

PHAB Accreditation Requirements for Evidence-Based and Promising Practices



*Advancing
public health
performance*

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Seven Directions Fall Forum
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Before We Get Started...

Please join
the
conversation!

Public Health Accreditation Board

- The Public Health Accreditation Board (PHAB) is the national, non-profit organization that administers accreditation for state, local, tribal, and territorial health departments.
- Located in Alexandria, VA.
- Issued first accreditations in 2013.
- PHAB's development was funded by the CDC and the RWJF; Accreditation fees now comprise half of the agency budget.





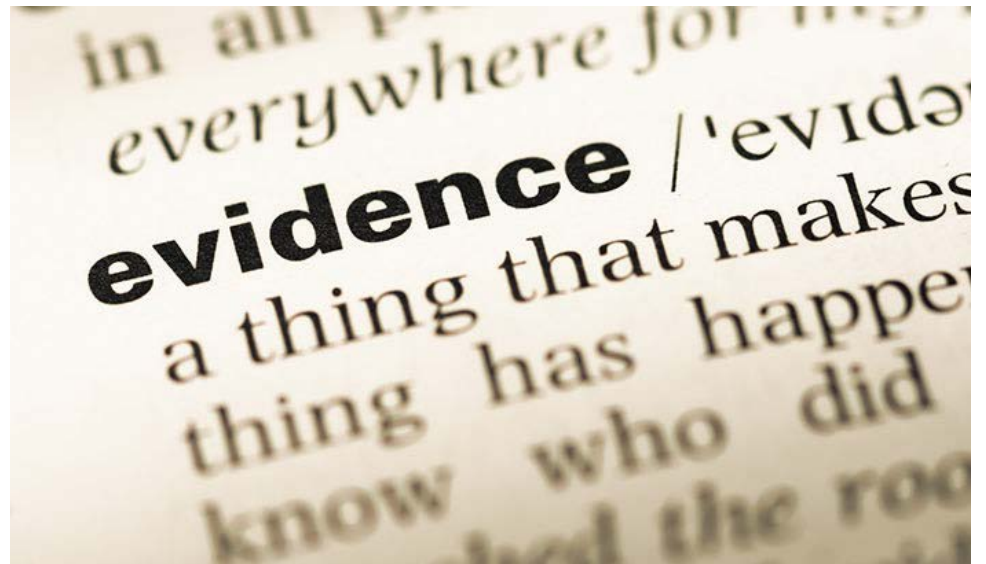
How do you define evidence-based practices?

Definition: Evidence-Based Practices



EVIDENCE-BASED PRACTICE

is defined as making decisions on the best available scientific evidence, using data and information systems systematically, applying program-planning frameworks, engaging the community in decision making, conducting sound evaluation, and disseminating what is learned.



Definition: Promising Practices

PROMISING PRACTICE is defined as a practice with at least preliminary evidence of effectiveness in small-scale interventions or for which there is potential for generating data that will be useful for making decisions about taking the intervention to scale and generalizing the results to diverse populations and settings.



How do you determine that a program or service is evidence-based?

PHAB Measures Directly Associated with Evidence-Based, Promising, and/or Practice-Based Practices

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PHAB Measures Directly Associated with Evidence-Based, Promising, and/or Practice-Based Practices

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Measure 3.1.2

Health promotion strategies to
mitigate preventable health
conditions

3.1.2 RD2

Development and implementation of health promotion strategies.

- The health department must document the development and implementation of health promotion strategies. It must show how the strategies:
 - Are **evidence-based**, rooted in sound theory, practice-based evidence, and/or promising practice.
 - Were **developed with engagement of the community**, including input, review, and feedback from the target audience.
 - **Focus on social and environmental factors** that create poor health, discourage good health, or encourage individual behavioral factors that impact negatively on health.
 - Use **various marketing or change methods**, including, for example, digital media and social marketing, as appropriate.
 - Were **implemented in collaboration** with stakeholders, partners, and the community.
 - **Health promotion strategies may include strategies or initiatives that address health literacy.***

3.1.2 RD2

Development and implementation of health promotion strategies.

- How Can it be Documented?
 - Portion of a program plan.
 - Portion of a program strategic plan.
 - Minutes of a program planning meeting.
 - Part of a report developed for submission to a funding agency.
 - Evaluation report for a program.
 - Other official description of the strategy.
- Two examples, dated within 5 years, from different program areas, one of which must address prevention of a chronic disease.

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Measure 5.2.2

Tribal community health improvement plan adopted as a result of the health improvement planning process

5.2.2. RD1

Tribal community health improvement plan.

- The plan must include **community health priorities, measurable objectives, improvement strategies and activities with time-framed targets** that were determined in the community planning process.
- In establishing priorities, the plan must include **consideration of addressing social determinants of health**, causes of higher health risks and poorer health outcomes of specific populations, and health inequities.
- **Measurable and time-framed targets** may be contained in another document, such as an annual work plan. If this is the case, the **companion document must be provided** with the health improvement plan for this measure.
- Strategies may be **evidence-based, practice-based, promising practices, or may be innovative** to meet the needs of the Tribe's population. Guidance (for example, National Prevention Strategy, Guide to Community Preventive Services, and Healthy People 2020) should be referenced, as appropriate.

5.2.2. RD1

Tribal community health improvement plan.

- **Policy changes needed to accomplish the identified health objectives must be included in the plan.** Policy changes must include those that are adopted to alleviate the identified causes of health inequity. Policy changes may address the social and economic conditions that influence health equity including housing, transportation, education, job availability, neighborhood safety, access to recreational activities, and zoning, for example.
- **Designation of individuals and organizations that have accepted responsibility for implementing strategies** outlined in the Tribal health improvement plan. This may include assignments to staff or agreements between planning participants, stakeholders, other governmental agencies, or other Tribal organizations. For this measure, agreements do not need to be formal and do not require compacts, contracts or an MOA/MOU.
- Tribes must demonstrate that they **considered state, local and national health improvement priorities.** This could include the National Prevention Strategy and Healthy People 2020.

5.2.2 RD1

Tribal community health improvement plan adopted as a result of the health improvement planning process.

- How Can it be Documented?
 - Addressing required components A, B, C, and D.
- One plan, dated within 5 years

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Measure 6.1.1

Laws reviewed in order to
determine the need for
revisions

6.1.1 RD1

Reviews of public health laws or laws with public health implications.

- Reviews may be of a law that the health department enforces or of a law that the health department has no legal authority to enforce, but that has implications for the health of the public in the jurisdiction of the health department.
- Health departments must document that the review of the law included:
 - **Consideration of evidence-based practices, promising practices, or practice-based evidence.** The impact of the law on health equity in the health department's jurisdiction, if any, must also be considered.
 - The use of model public laws, check lists, templates, or some other standard outline or guide.
 - Input from key partners and stakeholders.
 - Collaboration with other levels of government health departments. Tribal health departments must document work with its local Tribal units (i.e. Chapter Houses, Pueblos, or Districts), in addition to other partners, when reviewing existing laws and revising or creating new laws.

6.1.1 RD1

Reviews of public health laws or laws with public health implications.

- How can it be documented?
 - Meeting minutes, reports, ,memos.
 - Presentations.
 - White papers, policy papers.
 - Policy agendas.
 - Legislative briefs or recommendations for amendments.
 - Other record of the review and findings.
- Two examples, dated within 3 years, one of which must demonstrate collaboration with other levels of health departments.

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Measure 10.1.1

Applicable evidence-based and/or promising practices identified and used when implementing new or revised processes, programs, and/or interventions

10.1.1 RD1

The use of evidence-based or promising practices.

- The health department must document the **source of the information concerning the evidence-based or promising practice**. The source of the practice could be (1) The Guide to Community Preventive Services, (2) an Initiative listed in the NACCHO Model Practices Database, (3) the result of an information search (web, library, literary review), or (4) result of interaction with consultants, academic faculty, researchers, other health departments, or other experts.
 - **Can be information from IHS or other Tribal-specific information.***
- The health department must provide a **description of how the evidence-based or promising practice identified in (a) above was incorporated into the design of a new or revised process, program, or intervention**. Incorporation of the evidence-based or promising practice must be appropriate to the particular group or community or it must be modified to be appropriate.

10.1.1 RD1

The use of evidence-based or promising practices.

- How can it be documented?
 - Internal memos.
 - Annual reports.
 - Program descriptions in public information (reports, newsletters).
 - Program descriptions written by the health department.
- Two examples, dated within 3 years, which must come from different program areas, one of which is a chronic disease program or program that seeks to prevent chronic disease.

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Measure 10.1.2
**Fostered innovation in practice
and research**

10.1.2 RD2

Participation in research agenda-setting, practice-based research networks, or other research efforts.

- The purpose of this measure is to **assess the Tribal health department's efforts to promote and support innovations in public health practice and research.** This is part of their overall leadership role in public health for the Tribe.
- The Tribal or state health department **must demonstrate involvement of the community in the development of the research agenda.**
- Documentation could be, for example, membership in a practice-based research network, either with other states, institutions, or within the state. Community-Based Participatory Research is a model that could be used.
 - **Documentation could also include participation in research agenda-setting, practice-based research networks, or other research efforts such as those conducted by larger Tribes, Tribal Epidemiology Center (TEC), the NIHB, and others who identify research needs and interests relative to improving the health of Native Americans and Alaska Natives.***

10.1.2 RD2

Participation in research agenda-setting, practice-based research networks, or other research efforts.

- How can it be documented?
 - Membership list or meeting attendance roster.
 - Meeting minutes.
 - Submission of IRB documentation showing participation in research.
- Two examples, dated within 5 years.

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Measure 10.2.2

Access to expertise to analyze
current research and its public
health implications

10.2.2 RD1

The availability of expertise for analysis of research.

- The health department must **document that it has expert staff or access to outside experts who can analyze research and its public health implications.**
- This measure includes **analysis of the current body of research** relevant to public health practice, irrespective of whether or not the research was conducted in the Tribe, state, or community.

10.2.2 RD1

The availability of expertise for the analysis of research.

- How can it be documented?
 - List of experts and a description of their training or expertise. [Note: expertise can be within the health department or external.]
 - **This could be a relationship with the Tribal Epidemiology Center.***
 - **If the expertise is outside the Tribal health department, but still within the Tribe itself, a written agreement is not needed.***
 - **If the expertise is outside the Tribe, then, a written form of agreement is needed to document the authenticity of the arrangement. It can be a letter of agreement, a contract or a MOU/MOA. It does not have to include payment for the expertise described above, although it may.***
- Two examples OR one list, dated within 5 years.

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Measure 10.2.3

Communicated research findings, including public health implications

10.2.3 RD1

Communication of research findings and their public health implications to stakeholders, public health system partners, and/or the public.

- The health department must document **the provision of communication through which the department conveyed research findings and their public health implications to stakeholders**, other health departments, members of the public health system and non-public health system partners, and/or the public.
- Research referred to is **research conducted and published by others**, outside of the health department.
- The research must have been **evaluated by experts to provide valid implications**, for example, peer-review for publication in journals.
- The Tribal health department distribution list of research findings **must include the state and local health department(s)** in the state with which the Tribal health departments coordinates.

10.2.3 RD1

Communication of research findings and their public health implications to stakeholders, public health system partners, and/or the public.



- How can it be documented?
 - A presentation.
 - Prepared report.
 - Discussion at a meeting recorded in the minutes.
 - Web posting.
 - Email list-serve.
 - Newspaper article.
 - Webinar.
 - Press release.
- Two examples, dated within 5 years.
 - **Examples can be selected by the Tribal health department, in accordance with its overall Tribal research/data sovereignty policies.***
 - **These best practices can be associated with a program, project or initiative.***

PHAB Measures Directly Associated with Evidence-Based, Promising, and/or Practice-Based Practices

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Measure 10.2.4

Technical assistance provided to the state health department, local health departments, and other public health system partners in applying relevant research results, evidence-based, and/or promising practices.

10.2.4 RD1

Provision of consultation or TA to state and/or local health departments, other Tribal health departments, and/or Tribal organizations in applying relevant research, evidence-based, promising, and/or practice-based evidence.

- The Tribal health department must document the **provision of consultation, technical assistance, advice, direction, or guidance to others in the application of relevant research or evidence-based, promising practices, and/or practice-based evidence.**
- This assistance must be **specific to the application of relevant research results** or the employment of evidence-based and/or promising practices.

10.2.4 RD1

Provision of consultation or TA to state and/or local health departments, other Tribal health departments, and/or Tribal organizations in applying relevant research, evidence-based, promising, and/or practice-based evidence.

- How can it be documented?
 - May be done in collaboration with partners.
 - Cannot use examples of providing assistance to itself, such as to program divisions with the Tribal health department.
 - **This assistance can be provided to the state health department, local health departments, other Tribal health departments or Tribal organizations in the state, or other partners or stakeholders.***
 - **It can be as formal as a report or presentation or as informal as attending a meeting, responding to an email, or participation in a workshop.***
- Two examples, dated within 5 years.

Thinking about your own health department, what programs and services do you offer that are evidence-based?

 When poll is active, respond at **PollEv.com/phab**

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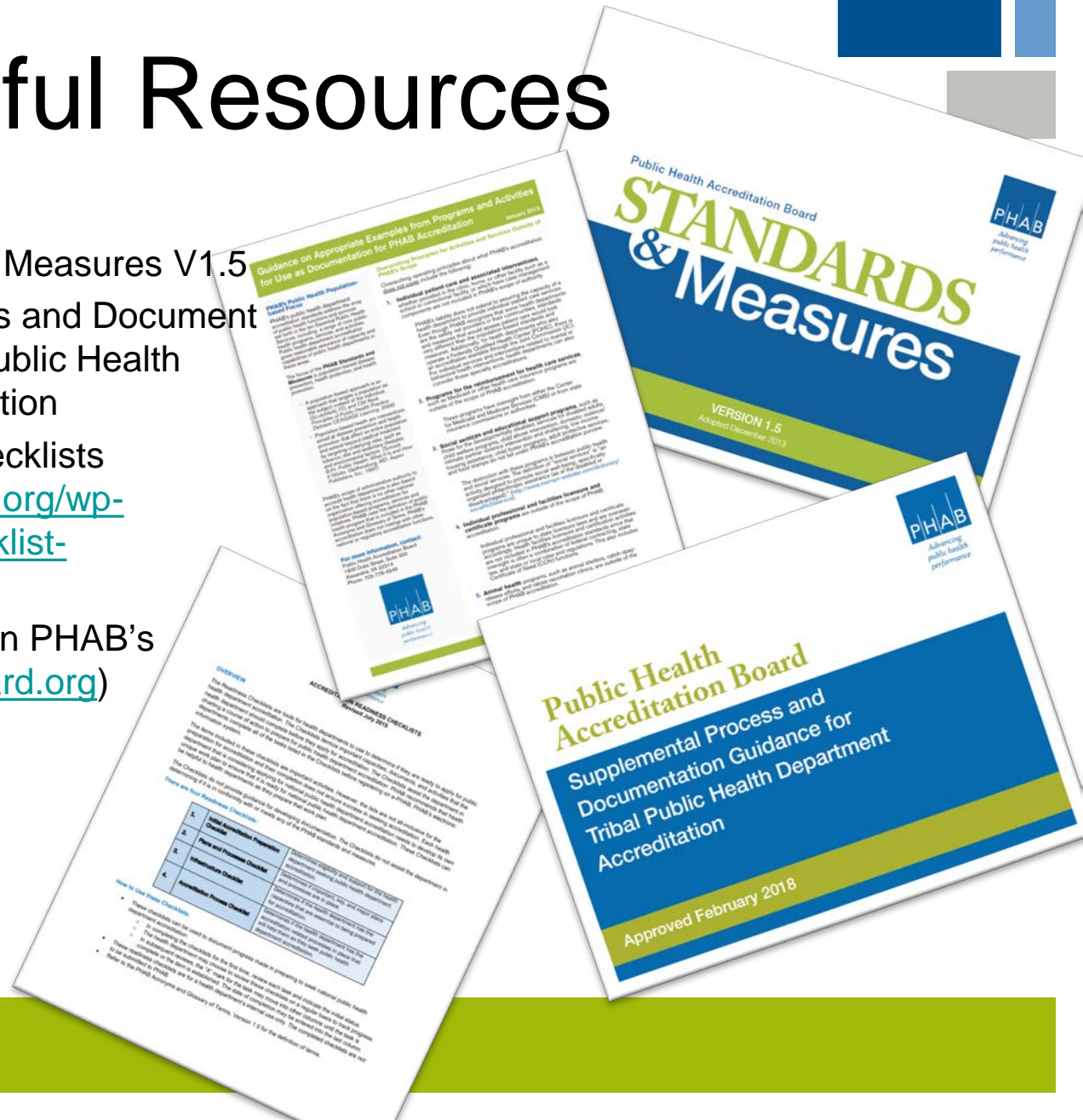
How could you better incorporate evidence-based practices into new programs and services and/or into revisions of existing programs and services?

General Tips

- Pay close attention to the PHAB guidance provided in the Standards and Measures V1.5 AND the Tribal Supplemental Guidance.
 - ***When selecting documents, make sure that they address all required components.***
- It is acceptable to use more than one piece of evidence to show conformity with a measure.
- While you should aim to show the breadth of work done by your health department, ***it is okay to use the same documentation as examples for more than one measure.***
- Remember PHAB's Acceptable Program Areas, and be sure to include documentation that is within the scope of authority.
 - ***Examples should focus on population health-focused efforts of the health department.***
- ***If you have questions, ask them.***
 - Your Accreditation Specialist is there to help you from the time you attend Applicant Training through all steps of the accreditation process.

Helpful Resources

- PHAB Standards and Measures V1.5
- Supplemental Process and Document Guidance for Tribal Public Health Department Accreditation
- PHAB Readiness Checklists (<http://www.phaboard.org/wp-content/uploads/checklist-revisedFINAL.pdf>)
- Tip sheets available on PHAB's website (www.phaboard.org)





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Questions?

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