



An Evaluation of the Iowa Public  
Health Accreditation Process

**Beta Test:**



**April 2012**



# Public Health Advisory Council

Dear Colleagues;

On behalf of the Iowa Public Health Advisory Council, I would like to take this opportunity to thank the countless number of individuals that have worked so diligently over the past eight years in developing a system for Modernizing Public Health in Iowa. We are now at a point in the Iowa Public Health Accreditation process to offer you this Beta Test product.

Public health services and activities are not exempt when it comes to public expectations of performance accountability and quality improvement. Yet, health departments are one of the few local and state governmental agencies with no national process for accreditation.

The goal of an Iowa public health accreditation program is to improve and protect the health of all Iowans by advancing the quality and performance of all health departments both at the state and local levels. Accreditation will drive public health departments to continuously improve the quality of the services they deliver to their community. Accreditation is a critical part of the future of public health, and as the national conversation around health reform progresses, accreditation will be an integral part of that dialogue and could well dictate what federal funds Iowa receives in the future.

We hope that the Beta Test information will both inspire and challenge you to advance the quality and performance your department.

Sincerely,

Donn Dierks  
Chairman – Iowa Public Health Advisory Committee

## Participants

The Public Health Advisory Council would like to thank everyone involved for their thoughtful participation and hard work. The following groups and participants provided direct assistance and planning that contributed to the success of testing and evaluating the Iowa Public Health Accreditation Process.

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\*denotes beta test site visitors

# Table of Contents

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<b>Section</b>	<b>Page</b>
<b>Developing a System</b> .....	<b>6</b>
<b>Alpha Test</b> .....	<b>7</b>
Accreditation Process .....	7
Accreditation Standards and Metrics .....	7
<b>Beta Test</b> .....	<b>9</b>
Preparation .....	9
Request for Proposal .....	9
Application .....	11
Self-Assessment .....	12
Site Visit Preparation .....	13
Site Visit .....	14
Site Visit Report .....	16
Accreditation Board Meeting .....	16
<b>Evaluation Summary</b> .....	<b>18</b>
<b>Next Steps</b> .....	<b>25</b>
<b>Appendix A: Beta Test Report Supplements</b>	
Application Comparison by Beta Test Site .....	2
Page County Beta Test .....	3
Linn County Beta Test .....	4
Component Recommendations for Review .....	5
Iowa Public Health Accreditation System .....	12
<b>Appendix B: Guidance Provided to Beta Test Sites</b>	
Acronyms Used in the Public Health Standards .....	2
Document Guidance .....	3
Glossary of Terms: 2011 Iowa Public Health Standards .....	4
Self-Assessment Template .....	10
Site Visit Schedule Instructions .....	11
Site Visit Schedule .....	12
What to Expect at Your Site Visit .....	14
<b>Appendix C: Guidance Provided to Site Visitors and Accreditation Board</b>	
Site Visit Tam Operational Guidelines .....	2
Site Visit Reporting Tool .....	8
Site Visitor/Accreditation Board Member Confidentiality Statement .....	9
Site Visit Schedule Instructions .....	10
Accreditation Status Guidelines .....	11
Accreditation Board Operational Guidelines .....	12

# Developing a System

Public health in Iowa is governed by 101 local boards of health and a state board of health. Of the 101 local boards of health 98 are county boards of health, two are city boards of health, and one is a district board of health. Local boards of health work with numerous community partners (e.g., local public health agencies, American Cancer Society, Visiting Nurses Association, substance abuse agencies, Iowa State Extension, and numerous other health promotion entities) to assure that public health services are being provided. With such a vast system for providing public health in Iowa, and with the increasing need to demonstrate accountability, Iowa began the process of developing local and state public health standards to assure a basic level of service throughout the state and to guide the delivery of public health services.

During 2003 and 2004, public health regional meetings were conducted across Iowa by Iowa Department of Public Health (IDPH) leadership. The following concerns were identified:

- ❖ the Iowa public health system is fragmented and lacks formal integration
- ❖ there are inconsistent funding streams among health agencies
- ❖ no benchmarks or standards exist
- ❖ the current public health workforce is fatigued and aging
- ❖ public health agencies are providing inconsistent service delivery statewide
- ❖ numerous services are being duplicated
- ❖ there is inadequate training for the public health workforce

Local and state public health practitioners in Iowa worked together to identify what action needed to transpire. In 2004, the individuals collaborated to form the Workgroup for Redesigning Public Health in Iowa. It consisted of 13 local public health practitioners and 12 state public health practitioners. With input from 150 other public health partners, this new workgroup began a statewide initiative to develop local and state public health standards to address the concerns identified during the regional meetings. Over the next three years, they would develop the Iowa Public Health Standards for local and state governmental public health agencies to use as guidance for the delivery of services and development of organizational capacity. Following three public comment periods, the original version of the standards was approved in December, 2007.

In 2009, an Accreditation subcommittee was charged with designing the framework for the Iowa accreditation system and subsequently developed the *Iowa Public Health Accreditation System 2009* document (*Appendix A: Beta Test Report Supplements*). At the same time, an Evaluation subcommittee began developing metrics for the Iowa Public Health Standards.

The next milestone was the enactment of the Iowa Public Health System Modernization Act (Iowa Code Chapter 135A) in May, 2009. The act established a Governmental Public Health Advisory Council (Advisory Council) which, among other duties, was to propose to the Iowa Department of Public Health Director public health standards that should be utilized for voluntary accreditation for local and state public health. The act also established a Governmental Public Health Evaluation Committee (Evaluation Committee) to evaluate the effectiveness of the public health system in Iowa and the impact of accreditation.

## **Purpose of the Iowa Public Health System Modernization Act**

- ❖ Increase system capacity
- ❖ Improve the equitable delivery of public health services
- ❖ Improve quality and system performance
- ❖ Provide a foundation to measure outcomes

# Alpha Test

## Accreditation Process

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The Iowa Public Health System Modernization Act charges the Advisory Council with the development of a voluntary accreditation process for public health agencies. The Advisory Council opted to start with the local public health voluntary accreditation process. With the adoption of the Iowa Public Health Standards, the Advisory Council needed to identify how local public health agencies would complete a self-assessment of their ability to meet the standards, and more importantly, what information the local public health agencies would supply in the form of evidence to prove their service levels and organizational capacity. The Advisory Council determined that these items would be identified through an alpha test, allowing agencies to develop their own self-assessment process and to submit the evidence that each agency felt exhibited adherence to each criterion. A request for proposal (RFP) was released by IDPH in October, 2009, requesting interested local boards of health apply to participate in the alpha test. Six boards of health were chosen to participate in the alpha test. Those were Dallas County Board of Health, Hancock County Board of Health, Johnson County Board of Health, Lee County Board of Health, Scott County Board of Health, and Tama County Board of Health.

The alpha test was completed by each board's designated local public health agency. The alpha test was used to identify documentation available within local public health agencies demonstrating their ability to meet the Iowa Public Health Standards and how the standards and criteria were being interpreted by the local public health agencies. The information provided by the agencies was compiled into a central repository and would become instrumental in further developing the standards and the creation of metrics.

## Accreditation Standards and Metrics

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The 2007 version of the standards provided guidance for public health agencies to use for the delivery of services and the development of organizational capacity. However, they did not provide specific examples of what the agency should be able to provide as evidence to demonstrate compliance with the standards. With documentation provided by the alpha test sites, the Advisory Council appointed a Metrics subcommittee to continue developing the metrics for the Iowa Public Health Standards. Utilizing the information gathered during the alpha test, the Metrics subcommittee began developing clear interpretation, guidelines, and specific evidence could be used to show compliance with the standards. The Metrics subcommittee also worked to assure that Iowa's standards aligned with the national Public Health Accreditation Board (PHAB) standards. The following four components were developed for the metrics of the Iowa Public Health Standards at the criterion level for the local and state public health standards:

### **Iowa Public Health Standards Metrics Components**

- ❖ Statement of purpose of the criterion
- ❖ Statement of significance of the criterion
- ❖ Guidance towards what the agency must provide to show adherence to the criterion
- ❖ Required documentation that the agency must provide to demonstrate that it is meeting the criterion

In spring, 2011, the Metrics subcommittee presented a revised version of the Iowa Public Health Standards, with completed metrics, to the Advisory Council and Evaluation Committee for approval. In November, 2011, the revisions were approved by the State Board of Health.

The 2011 version of the Iowa Public Health Standards is comprised of local and state standards, criteria for each standard, and metrics for each criterion. The current version contains 100 criteria that assess the ability of local Iowa public health agencies' to comply with the standards. Additionally, there are 144 criteria assessing the ability of the state public health department to comply with the standards. The standards are

grouped into 11 component areas classified as either organizational capacity components or service components. The 11 components are:

#### **Organizational Capacity Components**

**Governance (GV)** – Focuses on obligations of boards of health in Iowa to oversee public health matters. These standards apply directly to the respective boards of health.

**Administration (AD)** – Addresses operational procedures and management systems that are necessary to lead effective public health agencies. These agencies will be responsible for administering public health services and complying with the Iowa Public Health Standards.

**Communication and Information Technology (IT)** - Specifies the communication infrastructure and systems needed to interface with community partners and the public for both routine and urgent communications. These standards also stipulate the information technology and systems that must be in place to access critical information and data to serve and protect the public.

**Evaluation (EV)** – Defines on-going evaluation and systematic critical review of the effectiveness, accessibility, and quality of public health services are key functions of public health.

**Workforce (WK)** - Provides for appropriately qualified workers, a sufficient number of personnel and skill mixes, and on-going training to maintain competency and currency in the public health workforce.

**Community Assessment and Planning (CA)** – Addresses the key elements of a community health assessment, including developing a community health profile, building community collaboration, developing a community health improvement plan, and evaluating the outcomes.

#### **Service Components**

**Prevent Epidemics and the Spread of Disease (PE)** - Addresses surveillance, investigation, and prevention and control measures.

**Protect Against Environmental Hazards (EH)** - Focuses on the need for the public health system to have established procedures in place for monitoring and controlling sanitary living conditions.

**Prevent Injuries (IN)** – Addresses the need to monitor injury trends and provide leadership with community partners to focus on injury prevention, and coordinate prevention strategies.

**Promote Healthy Behaviors (HB)** – Focuses on the primary prevention and promotion measures needed to keep illnesses, injuries, and diseases from occurring.

**Prepare for, Respond to, and Recover from Public Health Emergencies (ER)** – Defines the critical activities involved in preparedness and planning with community partners to respond to public health emergencies, including environmental-related emergencies.

The 2011 version of the Iowa Public Health Standards can be found at [www.idph.ia.us/mphi](http://www.idph.ia.us/mphi).

# Beta Test

## Preparation

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In preparation for the beta test of the Iowa Public Health Standards, the Advisory Council appointed a subcommittee to develop methodology for the different stages of the process and guidelines for the participants to follow. The subcommittee revisited work completed by a redesign subcommittee and through the North Carolina local public health accreditation system. During this test, the effectiveness of the newly approved metrics became a focal point of the process. Would the metrics be effective in demonstrating compliance with the standards by the participating agencies? The subcommittee worked on two main elements of the beta test: 1) the process for selecting site visitors and their roles, and 2) the distinct stages of the Iowa beta test accreditation process. Following are the requirements of the beta test site visitors and the stages of the Iowa beta test accreditation process which were approved by the Advisory Council:

### Site Visitor Requirements

- ❖ Must be volunteers to the accreditation process
- ❖ Must be from the public health community with a minimum of three years of experience in public health
- ❖ Must demonstrate expertise in either local or state public health issues including experience or expertise in any of the 11 component areas of the standards
- ❖ Each site team must include representation from each of the following categories:
  - Local public health manager (e.g., administrator, supervisor)
  - Local public health professional (e.g., public health nurse, environmental health specialist)
  - An individual with public health experiences (e.g., local board of health member, public health educator, consumer)

### Stages of Iowa Beta Test Accreditation Process

**First Stage** - Selected agencies will complete an Iowa accreditation application.

**Second Stage** - Agencies will conduct a self-assessment and collect evidence that outlines their adherence to the Iowa Public Health Standards.

**Third Stage** - Agencies will host a site visit for site visitors. Site visitors will assess the agency's ability in adhering to the Iowa Public Health Standards.

**Fourth Stage** - Site visitors will finalize the process by developing a site visit report and submitting to the pilot Accreditation Board with a recommendation on accreditation status.

**Fifth Stage** - The pilot Accreditation Board will make a final determination on accreditation status of an agency.

The final component of preparation for the beta test was to identify agencies to participate. IDPH developed an RFP outlining the process for interested applicants. The beta test site requirement can be found in the *Beta Test – Request for Proposal* section.

## Request for Proposal

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The RFP was made available to local boards of health on June 10, 2011. It outlined the purpose of the funding *to select the most qualified applicants to pilot the Iowa Public Health Accreditation process prior to its implementation*, whereas, *implementation* refers to the accreditation process being readily available to all local boards of health. A total of \$50,000 was available to fund two participants (a maximum allowable contract of \$25,000 each). Applicants could not have been a part of the alpha testing of the Iowa Public Health Standards. To test the accreditation process within a rural community, one award would be granted to a local board of health with a population base of fewer than or equal to 20,000 citizens. Conversely, to test the accreditation process within a metropolitan community, the other award would be granted to a local board of

health with a population base of more than 20,000 citizens. Awarded applicants would proceed through the first four stages of the process from September 7, 2011, through June 30, 2012. Those stages were: application for accreditation; self-assessment process; site visit; and review of the site visit report. Applicants were informed that the pilot process would not result in an officially granted accredited status. Figure 1 contains the activities that the awarded agencies were required to complete.

**Figure 1: Required Agency Activities for Beta Test**

1. Assign an accreditation coordinator and develop an accreditation team to assist the coordinator throughout the process.
2. Complete an application for accreditation.
3. Complete a self-assessment by gathering and preparing evidence demonstrating the applicant's ability to meet the Iowa Public Health Standards.
4. Submit evidence electronically to IDPH including a separate document that identifies which evidence correlates with each criterion.
5. Host a site visit to review submitted evidence with a site visit team.
6. Review the site visit report and provide comment about the content and usefulness of the report.
7. Record the amount of time spent collecting evidence and in team meetings.
8. Complete a monthly survey evaluation.

Eleven local boards of health completed a proposal to appoint their designated local public health agencies to complete the beta test process. The possible candidates included an array of local public health agencies across the state varying in staff size, population base, demographics, scope of services, and levels of community involvement. The completed proposals were subsequently evaluated according to the RFP guidelines. Figure 2 illustrates the guidelines used for the evaluation.

**Figure 2: RFP Guidelines**

Criteria	Description	Weight
<b>Introduction</b>	<ul style="list-style-type: none"> <li>• Readiness for accreditation and interest in assisting to develop the Iowa Public Health Accreditation Process is explained.</li> <li>• Leadership and local board of health support of accreditation are described.</li> <li>• Board of supervisor's position on accreditation is explained.</li> </ul>	10%
<b>Staff</b>	<ul style="list-style-type: none"> <li>• Responsibilities and competencies of accreditation coordinator OR</li> <li>• Accreditation team members, and their reason for inclusion, are identified</li> </ul>	15%
<b>Project Plan</b>	<ul style="list-style-type: none"> <li>• Explanation of accreditation team process.</li> <li>• Description of the evidence collection process (internal and external).</li> </ul>	30%
<b>Evaluation</b>	<ul style="list-style-type: none"> <li>• Description of how the applicant will evaluate the self-assessment process including adherence to deadlines and thoroughness of evidence.</li> </ul>	20%
<b>Budget Narrative</b>	<ul style="list-style-type: none"> <li>• Only allowable line items are included.</li> <li>• Justification narrative is to level of detail required.</li> </ul>	15%
<b>Work plan</b>	<ul style="list-style-type: none"> <li>• Completed GANTT chart.</li> <li>• Justification of timeline is appropriate.</li> </ul>	10%

**Scale:**

- 5 – Applicant's proposal or capability is exceptional and exceeds expectations for this criterion.
- 4 – Applicant's proposal or capability is superior and slightly exceeds expectation for this criterion.
- 3 - Applicant's proposal or capability is satisfactory and meets expectations for this criterion.
- 2 - Applicant's proposal or capability is unsatisfactory and contains numerous deficiencies for this criterion.
- 1 - Applicant's proposal or capability is not acceptable or applicable for this criterion.

The two local boards of health selected to participate in the beta test process were Page County Board of Health and Linn County Board of Health.

## Application

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The first step in the proposed Iowa accreditation process for a local public health agency is the completion and submission of an application. The Advisory Council, in partnership with IDPH, developed an application to serve as a tool for gathering pertinent information about the local public health agency. The application requests general information, such as the official agency name, name of administrator, name of accreditation coordinator, and contact information. It also asks more detailed, agency specific questions, such as the population served, approximate annual budget, number of employees, unique characteristics of the agency, unique characteristics of the jurisdiction the agency serves, and programs offered by the agency.

A comparison of the application for the beta test sites has been included in *Appendix A: Beta Test Report Supplements*. Feedback from all participants and lessons learned about the application are provided in the *Evaluation Summary* section of this report.

## Self-Assessment

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During the self-assessment process, agencies completed an internal audit, or review, of their ability to provide evidence that they are adhering to the Iowa Public Health Standards. Because of the differences in operations and services, each agency developed their own project plan based on internal strengths and weaknesses. To ensure that a minimum level of planning transpired, the following guidelines were provided to the beta test sites to assist in the completion of their project plan:

### Figure 3: Project Plan Minimum Requirements

- Develop a project team schedule
- Describe how local board of health members and agency staff will be educated about the accreditation preparation process and be prepared for the site visit
- Evidence
  - Describe how the team will collect and store evidence from the local public health agency
  - Describe how the team will collect evidence from public health partners (where applicable)
  - Describe challenges anticipated in collecting evidence and how they will be addressed
  - Address how evidence will be prioritized
  - Define the final decision process used to determine what evidence is submitted
- Evaluation
  - Describe how the applicant will evaluate the self-assessment process, including adherence to deadlines and thoroughness of evidence
  - Identify who will be responsible for documenting recommended changes to the self-assessment process throughout the project period

Guidance was also provided to the agencies regarding evidence documentation. Agencies often have numerous types of documentation (e.g., hard copy documents, emails, evidence contained within databases, plans, documents waiting for approval, confidential documents). To help the agencies define the most efficient ways to submit the evidence and the most effective types of evidence to collect, each agency was provided with *Document Guidance (Appendix B: Guidance Provided to Beta Test Sites)*. This document contains 11 tips, or recommendations, for the agency to follow during their self-assessment.

The agencies were provided with other documents that provided general direction and information about the beta test and the Iowa Public Health Standards. These documents can be found in *Appendix B: Guidance Provided to Beta Test Sites* and include: *Acronyms Used in the Public Health Standards*; *Glossary of Terms: 2011 Iowa Public Health Standards*; and a *Self-Assessment Template* that the agencies could use to record their progress in gathering evidence at the criteria level.

Each beta test site had a unique take on what an accreditation team should resemble. Differences included the roles that each team member played and the expertise/experience levels that each team member possessed. Additionally, each beta test site’s process and meeting arrangements varied to some degree. These differences were vital to effectively testing the Iowa accreditation process. As varied as Iowa public health agencies are, the accreditation system must offer flexibility for all that are interested in participating. Information regarding the two beta test sites’ accreditation team framework and their respective beta test processes can be found in *Appendix A: Beta Test Report Supplements*. Feedback from all participants and lessons learned about the self-assessment process are provided in the *Evaluation Summary* section of this report.

## Site Visit Preparation

### Agency

In preparation for the site visit, each agency was provided *Site Visit Schedule Instructions*. This document outlined items that needed to be completed prior to the visit and events that would occur during the visit. The instructions outlined the recommended individuals that should attend the entrance conference. Those are the public health administrator, the accreditation coordinator, members of the accreditation team, and a local board of health member. The entrance conference provided time for site visitors and agency representatives to review the site visit schedule, the agency’s approach to the accreditation process, and any recent changes in the organization which were relevant to the site visit. The site visit schedule is a flexible document that provides estimated times to complete specific tasks during the site visit. Adjustments may occur due to running ahead or falling behind schedule and all parties need to be able to adjust accordingly. To complete the *Site Visit Schedule*, the agencies were required to provide the names of attendees who would be participating during specific times of the site visit. The beta test site agencies were also provided with *What to Expect at Your Site Visit*. This is similar to a frequently asked questions document and its intent is to answer common questions and concerns. The agency site visit preparation documents can be found in *Appendix B: Guidance Provided to Beta Test Sites* and include: *Site Visit Schedule Instructions*; *Site Visit Schedule*; and *What to Expect at your Site Visit*.

### Site Visitors

Site visitors were selected based upon the site visitor requirements described in the *Beta Test – Preparation* section. IDPH contracted with six individuals to serve as site visitors and to be members of the pilot Accreditation Board. Figure 4 outlines the qualifications of the site visitors by beta test site:

**Figure 4: Qualifications of Site Visitors**

Page County	Linn County
Lead Site Visitor – Public health manager	Lead Site Visitor – Individual with public health experience
Site Visitor 2 – Public health professional	Site Visitor 2 – Public health manager
Site Visitor 3 – Public health professional	Site Visitor 3 – Public health professional

Prior to receiving documents for review, site visitors participated in an hour and a half training session via webinar. The training consisted of the following:

- ❖ An overview of Iowa Public Health Modernization history
- ❖ Expectations of site visitors before the site visit and while on the site visit
- ❖ A review of confidentiality requirements (the confidentiality statement can be found in *Appendix C: Guidance Provided to Site Visitors and Accreditation Board*)
- ❖ An overview of the components of a site visit report
- ❖ Review of the goals of the beta test pilot
- ❖ Sample site visit agenda
- ❖ Review of the Iowa Public Health Standards
- ❖ Information on the evidence review process

To assist the site visitors on the evidence review process, they were provided *Site Visit Operational Guidelines*. The full guidelines can be found in *Appendix C: Guidance Provided to Site Visitors and Accreditation Board*. Figure 5 outlines the guidance that was provided to the site visitors to assist in their review of the evidence.

IDPH assigned site visitors component areas of the standards to review in preparation for the site visit. A lead site visitor, who had extensive knowledge of the Iowa Public Health Standards, was assigned to preside over each site visit. The lead site visitor reviewed three component areas; the other site visitors reviewed four component areas each. The lead site visitor was assigned to review only organizational components. The other site visitors were assigned a combination of organizational and service components. Site visitors received a CD with the documentation submitted by the agency for their assigned components.

#### **Figure 5: Evidence Review Guide**

- Read the June 2011 Iowa Public Health Standards in their entirety, paying particular attention to the component areas that have been assigned to you. Read all other materials provided in advance of the site visit and plan to participate in any training sessions or preparatory conference calls provide by IDPH.
- Identify and list any weak or problem areas in the agency’s ability to meet the Iowa Public Health Standards before the start of the site visit. It may be helpful to make a list of specific questions you will want to have answered during the review.
- Do not try to judge the applicant agency as “good” or “bad.” Rather, judge only whether or not it is meeting the criteria of the Iowa Public Health Standards.
- Withhold final judgment of the local public health agency’s compliance with the standards until the completion of the site visit. The review of documentation, paired with the information gained from interviews and on-site communication, provides the opportunity to verify an agency’s compliance with the standards on a daily basis.
- The site visit team should pay particular attention to communication between other entities responsible for the provision of the Iowa Public Health Standards and the agency itself. Remember it is not the agency’s responsibility to provide everything described in the Iowa Public Health Standards, rather it is the responsibility of the agency to ensure that those needs are addressed within the jurisdiction.
- Gather and report as much information as possible so that the accrediting board can make a well-informed decision regarding accreditation status.
- Remember that each of Iowa’s local public health agencies is unique and differs in structure and style. Site visitors need to take into account the guidance and metrics provided in the Iowa Public Health Standards. Site visitors should ask themselves if the intent of the criterion has been met. If it has, regardless of how infrastructure and services are planned, implemented, monitored, and evaluated, the criterion is met.

Feedback from all participants and lessons learned about the site visit preparation process are provided in the *Evaluation Summary* section of this report.

## Site Visit

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The primary purpose of the site visit is to clarify and verify the applicant's self-assessment in order to evaluate the applicant's compliance with the Iowa Public Health Standards. Each site visit was led by the lead site visitor. The lead site visitor was responsible for coordinating the activities of the site visit team when on-site and was the team's spokesperson. The lead site visitor facilitated all site visit team meetings and assured that the site visit schedule was maintained as reasonably as possible. All site visit team members participated in group discussion on the evidence they reviewed and were responsible for identifying strengths and weaknesses of the agency in their respective component areas. IDPH provided two additional individuals to assist in the process, a facilitator and a scribe. The facilitator provided technical assistance to the site visit team members and the beta test sites regarding the meaning or intent of the criteria and metrics. The scribe provided record keeping necessary for the preparation of the exit interview and the creation of the site visit report. Each beta test site visit spanned two days. The schedule that follows was used at each of the sites. Feedback from all participants and lessons learned about the site visit process are provided in the *Evaluation Summary* section of this report.

## Day 1 – Beta Test Site Visit

Activity	Description
<b>Entrance conference</b>	Agency representatives (public health administrator, accreditation coordinator, members of the accreditation team, and a local board of health member) were asked to attend. Site visitors and agency representatives reviewed the site visit schedule, the agency’s approach to the accreditation process, and any recent changes in the organization which were relevant to the site visit.
<b>Tour of public health agency</b>	The public health administrator led the site visitors on a general tour of the health agency. The tour allowed site visitors to become familiar with the environment as well as to note the general layout, space provisions, and records storage for the agency.
<b>Interview with public health administrator</b>	The interview allowed for confirmation of the evidence provided in the documents and gave site visitors the opportunity to ask questions to help clarify evidence.
<b>Review of components: (GV, AD, IT, EV, WK)*</b>	A review of each component was led by an assigned site team member. Agency representatives who had assisted with gathering evidence for the component, or who could provide valuable information for the component if needed, were requested to be available during the review. The site team member used this time to request and gather any additional evidence that was available from the agency to strengthen its consideration of compliance with specific criterion.
<b>Site visit team meeting</b>	The site visitors met in a closed session to discuss the outcomes of the day’s work. The facilitator worked with the site visitors to record strengths/opportunities for improvement from the day to be shared at the exit conference, or for use in the site visit report.

## Day 2 – Beta Test Site Visit

Activity	Description
<b>Review of components: (CA, PE, EH, IN, HB, ER)*</b>	A review of each component was led by an assigned site team member. Agency representatives who had assisted with gathering evidence for the component, or who could provide valuable information for the component if needed, were requested to be available during the review. The site team member used this time to request and gather any additional evidence that was available from the agency to strengthen its consideration of compliance with specific criterion.
<b>Site visit team meeting / preparation for exit conference.</b>	The site visit team met again in closed session to discuss the outcomes of the day’s work. The facilitator worked with the site visitors to record strengths/opportunities for improvement for use in the exit conference, and site visit report.
<b>Exit conference</b>	The exit conference, led by the lead site visitor and the facilitator, was open to all individuals that the agency administrator invited. The purpose of the exit conference was to offer the findings of the site visit, review the scoring of criteria, and discuss general strengths/opportunities for improvement of the local public health agency. The beta test site was also briefed on the accreditation board meeting process for the presentation of the final site visit report.

\*refer to page 8 for the full description of each component.

## Site Visit Report

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Following the site visit, a site visit report was created for each beta test site. The report summarizes the findings of the steps in the review process and includes a checklist that identifies each criterion as met or not met and concludes with a recommendation regarding accreditation. The report is comprised of four sections:

**Site Visit Report:** Provides an overview of all aspects of the site visit. Items included are tabulation by component of criterion met and not met, overall strengths identified by the site visit team, overall areas for improvement identified by the site visit team, and the site visit team recommendation on accreditation status.

**Scoring Worksheet:** Provides a score of met or not met for each criterion

**Review of Criterion Not Met:** Provides a list of each criterion not met, the definition of the criterion, its required documentation, the documentation that was provided, and the justification by the site visit team as to why it was scored as not met.

**Strengths and Improvement Areas:** Provided at the component level, the site visit team provided information to the beta test sites on areas of strength and areas for improvement.

Feedback from all participants and lessons learned about the site visit report process are provided in the *Evaluation Summary* section of this report.

## Accreditation Board Meeting

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For the purposes of the beta test, the Advisory Council approved the following requirements of the Accreditation Board members.

### **Accreditation Board Member Requirements**

- ❖ The board will consist of eight members.
- ❖ Six of the eight members will include those who served as site visitors during the beta test process.
- ❖ One member shall serve as the chair of the board. This member shall lead the meeting of the board and will serve as a voting member for each test site.
- ❖ One member shall serve as a member of the board. This member will serve as a voting member for each test site.
- ❖ Members must each have working knowledge of the Iowa Public Health Standards.
- ❖ Board members will take action on the site visitor recommendation on accreditation status. Board members are restricted from taking action on beta test sites where they participated as site visitors.

### **Accreditation Board Preparation for the Board Meeting**

Members of the board received the application of the agency and the site visit report. Board members were asked to review both documents and identify any questions. Additionally, board members completed webinar training and were provided guidance through the *Accreditation Board Operational Guidelines* document (*Appendix C: Guidance Provided to Site Visitors and Accreditation Board*).

### Site Visitor Preparation for Board Meeting

Site visitors reviewed the applications and site visit reports for each beta test site in preparation for a question and answer session during the board meeting. The lead site visitors also prepared an introduction of formal remarks about their respective site visit. Following is the agenda used during the accreditation board meeting.

### Beta Test Accreditation Board Meeting Agenda

<b>Roll Call</b>	All members introduced themselves. Representatives from IDPH, Linn, and Page counties were also introduced.
<b>Linn County</b>	The lead site visitor presented the site visit report for Linn county and made a recommendation on accreditation status based on findings from the site visit. Members of the board were provided time to ask questions on the site visitors' findings. After the questioning period, a formal motion was made to accredit or not accredit the agency followed by a vote by the board members.
<b>Page County</b>	The lead site visitor presented the site visit report for Page county and made a recommendation on accreditation status based on findings from the site visit. Members of the board were provided time to ask questions on the site visitors' findings. After the questioning period, a formal motion was made to accredit or not accredit the agency followed by a vote by the board members.
<b>Comments</b>	Comments were heard from Linn and Page counties.
<b>Discussion of process improvement for Modernization of Public Health in Iowa</b>	The Accreditation Board discussed the board's process and identified feedback to provide to the Advisory Council.
<b>Adjourn</b>	The meeting was adjourned by the chair.

Feedback from all participants and lessons learned about the accreditation board meeting process are provided in the *Evaluation Summary* section of this report.

# Evaluation Summary

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The Evaluation Summary contains a collection of feedback that was received during the beta test process. It is organized according to process step (application, self-assessment, site visit preparation, site visit, site visit report, and accreditation board review) and by beta test participant (agency feedback, site visitor feedback, accreditation board feedback, and IDPH feedback). Throughout the beta test process, feedback was gathered through surveys completed by the agencies and site visitors involved. Additional feedback was gathered during interviews, conversations, and other communications. Lessons learned have also been compiled to assist the Advisory Council in formulating their recommendations on the next steps of the process.

*Note: The following feedback may have been paraphrased to save space and create a concise document for the reader. All comments relate directly to findings from the beta test process. Specific findings about the standards and metrics can be found in Appendix A: Beta Test Report Supplements.*

## Application

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<b>Agency Feedback</b>	<ul style="list-style-type: none"><li>• Average time to complete the application process for each agency was three hours.</li><li>• Agencies consulted with three to four individuals to obtain the necessary information to complete the application process.</li></ul>
<b>Site Visitor Feedback</b>	<ul style="list-style-type: none"><li>• The application provided good detail about the agency including who they serve, the organization of the agency, a checklist of programs offered, and general demographics of the community.</li><li>• The application does not include other locations in which the local public health agency may conduct services (e.g., satellite locations, local hospital, and other partnering locations).</li><li>• Listing the programs offered by the agency provides the site visitor with good insight of the composition of the local public health agency. A brief description as to what this service means to the agency and the number of employees involved with this service would help the site visitor understand the size and scope of the services offered.</li><li>• Inclusion of what issues have been identified in the agency's community health assessment and community health improvement plan would help in understanding the agency's area(s) of focus.</li><li>• Consider requiring the agencies to submit their annual report with the application.</li></ul>
<b>IDPH Feedback</b>	<ul style="list-style-type: none"><li>• Application in PDF format does not allow for electronic signatures necessary for completion.</li></ul>
<b>Lessons Learned</b>	<ul style="list-style-type: none"><li>• To assist the site visitors in visualizing the framework of the agency they are assessing, additional information needs to be gathered to showcase the agency's scope of services.</li></ul>

## Self-Assessment

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<b>Agency Feedback</b>	<ul style="list-style-type: none"><li>• Resources are limited to complete an additional, time-intensive project. The accreditation process would be unfeasible to complete during a public health emergency or sizeable disease investigation.</li><li>• Staff members can become overwhelmed with the sheer volume of criteria and the total amount of evidence that is required to show that the agency is effectively meeting the standards. To prevent this, it is important to outline the process the agency is going to use at the beginning of the project and communicate it to the involved staff.</li><li>• Newer programs and processes may not have mature operating levels that other programs and processes possess, increasing the difficulty in gathering quality supporting documentation.</li><li>• Consider requiring a brief narrative about how the agency meets a criterion.</li></ul>
<b>Site Visitor Feedback</b>	<ul style="list-style-type: none"><li>• Overall, information quantity supplied by the agencies was appropriate for the process. A majority of site visitors want to limit the number of documents submitted for each criterion to 2 to 3 pieces of evidence.</li></ul>
<b>IDPH Feedback</b>	<ul style="list-style-type: none"><li>• Smaller agencies tend to involve a larger proportion of staff during the self-assessment process than do larger agencies. This provides a unique set of pros and cons.<ul style="list-style-type: none"><li>○ Small agency staff tend to have a better working knowledge of the agency as a whole, as staff members are regularly required to work within numerous, if not all, programs. However, due to their smaller size, the accreditation process can be more taxing.</li><li>○ Large agency staff tend to have a more specialized approach to their programs, working within a limited number of programs. While individual staff involvement across programs is less than in small agencies, coordination efforts become of greater importance to develop one cohesive product.</li></ul></li><li>• Provide guidance to agencies about how to present documentation by criterion.</li></ul>
<b>Lessons Learned</b>	<ul style="list-style-type: none"><li>• Develop standardized tools for local public health agencies to use during the self-assessment process.</li><li>• Develop educational materials to use during the self-assessment process that provide further insight into the standards and what their intent is.</li><li>• Continue to review the standards for incongruences in grammatical usage and task frequencies.</li></ul>

## Site Visit Preparation

<b>Agency Feedback</b>	<ul style="list-style-type: none"> <li>• Ensured documentation was available on the agency intranet to provide as a resource for agency staff and site visitors during site visit.</li> <li>• Provided site visit schedule in advance to staff members to prepare them for the site visit and reiterated that the site visit is part of an improvement process (as opposed to a negative process).</li> <li>• Presented information from Self-Assessment process on a monthly basis at BOH meeting. Reviewed the application with the BOH prior to the site visit and discussed where gaps existed in the evidence and meeting the criteria.</li> </ul>
<b>Site Visitor Feedback</b>	<ul style="list-style-type: none"> <li>• Felt the overall training was adequate and that the Operational Guidelines provided understanding of site visitor roles and responsibilities.</li> <li>• Site visitors averaged about 20 hours each during the site visit preparation reviewing the evidence supplied by their respective beta test sites.</li> <li>• Site visitors were supplied a <i>Site Visit Reporting Tool (Appendix C: Guidance Provided to Site Visitors and Accreditation Board)</i> to score each criterion and track comments/notes during the preparation and completion of the site visit. They found it friendly, simple, and concise.</li> <li>• A complex process can be difficult to comprehend when the evidence supplied is only a portion of the larger process. Example: It is difficult to fully understand an agency's strategic plan when the site visitor is only provided a snap shot of the process.</li> <li>• Site visitors without extensive knowledge of auditing or accreditation processes requested additional training on their responsibilities and the quantity/quality of feedback necessary to provide a quality site visit.</li> </ul>
<b>IDPH Feedback</b>	<ul style="list-style-type: none"> <li>• Training for site visitors should include detailed information about how the site visitors should review the evidence provided.</li> <li>• Consider providing training specific to each component area.</li> <li>• Consider role playing to introduce interview skills in training.</li> </ul>
<b>Lessons Learned</b>	<ul style="list-style-type: none"> <li>• Overall backgrounds can vary greatly among the site visitors including their level of auditing experience, their overall general understanding of the Iowa public health system, and the Iowa Public Health Standards. It is important to have continuous technical assistance available for the site visitors to assist with any questions.</li> <li>• Additional education and training materials are needed to better audit the evidence. A tool was provided to the site visitors to make notes and score each criterion as it was being reviewed; however, the level of feedback and methodology of auditing varied among site visitors.</li> <li>• The self-assessment process spurs activity in areas that the assessing agency may not have been focused on previously. The site visitors noted that documentation that is required to be approved or updated had been during the period of the self-assessment. The burden of discovering the extent to which these recently updated items have been incorporated into daily practice lies on the site visitors. Time during the site visit needs to be allotted to address this.</li> </ul>

## Site Visit

<b>Agency Feedback</b>	<ul style="list-style-type: none"><li>• Would be beneficial to clarify exactly who would be interviewed during the site visit and when.</li><li>• Expected random selection of field staff to complete field validation of evidence supplied.</li><li>• Iowa public health agencies vary greatly in their facilities. It is important that the site visit occurs on-site, but site visitors should be prepped beforehand that facilities may not offer the comfort level that is expected (e.g., dedicated work space, comfortable chairs, etc.)</li><li>• The site visit schedule was appropriate and allowed for flexibility. It may have been more beneficial to have the board of health members present the second day as opposed to the first day.</li><li>• The site visitors were objective and provided valuable insight into the issues without pushing personal opinions on the agency. They were prepared and had extensively reviewed the information prior to the site visit.</li><li>• The IDPH facilitator did well clarifying the process and answering appropriate questions. Staff remarked that they were glad the facilitator was present and felt questions and concerns would be addressed at the appropriate levels.</li><li>• Exit interview was accurate and thorough and findings were consistent with the written report.</li></ul>
<b>Site Visitor Feedback</b>	<ul style="list-style-type: none"><li>• Used the technical assistance provided by IDPH throughout the duration of the site visit. Assistance from the IDPH facilitator was used frequently to clarify the meaning or intent of criteria. Additionally, the use of a scribe allowed the site visit team to focus their full attention on the site visit while still being able to provide detailed feedback during the exit interview.</li><li>• The site visit schedule provided a guideline on how to proceed during a two-day visit. The amount of time needed to review each component area is directly correlated to how effectively the agency had shown compliance through their evidence and responded to additional inquiries from the site visit team. All individuals involved in the site visit must remain flexible to the task at hand and understand that the times allotted are estimates and may fluctuate significantly depending on the involvement of the discussions.</li><li>• There were very few uncertainties that occurred during the site visit and both parties, site visitors and agency participants, worked well together.</li><li>• The exit interview provided a brief explanation to the agency of what criterion were met and not met. Agencies invited all staff to the exit interview. Staff who had been less involved in the process would have difficulty in understanding the brief review.</li><li>• When reviewing the agency's evidence from the self-assessment, it was helpful to be prepared with specific questions to ask of the agency for clarification. The <i>Site Visit Reporting Tool (Appendix C: Guidance Provided to Site Visitors and Accreditation Board)</i> allowed space to keep these organized by criterion.</li><li>• Felt they could have been more engaged in the process if they had all evidence supplied by the agency, not just evidence supplied for their component areas.</li><li>• Consider incorporating a site visitor team meeting prior to the start of a site visit to plan the site visit and discuss initial impressions.</li></ul>
<b>IDPH Feedback</b>	<ul style="list-style-type: none"><li>• The interview with the public health administrator, which was led by the lead site visitor, varied greatly by beta test site. Loose guidance was provided on what should be involved in the interview process, leading to significantly different questions being asked at each site visit.</li><li>• When clear and concise evidence is not available, there is an inclination to supply an overabundance of evidence that may have little relevance in proving adherence to the criterion.</li></ul>

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- Need to develop a better process of identifying Iowa best practices and sharing statewide.
  - Determine whether or not evidence from home health should be included.

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**Lessons  
Learned**

- Develop a standardized set of questions to be asked, at a minimum, during the interview with the public health administrator.
  - Ensure that the site visit team has necessary personnel resources to assist with the process (e.g., IDPH facilitator and scribe).
  - Include in pre-site visit instructions that all parties should be available as needed during the site visit time period, as the site visit schedule is fluid.
  - Develop a standard process for review of criteria. Some questions to consider are: Should the site team indicate met/not met during the review of criteria or wait to indicate this in the exit interview? Should the site visit team comment on all criteria when reviewing the component areas or just criteria that require further explanation?
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## Site Visit Report

<b>Agency Feedback</b>	<ul style="list-style-type: none"> <li>• Process provided a very specific set of identified gaps that the agency can focus on.</li> <li>• Consider having site visitors rate the level of lack of adherence to specific criterion prior to scoring not met. If a minor deviation is present, consider giving the agency a specific amount of time to fix the issue. If a major deviation is present, then score the criterion as not met.</li> <li>• For additional customer feedback, providing information about criteria met would also be beneficial.</li> <li>• Felt the report was appropriate in length, the documents were well constructed, and provided objective feedback.</li> <li>• The strengths section reaffirms the value of programs and processes that have been recently implemented. It also helps sell the overall content of the report. For example, the BOH is more receptive to listening to the opportunities for improvement after hearing about some of the things done well. It also casts the audit as a more balanced assessment. Finally, for the program as a whole, there will be long term value in identifying and hopefully (through mutual consent) sharing of best practices within the public health community.</li> <li>• The improvement section identified gaps. It was also beneficial because the “audit” was completed by an external source which provides additional support when making decisions internally, with the board of health, with the board of supervisors, and with other partners in the community.</li> <li>• The identified improvement areas will be incorporated into planning efforts to continue preparing for accreditation, to strengthen the agency, and to further develop the strategic plan.</li> <li>• Don't stop working toward accreditation and meeting public health standards. We have quite a bit of momentum built up and would hate to waste any of it.</li> </ul>
<b>Site Visitor Feedback</b>	<ul style="list-style-type: none"> <li>• Include information from criteria met in site visit reports (not just criteria not met).</li> </ul>
<b>Accreditation Board Feedback</b>	<ul style="list-style-type: none"> <li>• Include information about how criteria were met in site visit reports.</li> </ul>
<b>IDPH Feedback</b>	<ul style="list-style-type: none"> <li>• Thorough documentation during site visits increased the effectiveness of developing the final reports in a timely manner.</li> </ul>
<b>Lessons Learned</b>	<ul style="list-style-type: none"> <li>• Further develop feedback for the criteria met in the site visit report to provide to the agencies, site visitors, and accreditation board.</li> </ul>

## Accreditation Board Meeting

<b>Agency Feedback</b>	<ul style="list-style-type: none"> <li>• It is acceptable to prohibit the participating agencies from speaking to the board during the review of the site visit reports.</li> <li>• The accreditation board meeting formalizes the process, brands it, and assures consistency.</li> </ul>
<b>Accreditation Board Feedback</b>	<ul style="list-style-type: none"> <li>• Provide further clarification/refinement to the requirement of meeting 75% of the criteria per component area to be eligible for accredited status. Many require a greater percentage.</li> <li>• Consider developing prerequisites from applicants.</li> <li>• Board members needed to review the Iowa Public Health Standards in preparation for the board meeting.</li> <li>• Assure expertise in human resources, finance, and governance is present on the board.</li> <li>• Conditional accreditation should be further explored.</li> <li>• The board could be an active role player in a conditional accreditation situation and during the appeal process.</li> <li>• The board should develop a method to ensure inter-rater reliability.</li> <li>• The accrediting board can watch for overall trends to inform the work of Public Health Modernization.</li> </ul>
<b>Site Visitor Feedback</b>	<ul style="list-style-type: none"> <li>• The site visit report provided the necessary information to prepare for the accreditation board meeting and refresh memories about the agency and what occurred during the site visit.</li> </ul>
<b>IDPH Feedback</b>	<ul style="list-style-type: none"> <li>• Accrediting board needs logistical support (provide meeting space, send out materials, etc.) but requires little technical assistance on the process.</li> </ul>
<b>Lessons Learned</b>	<ul style="list-style-type: none"> <li>• Need to determine how much independence the Accreditation Board has to vary from guidelines outlined by the Advisory Council.</li> <li>• Since it reviews the work of all agencies in the system, the Board has a unique opportunity to provide recommendations to the Advisory Council and Evaluation Committee.</li> <li>• Determine the purview of the board and site visitors to interpret the standards. If an agency didn't meet what's required in guidance but does meet the intent of a criterion - can the board or site visitors declare the criterion met? Can the board decide to accredit an agency which doesn't meet the requirements for accreditation (75% of criteria met in a domain, and at least one criterion per standard)?</li> </ul>

## Next Steps

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Testing the proposed Iowa accreditation process has provided valuable insight into the strengths and areas for improvement of the process. These items have been provided throughout the various documents of the *Beta Test: An Evaluation of the Iowa Public Health Accreditation Process* report. Information from the beta test has provided important feedback on 1) how the local public health agencies view the accreditation process and Iowa Public Health Standards, and 2) what this process will provide to them and their communities. Following are comments by the local public health agencies from the beta test regarding the need for the continuation of developing the Iowa accreditation process.

- ❖ The accreditation process provides for a continuous quality improvement effort and offers a minimum baseline of what “we” should be doing as a local public health agency.
- ❖ Adhering to the Iowa Public Health Standards improves services and makes “us” more efficient.
- ❖ Adherence to the standards, and participating in a formal accreditation process to establish a minimal set of standards, raises the expectation levels of our communities. Individuals have come to expect mediocrity from government and this process allows us to showcase our efforts to ensure that a minimal level of capacity (knowledge) and services are being provided.
- ❖ The accreditation process allows an agency to receive external feedback which leads to better identification of gaps and weaknesses.
- ❖ The accreditation process and Iowa Public Health Standards provide further support to gain approval from staff/board of health.
- ❖ The accreditation process and Iowa Public Health Standards provide explicit documentation that aide local board of health and local public health agencies in explaining the benefits of public health to the community.

Additionally, the beta test has provided an opportunity to further test the Iowa Public Health Standards and their associated metrics. Discrepancies have been documented in *Component Recommendations for Review (Appendix A: Beta Test Report Supplements)*.

The *Beta Test: An Evaluation of the Iowa Public Health Accreditation Process* report has been shared with members of the Public Health Advisory Council and the Public Health Evaluation Committee. A work plan to address the information included in this report will be developed and posted on the Iowa Department of Public Health’s website at [www.idph.state.ia.us/mphi](http://www.idph.state.ia.us/mphi).

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# Appendix A: Beta Test Report Supplements

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The following documents have been created as supplemental information to the beta test report. The documents provide the reader greater detail as to the specifics of the beta test sites. The *Application Comparison by Beta Test Site* provides a side-by-side comparison of each agency as reported during the application process. The *Page County Beta Test* and *Linn County Beta Test* documents provide the reader with the structure of each beta test site team, the respective processes they used to complete the self-assessment, and the frequency with which their teams met during process.

<b>Report Supplements</b>	<b>Page</b>
Application Comparison by Beta Test Site.....	2
Page County Beta Test.....	3
Linn County Beta Test .....	4
Component Recommendations for Review.....	5
Iowa Public Health Accreditation System 2009 .....	12

# Application Information by Beta Test Site

	Page County*	Linn County*
<b>Population</b>	15,932	211,226
<b>Budget</b>	\$398,052	\$4,535,052
<b>Agency FTE</b>	5 (four full time and two part time staff, does not include environmental health department,)	57
<b>Agency Characteristics</b>	<ul style="list-style-type: none"> <li>• Four full time and two part time staff</li> <li>• Staff members have multiple responsibilities</li> <li>• Several staff and board of health members have bachelor level of education and above</li> <li>• State trained quality improvement champion on staff</li> <li>• Stand alone, non-Medicare certified agency</li> </ul>	<ul style="list-style-type: none"> <li>• Strong foundation of direct services, preventative services, and health surveillance</li> <li>• Began expanding into community health prevention outreach in 2009                             <ul style="list-style-type: none"> <li>○ Developed healthy behaviors branch</li> <li>○ Supports public/private partnership of the Healthy Linn Care Network</li> </ul> </li> <li>• Expansive environmental health branch including a healthy homes component</li> <li>• Sole Iowa public health agency to have ambient air monitoring with lab testing for environmental air, water, and human disease specimens</li> </ul>
<b>Jurisdiction Characteristics</b>	<ul style="list-style-type: none"> <li>• 17.6% have bachelor’s degree or higher</li> <li>• Per capita income - \$21,545</li> <li>• Median income - \$40,692</li> <li>• 15.1% live below poverty level</li> <li>• Children under 18 years of age – 27.4%</li> <li>• Population over 65 years of age – 20.5%</li> <li>• Two major population centers                             <ul style="list-style-type: none"> <li>○ Eastern – 5,301 residents</li> <li>○ Western – 5,500 residents</li> </ul> </li> <li>• 1 private and 1 municipal medical center</li> </ul>	<ul style="list-style-type: none"> <li>• Second most populous county in Iowa</li> <li>• 17 incorporated municipalities</li> <li>• 10% countywide population growth rate</li> <li>• 85,000 households</li> <li>• Median income - \$53,700</li> <li>• Over 5,550 businesses</li> <li>• Minimal farming employment (2%)</li> <li>• Two non-profit medical centers</li> <li>• Working relationship with large industrial sector to meet federal and state environmental health guidelines</li> </ul>
<b>Programs offered</b>	Adult & childhood immunizations; Tuberculosis; High blood pressure; Prenatal care; Maternal and child health; Communicable & infectious disease; Tattoo, swimming pool, and tanning inspections; Oral health; Lead; Emergency preparedness; Cancer; Tobacco; Septic systems; hawk-I outreach; Homemaker services	Adult & childhood immunizations; HIV/AIDS; Tuberculosis; Cardiovascular disease; High blood pressure; Communicable & infectious disease; Food service establishments; Private drinking water; Indoor air quality; Tatto, swimming pool, and tanning inspections; Physical activity; Lead; Emergency preparedness; Septic haulers; Vector control; Substance abuse; STD’s; Cancer; Diabetes; Injury prevention; Tobacco; Septic systems; Laboratory services; Nuisances; Ambient air quality; Healthy homes; Health planning & resource development

\*all information was self-reported and provided by beta test agencies through the application process

# Page County Beta Test

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## **Accreditation Team Role (Agency Role)**

### **Accreditation Coordinator (Public Health Administrator)**

IDPH point of contact, direct oversight of beta test operations, internal technical resource for accreditation requirements, site visit facilitator, and completed review and provided feedback on site visit report.

**Education & Training:** Masters of Healthcare Administration, Quality Improvement Champion

### **Accreditation Team Member (Fiscal Officer and Office Manager)**

Assisted with Administration and Communication and Information Technology standards.

### **Accreditation Team Member (Asst. Administrator & Homemaker Supervisor)**

Assisted with Administration, Communication and Information Technology, Promote Healthy Behaviors, and Community Assessment & Planning standards.

### **Accreditation Team Member (Public Health Nurse)**

Assisted with Prevent Injuries and Prevent Epidemic & the Spread of Disease standards.

**Education & Training:** Registered Nurse

### **Accreditation Team Member (Board of Health Member)**

**Education & Training:** Former public health nurse, PhD in Human Resource Development, Master degrees in Industrial Psychology and Statistics

## **Beta Test Process**

1. **Assign each team member standards.** Each team member was assigned a standard(s) to collect evidence to present at the team meetings.
2. **Collect evidence for standards.** Evidence was collected by hard copy, information from websites, and emails from partners.
3. **Final approval of evidence.** Accreditation coordinator made the final decision of the appropriate evidence submitted with input provided by the team. The decision on evidence was based on; strength towards meeting standard area, maintenance of evidence in the future, and accessibility of the evidence.

## **Meeting Frequency**

- Accreditation team met every 3 weeks for 2-3 hours

# Linn County Beta Test

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## **Accreditation Team Role (Agency Role)**

### **Accreditation Officer (Environmental Services Director)**

IDPH point of contact, direct oversight of beta test operations, internal technical resource for accreditation requirements, site visit facilitator, and completed review and provided feedback on site visit report.

**Education & Training:** B.S. Civil Engineering. M.S. Environmental Management. Certified ISO 14001 auditor.

### **Documentation Officer (Health Planner and Resource Development)**

Responsible for collecting, storing, and submitting evidence for the beta test.

**Education & Training:** M.A. in Health Education, REHS, CHES

### **Finance & IT Officer (Administrative Services Director)**

Provided technical support for electronic filing, recording of time spent collecting evidence and in team meetings, and completion of the monthly survey.

**Education & Training:** Quality Improvement Champion

## **Beta Test Process**

1. **Identify Linn County Public Health (LCPH) programs that align with standards and measures.** A PHAB readiness assessment had previously been completed. LCPH completed a crosswalk based on the readiness assessment results and Iowa Public Health Standards.
2. **Identify agency and branch level processes/procedures implemented to meet the agency policies and programs.** Branch managers and staff self-assessed their branch level processes and procedures against the standards to identify outputs that provided evidence. The documentation officer met with each branch manager and staff member to ensure that the documentation identified was accurately linked to the standards and metrics and was suitable evidence.
3. **Log evidence into SharePoint Services.** The branch manager and documentation officer worked together to upload evidence into the agency's local application of SharePoint.
4. **Prioritize evidence.** The branch manager and documentation officer rated evidence in regards to the standards based on relevance, systematic presence (e.g., well ordered, repeatable, supports evaluation), and age.
5. **Final selection of evidence.** The accreditation team made a preliminary determination of the final set of evidence to be included in the beta test. The management team reviewed the preliminary determination, validated existing evidence, discussed potential gaps, and made final approval of evidence for submittal.
6. **Storage and retrieval.** LCPH utilized its local application of SharePoint to store and prioritize evidence.

## **Meeting Frequency**

- Accreditation team met weekly
- Management team met monthly to discuss the beta test
- A standing item was placed on the monthly staff meeting agenda

# Component Recommendations for Review

The following comments were collected throughout the beta test process. Monthly surveys were completed by each beta test site to identify issues that the sites were having with the component areas. Their responses have been paraphrased below. Additional comments were gathered during discussion with site visitors and during each site visit at the criterion level. This information has also been paraphrased below. This information is to be utilized in making necessary revisions to the Iowa Public Health Standards.

	Component Comments	Criterion Comments
Governance	<p>Review timing - criteria requiring evidence to show annual review/commitment/etc., is difficult for acts recently adopted. Could also provide compliance by showing date adopted in BOH minutes then the annual review/commitment/etc., if those times have lapsed.</p> <p>Public health services - provide further definition of what constitutes the "public health services" that the local BOH must designate. Does this include the 10 essential services? The assignment of the Local Public Health Services Contract?</p> <p>Public health mandates - Define what public health rules/regulations/and ordinances the agency must review with the BOH. Local agencies consider this as all public health regulation (state, federal, and local) regardless of if applicability to the local agency. The intent appears to only be rules/regulations/ordinances that are pertinent to the specific agency activities.</p>	<p>The guidance section of criterion GV 2a-L should be revised to say "A statement signed by the board of health chair or supporting meeting minutes should be submitted as documentation". As it currently reads both a signed statement and meeting minutes are required; however either would demonstrate the local board of health's compliance with Iowa Code and Iowa Administrative Code. (GV 2a)</p> <p>The verbiage in criterion GV 3a-L should be revised to remove repetitive language. The criterion states "Local Board of Health designates the authority to a designated public health agency to coordinate the delivery of public health services". The board of health designates authority to a public health agency. The act of designating that authority makes the agency the designated agency. Suggestion: revise the criterion to "Local Board of Health designates the authority to a public health agency to coordinate the delivery of public health services." (GV 3a)</p>
Administration	<p>Facility maintenance and planning – county agencies generally refer back to the county policy which may or may not meet the intent of the component. Provide resources for agencies to develop their own policies based on what they <u>can</u> control; ADA self-assessment, cleanliness, safety, security, etc.</p>	<p>Further consideration (and possible revision) is needed for the guidance section of criterion AD 6e-L. The current language states "If the agency is part of a larger audit report submit only the pages that relate to the health agency." Although the guidance acknowledges the possibility of larger audit reports, it does not take into account the possibility that the report may not be separated out for large agencies or that audits may not be completed unless large amounts of money are spent. Consider what additional types of audits may be listed as examples in the guidance section. (AD 6e-L)</p>

## Component Comments

## Criterion Comments

<p>Communication &amp; Information Technology</p>	<p>Communication policy - conflicting points of view stemming around record retention requirements and what channels constitute internal communication. Recommend developing a resource to outline all communication types considered (internal and external) and their record retention schedules.</p> <p>Data availability and accessibility - extends beyond TTY and translation services. Data are made available and accessible through other channels (e.g., social marketing and coalition building). There are also other demographics that need consideration in addition to foreign languages (e.g., socio economic disparities). Recommend broadening expectation to account for more data sources and additional demographics.</p>	<p>None provided.</p>
<p>Workforce</p>	<p>Background checks - not necessarily required for all parties within agencies. Recommend adjusting criteria to only require background checks for required individuals.</p> <p>Workforce assessment - need to develop the workforce assessment tool to outline what is expected of local agencies.</p> <p>Personnel evaluations – hesitancy by agency to supply evaluations. Recommend using an alternative method such as requiring policy and procedure of the performance evaluation process and a tracking document showing that employees are receiving evaluations in accordance with the timeframe specified.</p>	<p>None provided.</p>
<p>Community Assessment and Planning</p>	<p>None provided.</p>	<p>Consider revising the guidance section for criterion CA 1b-L to provide clarification in what is expected in a health profile. The guidance currently states “The community health profile shows a snapshot of the community’s health at a certain time. The community health profile should be concise enough that it can be updated on a regular basis. Continuous updating makes the profile a helpful tool in department planning.” The word snapshot should be revised to better reflect the type of information desired in a health profile. (CA 1b)</p> <p>The acronym CHNA &amp; HIP should be typed out in the guidance section of criterion CA 3a-L. (CA 3a)</p>
<p>Evaluation</p>	<p>Performance management - provide additional training and resources on the performance management system</p>	<p>The required documentation and guidance sections of criterion EV 2b-L indicate that quality improvement work plans should be</p>

## Component Comments

## Criterion Comments

	<p>requirements: performance standards, performance measurement, quality improvement, and reporting of progress. Allowance for agencies to utilize their own performance management system and tools....i.e. what the agencies are effectively using now may not coincide with the Turning Point process.</p> <p>Performance management training requirements - identify which staff require performance management training.</p>	<p>submitted. The word “work” should be removed from the required documentation section. It is recommended that an overall plan be submitted and within that plan at least three work plans are submitted. Suggestion: revise the guidance section to state “The quality improvement plan may or may not be one document. The plan should include at least three program-specific work plans. Work plans shall include: quality improvement projects, timelines, and the individuals responsible. The quality improvement tools submitted as evidence should not also appear in the storyboards submitted.” (EV 2b)</p> <p>For criterion EV 2b-L, two completed storyboards are listed as required documentation; however there is no definition of a storyboard listed in the guidance section. Suggestion: describe what the components of a storyboard are in the guidance section. (EV 2b)</p>
<p>Prevent Epidemics and the Spread of Disease</p>	<p>External communication - guidance requests examples of communication <u>with</u> partners but evidence of communication <u>from</u> partners. Need to clarify; one implies outgoing communication and the other implies incoming communication.</p>	<p>The criterion PE 1c-L states that “Assure designated epidemiological staff complete a minimum of 12 hours of disease prevention, disease surveillance, epidemiological, or closely related training per year.” The guidance section provides clarification on the types of the documentation that can be submitted, but does not provide clarification about designated staff. Questions to consider are: Is anyone that provides disease prevention services or conducts surveillance or epidemiology activities required to complete 12 hours of training annually? Should a lead and back-up EPI person be identified for each agency? How would agencies identify who those individuals are so that site visitors can validate evidence? How does this requirement affect smaller agencies that employ a few staff who wear a number of hats? (This criterion, coupled with other training related criterion, requires agencies with fewer, diversified staff to have more training.) (PE 1c)</p> <p>The required documentation section of criterion PE 2a-L states “Documentation of a 24-hour, seven-days-a- week, 365-days-a- year surveillance system.” It is redundant to say both seven days a week and 365 days a year. Suggestion: revise the required documentation to state “Documentation of a 24-hour, seven-days-a- week, surveillance system.” (PE 2a)</p> <p>The required documentation for criterion PE 2c-L states “1.</p>

## Component Comments

## Criterion Comments

		<p>Investigation Report and/or 2. Policies and Procedures.” The guidance section indicates the type of information needed based on whether the agency has conducted an infectious disease investigation in the past three years. Suggestion: revise the required documentation to better reflect what is required for the two types of situations or separate the guidance section into two sections to clarify what is required. (PE 2c)</p> <p>The guidance section for criterion PE 2e-L states “Provide two examples from the last two years from the following: phone logs, letters, emails, presentations, fact sheets, website, minutes from community or partnership meeting.” The way the criterion is currently written does not reflect whether two different (unique) examples should be provided. If the intent is to see a variety of examples, the suggestion is to revise the guidance to say “Provide two different examples of consultation from the last two years (e.g., email and phone log). Examples can include, but are not limited to, phone logs, letters, emails, presentations, fact sheets, website, or minutes from community or partnership meeting.” (PE 2e)</p>
<p>Protect Against Environmental Hazards</p>	<p>Environmental health involvement - develop training for stand-alone PH agencies interested in accreditation process on expectation of the local EH department. Items to include; what is required from EH for accreditation, tips for accreditation preparation, information to involve the BOH and ensure that they are actively engaged in the EH processes.</p>	<p>The guidance section of criterion EH 1a-L states “For each of the core services provided, the agency shall provide one example of an inspection report, including any necessary follow-up documentation. Core services include non-public water wells, on-site wastewater, public health nuisances, time of transfer inspections for on-site wastewater, vector control, and an animal control protocol for rabies cases.” The phrase “For each of the core services provided” implies that the agency should submit one example of an inspection report, including any necessary follow-up documentation for only those core services they provide. Although all core services are mandatory, this sentence could be interpreted that some core services are optional. Suggestion: revise the guidance to state “For each of the core services, the agency shall provide one example of an inspection report, including any necessary follow-up documentation. Core services include non-public water wells, on-site wastewater, public health nuisances, time of transfer inspections for on-site wastewater, vector control, and an animal control protocol for rabies cases.” (EH 1a-L)</p> <p>The guidance section of criterion EH 1a-L includes all of the core services including vector control. Additional definition is needed for</p>

## Component Comments

## Criterion Comments

	Component Comments	Criterion Comments
Prevent Injuries	Training requirements – identify if agency staff is required to	The required documentation for criterion IN 1b-L needs to be revised.

vector control as some people consider rabies vector control. (EH 1a-L)

The guidance section of criterion EH 1c-L provides additional information about the required documentation. However, is also includes the following “The report shall include at a minimum the number of inspections and investigations conducted and the number of resolved and unresolved cases.” The criterion, “Annually report environmental health activities to the local board of health and the public” speaks to the need for reporting activities to stakeholders annually, but does not state that a specific report be developed (nor is there a criterion that requires a formal, standardized report be written). Suggestion: remove the section from the guidance section to better align the required documentation with the guidance. (EH 1c)

The guidance section for criterion EH 3b-L needs additional clarification for a variety of credentials/experience. Suggestion: revise to include subsections for each credential/level of training. For example:

“Training may be completed through formal training, in-services, or on-line. All environmental health employees providing direct services should provide proof of qualifications.

Documentation for REHS must include REHS certificate. Additional documentation may include: documentation of on the job training, risk communication training, audits, programmatic evaluations, case reviews or peer reviews.

Documentation for RS must include XYZ. Additional documentation may include: documentation of on the job training, risk communication training, audits, programmatic evaluations, case reviews or peer reviews.

Documentation for other must include XYZ. Additional documentation may include: documentation of on the job training, risk communication training, audits, programmatic evaluations, case reviews or peer reviews.” (EH 3b)

## Component Comments

## Criterion Comments

	<p>complete training or if individuals contracted for services qualify. Specify that injury prevention training is for the consumer, not agency injury prevention.</p>	<p>The required documentation currently states “List of needs or review of needs and statement of no needs.” Suggestion: revise to state “List of needs <del>or</del> and review of needs or statement of no needs.” (IN 1b)</p> <p>The guidance section of criterion IN 1b-L needs to be revised to include all components of the required documentation. The required documentation states “List of needs or and review of needs and or statement of no needs.” However, the guidance only addresses the list of needs or statement of no needs; it does not include proof of review with stakeholders. Suggestion: revise the guidance document to state “If needs have been identified: Documentation shall include a list of community needs identified or a portion of the CHNA &amp; HIP, and proof that the information was shared with stakeholders and the board of health (e.g., website, meeting minutes, emails, etc.). If needs were not identified: Documentation shall include a statement signed by the local board of health chair that no needs have been identified in the community.” (IN 1b)</p> <p>The guidance section of criterion IN 2b needs revision. Suggestion: revise the guidance section to state “The agency should submit documentation showing five different methods. Methods may include, but are not limited to, brochures, information on agency website, public service announcements, Facebook page, conducting screenings for domestic violence, policy/procedures, press releases, or providing fall prevention education on home visits.” (IN 1b)</p>
<p>Promote Healthy Behaviors</p>	<p>Assuring health promotion – recommend including use of health fairs as health promotion. Documentation to include health fair date, time, and emphasis. Inclusion of health fair flyer if available.</p>	<p>Clarification is needed in the guidance section of criterion HB 1b-L: Avoid using acronyms - spell out WIC; and provide clarification by what is meant by Title V agency (possibly state maternal/child health agencies). Suggestion: include a statement that the agency listed for a specific topic area may be external or the local health department; regardless of what agency provides the services, the agency should be identified. (HB 1b)</p> <p>The way the guidance section for criterion HB 2a-L is written makes it hard organize and provide documentation and hard to review and validate evidence. Suggestion: have the guidance section read as follows:</p> <p>“The health agency should provide two examples from each of the</p>

## Component Comments

## Criterion Comments

		<p>following areas;</p> <p>Tobacco – two (2) examples that demonstrate assurance of health promotion strategies related to tobacco.</p> <p>Nutrition - two (2) examples that demonstrate assurance of health promotion strategies related to nutrition.</p> <p>Physical activity - two (2) examples that demonstrate assurance of health promotion strategies related to physical activity.</p> <p>Preventative screenings and tests - two (2) examples that demonstrate assurance of health promotion strategies related to preventative screenings and tests.</p> <p>Health Area #1: agency choice - two (2) examples that demonstrate assurance of health promotion strategies in a health area chosen by the agency.</p> <p>Health Area #2: agency choice - two (2) examples that demonstrate assurance of health promotion strategies in a health area chosen by the agency.</p> <p>* Of the 12 examples above, two (2) must be a best or promising practice as defined by the Iowa Department of Public Health, The Guide to Community Preventive Services and/or the U.S. Preventative Services Task Force.</p> <p>Examples of methods for providing information can include, but are limited to, mass media, web sites, community events, or partnerships with community and private sector organizations.”</p>
<p>Prepare for, Respond to, and Recover from Public Health Emergencies</p>	<p>No comments provided.</p>	<p>No comments provided.</p>
<p>General</p>	<p>Administration or Workforce - no criteria involving efforts to promote employee satisfaction and well-being (work site wellness, new employee orientation, succession planning, etc.).</p> <p>Documentation quantities - vary from criterion to criterion. Some require 2 &amp;3, some require more. Determine if a consistent requirement can be used and what reasoning should be included if additional documentation is required.</p> <p>Timelines – criteria do not have consistent timelines (annually, every three years, etc.) Determine if a consistent timeline can be used and if reasoning should be included if a criterion deviates.</p>	

# Iowa Public Health Accreditation System

Recommendations of the Accreditation Committee  
Modernizing Public Health in Iowa  
June 17, 2009

# Iowa Public Health Accreditation System

## I. Overview of the Iowa Public Health Accreditation System

### A. Introduction

#### 1. Description

Accreditation promotes and protects the health of Iowans by providing a concise and measurable method of documenting how the Iowa Public Health Standards are met. Accreditation is based on standards that define a basic level of services and organizational infrastructure that all Iowans should reasonably expect from local public health agencies and the state public health department. The standards are designed to encourage innovative methods of providing basic public health services to all Iowans. The Iowa Public Health Accreditation System encourages the introduction and use of creative, cooperative, efficient, and cost effective strategies to expand and improve public health services. The system values the unique characteristics of Iowa's public health system and strives to align with national accreditation initiatives.

#### 2. Accreditation Purposes

The Iowa Public Health Accreditation System is intended to accomplish seven general purposes.

- a. To assure that all Iowans have access to the same level of public health services regardless of their location.
- b. To hold local boards of health, State Board of Health, local public health agencies, and the state public health department accountable to the public, including consumers, public health and health care professionals, employers, educational institutions, legislators, and governmental bodies for meeting the Iowa Public Health Standards.
- c. To hold local public health agencies and the state public health department accountable to one another by ensuring that these organizations have collaborative roles in providing a basic level of public health services to all Iowans.
- d. To foster continuous quality improvement in local public health agencies and the state public health department and, thereby, improving the health of Iowans and their communities.
- e. To evaluate local public health agencies and the state public health department in meeting the Iowa Public Health Standards.
- f. To accredit agencies which meet accreditation standards and make that information readily available to the public.
- g. To inform the public of the purposes and values of accreditation

### **3. Principles**

The Iowa Public Health Accreditation System is premised on principles which include:

- a. Fostering trust in the Iowa Public Health Standards, in the process, and in the professional public health community.
- b. Providing to the public an accounting of local public health agencies and the state public health department that are accredited and merit public support.
- c. Enhancing public understanding of the process and values inherent in public health accreditation.
- d. Maintaining integrity through a consistent, impartial, and honest accreditation process.
- e. Ensuring autonomy, procedural fairness, reasonable confidentiality, and identifying and minimizing conflict of interest in accreditation practices.
- f. Practicing inclusiveness in the implementation of its activities and maintaining openness to the diverse issues and opinions of the interested community.
- g. Enabling the governmental public health community to participate in the review, formulation, and validation of accreditation standards and policies and in determining the reliability of the conduct of the accreditation process.
- h. Ensuring that local public health agencies and the state public health department engage in self-assessment of the Iowa Public Health Standards, collect the necessary evidence, and facilitate continuous quality improvement through planning and resource development.
- i. Acknowledging and respecting the uniqueness of public health agencies and the diversity in size and resources available to provide services.
- j. Valuing and fostering innovation in both the accreditation process and the agencies to be accredited.
- k. Maintaining a process that is both cost effective and efficient.

## **B. Iowa Public Health Standards**

### **1. Overview of Standards**

The Iowa Public Health Standards describe basic organizational capacity and public health services for local and state public health. Standards are organized around 11 component areas. The first six identify the infrastructure that must be in place to deliver public health services. These are titled organizational capacity standards. The last five components describe public health services delivered in Iowa and are titled accordingly.

#### Organizational Capacity Standards

- Governance
- Administration
- Communication and Information Technology

- Workforce
- Community Assessment and Planning
- Evaluation

#### Public Health Services Standards

- Prevent Epidemics and the Spread of Disease
- Protect Against Environmental Hazards
- Prevent Injuries
- Promote Healthy Behaviors
- Prepare for, Respond to, and Recover from Public Health Emergencies

## **2. Legislation**

The Iowa Public Health Modernization Act, HF 811, became effective on May 26, 2009. The purposes of the Iowa Public Health Modernization Act are to modernize the governmental public health system to meet the challenges of the 21st century and improve governmental public health system capacity in order to provide the equitable delivery of a basic level of services across the state. Significant components of the act include:

- Creation of the Governmental Public Health Advisory Council to advise the director of the Iowa Department of Public Health concerning administration, implementation, and coordination of the Public health Modernization Act and to make recommendations to the department regarding the governmental public health system.
- Establishment of voluntary accreditation for local public health agencies and the Iowa Department of Public Health.
- Creation of the Governmental Public Health Evaluation Committee to develop, implement, and evaluate the governmental public health system and voluntary accreditation program.
- Establishment of a Public Health System Development Fund for local boards of health and the Iowa Public Health Department.

## **3. Review of Standards**

The Iowa Public Health Standards will be reviewed by the Governmental Public Health Advisory Council at least every five years after the enactment of the Iowa Public Health Modernization Act. The Council will make recommendations to the department regarding revisions to the standards and based on reports prepared by the Governmental Public Health System Evaluation Committee. Opportunities for feedback by the accrediting entity and public comment will be incorporated into the process. Changes to the standards will be approved by the State Board of Health.

A written description of the findings and recommendations approved by the State Board of Health will be published on the Iowa Department of Public Health's Web site. The department will be responsible for publishing and disseminating the Iowa Public Health Standards. The standards will be available on both the department and accrediting entity's Web sites. The department may use other means of disseminating the standards such as at conferences, public meetings, and through other technology such as CD ROM.

## II. Accreditation Process for Local Public Health Agencies

### A. Applicant Eligibility

The following eligibility criteria must be demonstrated in order for a local public health agency to be considered for accreditation under the Iowa Public Health Accreditation System:

The local public health agency must be an entity that is designated by a local board of health to comply with the Iowa Public Health Standards for a jurisdiction pursuant to standard GV 3a-L of the Iowa Public Health Standards.

Documentation/Measure: A designated local public health agency must provide documentation from a local board of health that it has been designated as the entity to comply with the Iowa Public Health Standards for the local board of health's jurisdiction.

### B. Accreditation Status

#### 1. Accredited

The "Accredited" status is awarded for a period of five years to eligible local public health agencies that appropriately meet the Iowa Public Health Standards as evidenced by documented completion of prescribed activities.

The following terminology is used to describe compliance with the Iowa Public Health Standards:

- a. A local public health agency is in compliance with a standard by demonstrating that it fulfills the requirements or carries out all related criteria for the standard. All criteria must be scored as "met" for an agency to comply with a standard.
- b. A criterion is scored as either "met" or "not met." The metrics for each criterion are listed within the Iowa Public Health Standards document.
  - i. A criterion scored as "met" means that the local public health agency fulfills the requirements or exceeds the expectations embodied in the criterion and can provide the required documentation to demonstrate compliance.
  - ii. A criterion scored as "not met" means that the local public health agency fails to fulfill the requirements of the criterion in its entirety or fails to provide the required documentation to demonstrate compliance.

**To be granted accredited status, an eligible local public health agency must demonstrate compliance with both of the following requirements:**

- a. The agency must comply with a minimum of eighty percent (80%) of all local standards in the Iowa Public Health Standards document. All criteria must be scored as "met" for an agency to comply with a standard. The total number of local standards in the Iowa Public Health standards document will be determined by the version of the standards effective at the time of the agency's application for accreditation. For example, according the December 2007 version of the standards, an agency must comply with 32 of 41 (80%) local standards.

**AND**

- b. For any standard for which the agency is not in compliance, the agency must meet at least one criterion for the standard. For example, if a standard has five (5) related criteria, an agency would have to meet at least one (1) of the five (5) criteria.

## **2. Denial of Accreditation**

A local public health agency that fails to meet the requirements for accreditation will be denied accredited status. The agency must wait at least one year from the date of the notice of decision to re-apply for accreditation.

## **C. Equivalency Recognition**

*Will need to determine depending on PHAB accreditation*

## **D. Accreditation Terms**

An accreditation term is the period during which the accredited status remains valid. Designated local public health agencies may be awarded accredited status for five years. The accredited status is stated as valid through a specific date. The dates will vary depending on when an agency received accredited status. Accredited status will automatically lapse at the conclusion of the term unless the agency applies for re-accreditation and is subsequently awarded accredited status.

## **E. Accreditation Readiness**

### **1. Education and Technical Assistance**

The Iowa Department of Public Health will be responsible for providing education and technical assistance regarding accreditation readiness and preparation. Education and technical assistance will be provided regarding the standards, criteria and evidence to meet criteria (metrics), best practices for implementation, and readiness for accreditation. Various means may be used to deliver the education and technical assistance: through consultation with technical assistance staff designated by the department; telephone and e-mail assistance; conferences; Web-based tools; Webinars; and the Learning Management System.

The accrediting entity will be responsible for general education on the accreditation process. The accrediting entity must have a Web site available for all potential applicants. The Web site should provide, at a minimum, a user guide, readiness/self-assessment tool, application materials, and FAQs about the application process.

Agencies can voluntarily request education and technical assistance from the department and information and materials regarding the accreditation process from the accrediting entity. No fees will be charged for the assistance or materials.

### **2. Readiness Assessment Process**

The accrediting entity will provide comprehensive information describing all aspects of the accreditation process on its Web Site. Materials for potential applicants should include: 1) a self-assessment tool for agencies to assess their ability to meet the standards, 2) a checklist or guidance with the requirements for accreditation application, 3) the scoring and review method, and 4) description of the steps of the application process and what to expect as an applicant.

## **F. Application Process**

### **1. Letter of Intent**

A letter of intent will be a required component of the process. The letter should be sent at least six months ahead of the application. The letter should include verification of eligibility criteria. In reply, the accrediting entity will verify receipt of the letter, confirm the applicant's eligibility and the proposed timetable for the next steps of the process including when to anticipate a site review.

## **2. Application**

A non-refundable fee (to be determined by the accrediting entity) will be required with the application. The accrediting entity will develop an application form. The application will list the materials to accompany the application including the agency's self-assessment and required documentation/evidence.

## **3. Applicant Preparation**

The applicant will be given a minimum of 90 calendar days notice prior to a site review. The accrediting entity will give the applicant guidance about what to expect during a site review and what materials to have available for the site reviewers. The applicant may be asked to submit additional documentation/evidence before the site review.

## **G. Site Review**

### **1. Purpose of the Site Review**

The primary purpose of site review is to clarify and verify the applicant's self- assessment in order to evaluate the applicant's degree of compliance with the Iowa Public Health Standards. To accomplish this task, the site reviewers will at a minimum:

- Review supporting documentation in addition to what was submitted with the application. The team may request additional supporting documentation or other evidence as necessary to evaluate compliance with the standards.
- Tour the applicant's facilities
- Interview the applicant's staff, board of health members or other persons necessary to evaluate compliance with the standards.

### **2. Site Team Preparation**

Site reviewers will review the applicant's self-assessment and submitted documentation/evidence before the site review is conducted. The site team will have a pre-meeting to prepare for the site review.

### **3. Length of Time**

The length of time for a site review will generally be two consecutive days but not more than three. The duration of the review may be longer than two days if special circumstances (such as those encountered in large complex local public health agencies or in multi-county district public health agencies) dictate the need for more time.

### **4. Exit Interview**

The site team will conduct an exit interview with the agency. The local public health administrator will attend the meeting and may invite staff members, board of health members and others to the interview. The exit interview will consist of a verbal report from the site team regarding preliminary findings. The site team will review the timeframe for the agency to receive a written report and decision from the accreditation commission, and the agency's right to appeal the decision. The site team does not have the authority to speak on behalf of nor bind the accreditation commission regarding an agency's compliance with the standards or accreditation status.

### **5. Site Review Report**

The staff of the accrediting entity will summarize the findings of the steps in the review process. The findings will include a summary checklist that identifies each criterion as "met" or "not met." The site team will review all the reports and documentation and make a recommendation regarding accreditation.

## **6. Quality Improvement**

A separate document will be prepared by the staff of the accrediting entity based on the site team's suggestions for quality improvement. The document is provided to the agency and has no bearing on the agency's accreditation. The document may be used as the agency wishes.

## **7. Confidentiality of Reports**

Pursuant to the Iowa Public Health Modernization Act, during the pendency of the accreditation process, all accreditation files and reports prepared for or maintained by the accrediting entity are confidential and are not subject to discovery, subpoena, or other means of compulsion for their release. After the accrediting entity has issued its recommendation or report only the preliminary drafts of the recommendation or report shall remain confidential.

## **H. Site Reviewers**

### **1. Qualifications of Site Reviewers**

Site reviewers will be volunteers from the public health community. Site reviewers must demonstrate an expertise in either local or state public health issues including experience or expertise in any of the 11 components of the standards. The accrediting entity will be responsible for selecting qualified site reviewers. The accrediting entity will designate one person on each site team to serve as the site team leader.

### **2. Number and Composition of Site Reviewers on Team**

A minimum of three site reviewers will make up a site team. They will be accompanied by a staff person from the accrediting entity who will serve as an observer and record keeper. The site team should include one representative from each of the three categories of site reviewers:

- Local public health manager (e.g., administrator, supervisor)
- Local public health professional (e.g., public health nurse, environmental health specialist)
- An individual with public health experience (e.g., local board of health member, public health educator, consumer)

### **3. Pool of Site Reviewers**

The accrediting entity will maintain a pool of at least 30 trained site reviewers.

### **4. Conflicts of Interest**

Applicants will be advised of the proposed composition of the site team in advance. The applicant has an opportunity to identify any conflicts of interest that might disqualify a reviewer, in which case the accrediting entity will consider a replacement.

#### **Possible conflicts of interest for site reviewers include:**

- Current or former affiliation with the agency applicant being reviewed
- Affiliation with a designated local public health agency in a contiguous jurisdiction to the agency being reviewed
- A recent or current fiscal relationship with the agency being reviewed
- A close relative or relationship in affiliation with the agency being reviewed

### **5. Training Site Reviewers**

The accrediting entity will be responsible for training the volunteer site reviewers. Site reviewers must be trained before they are eligible to participate on a site review. The accrediting entity will develop and maintain a manual to cover all aspects of the peer review process and serve as a guide for the site team reviewers. In addition to initial training, the accrediting entity must provide training at least annually for the pool of site

reviewers. The volunteer site reviewers will sign confidentiality statements regarding applicants' documents, site review reports, and recommendation to the accreditation commission.

#### **6. Inter-rater Reliability**

The accrediting entity will develop a standardized process to assure inter-rater reliability among the site reviewers.

#### **7. Evaluation of Site Reviewers' Performance**

The staff person from the accrediting entity who serves as an observer and record keeper will monitor the performance of each site reviewer. If a reviewer's performance is not satisfactory or a reviewer has engaged in behavior that is deemed inappropriate or unethical by the accrediting entity, the staff person will report the situation to the executives of the accrediting entity. Agencies will have an opportunity to evaluate the reviewers using an evaluation form. The accrediting entity will share evaluation information with reviewers as appropriate.

#### **8. Expenses for Site Reviewers**

The accrediting entity will make travel arrangements for the site reviewers and will be responsible for their travel and lodging expenses.

### **I. Accreditation Decision**

The accreditation commission will consider the recommendation of the site team based on the review of the site team's findings. The commission will make the final decision regarding accreditation. The commission will take one of the following actions:

1. granting accredited status
2. denying accreditation

The site team leader will attend the commission meeting to answer any questions from the commission members. Staff from the agency under review may attend the commission meeting, but are not invited to speak.

### **J. Notice of Decision**

The written notice of the accreditation commission's decision will be sent to the applicant within 14 calendar days of the commission's decision.

### **K. Appeal Process**

The accreditation commission will process appeals of its accreditation decisions. The commission will name a subcommittee of three of its members to serve as an appeals committee.

An agency may appeal the decision of the accreditation commission for denying accreditation. The agency must make a written request within thirty (30) calendar days of the commission's determination for reconsideration of the decision. The agency bears the burden of proof on appeal. The accreditation commission will set a reasonable fee for the appeal process.

When an appeal is received, the appeals committee will meet with the representatives of the agency to discuss the argument for the appeal, the documentation, and supporting evidence. Following the joint meeting, the appeals committee submits its findings and recommendations to all commission members. The commission will prepare its recommendation based on the evidence presented. The appeal decision will be issued within 60 days of the appeal. The appeal decision of the commission is final.

## **L. Reporting Responsibilities**

An accredited agency is responsible to report to the accrediting entity if there are significant changes or events within the agency. Examples of significant changes or events:

- bankruptcy or insolvency
- pending legal action against the agency, agency management, or local board of health
- change in the governance of the agency
- change in the ownership or key management staff of the agency
- change in location
- change in the mission, philosophy, or services of the agency

## **M. Revocation of Accredited Status**

The accrediting entity will consider a process for revocation.

## **N. Re-accreditation Process**

The re-accreditation process will be similar to the process for initial accreditation. The agency will be held to the standards in place at the time of application for re-accreditation.

## **O. Dissemination of Accreditation Information**

The accrediting entity will publish the list of accredited agencies on its Web site. Agencies denied accreditation will not be listed on the Web site. The accrediting entity will develop policies regarding ground rules for advertising accreditation status.

## **P. Quality Control Measures**

The accrediting entity will develop quality control procedures to review and improve the accrediting process.

## **Q. Complaints**

The accrediting entity will specify what type of complaints it will address, procedures for complaints, and the accrediting entity's role in responding to signed complaints.

### III. Accreditation Process for the Iowa Department of Public Health

#### A. Applicant Eligibility

The Iowa Department of Public Health as authorized under Iowa Code Chapter 135 is eligible to be considered for accreditation under the Iowa Public Health Accreditation System for state accreditation.

Documentation/Measure:

The department must provide documentation from the State Board of Health that the board supports the department's application for state accreditation.

#### B. Accreditation Status

##### 1. Accredited

The "Accredited" status is awarded for a period of five years to the Iowa Department of Public Health if it appropriately meets the Iowa Public Health Standards as evidenced by documented completion of prescribed activities.

The following terminology is used to describe compliance with the Iowa Public Health Standards:

- a. The department is in compliance with a standard by demonstrating that it fulfills the requirements or carries out all related criteria for the standard. All criteria must be scored as "met" for the department to comply with a standard.
- b. A criterion is scored as either "met" or "not met." The metrics for each criterion are listed within the Iowa Public Health Standards document.
  - i. A criterion scored as "met" means that the department fulfills the requirements or exceeds the expectations embodied in the criterion and can provide the required documentation to demonstrate compliance.
  - ii. A criterion scored as "not met" means that the department fails to fulfill the requirements of the criterion in its entirety or fails to provide the required documentation to demonstrate compliance.

**To be granted accredited status, the department must demonstrate compliance with both of the following requirements:**

- a. The department must comply with a minimum of eighty percent (80%) of all state standards in the Iowa Public Health Standards document. All criteria must be scored as "met" for the department to comply with a standard. The total number of state standards in the Iowa Public Health standards document will be determined by the version of the standards effective at the time of the department's application for accreditation. For example, according the December 2007 version of the standards, the department must comply with 34 of 43 (80%) state standards.

**AND**

- b. For any standard for which the department is not in compliance, the department must meet at least one criterion for the standard. For example, if a standard has five (5) related criteria, the department would have to meet at least one (1) of the five (5) criteria.

## **2. Denial of Accreditation**

If the department fails to meet the requirements for accreditation, it will be denied accredited status. The department must wait at least one year from the date of the notice of decision to re-apply for accreditation.

## **C. Accreditation Terms**

An accreditation term is the period during which the accredited status remains valid. The Iowa Department of Public Health may be awarded accredited status for five years. The accredited status is stated as valid through a specific date. Accredited status will automatically lapse at the conclusion of the term unless the department applies for re-accreditation and is subsequently awarded accredited status.

## **D. Accreditation Readiness**

The accrediting entity will provide comprehensive information describing all aspects of the accreditation process on its Web Site. Materials for the potential applicant should include: 1) a self-assessment tool for the department to assess its ability to meet the standards, 2) a checklist or guidance with the requirements for accreditation application, 3) the scoring and review method, and 4) description of the steps of the application process and what to expect as an applicant.

## **E. Application Process**

### **1. Letter of Intent**

A letter of intent will be a required component of the process. The letter should be sent at least six months ahead of the application. The letter should include verification of eligibility criteria. In reply, the accrediting entity will verify receipt of the letter, confirm the applicant's eligibility and the proposed timetable for the next steps of the process including when to anticipate a site review.

### **2. Application**

A non-refundable fee (to be determined by the accrediting entity) will be required with the application. The accrediting entity will develop an application form. The application will list the materials to accompany the application including the department's self-assessment and required documentation/evidence.

### **3. Applicant Preparation**

The applicant will be given a minimum of 90 calendar days notice prior to a site review. The accrediting entity will give the applicant guidance about what to expect during a site review and what materials to have available for the site reviewers. The applicant may be asked to submit additional documentation/evidence before the site review.

## **F. Site Review**

### **1. Purpose of the Site Review**

The primary purpose of site review is to clarify and verify the applicant's self-assessment in order to evaluate the applicant's degree of compliance with the Iowa Public Health Standards. To accomplish this task, the site reviewers will at a minimum:

- Review supporting documentation in addition to what was submitted with the application. The team may request additional supporting documentation or other evidence as necessary to evaluate compliance with the standards.
- Tour the applicant's facilities
- Interview the applicant's staff, State Board of Health members or other persons necessary to evaluate compliance with the standards.

### **2. Site Team Preparation**

Site reviewers will review the applicant's self-assessment and submitted documentation/evidence before the site review is conducted. The site team will have a pre-meeting to prepare for the site review.

### **3. Length of Time**

The length of time for a site review will generally be three consecutive days but not more than five.

### **4. Exit Interview**

The site team will conduct an exit interview with the department. The director will attend the meeting and may invite staff members, State Board of Health members and others to the interview. The exit interview will consist of a verbal report from the site team regarding preliminary findings. The site team will review the timeframe for the department to receive a written report and decision from the accreditation commission, and the department's right to appeal the decision. The site team does not have the authority to speak on behalf of nor bind the accreditation commission regarding the department's compliance with the standards or accreditation status.

### **5. Site Review Report**

The staff of the accrediting entity will summarize the findings of the steps in the review process. The findings will include a summary checklist that identifies each criterion as "met" or "not met." The site team will review all the reports and documentation and make a recommendation regarding accreditation status. A copy of the site team's findings and recommendation will be sent to the department before the accreditation commission meets.

### **6. Quality Improvement**

A separate document will be prepared by the staff of the accrediting entity based on the site team's suggestions for quality improvement. The document is provided to the department and has no bearing on the department's accreditation status. The document may be used as the department wishes.

### **7. Confidentiality of Reports**

Pursuant to the Iowa Public Health Modernization Act, during the pendency of the accreditation process, all accreditation files and reports prepared for or maintained by the accrediting entity are confidential and are not subject to discovery, subpoena, or other means of compulsion for their release. After the accrediting entity has issued its recommendation or report only the preliminary drafts of the recommendation or report shall remain confidential.

## **G. Site Reviewers**

### **1. Qualifications of Site Reviewers:**

Site reviewers will be volunteers from the public health community. Site reviewers must demonstrate an expertise in either local or state public health issues including experience or expertise in any of the 11 components of the standards. The accrediting entity will be responsible for selecting qualified site reviewers. The accrediting entity will designate one person on each site team to serve as the site team leader.

### **2. Number and Composition of Site Reviewers on a Team:**

Five site reviewers will make up a site team. They will be accompanied by a staff person from the accrediting entity who will serve as an observer and record keeper. The site team should include at least one representative from each of the four categories of site reviewers:

- Current or former state public health official from a state other than Iowa
- Individuals with public health experience in Iowa who have not been employed within the previous three years at the Iowa Department of Public Health, Former Iowa State Board of Health, or local board of health member Former local public health manager (e.g. administrator or supervisor)

### **3. Conflicts of Interest:**

The applicant will be advised of the proposed composition of the site team in advance. The applicant has an opportunity to identify any conflicts of interest that might disqualify a reviewer, in which case the accrediting entity will consider a replacement.

Possible conflicts of interest for site reviewers include:

- Employment at the department or a local public health agency within the previous three years
- A recent or current fiscal relationship with the department
- Close relative or relationship in affiliation with the department

### **4. Training Site Reviewers**

The accrediting entity will be responsible for training the volunteer site reviewers. Site reviewers must be trained before they are eligible to participate on a site review. The accrediting entity will develop and maintain a manual to cover all aspects of the peer review process and serve as a guide for the site team reviewers. The volunteer site reviewers will sign confidential statements regarding applicants' documents, site review reports, and recommendation to the accreditation commission.

### **5. Inter-rater Reliability**

The accrediting entity will develop a standardized process to assure inter-rater reliability among the site reviewers.

### **6. Evaluation of Site Reviewers' Performance**

The staff person from the accrediting entity who serves as an observer and record keeper will monitor the performance of each site reviewers. If a reviewer's performance is not satisfactory or a reviewer has engaged in behavior that is deemed inappropriate or unethical by the accrediting entity, the staff person will report the situation to the executives of the accrediting entity. The department will have an opportunity to evaluate the reviewers using an evaluation form. The accrediting entity will share evaluation information with reviewers as appropriate.

## **7. Expenses for Site Reviewers**

The accrediting entity will make travel arrangements for the site reviewers and will be responsible for their travel and lodging expenses.

## **H. Accreditation Decision**

The accreditation commission will consider the recommendation of the site team based on the review the site team's report. The commission will not review all the documentation such as the department's self-assessment. The commission will make the final decision regarding accreditation. The commission will take one of the following actions:

1. granting accredited status
2. denying accreditation

Applicant staff may attend the commission meeting, but are not invited to speak.

## **I. Notice of Decision**

The written notice of the accreditation commission will be sent to the applicant within 14 calendar days of the commission's decision.

## **J. Appeal Process**

The accreditation commission will process appeals of its accreditation decisions. The commission will name a subcommittee of three of its members to serve as an appeals committee.

The department may appeal the decision of the accreditation commission for denying accreditation. The department must make a written request within thirty (30) calendar days of the commission's determination for reconsideration of the decision. The department bears the burden of proof on appeal. The accreditation commission will set a reasonable fee for the appeal process.

When an appeal is received, the appeals committee will meet with the representatives of the department to discuss the argument for the appeal, the documentation, and supporting evidence. Following the joint meeting, the appeals committee submits its findings and recommendations to all commission members. The commission will prepare its recommendation based on the evidence presented. The appeal decision will be issued within 60 days of the appeal. The appeal decision of the commission is final.

## **K. Reporting Responsibilities**

The department is responsible to report to the accrediting entity if there are significant changes within the department. Examples of significant changes:

- change in the director
- change in the mission or philosophy of the department

## **L. Revocation of Accredited Status**

The accrediting entity will consider a process for revocation.

### **M. Re-accreditation Process**

The re-accreditation process will be similar to the process for initial accreditation. The department will be held to the standards in place at the time of application for re-accreditation.

### **N. Dissemination of Accreditation Information**

The accrediting entity will publish the decisions made by the accreditation commission on its Web site. The accrediting entity will develop policies regarding ground rules for advertising accreditation status.

### **O. Quality control measures**

The accrediting entity will develop quality control procedures to review and improve the accrediting process.

### **P. Complaints**

The accrediting entity will specify what type of complaints it will address, procedures for complaints, and the accrediting entity's role in responding to signed complaints.

## Glossary

**Accrediting Entity** – A legal, independent, nonprofit or governmental entity or entities approved by the state board of health for the purpose of accrediting designated local public health agencies and the department pursuant to the voluntary accreditation program developed under the Iowa Public Health Modernization Act, HF 811.

**Accreditation Commission** – The decision making body for the voluntary accreditation system.

**Designated Public Health Agency** – An entity that is designated by a local board of health to comply with the Iowa Public Health Standards for a jurisdiction. The designated local public health agency shall either be governed by or contractually responsible to the local board of health.

**Department** – The Iowa Department of Public Health

**Director** – Director of the Iowa Department of Public Health

**Voluntary Accreditation** – The verification of a designated local public health agency and the department that demonstrates compliance with the Iowa Public Health Standards by an accrediting entity.

# Appendix B:

## Guidance Provided to Beta Test Sites

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The following documents were provided to the local public health agencies participating as beta test sites.

The information was approved for use in the beta test process by the Public Health Advisory Council and may be used by other local public health agencies to better align their service and capacity building efforts with the Iowa Public Health Standards. However, it should be noted that the information contained here can, and likely will, change to some degree prior to the implementation of the Iowa Accreditation Process.

<b>Self-Assessment Preparation</b>	<b>Page</b>
Acronyms Used in the Public Health Standards .....	2
Documentation Guidance.....	3
Glossary of Terms: 2011 Iowa Public Health Standards .....	4
Self-Assessment Template.....	10
<b>Site Visit Preparation</b>	
Site Visit Schedule Instructions .....	11
Site Visit Schedule.....	12
What to Expect at Your Site Visit.....	14



## Acronyms Used in the Public Health Standards\*

AAR	After Action Report
ADA	Americans with Disabilities Act
BOH	Board of Health
BRFSS	Behavioral Risk Factor Surveillance System
CV	Curriculum Vita
CHNA&HIP	Community Health Needs Assessment and Health Improvement Plan
COOP	Continuity of Operations
EMA	Emergency Management Association
EMS	Emergency Medical Services
EOC	Emergency Operations Center
ER	Emergency Response
GIS	Geographic Information System
HAN	Health Alert Network
HIPPA	Health Insurance Privacy and Accountability Act
HIV	Human Immunodeficiency Virus
HR	Human Resources
IAC	Iowa Administrative Code
IDSS	Iowa Disease Surveillance System
IEHA	Iowa Environmental Health Association
IYS	Iowa Youth Survey
MAPP	Mobilizing for Action through Planning and Partnerships
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
NPHPS	National Public Health Performance Standards
NEHA	National Environmental Health Association
PACE-EH	Protocol for Assessing Community Excellence in Environmental Health
PIO	Public Information Officer
POD	Point of Dispensing
REHS	Regional Environmental Health Specialist
RS	Registered Sanitarian
STD	Sexually Transmitted Disease
TTY	Teletypewriter
WIC	Women, Infants and Children Program

\*Acronyms included in June 2011 revision of local criteria and standards.



## Documentation Guidance

1. No draft documents will be accepted for review.
2. All documentation must be in effect and in use at the time that they are submitted.
3. Documentation shall either be in PDF, Word, Excel, or PowerPoint.
4. Brief written narratives describing how the submitted document relates to and meets the requirement can be submitted.
5. Documentation should be submitted from throughout the agency, not just a few programs.
6. Documentation should be limited to the most direct and applicable documentation available to meet the requirement. Additional information is not necessary and will not be helpful.
7. A single document may be used as evidence multiple times. The specific section(s) of the document that address the documentation required should be identified.
8. Documentation submitted must be dated within five years of January 2012, unless otherwise directed by the Iowa Public Health Standards.
9. Pay attention to whether or not documents are dated prior to submission.
10. Documentation from partners is allowable in order to meet criteria for services or activities not under the direct jurisdiction of the public health agency.
11. When documentation contains confidential information, the confidential information should be covered or deleted. A template or form used for the collection and presentation of information can be submitted with an explanation that records will be available on site for review.



# Glossary of Terms

## 2011 Iowa Public Health Standards

**Action plan** (WK 2b-L): A sequence of steps that must be taken, or activities that must be performed well, for a strategy to succeed. An action plan has three major elements (1) Specific tasks: what will be done and by whom. (2) Time horizon: when will it be done. (3) Resource allocation: what specific funds are available for specific activities. *Source:* <http://www.businessdictionary.com>

**Advocate** (GV 3c-L): To plead in favor of. *Source:* <http://www.merriam-webster.com>

**Agreements** (GV 3b-L): An arrangement as to a course of action, may be in writing or not in writing. *Source:* <http://www.merriam-webster.com>

**Community health assessment** (CA 1a-L): Aims to describe the health of the community by presenting information on health status including epidemiologic and other studies of current health problems, community health needs, health care, and community resources. It seeks to identify target populations that may be at increased risk of poor health outcomes and to gain a better understanding of their needs, as well as assess the larger community environment and how it can help play a role in addressing the health needs of individuals in the community. The community health assessment process also identifies those areas where better information is needed, especially information on health disparities among different subpopulations, quality of health care, and the occurrence and severity of disabilities in the population. Community health assessment is a continuous, interactive local process. The process involves continuously scanning the health environment for changes in conditions and emerging health issues. *Source:* Adapted from New York State Community Assessment Guidance 2010-2013 available at <http://www.health.state.ny.us/statistics/chac/nysguidance.htm>

**Community health improvement plan** (CA 2b-L): A community health improvement plan is a long-term, systematic effort to address health problems based on the results of assessment activities and the community health improvement process. Health and other governmental education and human service agencies, in collaboration with community partners, use the plan to set priorities, coordinate, and target resources. A HIP is critical for developing policies and defining actions to target efforts that promote health. It should define the vision for the health of the community inclusively and should be done in a timely way. *Source:* National Public Health Performance Standards Program, *Acronyms, Glossary, and Reference Terms*, CDC, 2007 (Adapted from: United States Department of Health and Human Services. Healthy People 2010. Washington, DC: US Department of Health and Human Services; 2000.)

**Community health profile** (CA 1a-L): A comprehensive compilation of measures representing multiple categories, or domains, that contributes to a description of health status at a community level and the resources available to address health needs. Measures within each domain may be tracked over time to determine trends, to evaluate health interventions or policy decisions, to compare community data with peer, state, national, or benchmark measures, and to establish priorities through an informed community process. *Source:* National Public Health Performance Standards Program, *Acronyms, Glossary, and Reference Terms* <http://www.cdc.gov/nphpsp/PDF/Glossary.pdf>

**Compile** (IN 1a-L): To collect and edit into a product. *Source:* adapted from <http://www.merriam-webster.com>

**Consultation** (PE 2e-L): Providing professional or expert advice. *Source:* <http://www.merriam-webster.com>

**Core environmental health services** (EH 1a-L): Includes non-public water wells, on-site wastewater, public health nuisances, time of transfer inspections for on-site wastewater, vector control, and an animal control protocol for rabies cases. *Source:* July 2011 revised Iowa Public Health Standards-EH 1a-L

**Designated local public health agency** (GV 2b-L): The local board of health designates a single entity or lead agency to coordinate delivery of public health services as they relate to the Iowa Public Health Standards. This agency assures that key stakeholders are involved in assisting the local board of health and is the only agency that can apply for accreditation through the Iowa accreditation process. *Source:* July 2011 revised Iowa Public Health Standards – GV 3a-L

**Emergency response plan** (ER 1a-L): An action plan for the jurisdiction to mitigate, respond to, and recover from a natural disaster, terrorist event, or other emergency that threatens people, property, business, or the community. The plan identifies persons, equipment, and resources for activation in an emergency and includes steps to coordinate and guide the response and recovery efforts of the jurisdiction. *Source:* National Public Health Performance Standards Program, *Acronyms, Glossary, and Reference Terms*, CDC, 2007

**Enforcement activities** (AD 3b-L): Activities to carry out effectively law, rules/regulations, and ordinances. *Source:* Adapted from <http://www.merriam-webster.com>

**Engage** (CA 2a-L): To induce to participate. *Source:* <http://www.merriam-webster.com>

**Environmental health** (CA 1d-L): Environmental health encompasses the interrelationships between people and their environment that promote human health and well-being and foster a safe and healthful environment. Environmental health includes all aspects of human health and quality of life that are determined by physical, chemical, biological, social, and psychosocial factors in the environment. *Source:* National Public Health Performance Standards Program, *Acronyms, Glossary, and Reference Terms* <http://www.cdc.gov/nphpsp/PDF/Glossary.pdf>

**Epidemiology** (PE 1a-L): Epidemiology is the study of the distribution and determinants of health-related status or events in specified populations, and the application of this study to control of health problems. *Source:* Last, J editor. *A Dictionary of Epidemiology*. Second Edition. New York: Oxford University Press; 1988.

**General accounting principles** (AD 6d-L): Authoritative rules, practices, and conventions meant to provide both broad guidelines and detailed procedures for preparing financial statements and handling specific accounting situations. *Source:* <http://www.businessdictionary.com>

**Goal** (AD 5a-L): General statement expressing a program's aspirations or intended effect on one or more health problems, often stated without time limits. *Source:* Turnock, B. *Public Health: What It Is and How it Works*, Aspen Publishers, 2001.

**Guiding principles** (AD 5a-L): Any principles or precepts that guide an organization throughout its life in all circumstances, irrespective of changes in its goals, strategies, type of work, or the top management. *Source:* <http://www.businessdictionary.com>

**Health care service** (HB 2b-L): 1. A business entity that provides inpatient or outpatient testing or treatment of human disease or dysfunction; dispensing of drugs or medical devices for treating human disease or dysfunction 2. A procedure performed on a person for diagnosing or treating a disease. *Source:* McGraw-Hill Concise Dictionary of Modern Medicine, 2002 by The McGraw-Hill Companies, Inc.

**Health promotion** (HB 2b-L): An intervention strategy that seeks to eliminate or reduce exposures to harmful factors by modifying human behaviors. Any combination of health education and related organizational, political, and economic interventions designed to facilitate behavioral and environmental adaptations that will improve or protect health. This process enables individuals and communities to control and improve their own health. Health promotion approaches provide opportunities for people to identify problems, develop solutions, and work in partnerships that build on existing skills and strengths. *Source:* Turnock B. *Public Health: What It Is and How It Works*, Aspen Publishers, 2001

**Health risk** (CA 1a-L): A condition of humans that can be represented in terms of measurable health status or quality-of-life indicators. *Source:* Turnock B. *Public Health: What It Is and How It Works*. Gaithersburg, MD: Aspen Publishers, Inc.; 1997.

**Human resources** (AD 4a-L): Human resources can include policies and processes for functions such as benefits administration, payroll, recruiting and training, and employee performance analysis and review. *Source:* MCPP Healthcare Consulting

**Indicator** (CA 1a-L): A measurement that reflects the status of a system. Indicators reveal the direction of a system (a community, the economy, the environment), whether it is going forward or backward, increasing or decreasing, improving or deteriorating, or staying the same. *Source:* National Public Health Performance Standards Program, *Acronyms, Glossary, and Reference Terms* <http://www.cdc.gov/nphsp/PDF/Glossary.pdf>

**Intentional injury (IN 1a-L):** Injuries resulting from purposeful human action, whether directed at oneself or others. Intentional injuries include self-inflicted and interpersonal acts of violence intended to cause harm. *Source:* <http://www.maine.gov/dhhs/bohdcfh/inj/intentional.html>

**Iowa Public Health Standards** (GV 1a-L): 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. These standards provide a framework that can be used 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, and the Iowa State Board of Health. Each of these entities contributes to building and promoting healthy communities in Iowa. *Source:* <http://www.idph.state.ia.us/mphi/>

**Link** (HB 2b-L): A connecting element or factor. *Source:* <http://www.merriam-webster.com>

**Maintain** (IT 1): To keep in an existing state (as of repair, efficiency, or validity): preserve from failure or decline *Source:* <http://www.merriam-webster.com>

**Mission** (AD 5a-L): A mission statement defines the organization's purpose and primary objectives. Its prime function is internal. *Source:* <http://www.mindtools.com>

**Objectives** (AD 5a-L): Targets for achievement through interventions. Objectives are time-limited and measurable in all cases. Various levels of objectives for an intervention include outcome, impact, and process objectives. *Source:* Turnock, B. *Public Health: What It Is and How It Works*, Aspen Publishers, 2001.

**Ordinance** (GV 4a-L): An ordinance is a county law of a general and permanent nature. Iowa Code 331.302 describes the process by which an ordinance should be adopted. *Source:* Iowa Code 331.101

**Performance management** (EV 1a-L): Performance management is the practice of actively using performance data to improve the public's health. This practice involves strategic use of performance measures and standards to establish performance targets and goals. Performance management practices can be used to prioritize and allocate resources; to inform managers about necessary adjustments or changes in policies or programs; to frame reports on success in meeting performance goals; and to improve the quality of public health practice. *Source:* Public Health Foundation  
[http://www.phf.org/resourcestools/Documents/About\\_Performance\\_Management\\_3.22.11.pdf](http://www.phf.org/resourcestools/Documents/About_Performance_Management_3.22.11.pdf)

**Performance measurement** (EV 1a-L): Consists of quantitative measures of capacities, processes or outcomes relevant to the assessment of a performance indicator (e.g., the number of trained epidemiologists available to investigate; percentage of clients who rate health department services as "good" or "excellent"). *Source:* Public Health Foundation  
[http://www.phf.org/resourcestools/Documents/About\\_Performance\\_Management\\_3.22.11.pdf](http://www.phf.org/resourcestools/Documents/About_Performance_Management_3.22.11.pdf)

**Performance standards** (EV 1a-L): Are objective standards or guidelines that are used to assess an organization's performance (e.g., one epidemiologist on staff per 100,000 people served, 80 percent of all clients who rate health department services as "good" or "excellent"). *Source:* Public Health Foundation  
[http://www.phf.org/resourcestools/Documents/About\\_Performance\\_Management\\_3.22.11.pdf](http://www.phf.org/resourcestools/Documents/About_Performance_Management_3.22.11.pdf)

**Policy** (AD 1d-L): A high-level overall plan. *Source:* <http://www.merriam-webster.com>

**Population health** (glossary): Population health denotes interventions aimed at disease prevention and health promotion that affect an entire population and extend beyond medical treatment by targeting underlying risks, such as tobacco, drug, and alcohol use; diet and sedentary lifestyles; and environmental factors. *Source:* Turnock BJ. *Public Health: What It Is and How It Works*. Gaithersburg, MD: Aspen Publishers, Inc.; 1997.

**Procedure** (AD 1d-L): A written description of the systematic actions and decisions an individual or organization must complete in performing a specific activity or sequence. *Source:* MCPPP Healthcare Consulting

**Process** (EV 1a-L): A series of actions or operations conducting to an end. *Source:* <http://www.merriam-webster.com>

**Program** (EV 1b-L): A coherent set of clearly described activities and specified linkages among activities designed to produce a set of desired outcomes. *Source:* Adapted from *Implementation Research: A Synthesis of the Literature*, University of South Florida, 2005.

**Promote** (PE 2d-L): To contribute to the growth or prosperity of *Source:* <http://www.merriam-webster.com>

**Public health services** (AD 6b-L): Population based health services. *Source:* Public Health Modernization Metrics Committee, 2010.

**Quality improvement** (EV 1a-L): The use of a deliberate and defined improvement process, such as Plan-Do-Check-Act, which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community. *Source:* Defining Quality Improvement in

Public Health; Journal of Public Health Management & Practice; January/February 2010 – Volume 16 – Issue 1 p 5-7, Riley, William J. PhD; Moran, John W. PhD, MBA, CQIA, CQM, CMC; Corso, Liza C. MPA; Beitsch, Leslie M. MD, JD; Bialek, Ronald MPP; Cofsky, Abbey

**Reporting of progress** (EV 1a-L): Is how a public health agency tracks and reports progress depending upon the purpose of its performance management system and the intended users of performance data. *Source:* Public Health Foundation  
[http://www.phf.org/resourcestools/Documents/About\\_Performance\\_Management\\_3.22.11.pdf](http://www.phf.org/resourcestools/Documents/About_Performance_Management_3.22.11.pdf)

**Resolution** (GV 1a-L): A formal expression of opinion, will, or intent voted by an official body or assembled group. *Source:* <http://www.merriam-webster.com>

**Rules/regulations** (GV 4a-L): Synonymous terms. A form of county legislation as adopted by a county pursuant to Iowa Code Section 331.302. *Sources:* 1978 Iowa Op. Atty. Gen. 774, 1978 WL 17514 (Iowa A.G.) and Iowa Code Section 331.304A.

**Stakeholder** (CA 1e-L): All persons, agencies, and organizations with an investment or “stake” in the health of the community and the public health system. This broad definition includes persons and organizations that benefit and/or participate in the delivery of services that promote the public’s health and overall well-being. *Source:* National Public Health Performance Standards, Centers for Disease Control and Prevention, 2004.

**Strategic plan** (AD 5a-L): A broadly-defined plan aimed at creating a desired future. *Source:* <http://www.businessdictionary.com/>

**Strategies** (CA 3b-L): Strategies describe how to achieve objectives and answer the questions, How do we get there from here? What agency or group is responsible for carrying out the strategy? *Source:* Adapted from the Community Tool Box: <http://ctb.ku.edu>

**Supplemental environmental health services** (EH 1b-L) Includes food safety/lodging, childhood lead poisoning and prevention, pool safety, indoor air quality, tattoo, tanning beds, and other programs determined by the local board of health. *Source:* July 2011 revised Iowa Public Health Standards-EH 1b-L

**Surveillance** (PE 1b-L): Systematic monitoring of the health status of a population. Surveillance may be active or passive. *Source:* Adapted from Turnock, B. *Public Health: What It Is and How It Works*, Aspen Publishers, 2001.

**Time of transfer** (EH 1a-L): When a property is changing ownership, the septic system on that property must be inspected. *Source:* <http://www.iowadnr.gov/InsideDNR/RegulatoryWater/PrivateSepticSystems/TimeofTransfer.aspx>

**Training** (WK 3b-L): Training includes formally structured courses (e.g., classroom, conference, electronic) as well as substantive review of pertinent content as part of a regularly scheduled meeting (e.g., use of written materials). *Source:* Adapted from MCPP Healthcare Consulting

**Unintentional injury** (IN 1a-L): Is used to refer to injuries that were unplanned. *Source:* <http://www.maine.gov/dhhs/bohdcfh/inj/unintentional.html>

**Values** (AD 5a-L): Important and enduring beliefs or ideals shared by the members of a culture about what is good or desirable and what is not. Values exert major influence on the behavior of an individual and serve as broad guidelines in all situations. *Source:* <http://www.businessdictionary.com>

**Vector control** (EH 1a-L): Vector control is any method to limit or eradicate the mammals, birds, insects or other arthropods that transmit disease pathogens. *Source:* <http://en.wikipedia.org>

**Vision** (AD 5a -L): The vision statement communicates both the purpose and values of the organization. For employees, it gives direction about how they are expected to behave and inspires them to give their best. Shared with customers, it shapes customers' understanding of why they should work with the organization. *Source:* <http://www.mindtools.com>

**Work Plan** (EV 1b-L): Systematic sequencing and scheduling of the tasks comprising a project. *Source:* Adapted from <http://www.businessdictionary.com>

# Self-Assessment Template

A template was provided to the beta test sites as a document that they could utilize during the self-assessment to document their process and review of criteria. The example below is for one criterion. Each criterion had its own document to record information.

Iowa Public Health Standards Template		<u>Governance</u>	
County:		Due by:	Date reviewed:
		Date revised:	
Standard: GV5	Practice fiscal oversight.		
Criteria: GV5a-L	Secure local board of health approval of the proposed budget prior to submission.		
Guidance:	Documentation should include both the meeting minutes recording approval of the proposed budget, and the proposed budget presented to the board at that time. The budget must contain at a minimum proposed revenue and proposed expenses.		
<b>Met :</b> <input type="checkbox"/>	Notes:		
<b>Not Met :</b> <input type="checkbox"/>			
Evidence:			
Assigned to:		Documents located:	

# Site Visit Schedule Instructions

## Pre-Site visit:

- Areas highlighted should be personalized with the county name and dates of the site visit.
- The local public health agency shall complete the “Name of County Attendees” column of the schedule. At least one individual should be named in that column. No local attendees shall be included in the Site Visitor Team Meetings on Day 1 and Day 2.
- The Site Visit schedule is flexible, and the local public health agency should have the opportunity to adjust the scheduled times for topic areas to meet the needs of their staff and local board of health member.
- Attendees at the entrance conference shall include the Public Health Administrator, the Accreditation Coordinator, and members of the accreditation team. A local board of health member may attend.
- The agency may decide who will attend the exit conference.
- The completed site visit schedule shall be distributed to the local public health agency and the site visitors one week prior to site visit by the Iowa Department of Public Health facilitator.

## Use of the schedule during the site visit:

- The schedule should be followed closely during the site visit.
- At least 45 minutes should be available to discuss each of the component areas of the Iowa Public Health Standards. (the exception to this is Administration, due to the length of that component area 90 minutes should be allotted.)
- If running ahead of schedule, the site visit team may request the opportunity to convene as a site visit team for a few moments before returning to the schedule.
- If running behind schedule, the facilitator should work with the site visit team members to get back on schedule.
- The facilitator should keep track of county attendees interviewed and make sure to record any revisions to the scheduled interviewees.

## Following the site visit:

- The site visit agenda (with any revisions made of interviewees) shall be included in the final site visit report.



# Site Visit Schedule

## Pilot – Iowa Accreditation Process

Name of County  
Date (Day 1)

<b>Time</b>	<b>Activity</b>	<b>Name of County Attendees</b>
9:15 am	Site Visit Team Arrives	
9:30 am	Entrance Conference	Public Health Administrator, Accreditation Coordinator, members of accreditation team, Local Board of Health member (optional)
10:00 am	Tour of Public Health Agency	
10:45 am	Interview with Public Health Administrator	Public Health Administrator
11:15 am	Governance	Local Board of Health member
Noon	Lunch	
12:45 pm	Administration	
2:00 pm	Break	
2:15 pm	Communication and Information Technology	
3:00 pm	Evaluation	
3:45 pm	Workforce	
4:30 pm	Site Visit Team Meeting	none
5:30 pm	Site Visitors Depart	

Name of County  
Date (Day 2)

<b>Time</b>	<b>Activity</b>	<b>Name of County Attendees</b>
8:00 am	Site Visit team arrives	
8:15 am	Community Assessment and Planning	
9:00 am	Prevent Epidemics and the Spread of Disease	
9:45 am	Protect Against Environmental Hazards	
10:30 am	Break	
10:45 am	Prevent Injuries	
11:30 am	Promote Healthy Behaviors	
12:15 pm	Lunch	
1:00 pm	Prepare for, Respond to, and Recover from Public Health Emergencies	
1:45 pm	Site Visitors Team Meeting/ Preparation for Exit Conference	none
3:00 pm	Exit Conference	
4:00 pm	Site Visit Team Departs	



## What to Expect At Your Site Visit

**Q: What’s the purpose of the site visit?**

A: The purpose of the site visit is to clarify and verify your agency’s compliance with the Iowa Public Health Standards.

**Q: How long will the site visit last?**

A: The site visit will last two full days.

**Q: What will the site visitors know about our department before they arrive here?**

A: The site visitors will have reviewed all of the documentation you submitted previously, they will have seen your table of organization, and will have reviewed your department’s application for the Iowa Accreditation Process. That application asked your agency to describe unique characteristics of your agency and the jurisdiction that you serve.

**Q: What are they looking for from the people they interview?**

A: They will be asking you questions about the documentation submitted, trying to clarify whether or not your agency meets the Iowa Public Health Standards. The site visitors may ask for additional documentation from you if the interview reveals documentation that hasn’t previously been submitted.

**Q: Who will be interviewed?**

A: The site visitors will interview the administrator of your agency and one local board of health member. The site visitors will want to interview at least one individual about each of the 11 component areas of the Iowa Public Health Standards. It is up to your agency to decide who would be best to sit in on those interviews.

**Q: I hear the site visitors will be taking a tour, should I clean my desk?**

A: It’s up to you! On the tour the site visitors will be looking to become familiar with how your agency is set up, to see what space is available, and how records are stored in your agency.

**Q: What will we know about our agency at the end of the site visit?**

A: At the end of the site visit an exit conference will be held. At the exit conference you will hear from the site visitors about the general findings of the site visit, any “not met” activities, and general strengths and observations of your agency.

# Appendix C: Guidance Provided to Site Visitors and Accreditation Board

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The following documents were provided to the site visitors that participated in the beta test.

The information was approved for use in the beta test process by the Public Health Advisory Council and may be used by other local public health agencies to better align their service and capacity building efforts with the Iowa Public Health Standards. However, it should be noted that the information contained here can, and likely will, change to some degree prior to the implementation of the Iowa Accreditation Process.

<b><u>Site Visitor and Accreditation Board Preparation</u></b>	<b><u>Page</u></b>
Site Visit Team Operational Guidelines .....	2
Site Visit Reporting Tool.....	8
Site Visitor/Accreditation Board Member Confidentiality Statement .....	9
Site Visit Schedule Instructions .....	10
Accreditation Status Guidelines.....	11
Accreditation Board Operational Guidelines.....	12



# Site Visit Team Operational Guidelines

## For Pilot – Iowa Accreditation Process

January, 2012

### **Purpose of the Site Visit**

The primary purpose of the site visit is to clarify and verify the applicant's self-assessment in order to evaluate the applicant's compliance with the Iowa Public Health Standards (June 2011). To accomplish this task, the site reviewers will at a minimum:

- Review documentation submitted by the applicant prior to the site visit.
- Review supporting documentation or other evidence as necessary to evaluate compliance with the standards.
- Tour the applicant's facilities.
- Interview the applicant's staff, a board of health member, and other persons necessary to evaluate compliance with the Iowa Public Health Standards.

### **Composition of the Site Visit Team**

For the purposes of the pilot the site visit team will be comprised of no fewer than three individuals that meet the following criteria:

1. Requirements of team:
  - i. Local public health manager (administrator, supervisor)
  - ii. Local public health professional (public health nurse, environmental health specialist)
  - iii. Individual with public health experience (local board of health member, public health educator, state department staff, or retired public health worker)
2. All members shall have at least three years of experience.
3. No more than one state employee should serve on a team.

The site visit team will be accompanied by a staff member of the Iowa Department of Public Health to assist the site visit team in their efforts as a site visit facilitator. It is the responsibility of the site visit facilitator to serve as the liaison between the site visit team and the applicant. The facilitator will not participate in the review and evaluation of documentation prior to the site visit. The facilitator will participate in the site visit only when requested by the site visit team to provide clarification or guidance about the Iowa Public Health Standards or the site visit process. The facilitator shall record all names of individuals participating in the site visit for the purposes of documenting the official site visit agenda.

### **Lead Site Visitor**

For the purposes of the pilot the Iowa Department of Public Health will designate one accreditation team member to serve as the lead site visitor.

Responsibilities:

- The lead site visitor is responsible for coordinating the activities of the site visit team when on-site and is the spokesperson for the group.
- The lead site visitor may ask the agency accreditation coordinator for additional documentation as needed during the site visit.
- The lead site visitor will facilitate all site visit team meetings when on-site.

- The lead site visitor should work with the facilitator to assure that the site visit schedule is maintained as best as possible.
- The final report of the site visit results will not be considered final until signed by the lead site visitor.
- The lead site visitor will present to the Accrediting Board the final report and a recommendation for accreditation on behalf of the site visit team.

### **Responsibilities of All Site Visit Team Members**

- Identify strengths and weaknesses of the agency in assigned component areas of the Iowa Public Health Standards prior to the site visit for discussion while on-site.
- Participate as an interviewer during the site visit.
- Identify opportunities for improvement in the agency's ability to meet the Iowa Public Health Standards and records these in the site visit report.
- Provide written comment about each criterion assigned to the site visitor in the site visit report.
- Sign the Final Site Visit report after assuring completeness of report.
- Attend Accreditation Board meeting in which accreditation status of assigned agency will be discussed.

### **General Guidelines for Site Visitors**

Site visitors only have the right to review materials that are evidence for one or more of the criteria they are reviewing; they do not have access to any and all documents the health agency may have or that they may wish to review within an agency. The agency must only provide evidence to show it meets the activity, not all documentation available.

### **Attendance**

All site visitors are expected to be present for all site visit activities. Be prompt for meetings and interviews and plan to remain for the entire site visit.

### **Confidentiality**

Site visitors will be asked to sign a confidentiality statement and will comply with this request. Treat all documentation, whether provided beforehand or on site, as confidential. Discuss it only with other site visit team members, the accreditation facilitator, and the accrediting board. It is imperative that confidentiality of the information and observations be maintained.

### **Conflict of Interest**

Whenever there is a conflict of interest, real or perceived, a site visitor should remove his or herself from the discussion or situation.

Possible conflicts of interest include:

1. Site visitors not assigned to counties for which they share a border.
2. Site visitors not assigned to counties they have a contractual relationship with for direct delivery of services.
3. Site visitors not assigned to counties for which they have worked.
4. Site visitors not assigned with a close relative or relationship with agency being reviewed.
5. Site visitors not assigned where they are a current employee or a current local board of health member.

## **Dress Code**

Site visitors shall wear business dress while on-site at the local health agency or while conducting interviews. For after-hours activities, and site visit team only activities, casual dress may be worn. Site visitors may be working in small spaces and closed rooms, so should not use heavy perfumes or colognes, as this can aggravate allergies and asthma. Site visitors will be provided with a name badge/tag and are requested to wear it during the entire site visit.

## **Suggestions for Review of Evidence**

- Read the June 2011 Iowa Public Health Standards in their entirety, paying particular attention to the component areas that have been assigned to you. Read all other materials provided in advance of the site visit and plan to participate in any trainings sessions or preparatory conference calls provided by the Iowa Department of Public Health.
- Identify and list any weak or problem areas in the agency's ability to meet the Iowa Public Health Standards before the start of the site visit. It may be helpful to make a list of specific questions you will want to have answered during the review.
- Do not try to judge the applicant agency as "good" or "bad"; rather judge only whether or not it is meeting the criteria of the Iowa Public Health Standards.
- Withhold final judgment of a local public health agency's compliance with the standards until the completion of the site visit. The review of documentation, paired with the information gained from interviews and on-site communication, provides the opportunity to verify an agency's compliance with the standards on a daily basis.
- The site visit team should pay particular attention to communication between other entities responsible for the provision of the Iowa Public Health Standards and the agency itself. Remember it is not the agency's responsibility to provide everything described in the Iowa Public Health Standards, rather it is the responsibility of the agency to assure that those needs are addressed within the jurisdiction.
- Gather and report as much information as possible so that the Accrediting Board can make a well-informed decision regarding accreditation status.
- Remember that each of Iowa's local public health agencies is unique and differs in structure and style. Site visitors need to take into account the guidance and metrics provided in the Iowa Public Health Standards. Site visitors should ask themselves is the intent of the criterion met? If it is, regardless of how infrastructure and services are planned, implemented, monitored and evaluated the criterion is met.

## **Ethical Behavior**

It is expected that site visitors will conduct themselves responsibly. This includes respecting your team members, the facilitator, and the health agency you are visiting. Consider the contributions of all member of the site visit team to be important and valued. Do not take advantage of the applicant's hospitality by seeking privileged treatment.

Do not disparage or criticize any elements of the accreditation process in the presence of staff members of the health agency or members of the local community. Likewise, do not disparage or criticize health agency staff or programs.

Gifts may be offered to site visit team members from the local health agency and such offerings should be refused. While the health agency may be giving the gift as a courtesy, this could lead to competition between counties and allegations of a review based on receiving a gift. Free materials, such as area brochures, maps, and local information may be provided to site visitors. Also, limited incentive items with the local health

department logo or name, such as pens, that are also given to the public may be given or available to site visitors. Light refreshments and beverages may be provided for site visitors for breaks. This is acceptable but is not required or asked of the agency.

### **Evaluation**

The accreditation process includes on-going and extensive evaluation. Site visitors are expected to participate by responding to any surveys or interviews conducted by the Public Health Evaluation Committee.

### **Personal Behavior**

- Maintain a good working relationship with all members of the site visit team.
- Maintain a professional and friendly, yet separate relationship with health agency personnel.
- Use of a laptop, PDA, or Blackberry/Smartphone for personal business during the site visit should be minimal. There will be time for checking personal email and voicemail during the course of the site visit. Staff in your home county should not contact site visit team members for routine business, unless there is an emergency.
- Avoid giving agency staff and interviewees an impression that a decision about accreditation has been reached, offering specific solutions to problems or concerns, or implying personal criticism of any participants in the process.
- Listen with a critical ear.

### **Reimbursement for Site Visit Expenses**

For the purposes of the pilot the site visitors will sign a service agreement with the Iowa Department of Public Health. Site visitors will receive a \$950 stipend for their services and expenses.

### **Separation of Roles**

Remember, that as site visitors you are there as assessors, not colleagues. Avoid socializing with health agency staff and interview subjects. Contact with staff or your peers beyond what is needed to assess the agency should be minimized. Site visitors should be friendly, but maintain separation. Occasional work in social contexts (e.g., a working lunch) is appropriate, but should be minimized.

Prior to the site visit as you review documentation and evidence, you should not directly contact the health agency with any questions or clarifications. Questions that arise should be addressed to the facilitator. The facilitator will decide if additional information should be requested before the site visit, or if questions would be better addressed on-site. Contact with outside agencies (for example other state or county agencies) by site visitors outside a scheduled interview when on-site is not the responsibility of the site visit team.

The site visit is not the time to collect policies, protocols or examples for use in your own agency. While you certainly may gather ideas or begin to see how a process may work in your agency, wait until after the site visit report has been submitted before contacting a health agency for examples or copies of policies or other materials.

### **Training**

Training is required before an individual can serve as a site visitor and for the purposes of the pilot will be provided by the Iowa Department of Public Health. Initial training can be conducted in a group setting or one-on-one if needed.

### **Conducting the Site Visit**

#### Prior to the Site Visit:

Prior to the site visit, site visitors have completely reviewed the following:

- The agency's application for Iowa Accreditation
- The Iowa Public Health Standards
- Agency documentation provided
- Site Visit Team Operational Guidelines
- Site Visitor Report Template

Pre-Site Visit Team Meeting:

Prior to beginning the visit, at a time set by IDPH, the site visitors will gather for a mandatory meeting by conference call or on-line to:

- Introduce team members to each other
- Review the site visit schedule and make assignments of site visitors for document reviews.
- Review the agency's organizational chart and any other basic information that describes the model by which the agency conducts its work.
- Discuss the methodology for preparing the site visit report.

Entrance Conference:

The Entrance Conference should be conducted first on the first day of the site visit by the agency with help from the facilitator. Agency representatives (Public Health Administrator, Accreditation Coordinator, members of the accreditation team, and optional local board of health member) should be in attendance. Site visitors and agency representatives should exchange introductions, review the site visit schedule, the agency's approach to the accreditation process, and any recent changes in the organization which may be relevant to the site visit should be communicated at this time. A formal agenda may be used.

Tour of the Public Health Agency:

Following the Entrance Conference, the Public Health Administrator will lead the site visitors on a general tour of the health agency. The tour allows site visitors to become familiar with the environment as well as to note the general lay-out, space provisions and records storage for the agency.

Interviews:

The site visitors will interview a variety of individuals and groups, including staff of the agency, a member of the local board of health, and relevant community partners, to ascertain their understanding of the agency and their role in or with respect to the agency. However, the ultimate purpose of the interviews is to allow for confirmation of evidence provided in the documents and give the opportunity to ask questions to help clarify evidence. Unless otherwise specified, all interviews will take place at the health agency.

Site visit interviews should conform to the following guidelines:

- It is important that interviewees feel at ease. The interview should be held in a private room so that all exchange of information remains confidential.
- Interviewers should adapt the questions asked to help in clarifying the evidence.
- The interview is for the site visitors to gain information about the agency. Interviewers should not respond to questions during the interview asking about operations in their respective counties. Interviewers should not make comments about their own experience, and should not offer suggestions for help or assistance during the interview time.

Site Visit Team Meeting (Day 1):

- At the end of the first day of the site visit, the site visitors will meet in a closed session to discuss the outcomes of the day's work. The facilitator will work with the site visitors to record

strengths/general observations from each day and other notes to be shared at the Exit Conference or for use in the site visit report.

Site Visit Team Meeting (Day 2):

- The site visit team will again meet in closed session to discuss the outcomes of the day's work. The facilitator will work with the site visitors to record strengths/ general observations for use in the Exit Conference and site visit report. Opportunities for improvement will also be identified for the Exit Conference.
- Opportunities for improvement identified are merely suggestions that the agency may do with as they please. Suggestions for quality improvement will be made at the component level.

Exit Conference:

- The Exit Conference, led by the facilitator and the lead site visitor is scheduled for the end of the site visit and attended by any staff the agency administrator chooses to have present.
- The purpose of the Exit Conference is to offer the findings of the site visit, any "not met" activities, and general strengths/observations of the local health agency.
- At this time the agency will be briefed on the Accreditation Board meeting process by the facilitator.

# Site Visitor Reporting Tool

<b>STANDARD GV 1: Secure commitment from governmental oversight bodies to comply with the Iowa Public Health Standards</b>		
<b>CRITERIA</b>	<b>REQUIRED DOCUMENTATION</b>	
<p><b>GV 1a-L</b></p> <p>At least annually, provide written commitment from the local board of health to comply with the Iowa Public Health Standards.</p>	<p>1. Written commitment from the local board of health.</p>	<p><b>Purpose:</b> The purpose of this criterion is to assure that the local board of health is supportive of compliance with the Iowa Public Health Standards.</p> <p><b>Significance:</b> As the governing entity, the support of the local board of health is critical.</p> <p><b>Guidance:</b> Documentation could be a board of health resolution, proclamation or letter signed by each member of the local board of health.</p>
<p>Comments:</p>		<p><input type="checkbox"/> <b>Met</b></p> <p><input type="checkbox"/> <b>Not Met</b></p>



# Site Visitor/Accreditation Board Member Confidentiality Statement

## Iowa Accreditation Process

The Iowa Accreditation Process as described in Iowa Code Chapter 135A conducts assessments of local health agencies in an objective and confidential manner. To ensure objectivity, impartiality, and integrity in the accreditation process, a site visitor should not be involved in assessments that constitute a conflict of interest, should not accept any gift from a local health agency under review, and should not disclose any information gained through involvement in the accreditation process.

As a site visitor and accreditation board member, I must hold all agency accreditation information and the content of site visit team and accreditation board discussions and deliberations in confidence. I understand and agree that any violation of confidentiality may seriously jeopardize the accreditation process. I will treat all information obtained through the assessment and accreditation board activities as confidential.

I recognize that a conflict of interest could jeopardize the accreditation status of a local health agency. Conflicts of interest also undermine the credibility of the overall accreditation process. I understand and agree to disclose any potential, perceived, or actual conflict of interest to the Iowa Department of Public Health. I agree not to solicit or accept gifts, gratuities, or any other considerations from individuals associated with a local public health agency under assessment.

I have read and understand the above statement.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Site Visit Schedule Instructions

## Pre-Site visit:

- Areas highlighted should be personalized with the county name and dates of the site visit.
- The local public health agency shall complete the “Name of County Attendees” column of the schedule. At least one individual should be named in that column. No local attendees shall be included in the Site Visitor Team Meetings on Day 1 and Day 2.
- The Site Visit schedule is flexible, and the local public health agency should have the opportunity to adjust the scheduled times for topic areas to meet the needs of their staff and local board of health member.
- Attendees at the entrance conference shall include the Public Health Administrator, the Accreditation Coordinator, and members of the accreditation team. A local board of health member may attend.
- The agency may decide who will attend the exit conference.
- The completed site visit schedule shall be distributed to the local public health agency and the site visitors one week prior to site visit by the Iowa Department of Public Health facilitator.

## Use of the schedule during the site visit:

- The schedule should be followed closely during the site visit.
- At least 45 minutes should be available to discuss each of the component areas of the Iowa Public Health Standards. (the exception to this is Administration, due to the length of that component area 90 minutes should be allotted.)
- If running ahead of schedule, the site visit team may request the opportunity to convene as a site visit team for a few moments before returning to the schedule.
- If running behind schedule, the facilitator should work with the site visit team members to get back on schedule.
- The facilitator should keep track of county attendees interviewed and make sure to record any revisions to the scheduled interviewees.

## Following the site visit:

- The site visit agenda (with any revisions made of interviewees) shall be included in the final site visit report.

# **Accreditation Status Guidelines**

The Iowa Accreditation Process Pilot was designed to test Iowa’s entire accreditation process. To complete the process, the following accreditation guidelines were used to assign an accreditation status to the agency. Note: the accreditation status is for pilot purposes only. The Agency must apply through the Iowa Accreditation Process when available.

1. **Accredited**

The **Accredited** status is awarded for a period of five years to eligible local public health agencies that meet the Iowa Public Health Standards as evidenced by documented completion of prescribed activities.

2. **Not Accredited**

The **Not Accredited** status will be given to an agency that fails to meet the requirements for accreditation. The agency must wait at least one year from the date of notice of accreditation decision to re-apply for accreditation.

To be granted accredited status, an eligible local public health agency must demonstrate compliance with 75% of the criteria in each component area and must have met at least one criterion per standard.

In order to determine compliance, each criterion will be scored by site visitors as either “met” or “not met”. The metrics for each criterion are listed within the Iowa Public Health Standards document.

- a. A criterion scored as “met” means that the local public health agency fulfills the requirements or exceeds the expectations embodied in the criterion and can demonstrate compliance.
- b. A criterion scored as “not met” means that the local public health agency fails to fulfill the requirements of the criterion and fails to demonstrate compliance.



# Accreditation Board Operational Guidelines

## For Pilot – Iowa Accreditation Process

### Purpose

In order to pilot the Iowa Accreditation Process, the Accreditation Board must take action on the site visit recommendations and determine whether or not the counties participating in the pilot will receive accredited status. All actions taken by the Accreditation Board during the pilot will be unofficial.

### Accreditation Status

For the purposes of the pilot, the Public Health Advisory Council has decided that, in order to be granted accredited status, an eligible local public health agency must demonstrate compliance with 75% of the criteria in each component area and must have met at least one criterion per standard.

### Board Member Characteristics

The expected characteristics of board members include:

- Maintaining good relationships with other board members, IDPH staff, and public health colleagues.
- Maintaining objectivity and impartiality.
- Respecting the uniqueness of the local public health agencies being assessed and discussed.
- Maintaining flexibility and confidentiality.
- Acting in the best interest of the Public Health Modernization initiative.
- Avoiding conflicts of interest and disclosing them when identified.
- Exercising diligence and active participation.
- Adhering to the mission and goals of accreditation.

### Board Membership

For the purposes of the pilot the board shall be composed of eight members.

- Six members will be those individuals who served as site visitors. Site visitors will serve as Accreditation Board members and be able to vote on a recommendation of accreditation status for the county they did not visit.
- One member shall serve as the chair of the Accreditation Board. This member shall lead the meeting of the Accreditation Board and will serve as a voting member for each agency under consideration.

- One member shall serve as a member of the Accreditation Board. This member will serve as a voting member for each agency under consideration.

### **Board Support**

The membership of the board shall be supported by IDPH personnel from the Bureau of Communication and Planning.

### **Preparing for Meetings**

Prior to the Accreditation Board meeting, board members will be provided with a copy of the site visit report and application for each public health agency under consideration for accreditation at that meeting. Members shall read both documents in preparation for the meeting.

### **Meetings**

The board will hold regular meetings to determine the accreditation status of eligible local public health agencies. For the purposes of the pilot, only one meeting will be held.

Up to three individuals representing an agency (including local board of health members) under review may attend the board meeting but will not be invited to speak until the end of the meeting.

At the meeting, the Accreditation Board will consider the recommendations of the site visit team based on review of the site team's report and a verbal justification of the recommendation made by the lead site visitor. The board will have the opportunity to ask questions of the site visitors for each agency under consideration. After the question period, the board will make the final decision regarding accreditation. The board will take one of the following actions:

1. Granting accredited status
2. Denying accredited status

Each board meeting will include a discussion of process improvement. Outcomes of the process improvement discussions will be shared with the Public Health Advisory Council and Public Health Evaluation Committee.

Each board meeting will end after a comment period in which the chair will open the floor to any agency representatives present who wish to comment.

### **Role of Accreditation Board Chair**

The chair of the Accreditation Board shall preside at the board meeting, assuring adherence to the agenda. The chair may provide updates to the Public Health Advisory Council and Public Health Evaluation Committee.

### **Quorum**

A majority of the actual membership of the board shall constitute a quorum. A quorum is required to vote on any changes in process or to determine a local agency's accreditation status.

## **Minutes**

The Iowa Department of Public Health personnel will prepare minutes of the pilot board meeting.

## **Accreditation Vote**

When determining accreditation status of a local health department, every eligible board member must vote unless a conflict of interest has been disclosed.

## **Appropriate Behavior**

Board members should present themselves in a professional manner during the board meeting, including, but not limited to, the following behaviors:

- Maintaining decorum with the parties involved in the accreditation process
- Participating in group discussions that lead to an official decision about the accreditation status of local health departments
- Making recommendations about the process and public health standards to the Public Health Advisory Council and Public Health Evaluation Committee.

## **Confidentiality of Information**

The information contained in the accreditation records of agencies participating in the pilot is confidential. The final report and accreditation decision will also be confidential. The department may share any data or information collected with the Public Health Advisory Council and Public Health Evaluation Committee as necessary to perform the duties of the council and committee. The Public Health Advisory Council and Public Health Evaluation committee shall not release information shared with them.

Please note: In the actual Iowa Accreditation Process, the final report and accreditation recommendation would not be held confidential following the verdict of the Accreditation Board. (Public Health Modernization Act 135A.7.3-4)

## **Conflict of Interest**

Board members must excuse themselves from voting if there is a real, potential, or perceived conflict of interest. The conflict of interest will be identified and noted in the minutes and the board member will be excused from participating in the discussion and the voting on accreditation status of the specific agency.

## **Dress Code**

The dress code for board members, while representing the board, is business attire.

## **Required Training**

All board members are required to complete an orientation process when appointed to the board. Orientation will be provided by IDPH.