National Indian Health Board

National Indian Health Board

Exploring Tribal Public Health Accreditation Project

STRATEGIC PLAN

August 21, 2009

Acknowledgements

The National Indian Health Board would like to recognize and acknowledge the many individuals who contributed their time, energy and resources to the success of the *Exploring Tribal Public Health Accreditation (TPHA) Project* and the development of this Strategic Plan.

Tribal Public Health Accreditation Advisory Board Members

Special thanks to all Tribal Advisory Board members representing the IHS Service Areas for their contributions to the Strategic Plan, National Tribal Call for Input and Outreach and Education at national conferences and regional meetings.

Robert Moore, Councilman, Rosebud Sioux Tribe
Aberdeen Area Representative

Ms. Ileen Sylvester, MBA Vice President, Southcentral Foundation
Alaska Area Representative

Deborah Herrera, Health Service Division Head, Southern Ute Tribe
Albuquerque Area Representative

Jessica Burger, RN, Health Director, Little River Band of Ottawa Indians
Bemidji Area Representative

S. Kevin Howlett, Department Head, CSKT Tribal Health & Human Services
Billings Area Representative

Ms. Jackie Kaslow, Director, Family and Community Health Services
California Rural Indian Health Board, California Area Representative

Dr. Madan Poudel, Ph.D, Health Services Administrator,
Navajo Division of Health Navajo Area Representative

Ms. Alfreda Doonkeen, Wewoka Service Unit,
Oklahoma City Area Inter-Tribal Heath Board, Oklahoma Area Representative

Agatha Amos, Health Education Director, Division of Health Programs,
White Mountain Apache Tribe, Phoenix Area Representative

Joe Finkbonner, RPh, MHA, Executive Director,
NW Portland Area Indian Health Board, Portland Area Representative

Public Health Accreditation Partner Organizations
Kaye Bender, PhD, RN, FAAN, Executive Director,
Public Health Accreditation Board
William Riley, PhD, Governing Board Member
Public Health Accreditation Board
Grace Gorenflo, MPH, RN, Project Director,
National Association of City and County Health Officials
Jim Pearsol, Chief Program Officer, Public Health Performance
Association of State and Territorial Health Officials
Yolanda Savage, Project Director, Performance Standards and Accreditation
National Association of Local Boards of Health

National Indian Health Board of Directors
H. Sally Smith, Chairwoman, Board of Directors, Bristol Bay Area Health Corporation
Ms. Smith also serves on the Governing Board of the
Public Health Accreditation Board on behalf of NIHB

Yvette Roubideaux, MD, MPH, Technical Lead
Technical lead for the project prior to accepting her appointment as the
Indian Health Service Director

Robert Wood Johnson Foundation, Project Sponsor
Pamela Russo, MD, MPH, *Senior Program Officer*
Marjorie Paloma, MPH, *Program Officer*
Jerry Spegman, JD, *Senior Program Consultant*

Centers for Disease Control and Prevention, Project Co-Sponsor
Office of Chief of Public Health Practice
Liza Corso, MPA, *Team Lead, Performance Standards and Accreditation*
Dean Seneca, MPH, MCURP, *Director of the ATSDR Office of Tribal Affairs*

National Indian Health Board Staff and Support
Stacy Bohlen, *Executive Director*
Aimee Centivany, MPH, *Senior Advisor, Grants Management and Compliance*
Aleena M. Hernandez, MPH, *Technical Lead, Red Star Innovations, LLC*

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EXECUTIVE SUMMARY

In 2008, the National Indian Health Board (NIHB) received funding from the Robert Wood Johnson Foundation (RWJF) to assess the feasibility of promoting voluntary public health accreditation and developing public health standards in Indian country. This project is part of a larger national initiative of the Public Health Accreditation Board (PHAB), through funding from RWJF and the Centers for Disease Control (CDC), to implement voluntary public accreditation for state, territorial, tribal and local public health departments. The goal of the project is to improve and protect the health of the public by advancing the quality and performance of public health departments.

As sovereign nations, tribes are responsible for the overall health and well-being of their members along with the land and environment of their tribe. Tribes are becoming increasingly involved in more public health activities and regulation and deliver public health services through various funding sources, grants and contracts, alone or in partnership with other tribes and local, county and state health departments. As a result, the definition of public health in Indian Country is a complex set of services and activities that involve a diverse set of partners and stakeholders that varies by tribe and region. Tribes have a vested interest in providing valuable public health services to the communities they serve, and accreditation may lead to overall improvement in the quality of services they deliver.

Benefits of Voluntary Public Health Accreditation:
Public Health Accreditation will result in better quality of and access to culturally appropriate public health services for in tribal communities because it achieves the following:

- Defines and strengthens the roles and responsibilities of tribal governments in regulating public health in their community
- Raises the visibility of public health benefits in your tribal community
- Clarifies how public health includes prevention and wellness to reduce health disparities
- Assesses strengths and areas for improvement in public health services
- Encourages stronger partnerships with entities that do public health for our communities, including states, counties, local, tribes, federal, private, non-profits, etc.
- Leads to more resources for public health, such as and grant opportunities and long-term cost savings
- Provides opportunities for tribal communities to plan for wellness in their communities

Tribal Public Health Accreditation Project Advisory Board Members provided information and education to leaders in their respective Area/Organizations to help facilitate the input process. Presentations, forums, and information sessions were also held at the following national conferences to provide information about voluntary public health accreditation and to solicit input:

- NIHB Public Health Summit 5/2008, Green Bay, WI
- NIHB Annual Consumer Conference 9/2008, Temecula, CA
- National Congress of American Indians (NCAI) 10/2008 Phoenix, AZ
- NIHB Board Meeting 1/2009 Washington, DC

The National Tribal Call for Input was completed May 31, 2009. The overall response to voluntary public health accreditation is summarized below. Specific input on the PHAB Draft National Standards was collated by domain and then reviewed for emerging themes.

Overall Response to Voluntary Public Health Accreditation:

- Significant enthusiasm for public health accreditation in Indian Country
- Consistent with Native vision of healthy communities and improving health broadly
- Recognition of the diversity of public health service delivery in Indian Country
- Identification of some challenges and barriers to public health accreditation
- Interest in reviewing standards and measures for their applicability to Indian Country
- Interest in Beta testing accreditation process in tribal communities
- Importance of PHAB listening to tribal input and adapting process to unique needs

Overall, the Advisory Board determined that voluntary tribal public health accreditation was feasible, but indicated a number of issues to consider. A plan for better education and articulation of the benefits of public health accreditation was needed in order to tribes to give meaningful input and for them to consider this a priority for their tribe. The Advisory Board emphasized the need for the process and standards/measures/documentation to be adapted to the diverse and varied structure for public health service delivery in Indian country. The role of partnerships was mentioned as key for successful accreditation and that this process could be used to develop and enhance those partnerships. Short- and long-term recommendations were developed along with a timeline for tribal participation and partnership with PHAB.

National Indian Health Board
Exploring Tribal Public Health Accreditation Project

Strategic Plan

Introduction/Background

The concept of voluntary tribal public health accreditation was developed after national stakeholders convened in 2005 as a steering committee for the Exploring Accreditation Project and made recommendations for implementation. As a result, the Public Health Accreditation Board (PHAB) was established in 2007 to implement voluntary public health accreditation for state, territorial, tribal and local public health departments. The goal is to improve and protect the health of the public by advancing the quality and performance of state and local public health departments. PHAB is funded by the Robert Wood Johnson Foundation and the Centers for Disease Control and Prevention. Draft standards and measures were developed by PHAB workgroups and a national vetting process is in progress during Spring 2009. After Beta testing of the standards in selected sites, PHAB will develop the accreditation process on a timeline to begin receiving applications in 2011.

The National Indian Health Board (NIHB) participated in the Exploring Accreditation Steering Committee and its members have served on the PHAB Board and workgroups throughout the process. NIHB was funded in 2008 by the Robert Wood Johnson Foundation to conduct a project to assess the feasibility of the promotion of voluntary public health accreditation and public health standards in Indian country. The objectives of the project were to establish a tribal advisory committee, gather information and input on voluntary public health accreditation in Indian country, including benefits, challenges and barriers, and to develop a strategic plan that summarizes the work and makes recommendations for next steps.

Definition of Public Health in Indian Country

Public health services are delivered by a diverse and varied set of stakeholders and partners in tribal communities. Traditionally, healthcare has been delivered to American Indians and Alaska Natives through the Indian Health Service, an agency within the Department of Health and Human Services. The Indian Health Service (IHS) was established in 1955 as a comprehensive, primary care health system of hospitals and clinics located on or near Indian reservations. The Indian Health Service provides direct patient care, limited referral services and some public health services.

Since the 1970s, tribes have increasingly opted to enter into contracts or compacts with the federal government to administer the health programs in their community that were previously managed by the Indian Health Service. Public Law 93-638, the Indian Self-Determination and Educational Assistance Act of 1975, provided the authority for this transition to tribal management of federal health programs. Each tribe decides which programs it wants to administer and negotiates with the Indian Health Service to enter into these contracts and

compacts, which may include some or all of the health programs managed by Indian Health Service and may include public health services.

As sovereign nations, tribes are responsible for the overall health and well-being of their members along with the land and environment of their tribe. As a result, tribes may develop laws or tribal codes to regulate public health services and functions in their communities. Tribes with more resources or those tribes with larger populations tend to be involved in more public health activities, especially if they have contracted or compacted all of the health programs previously managed by Indian Health Service in their communities. In addition tribes may deliver public health services through federal, state and other non-profit grants and contracts. Involvement of tribes in healthcare delivery in their communities often results in more programs or a greater emphasis on public health activities such as prevention and wellness programs.

Tribes may also provide public health services in their communities in partnership with local, county and state health departments. The extent of tribal partnerships and relationships with these other public health entities varies by tribe, state, and type of service. A lack of communication or willingness of these partners to work with tribes is a common concern. Presidential Executive Order 13175 Consultation and Coordination with Indian Tribal Governments requires regular and meaningful consultation and collaboration with tribal officials on significant policy and funding decisions that have tribal implications. However, when the federal government transfers responsibility and funding for public health functions to states through block grants, tribal consultation at the state level is not routinely accomplished.

As a result, the definition of public health in Indian Country is a complex set of services and activities that involve a diverse set of partners and stakeholders that varies by tribe and region. There is no one model or definition of public health in Indian Country. However, it is clear that all stakeholders want to provide quality public health services to the populations they serve, and accreditation may provide an opportunity for improvement in partnerships and collaboration. The diversity of public health services and stakeholders certainly presents a challenge to the development of an accreditation process that would apply to all tribal settings.

Vision for Voluntary Public Health Accreditation in Indian Country

Four vision statements were developed by the Advisory Board during the strategic planning process. Common themes in these vision statements include the importance of access, cultural-relevance, accountability, competence, collaboration, involvement of all stakeholders/partners in public health for tribal communities, sustainability of services and healthy tribal communities. A single vision statement for voluntary public health accreditation in Indian Country was reviewed and approved by the group.

VISION: Tribal public health accreditation will contribute to vibrant, healthy tribal communities through collaboration by all agencies responsible for public health service delivery and the development of accessible, culturally-relevant, competent, accountable and sustainable public health programs and services that promote the health and sovereignty of American Indian and Alaska Native tribes.

Mission Statement for the NIHB Project

MISSION: To assess the feasibility of voluntary public health accreditation and public health standards in Indian country and to make recommendations to PHAB for successful tribal participation in the voluntary public health accreditation process.

History of Accreditation Efforts in Indian Country

The history of accreditation in tribal communities has focused primarily on healthcare delivery with many years of participation in accreditation processes. Currently, 100 percent of IHS and tribal hospitals are accredited by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) or are certified by the Center for Medicare and Medicaid Services. Many clinics are accredited by the JCAHO or by the Accreditation Association for Ambulatory Health Care. IHS and tribal hospitals and clinics have implemented quality improvement processes for many years and currently the IHS formally partners with the Institute for Healthcare Improvement to develop a chronic care initiative.

The preparation process for healthcare accreditation for tribal and IHS facilities has traditionally been intensive and has required a full or part-time staff person to prepare for the accreditation process. Time, staff and resources are needed in preparation for JCAHO site visits. Significant training and technical assistance is needed for programs to successfully gain accreditation. The lack of resources and staff in the Indian health system is a barrier to accreditation efforts. The relative amount of funding available for accreditation efforts and for public health services varies greatly among tribes and IHS facilities due to historical trends in funding levels, variations in service population and tribal resources. In addition, some have noted that accreditation status does not necessarily result in quality services from experience with Joint Commission accreditation efforts.

In terms of public health standards and accreditation efforts, a few tribes have participated in national, state and local efforts. Some tribes are members or have attended meetings of the Association of State and Territorial Health Officials (ASTHO), the National Association of County & City Health Officials (NACCHO) and the National Association of Local Boards of Health (NALBOH). Some tribes have participated in the Centers for Disease Control and Prevention (CDC) National Public Health Performance Standards Program and other public health activities over the years. Of note, at least 27 tribes participated in early versions of the CDC National Public Health Performance Standards Program and the input resulted in drafting of a potential tribal version of those standards. NIHB has worked with several federal agencies on public health efforts and began holding an annual Public Health Summit in 2006 to highlight and promote the public health work of tribes.

The Concept of Voluntary Tribal Public Health Accreditation

The concept of voluntary tribal public health accreditation was introduced to several tribal audiences during the NIHB project and input was gathered on initial reactions to the concept.

Overwhelmingly, the concept was felt to be a positive move forward in improving the health of American Indians and Alaska Natives because of the more broad definition of public health and the potential for a more holistic approach to improving the health of this population. Because of the diversity of public health service delivery, some recommended development of a model or definition of public health and/or public health delivery in Indian Country for the accreditation process. Many recommended that tribes be allowed to provide input and participate the in the development of the accreditation process and standards. However, some expressed concern about the development of another complex process or set of requirements to meet in the setting of significantly underfunded and understaffed programs.

Benefits, Challenges, Barriers to Public Health Accreditation

The Advisory Board discussed the potential barriers, challenges and benefits of voluntary tribal public health accreditation. Detailed notes of these input sessions are included in the Appendix and the following paragraphs summarize this input.

The potential benefits of voluntary tribal public health accreditation include improved access to care, improved quality of care, increased equity, increased accountability, increased tribal recognition and respect by other agencies and tribal entities, a more comprehensive or holistic view of community health, promotion of tribal/cultural values, the potential for increased resources once accreditation status is achieved, reduction in disparities, improved performance of the public health system, more strategic approach, increased ability to leverage resources/partners, improved health outcomes/health status, increased public awareness, better prepared public health workforce, and thriving and healthy communities.

The challenges to achieving the vision through voluntary tribal public health accreditation include lack of resources, lack of capacity or knowledge of some tribes, lack of cooperation/collaboration among public health providers/entities, lack of tribal/community buy-in or local priority, lack of staff/workforce, lack of leadership, variability of public health service delivery among tribes, lack of accountability, lack of trust, fear of change, complex jurisdictions, lack of infrastructure.

The barriers to achieving voluntary tribal public health accreditation include focus on other urgent tribal priorities, lack of coordination of resources, lack of funding, lack of data, lack of infrastructure, lack of trust, lack of understanding of cultural needs/differences, multiple health systems, lack of basic understanding of public health, problems with IHS, and lack of cooperation and commitment from federal, county and state agencies.

Given all these issues, the Advisory Board recognized that it may be a significant challenge to generate interest in tribal leadership to participate in this accreditation process. Reasons why a tribe should participate included the potential positive impact on the health of their members and future generations, longer life expectance, potential for increased resources, improved coordination of resources, cultural preservation, and improvement of the quality of life. However, many tribes are focused on other priorities or and may not all be on the same level of awareness and understanding of public health accreditation. The Advisory Board recommended

strategies to provide information to tribes to promote awareness and education about the concept of tribal public health accreditation.

Input on the PHAB Draft National Standards

The Advisory Board reviewed the PHAB Draft National Standards and Measures when they were released for national vetting. The first impressions of the Advisory Board members included some recognition that tribes are already providing much of these services, gratitude for the acknowledgement of the tribal process for review, concern about the length of the document and the large number of standards/measures, concerns about whether all partners needed to be involved or accredited especially if not working well together, the potential to leverage partnerships with this process, the need to conduct significant education on this process and these standards/measures, and questions on scoring/level of compliance needed for accreditation.

The Advisory Board then reviewed the standards in depth in small groups by reviewing each standard and its associated measures and discussing how it applied to Indian Country. The impressions of the Advisory Board after the in depth review of the standards included their recognition of the complexity of the standards and the complexity of public health service delivery in Indian Country, questions about how to factor in partners to meet the standards, how to document if partners are involved, the role of accountability of all partners, concern over the complexity of the wording and details required, lack of clarity of some terms and acronyms, concern over some redundancy in data items, concern over lack of access to data needed to comply, confusion over intent of some wording, lack of understanding of the assumptions behind standards, need for time to meet standards, problem of competing priorities, challenge of whether workforce is prepared to participate in this process, and concern over the lack of funding to complete this process.

The Advisory Board discussed what was missing in the standards and mentioned the lack of items related to cultural competence, the need for orientation of public health workers to this process, concern over "evidence-based" measures for tribes that do not have the data, the lack of inclusion of important clinical and health issues such as substance abuse, questions about enforcement as a component, how much it will cost to participate and questions about the entity to accredit. The group discussed possibilities for the entity, including tribes or tribal health departments, regional tribal health boards, the intention of this being a government entity by PHAB, and the potential for joint/group applications by partners. PHAB discussed how they developed state and local definitions of the eligible entities to accredit and suggested development of a tribal version. The Advisory Board seemed to agree that the draft national standards would need to be adapted to the unique settings and needs of tribes.

The Advisory Board also discussed how difficult it was to obtain input on the draft standards due to other priorities and competing demands facing tribes at this moment. The group discussed how a better justification was needed for why tribes should make accreditation a priority. The group developed a set of talking points for their discussions with the tribes in their areas and for further educational efforts on the accreditation process.

The Benefits of Voluntary Tribal Public Health Accreditation - Talking Points

Public Health Accreditation will result in better quality of and access to culturally appropriate public health services for in tribal communities because it achieves the following:

- Defines and strengthens the roles and responsibilities of tribal governments in regulating public health in their community
- Raises the visibility of public health benefits in your tribal community
- Clarifies how public health includes prevention and wellness to reduce health disparities
- Assesses strengths and areas for improvement in public health services
- Encourages stronger partnerships with entities that do public health for our communities, including states, counties, local, tribes, federal, private, non-profits, etc.
- Leads to more resources for public health, such as and grant opportunities and long-term cost savings
- Provides opportunities for tribal communities to plan for wellness in their communities

Resources/Partnerships needed

While the Advisory Board in general felt the tribe should be at the center of the accreditation process, they acknowledged both the diversity of and need for partnerships and collaborations to fully deliver public health services in their communities and to achieve accreditation. The Advisory Board identified key stakeholders, including IHS, states, counties, local boards of health, regional tribal organizations, and other local and regional entities and non-profit organizations. The Advisory Board discussed how accreditation could provide an opportunity to initiate, develop and improve working relationships between the tribe and these stakeholders to improve care, and that the standards should in some way promote or require collaboration and partnership. The establishment agreements, such as Memoranda of Understanding or Agreement (MOU/MOAs), cooperative agreements or Intergovernmental Agreements, may be a strategy making these partnership and collaborations more formal and accountable. NIHB initiated discussions with the national accreditation partners to develop MOUs to work together to promote voluntary public health accreditation and will develop model MOUs for tribal public health partners. Throughout the input and discussion on the concept of tribal public health accreditation, there was a general consensus that successful partnerships between tribes and other public health stakeholders would be critical to the success of the accreditation process.

Recommendations for Voluntary Tribal Public Health Accreditation

Overall, the Advisory Board agreed that voluntary tribal public health accreditation was feasible. However, based on the discussion of benefits, challenges, barriers and their review of the draft national standards and measures, they acknowledged the challenges for implementation and the need to make sure the process was adapted to the unique settings and needs of tribes. The adaptations could involve modifications to the standards, measures or the documentation. They made recommendations on the basic next steps to achieve the vision of voluntary tribal public health accreditation and these recommendations are listed below.

Summary of Next Steps to Achieve Vision of Voluntary Tribal Public Health Accreditation:

- Outreach and Education/Awareness on public health and accreditation in Indian Country
  - IHS Summit – July 7-9, Denver Colorado
    - H. Sally Smith, S. Kevin Howlett, Aleena Hernandez, Aimee Centivany
  - NACCHO Annual Conference, July 29-31, Orlando, FL
    - Alfreda Doonkeen, Agatha Amos
  - CRIHB/NWPAIHB Joint Meeting, July 20-23, Tulalip, WA
    - Jackie Kaslow, Joe Finkbonner, Grace Gorenflo, Aleena Hernandez
  - NIHB, Direct Service Tribes Conference, Oklahoma City – August 18-20
    - Ileen Sylvester, Alfreda Doonkeen
  - Tribal Consultation Advisory Committee Meeting, Anchorage, Alaska – August 10-12, 2009
    - Ileen Sylvester, Deborah Herrera, Madan Poudel
  - NIHB, Annual Consumer Conference, Washington, DC – September 14-18
    - Aleena Hernandez, Jim Pearsol, William Riley

- Tribal involvement in development and implementation of the accreditation process
- Comprehensive review and adaptation of PHAB accreditation process, standards, measures and documentation for tribes
- Participation of tribes in Beta testing of proposed standards
- Definition of entity(ies) to accredit – tribe/other
- Identification of entity that will conduct the tribal accreditation process – PHAB, other
- Provide Training/Technical Assistance for tribes interested in accreditation
- Timeline for implementation of tribal public health accreditation

Short Term Recommendations (3-6 months)

RECOMMENDATIONS	STRATEGIES
Continue to provide education/awareness of voluntary public health accreditation among tribal leaders and public health professionals	• Develop a set of educational materials for tribes, that include the benefits/talking points, challenges/barriers, and practical implications • Distribute educational materials to tribes through Areas and NIHB • Share information at upcoming tribal and Indian health conferences/meetings • Showcase project at the NIHB Annual Consumer Conference in September 2009
Review the Call for Input to all tribes on concept of Voluntary Tribal Public Health Accreditation and the Draft National Standards	• Gather and review additional input on feasibility of voluntary tribal public health accreditation during educational efforts • Review all input to NIHB on vetting of the PHAB draft national standards • Promote Tribal participation in PHAB Beta Testing and PHAB workgroups
Consider Tribal version of Draft National Standards and Measures	• Determine what adaptations might be needed prior to Beta testing • Incorporate tribal input into standards and measures • Develop plan for input and Beta testing of tribal standards and measures • Determine if tribes initially Beta test the PHAB draft standards as is, or if they Beta test a "tribal" version of the standards that incorporates the input so far • Identify costs and necessary incentives for participation
Secure resources for implementation	• Identify and apply for potential funding sources to support tribal participation • Establish MOU with PHAB, other partners for further collaboration ▪ Include language in the MOU to ensure tribal representation and participation on PHAB Board, workgroups and committees
Consider the following criteria when selecting tribes for participation in **beta testing**:	• Representation of direct service and 638 (contract and/or compact) tribes (IHS relationship) • Representation of different geographic areas within the US • Public health access related to landbase reservation versus non-landbase tribes • Single tribe applicant versus consortium of tribes • Tribal applicants with multi-jurisdictional relations (for example multiple county and/or state overlap) • Geographic location (urban versus rural) • Existing relationships between the applicant and the local and state health departments within the applicant's region • Population size of the tribe

Long Term Recommendations (6 months to 2 years)

RECOMMENDATION	STRATEGIES
Ensure individuals with experience in Indian Country participate in the accreditation process with tribes, including the accreditation application review and technical assistance	• Ensure NIHB maintains a central and expanded role in public health accreditation • Provide written resources that include information about roles and responsibilities of national public health partners involved in the Accreditation Coalition • Determine if modifications to accreditation process are needed for tribes • Provide relevant training, technical assistance, preparation, and readiness assessments • Review results of Beta Testing of tribal standards – develop final version
Develop relationships between the Advisory Board and national public health entities involved in accreditation	• Cross education among public health agencies, state, local, tribal health departments • Continue NIHB's involvement in Accreditation Coalition • Provide opportunities to enhance partnerships and communication between TPHA
Explore PHAB's role in strengthening relationships, coordination, and partnerships among state, local, and tribal health departments	• Promote and support the development and implementation of Tribal Consultation policies • Convene and fund regional roundtables that bring tribal health departments together with state, local, and other tribal health partners • Develop a think tank to address state/local/tribal relations • Determine partners for accreditation and roles/establish MOA/MOUs
Evaluate implementation of the accreditation process at tribal settings	• Identify costs/incentives to participate in accreditation • Ongoing marketing and promotion of accreditation among tribes • Define timeline for tribal participation • Determine Accreditation body – PHAB, other

Timeline

The Advisory Board developed a timeline starting in April 2009 for the short term recommendations and compared it to the PHAB timeline:

PHAB Activities/Timeline	NIHB Activities/Timeline
April 2009 Vetting of National Standards – deadline 4/30/09	April 2009 Call for input on PHAB draft National Standards – new deadline to 5/31/09
May – June 2009 PHAB review and incorporation of input from vetting into revised version of National Standards to be used in the vetting process	June 2009 Advisory Board meeting • Review call for input • Determine if tribes should Beta test PHAB standards or develop a tribal version • Provide criteria recommendations for tribal participation in Beta testing and plan for promotion or selection • Invite PHAB President & CEO to discuss options
July 2009 RFA to select programs for Beta testing (at least 2 tribes to be selected) – ~~released by 7/15/09.~~ Expected to be released by July 1, 2009	July 2009 Tribes apply or are nominated/selected; NIHB to provide consultation to PHAB on tribal selection and technical assistance in beta testing process.
January 2010 Beta testing begins Purpose to give input to PHAB on application process and do a quality improvement project related to accreditation	January 2010 At least 2 tribal sites participate in Beta testing Advisory Board reviews experience of tribal sites with Beta testing, considers recommendations on adaptation of standards, measures or documentation for tribal applicants, further discussion with PHAB Technical Assistance to be provided to beta test sites
2011 PHAB plan to accept first applications during this year	2010-2011 Education, Beta testing, Final tribal version of Standards/Measures, Participation in final development of accreditation process

Summary

Overall, the Advisory Board determined that voluntary tribal public health accreditation was feasible, but indicated a number of issues to consider. A plan for better education and articulation of the benefits of public health accreditation was needed in order to tribes to give meaningful input and for them to consider this a priority for their tribe. The Advisory Board emphasized the need for the process and standards/measures/documentation to be adapted to the diverse and varied structure for public health service delivery in Indian country. The role of partnerships was mentioned as key for successful accreditation and that this process could be used to develop and enhance those partnerships. Short- and long-term recommendations were developed along with a timeline for tribal participation and partnership with PHAB.

Appendix

A. Roundtable on Tribal Public Health Accreditation, NIHB Annual Consumer Conference, September 2008
B. Tribal Public Health Accreditation Advisory Board Members
C. Exploring Tribal Public Health Accreditation Advisory Board Meeting Minutes, December 5, 2008; February 6, 2009; April 17, 2009; June 19, 2009
D. Accreditation Coalition – Partner Roles in Public Health Accreditation
E. Summary – Tribal Call for Input on PHAB Draft National Standards

APPENDIX A
Roundtable on Tribal Public Health Accreditation
NIHB Annual Consumer Conference
September 2009

Roundtable on Tribal Public Health Accreditation
NIHB Annual Consumer Conference, Temecula, CA
September 25, 2008

SESSION NOTES

Introduction

Presentation – Overview of NIHB Project

- H. Sally Smith, NIHB Chairman
Chairman Smith welcomed the roundtable participants. She expressed her excitement and enthusiasm for this project and underscored the importance of how we have the opportunity to shape the future of tribal public health accreditation. She encouraged audience participants to give suggestions and provide input during the roundtable discussion.

- Stacy Bohlen, NIHB Executive Director
Ms. Bohlen presented an overview of the NIHB Project (see PowerPoint presentation in Appendix) and emphasized that the purpose of the project, funded by the Robert Wood Johnson Foundation, is to assess the feasibility of the promotion of voluntary public health accreditation and public health standards in Indian Country. She emphasized that this would be done through a consultation process over the next several months and that NIHB wanted to reach out to all tribes to share and receive knowledge on the project. She indicated that the Advisory Panel was in the process of being finalized and that 7 Areas still needed representation. She indicated that there was a nomination form available for the audience to nominate tribal and community representatives for this Advisory Panel. She then talked about the objectives of the project, and the need to gather input. She emphasized that we needed to understand what is unique about tribes and what would be required in different tribes for an accreditation process to work. She drew an analogy to the process for certifying that food is "organic" to help the audience understand what accreditation means in practical terms. Of most importance, she indicated that becoming accredited will ensure high quality public health services and makes programs accountable. She thanked everyone for attending and being willing to provide input.

Presentation – Overview of Public Health Accreditation Board (PHAB)

- William Riley PhD, Interim Executive Director, PHAB
Dr. Riley joined by phone. He introduced Bonita Sorensen MD MBA, a PHAB Standards Development Workgroup Member, who presented a PowerPoint presentation for him as he was unable to attend in person at the last minute (see PowerPoint presentation in Appendix). The presentation gave a brief overview of the national efforts of the PHAB so far. She emphasized that they have always considered public health accreditation to be a voluntary process, and that it addresses the current problem of a lack of uniformity of public health services in this country. She stated that accreditation has the potential to add accountability and can also help public health focus on quality improvement. Accreditation helps answer the question "what is a quality public health program?" She mentioned that there are 10 essential public health services; how do we measure them and what would the accreditation process look like? There is quite a bit of angst about this nationally. However, accreditation is a familiar concept in health care. She then briefly reviewed what has happened with the PHAB so far. Committees and workgroups have met and are looking at

models for this and coming up with ideas about how this could work. They are also looking at how to evaluate this process, and considering what is the cost and what are incentives for participation. She indicated that NIHB has already been involved in this national work. She would like to know how PHAB can support this project.

Dr. Riley then made remarks via phone. He mentioned how past efforts on accreditation have focused on health programs and that the funding goes mainly into the health care system, but we need to put resources in public health and focus more on prevention in our health care system. His hopes for the NIHB project are that we learn more about how tribal public health is similar and different than state/local health departments and how voluntary public health accreditation could play out with tribes. He is glad that NIHB is very engaged in the process and will help PHAB understand how this can apply to tribal health.

Comments – Advisory Panel Members

Advisory Panel members that attended the first meeting on this project in Green Bay, WI during the NIHB Public Health Summit in May 2008 provided some comments and perspective for the audience.

- Robert Moore, Councilman, Rosebud Sioux Tribe

Councilman Moore was glad that tribes are at the table to provide input. He feels that we need to examine the unique difficulties and challenges of where we are now, and that there needs to be education on "tribal government 101" to figure this out, and that tribes are both functional and dysfunctional and that may impact the process. He indicated that we need representation from all the Areas. He thinks we need to discuss feasibility, sustainability, and the capabilities of tribes. We also need to look at this from a tribal or cultural perspective, and can strengthen partnerships during this process.

- Jessica Burger RN, Health Director, Little River Band of Ottawa Indians

Ms. Burger introduced herself as a tribal health director, and that tribes can help educate on this topic. She stated that we need to bring our own standards to the table and that tribes need to establish their own public health codes. Tribes work with local health departments also. She indicated that she likes that we are being proactive and involved in the project from the start, and she thinks that by having standards and guidelines, we can avoid having substandard services.

Audience Input Session

The next portion of the roundtable was facilitated by Yvette Roubideaux MD MPH, NIHB Consultant. The purpose of the roundtable was to gather initial impressions and input on the project from conference participants. Questions were posted to the audience, indicated in italics below, and the responses from the audience were transcribed in real time and projected on a screen for the audience to view during the discussion. The next section first summarizes some common themes from the audience discussion and then the transcript of all comments during the session is included below.

Summary of common themes in audience comments

1. Questions/Comments about the project?

- How will we apply national standards to tribes
- We need a definition of public health in Indian Country – it is complex, many entities involved, varying priorities
- We need a model of Public Health delivery in Indian Country, a tribal model
- Past accreditation focusing on health was not enough – we need a broader focus on public health, prevention
- Public health standards are needed in Indian Country
- Public health standards can reflect our culture, communities, traditions, more holistic/group oriented
- Tribes need to be involved in developing standards
- A public health workforce is needed to do this, prepare us for this
- This must address issue of sustainability
- We need to know what already exists, models, best practices
- Advisory panel membership should include technical experts and more than tribal elected officials

2. Who will be the entity to accredit?
- Tribal health departments
- Tribal health programs
- Different answer for different tribes
- Consider Community Health Representatives (CHRs)
- Pick one that fits the standards

3. Who should we be talking to?
- Everyone!
- Tribal health departments, health programs
- Health professionals, public health nurses, CHRs
- Patients/community members
- Tribal colleges
- Urban Indians
- Traditional healers, alternative health providers
- APHA, other public health organizations
- Indian Health Service
- State and local health departments, other health programs
- Small tribes
- Direct service tribes

Full List of Comments during the Session

What QUESTIONS do you have about this project?
Do you have any INITIAL COMMENTS?
- This is exciting – in 2003, I was a NIHB public health fellow and was asked to serve as tribal liaison
- member with NACCHO – was near a public health department – Cherokee – concerned that JACHO was not able to measure public health performance – what should it be
- Who is on Advisory Panel other than tribal representatives? Need other technical experts on the panel.

- How do we apply national standards with measurements specific to our communities? Will we measure them differently?
- This is not limited to only the public health arena – other agencies or entities may be involved in public health
- Encourage solicitation of members outside of tribal elected officials for your Advisory Panel
- I have a concern on tribal operations side – health operations people are losing focus on revenue and therefore losing focus on public health
- In our consortium of 9 tribes – public health programs – what is the definition in Indian country? It is not the same thing as in other places. Our community health is a conglomeration of programs that drive what we are. Grants tell us what we deal with – we focus on the flavor of the month. Not like county health departments. Funding drives the machine. Would like to see what you mean by "public health?" Have to establish the definition. What is a public health department for us?
- Public health focuses on prevention - mind, body, spirit – can we come up with a health care model that describes this? Public health is primary prevention efforts to tertiary hospital, etc.
- Sanitation is a vital part of public health
- The fundamental core of any organization is the creation of standards or guidelines for agencies to adhere to. Interesting that it is an option for IHS clinics to be accredited. For our people, as fundamental as health is, why haven't we had this done before? Priorities for contract health funding for life and limb things is an example of not having standards. We need to focus on prevention and health of people. We followed cycles of the year – that made us healthy – where is that focus?
- Hope look at standards to fit our communities from which we come.
- While developing the project – can you develop a dialogue with higher learning institutions to prepare us for public health professions – we need the workforce to take this type of thing on.
- Issue of sustainability of public health programs must be addressed.
- Johns Hopkins has winter and summer institute courses to build public health workforce.
- We tried to do accreditation through JCAHO, etc. but it was a problem. Concern – why can't tribes develop their own standards and laws – not have others tell us what we should do. Develop it to reflect the tribe's health situation. The tribes own traditions, etc. Tribes should develop their own standards.
- Always concerned about brochures that only address health – we forget about behavioral health.
- We need to consider this area in accreditation. Same model applies.
- Would this replace the JCAHO?
- Hardest part about delivering our health care or setting up standards is that they don't look at the holistic side – family – community – tribe – human side. Would like to see more holistic part – mind body soul – traditional focus – and where we are within the group – I have always hated word self esteem – add the word "within." Have to consider the group rather than the individual. If setting standards, include cultural standards.
- Public health services = public health in our communities. Translate this to the benefit of the community. Convince our people to stay healthy for the community.

Who/What do we accredit in this process?

- Tribal health departments – they can demonstrate how we meet these unique needs.
- It would be different answers for all the tribes.
- This is our culture, community, and tribe….it is the community taking care of the community.
- Public health is made up of all these ingredients. We don't want to be dictated by dominant society.

- The CHR programs work. The work they do is constrained because IHS does it or does not have the authority. What existing models are out there for public health? What are the entities or people in the tribe who can receive this accreditation? What exists already?
- Start at one place to set up standards for accreditation. CHRs are a good beginning.
- Need an Indian model of public health.
- Need to include Traditional health resources Traditional gardens, etc. We put them together differently. Need a Tribal model, community health.
- Pick a wise entity that fits our standards.
- Might have a tribal health department or agency that receives the accreditation that is appropriate to tribal communities and then the standards apply locally. Need to bring in other groups.
- Tribal health programs or tribal health departments would be the ones to accredit.
- Accreditation is not an end. It is a means to validate our position.
- We can make standards that fit.
- Best practices, promising practices should be included.

Who should we be talking to while we gather input for this project?

- Everyone!
- It is important to include the consumers – the clients – the people – get their input.
- Local health departments – local tribal colleges
- Off reservation natives – urban Indians
- Doctors and nurses, professionals are not familiar with people. And behavioral health specialists
- Have to include CHRs. Many of our programs started with CHRs – health care delivery started there, they have the connections, are the front line in the community.
- Look at specific health plans from health clinics – can give you an idea about public health.
- Talk with other alternative health providers, such as Traditional healers.
- Public health nurses.
- Traditional healers – set their own standards – so do not include here. But need to make sure don't overstep our bounds.
- Consider talking to who is responsible for environmental health and safety.
- Talk with states and local counties. Build a partnership, not an adversarial relationship.
- Suggest you talk with an ally and an advocate – the APHA represents the 450,000 public health workers – Native American/Alaska Native/Native Hawaiian Caucus includes those with similar interests. When you define your own models and needs, APHA interested in helping.
- We need to understand the framework and direction of what are these 10 essential public health services – have the concepts in mind.
- Do this in partnership with IHS.
- Involve APHA, AzPHA, other public health organizations. We need a national Indian public health association.
- Concerned about small tribes who want to do this – what is the model and how can it include them can you do a layered accreditation process?
- Please think about how this can be applied to direct service tribes

Closing Comments

The session ended with closing comments by Chairman Smith, Dr. Riley and Advisory Panel members. All agreed that the discussion was valuable, and thanked the audience for their input. Audience members were reminded to fill out their nomination forms for Advisory Panel members.

APPENDIX B
Tribal Public Health Accreditation Advisory Board Members

NIHB Tribal Public Health Accreditation
Advisory Board Member List

Area/Organization	Advisory Board Member	Alternate
Aberdeen Area	Robert Moore Councilman, Rosebud Sioux Tribe	
Alaska Area	Ms. Ileen Sylvester, MBA Southcentral Foundation Vice President Executive and Tribal Services	
Albuquerque Area	Deborah Herrera Southern Ute Tribe Health Service Division Head	
Bemidji Area	Jessica Burger, RN Health Director Little River Band of Ottawa Indians	
Billings Area	Stephen Kevin Howlett, Department Head CSKT Tribal Health & Human Services	
California Area	Ms. Jackie Kaslow Director, Family and Community Health Services California Rural Indian Health Board	
Nashville Area		
Navajo Area	Dr. Madan Poudel, Phd Health Services Administrator Navajo Division of Health	Roselyn Begay Program Evaluation Manager Navajo Division of Health
Oklahoma Area	Ms. Alfreda Doonkeen Wewoka Service Unit, Oklahoma City Area Inter-Tribal Heath Board	
Phoenix Area	Agatha Amos Health Education Director Division of Health Programs	
Portland Area	Joe Finkbonner, RPh, MHA Executive Director, NW Portland Area Indian Health Board	
Tucson Area		
Association of State and Territorial Health Officials (ASTHO)	Jim Pearsol Chief Program Officer Public Health Performance	

Area/Organization	Advisory Board Member	Alternate
National Association of City and County Health Officials (NACCHO)	Grace Gorenflo MPH RN Project Director	Jessica Solomon, MCP Program Manager
Public Health Accreditation Board (PHAB)	Kaye Bender, PhD, RN, FAAN President and CEO	William Riley PhD University of Minnesota School of Public Health
National Association of Local Boards of Health (NALBOH)	Yolanda Savage Project Director, Performance Standards and Accreditation	
Center for Disease Control and Prevention (CDC)	Liza Corso, MPA Team Lead, Performance Standards and Accreditation Office of Chief of Public Health Practice	Dean Seneca MPH MCURP Health Scientist Policy, Tribal Portfolio Portfolio Management Program
Robert Wood Johnson Foundation (RWJF)	Marjorie A. Paloma, MPH Program Officer	Jerry Spegman Senior Program Consultant
National Indian Health Board (NIHB)	Stacy Bohlen Executive Director H. Sally Smith NIHB Board Member Aimee Centivany, MPH Senior Advisor, Grants Management Yvette Roubideaux, MD MPH Technical Consultant The University of Arizona Aleena Hernandez, MPH Technical Consultant Red Star Innovations, LLC	

APPENDIX C

Exploring Tribal Public Health Accreditation Advisory Board Meeting Minutes

December 5, 2008; February 6, 2009;
April 17, 2009; and June 19, 2009

National Indian Health Board - Exploring Tribal Public Health Accreditation
Advisory Board Meeting – Summary/Minutes
Date: 12/5/08
Location: Courtyard by Marriott at Convention Center, Washington DC
Meeting time: 9:00 am – 4:00 pm

Attendees:
Jessica Burger, Bemidji Area; S. Kevin Howlett, Billings Area; Jackie Kaslow, California Area; Madan Poudel, Navajo Area; Alfreda Doonkeen, Oklahoma Area; Agatha Amos, Phoenix Area; Joe Finkbonner, Portland Area; Jim Pearsol, ASTHO; William Riley, PHAB; Dean Seneca, CDC; Jerry Spegman, RWJF; Yvette Roubideaux, NIHB; Aimee Centivany, NIHB

Not attending:
Robert Moore, Aberdeen Area; Cecilia Johnson, Alaska Area; Rita Kie, Albuquerque Area TBA, Nashville Area; TBA, Tucson Area; Stacy Bohlen, NIHB; Grace Gorenflo, NACCHO

Welcome/Introductions
The meeting began at 9:00 am. The participants introduced themselves and talked about their experience with public and/or accreditation. Mr. Howlett offered a prayer to start the meeting. The Advisory Board members had varying experience with the project – some have been involved since the first activity at the NIHB Public Health Summit in 5/08, and some were participating for the first time.

Voluntary Public Health Accreditation – Overview/Update
The first session focused on an overview and update on the national initiative on Voluntary Public Health Accreditation. The Public Health Accreditation Board was explained as a non-profit organization that is in the process of implementing voluntary public health accreditation for state, territorial, tribal and local public health departments. The goal is to improve and protect the health of the public by advancing the quality and performance of state and local public health departments. The initiative is funded by CDC and RWJF and Bill Riley and Jim Pearsol gave an update on progress. Basically, work is ongoing related to development of the standards and measures for public health accreditation and draft standards will be ready for public comment by February 2009. The actual accreditation program is on track to be developed by 2011. The purpose of the NIHB project is to figure out how this type of accreditation program may apply to tribes.

The Advisory Board then discussed their experience with accreditation in the past, which was mainly related to health accreditation, such as Joint Commission or AAAHC, their familiarity with having to meet standards through specific measures and criteria, and their knowledge of how accreditation indicates a certain level of quality of services. Some participants discussed how challenging these types accreditation have been related to health services, and that while accreditation status is a good thing, it may or may not translate into quality care from the community perspective.

The Advisory Board then discussed what accreditation means for public health – which is more broad and involves more than just the health facility. The group reviewed the 11 public health

domains and discussed how PHAB is developing standards and measures to indicate how state and local health departments can demonstrate that they meet the standards to become accredited. The group discussed how challenging this may be for Indian country and tribes because of the need to define what we mean by public health, who does public health in tribal communities, who should be accredited among the public health providers, and what are the right standards and measures for tribes.

Goals of the NIHB Project

The Advisory Board then reviewed the NIHB Exploring Tribal Public Health Accreditation project. It is funded by RWJF and the purpose is to assess the feasibility of the promotion of voluntary public health accreditation and public health standards in Indian country. In terms of the objectives, the advisory board has been established, the group has started a review of past accreditation efforts in Indian country, and will begin during this meeting a discussion of benefits, challenges, and barriers to public health accreditation today. The Advisory Board will eventually gather recommendations from Indian country on process, resources needed and potential partnerships needed to achieve accreditation. The outcome of the project is a Strategic Plan to submit to RWJF that will summarize input and make recommendations for next steps. The group expressed some concern that time is limited to accomplish the project.

After a break, the Advisory Board reassembled and reviewed progress so far on this project. At the NIHB Public Health Summit in May 2007, the first meeting of this project was held to gather initial input. The main message of that meeting was that tribes should be included in the planning process, especially since they are so diverse and this diversity would impact how accreditation is implemented. The Advisory Board reviewed the next activities of the project which were held at the NIHB Annual Consumer Conference on 9/25/08. A brief Advisory Meeting was held and a Roundtable on Public Health Accreditation was held with an audience of 50-60 people in which participants gave general input about the project and the concept of voluntary public health accreditation. Main points included excitement about the project, the need for a model or definition of public health in Indian country, as well as concern about who would be accredited and how it would be applied to tribes. The participants liked the idea of accreditation being based on public health, not just health, which is more holistic and relevant for our communities.

Public Health in AIAN Communities

The Advisory Board was then was divided into breakout groups and asked to define public health in their communities and draw a picture of what it looked like. The groups were very creative and their pictures included some common elements: public health services are delivered by many different entities, many of which do not communicate or work together well, or at all, and includes a variety of services that are not just a part of the work of hospitals and clinics. The group felt that the tribe was the central portion of this and should be the entity that is accredited but there was some discussion of how the components vary and the role of IHS needs to be considered for accreditation for some communities. The drawings included: a disjointed collage of types of services and entities; a diagram of a tree with the tribe as an important part of the roots and the many others entities and services that form the other roots and branches of the tree; overlapping and non-overlapping circles representing the diversity of relationships among public

health entities in Indian communities; and a diagram of boxes that represented entities that do not communicate about what they do. The main point of the drawings was that public health services and the definition of public health in tribal communities varies greatly, and poses a challenge for developing an accreditation process that would apply to all. However, if accreditation can help pull these different entities together to improve public health, that would be a benefit.

Creating a Vision for Tribal Public Health Accreditation
The afternoon session started with breakout groups that worked on developing a vision of public health accreditation in Indian country. This was done to help begin developing a goal or vision towards which tribes would strive if they worked towards accreditation. After much discussion, the four groups developed the following vision statements:

Vision Statements:
Group 1: Through public health accreditation, all agencies responsible for the delivery of health services to Native communities respect tribal dignity, sovereignty and traditional practices which promote equity, access and confidence in the delivery of care
Group 2: Though public health accreditation, achieve early public health intervention that is culturally-relevant, accessible, and utilizes competent resources (county, state, tribal).
Group 3: Public health accreditation will enhance collaboration that increases accountability and guides culturally relevant programs and processes
Group 4: Through public health accreditation, we create culturally rich, vibrant, sustainable, healthy tribal communities

Benefits, Challenges, Barriers to Tribal Public Health Accreditation
The groups then were asked to consider their vision statement while listing the potential benefits, challenges and barriers to achieving their vision through public health accreditation. The groups identified the following benefits of achieving their vision through accreditation:

Group 1
- increased access to care
- increased quality of care
- tribal recognition for being accredited
- traditional values acknowledged through accreditation
- increased equity, increased resources
- increased trust/respect among agencies and tribal entities

Group 2
- sustaining cultural values
- improved access to care
- increased resources
- improved health and decrease disparities
- celebration of success
- improved performance of public health services

Group 3
- identify and fill gaps in service delivery
- increased/leveraging resources
- improved health outcomes/status
- strategic approaches to targeted and responsive care/delivery
- increased public awareness

Group 4
- healthy population
- thriving communities
- prepared workforces
- accountable, adaptive, socially fiscally responsible, environmentally protective community

The Advisory Board then identified challenges to achieving their vision through accreditation

Group 1
- federal accountability
- lack of resources
- capacity of tribal entities
- health care as priority at local level in comparison to other issues

Group 2
- lack of cooperation/collaboration across service entities
- Tribal/community buy-in
- Variability in service delivery

Group 3
- community buy-in
- human resources
- educating our contemporaries outside the tribal health system
- lack of leadership
- defining cultural relevance means for accreditation
- develop measures that demonstrate accountability

Group 4
- Afraid of change
- Lack of trust
- Lack of knowledge of tribes
- Lack of resources
- Jurisdiction complex
- Inconsistencies
- Lack of infrastructure in place

The Advisory Board then identified barriers to achieving their vision through accreditation

Group 1
- policy by IHS now
- lack of coordination
- other urgent health priorities
- cooperation and commitment from federal, state local county agencies

Group 2
- IHS
- Lack of coordination of resources
- Funding

Group 3
- $$$ - financing/money
- Understanding cultural needs/differences "diversity dialogue"
- Data/technology/Infrastructure development

Group 4
- resources
- trust
- multiple health systems
- basic understanding of public health

The Advisory Board then discussed what are the benefits – the ones that will be the "hook" that gets tribes interested in participating in voluntary public health accreditation. The group discussed the following ideas/reasons why a tribe should participate or why they would benefit from public health accreditation:

- Longer life (since many die young)
- Reduce number and magnitude of challenges and barriers
- Increase resources
- How to get people to buy in, within my own community, what is the benefit

(Advisory Board Meeting 12/5/08 – Summary/Minutes continued)

- Increased coordination of resources since you identify and coordinate for the process of accreditation
- Selling point is cultural preservation for the 7th generation; want to be there for our children/grandchildren/great grandchildren
- How to sell this to our elected leaders
- Cultural preservation
- Life expectancy will increase
- Cost are issues
- Need a mindset change
- Awareness/education of preventable things, how much bang for the buck, how will it improve an individual's quality of life, access to other services. better life, ownership of programs
- Tribes may be motivated by different things
- Weakness – we assume tribal councils understand what public health is; community may
- Need to define what public health is
- Stamp of accreditation means doing best to prevent disease, best services available
- Would like to pilot test these ideas
- Tribal councils – one person can cause it to not go forward, denials of payment have more
- Weight; will say – does it take away from patient care, hire more people, how long will it take? Real life issues.
- There is no one way of providing information or getting support; readiness and information
- are not at the same level
- Need a basic kit of information on this
- Maybe we need to have a discussion with RWJF – see the diversity – there is not a
- Prescription that will cover everything, could be an opportunity to look at a framework for a National program, allow tribes who choose to pursue it, provide the appropriate type of support; what works at one place won't work somewhere else; demonstrate in application
- How it can work everywhere
- Brochure of public health needed – NIHB is redeveloping it – sharing with CDC
- Great to make pamphlet available to everyone

Next Steps

The Advisory Board then discussed the next steps to help them continue this discussion and to gather input from tribes and others on this project. Each group generated suggested next steps as follows:

Group 1

- primer to tribes from NIHB
- phased introduction of project
- plan to present with/to regional tribal groups/health boards/agencies survey?

(Advisory Board Meeting 12/5/08 – Summary/Minutes continued)

Group 2:

- Fact sheet for tribes (status report, benefits, vision)
- FAQs e.g. differentiate between individual health and population health
- Engage with IHS, state and local health departments
- Have advisory board members review PHAB S&M as a tribal "alpha" test – are they in the right ball park – at next meeting
- Nominate candidates for "beta" test
- Create tribal timeline

Group 3

- PHAB – include tribes in original planning doc – update PHAB doc
- 11 domains – survey monkey – asking tribe how they are incorporating domains – which
- ones are priorities, baseline snapshot of what is happening now to inform process
- Is Indian country interested in this?
- Measure the level of interest?
- Evidence of collaboration across all the PH systems; what are the states and county health
- departments doing to collaborate with tribes

Group 4

- Standard information to disseminate – powerpoint, definitions, websites to point people
- Homework – each participant should seek input from populations we are representing, encourage tribes to participate and comment on standards
- Identify beta sites (regional) – they can help market
- Identify conferences to develop and discuss public health accreditation
- Swiss cheese analogy – tribes are the holes – need to include the holes

The entire Advisory Board then agreed to the following next steps:

- NIHB would develop some basic materials to explain the project
  - Summary of project, public health brochure/definition, explanation of accreditation, a review of the Advisory Board's discussion so far
  - The Advisory Board group will review draft versions of these materials and give
  - input/edit, then final versions would be made available to the group
- The Advisory Board and NIHB would then gather input on voluntary public health accreditation in the next 2-3 months
  - The group defined what they wanted input on
    - Summary of this meeting/progress to date and ask for comments, reaction
    - Ask for comment on the standards when released in February 2009
    - Request may be for formal or informal input
    - The group would help "alpha" test (review) the standards and would help identify tribal sites to "beta test" the standards
  - Suggestions for how to gather input included
    - Survey monkey or paper survey – NIHB will consider options
    - Each Area representative needs to define the best process for gathering input in their Area
    - Timeline – implement this plan as soon as possible

National Indian Health Board – Exploring Tribal Public Health Accreditation
Advisory Board Meeting – Summary/Minutes
Date: 2/6/09
Location: Fairmont Hotel, Washington DC
Meeting times: 9:00 am – 3:00 pm

Attendees:

Ileen Sylvester, Alaska Area; Deborah Herrera, Albuquerque Area; Jessica Burger, Bemidji Area; Jackie Kaslow, California Area; Mandan Poudel, Navajo Area; Roselyn Begay, Navajo Area; Alfreda Doonkeen, Oklahoma Area; Agatha Amos, Phoenix Area; Joe Finkbonner, Portland Area; Jim Pearsol, ASTHO; Grace Gorenflo, NACCHO; William Riley, PHAB; Yolanda Savage, NALBOH; Dean Seneca, CDC; Liza Corso, CDC; Marjorie Paloma, RWJF; Jerry Spegman, RWJF; Stacy Bohlen, NIHB; H. Sally Smith, NIHB; Yvette Roubideaux, NIHB; Aimee Centivany, NIHB

Not Attending:

Robert Moore, Aberdeen Area; Stephen Kevin Howlett, Billings Area; TBA, Nashville Area; TBA, Tucson Area

Welcome/Introductions

The meeting began at 9:00 am. The participants introduced themselves after Ileen Sylvester offered a prayer to start the meeting. The participants included tribal Area representatives and representatives from the partner organizations in the national public health accreditation effort.

What are your questions?

Before moving forward on the agenda, the group was asked about the questions they had coming into the meeting and questions they hoped to have answers to when the meeting was adjourned. The group had several questions and notes on those questions are included below:

- Who is driving this process? Is somewhat worrisome – need details on who is involved.
- Is it really "voluntary"? Who benefits from this?
- Concern that this is an "unfunded" initiative for tribes who already have tight resources
- Voluntary things turn into required things – some concern there.
- Will accreditation create inequities between programs? Increase disparities?
- What is the cost involved in accreditation?
- Who will be accredited?
- What is the content of the standards?
- Are native concepts/issues imbedded in the standards?
- Will there be allowance for regional adaptations? Partners?
- What about diversity in readiness?
- Is this going to lead to over-regulation? Is it just more regulation?
- What about raining and technical assistance for tribes?
- What will get us "there"?
- What about IHS/direct service tribes?
- What is going to be the role of IHS?
- What is the timeline for accreditation?
- How will it roll out? How will it roll out in tribes?

- Is there a role for Tribal Colleges in training?
- Workforce – do we have the staff adequately trained in public health to achieve accreditation?
- Will there be an organization to do the accreditation? An Indian PHAB? A board with Indian tribes?
- Alaska is different from other areas – what are the implications?
- PHAB policy – has there been tribal engagement?
- Lessons learned from other programs – i.e. HeadStart experience – had to implement without resources.
- What resources are available for accreditation?
- What resources might be limited because of this – will it be used in funding decisions?

Project Update/Review Progress

An update on the NIHB Project was provided that included a brief summary of national efforts related to the Public Health Accreditation Board (PHAB) and the accomplishments of the NIHB Project so far, including Advisory Board meetings, Input meetings and participation in PHAB activities so far. The minutes of the last meeting were included for review prior to the meeting and there were no questions or comments about them. The National Call for Input was reviewed and NIHB has received 4 responses so far. The information is similar to previous information gathered so the next efforts to gather input will focus on the draft standards to move the process forward.

PHAB Draft Standards

The next section of the meeting was dedicated to a discussion of the recently released draft national standards for voluntary public health accreditation. First, the group was asked for their initial impressions of the standards upon review prior to the meeting. Then, the group conducted a detailed review of the draft standards in small groups and answered the following questions:

1) Who does this in your community/tribe?
2) Does your tribe/community currently meet this standard?
3) Biggest barrier or challenge to meet this standard
4) Suggestions for edits/adaptations needed?

A discussion was held on impressions of the standards after the detailed review. The group then discussed what is missing in the standards. The detailed notes of these discussions are included below:

First impressions of standards?

- We are already doing it!
- Wow – 44 pages long!
- Tribes are in there – good to see
- How does this relate to reform of IHS?
- All or nothing?
- What about Partners?? Do they all need to be accredited?
- Relationships with partners? May not be working together.
- Buy in of tribes, partners?
- Could this be used as leverage to improve/force partners to work together?
- Different governments are involved.

- "Obligation" to partner – concerning language – don't want to see it become something that can be
- used against others.
- Use this for leverage to partner is a better term.
- Need to discuss this at the upcoming NIH Public Health Summit.
- Preparedness is an example of tribes and states not working together.
- Education and communication will be needed.
- This is not a JACHO replacement – need to educate about that.
- How to get tribal council interested?
- It is about recognition.
- What is the minimum level – threshold for accreditation?

(Advisory Board Meeting 2/6/09 – Summary/Minutes continued)

Impression after review of standards?

- Problem with compartmentalized functions in tribal communities
- Systems approach is complex
- Unclear if meeting the standards depending on partners involvement
- How do you connect all the dots?
- Small rural counties had this problem – how to answer the question
- Measure documentation, especially in partners – how to do this?
- Public health is defined by jurisdiction in tribal communities
- Will there be tiers of accreditation?
- It is an issue of accountability of all partners.
- Need to define PHAB, organizations involved – who benefits?
- Need communication about this to allay concerns.
- Too much language, words, details
- Not clear terms/acronyms
- Some redundancy i.e. on the data items
- Data access differs
- Intent vs. wording needs to be clarified
- A lot – already doing it
- Assumptions behind the document/ standards - this is a barrier to understanding
- Need orientation or key
- Is this tied to resources?
- Need time to do this.
- Who is doing the work? Already are doing some of it.
- Problem is silos – work is crosscutting. ?the role of others.
- Competing priorities
- Tribe vs. IHS perspectives
- Workforce – specific to office, tribal term
- Programs are underfunded already – how to do this also?

What is missing in the standards?

- Cultural competence items
- Orientation of public health workers needed in tribal communities
- Consider "promising" vs. "evidence-based" - may apply for tribes who don't do research or have the
- data to be evidence-based
- What about traditional healers? They have an important role in community health.
- Why exclude substance abuse, other clinical things – need to redefine – these issues are important to
- tribes - tribes more holistic about community health
- Public health vs. medical care – community vs. individual health – tribes more holistic about it
- Enforcement as a part of this?
- Define – who will be the body to accredit?
- Tribes/health departments

- Regional health boards
- Groups/joint applications?
- Alaska – integrated health system
- Government entity vs. not (PHAB was tending towards former)
- Who will get accredited? Look at state and local definitions – they have a similar
- Accreditation – what will it cost?

Pathway to Voluntary Tribal Public Health Accreditation

The group met in a series of small groups to discuss recommendations for next steps to move towards voluntary tribal public health accreditation. They considered both short term and long term recommendations. The final recommendations were reported by 5 groups and are listed in the table below. A synthesis/summary of these recommendations is included after the table.

Short term and Long term – to do list?

Short term	Long term
Group 1 - Develop a unified "mission" and "vision" statement; create framework for TPHAB - Educate tribes, tribal organizations about PHAB, accrediting process – need buy-in - Define who the tribal entity is to be accredited; define accreditation as it applies to tribes **Group 2** - Define and simplify questions and concepts around domains, standards, measures and applicants - Disseminate accreditation information to broader American Indian/Alaska Native community - Tribal consultation **Group 3** - Review Standards - Finish feasibility study - Define public health in Indian country - IHS Role **Group 4** - Gather information and share with tribes on accreditation standards - Open opportunity to provide input; review standards - Report results - Find beta sites that could participate - Create Indian specific standards after input - Understand intent of each standard (who benefits) **Group 5** - Educate Tribal leaders on Public Health 101 and Public Health Accreditation 101 - Identify Indian Country candidates for Beta testing - PHAB provide public comment period to collect input	**Group 1** - Revisit standards (core functions) – Tribal specific - Seek funding to develop standards and process - Edit standards – language culturally relevant, sensitive **Group 2** - Hold a larger forum of stakeholders - Assets – identify costs, resources - Beta test - AIAN set of standards, etc. **Group 3** - Awareness; Advocacy; Diffusion of anxieties – more education - Technical Assistance; Build Capacity - Positive Incentive possibilities – issue pros and cons for TPHA - Enhance Workforce Capacity **Group 4** - Training and Technical assistance to assist tribes, including MOUs and MOAs - Push for Funding for Implementation - Explore inter-relationships (tribal, federal, state, local) to ensure that all people can live a healthy life **Group 5** - Develop readiness plan – restructuring, MOU, policy development - Training of Public Health Professionals - Implement action – apply for PHA

(Advisory Board Meeting 2/6/09 – Summary/Minutes continued)

Next steps (summary)

Short term (next few weeks/1-3 months)

- Need education about public health 101 and accreditation 101 – disseminate to tribes
    - Advisory Panel members volunteered to develop
    - Forums to discuss this include: Area Indian Health Boards, Public Health Summit,
- NIHB webpage, PHAB webpage
    - PHAB staff available to present to be present at meetings
- Need to participate in the national vetting/review of current PHAB standards – develop a process for review for PHAB deadline; gather information to inform future tribal work
    - Will need to develop a packet/Call for Input to meet national deadline
    - Remind tribes that this is a first draft, will make Indian friendly later
    - Pay special attention to cultural competence issues
- Need to participate in Beta testing of current PHAB standards with tribes
    - Will discuss a process to select/recommend tribes for the Beta testing
- Need to hold next Advisory Board meeting in late March/early April, or if can get no cost extension, can hold at the May NIHB Public Health Summit
- Need to complete NIHB Project feasibility study for RWJF grant timeline

Long term (months/years)

- Need to incorporate input into a set of "tribal accreditation standards"
    - Likely a more long term process that will need additional resources
    - Define final mission, vision
    - Define who will be accredited
    - Define public health in Indian country
    - Define/understand role of IHS, other partners
    - Define tribal standards – simplify, make relevant, definitions, culturally relevant items
    - Need to Beta test new tribal standards once developed
    - Need to allow tribal review of final tribal standards/tribal consultation
- Need education about public health and accreditation; workforce training in tribes to prepare for accreditation
- Need to develop a final plan for voluntary tribal public health accreditation process
    - Final standards and process
    - Readiness planning for tribes
    - Training and technical assistance plan
    - Partners – MOU/MOAs
    - Determine cost/available resources/incentives

A separate report on the specific input provided on the draft national standards is in progress and will be sent to the advisory board for review.

The meeting was adjourned at 3:00 pm

National Indian Health Board – Exploring Tribal Public Health Accreditation
Advisory Board Meeting – Summary/Minutes

Date: 4/17/09
Location: Hyatt Regency Crystal City, Washington DC
Meeting times: 9:00 am – 3:00 pm

Attendees:
Ileen Sylvester, Alaska Area; Deborah Herrera, Albuquerque Area; S. Kevin Howlett, Billings Area; Jackie Kaslow, California Area; Madan Poudel, Navajo Area; Roselyn Begay, Navajo Area; Alfreda Doonkeen, Oklahoma Area; Agatha Amos, Phoenix Area; Joe Finkbonner, Portland Area; Jim Pearsol, ASTHO; Grace Gorenflo, NACCHO; William Riley, PHAB; Jerry Spegman, RWJF; H. Sally Smith, NIHB; Yvette Roubideaux, NIHB; Aimee Centivany, NIHB; Aleena Hernandez, Red Star

Not Attending:
Robert Moore, Aberdeen Area; Jessica Burger, Bemidji Area; Yolanda Savage, NALBOH; Dean Seneca, CDC; Liza Corso, CDC; Marjorie Paloma, RWJF; Stacy Bohlen, NIHB; TBA, Nashville Area; TBA, Tucson Area

Welcome, Introductions
The meeting began at 9:00 am. The participants introduced themselves after Ileen Sylvester offered a prayer to start the meeting. The participants included tribal Area representatives and representatives from the partner organizations in the national public health accreditation effort.

Project Update/Call for Input on PHAB Draft National Standards
A brief project update was provided that summarized the purpose of the project, accomplishments so far, and the group's call for input. At the last meeting, the group reviewed the PHAB draft national standards and decided to issue a call for input to tribes to encourage that they participate in the PHAB national vetting process and to provide input to NIHB by 4/10/09. Only two responses were received by this meeting. The group discussed their experience since the last meeting in discussion this project and gathering input:

Phoenix Area	Tribes are overwhelmed right now with other priorities, they think it is a good idea, however finances are limited, what is the reward, and examples are needed for more visual learners
California	Timing poor due to budget crisis in California, the packaging of the call for input needs to be improved, it is overwhelming, there are issues of capacity, need to show benefit, a few people "get it"
Portland	Tribes wasn't to know benefits, how it is not just another certificate, call for input was sent out multiple times, other distractions include stimulus and other grants due
Oklahoma	Outcomes of last meeting reported, tribes need more information, call for input was lost in chain of communication, need to gather direct input, need to understand cost implications

Alaska	Presented on this at meeting but not much reaction, tribes have other priorities, they are not sure they want to take this on with all other regulations, stimulus grants
Navajo	Presented on this, there was excitement, need to proceed to council, public health is different from what is being done in health care system
Albuquerque	Had difficulty getting input
Billings	Tribes have other priorities right now, some ambivalence, if increase decisionmaking role of tribe it might work, what are the advantages - need to articulate, represents another policy without resources
PHAB	Many requests for presentations during national vetting, a few individual responses so far, discussions – are seeing areas that don't fit, on course by and large, will see changes in standards, we plan to embrace early adopters who can demonstrate benefits, make B test meaningful, consider this is about before vs. after illness, health care reform – wellness and prevention dollars may be available for this
Other	questions about whose standards, problem with lack of funding, capacity is an issue, partnership building, tribe wants control of laws and residual functions, IHS does public health but public health is more than IHS since tribes have programs, etc. Another benefit is that prevention is key to decreasing costs. Can help improve partnerships with states, local health boards, important point, no penalty for not participating (unlike Joint Commission), may result in increased funding

Benefits of Tribal Public Health Accreditation – Talking Points

In order to be able to educate and gather input, the group felt that they needed to have talking points on the benefits of public health accreditation for tribes. The group divided into smaller groups and discussed their top three benefits. The group responses are listed below:

Group 1	Self assessment of strengths and weaknesses
	Better understanding of public health
	Opportunity to strengthen partnerships
Group 2	All entities will work together on public health
	Provides a baseline grade of services, all get to the same level
	Education on public health prevention
Group 3	Standards identify deficiencies and help improve gaps
	Strengthen ownership of public health responsibilities and functions
	Strengthen tribe as regulator, enforcement
	Coordinate and partnerships with state, county, local
Group 4	Preference in some grants
	Partnerships with tribe, state, local
	Focus on prevention and capacity
	Increase data on prevention
Other	Implies that accreditation will improve quality
	Non-punitive – won't lose services or have to close down
	Benefits go to early adopters – they can share their experience with others
	An example of partnerships already is disaster/emergency services

(Advisory Board Meeting 4/17/09 – Summary/Minutes continued)

Summary – Talking Points – Benefits of Tribal Public Health Accreditation

Public Health Accreditation will result in better quality of and access to culturally appropriate public health services for your community because:

- It helps define and strengthen the role and identify responsibilities of tribal governments in regulating public health in their community
- It will help define, educate and elevate visibility about public health benefits in your tribal community
- It clarifies that public health includes prevention and wellness which ultimately can reduce health disparities
- It is a way to assess strengths and areas for improvement in public health services
- It helps encourage better partnerships with all entities that do public health for our communities, including internal and external partners such as states, counties, local, tribes, federal, private, non-profit, etc.
- It may lead to more resources for public health, such as grant opportunities, and save costs in the long run
- It provides an opportunity for tribal communities to plan for the wellness and strengths of their respective communities

Strategic Plan Discussion
The group then reviewed next steps and compared timelines for the PHAB activities as well as the proposed activities for this project.

Timelines

Dates	PHAB Activities	NIHB Activities	Discussion
April 2009	National vetting forms due 4/30/09	Call for input due 4/10/09	Continue to encourage input to PHAB by 4/30/09 Extend NIHB input to 5/31/09
June 2009	PHAB revisions	NIHB Advisory Board Meeting	Review input, decide if tribes who participate in vetting should use PHAB revised standards or a new tribal version to be developed by the group Invite Kaye Bender to discuss options
July 2009	RFA for Beta testing to be released on 7/15/09	NIHB to recommend criteria for tribal sites – should they apply or should they be invited?	Discussion of invitation vs. application for tribal sites at June meeting

January 2010	Beta Testing begins in 8 sites focusing on input on the application and a QI process to help PHAB – is not capacity building	NIHB to review experience of tribal sites in Beta testing	Results will inform if need to adapt to a tribal version, or if need perhaps regional versions given complexity and diversity of sites Focus likely will be on adaptation of the documentation required – standards and measures likely to be the same
2011	PHAB ready to receive applications	NIHB involvement continues	

Materials needed to gather input by 5/31/09
The group discussed the need for revised or new materials to aid their attempts to gather input. The group requested the NIHB brochure on public health, a list of the talking points on the benefits, a summary of the barriers and challenges, and information on practice implications of accreditation, including responsibility of tribes, what it means, what information will need to be submitted and costs/benefits. They also wanted a more simplified version of the standards, such as the 11 domains of public health, or just the standards. NIHB will produce these materials for the group within the next 2 weeks.

Strategic Plan – Discussion/Edits
The group then reviewed the draft Strategic Plan for the NIHB project and discussed suggested edits. These edits included a short description of IHS, adding prevention and wellness to the definition of public health, adoption of the proposed single vision and mission statements, clarification of the name of Joint Commission, addition of the talking points on benefits of tribal public health accreditation, an update of the short and long term recommendations, move discussion of costs and incentives to the short term recommendations, add a description of the types of agreements that could be developed with partners, and conclude in the summary that tribal public health accreditation is feasible but there are many considerations including the need for input on and adaptation of the standards for tribes. The plan will be to update and finalize the strategic plan after the June 2009 Advisory Board meeting.

Next Steps
NIHB will discuss their scope of work and budget with RWJF and request a no cost extension through October 2009 to continue the work in progress. The group will finish their call for input by 5/31/09 and then will meet in June 2009. At the meeting, they plan to review input, determine if adaptations of the PHAB standards are needed for tribes, and then discuss criteria for tribes to participate in the Beta testing. Discussions will continue with PHAB about tribal input and participation in the development of the accreditation process.

The meeting was adjourned at 3:00 pm.

National Indian Health Board – Exploring Tribal Public Health Accreditation
Advisory Board Meeting – Summary/Minutes

Date: 6/19/09
Location: Palomar Hotel, Washington DC
Meeting times: 9:00 am – 3:30 pm

Attendees:
Ileen Sylvester, Alaska Area; Deborah Herrera, Albuquerque Area; Jackie Kaslow, California Area Madan Poudel, Navajo Area; Alfreda Doonkeen, Oklahoma Area; Agatha Amos, Phoenix Area; Jim Pearsol, ASTHO; Grace Gorenflo, NACCHO; Jessica Solomon, NACCHO; Jerry Spegman, RWJF Yolanda Savage, NALBOH; Liza Corso, CDC; Aimee Centivany, NIHB; Aleena Hernandez, Red Star Innovations

Not Attending:
Robert Moore, Aberdeen Area; Jessica Burger, Bemidji Area; S. Kevin Howlett, Billings Area; Roselyn Begay, Navajo Area; Joe Finkbonner, Portland Area; Dean Seneca, CDC; Marjorie Paloma, RWJF; William Riley, PHAB; Stacy Bohlen, NIHB; H. Sally Smith, NIHB; TBA, Nashville Area; TBA, Tucson Area

Welcome, Introductions
The meeting began at 9:00 am. The participants introduced themselves after Ileen Sylvester offered a prayer to start the meeting. The participants included tribal Area representatives and representatives from the partner organizations in the national public health accreditation effort.

Project Update/Accreditation Coalition
A brief project update was provided that summarized the purpose of the project, accomplishments to date, and the National Tribal Call for Input. At the last meeting, the group decided to extend the national tribal call for input to encourage participation in the PHAB national vetting process and to provide input to NIHB by 5/31/09. Results from the call were summarized and will be included in the Strategic Plan. NIHB has held ongoing conference calls with RWJF and PHAB to ensure ongoing communication, partnership and alignment of the TPHA project with the larger national initiative of voluntary public health accreditation. An MOU between NIHB and PHAB is currently under review by the Governing Boards of each organization. NIHB will be submitting a commentary to be included a special issue of Public Health Management and Practice that will focus on Public Health Quality Improvement. The issue will be available to everyone. NIHB will forward a copy to Advisory Board members once it is published.

Accreditation Coalition Update
An update was provided regarding the Accreditation Coalition meeting held the previous day. The Accreditation Coalition is made up of representatives from the following organizations:

Public Health Accreditation Board (PHAB)
Public Health Practice Membership Organizations:

- National Association of County and City Health Officials (NACCHO)
- National Association of Local Boards of Health (NALBOH)
- Association of State and Territorial Health Officials (ASHTO)
- American Public Health Association (APHA)

Public Health Resource Organizations:

- National Network of Public Health Institutes
- Public Health Foundation
- MLC States
- National Indian Health Board (NIHB)

Government Agencies:

- Centers for Disease Control and Prevention

Advisory Board Members who attended the meeting provided an update, specifically on Quality Improvement and the role of technical assistance in the beta testing and accreditation process. The Accreditation Coalition is working on a White Paper and definition of *Quality Improvement in Public Health* as it relates to accreditation. A draft document "Quality Improvement in Public Health, Subgroup Draft Report Presented to the Accreditation Coalition" was distributed to the TPHA Advisory Board.

Discussion: Advisory Board Members discussed the importance of community responsiveness in measuring quality. More information was requested about Accreditation Coalition members – description for each organization and what resources do they provide. Strategies are needed to ensure standards accommodate differences among tribes, including scope of services and key partnerships in service provision.

Summary – PHAB Draft Standards National Tribal Call for Input

The PHAB Draft Standards National Tribal Call for Input – Results Summary was distributed and presented to the Advisory Board. In response to the results, the following recommendations were made and will be included in the Strategic Plan:

- Ensure experienced individuals participate in the accreditation process, such as the accreditation application review and technical assistance, specifically for Indian Country
- Provide written resources that include information about roles and responsibilities of national public health partners involved in the Accreditation Coalition
- Assure NIHB maintains a central and expanded role in public health accreditation
- Include language in the MOU to ensure tribal representation and participation on PHAB Board, workgroups and committees
- Provide opportunities to enhance partnerships and communication between TPHA Advisory Board and national public health entities involved in accreditation
    - Cross education among public health agencies, state, local, tribal health departments
- Explore PHAB's role in strengthening relationships, coordination, and partnerships among state, local, and tribal health departments
    - Promote and support the development and implementation of Tribal Consultation policies
    - Fund tribal health departments to bring state, local, and other tribal health partners together for regional roundtables
    - Develop a think tank to address state/local/tribal relations

Strategic Plan – Discussion/Edits
The group then reviewed the draft Strategic Plan for the NIHB project and discussed suggested edits. Edits from the last meeting were presented and reviewed. Advisory Board Members requested that the recommendations from the Tribal Call for Input and Beta Testing be included in the Strategic plan. Edits from the previous meeting will be highlighted and sent to all Advisory Board Members for review and approval. A draft of the Strategic Plan will be sent to Advisory Board on June 22, 2009. All revisions and input are to be received by July 1, 2009.

New NIHB Initiative – Tribal Public Health Capacity Assessment
A brief presentation was provided on NIHB's Tribal Public Health Capacity Assessment, which is currently being designed to evaluate the capacity of Tribal public health institutions. Recommendations were made to review ASTHO's Atlas of State Public Health Assessments, use the term "promising practices" rather than "best practices", include the 11th domain on governance in the assessment, Indian health boards can assist with the distribution of the survey, and consider requesting the data collected through the Health Research Advisory Council (HRAC).

PHAB Beta Testing
Advisory Board Members worked in two groups to identify important considerations for the selection of tribes in the beta testing of the PHAB standards. The large group quickly came to consensus on the following considerations for tribal selection:

- Representation of direct service and 638 (contract and/or compact) tribes (IHS relationship)
- Representation of different geographic areas within the US
- Access capacity related to landbase reservation versus non-landbase tribes
- Single tribe applicant versus consortium of tribes
- Tribal applicants with multi-jurisdictional relations (for example multiple county and/or state overlap)
- Geographic location (urban versus rural)
- Existing relationships between the applicant and the local and state health departments within the applicant's region
- Population size of the tribe

Given the diversity of public health settings and service delivery in Indian Country, the Advisory Board recommends that PHAB include more than 2 tribes in the beta testing to further stretch the standards and their applicability in Indian Country.

Next Steps
The Strategic Plan will be finalized by the first week of July with an opportunity for input from all Advisory Board Members. NIHB will forward recommendations to PHAB regarding tribal consultation and participation to inform the accreditation process, technical assistance needs, and beta testing in Indian Country. Outreach and education meetings are scheduled through September. The final wrap up meeting for TPHA will be held at the NIHB Annual Consumer Conference held September 14-18, 2009 in Washington DC.

(Advisory Board Meeting 6/19/09 – Summary/Minutes continued)

Outreach and Education
The following outreach and education meetings are planned and scheduled to promote voluntary public health accreditation:

- IHS Summit – July 7-9, Denver Colorado
  - S. Kevin Howlett, Jessica Burger, H. Sally Smith, Aleena Hernandez (confirmed)
- NACCHO Annual Conference, July 29-31, Orlando, FL
  - Alfreda Doonkeen, Agatha Amos (tentative)
- CRIHB/NWPAIHB Joint Meeting, July 20-23, Tulalip, WA
  - Grace Gorenflo, Jackie Kaslow, Joe Finkbonner (confirmed)
- Nat'l Assoc of Local Boards of Health, Philadelphia, PA July 1-3
  - Jackie Kaslow, Agatha Amos (tentative)
- NIHB, Direct Service Tribes Conference, Oklahoma City – August 18-20
  - Ileen Sylvester, Alfreda Doonkeen (confirmed)
- Tribal Consultation Advisory Committee Meeting, Anchorage, Alaska – August 10-12, 2009
  - Ileen Sylvester, Deborah Herrera, Madan Poudel (tentative)
- NIHB, Annual Consumer Conference, Washington, DC – September 14-18
  - Presenters to be identified

Other Update
Liza Corso with CDC provided a brief update on the development of the Healthy People 2020, specifically regarding the accreditation-related objectives within the Public Health Infrastructure chapter. There are two proposed objectives being considered:

1. Increase the percentage of population served by an accredited health department (state, local and tribal); OR
2. Increase the proportion of health departments that are accredited (state, local and tribal)

The coming months and years will bring rich opportunity for further discussion, identification of the details and definitions. Also, there are numerous clearance and approval processes, as well as a public comment period in the fall.

The meeting was adjourned at 3:30 pm.

APPENDIX C
Accreditation Coalition – Partner Roles in Public Health Accreditation

ACCREDITATION COALITION
Partner Roles in Public Health Accreditation

Robert Wood Johnson Foundation (RWJF), a philanthropic organization, supports health and health care issues facing our country. Currently RWJF, provides technical assistance and support to PHAB in several ways. RWJF supports PHAB by providing funding to sustain and support the program. They also support PHAB by providing expertise to PHAB's committees and workgroups.

Centers for Disease Control and Prevention is a federal public health agency. The Office of the Chief of Public Health Practice is the office that has provided technical assistance, support and funding to the Public Health Accreditation project. The Office of the Chief of Public Health Practice continues to provide support to the Public Health Accreditation Board through participation on workgroups and committees.

Public Health Accreditation Board (PHAB) has been in the business of developing partnerships since the Exploring Accreditation (EA) Project in 2005. Currently, PHAB is working with several national partners to prepare for the launch of accreditation in 2011. There were many organizations represented during EA and many of them remained involved with PHAB at some level. Individuals served on committees, were nominated as board of directors, etc. There are a few partners, who have remained very active with PHAB through its inception until now. The Association of State and Territorial Health Official, The Centers for Disease Control and Prevention, The National Association of County and City Health Officials, The National Association of Local Boards of Health, and the Robert Wood Johnson Foundation. Each of these organizations play a vital role in preparing for accreditation.

National Association of County and City Health Officials, a 501 c-3 organization, represents local health departments across the Unites States. NACCHO is responsible for educating and preparing local health department staff to apply for accreditation. NACCHO also provides technical assistance and support for performance improvement activities at the local level.

Association of State and Territorial Health Officials, a 501 c-3 organization, represents the chiefs of state and territorial health departments and 120,000 individuals who work for them. Currently, several members of ASTHO staff who specialize in Accreditation and Performance have been detailed to PHAB. In addition to the internal work ASTHO does, they are also responsible for providing technical assistance to state health department who wish to become accredited and continuous support of performance improvement efforts.

National Association of Local Boards of Health, a 501 c-3 organization, represents boards of health across the United States. Currently, members of NALBOH's staff are detailed to PHAB to provide internal support and expertise on the role boards of health play in accreditation. In addition to the internal support provided by NALBOH, they are also responsible for providing education and technical assistance to boards of health whose health jurisdictions are applying for accreditation.

APPENDIX D
Results Summary – Tribal Call for Input on PHAB Draft National Standards

Exploring Tribal Public Health Accreditation

National Tribal Call for Input:
Public Health Accreditation Board Draft National Standards

Results Summary

NIHB launched a National Tribal Call for Input on the Public Health Accreditation Board (PHAB) Draft National Standards for voluntary public health accreditation. Tribal leaders and public health professionals were encouraged to review the draft local public health department standards and answer a set of questions to determine the applicability of the standards in Indian Country, identify potential barriers, determine key community partners needed to meet the standards, and to describe the role the standards might have in improving relationships with tribal public health partners. Tribal Public Health Accreditation Project Advisory Board Members provided information and education to leaders in their respective Area/Organizations to help facilitate the input process. Presentations, forums, and information sessions were also held at the following national conferences to provide information about voluntary public health accreditation and to solicit input:

- NIHB Public Health Summit 5/2008, Green Bay, WI
- NIHB Annual Consumer Conference 9/2008, Temecula, CA
- National Congress of American Indians 10/2008 Phoenix, AZ
- NIHB Board Meeting 1/2009 Washington, DC

The National Tribal Call for Input was completed May 31, 2009. The overall response to voluntary public health accreditation is summarized below. Specific input on the PHAB Draft National Standards was collated by domain and then reviewed for emerging themes.

Overall Response to Voluntary Public Health Accreditation:

- Significant enthusiasm for public health accreditation in Indian Country
- Consistent with Native vision of healthy communities and improving health broadly
- Recognition of the diversity of public health service delivery in Indian Country
- Identification of some challenges and barriers to public health accreditation
- Interest in reviewing standards and measures for their applicability to Indian Country
- Interest in Beta testing accreditation process in tribal communities
- Importance of PHAB listening to tribal input and adapting process to unique needs

When asked whether the tribe or community currently met the standards, the majority of respondents reported that their tribe or community could meet all or most of the standards.

Key partners identified as essential to meeting all of the standards include: Tribal programs, IHS, county and state health departments, Indian health boards, and Epi Centers.

National Tribal Call for Input:
Public Health Accreditation Board Draft National Standards

Results Summary (continued)

Potential Barriers:

The following is list of potential barriers to public health accreditation most commonly cited by domain:

Part A: Administrative Capacity and Governance; Standard A.1 Provide infrastructure for Public Health Services; and Domain 1: Conduct assessment activities focused on population health status and health issues facing the community

Issue: Many tribes rely on Epi Centers, IHS, Indian Health Boards or other entities to collect, analyze and report population health data due to a lack of infrastructure, data management systems, or access to data. Tribes may have access to IHS RPMS data, but staff are not appropriately trained to access and analyze data.

Domain 5: Develop public health policies and plans; Standard 5.1 Establish, Promote, and Maintain Public Health Policies

Issue: Many tribes lack comprehensive policies, codes and regulations to cover all public health issues. Policy development and approval can be a long and arduous process due to changes in tribal leadership or politics.

Domain 6: Enforce public health laws and regulations

Issue: A number of tribal health programs are not designed, or lack the authority, to enforce public health laws, regulations and ordinances.

Domain 8: Maintain a competent public health workforce

Issues: There were a number of challenges identified to ensuring a competent public health workforce including, lack of qualified (licensed, degreed, and/or certified) public health professionals, significant employee vacancies, geography (community remoteness), and high turnover.

Recommended Adaptations and/or Considerations:

The following recommendations adaptations and/or considerations were received:

- Include definitions and relevant examples for each standard.
- Consider the size and scope of services provided by smaller tribes in the accreditation process. Smaller tribes may rely on formal partnerships with agencies to provide specific services. For example, Domain 2: Investigate health problems and environmental public health hazards to protect community. A small tribe may rely on IHS to provide many of the services that are addressed by the standards under this domain.
- Include cultural competency standards that are relevant to tribes.

National Tribal Call for Input:
Public Health Accreditation Board Draft National Standards

Results Summary (continued)

Improving Relationships with Tribal Public Health Partners

The following response was provided when asked about how the standards might improve relationships with key tribal public health partners:

- Accreditation will provide recognition of the good work that is occurring in public health among tribes
- Tribes can gain greater credibility within the community and among its partners
- Accreditation can lead to the following improvements:
    - Better coordination of services
    - Reduce service duplication
    - Improve data sharing and reporting
    - Revenue generation through 3rd party billing

Suggestions for NIHB and PHAB to Ensure Standards and Measures Apply to Tribes:

- Allow time for tribes to prepare for accreditation process
- Assist tribes with implementation plans in phases
- Provide technical assistance
- Consider tribal public health systems for accreditation - how tribes utilize formal partnerships with key public health partners to meet the standards