



# Exploring Accreditation of Public Health Departments

A report from the Robert Wood Johnson Foundation

## SUMMARY

Public health departments play a critical, but often unrecognized, role in promoting and preserving the health of people in communities across the country. Until recently, however, there was no system to encourage public health departments to measure their performance against national standards.

### The National Public Health Accreditation Program

The national public health accreditation program for local, state, tribal and territorial public health departments, to be launched in 2011, is designed to improve and protect the health of the public by advancing the quality and performance of all public health departments across the country. Accreditation will drive public health departments to measure themselves against national standards and continuously improve the quality of the programs and services they deliver to the community.

The nonprofit Public Health Accreditation Board (PHAB) based in Washington, is developing and implementing the national public health accreditation program. The Robert Wood Johnson Foundation (RWJF) and the Centers for Disease Control and Prevention (CDC) helped establish the PHAB, which was incorporated in 2007, to oversee the accreditation of public health departments. Both organizations continue to support the PHAB.

With broad input and support from public health practitioners, PHAB has developed standards for local, state, tribal and territorial health departments designed to work for all health departments, regardless of size, governance, organizational structure and community health needs. These standards will enable health departments to:

- Ensure that they are providing the best services possible to keep their communities safe and healthy.
- Demonstrate accountability to their communities.
- Continuously improve the quality of the services they deliver to their communities.

Many of the nation's leading public health organizations support the accreditation program, including:

- American Public Health Association (APHA)
- Association of State and Territorial Health Officials (ASTHO)
- National Association of County and City Health Officials (NACCHO)
- National Association of Local Boards of Health (NALBOH)
- National Indian Health Board (NIHB)
- National Network of Public Health Institutes (NNPHI)
- Public Health Foundation

Other public health organizations also support accreditation.

RWJF and the CDC have also supported many projects that laid the foundation for and supported national public health accreditation.

### **The Path to Public Health Accreditation**

This report describes the work by RWJF, the CDC and others leading to the development of the national public health accreditation program, as well as the status of the program and related activities as of April 2010. RWJF projects and programs are listed in [Appendix 1](#).

In 2004, RWJF began studying the issue of accreditation of local, state, tribal and territorial public health departments by convening meetings in August and December. Later, RWJF developed the Exploring Accreditation Initiative to manage the work to explore accreditation of public health departments. Public health practitioners in the state and local health departments that will be eligible for accreditation were engaged in and drove this process. (The tribal community became engaged in the process around 2008. Territorial health departments have not been involved to date, but are eligible for accreditation.)

### ***Building on RWJF's Earlier Investments in the Public Health System***

The concept of public health accreditation built upon RWJF's earlier investments in programs and projects to improve the performance and impact of the public health system, most notably:

- *Turning Point: Collaborating for a New Century in Public Health*<sup>®</sup>. See [Grant Results](#) for more information.

- Development of a Common Operational Definition for local health departments, through four grants to National Association of County and City Health Officials (NACCHO). See [Grant Results](#) for more information.

**Turning Point.** *Turning Point* was a collaboration between RWJF and the W.K. Kellogg Foundation that ran from 1996 to 2006. It sought to: "transform and strengthen the public health system in the United States to make the system more effective, more community-based and more collaborative." Some 22 states and 41 communities in those states worked together to strengthen their public health systems and develop health improvement plans.

In the second phase of *Turning Point*, the grantees formed five collaboratives focused on key challenges. The Performance Management Collaborative was particularly important in laying the foundation for future accreditation work. It developed a four-component performance management model that continues to provide an important framework for improving public health performance. The components are:

- *Performance standards:* Establishing organizational or system performance standards, targets and goals and relevant indicators to improve public health practice.
- *Performance measures:* Applying and using performance indicators and measures.
- *Reporting progress:* Documenting and reporting progress in meeting standards and targets, and sharing that information through feedback.
- *Quality improvement:* Establishing a program or process to manage change and achieve quality improvement in public health policies, programs or infrastructure based on performance standards, measurements and reports.

### **Creating a Common Operational Definition of a Local Health Department.**

NACCHO's *Operational Definition of a Functional Local Health Department*, published in November 2005, paved the way for public health accreditation by describing what public health practitioners and the communities they serve can reasonably expect from local health departments and then setting standards for accountability. The standards later became part of the foundation of the national voluntary accreditation standards.

### ***Moving Forward With National Public Health Accreditation***

The Exploring Accreditation project, launched by RWJF and the CDC in June 2005, was a major step on the path toward public health accreditation. Exploring Accreditation used an open, consensus-building framework in which public health practitioners and experts explored the feasibility and desirability of accreditation of public health departments. The executive directors of APHA, ASTHO, NACCHO and NALBOH comprised the project's planning committee.

After a year and a half of study and meetings, a 25-member steering committee unanimously recommended that a national voluntary public health accreditation program for local, state, tribal and territorial health departments be implemented and made recommendations on the structure of the program. Four workgroups and participants in RWJF's program, *Multistate Learning Collaborative on Performance and Capacity Assessment on Accreditation of Public Health Departments (Multistate Learning Collaborative)* informed the work of the steering committee. Members of the steering committee and the workgroups represented local, state and federal public health departments and agencies.

The *Multistate Learning Collaborative* (later renamed *Lead States in Public Health Quality Improvement* in January 2008) provided empirical evidence from the experiences of five states—Illinois, Michigan, Missouri, North Carolina and Washington—in public health accreditation or performance assessment.

The steering committee's final report, *Exploring Accreditation: Final Recommendations for a Voluntary National Accreditation Program for State and Local Public Health Departments* (winter 2006–07), provided a detailed model that served as a framework for building the national voluntary accreditation program. More than 650 public health practitioners commented on this model.

### ***Preparing for Public Health Accreditation and Quality Improvement***

RWJF and the CDC also helped public health departments prepare for accreditation and funded other work to build the foundation for accreditation and quality improvement. Through their sponsorship and funding:

- Selected states worked on public health accreditation and quality improvement and shared their experiences through the first, second and third phases of the *Multistate Learning Collaborative*.
- NACCHO provided technical assistance to help local health departments—working alone and in regional collaboratives—prepare for accreditation through self assessments and quality improvement projects. The regional model means that two or more local health departments share resources and provide services together.
- ASTHO analyzed the range of state health department public health services based upon a comprehensive survey.
- NIHB explored tribal public health accreditation.

**A learning laboratory for accreditation and quality improvement: the *Multistate Learning Collaborative* (MLC).** NNPHI ran the MLC program. The first phase, MLC-1, launched in July 2005, sought to enhance the existing public health performance and capacity assessment or accreditation programs of local health departments in Illinois,

Michigan, Missouri, North Carolina and Washington State (which also included assessment of the state public health department).

The second phase of the initiative, MLC-2, sought to:

- Explore best practices for teaching and implementing quality improvement practices at the state and local levels.
- Continue to enhance readiness for national accreditation.

Ten states—the five original states and five new states—participated in MLC-2, which began in December 2006. The new states were Florida, Kansas, Minnesota, New Hampshire and Ohio.

MLC-3, begun in April 2008 and running through February 2011, built on the momentum of two previous phases. It is designed to:

- Prepare local and state health departments for national accreditation.
- Contribute to the development of the national accreditation program.
- Advance the use of quality improvement methods in local and state health departments.

RWJF continued to fund the prior states and added seven new states in MLC-3: Indiana, Iowa, Montana, New Jersey, Oklahoma, South Carolina and Wisconsin.

**Local health departments prepare for accreditation.** In another project funded by RWJF and the CDC, NACCHO provided technical assistance in preparing for accreditation and quality improvement to 66 individual local health departments and five regional collaboratives composed of 25 local health departments. Initially, the CDC funded NACCHO to work with 10 local health departments. RWJF enhanced the project by funding local health departments directly and adding the five regional collaboratives.

The individual health departments conducted self-assessments using the common operational definition standards and measures to identify areas for improvement and then implemented quality improvement projects in those areas. The regional collaboratives conducted self-assessments, aggregated the results for the region, chose priorities for improvement and planned their future collaboration.

About 64 percent of the nation's local health departments serve less than 50,000 people; many of these departments have only a handful of full-time employees and lack the capacity to meet accreditation standards alone. To address this problem, RWJF also supported NACCHO to develop technical assistance strategies and tools to help small local health departments in Kansas and Massachusetts prepare for accreditation by working together in regions.

NACCHO then shared these regional cooperation strategies and tools with other local health departments through its Web site. (As of April 2010, interest in regionalized cooperation across jurisdictional lines had increased and was appearing in many states. RWJF was engaged in a scan of regionalized practices in public health and other governmental sectors.)

**ASTHO analyzes state public health services.** With funding from RWJF and the CDC, ASTHO analyzed the range of services provided by state health departments around the country. ASTHO used its State Public Health Survey to gather data on the types of programs and services health departments provide. ASTHO published survey results on state public health responsibilities, organization and structure, planning and quality improvement, and workforce in *Profile of State Public Health Volume One* (2009). Public Health Accreditation Board (PHAB) workgroups used the survey results in developing proposed state standards and measures for the national voluntary public health accreditation program.

**NIHB develops strategic plan and begins to adapt accreditation for Indian Country.** RWJF funded NIHB to establish an advisory board to explore accreditation in Indian Country. NIHB developed a strategic plan for promoting accreditation.

### ***Developing the National Public Health Accreditation Program***

RWJF and the CDC have been supporting PHAB since its establishment in May 2007 and both organizations have made a long-term commitment to supporting PHAB.

In 2007 and 2008, working with ASTHO, NACCHO and NALBOH, and state and local public health practitioners, public health experts, public health researchers and other technical experts to develop the standards and performance measures, PHAB developed standards and performance measures for local, state, tribal and territorial health departments.

In November 2009, PHAB began a beta test of the accreditation program with 30 health departments: 19 local, eight state and three tribal. These health departments vary in size, structure, population served, governance, geographic region and degree of preparedness for accreditation, and thus represent the diversity of health departments in the United States.

This report describes these steps and others in the path toward national accreditation of local, state, tribal and territorial public health departments.

## **MOVING PUBLIC HEALTH FROM DISARRAY TO CONSISTENTLY HIGH QUALITY AND PERFORMANCE**

By 1988, the nation had "lost sight of its public health goals" and allowed the public health system to "fall into disarray," according to the Institute of Medicine's report, *The Future of Public Health* (1988). Public health practitioners, policy-makers and members of the public did not understand what people should expect from the public health system. Services varied widely from place to place, both in terms of which services were available and the level of the services that were provided.

Despite subsequent efforts to improve public health, little progress was made. In 2002, the Institute of Medicine reported that "in many important ways, the public health system that was in disarray in 1988 remains in disarray today. Many of the recommendations from *The Future of Public Health* have not been put into action." (*The Future of the Public's Health*, 2002.)

### **Calls for an Exploration of Accreditation**

Accreditation is an accepted way to foster quality improvement and accountability in many fields. *The Future of the Public's Health* noted that although health care organizations had mechanisms for accreditation and quality assurance, public health did not. "Accreditation mechanisms may help to ensure the robustness and efficiency of the governmental public health infrastructure, assure the quality of public health services, and transparently provide information to the public about the quality of the services delivered," it stated.

The report called for the establishment of a national steering committee to examine the potential benefits of accreditation of public health departments and, if accreditation would be valuable, how such a system should function.

### **Robert Wood Johnson Foundation's Investments to Improve Public Health Performance and Impact**

The concept of public health accreditation built upon RWJF's investments since the mid 1990s in programs and projects to improve the performance and impact of the public health system.

Program staff at RWJF saw accreditation as a way to build on this prior work, increase accountability of public health departments for indicators of quality in services or processes and community health outcomes, and increase support for public health. They thought accreditation could catalyze public health departments to implement quality improvement: a deliberate and defined improvement process focused on activities that achieve measurable improvements in performance, are responsive to community needs and improve the health of the public.



## ***Improving Public Health: A New Way of Thinking***

A collaboration between RWJF and the W.K. Kellogg Foundation from 1996 to 2006, *Turning Point: Collaborating for a New Century in Public Health* demonstrated the importance of performance management in driving improvements in public health departments' performance and impact.

*Turning Point* defined its mission as to: "transform and strengthen the public health system in the United States to make the system more effective, more community-based and more collaborative." Some 22 states and 41 local communities in those states worked together to strengthen their public health systems during the \$50-million program (\$33 million from RWJF and \$17 from the W.K. Kellogg Foundation).

***Turning Point's Performance Management Collaborative develops measurements and a model.*** The collaborative was one of five national excellence collaboratives that enabled states to work together on common public health system infrastructure challenges.

The collaborative developed a model for performance management that continues to provide an important framework for improving public health performance. It is composed of:

- *Performance standards:* Establishing organizational or system performance standards, targets and goals and relevant indicators to improve public health practice.
- *Performance measures:* Applying and using performance indicators and measures.
- *Reporting of progress:* Documenting and reporting progress in meeting standards and targets, and sharing that information through feedback.
- *Quality improvement:* Establishing a program or process to manage change and achieve quality improvement in public health policies, programs or infrastructure based on performance standards, measurements and reports.

"The performance management collaborative really pushed the idea of improving public health performance, and established guidelines for how to do that. Public health practitioners collaboratively designed the approach to performance management," said Pamela G. Russo, M.D., M.P.H., a senior program officer on RWJF's Public Health Team.

For more information about *Turning Point*, see [Grant Results](#).

## ***Developing a Common Operational Definition for Local Health Departments***

The lack of a common understanding of what people should be able to expect from their local health departments, regardless of where they live or the size of their community,



hindered efforts to set a consistent measurement system for the quality of public health department performance. In February 2004, RWJF funded NACCHO, the national organization representing local health departments based in Washington, to develop a common operational definition for local health departments. The CDC joined RWJF in funding the following phases of the project, which ended in June 2008.

To develop the definition, NACCHO used an iterative consensus process, collaborating extensively with:

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

More than 600 public health practitioners and elected officials representing 30 states contributed to the definition.

**NACCHO publishes operational definition and standards.** In November 2005, NACCHO published *Operational Definition of a Functional Local Health Department*, which describes what public health practitioners and the communities they serve can reasonably expect from local health departments. The definition is based upon the 10 essential public health services, which provide a working definition of public health and a guiding framework for the responsibilities of local public health systems (see [Appendix 2](#) for a list of these services).

The definition includes 45 standards for accountability to the public, the state health department and the governing bodies to which the local departments report. The standards were intended to help local health departments define themselves and demonstrate what they do to improve the health of the public.

NACCHO distributed 3,500 copies of the booklet, posted it on the NACCHO Web site, and developed resources, including a toolkit, newsletters, Webcasts and presentations, to promote the operational definition. For more information, see [Grant Results](#).

**The operational definition becomes part of the evolving accreditation program.**

When this project started, RWJF had expected the operational definition process to reach a more consistent understanding of the value of local health departments and a serve as way to foster accountability to local government and the public—but not to directly lead to accreditation. While NACCHO was developing its operational definition, however, the movement toward accreditation of public health departments was picking up steam.

"The operational definition paved the way for accreditation, and framed the way the public health community approached accreditation," said Russo. In addition to setting

standards, the operational definition noted that many factors, such as capacities, resources and authority, affect how local health departments function. It allowed each local health department to find the best way to meet the standards.

The operational definition's standards ended up becoming part of the foundation of the national voluntary accreditation standards the Public Health Accreditation Board (PHAB) was developing for local, state, tribal and territorial health departments. They also provided a framework to help local health departments prepare for accreditation. The PHAB was established with funding from RWJF and the CDC to oversee the accreditation of public health departments.

Read more about this under [Exploring Accreditation](#) and [Moving Forward with Public Health Accreditation](#).

For more information, see [Grant Results](#).

### **Other Early Performance Assessment Activities in Public Health**

The American Public Health Association (APHA), the Association of State and Territorial Health Officials (ASTHO), NACCHO, CDC, National Association of Local Boards of Health (NALBOH), the Public Health Foundation (PHF) and other public health organizations had also been developing assessment tools and processes related to public health performance assessment. None of these tools received external independent review and rating against a set of defined criteria. RWJF was not involved in any of these activities.

Some of the most influential tools were:

- Assessment Protocol for Excellence in Public Health and the Assessment and Planning Excellence Through Community Partners for Health
- Mobilizing for Acting Through Planning and Partnerships
- National Public Health Performance Standards Program

See [Appendix 3](#) for descriptions of these tools.

### **BUILDING A CONSENSUS TO EXPLORE PUBLIC HEALTH ACCREDITATION**

The Institute of Medicine recommendation to establish a national steering committee to explore accreditation of public health departments stimulated widespread discussion about accreditation, including at RWJF and the CDC, and among staff members at the two organizations.

As part of the CDC's 2004 Futures Initiative, its strategic plan, it had identified accreditation as a key strategy to strengthen public health infrastructure. Partnering with RWJF was crucial to the CDC in bringing public health stakeholders together to explore the Institute of Medicine's recommendation. "If it were just CDC, there would be suspicion about us trying to control the public health enterprise," said Dennis Lenaway, Ph.D., M.P.H., director of the CDC's Office of Public Health Systems Performance.

Public health practitioners were very wary of accreditation, according to RWJF's Russo. They were afraid that it could penalize health departments that were small or under-resourced, or suggest that high-performing health departments were over-funded. They also saw it as potentially another time-consuming burden and an unfunded mandate that would not help their health departments improve.

"As a neutral convener, we could ensure that the public health practitioners drove the process, discussed and addressed their fears, and set up guiding principles to prevent negative outcomes," added Russo.

## Convening Public Health Stakeholders

RWJF held an August 2004 meeting to bring public health stakeholders together to discuss accreditation. The Foundation convened representatives of APHA, ASTHO, CDC, NACCHO, NALBOH, NNPHI, local and state public health departments, and RWJF staff to plan for a larger meeting about public health accreditation. Participants defined the objectives, format, participants and agenda of that meeting.

In December, RWJF held the larger meeting of public health stakeholders at the Institute of Medicine office in Washington. To stimulate discussion, the Foundation commissioned two papers:

- *Exploring Public Health Experience with Standards and Accreditation* reviewed the positions of the major public health organizations on accreditation and comparable programs and included a review of current state-based assessment and accreditation programs of local health departments

## Public Health Organizations

*APHA, in Washington, is composed of public health professionals and works to improve public health in the United States.*

*ASTHO, in Arlington, Va., is the nonprofit public health organization that represents the leaders of state and territorial health departments.*

*NALBOH, in Bowling Green, Ohio, represents local health boards.*

*NAACHO, in Washington, is the national organization representing local health departments.*

*NNPHI, in New Orleans, fosters networking and collaboration among public health institutes and multi-sector partners.*

*PHF, in Washington, is a nonprofit organization that helps health agencies and other community health organizations achieve healthy communities through research, training and technical assistance.*

- *Can Accreditation Work in Public Health? Lessons from Other Service Industries* reviewed the literature on the experiences and outcomes of existing accreditation programs in health and social services to determine the potential benefits and costs of accreditation for public health departments.

Participants included representatives of APHA, ASTHO, CDC, the federal Health Resources and Services Administration, the federal Indian Health Service, NACCHO, NALBOH, NNPHI, PHF, RWJF, and local and state public health departments. They reached consensus that a national committee should thoroughly examine accreditation of public health departments and determine the feasibility and desirability of establishing a national voluntary accreditation system.

### **Convening Quality Improvement Leaders**

RWJF also convened a meeting on public health quality improvement at the Institute for Healthcare Improvement office in Boston in November 2004. Leaders from the quality improvement field in health care and public health explored whether and how health care quality improvement processes and tools could be applied to public health.

It became clear after this meeting that the majority of experts in health care quality improvement did not understand how public health services differ from clinical services, and that health care quality improvement experience could not be transferred and applied directly in the public health context, except in the area of direct clinical services.

### **EXPLORING ACCREDITATION**

In June 2005, RWJF and the CDC launched the Exploring Accreditation project, which established a national steering committee to explore accreditation of public health departments. The major public health organizations—APHA, ASTHO, NACCHO and NALBOH—collaborated on the project, which used an open, consensus-building framework. NACCHO and ASTHO co-managed Exploring Accreditation, with RWJF funding the work done by NACCHO and the CDC funding the work done by ASTHO.

The executive directors of APHA, ASTHO, NACCHO and NALBOH comprised the planning committee for Exploring Accreditation. It provided executive oversight and established a 25-member steering committee to explore whether it was feasible to establish a national voluntary accreditation system and if so, to make recommendations on the structure of such a program.

The steering committee included representatives of local, state, tribal and federal public health departments and agencies. Kaye Bender, R.N., Ph.D., F.A.A.N., Dean of the University of Mississippi Medical Center's School of Nursing, was the chair. The four partner organizations on the planning committee provided the staff.

The steering committee established four workgroups to inform its work:

- *Governance and Implementation Workgroup*, which developed governance recommendations.
- *Finance and Incentives Workgroup*, which examined ways to finance the program and identify incentives that health departments and policy-makers would value.
- *Research and Evaluation Workgroup*, which developed research principles and an evaluation framework for the program.
- *Standards Development Workgroup*, which developed principles to guide standards and measures development.

More than 40 public health practitioners and academics participated in the workgroups, which developed recommendations and considered alternatives to accreditation. They brought in subject-matter experts and consultants for specific advice as necessary.

The RWJF *Multistate Learning Collaborative* (MLC 1) grantees were invaluable in informing the steering committee's work with their real-world experience, according to RWJF's Russo. Representatives of the five participating states—Illinois, Michigan, Missouri, North Carolina and Washington—shared their experiences in public health department accreditation and provided feedback on various issues.

Read more about this under the [Multistate Learning Collaborative](#) section of this report.

Engaging the public health practitioners whose departments would be eligible for accreditation, if the decision to proceed was made, was a key component of Exploring Accreditation, according to Russo and the CDC's Dennis Lenaway. Empirical evidence from the *Multistate Learning Collaborative* was also crucial.

"The only way to create the incredible sea change that occurred was if it was driven by public health professionals and by empirical evidence from the states with experience implementing accreditation," said Russo.

## **Developing the Model for National Voluntary Accreditation**

The steering committee met in April 2006 to consider the workgroups' recommendations and to develop a proposed model for accreditation. More than 650 public health practitioners commented on the proposed model between May and July 2006.

With significant support from the public health community, in August 2006, the steering committee unanimously recommended that a national voluntary public health accreditation program for local, state, tribal and territorial health departments be implemented. The steering committee concluded that such a program could:

- Advance the quality, accountability and credibility of public health departments.

- Promote consistency and high performance within health departments.
- Clarify the public's expectations of governmental public health.

The steering committee also revised the proposed model based on the public comments.

*Exploring Accreditation: Final Recommendations for a Voluntary National Accreditation Program for State and Local Public Health Departments*, released in the winter of 2006–07, stated:

*We believe the establishment of a voluntary national accreditation program is desirable for many salient reasons. Chief among them is the opportunity to advance the quality, accountability and credibility of governmental public health departments, and to do so in a proactive manner.*

The report provided a detailed model to serve as a framework for building the national voluntary accreditation program. It noted that the program should:

- Promote high performance and continuous quality improvement.
- Recognize high performers that meet nationally accepted standards of quality and improvement.
- Illustrate health department accountability to the public and policy-makers.
- Increase the visibility and public awareness of governmental public health, leading to greater public trust and increased health department credibility, and ultimately a stronger constituency for public health funding and infrastructure.
- Clarify the public's expectations of state and local health departments.

## **Recommendations**

The recommendations for a national voluntary accreditation program for local, state, tribal and territorial health departments are summarized below. The complete recommendations, along with the rationale behind each recommendation, are available in the project's [final report](#).

**Governance.** Establish a new, nonprofit organization to oversee the accreditation of local, state, tribal and territorial health departments. The planning committee should appoint the initial governing board. The organization should:

- Direct the establishment of accreditation standards.
- Develop and manage the accreditation process.
- Determine whether applicant health departments meet accreditation standards.

The organization would maintain administrative and fiscal capacity and evaluate the program's effectiveness and its impact on health departments' performance. The governing board and the organization would advocate for training and technical assistance for public health departments seeking national accreditation.

**Eligibility.** Any government entity with primary legal responsibility for public health at the state, local, territory or tribal level would be eligible for accreditation. Eligibility would be determined in a flexible manner, given the variety of jurisdictions and governmental organizations responsible for public health.

**Standards Development.** Standards should be developed to promote the pursuit of excellence among public health departments, continuous quality improvement and accountability for the public's health. The process for establishing standards should consider health departments' performance improvement experience.

The steering committee created 11 domains for which health departments should be held accountable:

- Monitor health status and understand health issues.
- Protect people from health problems and health hazards.
- Give people information they need to make healthy choices.
- Engage the community to identify and solve problems.
- Develop public health policies and plans.
- Enforce public health laws and regulations.
- Help people receive health services.
- Maintain a competent public health workforce.
- Use continuous quality improvement tools to evaluate and improve the quality of programs and interventions.
- Contribute to and apply the evidence base of public health.
- Govern and manage health department resources (including financial and human resources, facilities and information systems).

Standards and measures should be established for each domain.

The specific measures and evidence of meeting those measures may differ between state and local health departments but the standards should be complementary and mutually reinforcing to promote the shared accountability of all public health departments.



**Conformity Assessment Process.** Health departments seeking accreditation would undergo an assessment process. This should include a review to determine readiness for accreditation, a self-assessment and a site visit conducted by external reviewers, resulting in a recommendation on accreditation status. The final decision on accreditation would be made by the governing board of the national accrediting organization. A public health department would be fully accredited, conditionally accredited or not accredited. An appeals process would be established to resolve disputes.

**Financing.** The new accrediting organization will need initial start-up funding from grantmakers, government agencies, and organizations of state and local health departments, some of which may provide in-kind support. Subsidies for initial operations will be required, but this phase should be funded in part by applicant fees and other revenues.

It will be important to attract the full spectrum of local and state public health departments to the accreditation program, and applicant fees should not be excessive or pose a barrier to participation. As the new organization approaches self-sufficiency, subsidies should be directed more toward applicant fees to encourage broader participation.

**Incentives.** Incentives should be positive, supporting public health departments in seeking accreditation and achieving high standards. Incentives should support the goal of improving and protecting the public's health by advancing the quality and performance of public health departments. Credibility with government bodies and the public, as well as access to resources for performance improvement, should encourage health departments to participate.

**Evaluation.** Evaluation is critical at every stage of the accreditation program's implementation and development. The accrediting organization should encourage research and evaluation to develop the science base for accreditation.

## **Communications and Accreditation Expertise for Exploring Accreditation**

To inform the public health community about Exploring Accreditation, and to provide opportunities to comment on the proposed model, in July 2005, RWJF funded Burness Communications to oversee communications. Burness is a public relations company based in Bethesda, Md., that helps nonprofit organizations achieve social change.

RWJF also funded accreditation consultant Michael S. Hamm, of Michael Hamm and Associates in Rio Rancho, N.M., to provide expertise on accreditation issues and how an accreditation program in public health could work. Hamm consulted with the steering committee and the workgroups and provided resources to them, including the report *Quality Improvement Initiatives in Accreditation: Private Sector Examples and Key*

*Lessons for Public Health* (available on the National Network of Public Health Institute's eCatalog).

### **Laying the Groundwork for Accreditation**

Following the steering committee's recommendation to implement a national voluntary public health accreditation program, RWJF and the CDC supported the Exploring Accreditation planning committee, through funding to NACCHO and ASTHO, to develop a plan for the new program and begin preliminary activities. During 2007, the planning committee:

- Established a new organization, the Public Health Accreditation Board (PHAB), to manage the program, and committee members served on its initial governing board.
- Began the processes to incorporate PHAB as a nonprofit 501(c)3 organization and recruit an executive director.
- Developed a grant proposal for funding to continue PHAB's work.

### **BUILDING THE FOUNDATION FOR PUBLIC HEALTH ACCREDITATION AND QUALITY IMPROVEMENT**

During and after Exploring Accreditation, RWJF also funded work to build the foundation for accreditation and quality improvement in public health:

- Selected states worked on public health accreditation and quality improvement and shared their experiences through the first, second and third phases of the *Multistate Learning Collaborative*.
- NACCHO helped 66 individual local health departments and five regional collaboratives composed of 25 local health departments prepare for accreditation and quality improvement.
- ASTHO used its State Public Health Survey to gather data on the types of programs and services health departments around the country provide.
- The National Indian Health Board (NIHB) explored tribal public health accreditation.

### **A Learning Laboratory for Accreditation and Quality Improvement: *The Multistate Learning Collaborative***

Back in early 2005, before the formation of the steering committee, RWJF staff had conceived the idea of creating a collaborative of states working on public health accreditation to share their experiences with each other and with Exploring Accreditation after learning about state activities related to accreditation.

Foundation staff visited North Carolina's pilot accreditation program, which was based on the core functions and 10 essential services of public health, in March 2005.

This program focused on the infrastructure necessary to provide the essential services. Participating local health departments were expected to meet the same set of standards, and to complete a community health assessment before pursuing accreditation. Local health departments were very involved in developing the pilot accreditation program.

During that visit, the understanding of Foundation staff about the issues involved in accreditation grew "exponentially," said RWJF's Pamela Russo. RWJF also knew that seven other states had or were working on accreditation-like programs.

### ***RWJF Launches the Multi-State Learning Collaborative***

In July 2005, RWJF launched the first phase of the program, *Multistate Learning Collaborative* (MLC-1) to enhance the existing public health performance and capacity assessment or accreditation programs of local health departments in five states; one of these states included its state public health department (Washington).

The National Network of Public Health Institutes (NNPHI) managed the program. The programs in the first round of participating states—Illinois, Michigan, Missouri, North Carolina and Washington—ranged from mandatory accreditation to voluntary participation in performance assessment. All states established a set of standards and a process to have external reviewers assess performance against the standards.

**Informing Exploring Accreditation.** Representatives of these states informed the Exploring Accreditation national steering committee in many ways:

- Each MLC state had a representative on the steering committee.
- Each workgroup had a representative from at least one MLC state.
- Exploring Accreditation participants visited each MLC state to gather input.
- State representatives helped develop a matrix of attributes of their programs.

"The *Multistate Learning Collaborative* served as a learning laboratory, and all of the information provided greatly assisted in informing decisions around the framework for the national program," according to the Exploring Accreditation final report.

### ***The Second Phase of the Multistate Learning Collaborative (MLC-2)***

MLC-1 ended in October 2006, shortly before the Exploring Accreditation steering committee released its final recommendations for a national voluntary accreditation program for local, state, tribal and territorial health departments.

RWJF began the second phase of the program (MLC-2) in December 2006. It was designed to explore best practices for teaching and implementing quality improvement practices at the state and local level and continuing to enhance readiness for national accreditation. Ten states participated, including the five original states and five new states: Florida, Kansas, Minnesota, New Hampshire and Ohio.

NNPHI continued to manage the program.

During MLC-2, the participating states learned about quality improvement from experts and from each other, as some states had prior experience in quality improvement using frameworks such as the Baldrige framework. (Baldrige is a continuous improvement framework that is focused on the customer, led by management, based on facts and data, and directed toward results). Several states began to form mini-collaboratives of multiple local health departments working together on quality improvement projects. They shared their experiences with each other and with other states interested in accreditation and quality improvement.

**Standardizing Reporting of Quality Improvement Projects.** To standardize reporting for quality improvement projects such as the *Multistate Learning Collaborative*, RWJF borrowed from the health care field the idea of using storyboards. Each participating state described its work in a storyboard, a one- or two-page report based on the plan–do–study–act (PDSA) cycle:

- *Plan.* Plan the test or observation, including a plan for collecting data.
- *Do.* Try out the test on a small scale.
- *Study.* Set aside time to analyze the data and study the results.
- *Act.* Refine the change, based on what was learned from the test.

The PDSA cycle is repeated again and again for continuous improvement.

**Meeting on Quality Improvement in Public Health.** In February 2007, in conjunction with a *Multistate Learning Collaborative* meeting in Cincinnati, RWJF convened representatives of organizations involved in quality improvement to discuss adapting quality improvement to public health. The quality improvement in public health meeting drew about 80 participants from:

- States participating in the *Multistate Learning Collaborative*.
- A RAND collaborative on public health preparedness that was partially funded by RWJF. This work showed the usefulness of a collaborative focused on a single, targeted area of work and the importance of process mapping to facilitate quality improvement. Process mapping is a technique for streamlining work that shows in a flowchart who is doing what, with whom, when and for how long. A process map

also shows decisions made, the sequence of events and, as applicable, wait times or delays inherent in the process. See [Grant Results](#) for more information.

- *Common Ground: Transforming Public Health Information Systems*, the Public Health Informatics Institute's local public health business process framework program funded by RWJF. *Common Ground* also uses collaboratives focused on two targeted areas, chronic disease and emergency preparedness. *Common Ground* developed process maps for many different public health activities.

To inform participants at the meeting, under grant ID# 050892, RWJF commissioned the North Carolina Institute for Public Health to conduct an environmental scan of quality improvement initiatives by public health departments, *Opportunities to Advance Quality Improvement in Public Health* (January 2007). During the meeting, participants reviewed the state of quality improvement in public health, determined needs and developed strategies to promote quality improvement techniques in public health.

**Evaluation of MLC-2.** Evaluators at the Institute for Health Policy at the University of Southern Maine evaluated MLC-2 for RWJF. In a report to the Foundation, they wrote that grantees, project staff, consultants and partners perceived the second phase "very favorably" and that:

*The collaborative provided a forum for peers to learn and exchange resources and the resources helped to further the assessment and accreditation efforts in 10 states. Most importantly, the MLC-2 was seen as a critical platform for advancing quality improvement infrastructure and capacity at the state and local public health levels.*

### ***The Third Phase of the Multistate Learning Collaborative (MLC-3)***

In April 2008, RWJF began the third phase of the *Multistate Learning Collaborative*, adding seven new states to the program. At this point, RWJF updated the name of the program to *Lead States in Public Health Quality Improvement* to more accurately reflect the grantees' efforts, however, the program is known externally as *MLC: Lead States in Public Health Quality Improvement* and this report uses the more familiar original name and its acronym MLC-3.

Building on the momentum of two previous phases, MLC-3 is designed to:

- Prepare local and state health departments for national accreditation.
- Contribute to the development of the national voluntary accreditation program.
- Advance the use of quality improvement methods in health departments.

This three-year phase includes 16 states, nine of the 10 states from the second phase and seven new states. The continuing states are Florida, Illinois, Kansas, Michigan, Minnesota, Missouri, New Hampshire, North Carolina and Washington. The new states are Indiana, Iowa, Montana, New Jersey, Oklahoma, South Carolina and Wisconsin.

Researchers at the University of Southern Maine also are evaluating MLC-3. The NNPHI continues to manage the program.

### **Preparing Local Health Departments for Accreditation**

In addition, RWJF funded several projects to help local health departments prepare for accreditation, working alone and in regional collaboratives composed of two or more local health departments:

- NACCHO helped local health departments complete self-assessments and then implement quality improvement projects based on the results.
- NACCHO helped local health departments in Kansas and Massachusetts prepare for accreditation by forming regional collaboratives within each state to share resources and provide services.
- Kansas further developed its Web-based performance management system to support a regional approach to public health services.

Each of these activities is described below.

### ***Completing Self-Assessments and Implementing Quality Improvement Projects***

With initial funding from the CDC, NACCHO created the Accreditation Preparation and Quality Improvement Demonstration Sites Project in November 2007 to help local health departments start preparing for accreditation. Ten local health departments completed self-assessments using NACCHO's Local Health Department Self-Assessment Tool for Accreditation Preparation, based on the operational definition standards and metrics. They identified areas for improvement and then implemented quality improvement projects to improve their performance to meet the accreditation standards related to those areas.

RWJF decided to expand this project, funding NACCHO to work with 56 health departments (primarily local health departments, but including a few tribal health departments—ID# 063686) from November 2007 to November 2008. Some 31 of the local health departments conducted self-assessments to identify areas for improvement and then implemented quality improvement projects to improve their performance in those areas.



The remaining 25 local health departments worked together in five regional collaboratives within specific states. The collaboratives conducted self-assessments, then aggregated the results for the region, chose priority areas in which to address quality improvement and planned formal mechanisms for future collaboration.

**Informing public health accreditation and other work of local health departments.**

NACCHO also provided feedback to the Public Health Accreditation Board (PHAB) on the demonstration project, based on an evaluation of the self-assessment tool that was conducted by the National Opinion Research Center at the University of Chicago. There was near unanimous agreement among participating health departments that completing a self-assessment using the self-assessment tool was a useful first step in the accreditation process.

To share findings from the demonstration sites with other local health departments, NACCHO created a [Web page](#) with information about the project, and storyboards and other reports from each site or collaborative. As did the storyboards in the *Multistate Learning Collaborative*, these described the work done based on the plan–do–study–act cycle. The reports described the self-assessment process used, results, lessons learned and next steps. The collaboratives also documented the collaboration mechanism they established.

NACCHO selected many of the local health departments and regional collaboratives from this project as "model practices" for public health programs. Each model practice is described in NACCHO's [Model Practice Database](#), an online, searchable collection of practices across public health areas.

***Regionalization in Two States to Meet Accreditation Standards***

About 64 percent of the nation's local health departments serve less than 50,000 people each, according to NACCHO's *2008 Profile of Local Public Health Departments*. These smaller health departments may have difficulty meeting comprehensive accreditation standards on their own.

To address this problem, RWJF supported NACCHO through grant ID# 058881 to develop technical assistance strategies and tools to help local health departments in Kansas and Massachusetts prepare for accreditation by sharing resources and jointly providing services. In Kansas, NACCHO worked with local health departments in two regions (with eight counties in one and 13 counties in the other). The health departments conducted self-assessments to identify areas for regional collaboration and developed plans to work together. They also participated in a regionalization summit to educate county commissioners about public health and the benefits of regionalization.



NACCHO provided technical assistance to the state of Massachusetts to create a statewide task force that was advocating for regionalization. The task force explored the financial and statutory aspects of regionalization, identified potential regional models, began to define what regions would be expected to provide, and encouraged local health departments to support regionalization.

This work led to the passage of state legislation, the Act Relative to Public Health Regionalization, which gave Massachusetts communities the authority to voluntarily form public health districts. The act was signed into law in January 2009.

NACCHO shared information about these regionalization efforts through case studies of Kansas and Massachusetts, resources and tools used by the states, and other products posted on the [regionalization section](#) of its Web site.

These regionalization efforts also enabled NACCHO to build its expertise on regionalization and respond to inquiries from smaller health departments interested in accreditation. "This project has equipped NACCHO to articulate the benefits of considering regional arrangements as a strategy to meet accreditation standards," according to a report from NACCHO to RWJF. "It is having a very positive impact on efforts to prepare for accreditation." Since this project, regionalization has become an important potential tool in enabling small local health departments to work toward meeting accreditation standards.

### ***Kansas Also Develops Regional Web-Based Performance Management System***

RWJF also supported Kansas (ID# 058936) to further develop a Web-based performance management system intended to support a regional approach to public health services. The Kansas Association of Local Health Departments, in partnership with the Kansas Department of Health and the Environment and the Kansas Health Institute, had begun to develop this system, which measured key performance indicators in maternal and child health, immunizations, and public health preparedness regionally. Under this project, the partners further developed the system, adding performance measures and enhancing the electronic performance management "dashboards" (graphical displays of regional performance on a state map).

The partners integrated the performance management system with the quality improvement efforts that were underway in Kansas as a participant in the MLC-2. For more information, see [MLC](#).

## Analyzing the Range of State Public Health Services

From December 2005 to July 2009, with funding from RWJF (ID# 055274 and 058818) and the CDC, ASTHO analyzed the range of state health department services based upon a comprehensive survey.

Originally, ASTHO had planned to determine whether it was feasible to develop a common understanding of state public health services, similar to NACCHO's common operational definition for local health departments, and if so, develop that understanding. Stakeholders—representatives of state health departments and public health organizations and public health experts—said that this was feasible and recommended that ASTHO move forward with the project. However, lack of data about the services state public health departments were providing, and staffing changes at ASTHO and RWJF, meant that ASTHO was unable to develop a common understanding of state public health services. Instead, ASTHO focused on gathering data about state health departments through a detailed survey.

The State Public Health Survey, conducted in 2007 and 2008, covered state public health responsibilities, organization and structure, planning and quality improvement, and the workforce. Representatives of health departments from all 50 states and the District of Columbia completed the survey, however, none of the six territorial health departments responded.

### **Results of the State Public Health Survey**

ASTHO published state public health survey results as the *Profile of State Public Health Volume One* (2009), which included key activities state health departments perform and highlights on state health department structure and organization.

For example, key activities include:

- Running efficient statewide prevention programs like tobacco quitlines, newborn screening programs and disease surveillance.
- Assuring a basic level of community public health services across the state, regardless of the level of resources or capacity of local health departments.

Highlights on state health department structure and organization include:

- 28 state public health departments (55%) are free-standing, while the remaining 23 departments (4%) are located within an umbrella agency structure in state government.
- The state health department provides local health services in 13 states and the District of Columbia (28%). In 19 states (37%), local health departments provide local health

services (decentralized states). Both the state and local health departments provide services in the remaining 18 hybrid states (35%).

PHAB used results of the 2007–08 State Public Health Survey in developing proposed state standards and measures for the national voluntary public health accreditation program. See [Grant Results](#) for more information.

### **Exploring Accreditation Among Tribal Health Departments**

In 2008, RWJF funded NIHB (ID# 063855) to establish an advisory board to explore accreditation in Indian Country and develop a strategic plan for promoting accreditation. NIHB is a nonprofit organization based in Washington that represents tribal governments of American Indians and Alaska Natives.

The advisory board reviewed the proposed national voluntary public health accreditation process and PHAB's proposed draft national standards and measures. Based on a recommendation from the advisory board, NIHB gathered recommendations and comments from Indian Country about public health accreditation and developed a strategic plan.

NIHB's strategic plan emphasized the need to adapt the accreditation process and standards/measures/documentation to the diverse and varied structure of public health in Indian Country.

## **MOVING FORWARD WITH PUBLIC HEALTH ACCREDITATION**

With funding from RWJF and the CDC, PHAB is developing and implementing the national public health accreditation program, designed to improve and protect the health of the public by advancing the quality and performance of local, state, tribal and territorial health departments. Accreditation will motivate public health departments to measure themselves against national standards and continuously improve the quality of the services they deliver to the community. The launch of the new program is set for 2011.

### **The Public Health Accreditation Board**

PHAB was incorporated in May 2007. A board of directors that includes state, local and tribal public health leaders governs the accreditation board. Kaye Bender, chair of Exploring Accreditation, has been president and chief executive officer since January 2009.

RWJF and the CDC have been supporting PHAB since its establishment. Both organizations have made a long-term commitment to continue its support.

## ***Developing the National Accreditation Standards***

PHAB is following the model developed during Exploring Accreditation to advance the accreditation program. In July 2008, the board released draft standards for local, state, tribal and territorial health departments. These standards, which include performance measures, were designed to work for all health departments, regardless of size, governance, organizational structure and community health needs. They will enable health departments to:

- Ensure they are providing the best services possible to keep their communities safe and healthy.
- Demonstrate accountability to their communities.
- Continuously improve the quality of the services they deliver to the community.

The draft standards are based upon 15 sets of state and national standards, including:

- The operational definition of a functional local health department developed by NACCHO.
- Results of the State Public Health Survey conducted by ASTHO.
- National Public Health Performance Standards.
- Project Public Health Ready (standards for local public health preparedness).
- Standards and measures developed by different state-based assessment programs.

In developing the draft standards, the board worked closely with ASTHO, NACCHO and NALBOH, and workgroups of state and local public health practitioners, public health experts, public health researchers, and other technical experts.

Several principles guided the development of the draft standards:

- Advance the collective practice.
- Be simple, reduce redundancy.
- Minimize burden.
- Reinforce local and state health departments' roles and demonstrate shared accountability.
- Apply to all sizes and all forms of governance structure.
- Be based on American National Standards Institute principles.

**The alpha test of the draft standards.** PHAB conducted an alpha test of the draft standards with two state and six local health departments and opened the standards to

public comment. By the time the public comment period ended on May 7, 2009, PHAB had received more than 3,700 comments from public health practitioners. The Standards Development Workgroup carefully reviewed each comment and proposed revisions.

**The revised standards.** In July 2009, PHAB's board adopted the revised standards for use in a beta test. The proposed standards are divided into two parts:

- One domain on administrative capacity and governance.
- Ten domains based on the structure of the 10 essential public health services and NACCHO's operational definition of a functional local health department.

The majority of the standards are the same for state and local health departments. Standards that are specific to state or local health departments are often similar, with slight differences in wording. There are:

- 30 proposed standards and 111 proposed measures for state health departments.
- 30 proposed standards and 102 proposed measures for local health departments.

**Accreditation and quality improvement.** The entire accreditation process is intended to drive quality improvement in public health. A public health department that does not meet certain measures in a particular domain is expected to use a quality improvement approach to improve its performance. Quality improvement also is institutionalized in the accreditation standards through Domain #9: "evaluate and continuously improve processes, programs and interventions." Through quality improvement, public health departments can achieve measurable improvements in their performance and in the efficiency and effectiveness of the public health programs and services they deliver to the community.

## **The Accreditation Beta Test**

In November 2009, PHAB began the beta test of the accreditation program with 30 health departments: 19 local, eight state and three tribal. These health departments represent the diversity of health departments throughout the United States and vary in size, structure, population served, governance, geographic region and degree of preparedness for accreditation.

Two local health departments in Massachusetts, which participated in NACCHO's regionalization project, are participating in the beta test as a regional entity. This will inform PHAB's approach to accreditation applications from regional entities.

Oklahoma is testing the accreditation program at the state, local and tribal levels. One local health department and one tribal health department are participating, along with the

state health department, bringing a unique perspective to the collaboration among the various levels of government through the accreditation process.

Health departments will complete the beta test between November 2009 and the end of 2010, providing ongoing feedback and evaluation during that time to inform the final accreditation process and standards. This will ensure that the accreditation program is feasible and practical, and that it promotes continuous quality improvement in all health departments.

RWJF is funding ASTHO and NACCHO to provide technical assistance to the participating state, tribal and local health departments on meeting the accreditation standards. In addition, through ASTHO and NACCHO, RWJF is providing direct support to the participating beta test sites to cover the costs associated with providing feedback to the evaluation and with implementing a quality improvement project in an area where the beta test shows the need for improvement. The CDC is funding ASTHO and NACCHO for activities related to accreditation, including provision of other types of technical assistance.

RWJF is also funding NIHB to provide assistance to the tribal beta test sites and to continue to promote accreditation among the tribes.

## THE ACCREDITATION COALITION

In 2007, shortly after the inception of PHAB, RWJF and the CDC began funding a series of meetings for public health organizations working toward public health accreditation. Known as the Accreditation Coalition, the group meets periodically to discuss the development of the accreditation program and to ensure that the various organizations' efforts to promote accreditation are consistent, strategic and supportive of PHAB's efforts.

The Accreditation Coalition's purpose statement is:

*The Accreditation Coalition will work collaboratively and strategically to promote the success of a national voluntary accreditation system in order to improve the performance of public health departments and improve the health of the population.*

Coalition members represented:

- American Public Health Association (APHA)
- Association of Public Health Laboratories, an affiliate of ASTHO

- ASTHO
- CDC
- *Multistate Learning Collaborative*, RWJF's national program
- NACCHO
- NALBOH
- NIHB
- National Network of Public Health Institutes (NNPHI)
- PHAB
- Public Health Foundation (PHF)
- RWJF

RWJF funded several organizations and consultants to assist the coalition:

- Jan Malcolm, the executive director of the Courage Center in Golden Valley, Minn., and a former state health official of Minnesota, and consultant Lee Thielen, former deputy director of the Colorado state health department (funded by the CDC), facilitated meetings, periodic conference calls and virtual workgroups.
- Spitfire Communications in Washington developed a strategic communications plan for the coalition and assisted with communications activities.
- Leah Devlin, D.D.S., M.P.H., and David Altman, Ph.D., of the Center for Creative Leadership in Greensboro, N.C., facilitated a working group meeting on accreditation-related technical assistance needs and capacity.
- The Event Planning Group, in Washington, provides administrative and logistical support.

### **The Third Phase of the *Multistate Learning Collaborative* (MLC-3)**

In continuing the *Multistate Learning Collaborative* into a third phase, (MLC-3) RWJF expanded it to three years and 16 states; it is now called *MLC: Lead States in Public Health Quality Improvement*. Building on the momentum of two previous phases, the third phase, launched in April 2008, is designed to:

- Prepare local and state health departments for national accreditation.
- Contribute to the development of the national voluntary accreditation program.
- Advance the use of quality improvement methods in health departments.



MLC-3 has been involved with the national accreditation program in many ways. For example, seven grantees have at least one health department participating in the beta test. MLC-3 participants were also involved in vetting the standards used in the beta test and are helping health departments in their states prepare for accreditation.

## **CONCLUSION: PUBLIC HEALTH DEPARTMENT ACCREDITATION BECOMES A REALITY**

National accreditation of local, state, tribal and territorial health departments is becoming a reality. The accreditation program of the Public Health Accreditation Board (PHAB) will enable public health departments across the country to improve and protect the health of the public by advancing their quality and performance.

For public health departments, accreditation means demonstrated accountability and improved quality. Nationally, public health accreditation means that people across the country can expect the same quality of public health programs and services no matter where they live.

"Accreditation sets a benchmark of consistent standards for public health services that should be met in every community across the country," said RWJF's Pamela Russo. "It creates a platform for quality improvement and provides a means of documenting accountability to the public and to policy-makers."

Accreditation also will enable public health to prove its worth to the public and policy-makers. "Unless the public values public health, we're not going to ever get the recognition, resources and political clout to move forward," said the CDC's Dennis Lenaway. "Accreditation contributes to marketing public health."

For policy-makers, accreditation, and the resulting increase in performance and accountability, will create a favorable budgetary climate for public health. "Accreditation of public health departments will help raise the visibility of public health and foster an awareness among policy-makers that they should be supporting and funding public health departments to provide high-quality public health programs and services," said RWJF Program Officer Abbey K. Cofsky. "The result will be less variation and more consistency in our public health system and ultimately the result will be healthier communities."

As public health departments face increasing challenges with emerging epidemics, such as the H1N1 virus, and as accountability and cost-efficiency become more important than ever, accreditation will be critical to the future of public health. RWJF, the CDC and PHAB share the goal of having 60 percent of the U.S. population served by an accredited health department by 2015.

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**Report prepared by: Lori De Milto**

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## APPENDIX 1

### RWJF Grants Related to the Exploring Accreditation Initiative

#### ***Moving Public Health From Disarray to Consistently High Quality and Performance***

##### Work Toward Public Health Accreditation

#### ***Turning Point: Collaborating for a New Century in Public Health®***

National Program Office: University of Washington School of Public Health and Community Medicine (Seattle)

Amount: \$8,656,616

Dates: July 1996 to November 2006

#### **Developing and Communicating a Common Operational Definition for Local Health Departments**

Grantee: National Association of County and City Health Officials (Washington)

##### **Developing a common operational definition for local governmental public health agencies**

Amount: \$200,000

Dates: February 2004 to January 2005

ID#: 050045

##### **Communicating a common operational definition for local governmental public health agencies**

Amount: \$60,000

Dates: December 2004 to March 2005

ID#: 052324

Amount: \$200,000

Dates: March 2005 to December 2005

ID#: 052676

Amount: \$400,000

Dates: August 2006 to July 2008

ID#: 057248

## ***Building a Consensus to Explore Public Health Accreditation***

### **Convening Public Health Stakeholders**

#### **Planning and Support of a Meeting on Public Health Agency Accreditation: Objectives, Process, Implications and Consequences**

Grantee: Robert Wood Johnson Foundation (Princeton, N.J.)

Amount: \$48,269

Dates: July 2004 to December 2004

ID#: 051173

#### **Supplemental Funding for a Meeting on Public Health Agency Accreditation**

Grantee: Robert Wood Johnson Foundation (Princeton, N.J.)

Amount: \$84,980

Dates: November 2004 to April 2005

ID#: 052159

### **Convening Quality Improvement Leaders**

#### **Convening a Meeting to Explore the Applicability of Performance Improvement Concepts and Processes to Public Health**

Grantee: Robert Wood Johnson Foundation (Princeton, N.J.)

Amount: \$15,217

Dates: July 2004 to December 2004

ID#: 050892

## ***Exploring Accreditation***

### **Developing the Model for National Voluntary Accreditation**

#### **Exploring Accreditation: Developing Recommendations for a National Public Health Accreditation System**

Grantee: National Association of County and City Health Officials (Washington)

Amount: \$742,377

Dates: June 2005 to August 2006

ID#: 053182

Amount: \$ 35,743

Dates: December 2005 to February 2006

ID#: 056262

Amount: \$ 749,528

Dates: December 2006 to December 2008

ID#: 058881

***Multistate Learning Collaborative: Innovators in Accreditation and Other Systematic Assessment Processes for Public Health Agencies***

See "[Building the Foundation for Public Health Accreditation and Quality Improvement](#)" below.

***Communications and Accreditation Expertise to Support Exploring Accreditation***

**Laying the Groundwork for Accreditation**

**Communicating the Work of a Public Health Accreditation Steering Committee**

Grantee: Burness Communications (Bethesda, Md.)

Amount: \$78,339

Dates: July 2005 to September 2006

ID#: 053373

**Facilitating and Consulting for the Public Health Accreditation Project**

Grantee: Michael S. Hamm & Associates (Rockville, Md.)

Amount: \$39,750

Dates: July 2005 to July 2006

ID#: 053374

***Building the Foundation for Public Health Accreditation and Quality Improvement***

**A Learning Laboratory for Accreditation and Quality Improvement: The *Multistate Learning Collaborative***

***Multistate Learning Collaborative: Innovators in Accreditation and Other Systematic Assessment Processes for Public Health Agencies***

National Program Office: National Network of Public Health Institutes (New Orleans)

Phase 1

Amount: \$447,663

Dates: August 2005 to September 2006

ID#: 053228

Phase 2

Amount: \$858,692

Dates: October 2006 to February 2008

ID#: 059244, 058789

Phase 3

Amount: \$3,565,601

Dates: March 2008 to February 2011

ID#: 063672, 065657, 066150

As of February 2010; phase 3 is scheduled to continue until September 2011

### **Evaluation of the *Multistate Learning Collaborative***

Grantee: University of Southern Maine

Amount: \$931,998

Dates: September 2007 to June 2011

ID#: 061654, 064232

### **Meeting on Quality Improvement in Public Health in Conjunction with the *Multistate Learning Collaborative* for Public Health Meeting**

Grantee: Robert Wood Johnson Foundation (Princeton, N.J.)

Amount: \$124,174

Dates: October 2006 to December 2008

ID#: 058773

### **Preparing Local Health Departments for Accreditation**

### **Exploring Accreditation: Developing Recommendations for a National Public Health Accreditation System**

Grantee: National Association of County and City Health Officials (Washington)

Amount: \$ 749,528

Dates: December 2006 to December 2008

ID#: 058881

### **Developing and Communicating a Common Operational Definition for Local Health Departments**

Grantee: National Association of County and City Health Officials (Washington)

Amount: \$400,000

Dates: August 2006 to July 2008

ID#: 057248

### **Accreditation Preparation and Quality Improvement**

Grantee: National Association of County and City Health Officials (Washington)

Amount: \$1,500,000

Dates: February 2008 to May 2009

ID#: 063686

### **Using Technology to Advance a Regional Approach to Performance Management for Public Health Services**

Grantee: Kansas Health Institute (Topeka, Kan.)

Amount: \$104,244

Dates: March 2007 to June 2009

ID#: 058936

### **Analyzing the Range of State Public Health Services**

### **Work to Develop an Understanding of State Public Health Services and Define Core Services**

Grantee: Association of State and Territorial Health Officials (Arlington, Va.)

Amount: \$930,304

Dates: December 2005 to July 2009

ID#: 055274, 058818

### **Exploring Accreditation Among Tribal Health Departments**

### **Exploring Tribal Public Health Accreditation**

Grantee: National Indian Health Board

Amount: \$314,586

Dates: April 2008 to September 2009

ID#: 063865

### **Moving Forward With Public Health Accreditation**

### **The Public Health Accreditation Board**

### **Establishing a National Public Health Accrediting Organization (Phase 1)**

Grantee: National Association of County and City Health Officials (Washington)

Amount: \$985,035

Dates: June 2007 to June 2008

ID#: 061340

### **Establishing a National Public Health Accrediting Organization (Phase 2)**

Grantee: National Association of County and City Health Officials (Washington)

Amount: \$853,536

Dates: September 2008 to January 2009



ID#: 065090

**Establishing a National Public Health Accrediting Organization (Phase 3)**

Grantee: National Association of County and City Health Officials (Washington)

Amount: \$979,930

Dates: February 2009 to January 2010

ID#: 065570

**Establishing a National Public Health Accrediting Organization (Phase 4)**

Grantee: Public Health Accreditation Board (Washington)

Amount: \$842,769

Dates: September 2009 to June 2010

ID#: 066647

**The Accreditation Beta Test**

**Assisting State Health Departments Selected for Beta Testing of the National Public Health Accreditation Board Program**

Grantee: Association of State and Territorial Health Officials (Arlington, Va.)

Amount: \$714,598

Dates: June 2009 to June 2011

ID#: 066092

**Assisting Local Health Departments Selected for Beta Testing of the National Public Health Accreditation Board Program**

Grantee: National Association of County and City Health Officials (Washington)

Amount: \$1,680,000

Dates: June 2009 to June 2011

ID#: 066077

**Providing Technical Assistance to Promote and Facilitate Tribal Participation in National Public Health Accreditation**

Grantee: National Indian Health Board (Washington)

Amount: \$290,075

Dates: April 2010 to October 2011

ID#: 067544

## The Accreditation Coalition

### **Facilitating the Public Health Accreditation Coalition and assisting RWJF'S Public Health Team in Program Development**

Grantee: Courage Center (Golden Valley, Minn.)

Amount: \$97,989

Dates: July 2008 to October 2009

ID#s: 064528, 065555, 067098

### **Supporting the Development of the Public Health Accreditation Coalition**

Grantee: Event Planning Group (Washington)

Amount: \$340,396

Dates: July 2008 to June 2009

ID#: 064592

### **Communications Plan and Assisting the Accreditation Coalition**

Grantee: Spitfire Strategies (Washington)

Amount: \$340,952

Dates: January 2009 to March 2010

ID#: 065110-005, 065892-005

## The Third Phase of the Multistate Learning Collaborative (MLC-3)

See "[Building the Foundation for Public Health Accreditation and Quality Improvement](#)"

## **APPENDIX 2**

### **The 10 Essential Public Health Services**

- Monitor health status to identify and solve community health problems.
- Diagnose and investigate health problems and health hazards in the community.
- Inform, educate and empower people about health issues.
- Mobilize community partnerships and action to identify and solve health problems.
- Develop policies and plans that support individual and community health efforts.
- Enforce laws and regulations that protect health and ensure safety.
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
- Assure a competent public health and personal health care workforce.

- Evaluate effectiveness, accessibility and quality of personal and population-based health services.
- Conduct research to gain new insights and identify innovative solutions to health problems.

## **APPENDIX 3**

### **Early Self-Assessment Tools Related to Public Health Performance Assessment**

None of these self-assessment tools have external independent review and rating against defined criteria.

#### ***Assessment Protocol for Public Health and Community Partners***

The *Assessment Protocol for Excellence in Public Health and Assessment and Planning Excellence through Community Partners for Health* were self-assessment workbooks for local health departments that became available in 1991. They enabled local health departments to:

- Assess and improve their organizational capacity.
- Work with the local community partners to assess and improve the health of the public.

This was a collaborative project of many public health departments, supported by the CDC.

#### ***Mobilizing for Action through Planning and Partnerships (MAPP)***

The CDC released this community-driven strategic planning tool for improving community health in 2001. MAPP helps communities, working with local health officials, to conduct a comprehensive community health assessment, prioritize public health issues and identify resources to address them. MAPP is not an agency-focused assessment tool; it is an interactive process that can improve the efficiency, performance and ultimately the effectiveness of local public health systems. NACCHO and CDC developed MAPP. NACCHO now manages MAPP for the CDC.

#### ***National Public Health Performance Standards Program***

Launched in 2002, the National Public Health Performance Standards Program developed three instruments that address the degree to which the entire public health system in a community, including but not limited to the health department, meets the public health needs of the community.

There are three separate instruments to be used by state and local health departments and by local boards of health, respectively, to convene the stakeholders in the public health system and collaboratively self-assess how well they are meeting the community's public health needs. The standards are based on the 10 essential public health services (see [Appendix 2](#)).

The CDC and six national public health organizations collaborate on the program:

- American Public Health Association (APHA)
- Association of State and Territorial Health Officials (ASTHO)
- National Association of County and City Health Officials (NACCHO)
- National Association of Local Boards of Health (NALBOH)
- National Network of Public Health Institutes (NNPHI)
- Public Health Foundation (PHF)