To Be or Not to Be: Accredited

A Brief Menu of Incentives to Promote Public Health Accreditation

By Lee Thielen

The 2011 launch of voluntary accreditation of public health agencies by the Public Health Accreditation Board (PHAB) has provided a new and dynamic system for public health agency improvement. This system is new for public health agencies, requiring adherence to national standards focused on public health infrastructure, prerequisites that need to be met, and a fee schedule that must be paid. As with any accreditation program, time and resources are needed for any agency to prepare, apply, and achieve accreditation.

Incentives can serve one of two purposes related to public health accreditation. There are those that support or create a clear benefit of accreditation for the organization (e.g., recognition as a quality agency, adherence to law or regulations, etc.) and there are those that remove barriers preventing an organization from seeking accreditation (e.g., funding and/or technical expertise to complete the application process).

Incentives That States Can Use to Support Local Jurisdictions

1. State Developed Standards Equal PHAB Standards. States that adopt PHAB standards as state standards provide a strong incentive for preparation for national accreditation.

2. PHAB Accreditation Counts for State Accreditation. States with mandatory state accreditation, including North Carolina and Michigan, could offer a very strong incentive for national accreditation if PHAB accreditation is accepted in lieu of or as equivalent to state accreditation.

3. Direct Financial Support to Prepare for Accreditation. For example, Arizona has given 13 of the 15 local health departments grants of $45,000 each to develop the prerequisites for accreditation.

4. Training and Technical Assistance. Major barriers to seeking PHAB accreditation include a lack of capacity at the state and local level, especially to complete the health assessments, health improvement plans, and the strategic plans that are required prior to the application for PHAB accreditation. Examples include:

1) Mobilizing for Action Through Planning and Partnerships (MAPP) training
2) Performance management training
3) Quality improvement training
4) Performance improvement technical assistance
5) Dashboard technical assistance
6) Training on the Guide to Community Preventive Services
7) Protocols for access to data
8) Community Health Assessment training and technical assistance
9) Accreditation preparation training
10) Strategic planning training and technical assistance
11) Community Health Improvement training and technical assistance
12) Health informatics technical assistance
13) Sustainable funding technical assistance
14) Results-based accountability methods training
15) Public health workforce competencies training and technical assistance
16) Baseline assessment technical assistance
17) Collection and dissemination of best practices
18) Gap analysis based on PHAB measures technical assistance
19) Shared services (regional services) technical assistance
20) Project Management
21) Logic Models for Public Health Programs
22) QI Agency -Wide Culture of Improvement
23) Quality Planning
24) Facilitation
25) Organizational Change.

5. Leading by Example. Directors of local health departments addressed a recurrent theme when asked how the state could help with preparation for accreditation. That theme was that the state needs to set a good example.

6. Financial Incentives. The states can use either federal or state funding to provide financial incentives. These can be for specific purposes, such as paying for the PHAB accreditation fees, paying for outside consultants, supporting the cost of an Accreditation Coordinator, or helping pay the costs for prerequisites.

7. Linking State Funding to Prerequisites. A number of states required progress on community assessments, health improvement plans, or strategic plans to receive state funding for the local capacity grants.

8. Funding of Accreditation Coordinators. Oklahoma has invested both state and federal money into supporting a cadre of accreditation coordinators at the district level.

9. Importance of Building Strong Relationships. State health agencies that have a history and philosophy of including local jurisdictions in planning and funding decisions are better able to leverage those relationships to improve the entire public health system.

10. Fear, Trepidation, and Conditional Funding. Although not freely discussed, some local and state officials refer to their motivation to move toward accreditation as being based on a fear of being left behind in future funding opportunities, especially from CDC and the state health agency. Many directors do not want their agency to be unaccredited when accreditation becomes a norm.

11. Use of the Law and Regulations to Support Prerequisites. State laws and regulations that mandate health assessments, health improvement plans and/or strategic plans for state and/or local jurisdictions take the guesswork out of when and if these key public health strategies will occur.

12. Data Assistance for Assessments and Planning. Some state health agencies have allocated staff and resources to support local health departments in their community health assessments and their public health improvement plans.

How CDC Can Incentivize the States

The role of the federal government is a very important factor in accreditation acceptance and engagement. NPHII funding has been a powerful tool to improve the performance of public health agencies and systems. There are some additional possibilities that could move agencies forward on the path to accreditation. These include:

1. Streamline the process for accredited agencies to apply for federal funding. This can be done by identifying steps that accredited agencies could skip due to an assumption that as an accredited agency, certain requirements are in place.

2. Reduce the reporting requirements for accredited agencies.

3. Provide "extra credit" for applications for funding from accredited agencies.

4. Provide increased flexibility in the use of programmatic funds for accredited agencies.

5. Spread the cost of accreditation over the federal programs. One important barrier reduction has already been made. CDC has determined that federal CDC program grant funding can be apportioned to cover costs of accreditation. Accreditation fees are an allowable expense in CDC grant program funding. CDC funding.

6. Messaging to grantees. The responsibility for the state health agency to encourage and assist all public health agencies in their state through NPHII and other federal funding could be clearer. CDC could consider a general practice of incorporating, "Public Health System Improvement in All Policies".

7. Providing information and success stories. CDC is in a unique position to tell the stories of successes of accreditation and performance improvement. They can do this directly or through the associations they support with cooperative agreements.

8. Maintaining predictable funding for accreditation. The use of NPHII funding is seen as key to the ability of states to engage in the arena of performance improvement and preparation for accreditation. In addition, the support to the major associations for technical assistance and training of their constituents has been key to the preparation of the field for accreditation.

9. Targeting funding. Soon there will be a pool of public health agencies that are accredited. At a point of critical mass, a pool of funding could be available only to accredited agencies.

Other Players In Incentives

There are other players who can help and are helping with incentives for accreditation of public health agencies. These include public health institutes, academia, state and national associations and private foundations.

Public health institutes and academia are well organized to provide training and technical assistance. The Public Health Training Centers in schools of public health may embrace a mission to support agencies on their path to accreditation.

National associations, with funding from the CDC and RWJF, have been offering grants, technical assistance and extensive training to their members. They are well suited to being credible sources for expertise and tools. State associations are close to their members.

Other Drivers for Accreditation

1. PHAB could strengthen the state standards related to the responsibility of the state agency to support the improvement of the public health system, including local jurisdictions.

2. Private funding through major foundations, especially the Robert Wood Johnson Foundation, have been and will continue to be important to removal of barriers to accreditation.

3. Support for public health agency accreditation by well-positioned associations or organizations outside of public health would be a strong incentive. Support for accreditation by the National Governors' Association, the National Association of Counties, the Institute of Medicine, the National Conference of State Legislatures or similar organizations would be a powerful incentive.