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Keeneland Conferene Plenary Sessions: Carol Moehrle

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Abstract

Public health accreditation is the measurement of health department performance against a set of standards that are nationally recognized. The Public Health Accreditation Board (PHAB) is a non-profit, voluntary accreditation organization founded in 2007 with the goal to advance public health practice by providing a national framework of accreditation standards for local, state, territorial, and tribal health departments. Public health accreditation has been a methodical, planned transformation of public health. There are huge benefits to accreditation individually and collectively as a system. One of them is reaching the standard of excellence that we now have established in this national voluntary accreditation process. Accreditation gives us a road map that maybe we have not had before for all public health to follow. There is no better time for public health to align with public health accreditation, and there is no better time to prove the health department's credibility to the public through the accreditation process. The time is now to transfer public health in the way we do our work at the state, local, tribal, and territorial level and to look at the opportunities that public health accreditation brings to the research world, and those opportunities are rich and endless.

Keywords

public health services and systems research, phssr

Cover Page Footnote

This manuscript edited from the plenary session given by the author at the fifth annual PHSSR Keeneland Conference. See the full version at: <http://bit.ly/Lkznlk>

I am Carol Moehrle and I am serving today in the capacity as the Chair for the Public Health Accreditation Board (PHAB). I bring great wishes from Kaye Bender, who is our CEO for PHAB and not able to be with us today. Before we endeavor into looking at the public health accreditation process and board and the standards, I just wanted to introduce to you or let you know who else serves on the Public Health Accreditation Board. Dr. Les Beitsch is the current Vice Chair for PHAB, Dr. Bill Riley is the Current Past Chair for PHAB, Dr. Paul Halverson is the Past, Past Chair, Bobby Pestronk is our NACCHO representative on the PHAB board, Dr. Paul Jarris is the ASTHO representative and Dr. Scutchfield also serves on the Public Health Accreditation Board.

We are going to start with what we really mean by public health accreditation. Accreditation is the measurement of health department performance against a set of standards that are nationally recognized. They are practice and evidence based in those standards. We looked at a process that would include all health departments—state, local, tribal, and territorial—all health departments being measured against the same national standards and the same evidence-based practices. What we really know is it's about time. We are trying to do some catch-up here actually. If we look at the rest of the world out there, we know that education and medicine and hospitals and jails and law enforcement, they have all been accredited for many, many years, and it's time public health steps up and makes sure that this happens in our realm as well.

What is PHAB?

The Public Health Accreditation Board (PHAB) is a non-profit, voluntary accreditation organization founded in 2007. The goal is to advance the quality and performance of local, state, tribal, and territorial public health departments. Before I share a timeline of how we got here, it is a good segue way maybe for me to tell a little story.

We all know that any really important endeavor is never accomplished without the leadership and the commitment of a lot of people to reach that end. As we look at how we have come with accreditation, it has taken a lot of people for us to get here. Let me give you a little analogy about an egg. I don't know if you remember the last time you looked at a little egg, it has the shell, it sits there, and nobody real pays attention. It kind of just stays in its little crate until we are ready to pop it open; or it is actually being fertilized, and that little chicken is growing inside. But one day that egg starts cracking and out pops this cute little fuzzy chicken. So from the outside we have looked at that egg, and we've seen nothing. We think, "Oh my gosh! Overnight here is this little egg transformed into this baby chicken. It must be a miracle. How exciting!" All of a sudden, this egg gets all of this attention and everyone thinks that we have an overnight sensation. But if you look at the picture of the egg from the chicken's point of view, it didn't happen like that at all. From the outside, we think it is dormant; from the inside that little baby chicken was growing and evolving and developing and changing all along until it finally broke through that little egg shell. What happened in one little simple step is a monumental event for a lot of people, especially that chicken. I give that analogy because overnight that little baby chicken was transformed but actually it had gone through a very systematic, planned process to get there. Now, that's not a whole lot different than PHAB.

This analogy is from Jim Collins in *Good to Great*. I am sure you have all read that and heard that before. PHAB, also public health accreditation, has been a methodical, planned transformation of public health. It began with a vision and the wisdom of a board of incorporators and our funding partners, Robert Wood Johnson Foundation and CDC. These leaders had the vision for the work that we celebrated in September when PHAB was finally launched and went live. It finally cracked out of its shell and became that little baby chick. You'll see from the timeline in 2003 the Institute of Medicine's *The Future of Public Health* recommended a national entity to examine the benefits of accrediting governmental public health departments. Last night, someone asked, "How many of the recommendations from IOM have ever been implemented?" Here's a great example, this one has.

In 2004, CDC identified accreditation as a key strategy for strengthening public health infrastructure. In 2005, an exploring accreditation project developed a model, and it was reviewed and identified and given feedback for how we look at accreditation. In 2006, the accreditation committee also gave its recommendations. APHA, NACCHO, ASTHO, and NALBO all endorsed the recommendations, and those 4 groups became the board of incorporators for PHAB in 2006. In 2007, PHAB itself was incorporated. In 2008, the PHAB workgroups and committees began working on elements of accreditation. In 2009 and 2010, we did beta testing of the standards and measures that we framed our development around. In September 2011, about 7 months ago, PHAB began accepting applications for accreditation. We have come a long way in a short amount of time. It has taken many leaders, scholars, and mentors to get us to this point. Since September 2011, PHAB has had 68 applications successfully submitted. Three states, 1 tribe, and 64 local health departments have already pushed the accreditation button. They are out of the gate, off and running toward being accredited.

Benefits of accreditation

There are huge benefits to accreditation for individual Health Departments and collectively as a system. One benefit is reaching the standard of excellence that we now have established in this national voluntary accreditation process. Another is gaining credibility in the eyes of our elected officials, our governing entities, our population and our citizens at large, who will feel confident in the operations of a public health agency when we are accredited. We know that this accreditation process also gives us a road map that we have not had before for all public health to follow. The things we should do and should do well are documented in these standards and measures for accreditation. We have adopted a culture of QI, and we are raising the bar on performance with these national standards.

We have to say thank you to our funding partners, CDC and Robert Wood Johnson Foundation. We have quotes of endorsement from both of those funding partners, and it has been a pleasure as we have worked with them in helping to make this happen. Judy Monroe, Craig Thomas, Liza Corso, our main partners from CDC, and again Jim Marks, Debra Pérez, Pamela Russo from Robert Wood Johnson Foundation are critical players, critical partners in having a vision and supporting with confidence that PHAB could do this with their financial support, so we thank them both.

PHAB has been working hard. Many of you have been a part of this process as we have worked to create documents. You have been working on standing committees with us, you've helped us with working through the process. Many of you have been beta test site visitors. Thank you for the volunteer work you've done. Some of you are ready to volunteer as site visitors for the accreditation process. Thank you.

The accreditation support materials are available on the PHAB web site, www.phaboard.org. These include a glossary of terms, a guide to accreditation, a checklist to prepare organizations meet the accreditation standards, a process guide, and ePHAB newsletter. PHAB website also has an online orientation. The online orientation is required for all public health accreditation coordinators and the director for the health department, whether local, tribal, state, or territorial. They take these 4 training modules that include a quiz at the end. This orientation gives everyone an understanding of what they are ready to embark on and the tasks that will be taken if they are choosing to do that. We have had more than 1000 people complete that online application/orientation process so far. There are several thousands that have logged on and are in the process of working through the modules. We feel that is a huge success having had several thousand people already log on for that orientation. The ePHAB tab found on our website, is where all of the documentation is submitted and the training is conducted. It is a great new portal we spent a great amount of time in developing and making sure it is state of the art for those that are working through the process.

Accreditation process

There are 7 steps in the accreditation process:

7 steps in the accreditation process:

1. Pre-application/statement of intent
2. Application
3. Verification of standards and measures
4. Site visit
5. Result
6. Yearly QI reports
7. Re-accreditation

Pre-requisites

There are three (3) pre-requisite that must be completed and submitted when you are ready to say yes to accreditation. When you are ready to send in your application and your fee, the prerequisites must be sent in prior to accreditation. We thought it was important that everyone wanting to be accredited have at least completed the prerequisites in their community before they document the measures and the standards.

1. Community health assessment
2. Community health improvement plan
3. Strategic plan.

Fee

The PHAB accreditation process also has a fee schedule. The fee schedule is based upon population, as many fee schedules are. You can find it on the PHAB website. The fees actually will be used to sustain the accreditation review component only. It covers the review process, but not the functions of the PHAB office. The fee is good for the accreditation cycle of 5 years, and we are really flexible, so if you would like to pay it all up front, we will give you a 5% discount. If you would like to make car payment-type activity, we will let you pay it off year to year. Those 68 that have already submitted their application have a variety of payment options, but the majority are actually paying it all up front. We are making this as easy as possible for health departments.

Site visit

The site visitors are peer reviewers, so they are people in the field. They are people who run local health departments, and state health departments, and tribal health departments so that when you have that site visit, you are comfortable and confident that they are experts also in reviewing the documentation that you will be submitting.

Standards and measures

The PHAB standards and measures and the guides for documentation were developed to be applicable to all health departments again across state, tribal, territorial, and local. They are standards for all. The focus of the standards and measures is about what the health department provides in services and activities irrespective of how it is really provided. The standards and measures address a total array of the public health functions that are set forward in the 10 essential services. They are intended to address the entire range of the core public health programs and activities. This slide shows them again for everyone if you have not refreshed your mind on the 10 essential services.

Domains

When we went through the 10 essential services, which we are now calling domains, we found a few gaps, and we added two to the 10 essential services. Domain 11 reflects the management and administration of the health department and domain 12 relates to governance. The other ten are in order like they have been for years, plus management administration and governance.

The structure and framework for the domains and the standards and the measures uses this taxonomy: The domains are made up of standards; the standards are made up of measures; the measures have required documentation and guidance for the selection of those documents that you need to submit. They are all set up in this consistent way. There is also a purpose statement in each measure, as well as a significance statement and a guidance section, trying to make it easy and trying to make it consistent so that everyone knows what the expectation truly is. We have outlined each of the standards and measures in this same format for consistency, for ease, and to make sure that everyone understands what the expectation is in the required document.

As I close I wanted to share this with you. My dad just turned 89 years old and in his spare time, because he still works, he builds clocks. This slide shows you my newest clock and I have

several, as you might guess. One of my dad's favorite sayings is that timing is everything. As a clock builder, he of course would say that. For me, timing is everything, and the time is now. There is no better time for public health to align with public health accreditation, and there is no better time to prove the health department's credibility to the public through the accreditation process. The time is now to transform public health in the way we do our work at the state, local, tribal, and territorial level. The time is now to look at the opportunities that public health accreditation brings to the research world, and those opportunities are rich and endless.