

PUBLIC HEALTH IMPROVEMENT PARTNERSHIP

FOUNDATIONAL PERFORMANCE SET

Summary for PHIP

December 2, 2013

BACKGROUND AND PURPOSE

A significant number of local health agencies have no current plan to pursue PHAB accreditation. At the same time, the recent development of the Foundational Public Health Capabilities and Services list raises the question of how to determine whether (and how well) a given local health agency provides those capabilities and services. These non-PHAB local health agencies could provide a testing ground for a system addressing this question. Such a system is likely to be needed in Washington State as we move toward sustainable funding based on the Foundational Public Health Services list. In addition, because of the national initiative to define core public health services, an accountability system focused on the Foundational Public Health Services list could become a model for future developments in accreditation. A subgroup of the Public Health Standards Workgroup has been working to develop a set of measures that could be used by local health agencies to determine whether they were delivering the Foundational Capabilities and Services.

APPROACH

One aspect of this work is to align as far as possible the Foundational Public Health Services with PHAB standards and other measures including the public health activities and services, local public health indicators and other program performance measures. The subgroup has put considerable effort into cross walking these resources. Whenever possible, the subgroup intends to use existing PHAB measures as part of the *Foundational Performance Set*.

The next step has been to focus on specific measures. We really have two questions regarding each element of the Foundational Public Health Services – does this local health agency provide that service and if so, how well is it done? We are focusing initially on the first of these questions and will then attempt to identify any additional measures needed to adequately address the quality question.

UPDATE ON ACTIONS

The subgroup is in the process of developing a set of specific measures corresponding to each of the items in the Foundational Public Health Services list. A first draft has been developed (see the sample on the next page) and the subgroup will be doing additional work to better define the necessary information and its sources. We are hoping to have a set of Foundational measures that could be tested in a few pilot local health agencies during 2014. The methods used for pilot testing and any broader application of the measures will depend on funding available. A full scale review, comparable to those used for the standards is expensive and it is possible that simpler methods will be needed, at least initially, in using the Foundational measures.

Sample matrix showing the steps for the **FOUNDATIONAL CAPABILITY - ASSESSMENT**

Foundational Capability – Assessment	Topic	Measure	Data Source	PHAB Measure v. 1.5
2. Ability to prioritize and respond to data requests and to translate data into information and reports that are valid, statistically accurate, and readable to the intended audiences	Prioritize and respond to data requests	Examples of timely information and reports provided in response to data requests or a process in place.	Documents provided by the LHJ	1.2 and 1.3.2
	Translate data into information for intended audiences	Examples include data on one or more issue such as health behaviors; disease clusters or trends; EH hazard reports; etc.	Documents provided by the LHJ	1.3.2
4. Ability to conduct a basic community and statewide health assessment and identify health priorities arising from that assessment, including analysis of health disparities	Conduct a community health assessment	Examples of CHA or other assessment report(s) addressing priorities. Documentation could include meeting notes showing process used to identify health issues and assets.	Documents provided by the LHJ	1.1
	Identify health priorities from assessment, including health disparities	Examples of CHA or other assessment report(s) including health disparities. Documentation could include meeting notes showing representatives from a variety of community sectors, reports of data analysis, and results of focus group.	Documents provided by the LHJ	1.1