

Research Findings Brief

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Comparison between the Public Health Accreditation Board Standards and Measures Version 1.0 and the Public Health Association of Nebraska Standards and Measures

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Research Highlights

- There is great similarity between the Public Health Accreditation Board (PHAB) Standards and Measures Version 1.0 and the Public Health Association of Nebraska (PHAN) Standards and Measures.
- One of the main differences between the PHAB Standards and Measures Version 1.0 and the PHAN Standards and Measures is that the PHAB Standards and Measures provides additional guidance with each documentation requirement to help local health departments (LHDs) determine how to meet each measure.
- Of the 97 PHAB measures that LHDs will be responsible for documenting, 29 match precisely with PHAN measures, with Domain 3, "Inform and educate about public health issues and functions," and Domain 8, "Maintain a competent public health workforce," matching most closely.
- Given the similarity between the PHAB and PHAN standards and measures, LHDs that completed the PHAN self-assessment tool prior to the release of the PHAB Standards and Measures Version 1.0 will have a greater understanding of the gaps that need to be addressed within their LHD prior to application for accreditation than will those that did not complete the self-assessment tool.

Introduction

Quality improvement and accreditation in local health departments (LHDs) have become extremely important over the last few years. The formation of the Public Health Accreditation Board (PHAB) in 2006 and the subsequent release of the PHAB Standards and Measures Version 1.0 in July 2011 provided an impetus for LHDs to begin preparation for accreditation. In preparation for the release of the PHAB Standards and Measures, the Nebraska Office of Community and Rural Health provided funding to the Public Health Association of Nebraska (PHAN) to formulate a set of standards and measures that an LHD could use to measure performance. These standards and measures were based on the 10 Essential Services, the National Association of County and City Health Officials' (NACCHO) Operational Definition for Local Governmental Health Departments, and the National Public Health Performance Standards. The PHAN Standards and Measures were finalized in 2009.

After PHAN's Standards and Measures were finalized, a self-assessment tool was made available for LHDs to use to determine their level of activity in each measure. The activity levels included no activity, minimal activity,



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moderate activity, significant activity, and optimal activity. The scoring for each activity was based on the National Public Health Performance Standards Version 2.¹ These scores could then be aggregated to determine a score for each standard and for each essential service. Prior to the release of the PHAB Standards and Measures Version 1.0, a total of 10 LHDs in Nebraska had completed the PHAN self-assessment tool.

Methods

A systematic analysis of each PHAB domain, standard, measure, and documentation was completed and compared to each PHAN essential service, standard, measure, sub-measure, and documentation. The PHAB Standards and Measures Version 1.0 served as the referent group to which the PHAN Standards and Measures was compared for similarity. Upon completion of each comparison, substantive differences between the PHAB and PHAN standards and measures were identified.

Results

The PHAB domains and the PHAN essential services matched up quite closely, with one exception: there are 12 PHAB domains, but only 10 PHAN essential services. PHAB Domain 11 focuses on the management and administration capacity of the health department and includes two standards: (1) developing and maintaining an operational infrastructure to support the performance of public health functions and (2) establishing effective financial management systems.² Parts of these PHAB Domain 11 standards are included under a standard or a measure of a PHAN essential service area. PHAB Domain 12 focuses on the capacity of the health department to support and engage its governing entity in maintaining the governmental public health infrastructure for the jurisdiction served.² In the case of Nebraska, this entity is the local Board of Health. PHAB Domain 12 has three standards, requiring the LHD to (1) maintain current operational definitions and statements of the public health roles, responsibilities, and authorities; (2) provide information to the governing entity regarding public health and the official responsibilities of the health department and of the governing entity; and (3) encourage the governing entities engagement in the public health department's overall obligations and responsibilities.² Again, parts of these PHAB standards are included under a standard or a measure of a PHAN essential service.

The main finding of this analysis was the close similarity between the PHAB Standards and Measures Version 1.0 and the PHAN Standards and Measures. While the standards and measures of the two documents match relatively closely, the documentation does not. The difference is in the specificity of the documentation required by PHAB. The PHAB Standards and Measures Version 1.0 provides very specific examples of the documentation needed for each measure, along with additional guidance with each documentation requirement to help LHDs determine how to meet each measure, while documentation requirements in the PHAN Standards and Measures are quite general. For example, PHAB measure 5.1.2 A matches up most closely with PHAN measure 5.2.1. The PHAB measure requires documentation of the health department contributions to deliberations concerning public health policy. The PHAB measure is also quite specific in that it requires documentation for at least two of the three items listed in the guidance document, which include informational materials distributed; health department staff providing official department public testimony; and/or health department staff participating in advisory or workgroup appointed by a governing entity, elected officials, or the health department director. PHAN measure 5.2.1 requires documentation of gap analyses and program evaluations, constituent involvement to identify and analyze issues, prevention and protection advocacy for those most at risk, and the previous twelve months of local public health system involvement in activities that influenced or informed the public health policy process.¹ Although both PHAB and PHAN require documentation, the additional guidance in the PHAB standards and measures gives LHDs a better idea of what is required.

Of the 97 PHAB measures that LHDs will be responsible for documenting, 29 match precisely with PHAN measures. For several domains, there is a high degree of similarity between the PHAB measures and the PHAN measures. For Domain 3, "Inform and educate about public health issues and functions," six out of the seven

¹ Public Health Association of Nebraska. Nebraska local health department guide to standards and measures (Unpublished). 2010;1-57

² Public Health Accreditation Board Standards and Measures Version 1.0

measures match precisely, and for Domain 8, “Maintain a competent public health workforce,” two out of the three measures match.

Table 1 lists the aggregated scores of the LHDs that have completed the PHAN standards and measures self-assessment. The highest mean score is for Essential Service 2, “Diagnose and Investigate Health and Health Hazards in the Community” (0.550), followed by Essential Service 5, “Develop Policies and Plans that Support Individual and Community Health Efforts” (0.547), and Essential Service 8, “Assure a Competent Public and Personal Health Workforce” (0.528). The lowest mean score is for Essential Service 9, “Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services” (0.384), followed by Essential Service 3, “Inform, Educate, and Empower Individuals and Communities about Health Issues” (0.389), and Essential Service 7, “Link People to Needed Personal Health Services and Assure the Provision of Health Care When Otherwise Unavailable” (0.424). The high mean score for Essential Service 8 may indicate that LHDs are more prepared to address this domain on the PHAB Standards and Measures. Conversely, the low mean score for Essential Service 3 may indicate that LHDs are less prepared to address this domain.

Table 1. PHAN Standards and Measures Essential Service Self-Assessment Scores for the 10 Participating Nebraska LHDs

Essential Service Score	N	Mean	Median	Min	Max
2. Diagnose and Investigate Health and Health Hazards in the Community	10	0.550	0.549	0.422	0.707
3. Inform, Educate, and Empower Individuals and Communities about Health Issues	10	0.389	0.349	0.181	0.643
4. Mobilize Partnerships to Identify and Solve Health Problems	10	0.425	0.399	0.221	0.747
5. Develop Policies and Plans that Support Individual and Community Health Efforts	10	0.547	0.586	0.251	0.756
6. Enforce Laws and Regulations that Protect and Ensure Safety	10	0.448	0.457	0.131	0.729
7. Link People to Needed Personal Health Services and Assure the Provision of Health Care When Otherwise Unavailable	10	0.424	0.422	0.196	0.674
8. Assure a Competent Public and Personal Health Workforce	10	0.528	0.545	0.256	0.704
9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	10	0.384	0.417	0.153	0.615
10. Research for New Insights and Innovative Solutions to Health Problems	10	0.464	0.472	0.132	0.733

Given the similarity between the PHAB and PHAN standards, LHDs that completed the PHAN self-assessment tool prior to the release of the PHAB Standards and Measures Version 1.0 will have a greater understanding of the gaps that need to be addressed within their LHD prior to application for accreditation than will those who did not complete the self-assessment tool. This tool appears to be helpful for LHDs that wish to seek PHAB accreditation.

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