

As of 10/8/2014, subject to updates

October 2014

Progress Report: Health Department of the Future

*STLT Subcommittee Recommendations
Adopted by the Advisory Committee to the Director
October 2012*

Prepared by the Office for State, Tribal, Local and Territorial Support (OSTLTS)

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Background

The CDC Advisory Committee to the Director (ACD) adopted 12 recommendations in October 2012 put forth by the STLT Workgroup (now Subcommittee) intended to support health departments as they faced a changing economic and policy climate including implementation of the Patient Protection and Affordable Care Act (ACA). Recommendations were intended to help STLT health departments respond to growing demands, decreasing resources, and evolving system changes that call for planning greater efficiencies as well as new approaches to protecting the health of the public. Recommendations fell into four categories:

1. Clinical care and public health linkage options
2. Core services in public health
3. Shared services-regionalization options
4. Workforce development needs for public health

Each recommendation was intended to

- Be feasible for CDC to address;
- Promote improvements that respond to the current economic environment and optimally have a large-scale public health impact; and
- Have an identifiable outcome beyond additional processing (e.g., another committee).

Summary: Progress on Recommendations

RECOMMENDATIONS	PROGRESS*
Clinical Healthcare and Public Health	
Public Health role in non-profit hospital requirements for community health needs assessment/strategies	Progressing well
Exchange of EHRs across Clinical Care and Public Health Systems	Initiated
Financing for Population Health	Complete but ongoing
Core Services in Public Health	
Current Practice and Thinking regarding Core Public Health Services	Complete but ongoing
Stakeholder Process for Guidance on Core Public Health Services	Progressing well
Shared Services/Regionalization	
Shared Services Clearinghouse	Complete but ongoing
Encourage/Incentivize Use of Shared Program Services	Complete but ongoing
Support and Add Value to Existing Shared Services Initiatives	Progressing well
Workforce Development	
Vital Public Health Workforce Gaps	Complete but ongoing
Core Competencies in CDC Training Programs	Partially complete but still in progress
Public Health Workforce in Partnership with Healthcare System	Complete but ongoing
Realignment of Public Health School Curricula	Complete but ongoing

<p>*PROGRESS SCALE</p> <p>Initiated</p> <p>Progressing Well</p> <p>Partially Complete but still in progress</p> <p>Complete</p> <p>Complete but ongoing</p>
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A. Clinical Healthcare and Public Health

Recommendation #1: Public Health role in non-profit hospital requirements for community health needs assessment/strategies

To ensure maximal community benefit, CDC should: (a) continue to work with the IRS to strengthen the requirements for hospitals to work with health departments, and (b) provide guidance to STLT health departments that will enable them to demonstrate their added value in helping hospitals meet IRS-mandated corporate compliance requirements regarding community health needs assessment and implementation strategies.

STATUS: Progressing well

- Coordination among the multiple parts of CDC with some focus on CHNA (e.g., OADP, OSTLTS, NCCDPHP) which has supported community partnerships for alignment of community health improvement efforts
- Coordination with other HHS agencies which is increasing alignment with their efforts
- Development of Technical Package especially targeting not-for-profit hospitals due to be released by December 2014 in time for the 2015 tax cycle which supports hospital compliance with IRS requirement, working with community partners and coordinating with local public health. Package includes:
 - ✓ Making the Case for WHY to work with partners and focus on health (not just healthcare, for hospitals) for collective impact
 - Making the case one-pagers will be tailored to targeted audiences
 - ✓ Infographic that depicts WHAT impacts health (determinants), WHERE to focus needs (geographic areas of greatest need), WHO to involve (multiple community partners), and HOW to effect greatest impact on health (portfolio of action in multiple areas)
 - ✓ Link to vulnerable populations footprint tool to identify geographic areas of greatest need (supports the WHERE)
 - ✓ Links to tools that support the process of working together for collective impact
 - ✓ Queriable data base of evidence-based interventions drawn from multiple credible sources, with upstream to downstream options and an ability to filter by user preferences (supports the HOW)
- Promotion of CHI Technical Package
 - ✓ Plans to present technical package to IRS to gain support for mention of technical package/broader approaches in final IRS rule
- Initial steps to collaborate with partners (including foundations) to ensure availability of tools appropriate to addressing community needs and to highlight importance of public health-hospital-community partnerships
- Plans to build on new partnership with American Hospital Association and others to support increased workforce capacity of hospital staff and public health and community partners to work together

Recommendation #2 -- Exchange of EHRs across Clinical Care and Public Health Systems

CDC should work across the agency and in collaboration with key partners that can impact local level practice (e.g., Center for Medicare & Medicaid Services, hospitals, primary care providers) to build state and local health department capacity to exchange information with clinical electronic health record (EHR)

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systems or health information organizations/exchanges. Such collaborations would aim to improve population health surveillance and timeliness of data, preventive services delivery, and preparedness and response by using funding, shared technology solutions and technical assistance in synchrony with evolving federal standards (e.g., “meaningful use”, EHR incentive programs). As part of this effort, CDC should partner with appropriate entities inside or outside of the agency to break down some of the legal barriers, both real and perceived, that clinical systems have in sharing information with public health.

STATUS: Initiated

- STLT Subcommittee Public Health Surveillance Think Tank – Initiated in August 2014, the Public Health Surveillance Think Tank has two goals:
 - ✓ To help CDC better conduct its work in informatics and surveillance through the lens of local/state health agencies facing the need for systems that produce information across diseases and conditions at the state/community level.
 - ✓ To provide guidance to CDC in how to best help public health agencies more effectively engage in the evolving health system through their information sharing activities.
- Surveillance Strategy -- As an initial effort to strengthen CDC’s ability to engage in information sharing between public health and healthcare, CDC adopted an agency Surveillance Strategy in February 2014 to improve its overall surveillance capabilities, and by extension those of the public health system at large.
 - ✓ Acceleration of Electronic Laboratory Reporting – By July 2013, 62% of 20 million laboratory reports were being received electronically compared to 54% in 2012. CDC aims for 80% ELRs to public health agencies by 2016.
 - ✓ BioSense Enhancement Initiative – An electronic health information system with standardized tools and procedures for rapidly collecting, sharing, and evaluating information about emergency department (ED), the BioSense Enhancement Initiative will build on the successes of the past, fix areas that need improvement, and create a national view of syndromic surveillance which will also serve as a foundation for additional public health benefits. By mid-2015, BioSense will provide enhanced public health situational awareness utilizing EHR data and active CDC and STLT analyses that support public health decisions and programs at the local, state, and national level.
- To help ready health departments to engage with the evolving health system, OSTLTS is supporting the Public Health Informatics Institute informatics, innovation, implement Labs (I³Labs) project aimed at strengthening capacity of public health departments to be able to fully participate in State Innovation Model (SIM) projects as well as other health system transformation efforts through
 - ✓ Development of evidence-based informatics practices and
 - ✓ Enhanced ability to use information effectively and collaboratively

Recommendation #3 -- Financing for Population Health

CDC should collaborate with the Health Resources and Services Administration (HRSA), CMS and private insurance to develop strategies that support financing for population health, and encourage and support collaboration between public health and clinical medicine in the development of Accountable Care Organizations (ACOs).

STATUS: Complete but ongoing

CDC has developed strong relationships with other federal agencies in a number of areas which have served as a base for collaborative efforts that promote population health. For example,

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- Center for Medicaid/Medicare Services (CMS) -- CDC has continued collaboration with CMS Innovation Center on development of population health delivery and payment models (e.g., category 4 of Health Care Innovations Awards Round 2, State Innovations Models Awards Round 2)
- Health Resources Services Administration (HRSA) -- In partnership with HRSA, CDC commissioned the Institute of Medicine (IOM) in 2012 to recommend how the two agencies could collaborate to improve the health of the US population through better integrating primary care and public health. CDC and HRSA have continued to work together to operationalize the recommendations of the 2012 IOM report, *Primary Care and Public Health: Exploring Integration to Improve Population Health*, by
 - ✓ Seeking collaborative academic and practice partnership opportunities
 - ✓ Leveraging training programs, including exploring the co-location of a CDC Epidemic Intelligence Service and a HRSA's National Health Services Corps site
 - ✓ Identifying opportunities to develop joint funding opportunity announcements (FOAs) between CDC and HRSA to leverage the complementary expertise of both agencies and reach a larger grantee and stakeholder audience to improve population health.
 - In 2014, CDC and HRSA released a collaborative funding opportunity which will establish a National Coordinating Center for public health training centers to increase the capacity of the public health workforce to transform the healthcare system throughout the United States. (awarded to the National Network of Public Health Institutes and expected to start October 2014)
- Primer: Financing population health improvement -- In the context of the rapidly evolving US health care system, CDC has developed an informational primer which identifies challenges and important opportunities to establish effective, more sustainable community-focused delivery and payment models to improve population health. The primer
 - ✓ reviews evolving community-level population health delivery models;
 - ✓ defines the key functions, opportunities, and challenges of a community integrator;
 - ✓ introduces the concept of a balanced portfolio as a crucial component in developing a sustainable payment model;
 - ✓ reviews emerging financing vehicles that could be used for specific population health interventions.
- Billing Capacity -- CDC is developing recommendations for how to increase its support to health departments in building and sustaining their capacity to bill for public health services, as one step towards ensuring a viable and sustainable role for public health departments in a new health delivery system.

B. Core Services in Public Health

Recommendation #1 -- Current Practice and Thinking regarding Core Public Health Services

CDC should gather and analyze information from STLT partners regarding the current practice and thinking regarding core public health services.

STATUS: Complete but ongoing

- Convened internal CDC committee (Core/Shared Services Committee) comprised of representatives of key CIOs, for multi-way sharing and gathering of information on this topic.

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- ✓ identified and gathered information included within major policy documents (e.g., initial recommendation and intentions within the IOM Report; peer-reviewed manuscripts) and national partner organizations' interests and roles in this work (e.g., NACCHO resolution on minimum package, APHA activities, RWJF interest)
- ✓ Reviewed/monitored states with major activity in core services /foundational public health services. (e.g., Washington, Ohio, Oklahoma, Colorado)
- OSTLTS Public Health Law Program conducted a review of state enabling authorities for language that incorporates the concept or key words that may address core services or fundamental set of activities.
 - ✓ Approximately one third of states reference fundamental activities, including the ten essential public health services and the three core public health functions, in their laws.

Recommendation #2-- Stakeholder Process for Guidance on Core Public Health Services

CDC should create a stakeholder process to provide guidance to CDC and STLT health departments facing decision-making about future services and programs. Stakeholders should include members of the STLT Workgroup, as well as key non-governmental partners and those outside the public health arena. The group should attempt to answer the following questions:

1. What core public health services and programs do governmental public health agencies need to ensure are provided in every jurisdiction?
2. Which such services and programs will likely require governmental funding if they are to exist?
3. Are there structural models for governmental public health—such as shared services and regionalization—that increase the likelihood that such services and programs will reach all populations?
4. Are there models that demonstrate a sound infrastructure within public health for billing for services or contracting out such services the health department is not able to provide, with the ultimate goal of directing shrinking public health dollars to areas that cannot be reimbursed or provided by others?

STATUS: Progressing well

- Defining Foundational Public Health Services -- Building on information gathered in Recommendation #1, CDC chose to work collectively with national partners in advancing this topic rather than convene a separate stakeholder process, most notably in the RWJF-funded and RESOLVE-staffed initiative to define Foundational Public Health Services and cost. CDC along with STLT Subcommittee members have participated on the Definitions and Constitution Workgroup of convened by RESOLVE which began meeting in the Fall 2013. STLT Subcommittee members include: David Fleming, Terry Allan, and Terry Cline; OSTLTS/CDC staff include: Judy Monroe and Liza Corso. This group has released a ["Version 1" draft of the Foundational Public Health Services](#), which is currently being disseminated for vetting and input.
- Elicitation of feedback on Foundational Public Health Services, Version 1
 - ✓ *In-depth discussion/ review of the Foundational Public Health Services draft (Version 1) within CDC (9/5/2014)* -- CDC hosted RESOLVE staff on meeting/conference call of the internal CDC Committee to advance
 - ✓ ["Have You Heard?"](#) message about the Foundational Public Health Services (9/18/2014) distributed to 20,000 recipients

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- ✓ *National webinar on the Foundational Public Health (10/1/2014)* Collaborated with RESOLVE and other workgroup members to plan/implement a Services on October 1, 2014. The webinar was non-constituency specific and intended to complement dialogues occurring at national conferences such as ASTHO, NACCHO, and NNPHI. CDC helped to disseminate the information about the webinar to over 20,000 recipients, including targeted messages to state and local public health leaders. Dr. Judy Monroe of OSTLTS was a speaker. Approximately 230 people participated on the webinar.
- CDC Funding Opportunity Announcements (FOAs) -- Language about core services, with a focus on accreditation standard and key areas of public health infrastructure, is included in the template and standard language for all CDC domestic non-research FOAs. The language in the budget narrative section may allow for some funding support. In 2014, OSTLTS developed and disseminated a fact sheet describing the language and summarizing all FOAs that include accreditation-related language. Available at www.cdc.gov/stltpublichealth/accreditation
- Preventive Health and Health Services block grants -- Language about core services (accreditation and Foundational Public Health Services) has been included draft guidelines for consideration by Preventive Health and Health Services block grantees.
- Uniform chart of accounts --CDC OSTLTS (Liza Corso and Judy Lipshutz) are involved in the Chart of Accounts (COA) workgroup convened by the Public Health Informatics Institute and with funding from RWJF. This workgroup is seeking to construct a model uniform chart of accounts framework, which can be used to capture revenues and expenditures of a public health agency. The current intention is to link the COA work to the interest in core services and the work occurring around Foundational Public Health Services.

C. Shared Services-Regionalization

Recommendation #1-- Shared Services Clearinghouse

CDC should establish a clearinghouse of program practices that demonstrate how shared services work in the field.

STATUS: Complete but ongoing

- Convened internal CDC committee (Core / Shared Services Committee) comprised of representatives of key CIOs, for multi-way sharing and gathering of information on this topic.
- Gathered and analyzed the information from across CDC about programs that support, foster or allow for shared services to determine key examples of activity. Diverse examples were identified and spanned the following types of activities:
 - ✓ Creating funding opportunity announcement language that promotes or allows for shared services and collaboration among jurisdictions or grantees
 - ✓ Supporting inter-state sharing around discrete activities or services
 - ✓ Supporting or promoting cross-jurisdictional sharing or collaboration through tools, including resources developed through CDC-supported projects managed by national public health partner organizations
 - ✓ Providing or supporting funding for technical assistance or training
 - ✓ Promoting peer-sharing or supporting demonstration site projects
- Developed a CDC website dedicated to cross-jurisdictional sharing (CJS) -- OSTLTS, with input and review from the Core/Shared Services committee developed the [CJS website](#) which went live in early 2014 and is housed on the CDC STLT Gateway.

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- ✓ The website is not seen as a clearinghouse, as that may overlap and be redundant with other sites dedicated to CJS (such as the site supported by the Center for Sharing Public Health Services).
- ✓ The site provides information about the topic, key CDC examples and areas of activity, links to other sites with information about CJS, and stories and resources.
- ✓ OSTLTS is maintaining the website and will periodically update it with new information and examples.

Recommendation #2-- Encourage/Incentivize Use of Shared Program Services

CDC should identify ways to encourage use of shared program services including but not limited to incentives built into funding opportunity announcements (FOAs).

STATUS: Complete but ongoing

- Per information shared in Recommendation #1, examples of CDC areas that have supported and advanced cross jurisdictional sharing – including those that encourage or advance shared services through funding opportunities – have been identified.
- Some programs, such as the Laboratories Efficiencies Initiative (LEI) and the National Public Health Improvement Initiative (NPHII) have devoted funding and considerable attention to advancing shared services in jurisdictions that are exploring these opportunities.
- CDC incorporated guidance and suggestions for considering shared services into the standard FOA template and guidance that were released for use starting October 2013 (FY14 FOA materials). For example, the following points were included in FY14 guidance for consideration by programs:
 - ✓ *Consider whether the FOA should offer applicants the ability to jointly apply for funding across multiple jurisdictions (e.g., multiple States, multiple local jurisdictions, border areas, Tribes and state/local jurisdictions), as long as statutory authority allows.*
 - ✓ *Consider whether the FOA should prioritize how applicants show partnership and collaboration with other public health jurisdictions, so as to expand the reach and impact of the funding.*
- CDC continues to monitor and seek opportunities to advance use of shared services, but in a way that is not viewed as prescriptive or top-down.

Recommendation #3--Support and Add Value to Existing Shared Services Initiatives

CDC should continue to partner with existing efforts to promote shared services (e.g., CSPHS in Kansas and PHSSR at the University of Kentucky, others) to identify added-value opportunities for collaboration, especially related to promotion of promising practices and development of tools/technical assistance, thus encouraging their implementation and ensuring the success of these initiatives.

STATUS: Progressing well

- CDC has been heavily involved as a partner and collaborator in the work of the RWJF-funded Center for Sharing Public Health Services (the Center), which is managed out of the Kansas Health Institute and supports 16 demonstration sites in exploring or implementing different models or opportunities for CJS.
 - ✓ CDC OSTLTS and its national partners worked to develop a session focusing on Cross-Jurisdictional Sharing at the annual Public Health Improvement Training (PHIT), which draws in several hundred state, local, tribal and territorial public health practitioners. The co-directors of the Center and a representative of a demonstration site served as speakers in a very well-received session and dialogue on CJS

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- ✓ CDC invited the Center co-directors to present and share information about the Center's activities directly with the full Core/Shared Services Committee. Accomplishments of the Center have continued to be a part of Core/Shared Services committee discussions; for example, a recent meeting focused on the draft Roadmap for Cross-Jurisdictional Sharing. Likewise, CDC has shared information about its own CJS activities – particularly LEI and NPHII – with the Center.
- ✓ CDC OSTLTS is represented by Liza Corso on the Center's Technical Advisors (TA) Team. She has participated in in-person meetings and other convenings of the Learning Community that the Center is building. In September 2014, she attended a demonstration site visit at the Worcester Health Alliance (MA) the work of which has been leveraging both Center and CDC-NPHII funding.
- CDC is continuously seeking opportunities to advance this work and our partners' work through various mechanisms. For example,
 - ✓ CDC has highlighted research and case examples from diverse sources (e.g., the Center, Practice-Based Research Networks, NACCHO, etc.) on its CJS website.
 - ✓ CDC staff played a role in inviting a commentary on CJS – first-authored by one of the Center's co-directors – to the Accreditation Special Issue in the *Journal of Public Health Management and Practice*.
 - ✓ CDC NCEH staff have also invited and planned for a column focused on CJS in the *Journal of Environmental Health*; this column is being co-authored by the Center co-directors and CDC OSTLTS and NCEH representatives.

D. Workforce Development

Recommendation #1-- Vital Public Health Workforce Gaps

CDC should lead a coordinated effort with active engagement by external and internal partners to address vital workforce gaps.

STATUS: Complete but ongoing

- CDC continues to collaborate with partners to address vital public health workforce gaps; Products related to this collaboration:
 - ✓ *Workforce Roadmap*-- expanding to a web-based interactive version. The visual solutions-oriented roadmap tool has already been accepted and adopted by partners to frame their workforce activities. The interactive roadmap will allow partners to share information on a wealth of existing activities, encourage collaboration, and identify gaps that should be addressed in collective efforts.
 - ✓ *Supplement to the American Journal of Preventive Medicine on the topic of the Public Health Workforce* (to be published October 16, 2014) -- CDC staff are serving as two of three guest editors for a supplement to highlight data-driven research and critical issues relevant to the public health workforce, with an emphasis on work that addresses the rapidly changing public health system and the associated effects on the public health workforce and approaches to improving the population's health.
 - ✓ Co-funded with HRSA the National Coordinating Center for Public Health Training (an evolution of the HRSA Public Health Training Centers) to create efficiencies and enhance the training provided to state and local partners

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Recommendation #2--Core Competencies in CDC Training Programs

CDC should redesign its training programs for both internal CDC staff and external STLT workforce to include the core competencies needed in the 21st century health department; such new content should be supported by a learning management system that facilitates access to training for all public health workers.

STATUS: Complete but ongoing

- *Required CDC project officer training* - curriculum development for the required project officer training is in its final stages. The first installment of the training course was launched in September of 2014. The complete training curriculum is scheduled for release in spring 2015.
- *Public health core curriculum modules*--introductory modules are complete on topics of Public Health, Public Health Informatics, Public Health Surveillance, Prevention Effectiveness, and Public Health Laboratories; the epidemiology module will be complete by December 2014. Two versions, PowerPoint slides with instructor notes and e-learning versions, of each introductory module will be posted online by early 2015.
- *Competencies in Division of Scientific Education and Professional Development (DSEPD) fellowships* - the curriculum and competencies for each DSEPD fellowship is under review to identify cross-cutting needs. By June 2015, DSEPD will implement recommendations to streamline curricular components that address cross-cutting competencies for fellows.

Recommendation #3 -- Public Health Workforce in Partnership with Healthcare System

CDC should facilitate the ability of the public health workforce to partner with the healthcare system.

STATUS: Complete but ongoing

- CDC's Academic Partnerships to Improve Health (APIH) focuses on improving the health of individuals and communities through alliances among academic associations and CDC. APIH works within the educational systems for public health, medical, and nursing students to enhance teaching of population health concepts and foster inter-professional collaboration
 - ✓ The Association of American Medical Colleges (AAMC) and American Association of Colleges of Nursing (AACN) have created networking platforms or Communities of Practice (CoPs) to bring together faculty, administrators, and students interested in integrating population health into the educational experience. They have also hosted several national webinars highlighting model approaches and practices.
 - ✓ The Association for Prevention Teaching and Research (APTR) recently hosted a webinar, "Prevention and Population Health Education Across the Health Professions: A Healthy People 2020 Spotlight on Health." This featured inter-professional approaches in educating public health and health professional students.
- CDC, AAMC and Duke University are working collaboratively with the Accreditation Council on Graduate Medical Education (ACGME) to develop and integrate population health competencies into their training milestones for primary care residency programs.
- Successfully implemented a new version of the Health Systems Integration Program (HSIP) focused on Inter-professional Education (IPE) with public health informatics and in collaboration for four major national non-profits (PHII, CSTE, NACCHO, ASTHO) via cooperative agreements; 10 HSIP fellows are in assignments in health departments across the country
- DSEPD is also working with HRSA to identify public health and health care integration opportunities via placement of CDC fellows in HRSA-funded Community Health Centers.

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- OADP, through a cooperative agreement with the National Network of Public Health Institutes, supported the launch of Georgia Health Policy Center's "Leading through Health System Change: A Public Health Opportunity Planning Tool" (www.acaplanningtool.com).
 - ✓ The planning tool, focusing on adaptive leadership, uses a guided practice approach to assist state and local public health leaders in taking advantage of opportunities made possible by health system change.
 - ✓ The planning tool currently has over 1,300 registered users in all 50 states.
- *A Practical Playbook: Public health & Primary care together* -- CDC has been a principal in the development and release of the *Playbook*, which contains online guidance, tools and approximately 700 resources (including success stories) for how to work together. The *Playbook* launched on 3/5/2014 since which time it has logged over 19,000 visits, including 13,000 repeat visits. With Duke's Department of Community and Family Medicine as lead, the *Playbook* has been funded by de Beaumont for Phase II, which will include demonstration sites and identification of curricular tools, including adaptations of the *Playbook* for use through Learning Collaboratives. Public health agencies are a major target audience for the *Playbook*.

Recommendation #4 -- Realignment of Public Health School Curricula

CDC should partner with schools of public health (SPH), the Association of Schools of Public Health (ASPH), and the Council on Education for Public Health (CEPH) to realign public health school curricula with current health department needs.

STATUS: Complete but ongoing

- Through five-year cooperative agreements, CDC is working with the Association of Schools and Programs of Public Health (ASPPH) with focus on making education – both curricula and practicum experiences - more practical and better aligned with frontline public health practice priorities. Specific activities include:
 - ✓ ASPPH (with CDC funding) completed their survey of MPH employers (Blue Ribbon Panel) as a first step toward developing recommendations for revising the requirements for the MPH degree
 - ✓ ASPPH is conducting a Student Practicum Project to examine governmental public health practice experiences of students at their member schools and programs. The results will provide an overview of current practicum offerings in STLT health departments and identify areas for improvement and or expansion.
 - ✓ ASPPH is conducting an environmental scan of graduate level curriculum in their member schools and programs that will inform current practices, identify gaps, and result in recommendations for CEPH-accredited schools to enhance the preparation of graduates.