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Public Health Department Accreditation and Environmental Public Health: A Logical Collaboration

Editor's Note: NEHA strives to provide up-to-date and relevant information on environmental health and to build partnerships in the profession. In pursuit of these goals, we feature a column from the Environmental Health Services Branch (EHSB) of the Centers for Disease Control and Prevention (CDC) in every issue of the *Journal*.

In this column, EHSB and guest authors from across CDC will highlight a variety of concerns, opportunities, challenges, and successes that we all share in environmental public health. EHSB's objective is to strengthen the role of state, local, and national environmental health programs and professionals to anticipate, identify, and respond to adverse environmental exposures and the consequences of these exposures for human health. The services being developed through EHSB include access to topical, relevant, and scientific information; consultation; and assistance to environmental health specialists, sanitarians, and environmental health professionals and practitioners.

The conclusions in this article are those of the author(s) and do not necessarily represent the views of the Centers for Disease Control and Prevention.

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In September 2011, an inaugural national public health department voluntary accreditation program reinvigorated efforts to strengthen our nation's public health infrastructure. The program's goal is to advance the quality and performance of public health departments. As such, the program intends to strengthen health departments' internal procedures and the services they provide.

The Centers for Disease Control and Prevention (CDC) and the Robert Wood Johnson Foundation cofunded the national accreditation program's development and startup. Key national partners, some of whom represent constituencies the program will accredit, also supported the program's development. In May 2007, the Public Health Accreditation Board (PHAB) was established

as a nonprofit organization to serve as the accrediting body. Since then, PHAB has provided leadership for the program's development and startup.

Collaboration between PHAB and its critical partners and constituencies has been an important aspect of these efforts. The board's work with the environmental public health community has been a successful initial example of such collaboration. The National Center for Environmental Health (NCEH) and the Office for State, Tribal, Local and Territorial Support (OSTLTS) at CDC work with many partners to strengthen the nation's public health infrastructure and to improve environmental public health practice. To this end, PHAB, NCEH, and OSTLTS worked together to explore how the PHAB standards can best relate to environmental public health (EPH) and how EPH staff can become involved in accreditation. This resulted in numerous actions that have measurably enhanced the visibility and accuracy of EPH within the accreditation process and standards.

PHAB's standards and measures build on the following body of standards: the National Public Health Performance Standards (NPHPS) and the companion Environmental Public Health Performance Standards (EnvPHPS) (Corso, Landrum, Lenaway, Brooks, & Halverson, 2007; Sarisky, 2009). These standards assist communities in assessing the capacity of their public health system to carry out the 10 essential services of public health. The standards also help CDC examine the capacity, consistency, and accountability of the nation's public health system (Lenaway, Corso, Buchanan, Thomas, & Astles, 2010). PHAB's standards, however, focus on the governmental health department (Bender & Halverson, 2010).

Accreditation and Performance Improvement Links

Environmental Public Health Performance Standards: www.cdc.gov/nceh/ehs/EnvPHPS

National Public Health Performance Standards: www.cdc.gov/nphpsp

Public Health Accreditation Board: www.phaboard.org

Proposed PHAB standards were made publicly available for a vetting process comment period in spring 2009. The NCEH Environmental Health Services Branch (EHSB) convened a group of practitioners to create a coordinated response to the draft standards. EHSB representatives also met with the newly appointed PHAB President/CEO, Dr. Kaye Bender. From these discussions, Dr. Bender arranged for the creation of an Environmental Public Health Think Tank to make recommendations to PHAB's board of directors. The EPH Think Tank held its first meeting December 2–3, 2009, in Washington, DC. EPH Think Tank participants agreed to the following initial outcomes:

- Explore possible ways to strengthen the EPH-related PHAB standards.
- Explore ways in which EPH staff can effectively assist in public health accreditation.
- Define actionable items leading to increased use of the PHAB standards and of EnvPHPS.
- Recommend needed changes to PHAB about accreditation standards, measures, and assessment processes before program launch.

Discussions between NCEH, PHAB, and OSTLTS continued into 2010. Meanwhile, PHAB launched its beta test of the accreditation process, standards, and measures. From 142 applicants, PHAB selected 30 public health departments to participate in the beta test. Use of metrics such as department size, structure, geographic region, population size, governance, and readiness for the accreditation process ensured the sites represented a diverse cross section of health departments. Several of the EPH Think Tank participants were involved in beta test sites. Additionally, of the 97 beta test-site visitors who assessed the health departments, 26 reported previous EPH experience.

After conclusion of the beta test, the second EPH Think Tank occurred in March 2011. The outcomes of the second think tank were as follows:

- Report on the status of the initial EPH Think Tank recommendations.
- Review the PHAB beta test-site experiences specifically as they related to EPH.
- Update participants on the program launch timeline.
- Develop short- and long-term recommendations for the PHAB board of directors.

The group's short-term recommendations focused on items for presentation to the

PHAB board of directors. The directors would consider the recommendations before the national public health accreditation launch. These recommendations included changes to the accreditation tools and the processes that affect EPH. The long-term recommendations included the need for ongoing collaboration between PHAB, EPH practitioners and leaders, and the EPH community at large, principally to ensure national public health accreditation remains relevant to the EPH field. At its May 2011 meeting, the PHAB board of directors accepted the EPH Think Tank's report.

The two think tank sessions have resulted in the following:

- Consistent and accurate use of EPH terminology in PHAB documents. Of the 13 EPH terms that appear in the PHAB glossary, 11 were revised.
- Incorporation of many of the EPH-related recommendations from the vetting process. An EHSB staff review determined that many of the vetting process comments had been incorporated into the PHAB standards' updated version. Given the changes in the accreditation program, some of the initial vetting process comments were no longer relevant.
- Inclusion of EPH expertise as a criterion when site review teams are selected. PHAB worked with EHSB and others to target the recruitment of EPH leaders and experts to serve as beta test-site review-team members. This is now a standard PHAB process.
- Identification of key areas in the accreditation documentation for inclusion of EPH examples. PHAB has revised the documentation guidance with EPH examples in mind. In fact, PHAB added EPH to the introduction of the self-assessment component as one of the major "program" areas from which documentation is expected.
- Coordination and connection of public health accreditation, of EnvPHPS, and of

NPHPS. OSTLTS and EHSB are examining how best to reengineer the NPHPS and the EnvPHPS. PHAB continues its commitment to this level of collaboration.

- Inclusion of EPH in the planned accreditation process. PHAB concurs that EPH must be a part of the accreditation process—regardless of whether the applicant health department has statutory EPH responsibility.
- Inclusion of EPH issues in community health assessments and in community health improvement plans. PHAB has adopted this recommendation.
- Inclusion of clear messaging about the importance of EPH in PHAB's communications and educational efforts. Such messaging will address not only health status improvement and protection but also the accreditation process.
- Inclusion of PHAB and accreditation as topics at EPH-related events. PHAB considers both NCEH and NEHA as key partners in its strategic plan for 2012–2014.

EPH Think Tank members and participating partner organizations support voluntary public health accreditation. They view it as an important and productive means of improving local health department performance. To achieve the full potential of accreditation and to ensure widespread support, PHAB will continue to include EPH in the accreditation process. PHAB will also increase its engagement with the EPH community. It's a logical collaboration. 🐜

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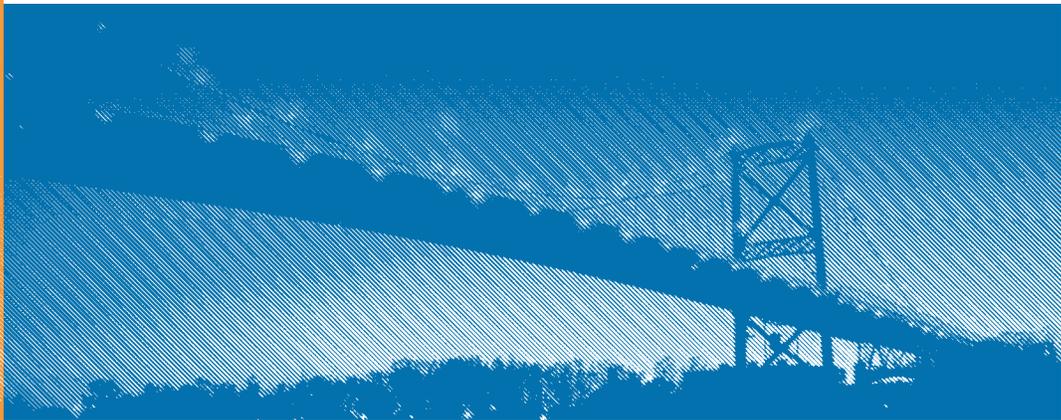
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Did You Know?



As of October 22, 2011, cigarette manufacturers can no longer distribute cigarettes for sale in the U.S. unless they display new cigarette health warnings required by FDA. This marks the first change in packaging warnings in more than 25 years.

Source: FDA, <http://www.fda.gov/TobaccoProducts/Labeling/CigaretteWarningLabels/default.htm>