

## **April 2016: White Paper on Accreditation in Iowa**

### **Improving the Quality of Public Health:**

In 2006, the final report of the Exploring Accreditation Steering Committee stated that a voluntary national accreditation program should:

- “Promote high performance and continuous quality improvement.
- Recognize high performers that meet nationally accepted standards of quality.
- Clarify the public’s expectations of state and local health departments.
- Increase the visibility and public awareness of governmental public health, leading to greater public trust, increased health department credibility and accountability, and ultimately a stronger constituency for public health funding and infrastructure.”

The report goes on to state that “The goal of a voluntary national accreditation program is to improve and protect the health of the public by advancing the quality and performance of state and local public health departments.” (<http://www.phaboard.org/wp-content/uploads/ExploringAccreditationFullReport.pdf>)

Since the report was published a national voluntary accreditation system for governmental public health has been established. Iowa had been working on its own accreditation system and developed Iowa Public Health Standards, but in 2014 decided to adopt the national system and standards for Iowa’s governmental public health system. Agencies who had worked in the past to meet Iowa’s standards have found that the work translates nicely to the national system.

### **What is public health accreditation?**

“The measurement of health department performance against a set of nationally recognized, practice-focused and evidenced-based standards.” (<http://www.phaboard.org/accreditation-overview/what-is-accreditation/>)

The national public health standards are published by the Public Health Accreditation Board (PHAB) and were developed by local and state public health practitioners from across the country. Iowans took an active role in that process by serving on work groups, testing the standards, and providing public comment as the standards took shape.

The national public health standards do not prescribe exactly how a department should meet the standards. Instead the measures describe what activities a health department should do. The standards take into account that not every health department provides all public health services for a jurisdiction so they also look at how a health department can facilitate that the population health needs of the community are served by collaborating with others.

### **Who is PHAB?**

PHAB is a nonprofit organization that administers the public health accreditation program. PHAB was incorporated in May 2007 and is funded in part by the Robert Wood Johnson Foundation and the Centers for Disease Control and Prevention. The PHAB office is located in Alexandria, Virginia.

### **Why you should invest in accreditation or meeting public health standards**

This paper is a product of the Public Health Advisory Council and Iowa’s Gaining Ground Coalition

“The tangible benefits of working on accreditation will vary among health departments. Accreditation provides a framework for a health department to identify performance improvement opportunities, to improve management, develop leadership, and improve relationships with the community. The process is one that will challenge the health department to think about what business it does and how it does business.”

<http://www.phaboard.org/accreditation-overview/what-are-the-benefits/>

The Public Health Advisory Council and Gaining Ground coalition concur that work towards meeting standards or becoming accredited signify the role public health plays in assuring a healthy Iowa. As we look to Governor Branstad’s goal of becoming the healthiest state in the nation it is vital to have a quality public health system performing well.

We also recognize that maintenance of public health infrastructure is often overlooked, and the standards/accreditation shed light on important aspects of the system. This helps to define infrastructure problems and points to the need to seek solutions, resources, and support.

Additionally, it is important to assess whether or not we are doing a quality job in public health. Holding ourselves to a set of standards, and allowing a third party to come in and evaluate how we are doing provides validation of our work. This is important to our partners, our customers, our funders, and most importantly, our communities.

Finally, there is a lot of impetus at the national level to begin work now. National funding opportunities are present and technical assistance is available for states that are engaging their local public health partners in meeting standards and measures.

### **What’s in the standards? Is it realistic for an Iowa county?**

PHAB’s standards are made up of 12 domains. The first ten are based on the ten essential public health services. The ten essential public health services are a nationally recognized set of criteria used to define the work of public health. The ten essential public health services are listed in Iowa Administrative Code 641.77 .3 as the roles and responsibilities of the local board of health. They are as follows:

1. Monitor health status to identify community health problems
2. Diagnose and investigate health problems and health hazards in the community
3. Evaluate effectiveness, accessibility, and quality of personal, population-based, and environmental health services
4. Develop policies and plans that support individual and community health efforts
5. Research new insights and innovative solutions to health problems
6. Enforce laws and regulations that protect public health and enforce lawful orders of the department
7. Link people to needed personal health services: provide such personal, population-based and environmental health services as deemed necessary for the promotion and protection of the health of the public
8. Ensure the competence of the public health, environmental health, and personal health care workforce
9. Inform, educate, and empower people about health issues
10. Mobilize community partnerships to identify and solve health problems.

Additional information about the ten essential public health services is available at: <http://www.cdc.gov/nphsp/essentialServices.html>.

The eleventh domain addresses administrative functions of public health practice like contracting, budgeting, human resources, and policies and procedures.

The twelfth domain addresses the role of governance in public health, in Iowa these standards apply to either a local board of health, or the state board of health.

Because the standards are linked to the essential services, they are most likely being addressed to some extent by Iowa's public health departments. Also PHAB makes clear that not every activity has to be done by the health department. However, it is the health department's responsibility to have an awareness of what is going on in areas of the standards that they do not perform directly, and the department should have a relationship with the provider of those services.

It is also important to understand that the standards look at the ability of a health department to know its own community, its special populations, risks, assets, needs, etc. They do not impose national or state priorities on a local health department.

Iowa has been slow to embrace the national public health accreditation movement. The advantage to waiting is that there is a wide breadth of work that has already been completed of which Iowa will be able to take advantage. Tool-kits and libraries of examples about how to meet the PHAB standards are well established and growing all the time. As of this writing (April, 2016) there are 250 local health departments, 33 state health departments, 4 tribal health departments, 1 centralized states integrated system with 67 departments, and 8 multi-jurisdictional applicants engaged formally with PHAB in the accreditation process.

Even if a health department chooses not to pursue accreditation, a health department's use of the standards as a roadmap for public health, to assist in planning, or to inform everyday work is encouraged. Simply adopting the standards as a best practice would allow for a common understanding of what public health should be about in our communities.

Finally it should be noted that the standards are recommendations, not mandates.

### **How much does it cost?**

PHAB charges an accreditation fee that covers the 5 year accreditation cycle. The fee structure as of July 1, 2016 is highlighted in this paper. The fee is based on the population of the county or jurisdiction seeking accreditation.

Health Department Category	Population Size of the Jurisdiction Served	Initial Accreditation Review Fee	Annual Accreditation Services Fee
Category 1	Less than 100,000	\$14,000	\$5,600
Category 2	100,000-500,000	\$21,000	\$8,400
Category 3	500,000 – 1,000,000	\$28,000	\$11,200

<http://www.phaboard.org/wp-content/uploads/PHAB's-Five-Tier-Accreditation-Fee-Schedule-Effective-July-1-2016-June-30-2017-2.pdf>

This paper is a product of the Public Health Advisory Council and Iowa's Gaining Ground Coalition

It is recognized that the cost of accreditation can be a significant barrier in achieving accreditation. However, PHAB will work with individual health departments to develop a payment plan if necessary. Approximately 90% of Iowa's counties fall within Category 1.

Accreditation is voluntary. However, the Public Health Advisory Council and Gaining Ground Coalition suggest, that regardless of whether or not a county decides to formally pursue accreditation, there is value in adopting the PHAB standards as part of everyday practice, and there are cost- savings that can be realized through implementing the quality improvement process.

### **What happens if we don't embrace accreditation? (What's at stake?)**

At this time there is no monetary incentive to embrace accreditation. However, the Public Health Advisory Council and Gaining Ground Coalition concur that even if Iowa's public health departments do not embrace the concept of accreditation it is important to adopt the concepts of the public health standards.

Use of the public health standards in Iowa would bring more consistency to public health service delivery across our state. It would demonstrate public health's accountability to our customers and partners and a good return on investment of public and private funds. Additionally it would demonstrate that public health is striving to efficiently meet the needs of our communities. Work on the standards would also make public health in Iowa more consistent with other states as well. This in turn allows the larger governmental public health infrastructure to grow in a similar manner strengthening our public health system to be able to handle new and emerging threats to the public's health.

### **Questions:**

If you have questions about accreditation, PHAB, or what it means to work towards meeting standards please contact Joy Harris at [joy.harris@idph.iowa.gov](mailto:joy.harris@idph.iowa.gov) for additional information. You can also get more information on PHAB's website <http://www.phaboard.org/>.

*This white paper has been developed and distributed to spark conversations about public health accreditation in Iowa through the delivery of facts, discussion topics, and reflection. It is a product of the Public Health Advisory Council and Iowa's Gaining Ground Coalition.*