Missouri: Setting Performance Standards through Accreditation

The 10 Essential Public Health Services are the building blocks of public health—providing public health professionals, their partners, and the public a clear definition of the services a public health agency provides. The Missouri Department of Health used the 10 Essential Public Health Services as a framework for setting agency standards relating to administration, facilities, staffing, and training. This case study provides an overview of how Missouri developed an accreditation program for its local public health agencies by using existing public health frameworks, what it hopes to accomplish with the program, and how it was developed.

Missouri Sets Standards For LPHA Accreditation Program

In August 2004, the Kansas City Health Department became the first local public health agency in Missouri to be awarded accreditation by the Missouri Institute for Community Health (MICH), the independent accreditation body for the state's voluntary accreditation program.

Missouri is one of a handful of states that has adopted accreditation as a way to beef up public health capacity and ensure high quality services among its local agencies. The Missouri program is significant because of the current spotlight on national accreditation from the Centers for Disease Control and Prevention and the National Association of County and City Health Officials (NACCHO). Both organizations have identified agency accreditation as a top priority.

Passing 68 performance indicators, the Kansas City health department was rated on its staffing requirements, training capacities, leadership, and technical skills, as well as its administrative capacity to carry out the 10 Essential Public Health Services. In order to be awarded its three year comprehensive accreditation, the agency had to complete an intensive self-assessment and provide MICH's on-site reviewers with evidence that it had met each performance indicator with a score of at least 90 percent.

"Public health is a system.…If there are weak links things can get out of control very quickly, especially when talking about communicable diseases," notes Shirley Rutz, Deputy Center Director, at the Missouri Dept. of Health and Senior Services' (DHHS) Center for Local Public Health Services.

With strong leadership support within the Missouri DHHS, a workgroup developed the accreditation model in hopes that it would smooth out inconsistencies—in level of service, overall capacity, and management and leadership skills—seen between local agencies.

"Public health is a system, which consists of every local health department and the state agency. If there are weak

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THE 10 ESSENTIAL PUBLIC HEALTH SERVICES

- Monitor health status to identify community health problems
- Diagnose and investigate health problems and health hazards in the community
- Inform, educate, and empower people about health issues
- Mobilize community partnerships to identify and solve health problems
- Develop policies and plans that support individual and community health efforts
- Enforce laws and regulations that protect health and ensure safety
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable
- Assure a competent public health and personal health care workforce
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services
- Research for new insights and innovative solutions to health problems

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"The idea for accreditation first came from local public health agencies who wanted a way to show other entities that were accredited—like hospitals and home health agencies—that local public health agencies met minimum standards," notes Judy Alexiou, manager for the Missouri Heart Disease and Stroke Prevention Program at the DHSS. Alexiou worked at a local health department for 11 years and was involved in the development of Missouri's standards.

The program can also help set the right tone in assuring accountability among policy makers and the public, says Rutz. And for the agencies themselves, accreditation can create a sense of organizational pride and accomplishment.

One Size Fits All?

Because smaller agencies may have difficulties in meeting all the standards, Missouri created a unique three-tiered accreditation program (*see chart, page 3*), giving agencies the option of applying for primary, advanced, or comprehensive accreditation status. The idea for the three types of accreditation came from local agencies, which range in size from three staff to over two hundred.

"Locals that were on the accreditation committee wanted to be sure that all sizes and types of local health departments could apply for some level of accreditation," says Judy Alexiou, manager for the Missouri Heart Disease and Stroke Prevention Program at the DHSS.

Even with this approach, there are still smaller agencies that have made it clear to the state that they will not apply for the process, says Mahree Skala, executive director of the Missouri Association of Local Public Health Agencies and former director of the Center for Local Public Health Services at the Missouri DHSS.

Many smaller agencies are more focused on direct client services than on Essential Public Health Services. "They will need to take a more population-based and community focused approach in order to meet the standards," Rutz says of these agencies.

One hotly debated standard that has already been a sticking point among the smaller agencies is the standard that requires all county administrators to hold a bachelor's degree. In 2004, only 55 percent of Missouri's current administrators met this requirement. A requirement that the agency's nursing director must have a bachelor's degree may also be problematic.

"These smaller agencies are doing well if they can find a nurse," says Skala.

To accommodate smaller and rural agencies that find it difficult to recruit qualified individuals and pay a competitive salary, the state has included a grandfather clause that allows these agencies to become accredited, so long as administrators and other core staff have adequate training. New administrators, however, will be required to hold bachelor's degrees.

The accreditation program is voluntary, but the state is hoping that at least 25 percent of its 114 local health departments will apply for accreditation by the end of 2005. If most of the states' larger agencies do so, approximately 80 percent of Missouri's population would be served by an accredited agency.

In the future, DHSS hopes to tie funding allocations to accreditation as further incentive. The program will be marketed to local Boards of Health in hopes of spreading its use. Rutz notes that several agencies that were involved in the development of standards for the program have become key spokespersons for its use in their communities.

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THE FUTURE OF MISSOURI'S ACCREDITATION PROGRAM

- ❑ The impact and outcomes of the accreditation program will be evaluated via pre- and post-test capacity data on local agencies.
- ❑ The Missouri accreditation standards include a quality improvement component with requirements that agencies evaluate internal processes, customer satisfaction and program outcomes, and use the resulting information to improve performance. In the future, MICH plans to offer technical assistance for those agencies that request it.
- ❑ Within a year of accreditation, the DHHS plans to informally visit agencies that have gone through the accreditation process to get an update. The program does not require any formal reporting from accredited agencies.
- ❑ Application fees ($450 to $950) and accreditation fees ($1,500 to $3,500) support much of the cost of the program, but no additional funding currently exists to support marketing and improvements.

The 10 Essential Public Health Services: Building Blocks for Missouri's Accreditation Program

Missouri began the development of its accreditation model by using the 3 core functions of public health—assessment, policy development, and assurances—and then expanded the model to use the 10 Essential Public Health Services.

Essential Service #1: Monitor Health Status to Identify Community Health Problems
Essential Service #1 has a total of 10 standards. Examples of the Missouri standards are below.

Performance Standard 1:
Develop and maintain systems for collecting vital records, community and demographic data that characterize the health of the population, conditions that affect health, and the health system.

Performance Indicator 1.1: Local vital records are collected on births and deaths and forwarded to the state health agency in accordance with standards for timeliness and accuracy.

Performance Indicator 1.2: A community health assessment conducted within the past 36 months, and reviewed and updated within the past 12 months, reflects the demographic profile of the population.

Performance Measures for Indicator 1.2:

- ❑ Community Health Assessment was conducted within the past 36 months.
- ❑ Community Health Assessment was updated within the past 12 months.
- ❑ An assessment summary includes a demographic profile.
- ❑ An assessment summary describes employment and socioeconomic circumstances, and educational levels.
- ❑ An assessment summary notes any population groups unequal to the general population in socioeconomic or educational levels, disproportionate age groups, disparate racial or ethnic groups, and non-English speaking groups within the larger population.

Each **Performance Indicator** has a number of **Performance Measures** that are scored on a scale of 1 to 5.

Comprehensive Accreditation requires agencies to score higher than a ***Primary*** or ***Advanced*** Accreditation.

Scoring of each performance measure is based on the following scale:
1= Community Health Assessment was not conducted within the past 36 months
2= Community Health Assessment was completed within 36 months, but not updated within the past 12 months
3= Community Health Assessment is current and updated and includes 1 additional performance measure
4= Community Health Assessment is current and updated and includes 2 additional measures
5= Community Health Assessment is current and updated and includes all additional performance measures

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Crafting a Model

The Missouri accreditation program was developed by a workgroup consisting of two local health administrators from each of the six districts in the state (representing small, medium, and large agencies), the former Dean of the St. Louis University School of Public Health, several local agency staff, as well as non-public health professionals with experience and knowledge about the accreditation process of hospitals. Those from academia helped the workgroup develop an instrument to evaluate the standards.

The accreditation program aims to focus all local agencies on population-based services, with the bulk of standards developed around the 10 Essential Public Health Services. For example, under Essential Service 1, there are 10 performance standards all relating to monitoring health status to identify community health problems. (*See chart, page 3*)

Rutz says that had the National Public Health Performance Standards Program (NPHPSP) been developed when they started, this would have cut down on their work tremendously. She recommends that others seeking to implement an accreditation program use the NPHPSP as a framework. She expects that the current accreditation model will go through refinements as it gets used. The DHHS has evaluated the state public health system using the NPHPSP to measure its own capacity.

Funding from The Robert Wood Johnson Foundation Turning Point program helped drive the refinement of a Missouri accreditation model that was begun in the 1980s, which originally sought to clarify and define roles and responsibilities of public health at state and local levels.

For more information about the Missouri Accreditation program, contact Shirley Rutz, Deputy Center Director, at the Center for Local Public Health Services, Missouri Department of Health and Senior Services. (573) 751-6170.

Discussion Questions

1. How did Missouri approach the process of setting performance standards?
2. Discuss the pros and cons of using the ten essential public health services as a foundation for developing performance standards.
3. What do you think of Missouri's three-tiered approach to accreditation—which allows more local health agencies to become accredited by using tiers with lower performance requirements for agencies with fewer resources? Is this a good solution? Why or why not?
4. If you were responsible for creating a set of performance standards that would have to be met by all local health departments, what approach would you take? Whom would you involve?
5. What ideas do you take away from this story about using performance standards?
6. Missouri is one of the first states to develop an accreditation program. What are your thoughts on their development of public health agency standards? What are the benefits and pitfalls of agency accreditation?