

2012-2013 Accreditation Support Initiative (ASI) for Health Departments and Support Organizations

FINAL REPORT

1. **Community Description**

Briefly characterize the community(ies) served by your health department or support organization (location, population served, jurisdiction type, organization structure, etc). The purpose of this section is to provide context to a reader who may be unfamiliar with your agency.

Inter Tribal Council of Arizona, Inc. Tribal Epidemiology Center (ITCA TEC)

The ITCA TEC provides public health, epidemiological, surveillance, and program assessment support and technical assistance services for the tribes in the Phoenix and Tucson Areas of the Indian Health Service (IHS). The ITCA TEC is dedicated to improving American Indian community health capacity by promoting Tribal self-governance, assisting tribal health departments monitor health status, with community health assessments and improvement planning, and evaluation of health services of tribal health programs. Public health accreditation provides a set of public health standards by which a tribe can systematically strengthen its self-determination and demonstrate the quality of services it provides to the community.

Vision

The ITCA TEC values trust, service, and integrity above all else. We provide responsive, confidential, reliable, practical, high-quality professional epidemiologic services and products that address current and future public health challenges among tribal nations. We do this by promoting tribal self-determination, partnerships, innovation, resourcefulness, accountability, and sustainability. Our goal is to eliminate health inequities among American Indian Nations within three generations.

Mission

The mission of the ITCA TEC is to build tribally-driven public health and epidemiologic capacity among Tribes in the Phoenix and Tucson Indian Health Service Areas by assisting tribes with health surveillance, research, prevention, and program evaluation for planning and policy decision making.

2. **Work Plan Overview**

Provide an overview of the work you conducted with or because of this funding, including the significant accomplishments/deliverables completed between December 2012-May 2013 under the auspices of this grant, and the key activities you engaged in to achieve these accomplishments. This should result in a narrative summary of the chart you completed in Part 1, in a format that is easily understandable by others.

OBJECTIVE 1A. Provide a Quality Improvement training.

Hosted Quality Improvement training: Red Star Innovations, LLC (contractor to the ITCA TEC) conducted a "Quality Improvement Basics: Methods and Tools for Tribal Public Health" training, which was hosted by the ITCA on May 2-3, 2013, in Phoenix, AZ. Fifteen participants representing 6 tribes and 1 tribal organization attended the training. The purpose of the training was to

demonstrate how tribal health department staff can use quality improvement to address areas of improvement identified during preparation for public health accreditation. Participants included tribal health department directors, tribal health department staff, and staff from tribal organizations. The evaluation findings indicated an increase in perceived knowledge and confidence. Furthermore, participants considered the information to be valuable and relevant to their work and/or as a community member. Future trainings on tribal public health accreditation readiness should employ similar instructional methods, and ensure the training material is valuable and relevant to the staff from tribal health department and organization as demonstrated with this quality improvement training.

OBJECTIVE 1B. Facilitate on-site self-assessment with three tribes.

Received training to facilitate Self-Assessment work sessions: On January 16, 2013, Red Star, LLC provided training to ITCA TEC staff on self-assessment. The ITCA TEC Director and two Epidemiologists attended the training. ITCA TEC staff received instruction and sample materials (e.g., meeting agenda and PowerPoint) to use and/or modify in order to facilitate on-site assessments with tribes. As a result of the training, the ITCA TEC improved its capacity to facilitate self-assessment work sessions for tribal health departments.

Facilitated four Self-Assessment work sessions with tribal health departments: The ITCA TEC facilitated four Self-Assessment work sessions for tribal health departments in Arizona. A total of 46 tribal health department staff, governing authority, and community members participated in the four work sessions.

Prior to meeting with the tribes, the ITCA TEC developed a “core work session” which consisted of an overview of the work session, objectives, brief overview of public health accreditation, domain team organization, introduction to the self-assessment tool, and implementation of the Wisconsin’s Public Health Quality Initiative’s Self-Assessment Workbook for Tribal Health Departments (Self-Assessment Workbook). The “core work session” was then adapted to meet the identified need of the tribal health department. For example, one tribe identified that the majority of invited work session participants were not familiar with the basics of accreditation. Therefore, the ITCA TEC facilitator provided an overview of accreditation prior to conducting the self-assessment. Another tribe indicated that their priority was public health department readiness, so the ITCA TEC facilitator emphasized the core functions of public health and the essential public health services in every component of the work session.

The results of the evaluation indicated a positive increase in the perceived knowledge in the PHAB domains and participant’s ability to conduct a self-assessment of the tribal health department. Overall, participants considered the information to be valuable and relevant to their work and/or as a community member. Facilitators should consider placing an even greater emphasis on the importance of utilizing the results of the assessment to improve the tribe’s readiness for accreditation, and how to address the areas needing improvement using quality improvement.

After the work sessions, the tribal health departments received electronic copies of the PowerPoint presentation, handouts, accreditation resources, and Self-Assessment Workbook. All participating tribal health departments made plans to continue with self-assessment related activities after the

work session ended. Examples of activities included assigning scores to the remaining domains of the self-assessment tool, locate and store the required documentation identified in the work session, and follow-up on the preliminary findings to identify strength and areas needing improvement.

OBJECTIVE 2A. Provide technical assistance tribal health department on community health assessment.

Provided technical assistance for community health assessment planning: The ITCA TEC provided on-going technical assistance to GRIC on conducting tribal CHAs including two workshops. ITCA staff provided an oral presentation titled “An Introduction to Tribal CHAs” on February 19, 2013, and March 12, 2013. Representatives from the GRIC Health Resource Department, Gila River Health Care (GRHC) Corporation, GRHC Board of Directors, community-based programs, and the community attended the meeting. The workshop covered an 11 step process for conducting a community health assessment, and included special considerations for tribal communities.

Meeting participants were invited to complete an evaluation form upon completion of the workshop. The purpose of the evaluation was to assess the participants’ perceived change in knowledge of CHA, change in confidence to conduct a CHA, value of the workshop, and relevance of the information. The feedback questionnaire consisted of one open-ended question and five closed-ended questions. For the closed-ended questions, participants were instructed to provide a rating from a five-point scale. All respondents reported an increase in knowledge regarding the overall CHA process, benefits, and risks. Regarding the overall CHA process, 40% of respondents reported their knowledge “moderately increased,” and 30% reported their knowledge “increased very much.” Regarding benefits and risks of a CHA, 30% of respondents reported their knowledge increased “moderately,” “quite a bit,” and “very much,” respectively. Furthermore, participants considered the information to be valuable and relevant to their work and/or as a community member. Future sessions should focus on recruiting additional participants from other disciplines, as noted by one of the respondents.

OBJECTIVE 3A. Coordinate tribal/state/federal accreditation roundtable.

Hosted Tribal Roundtable on Public Health Accreditation (Roundtable): To accommodate meeting participants who will be travelling, the roundtable will be held on May 3, 2013, which is the day after QI training. The ITCA TEC will invite participants from previous roundtables, and identify additional individuals who have a stake in tribal/state/federal relations and collaboration with accreditation. A total of 13 participants representing 5 tribes, 1 tribal organization, and 1 state agency attended the training. Three fundamental topics were covered in the facilitated roundtable discussion: (1) CHA Experience, Benefits, Challenges, and Barriers; (2) Information, Resources, Training, and Technical Assistance; Needs; (3) Collaboration Efforts and Strategies. Roundtable participants were assigned into small groups of 3-4 persons, and provided with a discussion guide. The discussion listed a primary question for each of the fundamental topics and included additional questions to prompt further discussion among the participants. The small groups responded to the questions, and then reported the main points group in a facilitated process.

OBJECTIVE 3B. COORDINATE ACTIVITIES THAT BETTER STATE AND TRIBAL RELATIONS.

Developed Roundtable practice brief: The ITCA TEC developed a draft practice brief that

summarizes the contributions and recommendations made by the roundtable participants. The ITCA TEC plans to share the draft brief with roundtable participants, obtain feedback, and disseminate the practice brief to key stakeholders.

Throughout the roundtable, participants emphasized the importance of focusing on tribal health department accreditation efforts. The roundtable findings challenge tribal, local, and state health departments to development partnerships, especially with community health assessments. Collaborative efforts should begin with a plan to minimize the potential challenges (e.g., trust, data ownership), and promote the identified elements of a successful partnership (e.g., transparency, meeting the needs of all partners, responsiveness). Some tribal health departments face shortages of qualified personnel, limited material resources, and tribal-specific technical assistance for conducting the CHA. Partnership efforts should prioritize addressing tribal health department staff development for conducting CHAs, and developing a sustainable process for CHA and accreditation resources. Although these findings offer clear direction for future accreditation support initiatives and technical assistance, it is important to note the results cannot be generalized to all tribes in the region. Each tribe or organization is unique, identifies its own concerns, and determines how to improve the community's health.

Shared accreditation readiness resources: The ITCA TEC director attended the 11th annual Public Health Improvement Training (PHIT): Advancing Performance in Agencies, Systems and Communities” conference held in Atlanta, GA, on April 23-24, 2013. The TEC director obtained information on tribal, local and state health department accreditation readiness. As a result of the conference, the ITCA TEC has identified additional resources and opportunities for public health accreditation readiness, National Public Health Performance Standards (NPHPS), and quality improvement.

3. **Challenges**

*Describe any challenges or barriers encountered during the implementation of your work plan. These can be challenges you may have anticipated at the start of the initiative or unexpected challenges that emerged during the course of implementing your proposed activities. If challenges were noted in your interim report, please **do** include them here as well.*

One challenge was a higher than expected amount of interest. The ITCA TEC estimated there would be three tribes interested in the self-assessment work session. After offering this service to partner tribes, four tribes notified the ITCA of their interest in the self-assessment work session. The ITCA TEC was able to modify the original plan, and facilitate the work session for all four tribes who were interested.

Additionally, many of our tribal partners faced travel restrictions, or had limited resources to travel to the quality improvement training and the roundtable. To accommodate our partners, we scheduled the quality improvement training and roundtable in a two-day period. The tribal staff and representative traveled once, thus minimizing flight, mileage and other travel expenses.

4. **Facilitators of Success**

Describe factors or strategies that helped to facilitate completion of your work. These can be conditions at your organization that generally contributed to your successes or specific actions you took that helped make your project successful or mitigated challenges described above.

The ITCA TEC is responsive to the needs of the tribal populations it serves. This value was an important factor to the success of this project. The activities proposed in this project originated from feedback received from tribal health department staff and representatives from tribal organizations. The ITCA TEC had buy-in from our partners because the ITCA TEC included activities based upon identified needs. Another factor that helped to facilitate completion of the project was focusing on how accreditation can strengthen tribal self-determination and improving health department capacity. During the self-assessment sessions, the participants discussed how the accreditation process was an opportunity to demonstrate that the health department is accountable to the tribal community.

5. **Lessons Learned**

Please describe your overall lessons learned from participating in the Accreditation Support Initiative. These can be things you might do differently if you could repeat the process and/or the kinds of advice you might give to other health departments or support organizations who are pursuing similar accreditation-related funding opportunities or technical assistance activities.

The lessons learned will serve as valuable information to ITCA TEC in future accreditation support projects, and may benefit others implementing similar projects. For other organizations providing accreditation-related opportunities and technical assistance, we suggest always providing a basic overview of public health accreditation to begin each activity. Participants who were new to the topic were able to participate in activities even if they did not have an extensive understanding of public health accreditation. Participants knowledgeable of accreditation often find the overview as a helpful refresher. Additionally, The ITCA TEC advises other programs to plan for implementing its services utilizes different modes of communication such as webinars and recorded sessions.

6. **Funding Impact**

Describe the impact that this funding has had on your health department/support organization (and/or health departments you worked with as a support organization). In other words, thinking about the work you have done over the last six months:

- *(Health departments) How has this funding advanced your own accreditation readiness or quality improvement efforts?*
- *(Support organizations) How has this funding advanced the technical assistance you provide to health departments? How has this funding advanced the accreditation readiness of the health departments you worked with?*

The ITCA TEC has improved its capacity to assist tribes for accreditation preparation. This supplement the technical assistance the ITCA TEC already provided in terms of data analysis, especially with development of community health profiles. As a result of technical assistance provided, tribes received the tools to conduct an internal self-assessment, initiate the community health assessment process, and determine basic quality improvement methods.

7. **Next Steps**

What are your organization's (and/or the health departments you worked with as a support organization) general plans for the next 12-24 months in terms of accreditation preparation and quality improvement?

The ITCA TEC plans to continue its efforts to assist tribal health departments monitor health status, with community health assessments, plan the evaluation of health services of tribal health programs, and link health department to resources for quality improvement planning and other accreditation relate topics. The partner tribal health departments all have unique plans for accreditation preparation and quality improvement within the next 1-2 years. This includes determining whether accreditation will be beneficial, completing the three prerequisites, re-visiting the self-assessment process, and/or selecting projects for quality improvement processes.