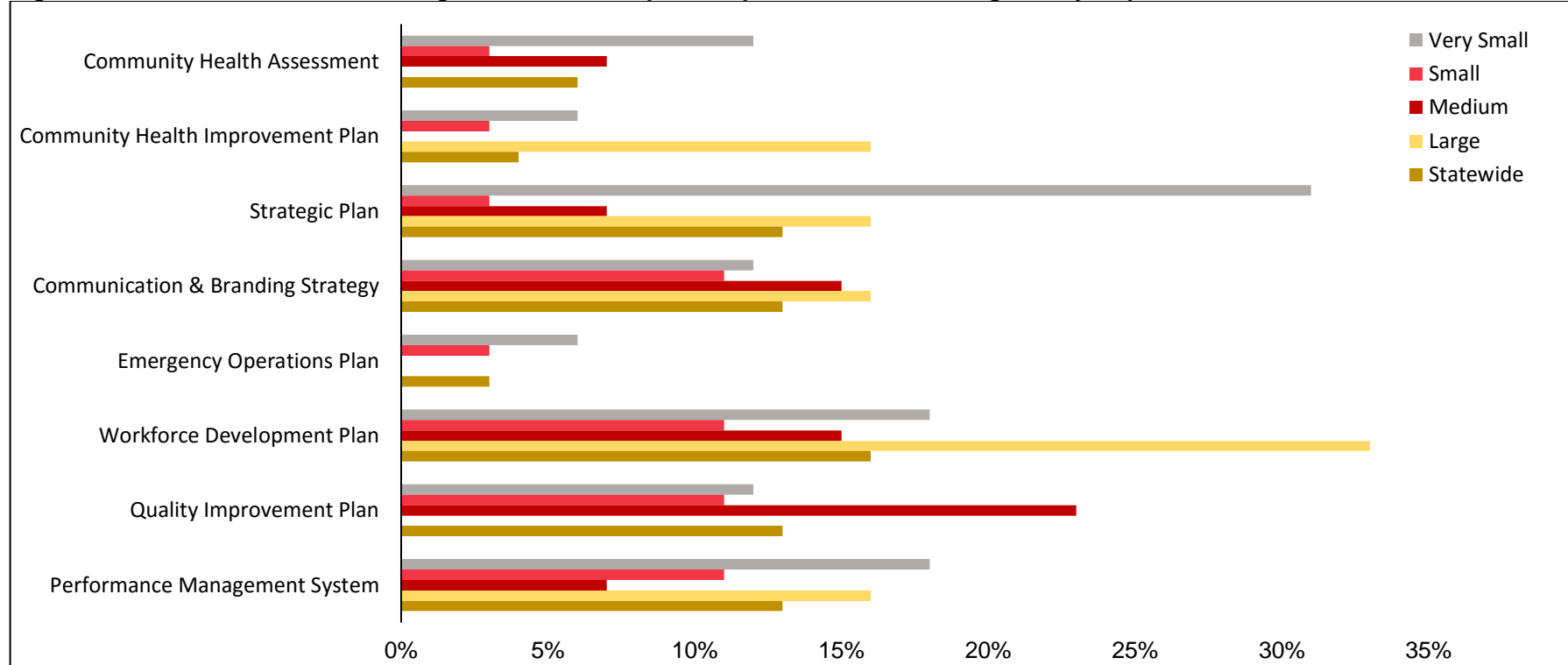
Table 5: Percent of LHDs with Change in Milestones Progress by Population Size Served, 2016-2017

| Selected Milestones | Very Small (<25,000) N=16 | | Small (25,000-49,999) N=26 | | Medium (50,000-99,999) N=13 | | Large (100,000-499,999) N=6 | | Statewide N=61 | |
|--|---------------------------|---------|----------------------------|---------|-----------------------------|---------|-----------------------------|---------|----------------|---------|
| | N | Percent | N | Percent | N | Percent | N | Percent | N | Percent |
| Budget for costs of applying for accreditation | 1 | 6 % | 0 | 0 % | 2 | 15 % | 0 | 0 % | 3 | 4 % |
| Health Department has designated internal Accreditation Team | 2 | 12 % | 2 | 7 % | 1 | 7 % | 1 | 16 % | 6 | 9 % |
| Internal communications plan to keep staff & community leaders informed of progress toward accreditation | 5 | 31 % | 3 | 11 % | 2 | 15 % | 1 | 16 % | 11 | 18 % |
| Complete "self-assessment" to review standards, measures, & required documentation | 2 | 12 % | 2 | 7 % | 0 | 0 % | 1 | 16 % | 5 | 8 % |
| Completion of prerequisite: Community Health Assessment (CHA) [PHAB Std 1.1] | 2 | 12 % | 1 | 3 % | 1 | 7 % | 0 | 0 % | 4 | 6 % |
| Completion of prerequisite: Community Health Improvement Plan (CHIP) [PHAB Std 5.2] | 1 | 6 % | 1 | 3 % | 0 | 0 % | 1 | 16 % | 3 | 4 % |
| Completion of prerequisite: Strategic Plan (SP) [PHAB Std 5.3] | 5 | 31 % | 1 | 3 % | 1 | 7 % | 1 | 16 % | 8 | 13 % |
| Completion of prerequisite: Communication & branding strategy [PHAB Std 3.2] | 2 | 12 % | 3 | 11 % | 2 | 15 % | 1 | 16 % | 8 | 13 % |
| Completion of prerequisite: Emergency Operations Plan (EOP) [PHAB Std 5.4] | 1 | 6 % | 1 | 3 % | 0 | 0 % | 0 | 0 % | 2 | 3 % |
| Completion of prerequisite: Workforce Development Plan [PHAB Std 8.2] | 3 | 18 % | 3 | 11 % | 2 | 15 % | 2 | 33 % | 10 | 16 % |
| Completion of prerequisite: Quality Improvement Plan [PHAB Std 9.2] | 2 | 12 % | 3 | 11 % | 3 | 23 % | 0 | 0 % | 8 | 13 % |
| Completion of prerequisite: Performance Management System [PHAB Std 9.1] | 3 | 18 % | 3 | 11 % | 1 | 7 % | 1 | 16 % | 8 | 13 % |
| Submit application | 0 | 0 % | 0 | 0 % | 1 | 7 % | 0 | 0 % | 1 | 1 % |
| Gain access to e-PHAB after Accreditation Coordinator training | 1 | 6 % | 0 | 0 % | 0 | 0 % | 0 | 0 % | 1 | 1 % |
| Submit documentation | 0 | 0 % | 0 | 0 % | 0 | 0 % | 0 | 0 % | 0 | 0 % |
| Site visit completed | 0 | 0 % | 0 | 0 % | 0 | 0 % | 0 | 0 % | 0 | 0 % |
| Accreditation decision communicated to health department | 0 | 0 % | 0 | 0 % | 0 | 0 % | 0 | 0 % | 0 | 0 % |

Percent calculation based on the number of LHDs in each of population group - Number of LHDs submitting work plans N=61



Figure 1: Percent of LHDs with Change in PHAB Prerequisite-Specific Milestone Progress by Population Size Served, 2016 to 2017



Consideration of New Shared Services Agreements

The work plan template included seven milestones related to sharing services. Five LHDs submitting work plans indicated some activity for these milestones, three in the Very Small and one in both Small and one Medium population size-served categories. Overall, two LHDs indicated progress regarding shared service agreements between 2016 and April 2017, and the milestones reported as being completed or as being in progress were: *identifying services that may benefit from shared services/consolidation agreements*, and *engaging external assistance as appropriate (via research, facilitation, expertise)*. One LHD indicated progress in holding discussions with potential partners and one LHD indicated completion of identifying potential shared service/LHD consolidation partners.



Conclusion

The data presented within this report provides an overall picture of progress made among Ohio's LHDs in key milestones of the PHAB accreditation process between December 2016 and April 2017, as well as current status. The work plans will be used to inform support needs through the accreditation readiness project, to assist in ODH in planning effectively for the future. Using the data to inform the timeline for Deliverable 4 services as well as anticipate services that may be requested via Deliverable 6 specifically is of interest. The work plans will be analyzed every six months, concluding in October 2018. Results will be used to inform planning for the duration of the readiness project.