



Topical Brief

Preparing for Accreditation

Public health departments play a critical—but often unrecognized—role in promoting the health of communities nationwide. Despite this vital role, there has not been a national system for ensuring their accountability and quality—until now. The national public health accreditation program is an opportunity for public health departments to measure their performance, earn recognition for their accomplishments, and demonstrate accountability within their communities. Accreditation's goal is to improve public health by advancing the performance of all health departments in the country—state, local, territorial, and tribal. Accreditation will drive public health departments continuously to improve the quality of the services they deliver.

As national accreditation approaches in 2011, health departments are focusing on completing the requisite accreditation steps. Owing to their varied sizes, locations, and governance structures, their preparation takes different forms, such as implementing quality improvement (QI) projects, strategic planning, and other steps to align operations with the Public Health Accreditation Board's (PHAB) standards and measures.

The Multi-State Learning Collaborative (MLC), a nationwide initiative administered by the National Network of Public Health Institutes (NNPHI) and supported by the Robert Wood Johnson Foundation (RWJF), is in its fifth year of bringing state and local health departments together with other stakeholders—including public health institutes, health care providers and universities—to improve public health services and outcomes by implementing QI practices. Sixteen states are participating in the third round of MLC, and many of them are actively helping their health departments prepare for accreditation while implementing MLC projects that address specific issues like the incidence of vaccine-preventable diseases or tobacco or alcohol usage.

Through their work with the MLC, states have demonstrated a number of effective strategies to prepare for accreditation. Two such strategies include 1) forming collaboratives and 2) completing the prerequisites to apply for accreditation.

Strategy #1: Preparation through Collaboratives

In the spirit of the MLC, participating states are continuously sharing feedback and best practices with their peers. The simple act of bringing stakeholders together can break down barriers, provide encouragement, and generate opportunities for health departments to work together as leaders in preparing for national accreditation. Three states in particular have used collaboration as an accreditation catalyst.

Florida

In Florida, the Accreditation Collaborative formed in 2009 to bring together local and state health department staff involved with, or interested in, taking steps to prepare to apply for accreditation. Although Collaborative membership is open to any health department in Florida, whether they are just starting out with accreditation preparation or are already deeply involved, the group's creation was clearly inspired by the 16 local health departments that applied for the beta test. "We had to keep them on board even though they hadn't been chosen for the beta test," says Laura Reeves, a staff member in the Office of Performance Improvement (OPI).

Another OPI staff member, Donna Marshall, explains that the Collaborative has also helped her team support local health departments. "Once we assess their needs," she says, "we are better able to engage and support them [in accreditation preparation]."

The Collaborative includes more than 30 local health departments across Florida categorized as "Players" or "Fans." Players actively prepare for accreditation by completing each step of the beta test process along with the actual beta test sites, including completing a self-assessment and meeting the three accreditation prerequisites: a community health assessment, a community health improvement plan, and a strategic plan. The Fans learn about accreditation and complete many of the same activities, but at their own pace. The approach allows health departments to choose their level of engagement and allows the OPI to share accreditation and QI resources on a regular basis. The OPI maintains an active email listserv for all participants and holds periodic webinars to provide in-depth information on a variety of topics, including completing the PHAB Self-Assessment.

By offering a flexible, collaborative way to get involved, the OPI has seen unexpected, positive gains. Florida's success with the Collaborative provides an illuminating road map for other states looking to engage departments statewide in accreditation preparation. "If we had not done this, we would not be in the position we are to support our local health departments who are gung ho as well as the others who are interested," says Donna "It has been important to share ideas and hear feedback."

Kansas

In Kansas, seven local health departments and the state health department joined together to form the Accreditation Preparation Collaborative. All eight departments had applied in 2009 to be test sites for PHAB's beta test. Because only a limited number of the applicants could be chosen for the beta test and the national office wanted a geographically diverse range of participants, only one of the state's local health department applicants was accepted as a beta test site. Recognizing their mutual commitment to learning about and preparing for accreditation, however, the seven local health departments—including the beta test site—and state health department formed the Collaborative to channel and sustain that momentum.

As a result, the eight health departments have continued to meet regularly to go through a mock accreditation process on their own. The group is currently completing the PHAB Agency Self-Assessment, gathering and providing the required documentation to show how they meet the standards and even conducting mock site visits—all of which closely duplicates the beta test process. The group is sharing results, insights, and documentation methods through an online file-sharing system.

Dick Morrissey, Deputy Director of the Kansas Department of Health and Environment's Division of Health explains that "from our perspective, it really works because it is a collaborative. It was a shared idea and a shared effort from the beginning. That's what makes it work."

A second project in Kansas, the Regional Accreditation Project, is helping determine how the public health regions in Kansas could potentially apply for accreditation together. Two of the public health regions, together covering 21 counties, are participating in this regionalization project to examine the structure, governance, financing, and documentation aspects of a Multi-Jurisdictional application for accreditation. Additionally, the Kansas Association of Local Health Departments and the Kansas Association of Counties are organizing discussion forums to engage local elected officials and local health department administrators in preparing public health regions for accreditation as a Multi-Jurisdictional applicant.

Wisconsin

In Wisconsin, the MLC team of the Institute for Wisconsin's Health, the Wisconsin Division of Public Health, and the Wisconsin Association of Local Health Departments and Boards have formed a community of practice to help health departments learn about and prepare for accreditation and QI implementation. To create this, the team designed their MLC grant to focus on creating a community of practice where health departments could regularly discuss accreditation preparation and QI and learn from each other's experiences. This highly successful effort is a model for other states in how to build capacity and enthusiasm for accreditation and QI among local health department leadership.

Wisconsin has 92 local health departments and 11 tribal health departments. In setting the objectives of Wisconsin's Public Health Quality Initiative, Nancy Young, Executive Director of the Institute for Wisconsin's Health and co-director of the project, says:

"We thought if we got state health department leaders and about a third of our local and tribal departments involved ... they would then begin to lead their colleagues forward as well. They'd gain some inspiration and momentum from working with each other, as early adopters often do. They'd be able to work with one another on QI projects, and they could talk over the challenges and barriers and successes they have ... as they grapple with meeting accreditation standards and measures. We felt those colleagues would be the best teachers for one another, in the long run."

The MLC team set a goal of recruiting 36 health department partners over three years. They also focused on moving forward with accreditation preparation and QI in the state Division of Public Health, an organization with regional and central offices and over 500 employees. Early in year three, the Division of Public Health central office and five regional offices are engaged along with 40 local and tribal departments.

In this community of practice, health departments are separated into first-, second- and third-year cohorts, referred to as Freshman, Sophomores and Juniors. While Freshman may learn about basic QI projects, Sophomore and Juniors may do more advanced work on building capacity for QI and addressing various domains of PHAB's accreditation standards. The MLC team made sure that the state Division of Public Health was well integrated into this community of practice so the staff could be part of these state-wide efforts.

All participants are on varying timetables for accreditation. However, all are learning more about accreditation and becoming local leaders and voices for the project. Community of practice participants, in addition to spreading their insights, have recruited new members through meetings of other organizations, especially the regular regional meetings of the Wisconsin Association of Local Health Departments and Boards (WALHDAB). In fact, WALHDAB has added accreditation preparation and QI to its strategic plan, thanks in part to local health departments participating in the community of practice.

In a first for Wisconsin, two accreditation and QI-focused objectives are included in the "Public Health Capacity and Quality" section of Healthier Wisconsin 2020, the statutorily mandated State Health Plan for 2010-2020. The first objective states that by "2020, all Wisconsin health departments will be accredited using an established standard." The second objective states that by "2020, all Wisconsin health departments will implement established quality improvement processes in daily practice." These objectives encompass all health departments at the state, local, and tribal levels. Nancy attributes the statutes' inclusion of these objectives primarily to the collaboration, intra-state relationships, and capacity building that Wisconsin gained through the MLC:

"If we didn't have the MLC ... we wouldn't have that critical mass of people who understand what QI is and what it can do for public health, and who understand the national accreditation movement and what it can do for the credibility of public health.... If it weren't for our participating as one of the 16 lead states, we would certainly not have a community of practice around QI or accreditation, and we wouldn't have enough partners at the table in the state health planning process to say, 'Yes, we think these are the two things that would bring our state the most value in terms of public health quality and capacity.'"

While these objectives are ambitious, they offer a path toward system improvement linked to quantifiable measures and methods—framed by the essential services of public health—and they reflect the feeling of public health leadership. Nancy says:

“You think, ‘What will it take to make [QI and accreditation preparation efforts] sustainable in our state?’ ... Well, while it alone is not enough, a good starting point is a group of 40 local and tribal health departments and a core group of state and regional DPH [Division of Public Health] partners who are willing to take the first steps and then lead others – our community of practice.”

Elizabeth Giese, Western Regional Office Director at the Wisconsin Division of Public Health, adds:

“The MLC project developed a true partnership between the state and local health departments to encourage one another to learn about and embrace the essential services, the public health standards, and QI as part of our business. We have needed each other to push, prod, and sustain our efforts.”

Wisconsin’s MLC team hoped to use the MLC to build a critical mass of leaders that would be engaged in QI and accreditation preparation, in the interests of building better health departments well into the future. Through their community of practice, they have started down the road toward meeting that goal.

Strategy #2: Focusing on the Prerequisites

For a health department, the path to public health accreditation begins with three core documents: a health improvement plan, a community health assessment, and a strategic plan. Many state and local health departments have been implementing or developing these components for years, but others have not had the resources or time to complete or update them. In three states—Oklahoma, Kansas and Wisconsin—the state health department has taken the lead in helping local health departments develop and complete the three components. All three states have been supported by the MLC in this effort, and their experience provides valuable lessons and best practices.

Kansas

Every state in the MLC forms mini-collaboratives of local health departments and other stakeholders to conduct QI projects. Kansas chose the creation of community health assessments as the focus of its current QI project. A community health assessment is an evaluation of the public health needs in a community or communities served by a health department. It is a central tool of public health planning and an accreditation prerequisite. Like many states, Kansas had already been working with the local health departments on QI and this new focus is a continuation of that work.

For Kansas’ first QI mini-collaborative, it sought to improve maternal health by helping pregnant women get access to care in their first trimester. Two regions, comprising ten local health departments, participated in the first mini-collaborative. The successful project testified to the leadership efforts of the local health departments and set the stage for the next mini-collaborative.

When it came time to launch the second and current mini-collaborative, the Kansas MLC team decided to switch to a different QI area—completing community health assessments. The project only grew in terms of participation—ten regions—a total of 64 health departments—volunteered to participate in this effort. Edie Snethen, Executive Director of the Kansas Association of Local Health Departments, explains:

“They realized it was something that was needed. Not just for accreditation, but also for knowing how to allocate scarce resources. It helps answer the question, ‘Are we doing what needs to be done?’ ... Instead of chasing the dollars, which leads to siloed programs, CHAs help health departments learn what’s most beneficial to the community and focus on that. There’s a desire to show more accountability and transparency in this work.”

The Kansas MLC team’s decision to use their second QI round to help local health departments develop a community health assessment helps those local health departments both prepare for better service delivery and complete an accreditation prerequisite. Other states can follow their example to help their local health departments prepare efficiently and effectively for public health accreditation in 2011.

Oklahoma

In Oklahoma, the state health department launched a QI project around completing the accreditation prerequisites, as part of its own process to assess its preparation for accreditation and the beta test. It had been using the Step UP Performance Management System, National Public Health Performance Standards, and Oklahoma Health Improvement Planning (OHIP) process, all of which are designed to assess the state agency and public health system. As a result of the valuable feedback and information gathered during these processes, Joyce Marshall and the staff at the Office of Performance Management decided that, as part of their MLC work, they would develop a similar tool for Oklahoma’s county health departments to assist them with meeting the accreditation prerequisites.

Joyce and her team, including several local health officials and county health education staff, attended a training on the Mobilizing for Action through Planning and Partnerships (MAPP) process, a community-driven strategic planning tool for improving community health. The MAPP process brings four assessments together to drive the development of a community strategic plan, and it also incorporates elements of a community health assessment and tools for assessing the capacity of a public health system. Since community health assessments and strategic plans are two of the three PHAB prerequisites, these MAPP features made it a logical choice for local health departments seeking to complete the accreditation prerequisites.

Joyce explains that MAPP “seemed like a proven assessment tool that would help [county health departments] in meeting the core components...It will help us with accreditation and assist us with those health outcomes that we are trying to achieve in our communities.” To further cement the choice of the Step UP and MAPP processes, Joyce says:

“We brought the county administrators in from the beginning to have their help in designing the system. We asked, what do you need out of it? This helped with the buy-in effort. There were still items that had to be worked through but we worked through them together.”

With state and local stakeholders on board, Joyce and her office designed a pilot program to test the process and worked with county health departments to gather volunteer sites for the pilot program. Joyce made sure to draw upon the resources from the MLC and the national partners, including PHAB, the Association of State and Territorial Health Organizations (ASTHO), and the National Association of County and City Health Officials (NACCHO).

Les Beitsch, Oklahoma’s Health Commissioner from 2001 to 2003, is impressed by the progress Oklahoma has made with QI in such a short period. “By learning the things that other states have learned,” Lee says, “you can shorten that cycle time. I think Oklahoma has been a beneficiary of that. They literally had a quantum leap [in doing QI] as a new state in the MLC.”

All of the hard work and collaboration is paying off for the pilot program. When a call went out for pilot program volunteers, “[w]e had a wonderful response,” Joyce says. “We had more volunteers than we could actually take in the beginning, but told them we were going to ensure all counties received benefit from the pilot process.” With the pilot program set to launch on July 1, 2010, Joyce and her team feel confident that—thanks to the commitment to accreditation preparation and QI—Oklahoma’s county health departments will be well on their way to using the MAPP and Step UP processes to complete the prerequisites for accreditation.

Conclusion

The national public health accreditation program offers—for the first time—an opportunity to improve the effectiveness, transparency, and accountability of America’s public health departments. There is no one “right” way to prepare for accreditation, but through initiatives like the MLC, it is apparent that there are best practices and lessons to be learned about accreditation preparation and QI. The collaborative and prerequisites approaches pioneered in Florida, Kansas, Oklahoma, and Wisconsin are invaluable and inspirational models for other states to consider as they develop the right approach to ensure that they are ready to participate in this vital effort to transform public health.

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