**2017-2019 Template Objective for Preventive Health and Health Services Block Grant**

**Accreditation Peer Mentor Program**

**Introduction:**  This document provides the template objective statement and information for items listed in the table below. Information specific to a health department, such as context for selecting an objective, description of the intervention, and evidence-based sources, are contained in the agency’s **Preventive Health and Health Services (PHHS) Block Grant Data Collection Form**, which is completed in SharePoint. That form serves as the Scope of Work Agreement for this program and is attached to the contract.

The following sections correlate to fields in the Grants and Contracts (GAC) system:

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| 1. **Objective Statement** 2. **Deliverable** 3. **Context** | 1. **Input Activities** 2. **Baseline for Measurement** 3. **Data Source for Measurement** | 1. **For Your Information** |

1. **Template Objective 11: By August 31, 2019, the health department will provide public health accreditation mentoring services with their matched mentee.**
2. A report that briefly describes:
3. The source of the evidence-based intervention and the intervention that was implemented from that source.
4. Outcomes of the PHHS contract funded work including the number of individuals served and number of organizations reached when appropriate.
   1. The mentor health department will complete the online Mentor Report Form after each major contact or after multiple minor contacts with their mentee\*. This should be done on a quarterly basis, at minimum.
   2. A completed program evaluation survey at the end of the year-long program will be submitted to DPH.
5. How funds were used to implement the evidence-based intervention such as initiate a new effort; maintain an existing effort; enhance/expand an effort; or sustain/restore an effort.
6. Any barriers or challenges to success.
7. Strategies to overcome barriers or challenges.
8. Any additional funding or resources received as a result of the PHHS contract funded activities.
9. Agencies must use this objective to work towards meeting the National Public Health Performance Standards. If an agency has been accredited by the Public Health Accreditation Board they will conduct activities to sustain that accreditation.

Agencies will describe their efforts on meeting the National and State Health objective. **National Health Objective**: HO PHI-14 Public Health System Assessment. **State Health Objective:** Between 01/2012 and 12/2020, increase the proportion of local and tribal health departments that have completed the Public Health Accreditation Board's (PHAB) Self-Assessment and are working toward accreditation.

The health department was accredited by the Public Health Accreditation Board (PHAB), and is interested in advancing the practice of public health in Wisconsin by assisting others in implementing the National Health Performance Standards as required by PHAB and preparing other Wisconsin local and tribal health departments in work towards formal accreditation recognition.

1. CDC requires Preventive Health and Health Services Block Grant funds to be used on evidence-based interventions, best practices or promising practices. Peer mentoring has been documented as a promising practice. Mentor and mentee health departments will participate in a combination of in-person and remote coaching related to the PHAB accreditation process.

Mentors will:

* Participate in joint Mentor & Mentee Agency & DPH/OPPA facilitated-“kick-off” meeting.
* Meet in-person within 90 business days of “kick-off” meeting at mutually agreed-upon site. Mentor Agency representative is encouraged to travel to Mentee Agency, if possible.
* Complete the online Mentor Report Form describing needs of the mentee, actions taken by the mentor to address those needs, and any outcomes of the strategies used.
* Submit Mentor Report Form(s) to DPH quarterly, at minimum.
* Share tips on working toward successful completion of accreditation processes including application and site visit preparations.
* Document approaches and strategies used.
* Share program lessons learned, which may be more widely disseminated to support future accreditation efforts among other Wisconsin local and tribal health departments.
* Complete a program evaluation survey.

Core mentoring strategies may include:

* Additional in-person meetings at mutually agreed-upon sites.
* Regular phone calls and/or web-based meetings
* Email communication
* Assistance with site visit preparation, or other accreditation activities, as agreed-upon with mentee agency, and according to staff capacity.

1. Baseline data is described in the Scope of Work.
2. Agency report to the WI Division of Public Health.
3. \*Definitions:

Major contacts = In-person meetings and/or those occurring during regular phone calls or web-based

meetings.

Minor contacts = Brief questions or concerns discussed within emails and short phone calls.

A guide for mentors can be found here: The Center for Health Leadership & Practice: A Center of the Public Health Institute, *Guide for Mentors* [*http://www.rackham.umich.edu/downloads/more-mentoring-guide-for-mentors.pdf*](http://www.rackham.umich.edu/downloads/more-mentoring-guide-for-mentors.pdf)

A guide for the mentees can be found here: The Center for Health Leadership and Practice: A Center of the Public Health Institute, *Guide for Proteges*, [*http://www.rackham.umich.edu/downloads/more-mentoring-guide-for-proteges.pdf*](http://www.rackham.umich.edu/downloads/more-mentoring-guide-for-proteges.pdf)