

*Final Recommendations* for a

# VOLUNTARY NATIONAL ACCREDITATION PROGRAM

for



SUMMARY DOCUMENT  
SEPTEMBER 12, 2006

The following individuals serve on the Planning Committee  
of the *Exploring Accreditation* project:

---

**Georges Benjamin, MD, FACP**  
Executive Director  
American Public Health  
Association



American  
Public Health  
Association

**Marie Fallon, MHSA**  
Executive Director  
National Association of Local  
Boards of Health



**Paul E. Jarris, MD, MBA\***  
Executive Director  
Association of State and Territorial  
Health Officials



ASSOCIATION OF STATE AND  
TERRITORIAL HEALTH OFFICIALS

*\*This position was held by George E.  
Hardy, Jr., MD, MPH, former ASTHO  
Executive Director, until July 1, 2006.*

**Patrick M. Libbey**  
Executive Director  
National Association of County and City  
Health Officials



NATIONAL  
ASSOCIATION OF  
COUNTY & CITY  
HEALTH OFFICIALS

---

The time and effort contributed by the Planning Committee has been instrumental  
to this process, and their support is greatly appreciated.

*This project was made possible with funding from  
the Centers for Disease Control and Prevention (U50/CCU313903-8-1)  
and the Robert Wood Johnson Foundation Grant # 053182.*

# TABLE OF CONTENTS

EXECUTIVE SUMMARY .....	4
INTRODUCTION	
Message from the Steering Committee.....	6
How the Model was Developed.....	7
MODEL	
Governance .....	8
Eligible Applicants .....	9
Principles to Guide Standards Development .....	10
Conformity Assessment Process .....	12
Financing .....	13
Incentives .....	15
Program Evaluation .....	16
Implementation .....	17
NEXT STEPS .....	17
APPENDICES	
A – Steering Committee, Workgroup Members, Project Staff, Consultants, and Funding Organization Representatives .....	19
B – Examples of Standards and Measures .....	24
C – Logic Model .....	26
D – Glossary .....	29

## EXECUTIVE SUMMARY

Every day in communities and states across the country, public health departments help millions of people lead healthier lives. The *Exploring Accreditation* project has been an opportunity to consider whether and how a voluntary national accreditation program could lead to even better health for their constituencies. The *Exploring Accreditation* Steering Committee and its workgroups developed a draft model for such a program. After receiving extensive and thoughtful comments through presentations, Web-based feedback, and formal surveys, the Steering Committee revised the model. The Steering Committee concluded that it is desirable and feasible to move forward with establishing the recommended model program as it is presented here.

This voluntary national accreditation program should:

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

---

*The goal of a voluntary national accreditation program is to improve and protect the health of the public by advancing the quality and performance of state and local public health departments.*

---

A full description of the Steering Committee's recommended model follows this brief summary.

### *Governance*

A new non-profit organization should be formed by the Planning Committee organizations to oversee the voluntary accreditation of state, territorial, tribal and local governmental public health departments. The Planning Committee should appoint the initial governing board of the new organization. Under its governing board, the organization would direct the establishment of accreditation standards; develop and manage the accreditation process; and determine whether applicant health departments meet accreditation standards. The organization would maintain the needed administrative and fiscal capacity and would evaluate the effectiveness of the program and its impact on health departments' performance. The governing board and the organization would advocate for available training and technical assistance for public health departments seeking to meet the standards and to develop a culture of continuous quality improvement.

### *Eligible Applicants*

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

### *Principles to Guide 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 performance improvement experience among state and local public health departments.

The Steering Committee created 11 domains for which state, territorial, tribal and local health departments should be held accountable. Standards should be established for each domain. Measures of compliance may differ but standards should be complementary and mutually reinforcing to promote the shared accountability of public health departments at all levels of government.

# A VOLUNTARY NATIONAL ACCREDITATION PROGRAM FOR STATE AND LOCAL PUBLIC HEALTH DEPARTMENTS

## *Conformity Assessment Process*

Health departments seeking accreditation would undergo an assessment process. It should include a review to determine readiness, a self-assessment, and a site visit, resulting in a recommendation on accreditation status. The final decision on accreditation would be made by the governing board. 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 organization should seek initial start-up funding from interested grant-makers, government agencies, and organizations of state and local health departments, some of which may be 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 is important to attract the full spectrum of local and state public health departments to the accreditation program. As the new organization approaches self-sufficiency, subsidies should be directed more toward applicant fees and costs.

## *Incentives*

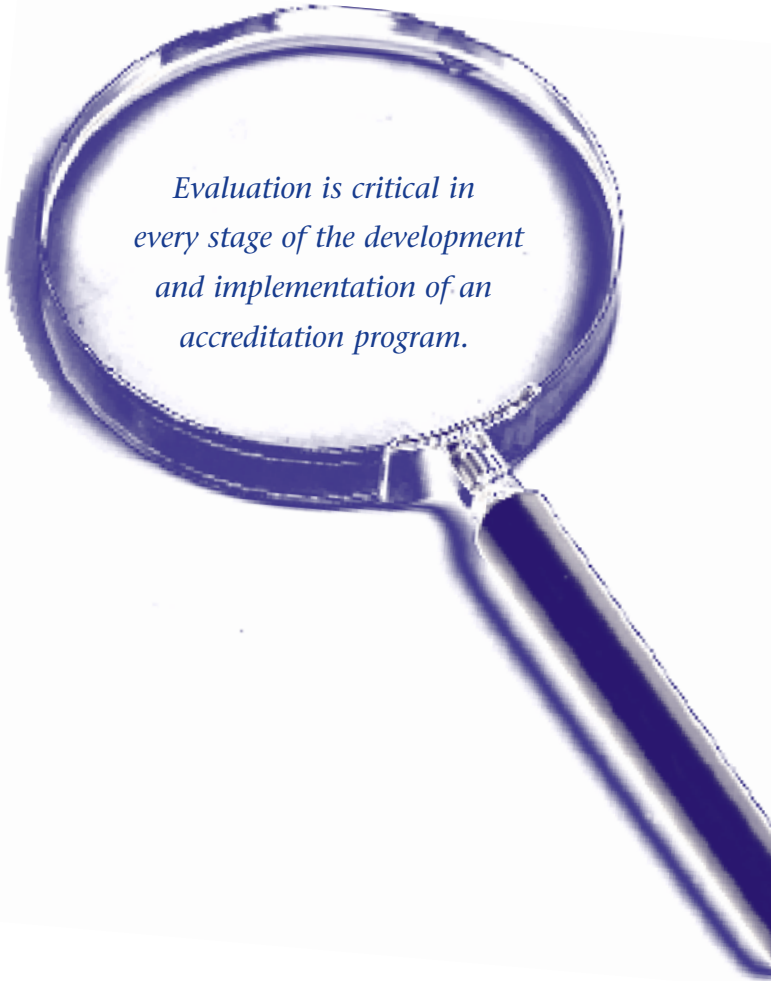
Incentives should be uniformly positive, supporting public health departments in seeking accreditation and achieving high standards. Incentives should support the goal of improving and protecting the health of the public by advancing quality and performance of public health departments. Credibility with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

## *Program Evaluation*

Evaluation is critical in every stage of the development and implementation of an accreditation program. The accrediting entity should encourage research and evaluation to develop the science base for accreditation and systems change in public health.

## *Implementation*

The details of implementation will be developed by the leaders who take on the challenge of developing the new organization. Implementation will be a multi-year process requiring substantial external support in the development years. Implementation should include rigorous evaluation and process improvements in the accreditation program to make it more successful and cost-effective.



*Evaluation is critical in every stage of the development and implementation of an accreditation program.*



## MESSAGE FROM THE STEERING COMMITTEE

The 2003 Institute of Medicine (IOM) report, “The Future of the Public’s Health,” called for the establishment of a national Steering Committee to examine the benefits of accrediting governmental public health departments. Within its *Futures Initiative*, the Centers for Disease Control and Prevention (CDC) has identified accreditation as a key strategy for strengthening the public health infrastructure. Several states currently manage statewide accreditation or related initiatives for local health departments. Within this context, in 2004, the Robert Wood Johnson Foundation convened public health stakeholders to determine whether a voluntary national accreditation program for state and local public health departments should be explored further. The consensus was to proceed, and the *Exploring Accreditation* project was launched.

The goal of the *Exploring Accreditation* project was to develop recommendations regarding whether it is feasible and desirable to implement a voluntary national accreditation program or some other method for achieving a systematic approach for public health improvement. In order to achieve the goal, we (the Steering Committee) designed a proposed model program and vetted it through public health officials. We also considered a business case for the proposed model. ***In August, we made changes in the proposed model based on the feedback received and concluded that the revised model is feasible and desirable. We recommend moving forward with implementation.***

A full report, which will contain more detail, is under development and will be released in the Fall of 2006. This document summarizes the model program that we recommend for implementation.

We believe that the establishment of a voluntary national accreditation program is desirable for many 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. At least 18 states are involved in performance and capacity assessment and improvement efforts, lending excellent experience to the design of a national program. These experiences illustrate the significant

benefits of engaging in accreditation and related efforts — benefits that the national program is designed to achieve (e.g., quality and performance improvement, consistency among public health departments, and recognition of excellence). The public comment solicited from public health practitioners in the field indicated support for a voluntary national program. This program will foster the concept of public health as a system, and promote consistency and high performance nationwide. It also will strengthen the ability to clarify and articulate what public health does, and set reasonable and achievable expectations to this end.

We feel that it is feasible to pursue a voluntary national accreditation program because it is building upon the momentum established by state accreditation and performance improvement programs. By taking advantage of knowledge gained from standards development, performance measurement methods, technical assistance projects and other operational components of state-based programs, this program can be flexible, efficient and nimble. The major factors in starting up the new accreditation body and reaching sustainability include the interest of key funding sources in supporting interactive developmental and initial operational phases. We believe that the potential for funding a voluntary national accreditation program exists, and we plan to help cultivate that potential. We understand that not all health departments are prepared to become accredited, and this has been factored into the design of a national program (through recommendations to promote the availability of technical assistance and other support for such health departments). We recognize that a national database could facilitate research and enhance the evidence-base regarding best practices and the utility of accreditation as a performance improvement method. Finally, we acknowledge that long-term success will require maintaining the credibility of the accreditation program and continuing interest in the quality of public health departments.

A summary of the substantive changes that were made to the proposed model include the following:

- Guiding principles for the composition of the Governing Board have been revised (page 8).

# A VOLUNTARY NATIONAL ACCREDITATION PROGRAM FOR STATE AND LOCAL PUBLIC HEALTH DEPARTMENTS

- Principles for relationships with state-based accreditation programs have been expanded, such that national accreditation is automatically conferred on health departments accredited by a state-based program that has received formal recognition/approval from the national program (pages 9-10).
- Territorial and tribal public health departments are specifically included in the definition of “eligible applicants” (page 9).
- While applicants are expected to demonstrate compliance with all domains for each program offered, the conformance assessment measurements will be applied on a sampling basis (page 12).

Additional clarifications have been made throughout this document in response to questions and comments received. Public comment yielded both support and concerns about a voluntary national accreditation program, and this feedback will inform the program’s

structure and operation in an implementation phase. The details regarding public comment will be described in the full report.

We thank all public health professionals who took the time to participate in public comment activities. We also thank the executive directors of the American Public Health Association (APHA), Association of State and Territorial Health Officials (ASTHO), National Association of County and City Health Officials (NACCHO), and National Association of Local Boards of Health (NALBOH), who serve as the Planning Committee and provided executive oversight to this effort (see inside cover for a full listing). Our recommendations have been submitted to the Planning Committee, who in turn will share them with their organizations to determine potential action. The Planning Committee also will share the recommendations with the Robert Wood Johnson Foundation and the Centers for Disease Control and Prevention, both of whom funded this effort.

## HOW THE MODEL WAS DEVELOPED

In August 2005, the Planning Committee established a 25-member Steering Committee with representatives from public health practice organizations at the local, state and federal levels. The guiding philosophy of the Steering Committee was to leave no stone unturned, considering all possible alternatives related to the issues at hand. Its decisions were informed by the work of four workgroups in the areas of Governance and Implementation, Finance and Incentives, Research and Evaluation, and Standards Development.

The workgroups also were comprised of public health practitioners from all three levels of government and members of academia. Throughout the duration of the project, the workgroups developed reports that included consensus recommendations, other alternatives that were considered, and the rationale for each decision. Subject matter experts were also consulted for various issues. Discussion papers with information on accreditation in public health and in other sectors were developed to stimulate the workgroups’ discussions.

In April 2006, the Steering Committee met to consider all of the information that was gathered in the previous months and develop a proposed model. The proposed model was distributed for public comment from May through July 2006. During that time, comments were solicited through several mechanisms:

- Public presentations and feedback forms distributed at those events.
- Conference calls.
- E-mail messages and an online survey on the project Web site.
- A satellite broadcast.
- An opinion survey sent to state, territorial, and local health officials.

Extensive feedback was received, and the Steering Committee met in August to consider all public comment as well as a business case developed by the Finance and Incentives Workgroup. As a result of the feedback, the model was revised, consensus emerged that the revised model is feasible and desirable to implement, and the Steering Committee recommended that a voluntary national accreditation program be implemented accordingly.

## GOVERNANCE

A new, not-for-profit entity should be created to oversee the accreditation of state and local governmental public health departments by adopting standards and making final conformance decisions. Having a new, independent entity would promote impartiality and avoid real or perceived conflict of interest should the process be conducted by an existing organization. The Planning Committee should provide an incorporation process (articles of incorporation, bylaws, governing board nominations process) that establishes the legitimacy and credibility of the accrediting entity.

### *Accrediting Entity*

The accrediting entity should:

- Be a recognized legal entity and a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code.
- Be separate and independent of the influence of any single organization.
- Provide relevant accreditation services and avoid activities that could conflict with accreditation activity.
- Orient applicants to the application and assessment processes.
- Develop and maintain partnerships.
- Assess conformance.
- Train assessors to assure a consistent and fair process.
- Work with partners to ensure the availability of training and technical assistance.
- Encourage research and evaluation to improve the accreditation program.

### *Governing Board*

This new entity should have a governing board that would obtain incorporated status, develop bylaws, and hire staff. The responsibilities of the governing board should include, but not be limited to, the following:

- Approving standards.
- Awarding and revoking/suspending status.
- Overseeing the appeals process.
- Ensuring adequate representation of key stakeholder interests.

- Including public representation in all decision making.
- Establishing clear and effective controls against conflict of interest.
- Ensuring ongoing evaluation and continuous quality improvement of the accreditation program.
- Overseeing the development and maintenance of a national database for performance improvement and research purposes.
- Promoting research that would improve the accreditation program.
- Maintaining the administrative and fiscal capabilities to successfully operate a national accreditation effort.
- Working actively with partners to promote their development of positive incentives.
- Working with partners to advocate for and promote training and technical assistance and assure that they are accessible and available to applicants.

The Planning Committee should appoint the Governing Board. Membership of the governing board should include both organizational representatives and individuals with relevant experience and expertise. While specific slots are not being recommended, the following principles should be applied in determining the composition:

- Members with recent experience in state or local public health should comprise the majority.
- Members should include those with recent experience on public health governing boards.
- Diversity of ethnicity, experience, and geographic location is important.
- Terms and term limits should be specified.
- Members should include academics, state and local elected officials, health care providers, representatives from federal agencies, and others with a public health background.
- One or more public members should be appointed.
- Members should include representatives of the founding organizations and other key public health organizations.

# A VOLUNTARY NATIONAL ACCREDITATION PROGRAM FOR STATE AND LOCAL PUBLIC HEALTH DEPARTMENTS

## *Relationships with State-Based Accreditation and Performance Improvement Programs*

The goal of the voluntary national accreditation program is to establish quality and consistency that is recognized at federal, state, and local levels. Existing state-based accreditation and performance improvement programs are providing a laboratory for a national program and national standards. It is important that state and national programs continue to learn from, and maintain good relationships with, each other.

A national program should complement state-based efforts to establish performance standards for public health departments. This may be accomplished by a recognition/approval process through which state accreditation programs could demonstrate conformity with national accreditation standards and processes. Such a process should not preclude states from having additional requirements over and above those in the national program. If a state accreditation program is not so recognized, it may seek to act as an agent.

## *Agents/contractors*

The accrediting entity may use agents (such as state-based accreditation programs and public health institutes) to provide training, preparatory services, site visits, and other services. The accrediting entity is responsible for developing policies and procedures regarding relationships with agents. The agent must demonstrate to the satisfaction of the governing board that its services are consistent with those of the accrediting entity. When agents are used, the governing board still makes the final accreditation determination.

## *Confidentiality*

Confidentiality of information is important to achieving the quality improvement and continuous performance improvement goals of the voluntary national accreditation program. The accrediting entity may publicize the accreditation status of applicants, but should hold all background information from the process as confidential except as required by law.

## **ELIGIBLE APPLICANTS**

The governmental entity that has the primary statutory or legal responsibility for public health in a state, a territory, a tribe or at the local level is eligible for accreditation. To be eligible, such entities must operate in a manner consistent with applicable federal, state, territorial, tribal, and local statutes. The determination of eligibility to apply for accreditation should be flexible, recognizing the variety of jurisdictions with local public health departments and the variety of state, territorial, tribal and local governmental agencies that may carry the primary responsibility for public health.

### *State and Territorial Health Department*

The governmental body recognized in the state's or territory's constitution, statutes, or regulations or established by Executive Order, which has primary statutory authority to promote and protect the public's health and prevent disease in humans, is eligible to apply. Umbrella organizations and collaborations among state or territorial agencies may apply for accreditation if the primary entity is a part of the organization or collaboration. Where the state or territorial health department operates local and/or regional health departments, a single applicant or a number of individual applicants may choose to apply. Compliance with local-level standards must be demonstrated for each local/regional unit.

### *Local Health Department*

The governmental body serving a jurisdiction or group of jurisdictions geographically smaller than a state, which is recognized in the state's constitution, statute, or regulations or established by local ordinance or through formal local cooperative agreement or mutual aid, and which has primary statutory authority to promote and protect the public's health and prevent disease in humans, is eligible to apply. The entity may be a locally governed health department, a local entity of a centralized state health department, or a regional or district health department. An entity that meets this definition may apply jointly with other local-level eligible entities for accreditation status if some essential services are provided by sharing resources and the manner in which this occurs is clearly demonstrated.

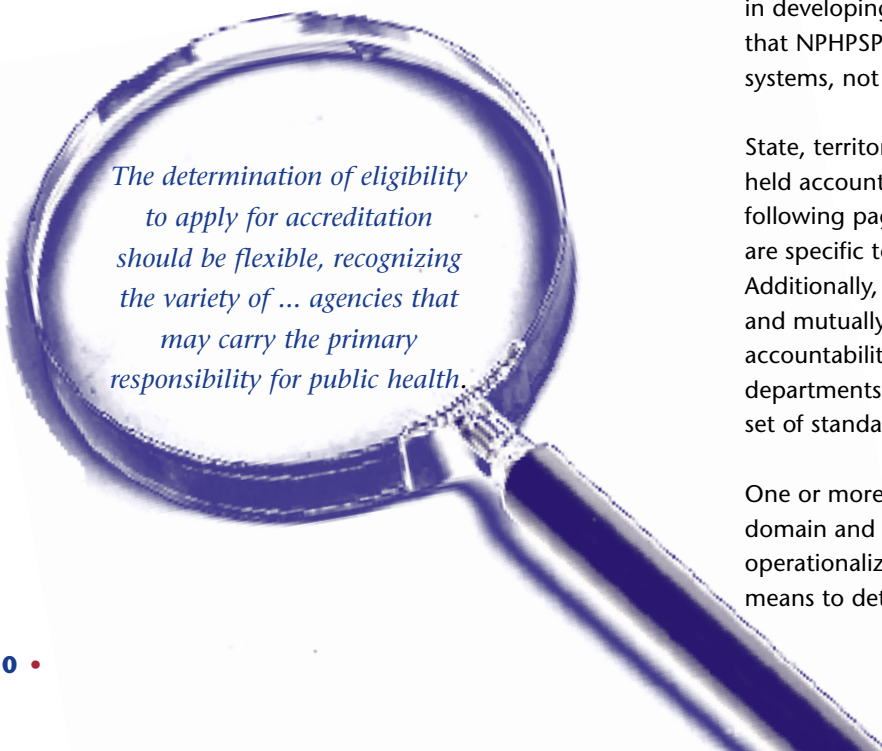
### **Tribal Health Department**

The governmental health department serving a recognized tribe that has primary statutory authority to promote and protect the public's health and prevent disease in humans is eligible to apply.

Applications should include an opportunity to describe situations where statutes or other legal mechanisms delegate authority for governmental public health functions to an agency other than the applicant health department. The applicant health department should demonstrate collaboration with other agencies with respect to those functions or, in some instances, may request exemptions from those standards that are being met in a different governmental agency. The designation of accreditation should note any exemptions provided.

Additionally, the applicant health department may include another entity with statutory authority to perform some public health functions in its application, and the other entity may be accredited or recognized solely for the standards that it meets.

The purpose of the voluntary accreditation program is to improve the quality and performance of public health departments without regard to their structure. Health departments may wish to explore cooperative arrangements to help ensure compliance with accreditation standards.



*The determination of eligibility to apply for accreditation should be flexible, recognizing the variety of ... agencies that may carry the primary responsibility for public health.*

## **PRINCIPLES TO GUIDE STANDARDS DEVELOPMENT**

A voluntary national accreditation program is a tool to advance the pursuit of excellence, continuous quality improvement, and accountability for the public's health. Standards should be developed in a way that promotes these attributes.

Standards should address process, capacity, and indicators of outcomes. As the evidence is established, outcome standards that address improved health indicators could be added; in the shorter term, outcomes should address achievements such as establishing programs and implementing new policy. Standards should focus on outcomes that can reasonably be influenced by health departments, understanding that public health is inextricably linked to many systems and occurrences that affect health status.

NACCHO's Operational Definition of a Functional Local Health Department should serve as the foundation of standards (and associated measures) for local health departments. ASTHO is undertaking a review of state public health services that may inform the standards development process for state health departments. Existing performance standards for state and local health departments should also be considered.

National Public Health Performance Standards Program (NPHPSP) model standards and measures could be used in developing health department standards, recognizing that NPHPSP standards have been developed to assess systems, not departments.

State, territorial, and local health departments should be held accountable to the 11 domains listed on the following page, with standards under each domain that are specific to their respective responsibilities. Additionally, the standards should be complementary and mutually reinforcing to promote the shared accountability between state/territorial and local health departments. The governing board will determine which set of standards is applicable to tribal health entities.

One or more standards should be associated with each domain and at least one criterion should be used to operationalize each standard. Measures, or the objective means to determine whether, and the extent to which,

# A VOLUNTARY NATIONAL ACCREDITATION PROGRAM FOR STATE AND LOCAL PUBLIC HEALTH DEPARTMENTS

each criterion is met would be established for each criterion. Measures allow an observer to characterize the level of quality achieved for each criterion.

Collectively, standards and their associated criteria define the capacity expected of an accredited department. These criteria should be reflected in the day-to-day work of individual health department programs but are not meant to be illustrated only through programs since the capacity of a local health department to meet the needs of its community is represented by its ability to address new or emerging situations as well as those associated with day-to-day operations.

Program specific standards and criteria exist separately and are outside the scope of the national voluntary accreditation process since programming varies from state to state and locality to locality.

Standards should be designed to assure public health protection while improving the public's health. All applicant health departments should be held to the same standards. However, different measurements may be used to recognize the variety of ways in which the standards are met by health departments with different capacities, governance structures, statutory authorities, other quality improvement processes and health status of the population served. The program should promote continuous quality improvement, and over time, the level of acceptable performance should be increased as the norm of performance rises.

Selected principles espoused by the American National Standards Institute should be applied to developing and updating standards:

- Consensus on a proposed standard by a group or "consensus body" that includes subject matter experts and representatives from materially affected and interested parties.
- Broad-based public review and comment on draft standards.
- Consideration of and response to comments submitted by voting members of the relevant consensus body and by public review commenters.
- Incorporation of approved changes into a draft standard.

Standards should reflect input from all levels of government. Further, they should be updated and refined on a regular basis to reflect the best available evidence.

Standards need to be sensitive to laws governing state, territorial, tribal and local public health entities, and applicants should be permitted to request a waiver or modification of an accreditation standard if compliance could put them at risk of violating state, territorial, tribal or local law.

In order to promote a common agenda and linkages among all levels of government, those involved in developing and updating standards and measures in a voluntary national accreditation program should work closely with entities supporting other national goals, standards and measures for public health.

---

## *Domains\**

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

\* *See Appendix B (page 24) for examples of standards and measures.*

Careful consideration should be given to how standards for health departments can be applied in an efficient, non-duplicative and non-conflicting manner, and the governing board should consider ways to use alternative measures of meeting standards, e.g., when a standard essentially has been demonstrated to have been met through reporting requirements for contracts, or state or federal grants.

### CONFORMITY ASSESSMENT PROCESS

The conformity assessment process should begin with the health department undertaking training and a readiness review. If the health department determines that it is ready, it secures application materials and completes a self assessment. The application should include confirmation that the applicant’s elected official/governing body supports the application. The applicant submits its completed self assessment to the accreditation staff who review it. When it is accepted as complete, a site visit is arranged.

Applicants are expected to be in compliance with all domains for each program offered. Performance assessment measurement will be applied on a sampling basis to determine compliance.

A team conducts the site visit, writes a report, and makes a recommendation based on the findings and the self assessment. There will be an opportunity for the applicant to address any deficiencies that are noted. The site visit team includes peers without conflicts of interest and other subject matter experts/consultants, all of whom meet training and performance requirements of the accrediting entity.

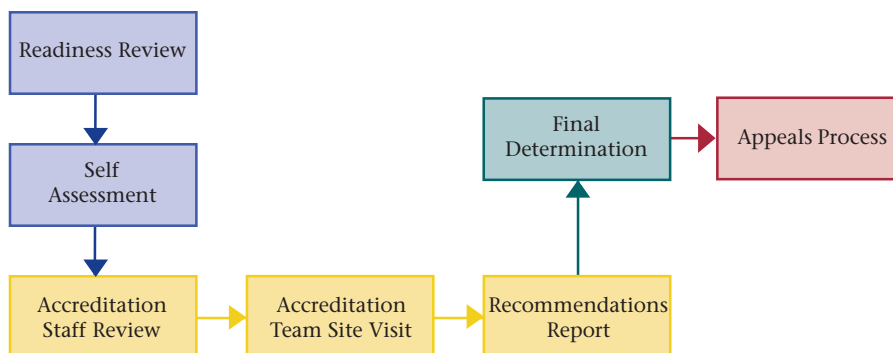
The governing board reviews the recommendation and votes on whether to award accreditation status. As a result of the assessment, the applicant may be fully accredited, conditionally accredited, or not accredited. If the applicant is conditionally accredited, it should be given a specific length of time to improve performance as required to achieve full accreditation status.

If an applicant doesn’t agree with a decision made on a waiver request or during the accreditation process (e.g., it believes it should have a different status or met a certain standard that the reviewers determined they did not meet or partially meet), it should be able to appeal to an appeals board.

The accrediting entity should offer pre-qualifying preparation assistance that includes the orientation of applicant staff to the accreditation process, provision of readiness review and self-assessment tools that are developmental in design and use, and references for available consultation on avenues to meeting and exceeding standards.

If the accrediting entity learns about an applicant not meeting a standard or requirement after the applicant has been accredited, the accrediting entity should be responsible for investigating and determining whether or not the accreditation status should be revoked. Health departments that lose their status should be permitted to re-apply after a period of time.

### CONFORMITY ASSESSMENT PROCESS



# A VOLUNTARY NATIONAL ACCREDITATION PROGRAM FOR STATE AND LOCAL PUBLIC HEALTH DEPARTMENTS

## FINANCING

Financing the development and operation of the accreditation program can be considered in three phases. In the initial development phase, a consortium of funders interested in promoting public health improvement should be sought to fund the start-up organization itself. In the initial operating phase, funding should be a mix of direct support from funders for operations and revenue from services, such as applicant fees and training fees. Over time, more of the funding should come from the applicants, assuring a customer focus in the accreditation program. In full operation, the goal is for the accreditation program to be self-sustaining with reasonable fee revenues from the application fees and accredited departments. Support for applicant fees could still come from other sources. The accreditation program should advocate for and promote incentives and capacity building in health departments.

### *Financing the Initial Development and Operations of the Accreditation Program*

The goal of the start-up phase should be to maximize the credibility of the accrediting entity and its cost-effectiveness. It will be important to simplify processes wherever possible to promote efficiency for the applicants and accrediting entity. The principal start-up activities should include securing leadership, negotiating contracts with vendors and consultants, developing the standards, creating the assessment process, developing information systems, and conducting beta tests or pilot programs. Other start-up activities, such as marketing to applicants and potential funding sources, managing an application process, recruiting and training site visitors, and managing the assessment process through an initial round can be tailored to the number of applicants expected.

The incorporators should finance the initial legal work to establish the non-profit corporation, provide in-kind services to refine the business plan, and work with a consortium of grant-makers, government agencies, and organizations of state and local health departments to finance the start-up of the voluntary national accreditation program.

Potential private sector funders include grant-making organizations promoting health care quality improvement, public health performance improvement, and general government improvement. Within the government sphere, the U.S. Department of Health and Human Services agencies (Agency for Healthcare Research and Quality, Food and Drug Administration, and Centers for Medicare and Medicaid Services as well as CDC and Health Resources and Services Administration) are most important, but the Environmental Protection Agency (environmental health, toxicology), the Department of Agriculture (food safety and WIC), and the Department of Homeland Security (bioterrorism response and emergency management response) should be interested in promoting continuous quality improvement through accreditation. The financing plan should recognize that sponsoring organizations and health departments could be willing to provide in-kind contributions and volunteer services. Examples include providing space and equipment, volunteers serving on committees, assisting in the recruitment of funders, and/or assisting in training and peer review.





### ***Financing the On-going Operations of the Accreditation Program***

On-going operations costs include those related to maintaining the standards, training and supervising the site visit teams, administering and evaluating the program, maintaining the supporting information systems, and promoting research.

Operations should be funded in part by the applicants, with other funding sources to decrease the burden on them. Having applicants help pay for the accreditation operation increases the connection between the costs and the value to the target market. Additionally, applicant fees for a voluntary program build in cost control signals for the operation and help keep cost containment a high priority.

The application fee should be designed to offset the accrediting entity's costs. Working with states and federal agencies, the accrediting entity could support plans for treating fees as allowable costs or indirect costs in grants and contracts, subsidizing fees of health departments, etc. The accrediting entity also should work with applicant health departments to support budget requests for funding accreditation applications by providing data on the cost-effectiveness and value of accreditation.

Other funding sources may include organizations at the national, state and local level that seek to promote performance improvement and continuous quality improvement in public health services, and organizations that use information about performance and quality in decision-making. The accrediting entity should work with federal agencies to consider application fees and health department accreditation costs (self-assessment, site visit, training, and other direct costs) as allowable costs in grants, reimbursement fees for services, contracts and cooperative agreements.

### ***Controlling the Cost of the Accreditation Program***

Affordability of fees is critical to success, particularly when the value of a voluntary national accreditation program is being established. Affordability should be measured by the actual fees charged, by the cost of the process to the applicant, and by the perceived cost-effectiveness of the operation.

The fees and the costs of becoming accredited should be commensurate with the value of accreditation to the applicants. The costs of the accreditation program's operation should be commensurate with the value of accreditation to the public's health and to the sponsoring agencies.

The accrediting entity should design:

- A streamlined accreditation process making maximum use of electronic data exchange.
- Standardized formats that can also meet the needs of funding agencies and other oversight bodies.
- Goal-directed self-assessment and site visit assessment procedures.
- An orientation to the accreditation process for applicants.

Benchmarks and best practices for completing the application and conducting the self-assessment should be made available in the pre-application orientation, providing guidance on cost-effective ways to complete the processes and assisting applicants in controlling costs. Providing sample policies from high performing agencies, setting guidelines on the maximum length of documentation, and providing for the use of existing data formats to submit information are other techniques to control applicant costs.

The accrediting entity should establish its architecture to control costs. Volunteer committees should be used to develop and maintain the standards, with significant participation by accredited state and local public health departments and academics. The standards and benchmarks used in accreditation should be simple, not complex. The accreditation cycle should be reasonably long, using interim data submissions and targeted follow-up on improvement plans to assure on-going attention to transforming public health departments into high performing, continuously improving organizations.

In the initial development and operation phases, in-kind contributions, volunteer services, and contractual services should be highly valued by the accrediting entity, but there also should be sufficient investment in training and supporting site review teams to assure standardized assessments and efficient administration. As the

# A VOLUNTARY NATIONAL ACCREDITATION PROGRAM FOR STATE AND LOCAL PUBLIC HEALTH DEPARTMENTS

program develops and the number of accredited public health departments grows, the accrediting entity should reassess the balance of volunteer, in-kind, and contractual services to assure continuing cost-effectiveness.

The accrediting entity should provide services to encourage cost controls in accreditation processes at the applicant level. It also should work with state and local public health departments, designing its assessment processes to streamline the applicant's work while maximizing the value of the self-assessment, data collection, site visit, and feedback activities. Moreover, the accrediting entity should collect and aggregate data on the costs of the accreditation process, including costs to applicants. These data should be available to applicants for benchmarking their costs and identifying potential cost controls. Finally, making use of a recognition/approval process through which existing state-based programs could demonstrate conformity with national standards is another way to keep costs down.

## INCENTIVES

When surveyed, public health leaders identified quality and performance improvement, consistency among health departments, and recognition by peers as the most important benefits of accreditation. In the developmental phases of the voluntary national accreditation program, incentives should be uniformly positive. Incentives should include the following:

### *High Performance and Quality Improvement*

Among state and local public health departments there is a high value placed on performance improvement and continuous quality improvement. A successful accreditation program should provide a transforming process that supports these goals.

### *Recognition and Validation of the Public Health Department's Work*

A successful accreditation program should be credible among governing bodies and recognized by the general public, providing accountability to the public, funders and governing bodies (legislatures and governors at the state/territorial level; tribal governments; and boards of health, county commissions, city councils, and officials at the local level). The accrediting entity should establish

an information program which promotes the value of accreditation to the public and key stakeholders. Accredited public health departments should receive rights to use credentials in promoting their work to their constituencies and in seeking access to grants, contracts, and reimbursement preferences. The accrediting entity should provide documentation, promotional materials for customized use, and specialized support to accredited public health departments. In addition, the accrediting entity should maintain an active program promoting the value of quality and performance improvement in public health and the role of accreditation in encouraging and documenting continuous improvement in public health departments.

### *Access to Resources and Services to Undergo the Accreditation Process*

To encourage state and local public health departments to seek accreditation, the accrediting entity should provide assistance for the application process as detailed under "Conformity Assessment Process" (page 12). The accrediting entity also should work with potential funders to develop scholarship programs and encourage peer-consulting services for departments needing assistance in specific domains. There should be no penalty (other than expended costs and fees) for terminating the application process during the pre-qualification process or before an accreditation decision is reached.

### *Improved Access to Resources*

The accrediting entity should partner with public health organizations, foundations, and governmental agencies to promote incentives for accredited public health departments.

These can include:

- Access to funding support for quality and performance improvement.
- Access to funding to address gaps in infrastructure identified in the accreditation process.
- Opportunities to pilot new programs and processes based on proven performance levels.
- Streamlined application processes for grants and programs.
- Acceptance of accreditation in lieu of additional accountability processes.

Accreditation also has been shown to enhance recruitment and retention of a high quality work force through reputation and an enhanced working environment.

#### *Access to Support for Continuous Quality Improvement*

The accrediting entity should maintain active support for continuous quality improvement among accredited public health departments. The components of this transformational practice support program may include in-person and Web-based services, best practices exchange, peer-group data exchange and analysis, and similar resources. Leadership awards may be developed as the accreditation program matures.

## PROGRAM EVALUATION

A logic model has been developed to serve as the framework for evaluation of a voluntary national accreditation program (see Appendix C, page 26). Evaluation of the program should be highly emphasized throughout the process of planning, development and implementation. The associated costs need to be factored into the program's budget.

Furthermore, the accrediting entity should determine from the outset and in a transparent way which evaluation results will be kept confidential and which will be shared publicly or made available to researchers and others. The evaluation plans should be flexible enough to be implemented by many different organizations (i.e., the national accreditation program doesn't have the monopoly on data or evaluation). In addition, quality data collection is critical, and data should be collected in a standardized way that allows it to be integrated with data from other systems.

Aspects of the program to evaluate include those described as follows.

#### *Effectiveness of the Accrediting Entity*

- Is the accrediting entity appropriately staffed and are staff members performing well?
- Does the accrediting entity use results of evaluation to improve the accreditation program?
- Is the financial performance meeting the goals set by the governing board?

#### *Accreditation Process*

- How much staff time (from both applicant and accrediting entity) is required to complete the accreditation process?
- Are the required activities for each step of the accreditation process clear and understandable to all participants?
- How useful are the various types of training and technical assistance?

#### *Marketing and Customer Satisfaction*

- How many agencies are participating in the accreditation process and what are their characteristics?
- How satisfied are participating agencies with the accreditation program?

#### *Accreditation Standards and Measures*

- Are the standards appropriate? Do they need to be changed?
- Are the standards and measures reliable and valid?

#### *Improved Performance of Accredited Agencies*

- What improvements in agency performance have resulted from participation in the accreditation program?

#### *Contribution to Evidence Base*

- Is the accreditation process capturing data to support key research questions?
- Does the accreditation program have policies and processes in place to support the use of accreditation data by researchers?

#### *Credibility of Accreditation Program*

- Is the accreditation program perceived as credible by potential applicants and decision makers?

# A VOLUNTARY NATIONAL ACCREDITATION PROGRAM FOR STATE AND LOCAL PUBLIC HEALTH DEPARTMENTS


## IMPLEMENTATION

The Steering Committee has developed a recommended model to serve as a framework around which a voluntary national accreditation program could be built. The details of implementing this program have been intentionally left to the leaders who take on the challenge of developing the accrediting entity. Implementation would be a multi-year process, and it would be important to maintain momentum around performance improvement activities during that time.

Implementation activities would include:

- Establishing a governing board.
- Developing a detailed business plan.
- Setting up an organization and engaging in the start-up activities.
- Getting “agreed upon” standards in place.
- Undertaking beta testing or pilot testing to develop the processes.
- Phasing-in accreditation activities in an orderly fashion.

This multi-year process will allow adjustment of the voluntary national accreditation program to make it more successful in promoting public health performance and improved community health outcomes, and to increase the cost-effectiveness of the operation.



*The details of implementing this program have been intentionally left to the leaders who take on the challenge of developing the accrediting entity.*



## NEXT STEPS

The Planning Committee has received these recommendations, and will share them with their organizations for potential action. The Planning Committee will also share these recommendations with the Robert Wood Johnson Foundation and the Centers for Disease Control and Prevention, both of whom funded this effort. In addition, these recommendations are available to members of all participating organizations.

A full report is under development and will be released in the Fall. The full report will include a detailed methodology, a description of the business case, a research agenda to further support the success of a voluntary national accreditation program as a tool to improve public health, and a full summary of the public comment. The full report will be posted on the project website, and members of the organizations represented on the Steering Committee will be notified when it becomes available.

Preliminary outreach efforts have indicated some interest and support from county commissioners, mayors, state legislators and governors' health policy advisors. Another next step will be to continue to work to engage these groups in the establishment of a voluntary national accreditation program.

## **APPENDIX A**

---

**STEERING COMMITTEE, WORKGROUP MEMBERS,  
PROJECT STAFF, CONSULTANTS, AND  
FUNDING ORGANIZATION REPRESENTATIVES**



## EXPLORING ACCREDITATION STEERING COMMITTEE MEMBERS

### *Chair*

Kaye Bender, RN, PhD, FAAN  
Dean, School of Nursing  
University of Mississippi Medical  
Center

Stephanie B. C. Bailey, MD, MSHSA  
Director of Health  
Metro Nashville/Davidson County  
(TN)  
*NACCHO*

Deanna Bauman  
Area Manager Oneida (WI)  
Community Health Center  
*NIHB*

Les Beitsch, MD, JD  
Director, Center for Medicine/  
Public Health  
Florida State University  
*PHF*

Gordon Belcourt, MPH  
Executive Director  
Montana-Wyoming Tribal Leaders  
Council  
*IHS*

Eric Blank, DrPH  
Director, State Public Health  
Laboratory  
Missouri Dept. of Health and  
Senior Services  
*At-Large*

Joan Brewster, MPA  
Director, Public Health Systems  
Planning, Washington State  
Department of Health  
*At-Large*

Shepard Cohen  
Health Care Consultant/Principal  
Excellence in Graduate Medical  
Education  
*NALBOH*

Harold Cox, MSW  
Chief Public Health Officer  
Cambridge (MA) Health Department  
*NACCHO*

Leah Devlin, DDS, MPH  
State Health Director  
North Carolina Dept. of Health and  
Human Services  
*ASTHO*

Colleen Hughes, RN, PhD  
Executive Director  
Mountain Health Connections, Inc.  
(NV)  
*APHA*

Laura Landrum, MUPP  
Special Projects Director  
Illinois Public Health Institute  
*NINPHI*

Cassie Lauver, LMSW, ACSW  
Director  
Division of State and Community  
Health  
*HRSA*

Dennis Lenaway, PhD, MPH\*  
Director, Office of Standards and  
Emerging Issues in Practice  
Office of Chief of Public Health  
Practice, Centers for Disease Control  
and Prevention  
*Ex-Officio*

Janet Olszewski, MSW  
Director  
Michigan Department of  
Community Health  
*ASTHO*

Jan Malcolm  
Chief Executive Officer  
Courage Center (MN)  
*At-Large*

Patti Pavey, MS  
Principal Consultant  
Health Teknique (UT)  
*NALBOH*

Bobby Pestronk, MPH  
Health Officer  
Genesee County (MI) Health  
Department  
*NACCHO*

Bruce Pomer, MPA  
Executive Director  
Health Officers Association of  
California  
*NACCHO*

Sandra Shewry, MPH, MSW  
Director  
California Department of Health  
Services  
*ASTHO*

Rachel Stevens, EdD, RN  
Senior Advisor  
North Carolina Institute for  
Public Health  
*NALBOH*

Robert Stroube, MD, MPH  
Commissioner  
Virginia Department of Health  
*APHA*

Lee Thielen, MPA  
Public Health Consultant  
Thielen Consulting (CO)  
*PHLS*

Kathy Vincent, LCSW  
Staff Assistant to the  
State Health Officer  
Alabama Department of  
Public Health  
*ASTHO*

Harvey Wallace, PhD  
Professor and Department Head  
Northern Michigan University  
*NALBOH*

*\*This position was initially held by Ed Thompson, MD, MPH,  
former Chief of Public Health Practice.*

## EXPLORING ACCREDITATION GOVERNANCE AND IMPLEMENTATION WORKGROUP MEMBERS

*Chair*

Rachel Stevens, EdD, RN  
Senior Advisor  
North Carolina Institute for Public Health

Susan Allan, MD, JD, MPH  
Director  
Oregon Department of Health Services

Scott J. Becker, MS  
Executive Director  
Association of Public Health Laboratories

Bobbie Berkowitz, PhD, CNAA, FAAN  
Professor  
Psychosocial & Community Health  
University of Washington

Claude Earl Fox, MD, MPH  
Research Professor  
Miller School of Medicine  
University of Miami

Paul Halverson, DrPH, MHSA, FACHE  
Director  
Arkansas Department of Health

James G. Hodge, Jr., JD, LLM  
Associate Professor, Johns Hopkins  
Bloomberg School of Public Health  
Executive Director, Center for Law  
and the Public's Health

Jerry King, MA  
Executive Director  
Indiana Public Health Institute

Jeffrey R. Taylor, PhD  
Executive Director  
Michigan Public Health Institute

Mary Wellik, MPH  
Public Health Director  
Olmsted County (MN) Public  
Health Services

## EXPLORING ACCREDITATION STANDARDS DEVELOPMENT WORKGROUP MEMBERS

*Chair*

Stephanie B. C. Bailey, MD, MSHSA  
Director of Health  
Metro Nashville/Davidson County  
(TN) Health Department

Bruce Bragg, MPH  
Director  
Ingham County (MI) Health  
Department

Liza Corso, MPA  
Team Leader  
Office of the Chief of Public Health  
Practice, Office of the Director  
Centers for Disease Control and  
Prevention

Ann Drum, DDS, MPH  
Director, Division of Research,  
Training and Education  
Health Resources and Services  
Administration

Greg Franklin, MHA  
Deputy Director, Health Information  
and Strategic Planning Division  
California Department of Health  
Services

Kathy Mason, RN, EdD  
Dean, School of Nursing  
Florida State University

Glen Mays, PhD, MPH  
Vice Chair and Associate Professor  
University of Arkansas for Medical  
Sciences

Jim Pearsol, MEd  
Assistant Director  
Ohio Department of Health

Joy Reed, EdD, RN  
Head, Public Health Nursing &  
Professional Development Unit  
North Carolina Department of  
Health and Human Services

Torney Smith, MS  
Administrator  
Spokane (WA) Regional Health  
District

Joan Valas, NP, PhD candidate  
Senior Public Health Specialist  
Columbia University School Of  
Nursing



## EXPLORING ACCREDITATION FINANCE AND INCENTIVES WORKGROUP MEMBERS

### *Chair*

Bruce Pomer, MPA  
Executive Director  
Health Officers Association of  
California

Mark Bertler, CAE  
Executive Director  
Michigan Association for Local  
Public Health

Ron Bialek, MPP  
President  
Public Health Foundation

Ed Davidson, MPA  
Public Health Administrative Officer  
Alabama Department of Public  
Health

Mike Fleenor, MD, MPH  
Health Officer  
Jefferson County (AL) Health  
Department

Jeffrey Lake, MS  
Deputy Commissioner  
Virginia Department of Health

Dennis D. Lenaway, PhD, MPH  
Director, Office of Standards and  
Emerging Issues in Practice  
Office of Chief of Public Health  
Practice, Centers for Disease Control  
and Prevention

William Mitchell, MPH  
Director  
Public Health Services  
San Joaquin County (CA)

Gerald R. Solomon, JD  
President and CEO  
PHFE Management Solutions  
*aka Public Health Foundation  
Enterprises, Inc.*

---

## EXPLORING ACCREDITATION RESEARCH & EVALUATION WORKGROUP MEMBERS

### *Chair*

Les Beitsch, MD, JD  
Director, Center for Medicine/  
Public Health  
Florida State University

Stacy Baker, MEd  
Director, Performance Improvement  
Public Health Foundation

Joan Brewster, MPA  
Director, Public Health  
Systems Planning  
Washington State Department  
of Health

Kristine M. Gebbie, DrPH, RN  
Elizabeth Standish Gill Associate  
Professor  
Director, Center for Health Policy  
Columbia University

Karen Hacker, MD, MPH  
Executive Director  
Institute for Community Health

Mary Kushion, MSA  
Health Officer  
Central Michigan District  
Health Department

Charlie Mahan, MD  
Professor  
University of South Florida

F. Douglas Scutchfield, MD  
Peter P. Bosomworth Professor  
of Health Services Research  
and Policy  
University of Kentucky  
Medical Center

Susan R. Snyder, PhD, MBA  
Economist  
Laboratory Practice Evaluation &  
Genomics Branch  
Div. of Public Health Partnerships/  
National Center Health Marketing  
Centers for Disease Control  
and Prevention

Beverly Tremain, PhD, CHES  
Evaluation Consultant  
Missouri Institute for  
Community Health

Bernard J. Turnock, MD, MPH  
Clinical Professor  
Director, Center for Public Health  
Practice  
University of Illinois, Chicago

## EXPLORING ACCREDITATION CONSULTANTS AND STAFF

### ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS (ASTHO)

Jacalyn Carden, RN, MS, CAE  
Associate Executive Director  
Policy and Programs

Sterling Elliott, MPH  
Analyst  
Public Health Systems

Jennifer Jimenez, MPH  
Senior Analyst  
Public Health Systems

Patricia A. Nolan, MD, MPH  
ASTHO Consultant

Adam Reichardt  
Senior Analyst  
Public Health Performance  
Improvement

Mary Shaffran, MPA  
Principal Director  
Public Health Systems

### NATIONAL ASSOCIATION OF COUNTY & CITY HEALTH OFFICIALS (NACCHO)

Priscilla Barnes, MPH, CHES  
Program Manager  
Public Health Infrastructure and  
System Team

Carol Brown, MS  
Senior Advisor  
Public Health Infrastructure and  
System Team

Grace Gorenflo, RN, MPH  
Senior Advisor  
Public Health Infrastructure and  
System Team

Carolyn Leep, MPH  
Program Manager  
Public Health Infrastructure and  
System Team

Jocelyn Ronald  
Program Assistant  
Public Health Infrastructure and  
System Team

Jessica Solomon, MCP  
Program Manager  
Public Health Infrastructure and  
System Team

### CONSULTANTS

Chuck Alexander  
Burness Communications

Francie de Peyster  
Burness Communications

Michael Hamm  
Michael Hamm & Associates

Shelley Kessler  
TCC Group

Jared Raynor  
TCC Group

---

## EXPLORING ACCREDITATION FUNDING ORGANIZATION REPRESENTATIVES

### CENTERS FOR DISEASE CONTROL AND PREVENTION

Liza Corso, MPA  
Team Leader  
Office of the Chief of Public Health  
Practice, Office of the Director

Dennis Lenaway, PhD, MPH  
Director, Office of Standards and  
Emerging Issues in Practice  
Office of Chief of Public  
Health Practice

Anthony D. Moulton, PhD  
Acting Chief  
Office of Chief of Public  
Health Practice

### THE ROBERT WOOD JOHNSON FOUNDATION

Russell Brewer, DrPH, CHES  
Program Associate  
Public Health Team

Carol Chang, MPA, MPH  
Program Officer  
Public Health Team/Research  
and Evaluation

Pamela Russo, MD, MPH  
Senior Program Officer  
Public Health Team Leader

## **APPENDIX B**

---

### **EXAMPLES OF STANDARDS AND MEASURES**

The following standards and measures are meant to provide **examples** of what *might* be used in a voluntary national accreditation program. These examples are based on NACCHO’s Operational Definition, the National Public Health Performance Standards Program State Instrument, and the Washington State Public Health Improvement Plan.

*These examples have not been approved by the Exploring Accreditation Steering Committee, and feedback is not being sought at this time.*

1. Protect people from health problems and health hazards		
	STATE	LOCAL
<b>Standard</b>	Collaborate with public and private laboratories, which have the ability to analyze clinical and environmental specimens in the event of suspected exposures and disease outbreaks.	Maintain access to laboratory expertise and capacity to help monitor community health status and diagnose and investigate public health problems and hazards.
<b>Measure</b>	Written procedures describe how expanded lab capacity is made readily available when needed for outbreak response, and there is a current list of labs having the capacity to analyze specimens.	Has current list of available labs and current written protocols and/or guidelines for handling clinical and environmental laboratory samples.

2. Maintain a competent public health workforce		
	STATE	LOCAL
<b>Standard</b>	Identify the public health workforce (the workforce providing population-based and personal health care services in public and private settings across the state) needs of the state and implement recruitment and retention policies to fill those needs.	Recruit, train, develop, and retain a diverse staff.
<b>Measure</b>	Personnel in regulated professions are assessed to assure that they meet prescribed competencies including certifications, licenses, and education required by law or recommended by local, state, or federal policy guidelines.	Workplace policies promoting diversity and cultural competence, describing methods for compensation decisions, and establishing personnel rules and recruitment and retention of qualified and diverse staff are in place and available to staff.

3. Evaluate and improve programs and interventions		
	STATE	LOCAL
<b>Standard</b>	Evaluate the effectiveness and quality of all programs and activities and use the information to improve performance and health outcomes.	Evaluate the effectiveness and quality of all programs and activities and use the information to improve performance and health outcomes.
<b>Measure</b>	There is a planned, systematic process in which all programs and activities, whether provided directly or contracted, have written goals, objectives, and performance measures. Program performance measures are tracked, the data are analyzed and used to change and improve program activities and services and/or revise curricula/materials.	There is a planned, systematic process in which all programs and activities, whether provided directly or contracted, have written goals, objectives, and performance measures. Program performance measures are tracked, the data are analyzed and used to change and improve program activities and services and/or revise curricula/materials.

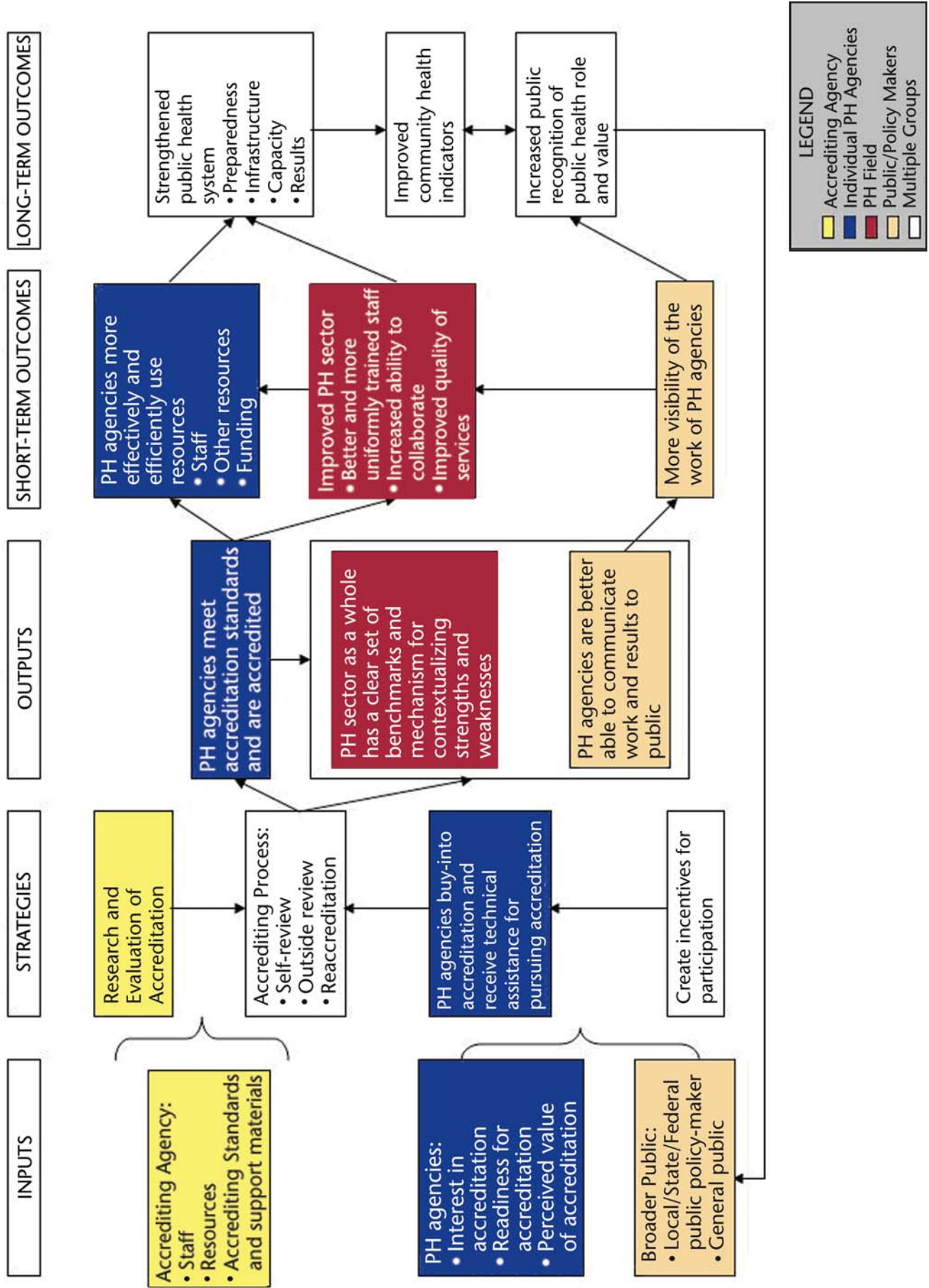
## **APPENDIX C**

---

### **LOGIC MODEL**

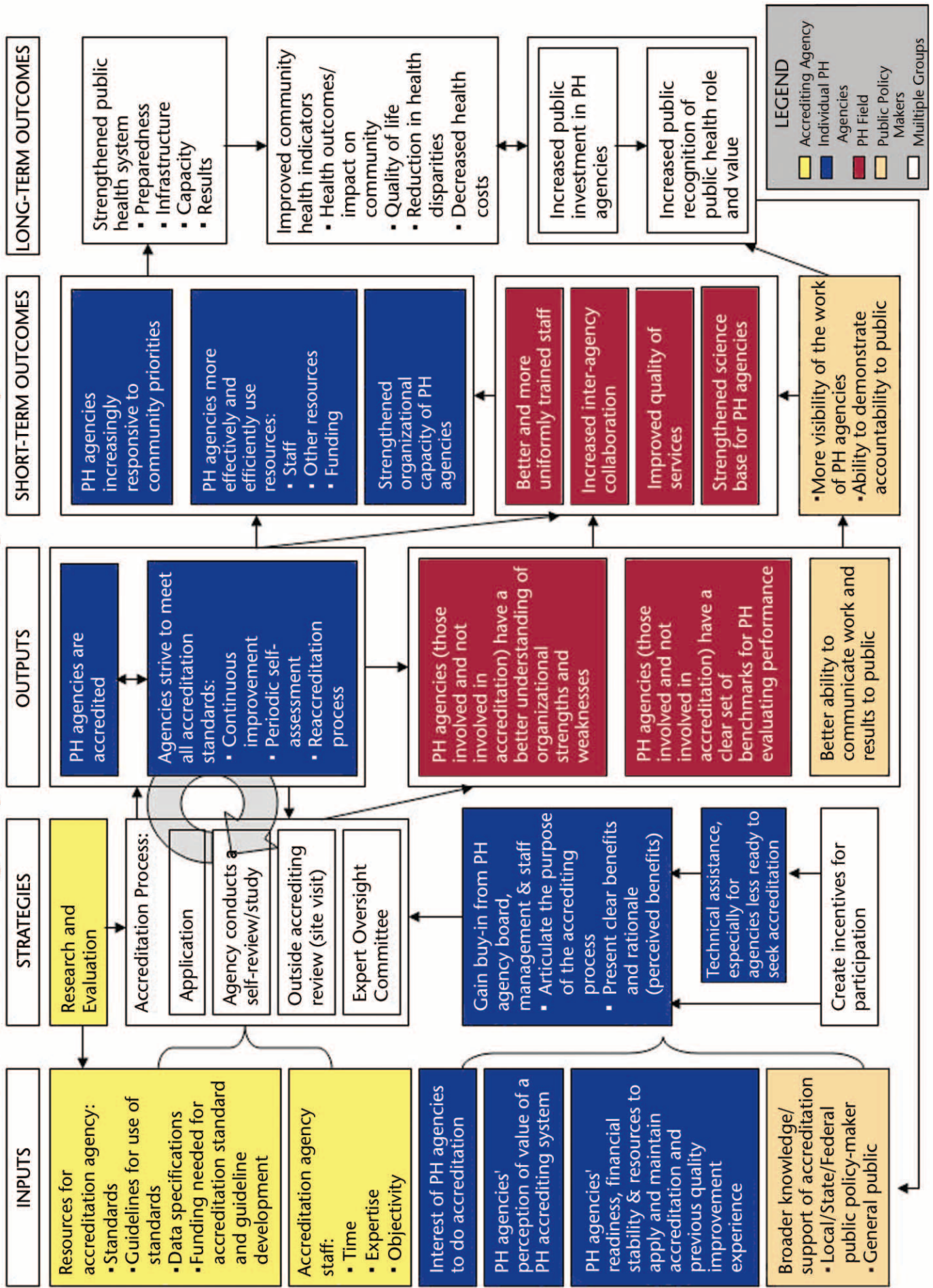
# Public Health Agency Accreditation System Implementation (Simplified)

July 21, 2006



# Public Health Agency Accreditation System Implementation

July 21, 2006



## **APPENDIX D**

---

### **GLOSSARY**

## GLOSSARY

**Accreditation** – (1) the development of a set of standards, a process to measure health department performance against those standards, and some form of reward or recognition for those agencies meeting the standards. (2) the periodic issuance of credentials or endorsements to organizations that meet a specified set of performance standards. (3) A voluntary conformity assessment process where an organization or agency uses experts in a particular field of interest or discipline to define standards of acceptable operation/performance for organizations and measure compliance with them. This recognition is time-limited and usually granted by nongovernmental organizations.

1 – EA project definition

2 – Lee Thielen

3 – Michael Hamm

**Accountability** – the principle that individuals, organizations and the community are responsible for their actions and may be required to explain them to others.

**Benchmark** – a standard established for anticipated results, often reflecting an aim to improve over current levels.

**Beta testing (pilot testing)** – allowing organizations to use a new product before it is officially launched.

**Capacity** – resources and relationships necessary to carry out the core functions and essential services of public health; these include human resources, information resources, fiscal and physical resources, and appropriate relationships among the system components.

– Bernard Turnock, *Public Health: What It Is and How It Works*

**Conformity assessment** – the determination of whether a product, process, or service conforms to particular standards or specifications. Activities associated with conformity assessment may include testing, certification, accreditation, and quality assurance system regulation.

– Michael Hamm

**Conditional accreditation** – a rating that an organization receives when a number of standards were scored 'not compliant' at the time of the onsite survey.

– Joint Commission on Accreditation of Healthcare Organizations (JCAHO)

**Continuous quality improvement** – an ongoing effort to increase an agency's approach to manage performance, motivate improvement, and capture lessons learned in areas that may or may not be measured as part of accreditation.

– Public Health Foundation (PHF)

**Core standards** – the fundamental activities or group of activities, so critical to an organization's success that failure to perform them in an exemplary manner will result in deterioration of the organization's mission.

**Customer** – the person or group that establishes the requirement of a process and receives or uses the outputs of that process, or the person or entity directly served by the organization.

– *Serving the American Public: Best Practices in Performance Measurement*

**Domain** – a broad area having some common characteristics and for which criteria and standards are specified for assessing performance in that domain.

–Michael Hamm

**Evaluation** - Systematic approach to determine whether stated objectives are being met.

–Brownson, RC, Baker EA, and Novick, LF. *Community-based Prevention: Programs That Work*. Gaithersburg, MD: Aspen Publishers, Inc. 1999

**Impact** – the total, direct and indirect, effects of a program, service or institution on a health status and overall health and socio-economic development.

**Measure** – a statement of quantification/qualification/ action to reach a desired condition/state of affairs; the means of determining compliance with a standard.

*Example:* The number of trained epidemiologists available to investigate outbreaks (capacity measure).

*Example:* The percentage of notifiable diseases reports submitted within the required time lines (process measure).

*Example:* Percentage of disease outbreaks that are controlled and contained before deaths or disabling conditions occur (outcome measure).

**Outcome** – (1) the desired result of a service or program; (2) indicator of health status, risk reduction, and quality-of-life enhancement. For the purposes of the Exploring Accreditation project, short-term outcomes are defined as results that are achieved in 1 year; results of intermediate outcomes are achieved between 2-5 years; and results of long-term outcomes are achieved between 5-10 years.

– (2) *Bernard Turnock, Public Health: What It Is and How It Works*

**Performance standard** – a generally accepted, objective form of measurement that serves as a rule or guideline against which an organization’s level of performance can be compared.

– *Guidebook for Performance Measures Turning Point Program*

**Performance improvement/**

**Quality improvement** – Systematic processes of designing and developing cost-effective and ethically-justifiable methods to address performance gaps or improve products; implementing processes, procedures, and/or interventions in order to obtain better results; and/or evaluate financial and non-financial findings in order to improve efficiency in obtaining results. Quality improvement contains the element of “doing the right thing” while performance improvement is focused on doing what we are doing “better.”

– *From Silos to Systems Turning Point Program*

**Research** - A systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalized knowledge.

-*United States Department of Health and Human Services. Healthy People 2010. Washington, DC: US Department of Health and Human Services, 2000*

**Standard** – a desired condition/state of affairs, and must be actionable, attainable, and measurable.

[WWW.EXPLORINGACCREDITATION.ORG](http://WWW.EXPLORINGACCREDITATION.ORG)



Association of State and Territorial  
Health Officials  
1275 K ST NW Suite 800  
Washington, DC 20005  
202 . 371 . 9090



NATIONAL  
ASSOCIATION OF  
COUNTY & CITY  
HEALTH OFFICIALS

1100 17TH STREET, NW, 2ND FLOOR  
WASHINGTON, DC 20036  
(202) 783-5550  
(202) 783-1583 FAX  
[WWW.NACCHO.ORG](http://WWW.NACCHO.ORG)