



Michigan Local Public Health Accreditation Commission
Meeting Minutes
June 12, 2008- Pending Approval
MPHI Interactive Learning Center

ATTENDEES:

COMMISSION: Kevin Besey, Alethia Carr, Jean Chabut, Frances Pouch Downes, Mary Kushion. Via teleconference: Jacquelynne Borden Conyers, Fred Keeslar, Harvey Wallace

GUESTS: Jessica Austin, Ric Falardeau, Julia Heany, Kanchan Lota, Betsy Pash, Debra Tews

APOLOGIES: Vernice Davis Anthony, Bruce Bragg, Ken Lautzenheiser, Cathy Raevsky

Meeting convened at 9:09 a.m., chaired by Jean Chabut.

ORGANIZATIONAL ITEMS

The agenda was accepted (Carr motion, Kushion support).

The March meeting minutes were accepted (Carr motion, Kushion support).

Lota presented the Commission roster for members' reference, pointing out that there is one vacancy to be filled from the MPHI Board of Directors. Dr. Jeffrey Taylor, MPHI Executive Director, and Kanchan Lota are currently in the process of recruiting Dr. Dele Davies, Chairperson of the Pediatrics and Human Development Department at Michigan State University, to fill the position.

**PRESENTATION OF ON-SITE REVIEWS AND CORRECTIVE PLANS OF ACTION STATUS-
KANCHAN LOTA**

Reminder: local health departments will retain their accreditation status from a previous Cycle during a subsequent Cycle until the Michigan Departments of Community Health, Agriculture, and Environmental Quality effect a decision pursuant to recommendation by the Accreditation Commission.

MPHI presented the following local health departments to the Commission as having completed their On-site Review since the January meeting:

**Calhoun County Department of Public Health
Central Michigan District Health Department
Macomb County Health Department
Lenawee County Health Department**

Commission members may anticipate the full report for each LHD via the CD-ROM sent post-meeting.

ACCREDITATION STATUS RECOMMENDATION- KANCHAN LOTA

MPHI presented the following local health department to the Commission for recommendation:

District Health Department #2- Motion from Wallace, seconded by Keeslar recommending accreditation. Motion passed.

Barry-Eaton District Health Department- Motion from Conyers, seconded by Kushion recommending accreditation. Motion passed.

Northwest Michigan Community Health Agency- Motion from Kushion, seconded by Wallace recommending accreditation. Motion passed.

Luce-Mackinac-Alger-Schoolcraft District Health Department- Motion from Wallace, seconded by Besey recommending accreditation. Motion passed.

Jackson County Health Department- Motion from Besey, seconded by Keeslar recommending accreditation. Motion passed.

Lota reported that the Detroit Department of Health and Wellness Promotion has now met all indicators except for Family Planning 21.1, which depends on the city's single audit.

Chabut commented that since the city's audit is outside of the LHD's control, perhaps a second extension (until the September 11 Commission meeting) should be granted.

A motion was made recommending that the Commission grant Detroit Department of Health and Wellness Promotion an extension of their implementation time frame until the September 11, 2008 Commission meeting (Wallace motion, Kushion support; unanimous approval).

Downes questioned whether there is a way to send a message to the city that this timeline will be unacceptable in the future. Chabut will follow up.

AQIP UPDATE- MARY KUSHION

Kushion reported that AQIP will be meeting on June 18. The group will discuss a number of changes to the review evaluation survey for Cycle 4. AQIP members have requested that the Plan of Organization document be accessible on the Accreditation website.

Tews clarified that the Plan package is currently on the MALPH and MDCH websites. The choice not to put it on the Accreditation website was intentional, because even though the Plan is verified through the Accreditation process, it is not technically part of the process. However, the Plan package and explanation or a link to the MDCH website, should go on the Accreditation website for Cycle 4.

Tews, Pash, Lota, and Kim Singh are working with an ad hoc group to develop important quality improvement (QI) indicators for the Powers and Duties section of the Accreditation Tool.

UPDATE ON MULTI-STATE LEARNING COLLABORATIVE EFFORTS- DEBRA TEWS

Tews updated the group on Michigan's Multi-State Learning Collaborative 3 (MLC-3) activities. Michigan's goals for MLC-3 are to strengthen QI activities and processes in LHDs, prepare LHDs for national accreditation, and prepare the state health department for national accreditation. The MLC-3 Steering Committee comprises members from the State (MDCH, MDA, MDEQ), local health departments, MPH, and the U of M School of Public Health. A survey was sent to LHDs asking them to identify targets for QI projects.

Pash clarified that the LHDs that choose health improvement planning will be asked to focus on chronic disease issues.

Tews reported that an RFP will be distributed to all health departments. Four LHDs will participate each year in a mini-collaborative; two LHDs will work on one target area, while the other two will work on a different target area. Funding for the project will be provided, as well as a funded mentor to work with each mini-collaborative. The mentors will be selected from the 4 LHDs that worked with MLC-2 (Genesee, Berrien, Kent, and Ottawa) and will receive QI training. The QI training will be based on Michigan's Quality Improvement Guidebook; *Embracing Quality in Local Public Health*. LHDs will receive training and begin work on their QI projects in August.

Pash reported that the timeline is short for the first year projects. The RFP will be released on June 17 and all responses are due on July 15. Grantees will be announced July 23.

Chabut asked who will be reviewing the submitted proposals.

Pash responded that the MLC-3 Steering Committee will be reviewing the proposals.

Heany reported that there will be strategies in place to keep the LHDs from years one and two involved through the end of the project.

Tews commented that the focus for year two will be to prepare the state department for national accreditation. Michigan is unique in that public health functions fall not only within MDCH's purview, but also within MDA and MDEQ. Many states are beginning with the National Public Health Performance Standards Program (NPHPSP).

Pash reported that she, Lynne Stauff, Mikelle Robinson, and Mary Grace Stobierski have received training on the NPHPSP instruments and have met with MDA and MDEQ staff to familiarize them. Janet Olszewski will meet with MDA and MDEQ leadership. Additionally, a 2 day retreat will be scheduled to work through the instrument.

Downes stated that there is an accreditation process through the Association of Public Health Labs and inquired if it would be helpful to go through that or wait for the state health department instrument.

Tews clarified that the NPHPSP tool is a good place to start for self-assessment; the state accreditation tool is currently in development. The results of the self-assessment, using the NPHPSP as a guide, will provide helpful information while preparing for eventual accreditation.

Chabut asked about comparable timelines within Michigan's accreditation program.

Tews commented that much of the work was accomplished in the 1980's with Established Committees 1 and 2. Also, when the Steering Committee convened in 1995, there was already a set of MPRs based on the Public Health Code. In 1997, the process was piloted in several LHDs and statewide implementation began in 1998.

Kushion explained that the state accreditation standards will be part of the voluntary national program, and the expected timeframe for releasing those standards is August-September. The standards will be based on the work done with NPHPSP and the NACCHO Operational Definition of a Functional Local Health Department.

Besey asked if the processes are meant to be complementary.

Kushion responded that they won't be identical, but similar.

Tews explained that there is an equivalency workgroup as part of PHAB (Public Health Accreditation Board) that is charged with developing principles and criteria by which existing local accreditation programs can be considered equivalent to the national system. Individual LHDs would not apply for the program; the state-based program would be the applicant. The program itself would be the equivalent, not individual LHDs. When a program is considered equivalent, the LHDs cannot say they are accredited by PHAB, but they can say they are substantially equivalent to PHAB. Michigan may have some challenges in terms of the way our standards are written as they are very program-oriented, pre-date the Ten Essential Services, and are grounded in the Public Health Code. The equivalency workgroup meets next month and will release talking points in the near future.

Wallace discussed the Administration and Governance domains of the program. The governing domain would bring governing bodies into the process (Michigan's Governor).

Tews commented that the national process is concerned more with QI than with contract compliance.

Wallace pointed out that there is also a workgroup that discusses and develops incentives for participation, which is important. The payoffs of participating have not yet been established. Wallace commented that the process should not be punitive, but should show some clear benefits of participation.

Chabut inquired about the role of the Commission in the process.

Wallace stated that Michigan might choose not to participate in the first round and that the group should see how the process plays out before seeking action.

OTHER BUSINESS

Kushion reported that Michigan is the recipient of the ASTHO/ASTHLO/NACCHO/CDC 2007 Jim Parker Memorial Award for fostering a strong sense of local/state partnership connected to AQIP achievements.

Meeting adjourned at 10:13 a.m.

Next Commission Meeting- Thursday, September 11, 2008, 9 a.m. – 11 a.m. at the Interactive Learning Center on the MPH campus.

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