Listening Session on Tribal Public Health Accreditation

California Rural Indian Health Board (CRIHB) & Northwest Portland Area Indian Health Board (NPAIHB)

Joint 15th Biennial Board of Directors Meeting



Kaye Bender, PHAB President/CEO Thunder Valley Resort, Lincoln, CA July 17, 2019





PHAB Board of Directors 2019



Thank you!!!!

Public Health Accreditation Board

- The Public Health Accreditation Board (PHAB) is the national, non-profit organization that administers accreditation for state, local, tribal, and territorial health departments.
- Located in Alexandria, VA
- Incorporated in 2009; issued first accreditations in 2013.
- Our development was funded by the CDC and the RWJF. Accreditation fees are now almost half of our budget.



Public Health Accreditation Board Update

Initial Accreditation

	Accredited	In process	Total
State	36	4	40
Local	229	151	380
Tribal	3	3	6
Territorial		1	1
Integrated*	1/67		1/67
Multijurisdictional		8	8
Army		2	2
Total	268 + 1 system	169	504

^{**} Of the 504, 60 that are accredited and 72 that are in process serve 50,000 or fewer.

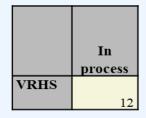
Reaccreditation

	Reaccred In Process	Reaccred completed	Total
State	5	1	6
Local	37	9	46
Total	42	10	52



Public Health Accreditation Board Update

Vital Records/Health Statistics at the State Level (Launched February 2019)

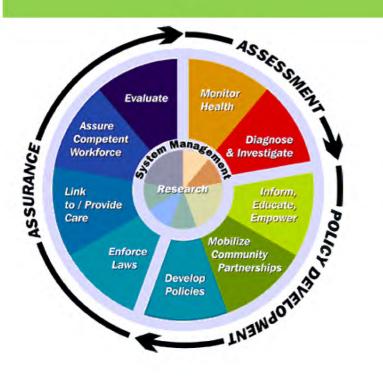


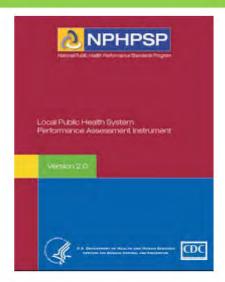
Initial Accreditation Population Summary (as of 6/18/2019)

All HDs in the system (437 + system)	401,545,870
All HDs in the system (unduplicated)	277,264,005
Accredited HDs	343,413,019
Accredited HDs (unduplicated)	245,334,057
Smallest Population of Applicant	725
Largest Population of Applicant	37,691,912

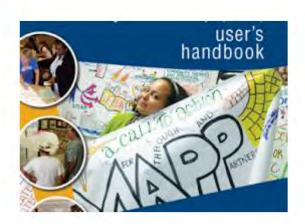
International Accreditation



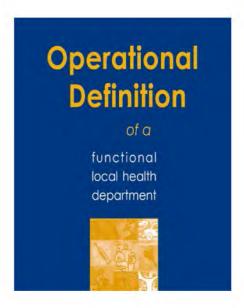














Benefits One Year after Accreditation

% Strongly Agree or Agree

91%*

 Accreditation has stimulated greater collaboration across HD departments/units

88%

 Accreditation has improved the management processes used by the leadership team

86%*

 Accreditation has improved the credibility of the HD within the community and/or state

83%

 Accreditation has improved the HD's accountability to external stakeholders

Post-Accreditation Survey, N=118 *N=35



Financial Effects

% Strongly Agree or Agree

56%

 Accreditation has improved the utilization of resources within the health department

42%

 Accreditation has improved the health department's competitiveness for funding

at the UNIVERSITY of CHICAGO

Post-Accreditation Survey, N=118 and 72, respectively

Respondent Quote

Accreditation "created some **efficiencies**, especially with QI projects. As we try to diffuse that culture of QI throughout the agency, we get lots of suggestions for QI projects that **save staff time and resources**."

Integration of Public Health and Healthcare in

"Strong linkages across healthcare and public health are vital to addressing national health

priorities at a systemic level." -CDC



National Indian Health Board

Tribal Health Systems

History of Tribal Public Health

Despite the colonial period devastation on Native populations and cultures, many elements and values of traditional systems of health and wellness practiced prior to Western contact continue to this day. These systems tend to focus on holistic health, including spiritual, mental, emotional, and physical, Culture, history, and ultimately a focus on Tribal Sovereignty established community health as a foundational element of Tribal health systems.

The first public health services offered by the federal government came in response to infectious diseases, such as in the early 1800's through the US Army in the establishment of smallpox immunization campaigns. Health services provisions soon became a quintessential clause in Tribal treaties. Today, the federal trust responsibility is the legal obligation of the federal government to carry out certain provisions and protections, including health services, to Tribal Nations, and applies to all federal agencies.





What is System Integration?

System Integration has become a buzz word in public health. Recent research has illuminated the benefits of strong linkages between public health and healthcare. Integration in Tribal health systems often go beyond partnerships to "a merger", with public health and healthcare as part of the same organizational structure. While other health systems may actively seek higher levels of coordination between public health and healthcare, Tribal systems are often already set up this way.

Tribal Self-Governance

- 1954: The Transfer Act (42 U.S.C §§ 2001-2005f. created the Indian Health Service as responsible party for Tribal health services.
- 1975: The Indian Self-Determination and Education Assistance Act Title I (P.L.93-638) was passed directing the federal government to enter into self-designment on contracts with Tribes, including IHS.
- 1988: The Title III amendment (P.L. 100-472, 25 U.S.C. Sec. 450f.) gave Tribes the opportunity to comment the health system as a whole.



Examples Organizational Charts for Integrated Tribal Health Systems

Benefits of Integration

- · Centralized source of health information · Healthcare focus over public health
- Dissemination of health promotion materials through primary care
- · Greater prevention focused-practice for healthcare professionals
- · Healthcare support for populationbased strategies (i.e. collecting individual-level data for surveillance and Tribal Health Assessments

Integration Challenges

- Community confusion regarding the difference between public health and healthcare
- · Lack of a common agenda or vision
- · Limited funds go to the most urgent issues
- · Limited research on impact of integration



Author:

Sarah Price, Public Health Project Coordinator | National Indian Health Board | Sprice@nihb.org





Public Health Accreditation Board

Supplemental Process and Documentation Guidance for Tribal Public Health Department Accreditation

Approved February 2018





- The document was developed in partnership with the Tribal Public Health Accreditation Advisory Board, part of the National Indian Health Board.
- It was reviewed by the PHAB Board of Directors.
- It was placed for public comment on PHAB's website for approximately three months.





- The document was developed to be used with the PHAB Standards and Measures, Version 1.5 in order to provide some Tribal specific guidance related to the documentation and process requirements.
- PHAB recommends that the user of this document put it side-byside with the standards and measures so as to appropriately apply the supplemental guidance.
- This webinar does not attempt to re-state the language in the document. It is a guide to use the document. Tribal health departments should refer to the specific language in the document and not these slides when working on their documentation.



Version 2.0 Timeline

Psychometrics Evidence Base Content Analysis

Commissioned Papers

Expert Panels Think Tanks

Develop Drafts

Accreditation Improvement Committee

Vetting Draft Standards & **Measures** Version 2.0

2017 & 2018

2018-2020

Mid-2020

End of 2020







Tribal Public Health and Accreditation

https://www.nihb.org/tribalasi/tribal_asi_tools.php





Questions





Public Health Accreditation Board

www.phaboard.org

1600 Duke Street, Suite 200 Alexandria, VA 22314 703.778.4549



SIGN UP TO RECEIVE THE PHAB NEWSLETTER