

Iowa Public Health Standards State Assessment



“The best thing about the state agency is that it exhibits leadership with vision.”

--Local Public Health Administrator

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Executive Summary

Outcomes from the On-Site Review

The Iowa Public Health Standards provide a consistent, accountable approach to promoting and protecting the health of Iowans. The standards describe the basic public health services and infrastructure that all Iowans can reasonably expect from their local and the state public health departments. The standards provide a framework to assess how well the governmental public health system is working. The governmental public health system includes local boards of health, local public health agencies, the Iowa Department of Public Health (IDPH), and the State Board of Health. Each of these entities contributes to building and promoting healthy communities in Iowa.

The Iowa Public Health Standards strengthen the public health system, which in turn benefits all Iowans. Significant benefits include:

- Consistent basic public health infrastructure and services across Iowa,
- Integration of public health services,
- A common set of expectations for public health,
- Defined responsibilities and functions for local and state public health,
- Increased accountability for public health,
- Increased visibility and marketability for public health,
- Professionalization of disciplines under the umbrella of public health, and
- Elevation of the roles and responsibilities of boards of health.

The Iowa Public Health Standards “raise the bar” for public health and they represent the collaborative effort of over

150 local and state public health professionals and public health partners. The combined public health expertise, scientific knowledge, and practical experience of these professionals provided the foundation for defining responsibilities of governmental public health.

Iowa’s Approach to the Public Health Standards

The Iowa Public Health Standards apply to local boards of health and the State Board of Health. The standards recognize the governance responsibilities of boards of health in safeguarding the community’s health. Local boards of health are responsible for assuring compliance with the local criteria of the Iowa Public Health Standards within their jurisdictions (city, county, or district). Local boards of health will assure compliance through a designated local public health agency. The standards allow for local discretion on the method by which a board of health will oversee the designated local public health agency (e.g., as governing body or through a contract). The State Board of Health is responsible for assuring compliance with the state criteria of the Iowa Public Health Standards. The State Board of Health will assure compliance through IDPH.

Standards were developed in 11 component areas. The organizational capacity standards identify the infrastructure that must be in place to deliver public health services. The public health services standards identify the role of public health in building and promoting healthy communities in Iowa.

On-Site Review

The purpose of the on-site review was to evaluate the extent to which IDPH met the 218 criterion based on the evidence provided. A team of five external reviewers assessed the evidence, determined if the evidence supported the criteria, and provided feedback on the integrity of the criteria and the assessment process.

The criteria were divided among the review team with each member reviewing the evidence for 40 to 47 criteria. The criteria and evidence were labeled and filed electronically. Using a pre-formatted spreadsheet, each reviewer indicated whether a criterion was “Met” or “Not Met” based on the evidence provided. Additional comments or suggestions may have been provided per criterion. Interviews with local public health officials and staff complemented the reviews. The completed reviews were provided to the facilitator for the final report.

At the conclusion of the on-site review, an outgoing report was provided to the IDPH Executive Team. Highlights included general themes, strengths and areas for improvement.

State Assessment Outcomes

Congratulations! IDPH is a trailblazer in public health assessment and is one of a few states to have undergone an on-site review process. State and local public health staff should be commended for their ongoing commitment to this process. It is an evolution that will build stronger public health services across Iowa.

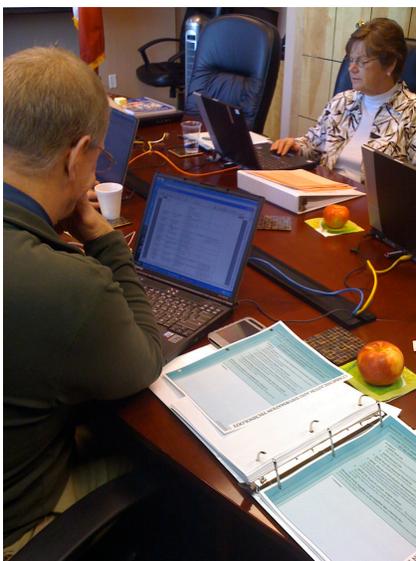
Of the 218 criteria reviewed, 166 (76.1%) criteria were “Met” and 52 (23.9%) criteria were “Not Met” based on the evidence provided (see Table 1). The standards that had stronger support of evidence were: 1) Communication and Information Technology; 2) Prepare for, Respond to, and Recover from Public Health Emergencies; and 3) Governance. The standards that did not have strong evidence were: 1) Evaluation; 2) Community Assessment and Planning; and 3) Prevent Injuries.

General Themes

The review team identified general themes that were common across the Iowa Public Health Standards. The themes provide suggestions for improving the public health standard assessment process, strengthening the criteria, or identifying more suitable evidence to support a criterion.

State and Local Connections. Local public health agencies perceive IDPH as responsive by exhibiting a high-level of expertise and offering focused technical assistance. The Regional Community Health Consultants are seen as an asset for IDPH and the public health system. Interviewees highlighted a healthy relationship between the state and local public health agencies and indicated an excitement and energy about the public health standards efforts. In the words of a local public health administrator, “The best thing about the state agency is that it exhibits leadership with vision.”

Statewide Health Assessment. Many standards and criteria referred to either a statewide community health assessment or a state health assessment. The Community Health Needs Assessment and Health Improvement Plan is a collection of 99 county health assessments but this does not constitute a comprehensive state health assessment. The IDPH data warehouse



may be a future tool for conducting a state health needs assessment.

Criteria Semantics. Some criteria may need review for intent, appropriateness and viability. For example, some criteria:

- May be too brief or include too many elements making it challenging to evaluate the evidence.
- Include multiple elements and often use “and” within the subjects versus “or,” therefore increasing the amount of evidence needed to meet a criterion.
- Begin with a verb but do not include a subject (e.g., advise, assure, etc.) resulting in a criterion in which it is not clear who is responsible.
- Hold IDPH accountable to activities in which the Department does not control.
- Build upon previous criteria so if the first criterion is not met, the subsequent criteria cannot be met.
- May have set expectations that are too high or too low.

Terminology. Some terms are used interchangeably and may need to be better defined so they can be objectively measured. For example, the term(s):

- *Knowledge and Expertise.* Often, there was not an indication of how knowledge or expertise were assessed.
- *Data Collection System and Database.* It was unclear as to whether a data collection system encompassed the process and functionality of collecting data, whereas a database is a tool to collect data.
- *System Evaluation and Data System Reporting.* System evaluation infers a comprehensive review of an entire program or initiative, whereas a data system is a tool within that system.
- *Local Public Health Agencies and Local Public Health Contractors.* Some criteria referred to local public health agencies but then used evidence from local contractors who were not a local public health agency.
- *Establish.* The term “establish” may be limiting for a criterion. Whereas, “to establish and maintain” would include action following the establishment of a process.

Table 1. Outcomes of the Iowa Public Health State Standards Assessment

| Standard | | Acronym | # Criterion | # Met | # Not Met | % Met | % Not Met |
|-------------------------|---|---------|-------------|------------|-----------|--------------|--------------|
| Organizational Capacity | Governance | GV | 21 | 18 | 3 | 85.7% | 14.3% |
| | Administration | AD | 43 | 34 | 9 | 79.1% | 20.9% |
| | Communication & Information Technology | IT | 24 | 22 | 2 | 91.7% | 8.3% |
| | Workforce | WK | 15 | 12 | 3 | 80.0% | 20.0% |
| | Community Assessment & Planning | CA | 16 | 10 | 6 | 62.5% | 37.5% |
| | Evaluation | EV | 4 | 1 | 3 | 25.0% | 75.0% |
| Public Health Services | Prevent Epidemics & the Spread of Disease | PE | 35 | 26 | 9 | 74.3% | 25.7% |
| | Protect Against Environmental Hazards | EH | 22 | 14 | 8 | 63.6% | 36.4% |
| | Prevent Injuries | IN | 8 | 5 | 3 | 62.5% | 37.5% |
| | Promote Healthy Behaviors | HB | 12 | 8 | 4 | 66.7% | 33.3% |
| | Prepare for, Respond to, & Recover from Public Health Emergencies | ER | 18 | 16 | 2 | 88.9% | 11.1% |
| Total | | | 218 | 166 | 52 | 76.1% | 23.9% |

Revisions and Updates of

Evidence. Some evidence provided for this assessment was dated and it was unknown if the evidence had been reviewed on a regular basis and did not have any revisions. Documents requiring regular review could include a footnote indicating the most recent review and if it remained in compliance.

Communication between IDPH and Local Public Health Agencies and Contractors. There appeared to be opportunities to strengthen communication between IDPH and local public health agencies and contractors. A comprehensive communication plan would further build the partnership between IDPH and local public health agencies and contractors.

Evaluation. Evaluation of programs, processes, systems and services appeared to be sporadic and not comprehensive. Some criteria included evaluation, but the evidence did not focus on evaluation, only the components of evaluation.

IDPH could collect feedback from local public health agencies and contractors on the quality of services provided (e.g., technical assistance, contract management, etc.), implement a response plan and report back to agencies.

Workforce. It did not appear there is a comprehensive statewide assessment of local and state public health workforce.

State Board of Health. The evidence indicated a strong relationship between the State Board of Health and the Governor's office. However, it did not appear that the State Board of Health has the authority to approve the budget of IDPH.

Fragmentation of Services. As indicated by the IDPH Executive Team, the evidence, and interviews with public health practitioners there is segmentation (e.g., "silos") across public health sectors. Specifically, in the environmental health services. IDPH could develop agreements with other state agencies to

achieve greater cooperation and coordination of environmental health services. An environmental health data system would boost continuity and assist with program evaluation and contractual relations.

Information Technology. IDPH has a robust communication/IT infrastructure. The IDPH Web site is easy to navigate and Web content was thorough and current. IDPH maintains numerous public health data systems which has led to the same data entered multiple times at the local level and increased maintenance and oversight by IDPH staff. Master data management and consolidation of data systems would increase efficiencies and data quality at the local and state levels.

Standards Summary

Table 2 briefly highlights the strengths of the Iowa Public Health Standards and outlines suggestions for strengthening the standards.

Table 2. Summary of the Iowa Public Health State Standards Assessment

| Standard | The strengths of this standard were: | Suggestions for strengthening this standard include: |
|---|---|---|
| Governance | <ol style="list-style-type: none"> 1) The instrumental role of the State Board of Health as a policy leader and advocate for public health. 2) The development of the state assessment logic model. | <ol style="list-style-type: none"> 1) Clarifying whether the State Board of Health has authority to approve the IDPH budget. 2) Documenting whether the State Board of Health receives an IDPH financial report every six months. 3) Reviewing the semantics of the criteria to better reflect intent and viability. |
| Administration | <ol style="list-style-type: none"> 1) Strong evidence and use of data and reports. 2) Excellent safety plan and emergency procedures for IDPH. 3) Solid documentation such as the IDPH Strategic Plan, Healthy Iowans 2010 and the IDPH Annual Report. | <ol style="list-style-type: none"> 1) Developing standardized documentation mechanisms for reviewing and revising policies 2) Revising criteria that include routine functions (e.g., budget, audit) to reflect continuous quality improvement. 3) Reviewing the semantics of the criteria to better reflect intent and viability. |
| Communication & Information Technology | <ol style="list-style-type: none"> 1) The establishment of strong databases and IT infrastructure. 2) Data warehouse plan. 3) A Web site that is easy to navigate and read. | <ol style="list-style-type: none"> 1) Addressing the disassociation among databases resulting in multiple entries at the local level and greater maintenance and oversight at IDPH. 2) Reviewing the semantics of the criteria to better reflect intent and viability. |
| Workforce | <ol style="list-style-type: none"> 1) The identification of excellent goals for the public health workforce at the state and local levels. 2) The use of standards to enhance the educational preparation of the public health workforce. | <ol style="list-style-type: none"> 1) Establishing measures to meet the public health workforce goals, including statewide workforce assessment, continuing education requirements, and position qualifications. 2) Implementing strategies to document public health workforce accomplishments. |
| Community Assessment & Planning | <ol style="list-style-type: none"> 1) Strong technical assistance resources provided by the Regional Community Health Consultants and specifically on the Community Health Needs Assessment and Health Improvement Plan. 2) Commitment and documentation of community partnerships. 3) Annual updates of Iowa Vital Statistics and Iowa health indicators. | <ol style="list-style-type: none"> 1) Clarifying “comprehensive statewide health needs assessment” and “community health needs assessment” as it is unclear if the statewide health needs assessment is or is not the aggregation of 99 county health assessments. 2) Developing a comprehensive statewide health assessment (e.g., The State of Iowa’s Health) that may build on the 99 community health needs assessments and consolidates state health indicators. 3) Reviewing the semantics of the criteria to better reflect intent and viability. |

| Standard | The strengths of this standard were: | Suggestions for strengthening this standard include: |
|--|--|---|
| Evaluation | <ol style="list-style-type: none"> 1) The availability of many components (e.g., goals, objectives and performance measures) to conduct effective process, program and system evaluation. | <ol style="list-style-type: none"> 1) Establishing comprehensive approaches to evaluation that examine processes, programs and systems. 2) Moving beyond reporting current data to using data to demonstrate trends, goal attainment, efficiencies and effectiveness. 3) Reviewing the semantics of the criteria to better reflect intent and viability. |
| Prevent Epidemics & the Spread of Disease | <ol style="list-style-type: none"> 1) The availability of quality tools to submit data for surveillance purposes. 2) Strong justification of capacity. 3) Feedback from providers sought by the University Hygienic Laboratory. | <ol style="list-style-type: none"> 1) Documenting and substantiating expertise and knowledge attainment. 2) Reviewing the semantics of the criteria to better reflect intent and viability. |
| Protect Against Environmental Hazards | <ol style="list-style-type: none"> 1) Excellent relationships between local and state environmental health staff. 2) Availability of resources, trainings and orientation for local environmental health staff. | <ol style="list-style-type: none"> 1) Establishing stronger relationships with partner agencies at the state and local level to decrease the fragmentation of environmental health services. 2) Developing a comprehensive environmental health data management system. 3) Reviewing the semantics of the criteria to better reflect intent and viability. |
| Prevent Injuries | <ol style="list-style-type: none"> 1) Collection of data on a wide range of injuries. 2) Excellent focused statewide injury prevention activities. 3) Strong public information pieces regarding injury prevention. | <ol style="list-style-type: none"> 1) Providing more evidence of technical assistance to local public health agencies. 2) Citing the source(s) for evidence-based practice. |
| Promote Healthy Behaviors | <ol style="list-style-type: none"> 1) Electronic databases of community programs. 2) Examples of information targeted to the public were very easy to read and practical. 3) Advocacy and strategy development tools. | <ol style="list-style-type: none"> 1) Increasing the visibility of IDPH on initiatives and programs. 2) Communicating regularly with local public health agencies and local contractors on other funding opportunities to support prevention activities. 3) Reviewing the semantics of the criteria to better reflect intent and viability. |
| Prepare for, Respond to, & Recover from Public Health Emergencies | <ol style="list-style-type: none"> 1) Organized and solid evidence provided. 2) Use of templates for local public health agencies. 3) Capitalizing on emergency events to exercise and improve plans. | <ol style="list-style-type: none"> 1) Using completed templates as examples of evidence for standards. 2) Seeking approval of the state public health emergency response plan by the State Board of Health and the Homeland Security and the Emergency Management Division. 3) Reviewing the semantics of the criteria to better reflect intent and viability. |



On-Site Review Process

In addition to assessing the extent to which IDPH met public health standards, the review team shared their feedback about the on-site review process.

The preparation process was well organized including the transportation, hotel reservations and meals. Dividing the standards and criteria based on reviewer expertise was beneficial. IDPH staff were very responsive to requests. Reviewers would have liked the pre-assessment materials and completed contracts more than one week prior to the on-site review.

During the on-site review, the reviewers felt there was sufficient time to complete the reviews, interviews, discuss issues as a group, and prepare the outgoing report. Having the evidence labeled and available electronically, in addition to completing the review tool electronically, was very efficient.

The review team established additional parameters for conducting the review. For example, the criterion was “Met” if any of the evidence supported the criterion. All criteria that were “Not Met” were discussed and agreed to by the review team. The interviews with local and state public health staff were scheduled appropriately and were very helpful.

The reviewers felt this was a well-assembled review team and it was very valuable having a local public health administrator part of the assessment process. Having a facilitator provide support during the review and charged with completing the report provided continuity and was beneficial.

Recommendations

Upon completion of the on-site review, the team suggested the following action steps to the IDPH Executive Team:

- Communicate the outcomes of the on-site review to stakeholders.
- Review the overarching themes, create action plans and make revisions to criteria or standards.
- Consider preparing a manuscript on the process and findings of the on-site review and submit to a peer-reviewed journal.
- This on-site review team had a good composition based on experience and area of expertise. Future reviews need experienced public health practitioners outside of the system. A local public health perspective proved very valuable.
- Keep the on-site review team apprised of how IDPH proceeds.

For more information about the on-site review, please visit the Modernizing Public Health in Iowa website at:

<http://www.idph.state.ia.us/mphi/>



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