



2015 Public Health Accreditation Readiness Conference

Moving Forward Together:

California's Journey to Public Health Accreditation

Q+A



GENERAL SESSION 1: PLENARY SPEAKERS

1. Expansion across counties in California, is there an underlying message that we should be doing this?
 - a. Happening across the country. Based on experience, there are benefits but we are still learning exactly what those benefits are. This is one way small jurisdictions are choosing to approach Accreditation. Collaboration was a criteria for NPHII.
2. Eleven CA counties are in the process, which stage? Expanding role of epidemiologists in PH. In the academic level is this being addressed?
 - a. Framing the Future: matching what is being taught with what is happening in the programs. Council on linkages- core competencies; inclusive of both academia and programs to bridge the gap. Retreat with academia's to garner relationships.
3. Is there a timeline when Accreditation will no longer be voluntary but mandatory?
 - a. CDC has developed strong principals that has been integrated into S&M; has to be voluntary and has to have incentives (evidence based). Different consideration for Tribal Health Departments, need to put out incentives, need to be creative.
4. Are there any resources and guidance to implementing WFD, PM, and QI plans?
 - a. Public Health Foundation does a lot of work around these, including implementation. Go to trusted National partners to ask for resources. Through NPHII: Performance Management Improvement Network. Peer support and peer sharing would give ideas. Public Health Quality Improvement Exchange (PHQIX).



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GENERAL SESSION 3:

DEVELOPING PUBLIC HEALTH INFRASTRUCTURE AND COMMUNITY ENGAGEMENT

1. What is one thing you wish you would have done differently?
 - a. Timeline creep and change. Firm in your timelines and planning. Begin planning earlier! Begin collaborations as early as possible, bring value.
2. Establish a relationship between State and Counties when developing and implementing the SHIP. Bring CHIP strategies up to the State, how can we work together? How to move the right State policies forward?
 - a. Collaborate in our HIAP. Collaboration has been there but there is always room for improvement.

GENERAL SESSION 4:

BUILDING WORKFORCE DEVELOPMENT CAPACITY

1. Should we marry the prep work for the WFD Plan and Strategic Plan?
 - a. Purposefully did the WFD Plan first in order to inform our Strategic Plan. Many health departments do it separately and align them along the way. October Conference workshop about aligning the various plans.
2. How can we navigate the process of aligning job descriptions with core competencies?
 - a. Align core competencies within performance evaluations without having to change the overall job descriptions. Add an addendum to the job description.
3. Outdated hiring processes leading to less hiring and more contracting. How can we address this? What constitutes an employee (contractor vs permanent status)?
 - a. PHAB does not decide what constitutes an employee; they leave it up to the department (up to the state, within the labor laws of the state). Sometimes is a risk management issue. Use Accreditation findings as leverage to go back to the unions, continue to improve.



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GENERAL SESSION 5:

STRATEGIC PLANNING TO SUPPORT AND ENHANCE PERFORMANCE MANAGEMENT

1. Arguments for or against combining?
 - a. Depending on culture, do it the best way that works for you.

2. What was the cost to create the PM System?
 - a. \$60,000 mostly travels and staff time to deliver training.

3. Deciding factors of using Excel instead of looking into existing platforms?
 - a. Cost! Accessibility. Scalable with the same tool and same language. Creating a standardized system to share cross- jurisdiction.