Accreditation of Local Public Health Departments: An analysis

Recommendations for Sacramento County

Prepared by the Research and Evaluation Committee, Anthony Russell, MD, MPH, Chairman
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Voluntary accreditation of governmental public health departments is becoming a standard for health departments for the twenty first century. The goal of accreditation movement is to advance the quality and performance of health departments. For Sacramento County, the state of public health practice is in disarray, primarily a result of slashes in the budget. The authors propose the accreditation framework as a strategy to emerge from the present state into a structure that will lead to excellence in the future.
Accreditation of Local Public Health Departments: An analysis and recommendation for Sacramento County

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Executive Summary:

The Division of Public Health (DivPH) in Sacramento County (SC) has been decimated by the county budget cuts required by the tax revenue short fall as compared to anticipated county expenses. Each county agency suffers in its own way in this environment. Yet the staff and service cuts in public health have a potentially disastrous impact on the health and well-being of the counties residents for the near future and unless addressed will cripple public health practice for years to come. Though the end of this crisis is still not in sight, the Research and Evaluation Committee (REC) of the Public Health Advisory Board (PHAB) feels that planning for the reconstruction of public health practice should begin now. The planning and implementation requires public input, public support and a strategy with measurable milestones, accountability and proven benefits to the county. The REC believes that the process of accreditation not only provides a proven strategy to achieve excellence but the roadmap to accreditation provides immediate and ongoing benefit to the practice of public health and population health in our county. The documented experiences of others will inform the process as a new and more efficient model for public health practice is created and implemented to fit Sacramento’s needs today and for the future.

Accreditation of governmental public health departments (GDPH) is becoming reality and will soon be the norm. The movement benefits from thirty years of accumulated knowledge and experience. The framework for accreditation is the ten essential services of a public health department, which are summarized as:

1. Systematic and ongoing assessment of community health
2. Timely investigations of adverse health effects
3. Analyze the determinants of identified health needs
4. Advocate for public health, build constituencies and identify resources in the community
5. Prioritize health needs based on risk, volume and the effectiveness and feasibility of interventions
6. Develop policies and processes to address priority health needs by establishing goals and objectives to be achieved through a systematic course of action
7. Manage organizational, financial and human resources for competence and effectiveness and through coordination of community agencies efforts minimize the duplication of services.
8. Implement programs that translate plans and policies into services.
9. Continual quality improvement processes to assess and measure programs effectiveness and benefits
10. Inform and educate to increase public knowledge of regional issues, programs and services which contribute to individual and collective changes in health knowledge, attitudes and practices towards a healthier community.

Implementing the framework utilizes proven quality improvement (QI) strategies, processes and methods. Most importantly, the path to accreditation provides the opportunity to develop the coalitions and partnerships considered essential to a high functioning public health department of the 21st century. The benefits of the accreditation process bring benefits to the County and its citizens that are exponentially greater than the cost of the program.

Good public health and population health policy contribute to the economic success of the region. Economic opportunity depends on many factors. The interdependent criteria for an economically healthy region include:

- a healthy population
- an educated population leading to a skilled workforce
- safety and security
- nutrition and food security

Economic success of a region is derived from the combined efforts of the public and private sectors. Benchmark performance in the practice of public health and population health will be an expectation among those whose efforts and collaborations are essential to an economically sound and healthy environment within Sacramento county. The REC recommends that the Sacramento County Board of Supervisors approve a policy that supports the objective of accreditation of the Division of Public Health. The policy is required to begin the effort to engage key partners and to seek supplemental funding for the self assessment phase.

**Background**

At the April meeting of the REC of the Public Health Advisory Board, a slide presentation outlining public health quality improvement was reviewed and discussed. Kaye Bender, RN, PhD, FAAN, President and CEO of the Public Health Accreditation Board is the author of the presentation, Medical Quality and Performance Improvement in Public Health. One outcome of the discussion was that committee member, Dr. Don McClurg, would investigate the process and report back to the Committee. This analysis and the recommendations contained herein are the result of that research and the subsequent work by the committee.

**Source materials**

Research on the topic was limited to open access journals and public access websites. Search engines were Google Scholar and PubMed. Key words are: certification, county, governmental, public health department. References are in endnotes.
History

One of the earliest publications describing the need for standardization of governmental public health practices was published by Turnock, et al in Public Health Reports, 1994. This work was a product of a multidisciplinary team evaluation of the state of public health supported by the Centers for Disease Control (CDC) beginning in 1988. Turnock has been cited by over 40 subsequent publications. Turnock’s Ten Essential Categories for public health departments are the framework of National Public Health Standards Program developed by the Office of the Chief of Public Health practice at the CDC. Turnock originally presented his three practices and the ten associated categories as follows:

Assessment practices
1. Assess the health needs of the community by establishing a systematic needs assessment process that periodically provides information on the health status and health needs of the community.
2. Investigate the occurrence of adverse health effects and health hazards in the community by conducting timely investigations that identify the magnitude of health problems, duration, trends, location and populations at risk.
3. Analyze the determinants of identified health needs in order to identify etiologic and contributing factors that place certain segments of the population at risk for adverse health outcomes.

Policy development practices
4. Advocate for public health, build constituencies and identify resources in the community by generating supportive and collaborative relationships with public and private agencies and constituent groups for the effective planning, implementation and management of public health activities.
5. Set priorities among health needs based on the size and seriousness of the problems, along with the acceptability, economic feasibility and effectiveness of interventions.
6. Develop plans and policies to address priority health needs by establishing goals and objectives to be achieved through a systematic course of action that focuses on local community needs and equitable distribution of resources and involves the participation of constituents and other related governmental agencies.

Assurance practices
7. Manage resources and develop organizational structure through the acquisition, allocation and control of human, physical and fiscal resources; and maximizing the operational functions of the local public health system through coordination of community agencies’ efforts and avoidance of duplication of services.
8. Implement programs and other arrangements assuring or providing direct services for priority health needs identified in the community by taking actions which translate plans and policies into services.
9. Evaluate programs and provide quality assurance in accordance with applicable professional and regulatory standards to ensure that programs are consistent with plans and policies, and provide feedback on inadequacies and changes needed to redirect programs and resources.
10. Inform and educate the public on public health issues of concern in the community, promoting awareness about public health services availability, and health education initiatives which contribute to individual and collective changes in health knowledge, attitudes and practices towards a healthier community.
A visual representation of the framework was developed by the National Public Health Standards, and is shown in Figure 1.

![A visual representation of the framework](image.png)

**Figure 1:** The three processes and their ten essential services. *(From the National Public Health Standards Program, [http://www.cdc.gov/od/ocphp/nphpsp/PresentationLinks.htm](http://www.cdc.gov/od/ocphp/nphpsp/PresentationLinks.htm))*

These ten essential services serve as a framework for the accreditation program for public health departments in North Carolina and for the accreditation program now in beta testing by the Public Health Accreditation Board. From 148 applications, thirty health departments, including 8 states, 19 counties and 3 tribal nations were selected for the beta test program for accreditation.

Accreditation has become a response to the state of affairs described by Turnock in 1994. His description may feel familiar to us in Sacramento. Turnock described in 1994 a national public health identity crisis as expressed by:

- Lack of public understanding of the benefit to citizens
- Weak knowledge of the processes or products of public health
- Absence of accepted metrics from which to define and measure the impact of public health practices and standards

A consequence of these vulnerabilities is the absence of robust advocacy for public health practice and a lack of clarity in the population health approach for health departments. The population health approach recognizes that health is a capacity or resource rather than a state, a definition which
corresponds more to the notion of being able to pursue one's goals, to acquire skills and education, and to grow. This broader notion of health recognizes the range of social, economic and physical environmental factors that contribute to health. The best articulation of this concept of health is "the capacity of people to adapt to, respond to, or control life's challenges and changes."  

Accreditation is a well designed and widely supported strategy to change the understanding and document the value of sound public health practice and policy by improving the quality, consistency and effectiveness of public health departments within the framework of the ten essential services.

The accreditation movement

Beginning in 1988, private foundations, universities, professional organizations and the CDC have accumulated a large body of knowledge and have created significant momentum toward a consensus focus on quality, quality improvement, and performance standards for governmental public health departments (GDPH). The same QI practices that drive manufacturing and service sector business toward excellence are being applied successfully to GDPH programs. The benchmark of performance excellence for a GDPH is expected to be voluntary accreditation. Voluntary accreditation is now under the administration of the Public Health Accreditation Board, a nonprofit organization created as a direct result of recommendations of the Robert Wood Johnson Foundation report, Exploring Accreditation, 2006-2007. The benefits of accreditation accrue to the health agency and the public. For the agency as a whole, efficiency and effectiveness are driven by the underlying value of continual quality improvement. This dynamic approach focuses scarce resources on high risk, high volume priorities. Quality driven success in meeting measurable objectives broadens the program’s access to supplemental funding for programmatic and research needs. Higher performance and more funding opportunities lead to a competent and enthusiastic workforce further enhancing performance. For the local government and the citizenry it means improved health literacy, a greater opportunity to understand the personal responsibility of healthy living, and the prospects of a healthier living environment though effective public health and population health policy.

Voluntary accreditation enjoys broad support from professional and governmental organizations. Some of those include the National Association of City and County Health Organizations, the American Public Health Association, the National Association of Boards of Health, Office of the Chief of Public Health Practice of the Centers for Disease Control, the Association of State and Territorial Health Officials, the California Association of Public Health Laboratory Directors, and the California Public Health Association. The Michigan Department of Public Health led the way with certification of its local health departments. The lead has been followed by other states that are in the process of statewide certification or accreditation. From 148 applications, thirty health departments were selected to participate in the beta test for voluntary accreditation by the Public Health Accreditation Board. Of the thirty selected, there are eight state, nineteen local and three tribal health departments. The state of Texas has recently been granted financial support to institute a statewide program for accreditation. Sacramento County would be entering into a well established and broadly supported process. With solid support from the
Board of Supervisors and the Department of Health and Human Services, it is likely that outside funding could be found to support the self assessment process.

Is accreditation in the future for Sacramento County Division of Public Health?

The “train has left the station” for the accreditation of GDPH, however the Budget deficit for Sacramento County is huge, no relief is in sight. Why should the Board of Supervisors, the Department of Health and Human Services, the Division of Public Health, and the Public Health Advisory Board consider accreditation now?

From an external perspective, in addition to the budget crisis, the DivPH historically has faced the following challenges:

- The practice of public health and population health in Sacramento has not enjoyed broad public support.
- Effective public-private partnerships are lacking.
- The past two years of defunding driven by the Sacramento County financial crisis has decimated the division’s capability and operations.
- An influential public figure, organization, or coalition to champion the benefits of public health practice devoted to the promotion of a healthy population is lacking.

Lack of public support and the lack of clarity of public health practice benefits has resulted in an undervalued agency. In a digital age, this point is amply demonstrated by trying to find the Public Health Division web page. This low standing has degraded the ability to compete for funding among the other county functions and agencies as well as supplemental funding from foundations and the CDC. It is the responsibility of the Sacramento County Board of Supervisors and the Department of Health and Human Services to develop policy and provide the support to ensure the presence of public health practice that meets the needs of the county. A broadly supported, measurable and accountable strategic plan is necessary to develop the roadmap that will give direction us to the fulfillment of this responsibility. It is the consensus of the REC that the road to voluntary accreditation should be at the core of the plan to meet these obligations. In crisis there can be opportunity. Now is the time to begin.

The past 20 years of work in the field of improvement of public health practice provides a body of knowledge that will ease the path to achieve the level of excellence needed for accreditation. Starting the process now has several advantages. To start the accreditation process, normally the department will file and application, followed by a self assessment. (Figure 2)
Figure 2: A typical process of application in the beta program, beginning in 2009.

A better approach for Sacramento County could look like Figure 3.

Figure 3: A hypothetical timeline for self assessment ending in submission of application for Accreditation to the Public Health Accreditation Board in 2015. During this process the resources of the Board and the experience of other departments will support and inform the process. The State of Texas Department of Public Health has received a grant to support statewide accreditation of county departments. Sacramento County should be a good candidate for grant funding for the self assessment phase.

The immediate benefits of the self assessment are the data collected and the relationships that are built during the process. The process will present the opportunity to construct a framework for quality and performance improvement now and in the future. A structured effort such as this provides the foundation to bring Sacramento County public health and population health practices to cutting edge performance in less than ten years.

The business benefit of such excellence will be measurable performance standards, rational prioritization of resources, and higher levels of satisfaction among constituencies, stakeholders and staff. This translates into efficiency in financial performance effectiveness in program operations. These operational data provide the source to develop the information needed for continuous improvement in financial and outcomes performance.
Programs that achieve this level of performance will have increased access to supplemental funding and grants from governmental and private agencies.

The self assessment tool\textsuperscript{12} requires the participation of stakeholders who will form the participating coalitions needed by the high performing health department of the future as demonstrated in Figure 4.

\begin{center}
\textbf{Figure 4:} The interrelationships of public health agencies and other local community and public organizations, health care providers and law enforcement. (From the slide presentation available from the website for the National Public Health Performance Standards of the CDC, http://www.cdc.gov/od/ocphp/nphpsp/PresentationLinks.htm)
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The self assessment model provides the forum and the structure to begin these conversations. North Carolina\textsuperscript{13} has provided a “roadmap” tool that should be reviewed as an aid to Sacramento County efforts. The self assessment is an important beginning step. It will require time, organization and dedicated staff. We believe that supplemental funding for such an intense effort can be obtained but only if the County of Sacramento takes leadership and overtly supports such a project.

The Research & Evaluation Committee proposes that the Public Health Advisory Board recommend that the Sacramento County Board of Supervisors evaluate the benefits of public health accreditation with the intent that the Board approves policy to direct the Department of Health and Human Services to establish a credible plan for accreditation. Once the plan is completed, application for funding for the project can begin. This will be the first step to set Sacramento County on the road to achieving public health service excellence and subsequently accreditation.
C.E.A. Winslow defined public health as “the science and art of preventing disease, prolonging life and promoting health and efficiency through organized community effort…” Public health focuses on prevention and through practice it develops and implements the policies and programs that promote health. For example, it can focus on improving health through society-wide measures like vaccinations, the fluoridation of drinking water, or through policies like seatbelt and non-smoking laws.

Population health is the body of scientific disciplines interested in the study of the distribution and determinants of health and disease states in the population. It is an approach to health that seeks to step beyond the individual-level focus of traditional clinical and preventive medicine by addressing a broad range of factors that impact health on a population-level. For example, it can focus on ways to reduce health inequities among population groups by exploring factors such as the environment, social structures, resource distribution, etc. Adapted from the University of Wisconsin, Population and Public Health website, Copyright © 2009 The Board of Regents of the University of Wisconsin System

2 What is Population Health, David Kindig, MD, PhD, and Greg Stoddart, PhD, Am J Pub Health, 2003;93: 380-383. Abstract as follows: Population health is a relatively new term that has not yet been precisely defined. Is it a concept of health or a field of study of health determinants? We propose that the definition be “the health outcomes of a group of individuals, including the distribution of such outcomes within the group,” and we argue that the field of population health includes
health outcomes, patterns of health determinants, and policies and interventions that link these two. We present a rationale for this definition and note its differentiation from public health, health promotion, and social epidemiology. We invite critiques and discussion that may lead to some consensus on this emerging concept. (Am J Public Health. 2003;93:380–383)

Implementing and Assessing Organizational Practices in Local Health Departments
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4 Bender, Kaye, Medical Quality and Performance Improvement in Public Health, Public Health Accreditation Board, Feb 2010
5 Turnock, et al, Implementing and assessing Organizational Practices in Public Health
6 http://www.cdc.gov/od/ocphp/nphpsp/
7 - Health Impact Assessment as a Tool for Population Health Promotion and Public Policy by C.J. Frankish et al., Institute of Health Promotion Research, University of British Columbia, Vancouver: 1996
Accreditation: Why It’s Important Now

The importance of quality public health services has recently been made quite clear, in the midst of the national debate on health care reform and efforts to control the spread of the H1N1 flu epidemic. Health departments around the country work every day to combat new public health threats and keep Americans healthy.

The goal of the national public health accreditation program is to improve and protect the health of the public by advancing the quality and performance of all health departments in the country – state, local, territorial and tribal. Accreditation will drive public health departments to continuously improve the quality of the services they deliver to the community. Accreditation is a critical part of the future of public health, and as the national conversation around health reform progresses, accreditation will be an integral part of that dialogue.

For public health departments, accreditation means demonstrated accountability and improved quality. Nationally, public health accreditation means that people across the country can expect the same quality of public health programs and services no matter where they live – in a Northeast city, a West Coast suburb, or a Midwest town. The expectation is that accreditation will strengthen public health departments and the services they provide, which will contribute to improved health outcomes in communities. Local public health departments that are participating in state accreditation programs have already reported a variety of benefits from accreditation, including:

- **Performance feedback and quality improvement.** The accreditation assessment process provides valuable, measurable feedback to health departments on their strengths and areas for improvement so they can better protect, promote and preserve the community’s health.
- **Accountability and credibility.** Gaining accreditation status demonstrates accountability to elected officials and communities, resulting in increased credibility for public health departments.
- **Staff morale and visibility.** The recognition of excellence brought on by meeting accreditation standards has positively impacted staff morale and enhanced the visibility of the health departments.
- **Establish a Foundation & Guide Prioritization.** The accreditation assessment process will provide the foundation of what is important for our public health department’s infrastructure while guiding priorities focused on creating value for our community.

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10 [http://www.phaboard.org/index.php/accreditation/why_its_important_now/](http://www.phaboard.org/index.php/accreditation/why_its_important_now/)

11 Health Literacy is the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions. [http://www.health.gov/communication/literacy/default.htm](http://www.health.gov/communication/literacy/default.htm)
