



# **Governance Engagement in National Voluntary Public Health Accreditation**

Public Health Accreditation Board (PHAB)

Think Tank Report

May 2010

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# Background

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## Introduction

The Public Health Accreditation Board (PHAB) standards and measures were developed by the Standards Development Work Group consisting of local and state health department representatives and board of health or governing representatives. These standards and measures were then vetted in the spring of 2009, receiving notable comments on the governance and administrative standards. The Standards and Measures Committee reviewed this feedback and developed a separate Part A (11th domain for administration and governance) and Part B (10 domains reflecting the *Ten Essential Services of Public Health*). The revisions were approved by the PHAB Board of Directors prior to beta testing. Early comments have been received from the beta test sites regarding Part A of the standards. Some of the questions from the field were: How do we identify the various functions of the governing entities? How do we effectively measure what the governing entity does to make their roles a valid part of accreditation?

In conjunction with the beta test (October 2009 – December 2010), the National Association of Local Boards of Health (NALBOH) began researching the governance roles and responsibilities in other existing accreditation processes and PHAB authorized a Think Tank focused on Governance.

## Research

NALBOH conducted a literature review documenting governance roles and responsibilities in various accreditation processes including American Red Cross chapters, child care centers, emergency management agencies, Federally Qualified Health Centers, fire departments, health care providers, higher education institutions, various insurance agencies, law enforcement, poison control centers, and social service agencies. All examples include defined roles for governance in accreditation and quality improvement. The top five governance roles were as follows:

- 1 – serves as the focal point for all activities under its jurisdiction
- 2 – regulates conduct of the organization in its respective jurisdiction
- 3 – provides recommendations for policy and direction
- 4 – oversees policy development and implementation
- 5 – leads the strategic planning process

One example, the Accreditation Canada, is particularly notable. In 2000, the AIM (Achieving Improved Measurement) accreditation program was launched to measure the performance and quality improvement of the entire Canadian health system, including public health. After several years the accreditation standards were revisited due to the lack of clarity in defining the administrative and governance domains. The review resulted in the launch of a new accreditation program in 2008 renamed Qmentum. Qmentum focused on quality improvement and has a more robust governance standards section compared to AIM (See

Appendix A for an Accreditation Canada Overview). NALBOH developed a comparison of the PHAB standards and the Canadian Qmentum governance standards (Appendix B).

### Governance Think Tank

NALBOH worked closely with PHAB and the Centers for Disease Control and Prevention (CDC) to identify governance participants who would represent a wide array of governance models and accreditation involvement. Although all of the invitees were not able to attend, the participants included local, state, and tribal representatives with diverse backgrounds including academia, government, and non-profit organizations (Appendix C).

The goal of the Governance Think Tank was to establish a dialogue between PHAB and representatives of governing entities to explore the governing entities' roles and responsibilities in public health accreditation and quality improvement, and to start to identify communication and training gaps and opportunities.

## **Purpose**

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With funding from the Centers for Disease Control and Prevention (CDC) and in partnership with PHAB, the National Association of Local Boards of Health (NALBOH) convened the Governance Think Tank on February 23rd, 2010 in Ft. Lauderdale, Florida. Think Tank attendees included: local board of health members, a local health director, State Association of Local Boards of Health members, and a state board of health member from both beta test and non-beta test sites. Other participants represented the PHAB Board of Directors and staff as well as partner organizations including the Association of State and Territorial Health Officials (ASTHO), CDC, the National Association of County & City Health Officials (NACCHO), and the Robert Wood Johnson Foundation. The meeting was facilitated by Dr. Hugh Tilson, who has a unique perspective on the process of accreditation. He is a past state health officer, currently serves as a local public health officer and ex-officio board of health member, and is a member of the PHAB Board of Directors. A complete list of participants is included in Appendix C.

The overarching goal for the Governance Think Tank was to delineate the roles and responsibilities of boards of health as they relate to accreditation and quality improvement. A second goal was to identify communication and training gaps and opportunities. The Think Tank workgroup was guided by the following objectives:

1. Determine whether the PHAB standards as related to public health governance should be strengthened and develop recommendations for the PHAB Board of Directors to consider regarding changes that may be needed in the accreditation standards, measures, and the assessment process prior to the program launch in 2011.
2. Define the governing entity's role(s) in the entire public health accreditation process and quality improvement practices following the accreditation process.

3. Identify opportunities to leverage and engage governing entities through communication and educational materials in preparing for the public health accreditation process and quality improvement following accreditation.
4. Explore the development of training tools and materials needed by governing entities in preparing for the public health accreditation process and quality improvement following accreditation.

## Issues Background

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### Boards of Health

The role of governance in public health systems is complex. Each state has different statutes regarding boards of health. Many have differences within the state from jurisdiction to jurisdiction. The result of these differences has led to variations in state, local, and tribal boards of health in all 50 states. As of April 1, 2010, NALBOH's database included more than 3,229 local boards of health in 43 states, 31 state boards of health, and 34 tribal boards of health. NALBOH's database notes 62 different titles for public health governing bodies serving in advisory, governing, or policy-making roles.

- **Advisory** boards of health report to a health officer and city, county, or township commissioners or trustees (the title varies). Advisory boards make recommendations and offer guidance on programs, policies, and budgets for public health operations. These recommendations are acted upon by those having the legal authority to govern.
- **Governing** boards of health serve in more complex roles as they are responsible for establishing local ordinances and regulations, approving health agency budgets and expenditures, setting fees for services, issuing permits and licenses, and hiring and firing the chief executive officer (i.e., health officer).
- **Policy-making** boards of health have legal authority to establish policies, goals, and priorities that guide local health agencies.

Board members may be elected, appointed, or designated to serve by their elected position (e.g., county commissioner also serving as a board of health member). A majority (66% according to the 2008 NACCHO National Profile) of today's board of health members are appointed to serve by local, county, or state officials.

Knowledge of health in general or public health in particular is not a mandatory prerequisite for board service. Statutes in many states require one (most common) or more board members with a current license in medicine, dentistry, or veterinary medicine. No statutory requirements for formal training in public health exist. The results of these statutes are that boards are often comprised of citizen trustees having minimal knowledge of public health. They commonly require training in governance and public health to be maximally effective in performing their duties as board members.

Another relevant factor is term length. This can vary widely from a few years to several decades. Term length is commonly unrelated to performance as a public health board member.

In summary, four relevant but independent factors have been identified:

- Type of board (as defined by statute): advisory, governing, or policy-making
- Method of board appointment (as defined by statute): direct election, appointed, or through another position
- Formal training or knowledge of public health: no requirements in any state statutes
- Term length (included in some statutes): spans from a few years to several decades

According to NALBOH research:

- Over 70% of local health departments have a board of health
- Over 80% of boards of health have governing and policy-making responsibilities
- There are more than 3,200 boards of health in the United States
- There are more than 20,000 individuals serving as members of boards of health
- Over 70% of board members are appointed
- 44 state codes address local boards of health

### Governance Standards and Measures

Clear descriptions of the definitions of all governing entities in accreditation activities are desirable. Governing bodies, as they relate to the accreditation process, are defined by the following criteria in the PHAB Glossary of Terms:

*A governmental public health agency is an officially authorized entity concerned with the prevention and control of disease and disability, and the promotion of physical and mental health of the population on the international, national, state, or municipal level.*

*Board of health is a legally designated governing entity whose members are appointed or elected to provide advisory functions and/or governing oversight of public health activities, including assessment, assurance, and policy development, for the protection and promotion of health in their community.*

The PHAB accreditation process requires the governing entity to be familiar with the accreditation process and to provide support documented by a signature on the application.

Governing bodies are expected to have direct and indirect roles in public health accreditation. The above board of health data suggests that boards of health have significant opportunities to affect the operations of a health agency. Given this relationship, board members are in a position to exert a great deal of influence over the decision of whether

and when a health agency will apply for accreditation. The board will also be able to ensure the resources are available for meeting responsibilities associated with the accreditation standards and subsequent quality improvement efforts.

Another governance tool that could compliment the PHAB governance-related standards and measures is the National Public Health Performance Standards – Governance instrument. This tool was developed by CDC and other national public health partners, including NALBOH, to measure the infrastructure and capacities of public health agencies and systems. The Governance Tool is designed to assist boards of health and other governing entities in the public health system to review how well they provide oversight of the *Ten Essential Services of Public Health*.

### Board Effectiveness

Research on governance in public health is scarce, but the findings can be summarized as follows:

- Public Health (US): more public health activities and increased perceived effectiveness (Mays et al., 2004)
- Public Health (International): active health boards add value (Ramiro et al., 2001)

In addition,

- Nonprofit human service organizations: significant relationship between board effectiveness and organizational effectiveness (Brown, 2000)
- Hospitals: Board function and composition impact organizational effectiveness (Pfeffer, 1973)

Numerous studies have characterized board effectiveness in different ways using varied descriptors, but the underlying meanings and characteristics are consistent. The seminal research on educational trustee effectiveness (Holland, Chait, & Taylor, 1989) best captures the six areas of competence that differentiate effective boards from less effective boards. They are briefly summarized below:

1 – Contextual – Understanding and valuing the institutional history and context; actions are guided by mission, tradition, history; behaves in a manner consistent with institutional values and culture; acts symbolically to personify and reinforce values and culture.

2 – Educational – Building the capacity for board learning; self-directed, reflective learners; uses events and setbacks to learn; seeks information and feedback on board performance; encourages questions regarding board performance and roles; diagnoses board strengths and limitations.

3 – Interpersonal – Nurturing the development of the board as a cohesive group; emphasizes board as a group with collective strength; communicates and adheres to group norms and standards; the board interacts informally; develops group goals and recognizes group achievement; identifies and cultivates leadership within the board.

4 – Intellectual – Recognizing the complexities and nuances of issues before them; recognition of diverse constituencies and multiple impacts of board’s actions; sees inter-dependencies of issues, actions, and decisions; the board is seen as part of the larger community and environment; pursues concrete information.

5 – Political – Respecting and guarding the integrity of the governance process; seeks optimal solutions; respects roles of other constituents; consults key constituents; accepts key responsibility in building relationships and communications.

6 – Strategic – Envisioning and shaping future institutional directions; focuses on the priorities identified as having strategic and symbolic importance; finds meaningful patterns in discrete events; proactive—anticipates problems; takes sensible risks; takes responsibility for its actions.

The research results also consistently indicate that building effective boards is an ongoing activity of continuous improvement. A major activity of this continuous improvement is a board self evaluating and acting on the results.

PHAB provides an excellent opportunity to ensure effective public health governance and build governance as part of the leadership team working toward improved public health outcomes. These opportunities will be realized by using the knowledge that has been developed about public health governance, integrating the lessons learned from other existing accreditation programs, and applying the knowledge related to board effectiveness to continue developing and improving standards that improve the roles of governance in public health.

## **Think Tank Meeting Development and Overview**

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Representatives from CDC, NALBOH, and PHAB convened to discuss the content and format of the Governance Think Tank agenda. The meeting objectives (see page 2) were used to guide the basic format of the agenda. Prior to the Think Tank meeting, NALBOH staff assembled historical documents and research about PHAB, the role of governance, and other public health accreditation programs (see Appendices A and B). These were mailed to participants in advance of the Governance Think Tank meeting.

A pre-conference telephone call was held 1 week prior to the Governance Think Tank meeting. The goals of the call were to provide a foundation for attendees, ensure they were familiar with Part A of the PHAB standards and measures, and answer any questions about the face-to-face meeting. CDC, NALBOH, and PHAB representatives presented additional background information on PHAB and agency accreditation to participants.

The facilitator used the research findings on the characteristics of effective boards as a conversation starter. Rather than breaking into smaller groups, the participants worked together to have a broader, more in-depth discussion. This maximized the use of the limited time the group had together to better address the purpose and intended outcomes of the meeting. It allowed the participants to interact more and provided NALBOH representatives more time to respond to questions. The original meeting agenda is included in Appendix D.

Dr. Kaye Bender, PHAB President and Chief Executive Officer, provided a brief overview of the *Guide to National Voluntary Accreditation* that describes the entire accreditation process. A discussion about the Readiness Checklist followed, which was included in NALBOH's participant packet. Dr. Bender outlined the development of the PHAB standards and how the standards were based on the *Ten Essential Services of Public Health*. Throughout this portion of the meeting, Dr. Bender responded to the issues raised from the perspective of the public health agency accreditation process.

Following Dr. Bender's presentation, the participants discussed related meeting objectives. The following questions were considered:

1. Do the proposed PHAB standards concerning governing entities properly represent the different governing structures?
2. Are the accreditation standards aligned with the governing entities' current roles and responsibilities? Are the standards aligned with the governance roles specified in state statutes?
3. Is the current procedure of providing a letter of support in the pre-application (assessment of readiness) and accreditation application adequate?
4. Should the Administrative functions and Governance roles in Domain A of the standards be combined or should they be separated?

A brief summary of the discussion is contained in Appendix E.

Ms. Liza Corso of the Centers for Disease Control and Prevention discussed the relationship between the National Public Health Performance Standards Program (NPHPSP) and public health accreditation. Participants heard about the reorganization at CDC and the relocation of the office for the performance standards and accreditation program in the new Office for State, Tribal, Local, and Territorial Support. This was followed by a history of the NPHPSP program, how it aligns with accreditation, and the usage of the tool across the United States with a particular focus on the Governance assessment.

The participants then focused on defining the roles of governing entities in accreditation, and their roles in quality improvement processes following accreditation. Participants discussed the following questions:

1. What are the potential roles of governing entities in quality improvement practices?
2. Can a governing entity stop an agency from applying for accreditation?
3. How can governing entities best prepare and assist their health agencies in preparing for public health accreditation?
4. How can the PHAB accreditation standards concerning the governance roles crosswalk with the research done on characteristics of effective governing entities?

A brief summary of the discussion can be found in Appendix F.

The final portion of the meeting focused on exploring the opportunities to leverage and engage governing entities through communication and educational materials as they prepare for the accreditation and quality improvement activities. The following questions were the basis for this discussion:

1. How will the process of applying for accreditation create opportunities to strengthen communication between public health agency leadership and board of health members?
2. What strategies will ensure ongoing governing entity input into the continued development of the public health accreditation process?
3. What are the incentives for governing entities to support and promote accreditation for their agencies?
4. How can governing entities be engaged as agents of change for improved public health outcomes?
5. What educational tools can the public health accreditation partnership produce to assist governing entities in the accreditation process and post accreditation quality improvement process?

A brief summary of the discussion can be found in Appendix G.

At the conclusion of the Governance Think Tank, attendees expressed gratitude to PHAB for the opportunity to contribute to the important issue of public health governance in accreditation. Final thoughts were shared before attendees departed. One thought that summarized the conversation of the day was *“Accreditation is a cultural change. We are on the road to change public health. This is now a political discussion. People are going to be uncomfortable with this, but we really need to do this. This is how we change public health. We might get pushed back, but I support this.”* In this context, *“this”* refers to the need to ensure governing entities are both included and engaged throughout the accreditation process. The accreditation partners have an opportunity to assist state, local, and tribal boards of health and other governing entities on understanding how to use their unique public health trustee roles to strengthen public health and the public health agency’s success in the accreditation process. The PHAB standards show a commitment to improving public health. Accreditation provides the opportunity to support and clarify the roles of governing entities, including boards of health and their many contributions to the public health system.

## Outcomes

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The PHAB Governance Think Tank meeting began the process of clarifying the complex and important interactions between the governing entity (or entities) and the health agency seeking accreditation. The participants overwhelmingly agreed that the answer is a strong “YES” to the question of whether the external governing entity(ies) should be engaged in the accreditation process. And “YES” to the need to clarify the governance roles and responsibilities as a part of accreditation and quality improvement. With the beta

test underway, the evaluation process should examine both the governance dimensions of Domain A (to ensure that it is the agency which is being reviewed for accreditation), and the various roles which are or should be governance responsibilities with the vision that they should be more constructively involved in public health accreditation before the launch of accreditation in 2011.

Central to the conversation of the day was a lengthy and wide-ranging discussion of the difference between “external governance”—the role(s) of boards of health and/or direct supervisors from the parent level of government or tribal council—and “internal governance”—the activities of the agency being accredited to provide evidence and leadership to the external governance, to receive guidance and requirements from the governing agency/entity/board, and to implement this governance direction effectively within the agency (or, in more laissez faire situations, develops and implements these activities for itself!). The latter activities are those to which PHAB standards to evaluate the agency should be addressed. PHAB was cautioned to avoid even the appearance that the governing entity itself (board of health, agent of parent government, tribal council) is being judged and/or accredited. This point was very important, especially pertaining to tribal councils.

## Recommendations

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Recommendation #1 – The Think Tank participants supported the idea of ensuring that public health governance assume a more visible and important role in the entire public health accreditation process. Governing entities, through leadership and support as well as the allocation of resources and their role as community advocates, can be vital to the overall success of the health agency in the accreditation process and the quality improvement initiatives. Participants supported this initiative by recommending that a member of the governing body be available during the accreditation site visit.

Recommendation #2 – Strategies for the continued engagement of the governing entity were viewed by participants as being extremely important to the accreditation process. NALBOH and the public health partners have been working together to craft messages for the public health community including governing entities. The development of awareness and educational tools was deemed important, especially when considering that the governing entity can prohibit an agency from applying for public health accreditation. As the governing entity answers to and serves the community, a document addressing the incentives of public health accreditation and return on investment for the governing entity would be helpful.

Recommendation #3 – Overall, the participants felt that PHAB did a good job in aligning the accreditation standards with governing entities’ current roles. Developing a 12th domain at this point in the process would do more harm to the field than good and would create too much confusion. Any changes should come through future accreditation and standard improvement revisions. In viewing the current version of the PHAB standards and measures, the Think Tank participants were against creating a 12th domain specifically for governance and recommend that the standards should remain as they currently exist.

Recommendation #4 - The most notable recommendation from the group regards the letter of support for the accreditation process from the governing entity. The consensus of the group was that the current letter of support is not a strong enough commitment from the governing body. By simply providing “soft support” for the process, the governing body is not demonstrating its commitment to the entire accreditation process including the quality improvement activities that occur post accreditation. Health agencies should demonstrate who they are governed by regardless of how many different entities may have governance or advisory authority over the agency.

## Next Steps

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The following summarizes the steps agreed upon by the attendees of the Governance Think Tank meeting:

1. Continue to engage and develop specific accreditation messages for boards of health and governing entities.
2. Utilize data and lessons learned from the beta test sites to further define and inform the work of governing entities in accreditation.
3. Host an additional Governance Think Tank to further explore issues surrounding the roles of governance in public health accreditation.
4. Explore and develop tools, including the value of accreditation, to assist governing entities in the public health accreditation process.
5. Utilize Version 3 of the National Public Health Performance Standards Program as an opportunity to develop a metric for the role of governance in accreditation.
6. Revisit the current letter of support by the governing body. Participants felt a letter of commitment is more appropriate for the accreditation process.

## Conclusion

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Public health governance must understand the advantages that are derived as a result of being nationally accredited. This reinforces the importance of having policies and practices in place so the best individuals are serving as public health trustees and they have the education and training available to excel in their jobs. The known characteristics of effective boards and public health governance must be aligned. PHAB standards and measures provide the opportunity for that alignment and leadership development. In addition to good governance practices, understanding the three core functions (assessment, policy development, and assurance) and the *Ten Essential Services of Public Health* are fundamental prerequisites for successful boards of health. The current variation in public health governance may be challenging in developing guidance, standards, and measures that work in all gyrations. The challenge is no different than the one faced by the differences within

local health agencies that are being addressed by NACCHO's Operational Definition initiative. Accreditation is voluntary. The lack of compulsion increases the importance of collaboration among the public health partners as well as the agencies and their governing boards.

# Appendix A

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## Accreditation Canada Overview February 23, 2010

### **What is Accreditation Canada?**

Accreditation Canada is a non-profit, independent organization that assesses the quality of different health organization services. Accreditation Canada is accredited by the International Society for Quality in Health Care. It has been promoting quality in different health organizations in Canada, including public health and internationally, since 1958.

### **History of Accreditation Programs**

In 2000, the AIM (Achieving Improved Measurement) program is launched. This program is created in order to emphasize better measurement.

In 2008, a new accreditation program is launched called Qmentum. Qmentum focuses on quality improvement.

### **What was the Aim Accreditation Program?**

The AIM Accreditation Program was created in order to emphasize better measurement of the outcomes of patient care. The AIM program included population health as a philosophy in its standards, which was not previously incorporated. The major elements of the AIM Program are:

- A cycle of ongoing learning and improvement
- The link between data, measurement, quality, and service
- Dealing with quality through the quality dimension and risk assessment model
- Indicators are understood as being measurement tools
- Constant assessment is based on day-to-day monitoring

### **What is the Qmentum Accreditation Program?**

Qmentum is Accreditation Canada's newer accreditation program. The name, Qmentum, comes from the fundamental concept of moving *quality forward with momentum*. Qmentum was created as a revision to the AIM Accreditation Program. Qmentum focuses more on health system performance, risk prevention planning, client safety, performance measurement, and governance. The major elements of the Qmentum Accreditation Program are:

- Updated and new standards
- Quality Performance Roadmap
- Customized survey plan
- Revised self-assessment and on-site survey process
- Performance measures
- New accreditation reports
- Automated measurement tools

### **What are the key differences between AIM and Qmentum?**

The key differences between AIM and Qmentum can be seen in their core standards:

#### **AIM core standards (2000)**

Leadership and Partnerships  
Environment  
Human Resources  
Information Management

#### **Qmentum core standards (2008)**

Sustainable Governance  
Effective Organization  
Leadership and Partnerships  
Environment  
Human Resources  
Information Management

- The AIM Accreditation program did not emphasize sustainable governance and effective organization.

### **Why did Accreditation Canada change from AIM to Qmentum?**

Accreditation Canada changed from AIM to Qmentum for several reasons. Some of these reasons include the need to keep up with the changing health care environment, a greater emphasis on health system performance, feedback received from surveyors, and the increased awareness of accreditation as a very effective accountability tool. Aside from these reasons, there are also reasons that relate to the enhancement of governance roles. There was a need for more direction on the governance role in patient safety, more emphasis on practical aspects of role in patient safety and quality, and also a need for governance standards that directly outlined the governance role in safety.

### **Why was it necessary to include governance in the accreditation process?**

- Increasing demand for excellence in governance practice among Canadian health care organizations
- System wide changes in structures of health care delivery
- Increasing need for public accountability
- Under provincial legislation for establishing health care organizations, boards are vested with the responsibility to monitor the quality of care that their organization provides
- From the point of view of the surveyors, there was an inconsistency in the way that governance was evaluated
- Confusion regarding the roles of the governing body vs. senior management

### **What are the Qmentum Governance Standards?**

#### ***Developing a Clear Direction***

- 1.0 The governing body develops the organization's mission
- 2.0 The governing body leads a strategic planning process to define the organization's vision, and sets the strategic plan, goals, and objectives
- 3.0 The governing body defines values for the organization that are used to guide decision-making and for determining how services are delivered

### ***Building Knowledge through Information***

- 4.0 The governing body uses strategic information to make decisions
- Collecting and analyzing the information
  - Reviewing information from internal and external sources
  - The format of the information received by the governing body
  - The timeliness of the information for decision-making purposes
  - Maintaining records of the governing body's decisions
  - The regular review of information to assess its appropriateness
  - Using the information to guide decision making and long-term directions

### ***Functioning as an Effective Governing Body***

- 5.0 The governing body addresses changes in its membership
- 6.0 The governing body operates according to its roles and responsibilities
- 7.0 The governing body regularly evaluates its own performance
- Implement the Accreditation Canada instrument known as the Governance Functioning Tool

### ***Supporting the Organization to Achieve its Mandate***

- 8.0 The governing body recruits, selects, and evaluates the Chief Executive Officer (CEO)
- 9.0 The governing body works with the CEO, senior management, and clinical leadership to achieve the strategic goals and objectives and improve the organization's performance
- 10.0 The governing body approves the allocation of resources

### ***Maintaining Positive Relationships with Stakeholders***

- 11.0 The governing body strengthens relationships with stakeholders and the community
- Content focuses on knowing the stakeholders
  - Assessing and responding to stakeholder interest and demands
  - Communicating key messages to different groups and the community
  - Promoting the organization and the value of its services
  - Consulting with and encouraging input from stakeholders

### ***Being Accountable and Achieving Sustainable Results***

- 12.0 The governing body regularly monitors and evaluates the organization's performance
- 13.0 The governing body has an effective system of financial management and control
- 14.0 The governing body demonstrates accountability to its stakeholders
- 15.0 The governing body works with the CEO to reduce risks to the organization and promote ongoing quality improvement
- 16.0 The governing body fosters and supports a culture of safety throughout the organization

### ***What is the Governance Functioning Tool?***

The Governance Functioning Tool is a 32-question survey instrument that is completed by the members of the governing body. It is completed online and focuses on a number of areas such as:

- The composition of the governing body
- Rules and responsibilities
- Meeting processes
- Evaluation of the governing body's own performance

### *Results of Survey*

- The governing body reviews all results on the online organization portal
- The software flags standard areas according to priority (red, yellow, green)
- Red and yellow flags indicate priority areas; a green flag indicates areas that are being done well
- The governing body discusses each flagged item against the standards content and identifies what actions are required in order to meet the standard

## Appendix B

### PHAB Standards vs. Qmentum Standards

<b>Part A1 B: Develop and maintain an operational infrastructure to support the performance of public health functions.</b>	
<b>PHAB</b>	<b>Qmentum</b>
A1.1 B: Maintain policies and procedures regarding agency operations, review policies regularly and make them accessible to staff.	The governing body defines values for the organization that are used to guide decision-making and for determining how services are delivered.  The governing body develops the organization's mission.
A1.2 B: Demonstrate written policies regarding confidentiality, including applicable HIPAA requirements.	N/A
A1.3 B: Maintain socially, culturally, and linguistically relevant approaches in agency processes, programs, and interventions.	N/A
A1.4 B: Maintain a Human Resources system.	N/A
A1.5 B: Maintain information systems that support the agency's mission and workforce by providing infrastructure for data collection/analysis, program management, and communication.	N/A
A1.6 B: Maintain facilities that are clean, safe, accessible, and secure.	The governing body fosters and supports a culture of safety throughout the organization.

<b>Part A2 B: Establish effective financial management systems.</b>	
<b>PHAB</b>	<b>Qmentum</b>
A2.1 B: Comply with requirements for externally funded programs.	N/A
A2.2 B: Maintain written agreements with entities providing processes, programs, and/or interventions delegated or purchased by the public health agency.	N/A

A2.3 B: Maintain financial management systems.	The governing body has an effective system of financial management and control. The governing body approves the allocation of resources.
A2.4 B: Seek resources to support agency infrastructure and processes, programs, and interventions.	N/A

<b>Part A3 B: Maintain current operational definitions and statements of the public health roles and responsibilities of specific authorities.</b>	
<b>PHAB</b>	<b>Qmentum</b>
A3.1B: Provide mandated public health operations and services.	N/A
A3.2B: Demonstrate that the governing entity complies with regulations regarding governing entities.	The governing body operates according to its roles and responsibilities. The governing body addresses changes in its membership. The governing body regularly evaluates its own performance. <ul style="list-style-type: none"> <li>Implement the Accreditation Canada instrument known as the Governance Functioning Tool</li> </ul>
A3.3 B: Demonstrate the evaluation of the agency director by the governing entity.	The governing body recruits, selects and evaluates the Chief Executive Officer (CEO).

<b>Part A4 B: Provide orientation and regular information to members of the governing entity regarding their responsibilities and those of the public health agency.</b>	
<b>PHAB</b>	<b>Qmentum</b>
Provide orientation and regular information to the governing entity regarding the responsibilities of the public health agency.	N/A
Provide orientation and regular information to the governing entity regarding their responsibilities.	N/A

<b>Part B: Domain 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community.</b>	
<b>PHAB</b>	<b>Qmentum</b>
1.2 B: Analyze public health data to identify health problems, environmental public health hazards, and social and economic risks that affect the public's health.	<p>The governing body uses strategic information to make decisions.</p> <ul style="list-style-type: none"> <li>• Collecting and analyzing the information</li> <li>• Reviewing information from internal and external sources</li> <li>• The format of the information received by the governing body</li> <li>• The timeliness of the information for decision-making purposes</li> <li>• Maintaining records of the governing body's decisions</li> <li>• The regular review of information to assess its appropriateness</li> <li>• Using the information to guide decision-making and long-term directions</li> </ul>
1.3 B Provide and use the results of health data analysis to develop recommendations regarding public health policy, processes, programs, or interventions.	

<b>Part B: Domain 2 Investigate health problems and environmental public health hazards to protect the community.</b>	
<b>PHAB</b>	<b>Qmentum</b>
2.2 B: Contain/mitigate health problems and environmental public health hazards in coordination with other governmental public health agencies and key stakeholders.	N/A
2.4 B: Maintain a plan with policies and procedures required for urgent and non-urgent communications.	

<b>Part B: Domain 3</b> <b>Inform and educate about public health issues and functions.</b>	
<b>PHAB</b>	<b>Qmentum</b>
3.1 B: Provide health education and health promotion policies, programs, processes, and interventions to support prevention and wellness.	N/A

<b>Part B: Domain 4</b> <b>Engage with the community to identify and solve health problems.</b>	
<b>PHAB</b>	<b>Qmentum</b>
4.1 B: Engage the public health system and the community in identifying and addressing health problems through an ongoing, collaborative process.	<p>The governing body strengthens relationships with stakeholders and the community.</p> <ul style="list-style-type: none"> <li>• Content focuses on knowing the stakeholders</li> <li>• Assessing and responding to stakeholder interest and demands</li> <li>• Communicating key messages to different groups and the community</li> <li>• Promoting the organization and the value of its services</li> <li>• Consulting with and encouraging input from stakeholders</li> <li>• The governing body demonstrates accountability to its stakeholders</li> </ul>
4.2 B: Promote understanding of, and support for, policies and strategies that will improve the public's health.	

<b>Part B: Domain 5 Develop public health policies and plans.</b>	
<b>PHAB</b>	<b>Qmentum</b>
5.1 B: Serve as a primary resource to governing entities and elected officials to establish and maintain public health policies, practices, and capacity based on current science and/or promising practices.	The governing body works with the CEO, senior management, and clinical leadership to achieve the strategic goals and objectives and improve the organization's performance.
5.2 B: Develop and implement a health department organizational strategic plan.	The governing body leads a strategic planning process to define the organization's vision, and sets the strategic plan, goals, and objectives

<b>Part B: Domain 6 Enforce public health laws and regulations.</b>	
<b>PHAB</b>	<b>Qmentum</b>
6.1 B: Review existing laws and work with governing entities and elected officials to update as needed.	N/A
6.3 B: Conduct and monitor enforcement activities for which the agency had the authority and coordinate notification of violations among appropriate agencies.	

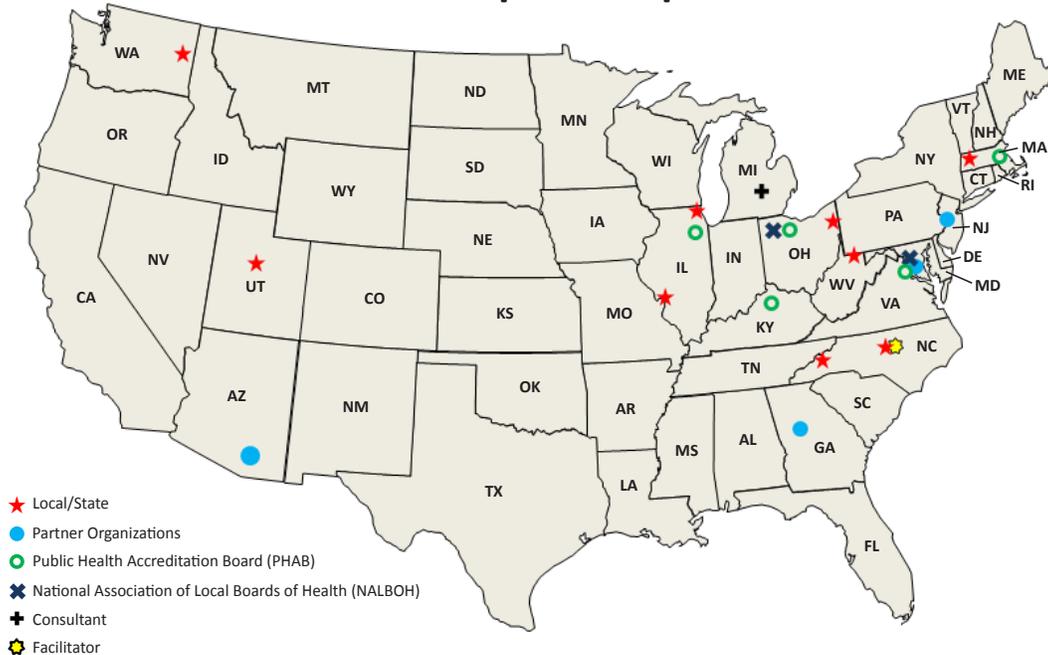
<b>Part B: Domain 8 Maintain a competent public health workforce.</b>	
<b>PHAB</b>	<b>Qmentum</b>
8.2 B: Assess staff competencies and address gaps by enabling organizational and individual training and development opportunities.	N/A

<b>Part B: Domain 9</b> <b>Evaluate and continuously improve processes, programs, and interventions.</b>	
<b>PHAB</b>	<b>Qmentum</b>
9.1 B: Evaluate the effectiveness of processes, programs, and interventions provided by the agency and its contractors.	The governing body regularly monitors and evaluates the organizations performance.  The governing body works with the CEO to reduce risks to the organization and promote ongoing quality improvement.

# Appendix C

## PHAB – NALBOH Governance Think Tank Meeting February 23, 2010 Participant Map and List

### NALBOH-PHAB Governance Think Tank Meeting February 23, 2010 Participant Map



Map created 2/2010

File name: NALBOH-PHAB\_Feb2010\_Governance\_Think\_Tank\_Participant\_Map



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## Appendix D

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### Meeting Agenda

8:00 – 8:30	Breakfast
8:30 – 9:00	Welcome/Introductions/Overview Marie Fallon, Executive Director of NALBOH and Hugh Tilson, UNC School of Public Health, Senior Adviser to the Dean
9:00 – 9:15	PHAB Introduction/Domain A Kaye Bender, President and CEO of PHAB
9:15 – 10:00	Small Group Work/Objective 1
10:00 – 10:30	Objective 1 Group Presentations
10:30 – 10:45	Break
10:45 – 11:00	Characteristics of Effective Boards Marie Fallon, Executive Director of NALBOH
11:00 – 11:40	Small Group Work/Objective 2
11:40 – 12:00	Objective 2 Group Presentations
12:00 – 1:00	Lunch and Recharge
1:00 – 1:20	Relationship Between NPHPSP Liza Corso, Team Lead, Governance Standards CDC, Office of Director and Participation in PHAB Accreditation
1:20 – 2:00	Small Group Work/Objective 3
2:00 – 2:30	Small Group Presentations
2:30 – 2:45	Break
2:45 – 3:30	Large Group Work/Objective 4 – Hugh Tilson
3:30 – 4:00	Wrap Up and Closing Remarks – Hugh Tilson and Marie Fallon

# Appendix E

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## PHAB Standards Discussion Summary

Q1: Do the proposed PHAB standards concerning governing entities properly represent the different governing structures?

A1: Overall, the participants felt the PHAB standards went far enough in addressing the varying roles and responsibilities of governing entities throughout the country. There are multiple varied approaches to public health governance including the potential for various dimensions of governance received from multiple differing boards. The standards are general enough to accommodate various institutional approaches to governance, from that received by a governing board of health to that received by a district liaison of a state health department or the elected governing body itself.

Q2: How aligned are the accreditation standards with the governing entities' current roles and responsibilities, and are the standards aligned with the governing roles specified in state statutes?

A2: An active discussion ensued regarding this question. Overall, the group felt the accreditation standards are currently aligned with the governing roles. Participants spent a significant amount of time clarifying the difficult difference between the nature and effect of external governing entities and the internal activities of the agency, which provides input into, receives directions from, and implements the governing expectations of the governing entity. Together they constitute "governance."

Q3: Is the current governance role of providing a letter of support in the pre-application (assessment of readiness) and accreditation application adequate?

A3: This question prompted another insightful discussion. It was determined that a letter of support from the governing entity is not adequate. A stronger commitment is needed from the governing entity, not simply "soft support." The health agency must know how it is governed and receive commitment from its governing entity (or entities) as part of application, even if they are not the board of health (e.g., the municipal CEOs, selectman, or state liaison for centrally managed local agencies). Participants acknowledged that accreditation is a long-term commitment, and the governing entity must be involved for the entire process including post accreditation. Attendees made no formal recommendation on what other method would show more commitment from the governing bodies than a letter of support.

Q4: Is combining the Administrative functions and Governance roles in Domain A of the standards the best approach or should they be separated? Is this going to confuse accreditation participants and site visitors?

A4: The major take-away from this conversation was that NO separate (i.e., 12th) domain is needed. Whatever decision is made by the PHAB Board of Directors on separating the Governance roles from the Administrative functions, a 12th Domain focusing on

Governance is not needed. A 12th Domain, especially if introduced during the beta test, could cause much confusion out in the field. A better alternative is to further ensure that the term governance is well defined in the standards and in the accreditation preparation materials.

# Appendix F

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## Governance Role in Accreditation Discussion Summary

Q1: What are the potential roles of governing entities in public health accreditation and quality improvement practices?

A1: An extremely stimulating conversation ensued regarding the question above with specific examples from the extensive experiences of the participants. Below is a brief summary listing the identified functions of the governing entity(ies):

- Allocate or approve funds and staff resources for the process of accreditation and other quality improvement activities
- Provide leadership, direction, and support throughout the entire accreditation process
- Participate and be available during the site visit
- Ensure that there is follow-up action on the accreditation findings including the re-allocation of resources if necessary
- Obtain support from local political offices (if these are not already the governing entities)

The bottom line conclusion of this conversation is that the governing entity is not the object of accreditation, but its role in permitting, supporting, advancing, and implementing the findings of accreditation cannot be understated.

Q2: Can a governing entity stop an agency from applying for accreditation?

A2: The obvious answer to this question is “yes,” the governing entity can prohibit the health agency from applying for accreditation by not signing the letter of support. Discussion of this question was based more on why a governing entity would stop an agency from applying. Several participants cited staff limitations and the use of limited resources as a main reason, but the participants felt strongly that the board of health or other governing entity must know the true value of accreditation and PHAB needs to develop this business case. Having an understanding of the outcomes or the return on investment would also greatly assist the governing entity in making the decision of applying for accreditation. Knowing this is critical to the work of the board of health especially in support of quality improvement initiatives following the process. NALBOH, with the public health partners, should develop education/training approaches and tools based on the value proposition and governance understanding of the board’s role(s).

Q3: How can governing entities best prepare and assist their health agencies in preparing for public health accreditation?

A3: As discussed throughout the day, governing entities play a direct role in providing leadership and support for accreditation. They also allocate resources to support the entire

process. Governing entities also can provide legislative support and committee oversight depending upon the public health system. An often understated and very important role of the governing body is to serve as an advocate for the entire public health system. They fulfill this role by securing and maintaining support of the political structure in the community. NALBOH, with the public health partners, needs to develop tools for the leader of the board of health, the chair, to effectively fulfill these roles, including the need to get the board of health engaged in the process.

Q4: How can the PHAB accreditation standards concerning the governance roles crosswalk with the research done on characteristics of effective governing entities?

A4: Involvement and engagement of the board of health/governing entity are keys to long term success of accreditation and the health agency. Having an understanding of the value of accreditation and utilizing the results of the process for future direction of the health agency is how governing entities can effectively support the process.

# Appendix G

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## Governance Leverage and Engagement Discussion Summary

Q1: How will the process of applying for accreditation create opportunities to strengthen communication between public health agency leadership and board of health members?

A1: PHAB partners, along with communications consultant Spitfire Strategies, have been developing talking points and frequently asked questions for the public health community. NALBOH has also produced materials specific for the governing entity. A recommendation from the group is that the PHAB partners should consider developing a “how to talk about accreditation” tool for health agencies and boards of health or governing entities.

Q2: What strategies will ensure ongoing governing entity input into the continued development of the public health accreditation process?

A2: Continued engagement of governing entities was discussed throughout the day as an extremely important component for success of the accreditation process. As the voice of public health governance, NALBOH will continue to engage the governing bodies on the topic of accreditation. The participants also felt that PHAB should continue this Think Tank or one like it, to continue to consider and enable governance. The participants also recommended that as part of the beta test evaluation, exit interviews or post site visit interviews with governing entities should be conducted.

Q3: What are the incentives for governing entities to support and promote accreditation for their agencies?

A3: The nature of the fees and incentives for public health accreditation are currently being explored by PHAB. An early short term recommendation of the group is to develop a document to determine what is in it for the board of health (or other governing body) in accreditation. Boards are interested in understanding what the return on investment will be for accreditation. As the governing entity or board of health is directly responsible to the community, the board itself may be addressing the community’s questions and concerns regarding accreditation such as cost and the true value of the program.

Q4: How can governing entities be engaged as agents of change for improved public health outcomes?

A4: Citizen engagement, public policy development, and implementation were all discussed as potential contributions but these issues are beyond the scope of accreditation. For accreditation, the agency will be measured by the extent of its development of evidence-based policy, regulation, and proposed legislation.

Q5: What educational tools can the public health accreditation partnership produce to assist governing entities in the accreditation process and quality improvement process following accreditation?

A5: At this point in the agenda, it was clear that governance is and must continue to be an integral part of the entire accreditation process. Some additional tools were discussed to assist the governing entity including a checklist for the governance roles in accreditation and a separate document serving as an evaluation of the governing entity—a board of health self-assessment. NALBOH is currently developing a checklist for boards of health to use in the accreditation process. Other potential tools that were discussed includes the opportunity to crosswalk the performance standards governance standards with the PHAB standards. Several governing bodies currently utilize an abbreviated tool of the performance standards governance assessment as a self-assessment. Opportunities also exist with the development of Version 3 of the National Public Health Performance Standards.

## References

- Brown, W. A. (2000). *Organizational effectiveness in nonprofit human service organizations: The influence of the board of directors*. Unpublished doctoral dissertation. Claremont University, Claremont, CA.
- Holland, T. P., Chait, R. P., & Taylor, B. E. (1989). Board effectiveness: Identifying and measuring trustee competencies. *Research in Higher Education, 30*(4), 435-453.
- Mays, G.P., Halverson, P.K., Baker, E.L., Stevens, R., & Vann, J.J. (2004, July). Availability and perceived effectiveness of public health activities in the nation's most populous communities. *American Journal of Public Health, 94*(6), 1019-1026.
- Pfeffer, J. (1973). Size, composition, and function of hospital boards of directors: A study of organization-environment linkage. *Administrative Science Quarterly, 34*(3), 349-364.
- Ramiro, L.S., Castillo, F.A., Tan-Torres, T., Torres, C.E., Tayag, J.G., Talampas, R.G., et al. (2001). Community participation in local health boards in a decentralized setting: Cases from the Philippines. *Health Policy and Planning, 16*(Suppl 2), 61-69.