

2012-2013 Accreditation Support Initiative (ASI) for Health Departments and Support Organizations

FINAL REPORT

1. **Community Description**

Briefly characterize the community(ies) served by your health department or support organization (location, population served, jurisdiction type, organization structure, etc). The purpose of this section is to provide context to a reader who may be unfamiliar with your agency.

Instead of a reservation, the Ponca Health Department, a branch of the Ponca Tribe of Nebraska, serves a fifteen-county federally-defined Tribal Service Delivery Area (12 counties in NE, 2 counties in IA, and 1 county in SD). Through two clinics and five office sites, located in Omaha, NE, Lincoln, NE, Norfolk, NE, Niobrara, NE, and Sioux City, IA, the Department provides direct health care and public health services targeting American Indian / Alaska Natives, with an emphasis on members of the Ponca Tribe of Nebraska. Approximately 14,340 American Indian/Alaska Natives reside in the service delivery area. The service delivery area of the Tribe overlaps with other health jurisdictions, including those of other state, tribal, and district/county health departments.

2. **Work Plan Overview**

Provide an overview of the work you conducted with or because of this funding, including the significant accomplishments/deliverables completed between December 2012-May 2013 under the auspices of this grant, and the key activities you engaged in to achieve these accomplishments. This should result in a narrative summary of the chart you completed in Part 1, in a format that is easily understandable by others.

This project was created to assist the Ponca Tribal Health Department in moving toward accreditation readiness through facilitating assessment of organizational needs, and arrangement of technical assistance and partnership development to address assessed needs. Quantitative and qualitative public health workforce needs assessment tools were to be selected and tested, working with a university public health training program. Training or other technical assistance opportunities were to be provided to address assessed needs. The project also included an online web-app (with self-assessment, discussion forum, and document storing/sharing capabilities) and train-the-trainer components to assist the Ponca and other Tribal Health Departments with their self-assessment, technical assistance and partnership development needs – establishing a set of 17 trained resource people, working with a regional tribal technical assistance center.

3. **Challenges**

*Describe any challenges or barriers encountered during the implementation of your work plan. These can be challenges you may have anticipated at the start of the initiative or unexpected challenges that emerged during the course of implementing your proposed activities. If challenges were noted in your interim report, please **do** include them here as well.*

The greatest challenge to the accreditation support side of this project was addressing I.T. barriers delaying the launch of the online web app. (see *lessons learned*) The Tribe is continuing the development and launching components after the expiration of the grant period.

4. **Facilitators of Success**

Describe factors or strategies that helped to facilitate completion of your work. These can be conditions at your organization that generally contributed to your successes or specific actions you took that helped make your project successful or mitigated challenges described above.

The most valuable facilitator of success was the development and use of mutually-beneficial partnerships with external public health agencies with expertise and resources needed to provide technical assistance (e.g. University with public health faculty, State Health Department, Indian Health Service, Regional Tribal Health Board / Epi Center, and local health departments more advanced in accreditation efforts). This allowed, for example, benefiting from the development and testing of workforce assessment tools by qualified university faculty, the delivery of learning modules building from the expertise of a State of Nebraska accreditation/quality-improvement trainer, and Indian Health Service and Tribal Epi Center data experts.

5. **Lessons Learned**

Please describe your overall lessons learned from participating in the Accreditation Support Initiative. These can be things you might do differently if you could repeat the process and/or the kinds of advice you might give to other health departments or support organizations who are pursuing similar accreditation-related funding opportunities or technical assistance activities.

As a Tribal Health Department attempting to partner with non-Tribal public health system partners, we frequently encounter the need to improve understanding of the nature and responsibilities of Tribal Health Departments – and the need to address associated non-Tribal policies and laws that interfere with adequate Tribal Health Department functioning (e.g. State laws that disrupt public health information sharing and tribal communicable disease response). It would be beneficial to develop some standard educational material for non-Tribal partners that summarizes what a Tribal Health Department is, and where Tribal Health Departments connect with non-Tribal health departments in the PHAB standards and measures.

As a Tribal Health Department attempting to assist other Tribal Health Departments, an interesting problem encountered was the nature of the public health system as it has developed in Indian Country over the years. Tribes directly or through a partnership with Indian Health Service offer a broad range clinical and public health services to their populations. However, this is often not accomplished through a formal public health department clearly distinguished from other elements of the local health system. (The Ponca Tribe only recently separated out Public Health elements into their own unique branch of the Tribal health organizational structure.) This opens the door to miscommunication. For example, for Tribal agencies with both clinical and public health elements intertwined under the same umbrella, asking about public health training needs or accreditation led to responses

about in-patient/long-term clinical care or clinical accreditation. So, when discussing public health with Tribal officials/employees, it is important to take extra steps to ensure that communication is understood as intended. In the case of open-ended interviews regarding training needs, for example, it is useful to specify/describe specific public health capacities before asking about or discussing related topics.

The most frustrating lessons learned were related to the I.T. support component of the project. After the development of the web application, we encountered unanticipated delays due to an incompatibility between our web application development language and our web hosting provider capabilities. It is important to examine compatibility issues prior to either initial web app development or prior to web host selection -- or, in our case to both inform and oversee the contractor delegated to do hosting selection. Even after adapting the web application to the web hosting provider's limitations (by downgrading the version of ASP.net required by the web app), we encountered further difficulty with the external contractor managing our I.T. functions. Although we had actual staff who could manage a database, subdomains, ASP.net applications, etc., the functions were completely tied to our external contractor -- because the contractor was functioning as the technical reseller of the web hosting service; however, the contractor lacked sufficient ASP.net MVC expertise to function adequately. So, it is important, when delegating to organizational I.T. contractors, to ensure contractor adequacy, in a very specific manner (e.g. related to server-side languages and other capacities), or to avoid contracts that lock an organization into an inadequate contractor.

6. **Funding Impact**

Describe the impact that this funding has had on your health department/support organization (and/or health departments you worked with as a support organization). In other words, thinking about the work you have done over the last six months:

With the guidance/support of partners during this project, the Ponca Tribal Health Department has:

- Developed a team to focus on public health accreditation;
- Completed a Tribal public health workforce needs assessment;
- Informed staff of the basics of public health accreditation and accreditation standards/measures;
- Trained staff in data-access and analysis tools related to Indian Health Service and Tribal Vital Statistics data;
- Arranged staff training in Six Sigma / Lean quality improvement methodologies;
- Participated in a national public health quality improvement conference for networking / learning;
- Identified a process (by Tribal Council and Department Committee) to review and revise policies and procedures; and
- Utilized an Organization Improvement Committee to identify and address needs within the department related to chronic disease prevention/management and reproductive health.

Working with public health system partners, this project has resulted in the following support

items for Ponca and other Tribal Health Departments:

- 17 trainers trained in the basics of public health accreditation;
- Videos of accreditation 101 training module and modules related to accessing and using existing Indian Health Service and Vital Statistics data systems (to be made available online);
- The development and testing of quantitative and qualitative tribal public health workforce needs assessment tools; and
- The development of user documentation and training PowerPoints for the tribal accreditation support web site (to be launched soon).

7. **Next Steps**

What are your organization's (and/or the health departments you worked with as a support organization) general plans for the next 12-24 months in terms of accreditation preparation and quality improvement?

Over the next one to two years, the Ponca Tribal Health Department will:

- Continue to expand communication and partnership development with public health agencies whose service delivery areas overlap with the Ponca Tribe's;
- Work with partner agencies to provide further staff and train-the-trainer training / technical assistance necessary for completing the community health assessment, community health improvement plan, and department strategic plan, to the Ponca and other Tribal Health Departments;
- Complete the Ponca CHA and associated plans, with the assistance of partner agencies;
- Complete the launching of the online Tribal public health support site; and
- Develop formal agreements with public health system partners related to various standards and measures.