Collaborative Partnerships for Accreditation Preparation
Highlighting Promising Practices Among State, Local, and Tribal Public Health and Key System Partners
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Executive Summary

In the two years since the Public Health Accreditation Board (PHAB) launched its public health accreditation process, collaboration has proven to be a key factor promoting the success of health departments in meeting national standards and achieving accreditation. This paper provides current, practical examples of collaborative processes among partner agencies that advance overall system readiness for public health accreditation. These examples may be adapted by other states seeking to develop a collaborative, systemwide approach to public health improvement and accreditation readiness.

Key informant interviews identified a number of effective collaborative strategies currently being used to support accreditation preparation. Several states have created accreditation workgroups that include state, local, and tribal health departments, along with other partners as appropriate. One activity frequently conducted by these workgroups is a joint review of PHAB Standards and Measures. This has been an effective strategy to promote a better understanding of the partners’ mutual roles and responsibilities in meeting the standards to support accreditation readiness.

Designating specific staff to liaise with local and tribal health departments for accreditation has been a productive approach. In many cases, staff members who had historically been dedicated to the state-local and/or state-tribal liaison role have expanded their scope of responsibility to include activities that support accreditation prerequisites or other elements of the PHAB Standards and Measures.

Collaborative partnerships supporting accreditation readiness have been supported by a variety of tools and resources, including shared electronic workspaces, accreditation-related newsletters, web pages, and listservers. Many state health departments have leveraged other existing communication tools used in their agencies and in partner organizations to disseminate information about preparing for accreditation to system partners.

For collaborations to be truly effective, a range of partners must be involved in the process. In addition to state, local, and tribal health departments, other key partners include academic institutions, public health institutes, state associations of county and city health officials (SACCHOs), state associations of local boards of health (SALBOHs), and state public health associations, the affiliate organizations of the American Public Health Association.
Collaborative Partnerships and Practices for Accreditation Preparation

Introduction and Background

The national accreditation process for state, local, and tribal health departments was launched by PHAB in September 2011 with high expectations. The accreditation’s early expected benefits for the public health system were outlined in the PHAB Guide to National Public Health Accreditation, version 1.0, as the following:

1. High performance and quality improvement.
2. Recognition, validation, and accountability.
3. Potential increased access to resources.
4. Improved communication and collaboration.

Early in its development, national accreditation of public health departments was expected to increase collaboration among health department staff, governing entities, partners, community members, and other external stakeholders. Today it is clear that this type of collaboration is more than a beneficial outcome of accreditation; it is also a means to support accreditation and overall public health system improvements. In the two years since the accreditation process was launched, collaboration has proven integral to the success of state, local, and tribal health departments seeking accreditation. It is a key factor that promotes the success of health departments in meeting the national public health standards and achieving accreditation.

The overarching purpose of this paper is to highlight promising practices in collaboration to support accreditation readiness among state, local, and tribal health departments, along with other key system partners. As a partner in the National Public Health Improvement Initiative (NPHII), ASTHO is dedicated to increasing state health agency capacity for performance improvement and building momentum for an overall culture of quality in the public health system. As part of this commitment, ASTHO implemented this project to identify promising collaborative practices among state, local, and tribal health departments, along with other system partners, that support health department accreditation preparation and readiness. Through this project, a wide range of collaborative strategies that support overall system readiness for public health accreditation were identified; examples are highlighted in this report. These examples may be adapted by other states seeking to develop a collaborative, systemwide approach to public health improvement and accreditation readiness.
Collaboration in PHAB Standards and Measures

A number of PHAB measures address collaboration among public health system partners, either as the primary focus of the measure or a component of the measure. Active engagement by system partners is an important component of several key processes and plans addressed in the PHAB Standards and Measures, including the following:

- State health assessment.
- State health improvement plan.
- Agency strategic plan.
- All-hazards emergency operations plan.
- Agency workforce development plan.
- Performance management system.
- Quality improvement plan.

As state health departments develop plans and implement actions for new or improved efforts in each of these processes and plans, it is essential that system partners be engaged. The early and ongoing engagement of local and tribal health department partners, along with community-based organizations, academic institutions, and other system stakeholders, will ensure a more comprehensive, integrated approach to public health system improvement.

Collaboration among state, local, and tribal health departments is the primary focus of several measures in the framework of PHAB Standards and Measures, Domains 1, 2, 4, 5, 8, 9, and 10. These measures describe specific activities the state health department must perform in collaboration with local and tribal health departments to support overall public health system capacity and performance. They include the following:

- 1.4.3 S Provide support to Tribal and local health departments in the state concerning the development and use of community health data profiles.
- 2.1.6 S Provide consultation, technical assistance, and/or information to Tribal and local health departments in the state regarding disease outbreak and environmental public health hazard management.
- 2.4.4 S Provide consultation and technical assistance to Tribal and local health departments on the accuracy and clarity of public health information associated with a public health emergency.
- 4.1.2 S Provide technical assistance to Tribal and local health departments and/or public health system partners regarding models for engaging with the community.
- 5.4.3 S Provide consultation and/or technical assistance to Tribal and local health departments in the state regarding evidence-based and/or promising practices/templates in EOP [emergency operations plan] development and testing.
- 8.1.1 S Establish relationships with and/or collaborate with schools of public health and/or other related academic programs that promote the development of future public health workers.
- 8.2.3 S Provide consultation and/or technical assistance to Tribal and local health departments regarding evidence-based and/or promising practices in the development of workforce capacity, training, and continuing education.
- 9.1.6 S Provide technical assistance and/or training on performance management to Tribal and local health departments.
- 10.1.2 S Foster innovation in practice and research.
- 10.2.4 S Provide consultation or technical assistance to Tribal and local health departments and other system partners in applying relevant research results, evidence-based and/or promising practices.
As state health departments undertake efforts to perform or improve work in these 10 PHAB measures, it is essential that the work begin with a joint assessment of existing needs and assets that is informed by the system partners identified in each of these measures through a collaborative process with those partners. As action plans are developed, the ongoing engagement of those partners will ensure that the plans appropriately address comprehensive system needs and best leverage existing resources at all levels of the system.

Why is such an effort worth the additional time and energy it may require? Participation in a collaborative process for accreditation readiness enables partners to clearly identify the ways in which state, local, and tribal health departments work interdependently in performing their roles across the entire framework of PHAB standards and measures. A collaborative process also supports the development of strategies to document how PHAB measures are performed collectively by system partners. In addition, a collaborative process illuminates opportunities for quality improvement at the systems level through the collective perspectives of partners from all levels of the state public health system.

This system view of improvement opportunities can provide the basis for short- and long-term objectives in planning quality improvement and performance management strategies. Through this coordinated strategy for system-level improvement, the governmental public health system within all states has the potential to achieve significant improvements in the performance of essential public health services. Ultimately, this approach to system improvement may result in a higher performing public health system with greater effectiveness in improving population health outcomes.

Between March 1 and May 31, 2013, key informant interviews were conducted with representatives of 18 state health departments of varying geographies, populations, and organizational structures. In these interviews, participants were asked to describe several aspects of collaboration supporting accreditation readiness, including the following:

1. Current state-local-tribal collaborations underway to advance the readiness of state, local, and tribal health departments in pursuing public health accreditation.
2. Strategies that have proven most helpful in encouraging cooperation among state, local, and tribal health departments in supporting accreditation readiness.
3. Challenges identified in state-local-tribal efforts pertaining to accreditation readiness.
4. Resources found to be most helpful in supporting state-local-tribal accreditation readiness efforts and resources that are still needed.
5. Processes or systems in place that help to facilitate these collaborations.
6. Existence of learning collaboratives that have provided momentum for collaboration efforts.
7. Role that leadership has provided in facilitating collaboration for accreditation readiness and ongoing needs for leadership involvement.
Levels of Collaboration

In practice, collaborations that support system readiness for accreditation are underway at multiple levels. These include collaborations between:

- State health departments and local health departments.
- State health departments and tribal health departments.
- State health departments and academic partners.
- State health departments and other system partners.

In this section, practical examples will be provided for each type of collaboration based on information gathered from key informant interviews.

State Health Departments and Local Health Departments

Collaborations between state and local health departments are the most frequently noted in practice. These collaborations often include regularly scheduled meetings and communication through which state and local partners coordinate their efforts. Some highlights of state-local health department collaborations advancing accreditation readiness include the following:

**ARIZONA**

The Arizona Department of Health Services has implemented and supported strategies for accreditation readiness, including the development of a Community Health Assessment/Community Health Improvement Planning (CHA/CHIP) Network that engages all counties. Previously, local health departments and partners were not required to complete population health assessments; the state health department also needed to develop additional capacity to collect data to inform state health assessment processes. The state leveraged NPHII funds along with Preventive Health and Health Services Block Grant funds to support its 15 local health departments in completing the accreditation prerequisites. This, in turn, helped the state agency with statewide data collection. The CHA/CHIP Network has held monthly meetings, launched listservers, and generated open dialogue between county and state officials for information sharing and requests for technical assistance. Through the CHA/CHIP Network, special focus is placed on strengthening the existing public health infrastructure and building new partnerships.

**CALIFORNIA**

In 2013, the California Performance Improvement Management Network was launched by the California Department of Public Health in partnership with the California Conference of Local Health Officers and the County Health Executives Association of California as a collaborative strategy to guide public health improvement and accreditation readiness. The network serves as a forum to support local and tribal health departments by sharing information on accreditation, performance management, and quality improvement. The network holds monthly calls that are modeled after NPHII, incorporating topics of mutual interest to all participants as well as time for networking and sharing of promising practices in accreditation readiness. The state health department also disseminates a contact list of statewide partners in improvement roles and provides webinar-based training on quality improvement, performance management, and accreditation. In addition, the department supported two statewide summits on accreditation readiness in 2012, which informed strategic planning to support local and overall accreditation readiness. To facilitate sharing within the agency, the state health department created a website to host documents and resources.
associated with the state health assessment and health improvement planning processes. A multi-level quality improvement training was offered to staff to increase QI education and implementation.

**KANSAS**

In Kansas, public health system partners from local and state health departments came together to prepare their agencies for accreditation and build a stronger statewide public health system in the process. The Kansas Public Health Accreditation Pilot brought together state and local partners to jointly examine their current performance and share model practices, programs, and policies that support each agency’s attainment of national standards and accreditation. The pilot partners included six local health departments of varying sizes and the Kansas Department of Health and Environment. For a year, the group met once monthly to review the PHAB Standards and Measures, one to two domains per meeting. In addition, the group collected and shared examples of documentation that illustrated agency performance of each of the measures. The documentation was collected and catalogued through a group electronic workstation hosted by the Community Tool Box, an academic partnership with Kansas University. This collaborative review of standards and measures, along with collection of evidence from system partners, provided a forum for sharing of best practices, including ongoing quality improvement activities.

**KENTUCKY**

In Kentucky, state and local health department partners collaborate through regular meetings of the Local Health Department Accreditation Coordinators’ Workgroup. Local health department personnel set the agenda and lead the discussion. Approximately 30 local health departments have been active in the accreditation workgroup since its inception.

Besides state health department staff members, members of the Kentucky Public Health Association, Kentucky Health Departments Association (KHDA), and the University of Kentucky are also active participants. In 2011, KHDA organized a two-day retreat that included a review of the PHAB standards and discussion of potential documentation strategies. State-local collaboration for accreditation readiness in Kentucky has also been demonstrated through an internal document review process, where local partners have performed a peer review of state health department documentation in development for the accreditation process.

**MARYLAND**

The Maryland Department of Health and Mental Hygiene has undertaken a number of collaborative activities with system partners to advance accreditation readiness. State and local health department personnel are creating links to public health laws on the state health department website to enhance access to and awareness of public health statutes and regulations. This activity supports Domain 6 of the PHAB Standards and Measures, Enforce Public Health Laws.

In addition, the state health department contracted with an academic partner, the University of Maryland, Baltimore County, for an accreditation readiness self-assessment and analysis. Through this initiative, a web page was created in which each domain was translated into a series of questions. A team of approximately 30 department staff members responded to the self-assessment questions. Through this process, many concerns about the potential time investment and value of accreditation preparation were addressed and an informative self-assessment was completed. The web page that was created for this process includes documentation and a blog feature and is available as a resource to local health department partners.

**MICHIGAN**

Michigan has a long history of collaboration among public health system partners to support quality improvement and performance management, including the first mandatory state public health accreditation program in the nation to accredit local health departments, based on standards rooted in the Michigan Public Health Code. In 2008, a voluntary quality improvement supplement, based on draft national accreditation standards, was added to Michigan’s program. After releasing the popular “Embracing Quality in Local Public
Health: Michigan’s Quality Improvement Guidebook” in 2008, the Michigan Public Health Institute (MPHI) and the Michigan Department of Community Health (MDCH) published a second edition in 2012. To build on the success of the guidebooks, MDCH, with support from MPHI, recently released a performance management primer, appropriate for use by any state, local, or tribal health department. The primer is being used in almost 40 states and internationally. Additionally, the department has launched a quarterly accreditation readiness newsletter, “AccREADYness,” to provide tips, tools, and resources to help local and tribal health departments in their work to become accredited. The newsletter features the role of Michigan’s accreditation coordinators, spotlighting one accreditation coordinator each month as a strategy to promote peer collaboration and support a systems approach to accreditation.

**MINNESOTA**

In Minnesota, state-local collaboration is an established way of doing business with roots in state law. Minnesota’s State Community Health Services Advisory Committee (SCHSAC) was established by statute in 1976 and provides the basis for the state health department’s partnership with local health departments related to policy and program implementation. Historically, SCHSAC has studied emerging public health issues over a period of a few months to a year before making policy recommendations. Through its deliberation process for public health accreditation, SCHSAC established the Performance Improvement and Accreditation Workgroup with representation of state and local partners. Ultimately, the committee concluded that the state health department should work to pursue accreditation first so that the state would be better prepared to support local health departments in becoming ready to apply for accreditation by 2015.

Minnesota’s regional public health nurse (PHN) consultants are key contributors to the collaborative work to position health departments for accreditation readiness. The PHN consultants, who are state health department staff, provide high-level consultation for local health departments in areas such as strategic planning. Additionally, they convene monthly calls with local community health boards for the purpose of accreditation preparation. The presence of PHN consultants on the ground with local health departments has helped provide accurate perspectives of local practice and inform the state health department’s work to ensure a systems approach to improvement and accreditation readiness.

**MISSOURI**

Missouri’s public health system partners convene regularly through the Public Health Accreditation Exchange, a forum that supports the exchange of ideas and promising practices for accreditation preparation. Missouri’s Center for Local Public Health Services brought the exchange together, inviting all local health departments to participate regardless of their current intent to pursue accreditation.

Accreditation exchange meeting sites rotate among partner agencies, and a conference call line is available for those unable to attend in person. Meeting participants set the agenda based on current issues and needs in building health department capacity and preparing for accreditation. State health department accreditation team members who serve as domain leads have been invited to participate in accreditation exchange meetings, and a collaborative review of domains and identification of gaps has created momentum toward joint efforts to prepare for accreditation. Missouri public health system partners are now moving toward joint development of documentation for PHAB accreditation, including items such as communicable disease protocols to supplement the existing communicable disease investigation protocol manual. Another planned system approach to support accreditation readiness is the Mobilizing for Action Through Planning and Partnerships (MAPP) training, which is a community-driven strategic planning process for improving community health. This training is currently being provided to participants from state and local health departments, along with partners from hospitals and federally qualified health centers.
In Montana, public health partners were successful in advocating for state legislation that supported seven pilot projects to support accreditation readiness in local health departments. The state health department collaborated with these pilots to conduct a review of public health standards.

In New Jersey, the state health department has taken a strategic approach to collaboration with local health departments for system improvement through public health accreditation. In its strategic plan, the New Jersey Department of Health has established a goal that 25 percent of New Jersey’s local health departments become accredited by 2015.

The department of health collaborates with the New Jersey Association of County and City Health Officials in an accreditation readiness workgroup, established in 2012 to support public health accreditation in New Jersey. The local health liaison role within the state health department is a key connection to engage system partners in joint assessment and planning. Additional participants in the workgroup include the New Jersey Local Boards of Health Association and the New Jersey Public Health Training Center. This broad collaboration leverages investment by multiple partners and builds systemwide momentum for accreditation in the state.

Since the mid-1960s, New Jersey has had standards and regulations for local health department operations. These were rewritten in 1998-99 to align with the 10 Essential Public Health Services. In 2007, the state health department implemented a five-year audit cycle of local health departments for compliance with the regulations. The audit consists of a document review and a site visit. When gaps in compliance are noted, the state health department works intensively with the local health department partner(s) to support them in successfully meeting the requirements. The regulations are currently being revised to better align with PHAB standards and measures and therefore better position local health departments for success in PHAB accreditation; these new regulations will be adopted in 2015.

As the lead entity for the state’s centralized public health system, the Oklahoma State Department of Health pursued accreditation early to lead the way and assist local health departments with accreditation readiness. During its initial vetting of PHAB standards, the Oklahoma State Department of Health undertook a joint review process with its local and tribal health department partners. Since that time, the department has implemented a number of additional collaborative strategies for system improvement and accreditation readiness. These strategies include an Accreditation Coordinator Learning Community, which regularly convenes accreditation coordinators for the state’s 16 administrative districts for collaboration and sharing of promising practices in preparing for accreditation. Additionally, the department has established a shared documentation library. The library was developed through a core team with representation from the state and local health departments and resides on a shared network that is accessible to state and local health department personnel.

In Oregon, a collaborative strategy for public health systems improvement engages the state health department and the Oregon Coalition of Local Health Officials (OCLHO). This partnership is recognized as the most critical element of accreditation collaboration to date, serving as the foundation for a jointly owned process engaging state and local health department partners in an accreditation workgroup. The workgroup has conducted joint reviews of PHAB domains in bimonthly meetings. It has also explored additional avenues to support accreditation readiness in Oregon, including streamlining of documentation requests to the state by local partners. The state health department supports an electronic platform, GovSpace, as a shared site for communication and collaboration in the accreditation process. The state health department also collaborates with OCLHO in a quarterly performance improvement newsletter with wide distribution to public health system partners. OCLHO maintains a repository of QI stories from Oregon public health system partners and shares them nationally via the Public Health Quality Improvement Exchange.
WASHINGTON

The state of Washington has a long-standing state-local performance improvement partnership that provides a foundation for its Public Health Standards and Accreditation Workgroup. The workgroup has day-long meetings in an open forum, which are open to representatives from other states in the region. Quarterly workgroup meetings have fostered a systems view of the state for public health improvement activities.

Another initiative promoting a systems approach to improvement is the creation of three regional Performance Management Centers for Excellence, each providing training and technical assistance to 12 local health departments in Washington. These centers represent another collaboration, having been initially established with seed money provided through the state health department, then leveraging additional resources of system partners, including local health departments. Through the Centers for Excellence initiative, the Washington State Department of Health supported the development of capacity in the Spokane and Takoma local health departments to provide regional expertise to build system capacity in public health quality improvement and performance management.

WISCONSIN

To engage partners in collaboration for public health system improvement, Wisconsin has implemented a Communities of Practice strategy. In each of Wisconsin’s five regions, regional state health department staff members work with local health departments and tribes to identify their priorities, which are then addressed through the Communities of Practice. Each region has at least two Communities of Practice meetings annually, which incorporate aspects of training and technical assistance for accreditation preparation. The specific focus of the Communities of Practice is determined by the partners who participate; their agendas are tailored to the needs of each region. The Communities of Practice model has been an important component of Wisconsin’s tribal outreach, providing a regular forum for state, local, and tribal partners to regularly communicate, share experiences and documentation, and advance mutual efforts to meet national public health standards and become accredited.

MICHIGAN

In recent years, the Michigan Department of Community Health has provided mini-grants to support accreditation readiness activities in local health departments. The department has increased its direct outreach to engage tribal colleagues and, as a result, has provided the first accreditation-related mini-grant to a tribal health department preparing for national accreditation. Additionally, tribes are currently engaged in the survey process conducted by the department and MPHI to help identify future strategies for enhanced collaboration between the Michigan Department of Community Health and its local and tribal partners.

WISCONSIN

Wisconsin has a well-developed approach to tribal collaboration. Wisconsin’s tribes are involved in the five regional Communities of Practice described in the previous section. Additionally, the Institute for Wisconsin’s Health, Inc. (IWHI) has presented “Why Accreditation” to quarterly forums of the Wisconsin Tribal Health Directors.
Association. This presentation covers the system benefits of public health department partners working to improve their overall performance as they pursue accreditation. At present, two of Wisconsin’s tribal health departments plan to apply for accreditation in the coming year. As part of the ongoing effort to engage tribes in public health improvement, IWHI developed a self-assessment workbook for tribes to help them prepare for the accreditation process. Collaboratively, with the state public health division’s tribal liaison and regional office staff, IWHI convenes regular forums for tribal staff to learn and share approaches to support accreditation readiness.

OTHER STATES

Through their support of the public health improvement partnerships and public health standards/accreditation workgroups, the state health departments of Arizona, California, Minnesota, Oregon, and Washington all report ongoing collaboration with tribal partners for public health quality improvement initiatives.

State Health Departments and Academic Partners

A wide range of collaborations supporting public health systems improvement and accreditation readiness are underway with academic partners. These collaborations often include public health workforce educational needs assessment and provision of new and ongoing training to address identified needs. Examples of collaborations with academic partners include the following:

CALIFORNIA

The California Department of Public Health has established academic collaborations to support web-based, multilevel quality improvement training for all 4,000+ employees in the state health department. As the state health department gains capacity, QI training will be disseminated more widely to system partners. The department is collaborating with the University of California–Davis for a curriculum on the 10 Essential Public Health Services and common language for quality improvement. In addition, the department has established an agreement with the University of California–Berkeley for intermediate and advanced quality improvement training.

MONTANA

The Montana Department of Public Health and Human Services has a long-standing collaboration with the Northwest Center for Public Health Practice at the University of Washington School of Public Health. The center partners with the state to provide opportunities throughout the year for web-based trainings as well as the

NEW JERSEY

In New Jersey, a collaboration with Rutgers University involved intensive work with 14 local health departments in quality improvement, performance management, and strategic planning. This effort produced master-level training in these areas, along with additional legacy products (a manual and worksheets) that are being converted to online quality improvement training eligible for continuing education credit. Additionally, the New Jersey Department of Health is collaborating with Rutgers in the development of a new performance management system. The system is being built into a database that will support customized reports and trending over time, as well as provide a foundation to demonstrate outcomes and return on investment. The system will also greatly streamline the annual reporting process required of local health departments.
In Oregon, a collaboration between the state health department and the Northwest Center for Public Health Practice at the University of Washington School of Public Health led to a pilot study to determine how the department could best support accreditation readiness in the Oregon public health system. As an outgrowth of that effort, the department is now working with the center on a statewide public health workforce needs assessment, which will generate a statewide profile as well as individual profiles for each local health department.

In Kansas, the state health department collaborates with the Kansas Public Health Association (KPHA) to promote public health improvement and accreditation content through association meetings and conferences. In recent years, the two annual KPHA conferences (Fall Conference and Spring Governor’s Public Health Conference) have increasingly focused on quality improvement and accreditation, and pre-session skills workshops have provided in-depth content and discussion of these topics.

In Michigan, the state health department and MPHI collaborated to launch an innovative offering that supports accreditation activities. The Technical Assistance Bank of Hours was born out of a desire to meet the needs of local and tribal health departments for just-in-time technical assistance. The Technical Assistance Bank of Hours is funded by the state health department; local and tribal health departments are informed of the availability of this option for technical assistance to assist with immediate needs, such as strategic planning, performance management, quality improvement, and educating boards of health about national accreditation. Additionally, MPHI took the lead on developing two accreditation readiness webinars for local and tribal health agencies. As a result of these efforts, various documents and products are now available on the MPHI website for use by others.

The state health department has also partnered with MPHI to survey local and tribal health departments to determine how the state health department can best collaborate with and support partners in the changing public health environment. The feedback obtained through the survey will guide the planning and development of future technical assistance provided to system partners by the department, thereby supporting a systems approach to accreditation.

Several other states, including Kentucky, Michigan, Ohio, Washington, and Wisconsin, described collaboration with academic partners, including public health training centers for educational needs assessments and evaluations, as well as training for a range of topics associated with public health system improvement and accreditation.

Key informant interviews revealed additional system partners with essential roles in collaborating for accreditation readiness among health departments. These partners include state public health associations, which are affiliates of APHA; public health institutes, which are affiliated with the National Network of Public Health Institutes; and local health department/health officer associations, which are affiliated with the National Association of County and City Health Officials (NACCHO). Collaborative efforts between these partners, through the coordination of state-wide conferences and meetings and partnering to provide technical assistance, has been a key factor in promoting a public health system focus on accreditation. Examples of these collaborations include:
Ohio
The Ohio Voluntary Accreditation Team (OVAT) is a collaboration that supports performance improvement for Ohio’s public health system. OVAT provides technical assistance and training to assist state and local health departments in Ohio in preparing for national accreditation through its Accreditation Learning Community. The Accreditation Learning Community provides workshops in topics including the accreditation process, CQI, MAPP, and board engagement. OVAT’s membership includes local health departments, the Ohio Department of Health, the Association of Ohio Health Commissioners, the Ohio Public Health Association, the Society for Public Health Education, the Ohio Association of Boards of Health, and the Ohio Environmental Health Association.

Oregon
Oregon’s collaborative accreditation workgroup is co-facilitated by the state health department and OCLHO. The state health department describes the relationship with OCLHO as essential to the success of its accreditation readiness work to date. The partnership approach to workgroup efforts has fostered a spirit of shared ownership between state and local partners and increased overall commitment to the process.

Wisconsin
IWHI is a key partner in Wisconsin’s public health improvement and accreditation activities, as the lead agency working with tribes in accreditation preparation. IWHI staff members have worked closely with state health department staff members in ensuring that training and technical assistance in QI, performance management, and accreditation is provided to tribal leaders and staff members.

Other States and Partners
Other states, including Michigan, Ohio, Oregon, and Wisconsin, reported having a track or major program content focus on QI or accreditation at the major statewide meetings of their public health associations. Collaboration with SACCHOs were identified as key factors in accreditation preparation by Kentucky, Michigan, New Jersey, Washington, and Wisconsin.

In addition to state public health associations, APHA has advanced collaborative efforts to support accreditation readiness. In 2011, APHA issued a request for proposals to its 53 state and regional affiliates to support activities leading toward the national accreditation of local, state, tribal, and territorial health departments. Eight affiliates received funding through a competitive process and implemented statewide projects focusing on accreditation readiness assessment, technical assistance/training for PHAB prerequisites, and documentation.

In the interviews conducted for this project, public health institutes were frequently cited as key partners in efforts for health assessment, quality improvement, and other aspects of accreditation readiness.
Tools to Support Accreditation Collaboration

Electronic tools were identified as supporting a system approach to public health accreditation. The most commonly identified tools included a shared learning management system and shared online workspace to monitor joint efforts in performance improvement and accreditation. These include the following examples:

\[\text{ARIZONA}\]

The Arizona state health department supports a shared online workspace, utilizing SharePoint as a tool for the CHA/CHIP Network to share information and resources, such as promising practices. In addition, the site has the functionality to help organize all county documentation in preparation for future individual county accreditation. Several other states indicated that they had established a shared electronic workspace for accreditation, including California, Oklahoma, Oregon, and Vermont.

\[\text{KENTUCKY}\]

Kentucky is one of several states utilizing the TRAIN Learning Management System as a tool to support access to public health training, as well as competency assessment and workforce development planning. TRAIN supports a system approach to accreditation by linking users in the statewide public health system with educational resources to build workforce competency. Its databases also provide a means to document training plans for individuals and organizations. Several other states interviewed indicated that they utilize the TRAIN Learning Management System, including Kansas, Oklahoma, and Wisconsin.

\[\text{OHIO}\]

The Ohio Profile and Performance Database (OPPD) is an integrated database developed to support performance improvement for the Ohio public health system. OPPD provides several features, among them a dashboard presentation of performance data for health departments, including financial data and staffing information. OPPD also provides the ability to share documents (CHA, CHIP, strategic plans, QI plans and projects, etc.), share promising practices, and link users through shared contact information. Through OPPD, local health departments may create trend reports, benchmark based on jurisdiction size and geography, and search for examples of documentation to support accreditation requirements.
Conclusions and Recommendations

Through this project, the vital role of collaboration between state health departments and other partners in a system approach to meeting the national public health standards and achieving accreditation status has been documented. The key informant interviews demonstrated the value of collaboration between state health departments and their system partners to ensure a system approach to accreditation. For collaborations to be truly effective, it is clear that a range of partners must be involved in the process. In addition to state, local, and tribal health departments, other key partners that must be engaged include academic institutions, public health institutes, SACCHOs, SALBOHs, and APHA-affiliated state public health associations.

Academic partners, including the schools of public health that sponsor the state and regional public health training centers, are critical in the creation of public health workforce development plans. Their involvement is also essential in ongoing efforts to assess workforce competency and implement training to meet identified gaps. Public health institutes are another key partner in a wide range of activities that support public health standards and accreditation, including training, technical assistance, and linking the evidence base to practice.

A wide variety of effective collaborative strategies are currently being used to support accreditation preparation. States that have not yet initiated a collaborative, system approach to accreditation readiness can initiate this process by exploring these four initial steps for implementation:

1. Designating specific staff member(s) to serve as a liaison with local and tribal health departments for accreditation. State health department staff members whose responsibilities include the state-local and/or state-tribal liaison role are key linkages and should be engaged in system-level accreditation activities.

2. Creating and regularly convening accreditation workgroups, alliances, or learning collaboratives that include state, local, and tribal health departments, along with other partners as appropriate.

3. Joint review of PHAB standards by state and local partners—an essential step to promoting a better understanding of the mutual roles and responsibilities of the partners in meeting the standards and supporting accreditation readiness.

4. Leveraging existing state-level communication tools such as shared electronic workspaces, accreditation-related newsletters, web pages, and listservers to disseminate information and resources for accreditation readiness and engage system partners in the system improvement process.
Appendix

NATIONAL AGENCIES INCLUDED IN THIS REPORT

American Public Health Association (APHA), www.apha.org
Association of Schools and Programs of Public Health (ASPPH), www.aspph.org
Association of State and Territorial Health Officials (ASTHO), www.astho.org
Centers for Disease Control and Prevention (CDC), www.cdc.gov
National Network of Public Health Institutes (NNPHI), www.nnphi.org
National Public Health Improvement Initiative (NPHII), www.cdc.gov/stltpublichealth/nphii/
Public Health Accreditation Board (PHAB), www.phaboard.org
State associations of county and city health officials (SACCHOs), www.naccho.org/membership/saccho/
State associations of local boards of health (SALBOHs), http://www.nalboh.org/state_associations.html
State public health associations, www.apha.org/membergroups/states/

STATE HEALTH DEPARTMENTS AND PROGRAMS INTERVIEWED FOR THIS REPORT

California Department of Public Health, http://www.cdph.ca.gov/Pages/DEFAULT.aspx;
http://www.cdph.ca.gov/data/informatics/Pages/CalPIMNetworkResources.aspx
Kentucky Department for Public Health http://chfs.ky.gov/dph/;
http://chfs.ky.gov/dph/CenterforPerformanceManagement.htm
Maine Center for Disease Control and Prevention, http://www.mainepublichealth.gov
Minnesota Department of Health, http://www.health.state.mn.us/
Michigan Department of Community Health, http://www.michigan.gov/mdch
Michigan Local Public Health Accreditation Program, http://accreditation.localhealth.net/
Montana Department of Public Health and Human Services, http://www.dphhs.mt.gov/
New Jersey Department of Health, http://www.state.nj.us/health/lh/nj.shtml
Wisconsin Department of Health Services, http://www.dhs.wisconsin.gov/;
http://www.dhs.wisconsin.gov/r_counties/VoluntaryAccreditation/