



Local Public Health Departments Achieve Consensus of What They Should be Doing

Developing a common operational definition for local governmental public health agencies

SUMMARY

From February 2004 to July 2008, the [National Association of County and City Health Officials](#) (NACCHO) developed and communicated a common operational definition of a local health department that reflects a shared understanding of what people in any community can reasonably expect from their local health department.

Key Results

NACCHO reported the following results in reports to the Robert Wood Johnson Foundation (RWJF):

- Developed an operational definition of a functional local health department, with associated standards, that can be used as the basis for measuring and improving performance.

Through an iterative, consensus process, more than 600 local, state and federal public health professionals and elected officials contributed to the definition, which NACCHO published in the booklet, *[Operational Definition of a Functional Local Health Department](#)* (November 2005).

- Distributed 3,500 copies of the booklet, posted it on the NACCHO website, and developed resources, including a toolkit, newsletters, webcasts and presentations, to promote the operational definition.
- The operational definition became an integral part of the voluntary national accreditation guidelines being developed for local and state public health departments by the Public Health Accreditation Board.

Funding

RWJF supported this project through four grants totaling \$860,000. The Centers for Disease Control and Prevention (CDC) provided \$600,000 for the project.

THE PROBLEM

The nation's public health system is comprised of federal, state and local governmental public health departments and agencies that work together with community-based organizations, health care, businesses and other government and nongovernmental organizations to create and maintain conditions that keep people healthy. (For more information about the various actors in public health, see [Appendix 1](#).)

By 1988, the public health system had fallen into disarray, according to the Institute of Medicine report, *The Future of Public Health*. From 1988 to 2003, there were many large-scale efforts to strengthen public health, including initiatives to:

- Define public health.
- Measure the performance of public health departments through accreditation and standards programs.
- Set public health goals.
- Establish the direction of public health policy.
- Determine how best to staff and fund public health activities.

The Need to Define Local Public Health

These efforts evolved without a clear and common definition of the appropriate role for local health departments. Without such a definition, and consistent standards for how they fulfill their responsibilities, the degree to which the public's health is protected and improved varies widely from community to community.

Also, the public health community was beginning to discuss the possibility of accrediting local public health departments. Absent a consensus about what local health departments should be doing, it was not possible to develop accreditation standards.

The National Association of County and City Health Officials (NACCHO) in Washington is the national organization representing the nation's approximately 2,800 local health departments (including city, county, metro, district and tribal agencies). The association defines a local health department as the government's presence at the local level.

There are many types of local health departments, including:

- A locally governed health department
- A branch of a state health department
- A department governed by and serving a multicounty area

NACCHO Begins to Define Local Public Health

In 2003, NACCHO began an iterative consensus process to develop an operational definition of a local health department—that is, what everyone should expect from their local health department, regardless of where they live or the size of their community.

The association established a task force to develop a prospectus for the proposed project. The task force and NACCHO's members vetted this project description, which NACCHO then shared with the following national public health partners:

- American Public Health Association
- Association of Public Health Laboratories
- Association of Schools of Public Health
- Association of State and Territorial Health Officials
- Centers for Disease Control and Prevention (CDC)
- Institute of Medicine
- National Association of Local Boards of Health
- RWJF
- Trust for America's Health (funded by RWJF)

With general agreement on the nature of the project, NACCHO then applied to RWJF and CDC for funding.

CONTEXT

This project is part of RWJF's work to drive improvements in public health by improving the performance and impact of the public health system. Originally, this project was intended to serve as the basis for performance measurement of local health departments. However, during the project, accreditation of public health departments was picking up steam, in large part to RWJF's *Exploring Accreditation* initiative (for more information see the [Special Report](#)). The standards in the operational definition later became the foundation of the national accreditation standards.

Exploring Accreditation was a key strategy of RWJF's work to drive improvements in public health. RWJF conducted its early work in public health accreditation based on this initiative, which led to its later work to establish the Public Health Accreditation Board as well as other grants related to performance improvement in governmental public health.

Projects included:

- Planning meetings
- A learning collaborative of five states engaged in public health performance and capacity assessment or accreditation activities to inform the Exploring Accreditation steering committee. Originally the program was called the *Multistate Learning Collaborative*, RWJF changed its name to *Lead States in Public Health Quality Improvement* (for more information see the [Program Results](#))
- Developing recommendations for a national public health accreditation system
- Building the foundation for accreditation and quality improvement

This work led to establishing the Public Health Accreditation Board, which is developing and implementing a national public health accreditation program, to be launched in 2011. RWJF is funding the board through 2012. RWJF also set up a public health accreditation coalition to facilitate coordinated communications about accreditation from the major partners and stakeholders.

THE PROJECT

From February 2004 to July 2008, National Association of County and City Health Officials (NACCHO) developed and communicated a common operational definition for local public health departments. Project staff worked extensively with the following stakeholders to obtain their input and achieve consensus on the definition:

- Representatives of local, state and federal public health agencies and departments
- Representatives of local boards of public health
- Local and state elected officials
- Members of national associations related to public health

These grants from RWJF also helped to underscore the importance of performance and quality improvement and informed the move towards developing a voluntary national accreditation system, which was building steam during the grant period (2004–2008).

RWJF also funded parallel efforts by the Association of State and Territorial Health Officials to define core state public health services. See [Program Results](#) on ID#s 055274 and 058818. The CDC co-funded this work.

Developing the Operational Definition

At the start of the project in 2004, NACCHO convened two task forces.

- Experts in national and state performance measurement and accreditation efforts provided guidance on the process used to develop the definition, and reviewed each version as it was drafted.
- Representatives of local public health departments and local boards of health:
 - Provided in-depth feedback on the draft definition and helped to generate several iterations
 - Identified ways to solicit input from members of NACCHO and the National Association of Local Boards of Health (NALBOH)
 - Considered feedback from focus groups in 15 states, an online questionnaire posted on NACCHO's website, NACCHO and NALBOH conferences and other forums that brought together local health officials

See [Appendix 2](#) for a list of members of both task forces. In addition, NACCHO sought input from other local health officials.

Project staff also compared the draft definition to definitions of local public health being developed in Michigan, New Jersey, Missouri and Washington. They found many similarities and few differences.

Input From State and Federal Public Health and Elected Officials

NACCHO convened two new task forces in 2005—the Governmental Public Health Task Force, with local, state and federal public health officials, and the Elected Officials Task Force. See [Appendix 3](#) for a membership list for each; it includes some members of the earlier task forces.

These task forces helped NACCHO further refine the draft definition and identified strategies for obtaining additional input from representatives of public health agencies and elected officials through conference presentations, conference calls and e-mail.

NACCHO also opened public comment to other national associations, including:

- Association of Schools of Public Health
- American Public Health Association
- Association of Public Health Laboratories

NACCHO published the final definition in November 2005.

Communicating the Operational Definition

In 2005, as NACCHO and the task forces were refining the operational definition, it began developing a communications plan to disseminate the definition and to generate demand for a robust local government health presence in every community.

NACCHO contracted with the Bethesda, Md.-based [Burness Communications](#) for support in developing appropriate communications tools, including fact sheets, toolkits, presentations, newspaper articles and Web links. For more information about communications, see [Results](#).

Helping Local Health Departments Implement the Operational Definition

Beginning in 2006, NACCHO created Web-based resources to help local health departments implement the operational definition and begin to prepare for voluntary national accreditation. The association also:

- Added questions to its periodic survey of members to assess the degree to which the local health departments were meeting the standards in the operational definition
- Surveyed members about their quality improvement activities and included questions about quality improvement in evaluations of presentations and training sessions
- Worked to institutionalize the operational definition as an intrinsic component of national public health quality and performance improvement activities. Strategies included consulting with state and local health agencies and extensive communications activities.

Other Funding

CDC contributed \$600,000 to the project: \$300,000 to NACCHO in 2006–2007 to support efforts around the operational definition; \$300,000 in 2007–2008 to support efforts around the operational definition, accreditation preparation and quality improvement.

Because the elements of the operational definition were folded into the Public Health Accreditation Board's accreditation standards, and accreditation is serving as a national platform for performance and quality improvement in public health, NACCHO's efforts are now focused on accreditation preparation and quality improvement and no longer include a focus on the operational definition.

NACCHO has had uninterrupted funding from CDC to supports these activities.

RESULTS

The National Association of County and City Health Commissioners (NACCHO) reported the following results in reports to RWJF:

- Created an operational definition of a functional local health department stating what people in any community can reasonably expect from their local health department. The definition includes standards for accountability to the state health department, the public and the governing bodies to which public health departments report. These standards also provide a framework for local health departments in preparing for voluntary national accreditation.

More than 600 government public health professionals and local and state elected officials representing 30 states contributed to the definition, which NACCHO published in the booklet, *Operational Definition of a Functional Local Health Department* (November 2005).

The Operational Definition

"A functional local health department:

- Understands the specific health issues confronting the community and how physical, behavioral, environmental, social and economic conditions affect them.
- Investigates health problems and health threats.
- Prevents, minimizes, and contains adverse health effects from communicable diseases, disease outbreaks from unsafe food and water, chronic diseases, environmental hazards, injuries and risky health behaviors.
- Leads planning and response activities for public health emergencies.
- Collaborates with other local responders and with state and federal agencies to intervene in other emergencies with public health significance (e.g., natural disasters).
- Implements health promotion programs.
- Engages the community to address public health issues.
- Develops partnerships with public and private health care providers and institutions, community-based organizations, and other government agencies (e.g., housing authority, criminal justice, education) engaged in services that affect health to collectively identify, alleviate, and act on the sources of public health problems.
- Coordinates the public health system's efforts in an intentional, noncompetitive, and nonduplicative manner.
- Addresses health disparities.

- Serves as an essential resource for local governing bodies and policy-makers on up-to-date public health laws and policies.
- Provides science-based, timely, and culturally competent health information and health alerts to the media and to the community.
- Provides its expertise to others who treat or address issues of public health significance.
- Ensures compliance with public health laws and ordinances, using enforcement authority when appropriate.
- Employs well-trained staff members who have the necessary resources to implement best practices and evidence-based programs and interventions.
- Facilitates research efforts, when approached by researchers, that benefit the community.
- Uses and contributes to the evidence basis of public health.
- Strategically plans its services and activities, evaluates performance and outcomes, and makes adjustments as needed to continually improve its effectiveness, enhance the community's health status and meet the community's expectations."

The Standards

The standards developed by NACCHO are intended to guide local health departments in meeting their fundamental responsibilities while allowing for variations in their structure. The key standards are:

- Monitor health status and understand health issues facing the community.
- Protect people from health problems and health hazards.
- Give people information they need to make healthy choices.
- Engage the community to identify and solve health problems.
- Develop public health policies and plans.
- Enforce public health laws and regulations.
- Help people receive health services.
- Maintain a competent public health workforce.
- Evaluate and improve programs and interventions.
- Contribute to and apply the evidence base of public health.

For elaborated descriptions of each of these standards, see *Operational Definition of a Functional Local Health Department*.

Communications

To disseminate and promote the operational definition, NACCHO:

- **Posted the *Operational Definition* booklet on its website and distributed about 3,500 copies.** NACCHO sent copies of the booklet to its members, the presidents and executive directors of all organizations represented on the task forces, and members of the National Association of Local Boards of Health (NALBOH) and of the National Association of Counties Health Steering Committee.
- **Created Web-based resources, newsletters and presentations, including:**
 - An issue of the *NACCHO Exchange* newsletter devoted to the operational definition, which staff sent to:
 - Members of NACCHO
 - Executive directors of national public health associations
 - The affiliate council and members of the Association of State and Territorial Health Officials (ASTHO)
 - Members of the Association of State and Territorial Local Health Liaison Officials
 - The Health Steering Committee of the National Association of Counties
 - A generic PowerPoint® presentation with versions for different audiences: local health officials, local boards of health, federally funded primary care organizations, federal agencies and county commissioners
 - Presentations at the July 2006 annual meetings of NACCHO and NALBOH in San Antonio, Texas
 - Seven webcasts on accreditation and quality improvement (five funded under the RWJF grants and two funded by the CDC)
- **Developed a *Public Health Communications Toolkit* to help local health departments effectively communicate about local public health.** The centerpiece of the toolkit is three fact sheets describing the role that local health departments play in the communities they serve.

The fact sheets are:

- "What Does the Local Health Department Do in Your Community?" for the general public. (Fact Sheet 1)

- "The Role of Local Health Departments," for public health professionals. (Fact Sheet 2)
- "Local Health Officials: Using Science to Protect People," for elected officials. (Fact Sheet 3)

The toolkit also includes information about:

- Building relationships with the media, including tools and strategies to reach the media, with emphasis on using the fact sheets
- Reaching policy-makers and effectively delivering the message, with tips and suggestions for incorporating a fact sheet into the effort
- The operational definition project

Accreditation

These grants, and other support to NACCHO from RWJF and the CDC (see [Appendix 4](#)), helped to inform evolving efforts to develop a voluntary national accreditation system. As NACCHO described in its reports to RWJF:

- The operational definition and associated standards for local health departments served as a guide for voluntary national accreditation guidelines. The guidelines are being developed by the Public Health Accreditation Board, with support from RWJF and the CDC. The board is developing and implementing a national public health accreditation program, to be launched in 2011. See [Appendix 4](#) and [Afterward](#) for more information.
- An *Accreditation and Quality Improvement Toolkit* posted on the Web helped local health departments prepare for accreditation. Tools include:
 - Examples of local health departments' work toward accreditation
 - Worksheet to guide public health and social service managers through the continuous quality improvement process
 - Data description form to guide health professionals in documenting performance and outcomes measures
 - A report on opportunities and challenges related to public health agency accreditation among rural health departments
- Other [Web-based resources](#) related to accreditation preparation and quality improvement include:
 - The *Local Health Department Self-Assessment Tool: Operational Definition of a Functional Local Health Department Capacity Assessment for Accreditation Preparation*. This interactive tool, developed with funding from CDC, enables

local health departments to measure themselves against the operational definition and to identify areas of strength and areas for improvement.

- An interactive [state-by-state map](#) highlighting performance and quality improvement activities undertaken to prepare for accreditation
- Stories and case examples of demonstration sites undertaking performance quality improvement activities as part of the CDC-funded [Accreditation and Quality Improvement Demonstration Sites Project](#) (see [Appendix 4](#))
- Information about accreditation and the type of services NACCHO provides to local health departments

SIGNIFICANCE TO THE FIELD

This initiative has been "a considerable force in shifting how the field views the capacities of local governmental public health," said Grace Gorenflo, RN, MPH, the project director. Rather than viewing each public health department as unique, local public health officials now recognize the need to be consistent and accountable and are more willing to work toward achieving this, according to Gorenflo.

While she believes this project was an important factor in that shift, other influences include the movement toward accreditation and the lack of accountability for the federal funds distributed to local health departments received after the 2001 terrorist attacks.

LESSONS LEARNED

Lessons About Project Participants

1. **Choose a goal that everyone can agree upon to ensure participation and foster consensus.** By emphasizing the need to clearly define what every community should expect from its local public health department, National Association of County and City Health Officials (NACCHO) was able to achieve agreement among local health departments about the benefits and uses of the operational definition and the associated standards. (Project Director)
2. **Engage stakeholders and maintain their interest by demonstrating that their input is influencing the project.** NACCHO revised the content of the operational definition based on input from stakeholders. To demonstrate that their input was used, NACCHO circulated a summary of each new version and offered to provide a marked-up copy of the changes to anyone who wanted it. (Project Director)
3. **Involve elected officials in local public health.** Elected officials such as the health commissioner in Lee County, Fla., and a former state senator in Nevada provided input that resulted in changes to the definition and standards and helped NACCHO advocate for a more robust local public health presence by focusing on the benefits of

a strong infrastructure. They also used the input of elected officials to develop fact sheets and other communication pieces.

Once the definition was developed, NACCHO found it necessary to continually engage elected officials to help them understand what they should expect from local health departments and how accreditation benefits the local community. For example, NACCHO continued to disseminate communications about the operational definition to elected officials, including copies of the operational definition booklet and the *NACCHO Exchange* newsletter. NACCHO also encouraged local health departments to use the elected officials' fact sheet to communicate the role of local public health. (Project Director)

4. **Balance a project's momentum against the need to have sufficient time to engage key stakeholders.** NACCHO staff decided not to accelerate the process in order to have more time to engage key stakeholders. The association engaged one group of stakeholders intensely before moving on to the next (e.g., working with local health departments before moving on to state health agencies and then elected officials). (Project Director)
5. **Use an inclusive and iterative process to develop shared understanding.** Because it emphasized the importance of "buy in," especially from local health departments, the process used in this project was "extremely effective in preparing the field for what everyone should expect from local health departments," according to NACCHO in a report to RWJF. (Project Director and Grantee)
6. **Define quality improvement and train local public health professionals in its use to promote consistency and accountability within the context of accreditation.** When NACCHO surveyed members about their quality improvement activities, staff found a great deal of variety in their knowledge and skills and noted that a common definition needs to be developed.

In addition, "a host of training programs, tailored for different levels of experience and offered on a regular basis, will be an essential component of a successful voluntary national accreditation program," according to NACCHO in a report to RWJF. (Project Director and Grantee)

Lessons About Communications

7. **Focus on communications.** Developing and implementing a communications plan was critical to reaching a shared understanding of local public health and ensuring that local health departments use the operational definition. NACCHO staff also noted that the communications effort needed to continue for several years after the definition was developed to foster its use. (Project Director)
8. **Engage a communications firm to develop appropriate messages.** Local public health officials and NACCHO staff tended to use scientific terminology and long explanations when talking about public health. Burness Communications helped

NACCHO distill "the essence of public health into very simple and compelling terminology" so that its message could be heard, said Project Director Grace Gorenflo.

9. Communicate frequently with stakeholders, using many different methods.

Communication methods included updated websites, webcasts, conference presentations, meetings and printed materials. This ensured that people heard about the operational definition, and its relevance to accreditation, often and in different ways. "People take in information differently, and they have to hear it a number of times before it penetrates," said Project Director Grace Gorenflo.

AFTERWARD

In February 2009, the Public Health Accreditation Board established by RWJF issued draft standards for local and state health departments and agencies that are very similar to those developed by the National Association of County and City Health Officials (NACCHO). As of July 2009, the board had revised the standards, based on feedback received during a public comment period.

As of August 2009, NACCHO was helping the board, other national partners, and local health departments advance and prepare for voluntary national accreditation. For example, NACCHO is:

- Working with the Public Health Accreditation Board on an 18-month beta test of the accreditation program, expected to begin in the fall of 2009. With support from RWJF, NACCHO is administering grants to 19 local health departments (ID# 066077; June 2009 to June 2011). The Association of State and Territorial Health Officials (ASTHO) is administering five additional beta-test projects, including ones conducted by tribal health departments (ID# 066092; June 2009 to June 2011).
- Disseminating information and meeting monthly with national partners, including the Public Health Accreditation Board, ASTHO, the National Association of Local Boards of Health (NALBOH), and the National Network of Public Health Institutes, to support accreditation program development
- Bringing together smaller health departments that do not have the capacity to meet the standards in the operational definition by themselves. An RWJF grant (ID# 058881 December 1, 2006–December 31, 2008) funded regionalization efforts in Kansas and Massachusetts.
- Collaborating with the National Indian Health Board as it begins to explore what accreditation means for tribal health departments

Prepared by: Lori De Milto

Reviewed by: Karyn Feiden and Molly McKaughan

Program Officers: Debra J. Perez (ID#s 050045, 052676, 057248) and Joe Marx (ID# 052324)

Grant ID# 50045, 52324, 52676, 57248

Program area: Public Health

APPENDIX 1

About Public Health

Government public health agencies—at the federal, state and local levels—are the backbone of the nation's public health system. They work in partnership with health care providers, employers, private insurers, consumers, academics and others in the private and not-for-profit sectors.

Public Health at the Federal Level

At the federal level, the Public Health Service, part of the U.S. Department of Health and Human Services, is involved with a wide range of public health activities from research and training to primary care and health protection.

Key players in public health include the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA):

- CDC works with states and other partners to provide a health surveillance system to monitor and prevent disease outbreaks and maintain national health statistics. The agency also provides immunization services, supports research into disease and injury prevention and guards against disease transmission across international borders.
- HRSA is the primary federal agency for improving access to health care services for medically underserved populations, including funding community health centers and primary care programs for uninsured populations, people who are homeless and residents of public housing.

Many other government agencies operate programs with an impact on public health, including the Agency for Healthcare Research and Quality (AHRQ), Centers for Medicare and Medicaid Services (CMS), Food and Drug Administration (FDA), Indian Health Service (IHS), National Institutes of Health (NIH) and Substance Abuse and Mental Health Services Administration (SAMHSA).

Federal grants help fund public health services at the state and local levels, with most funding going to the states.

Public Health at the State Level

The U.S. Constitution gives the states the power and duty to safeguard the health of their citizens. Each state has an official state health agency. According to the book *Public Health: What It Is and How It Works* (2001), about two-thirds of the states have freestanding public health agencies and about one-third place their public health agencies within a multipurpose health or human services agency.

Typically, more than 20 other agencies within a state—ranging from the department of aging to the state board of education and the fire marshal—also have some degree of public health responsibilities. This fragmentation creates challenges for official state public health agencies.

While public health services in each state vary considerably, frequent essential services include:

- Enforcing laws
- Monitoring health status
- Diagnosing and investigating health hazards
- Informing and educating the public

Public Health at the Local Level

Local health agencies are "where the rubber meets the road," according to *Public Health: What It Is and How It Works*. "These agencies are established to carry out the critical public health responsibilities embodied in state laws and local ordinances and to meet other needs and expectations of their communities."

States retain significant authority and share responsibilities with local entities. Most often, local government forms and manages its own local health agency or board of health. Alternatively, the state may operate local health agencies directly, or provide services locally.

A local public health department serves one or several counties, a unified city-county, a city, a town or some other governmental unit. The number of local health departments varies widely among the states. For example, *Public Health: What It Is and How It Works* noted that in 1993, Rhode Island had no local health agencies while Connecticut and Massachusetts each had more than 100 local health agencies.

The services available through local public health agencies vary considerably but typically include:

- Communicable disease control programs
- Immunizations and health screenings
- Epidemiological surveillance and community health assessments
- Sexually transmitted disease counseling and testing
- Primary care services.

APPENDIX 2

The Early Task Forces: Performance Measurement/Accreditation Experts and Representatives of Local Public Health Departments and Local Boards of Health

Task Force of Experts in National and State Performance Measurement/Accreditation Efforts

Joan Brewster, MPA

Director, Public Health Systems Development
Washington State Department of Health
Tumwater, Wash.

Kristine Gebbie, DrPH, RN

Public Health Nurse
Elizabeth Standish Gill Professor of Nursing
Director, Center for Health Policy
Columbia University
New York, N.Y.

Paul K. Halverson, DrPH

Director
Division of Public Health Systems
Development and Research
Public Health Programs Practice Office
Centers for Disease Control and Prevention
Atlanta, Ga.

Richard F. Matzer, MPH

Division Director
State of New Jersey Department of Health
and Senior Services
Trenton, N.J.

Sam S. Shekar, MD, MPH

Associate Administrator for Primary Care and
Assistant U.S. Surgeon General
Health Resources and Service Administration
Rockville, Md.

Vaughn M. Upshaw, DPH, MPH, EdD

Lecturer in Public Administration and
Government
University of North Carolina at Chapel Hill
Chapel Hill, N.C.
National Association of Local Boards of Health
Bowling Green, Ohio

Task Force of Representatives of Local Public Health Departments and Local Boards of Health

Co-Chairs:

Richard H. Matheny, Jr., MFS, MPH, RS

Director of Health
Farmington Valley Health District
Avon, Conn.

Carol Moehrle

Director
North Central District Health Department
Lewiston, Idaho

Members:

Betty Anderson, RN

Administrator
Ralls County Health Department
New London, Mo.

Mark J. Bertler, CAE

Executive Director
Michigan Association for Local Public Health
Lansing, Mich.

Epi Bodhi, MSPH

Director of Public Health
Amherst Health Department
Amherst, Mass.

Gary Cox, JD

Director
Tulsa City-County Health Department
Tulsa, Okla.

Patrick Lenihan, PhD

Deputy Commissioner
Chicago Department of Public Health
Chicago, Ill.

Poki S. Namkung, MD, MPH

Health Officer/Director of Public Health
Berkeley City Public Health Department
Berkeley, Calif.

Lillian Shirley, RN, MPH, MPA
Director
Multnomah County Health Department
Portland, Ore.

Susan E. Turner, MD
County Health Director

Walton County Health Department
DeFuniak Springs, Fla.

Harvey A. Wallace, PhD
Professor & Department Head
Northern Michigan University
Marquette, Mich.

APPENDIX 3

The Governmental Public Health and Elected Officials Task Forces

Governmental Public Health Task Force

Carol Moehrle, Chair
Director
North Central District Health Department
Lewiston, Idaho

Brian W. Amy, MD, MHA, MPH
State Health Officer
Mississippi State Department of Health
Jackson, Miss.

Steven F. Boedigheimer, MBA
Associate Director
Division of Public Health Partnerships
National Center for Health Marketing
Centers for Disease Control and Prevention
Atlanta, Ga.

Sylvia Pirani, MPH, MS
Director
Office of Public Health Practice
New York State Department of Health
Albany, N.Y.

Mary C. Selecky
Secretary of Health
Washington State Department of Health
Olympia, Wash.

Susan E. Turner, MD
Associate Director
Escambia County Health Department
Pensacola, Fla.

Harvey A. Wallace, PhD
Professor & Department Head
Northern Michigan University
Marquette, Mich.

Elected Officials Task Force

Carol Moehrle, Chair
Director
Idaho North Central District Health
Department
Lewiston, Idaho

Miles Bruder
Healthcare Reform Analyst for Governor
Blanco in Louisiana
Baton Rouge, La.
(representing the National Governor's
Association)

Ronald C. Burger
Chair
Rockdale County Board of Health
Stockbridge, Ga.
(representing the National Association of
Local Boards of Health)

Susan Gerard
Policy Adviser, Health/Human Services for
Governor Napolitano in Arizona
(resigned 2009)
Phoenix, Ariz.
(representing the National Governor's
Association)

Joyce Kortman, MRE
Ottawa County Commissioner, District 1,
Michigan
West Olive, Mich.
(representing the National Association of
Counties)

Robert Janes
Commissioner, Lee County, Florida

Fort Myers, Fla.
(representing the National Association of
Counties)

Ray Rawson, DDS
Former State Senator in Nevada
Carson City, Nev.
(representing the National Conference of
State Legislators)

APPENDIX 4

RWJF and National Association of County and City Health Officials (NACCHO) Activities in Public Health Accreditation

In addition to funding NACCHO to develop an operational definition for local public health agencies, and the Association of State and Territorial Health Officials (ASTHO) to conduct a parallel effort to define core state public health services, RWJF and the Centers of Disease Control and Prevention (CDC) undertook a number of other activities related to public health accreditation from 2005 to 2008.

Exploring Accreditation

In 2005, RWJF started an Exploring Accreditation initiative to determine whether it was feasible and desirable to implement a national voluntary accreditation program for state and local health departments. CDC co-funded one project, also called Exploring Accreditation (RWJF grant ID#s 053182, 056262 and 058881; June 2005 to December 2008), with additional support from the American Public Health Association (APHA) and the National Association of Local Boards of Health (NALBOH).

NACCHO and the ASTHO coordinated the Exploring Accreditation project. Participants included local, state and federal public health practitioners and members of academia.

In the winter of 2006–07, the Exploring Accreditation project recommended moving forward on a national voluntary program and provided a detailed model for program development (*Exploring Accreditation: Final Recommendations for a Voluntary National Accreditation Program for State and Local Health Departments*, Winter 2006–2007).

Establishing an Accreditation Board

In May 2007, with RWJF and CDC support, the Public Health Accreditation Board was incorporated to develop a voluntary national accreditation program for local and state public health departments. RWJF funding comes through the \$10 million program, *Establishing a National Public Health Accreditation Organization* (June 2007 through December 2012).

NACCHO staff has helped to manage this program with funding from RWJF (ID#s 061340, 065090, 065570, 066647).

Accreditation Preparation and Quality Improvement Demonstration Sites Project

With CDC support, NACCHO created this project to help local health departments prepare for accreditation.

Ten local health departments participated in the first round from November 2007 through May 2008, conducting self-assessments and implementing quality improvement projects to address priority needs. Fifty-six local health departments participated in a second round from April 2008 through November 2008, including 25 that worked together in five regional collaboratives.

BIBLIOGRAPHY

(Current as of date of the report; as provided by the grantee organization; not verified by RWJF; items not available from RWJF.)

Articles

Chang C, Gorenflo G, Lenihan P and Welter C. "The Operational Definition of a Functional Local Public Health Agency: The Next Strategic Step in the Quest for Identity and Relevance." *Journal of Public Health Management and Practice*, 13(4): 357–363, July/August 2007. Available [online](#).

Gorenflo G. "Accreditation: Time to Get Ready." *Journal of Public Health Management and Practice*, 13(4): 432–434, July/August 2007. Available [online](#).

Late M. "Role of Local Health Departments Spelled Out Via New Definition: NACCHO Tool Aids Community Health." *The Nation's Health*, May 2006.

Weiss R. "NACCHO Embarks on an Unprecedented Effort to Improve Local Public Health." *CDC Health Law News*, August 2006.

Reports

Local Health Officials: Using Science to Protect People. Washington: National Association of County and City Health Officials, 2005. Available [online](#) as Fact Sheet 3.

Operational Definition of a Functional Local Health Department (booklet). Washington: National Association of County and City Health Officials, November 2005. Available [online](#).

The Role of Local Health Departments. Washington: National Association of County and City Health Officials, 2005. Available [online](#) as Fact Sheet 2.

What Does the Local Health Department Do in Your Community? Washington: National Association of County and City Health Officials, 2005. Available [online](#) as Fact Sheet 1.

Survey Instruments

"Quality Improvement at Local Health Departments Survey," National Association of County and City Health Officials, fielded August 1–September 12, 2007.

Grantee Websites

www.naccho.org/topics/infrastructure/accreditation. On the National Association of County and City Health Officials's website. Washington: National Association of County and City Health Officials, July 2005.

The website includes:

Public Health Communications Toolkit

- The toolkit is focused around three fact sheets describing the role that local health departments play in the communities they serve.

Accreditation and Quality Improvement Toolkit

- A database of tools related to accreditation preparation and quality improvement.

Webcasts

- "Meeting and Exceeding the Standards: A Tool for Using the Operational Definition." February 28, 2007, Washington. Webcast viewed by 597 individuals. Archive available [online](#).
- "Building Blocks for Public Health Departments: Connecting Standards and Accreditation." June 12, 2007, Washington. Webcast viewed by 664 individuals. Archive available [online](#).
- "The Benefits of Accreditation." October 12, 2007, Washington. Webcast viewed by 582 individuals. Archive available [online](#).
- "Quality Improvement 101." December 7, 2007, Washington. Webcast viewed by 510 individuals. Archive available [online](#).
- "Using Baldrige Criteria in Local Health Departments." January 31, 2008, Washington. Webcast viewed by 459 individuals. Archive available [online](#).
- "Local Health Department Self-Assessment Tool for Accreditation Preparation." April 10, 2008, Washington. Webcast viewed by 226 individuals. Archive available [online](#).
- "Where the Rubber Meets the Road: Implementing Quality Improvement." July 3, 2008, Washington. Webcast viewed by 389 individuals. Archive available [online](#).

Presentations and Testimony

"Operational Definition: Defining a Local Public Health Agency," at the Maternal and Child Health Bureau, Health Resources and Services Administration webcast, April 14, 2005, Bethesda, MD. Archive available [online](#).

"Best Practices in Local Public Health Series: The Operational Definition of a Local Public Health Agency," at the University of Iowa Center for Public Health Preparedness, September 29, 2005, in Des Moines, IA. Podcast available [online](#).

"Performance Standards, Accreditation, and Public Health." Fall 2006. (APHA conference session) Archive available [online](#) for Medscape members.