1. **What is the national accreditation program all about?**
   The Public Health Accreditation Board (PHAB) is implementing a voluntary, national accreditation program for state, territorial, tribal and local public health departments. PHAB is a non-profit organization developed in accordance with the recommendations generated by the Exploring Accreditation Steering Committee ([Final Report available online](#)). The Steering Committee was comprised primarily of state and local public health officials, including boards of health, and was informed by existing state-based accreditation programs in addition to accreditation experts in other fields.

   The goal of the 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. PHAB is led by a Board of Directors that includes state, tribal and local public health leaders ([Board Members available online](#)), and is jointly funded by the Centers for Disease Control and Prevention (CDC) and the Robert Wood Johnson Foundation (RWJF).

2. **What is the difference between public health accreditation and public health credentialing?**
   Both credentialing and accreditation efforts are active in the public health community right now. Accreditation is a voluntary program that measures the degree to which state, local, tribal, and territorial public health departments meet nationally recognized standards and measures. Credentialing is a process that measures the knowledge and skills of individuals with graduate level degrees in public health.

   The National Board of Public Health Examiners (NBPHE) was established in September 2005 as an independent organization and administers a voluntary certification exam for students and graduates of approved public health schools and programs. Visit the National Board of Public Health Examiners Web site for more information on credentialing: [www.nbphe.org/about.cfm](http://www.nbphe.org/about.cfm).

3. **Will there be certain staff credentials (for example, training, certifications, licenses, etc.) that will be required for a health department to have in order to receive accreditation status?**
   The standards as they are currently drafted, does not require specific credentials or licenses to achieve PHAB accreditation. The health department however, will need to demonstrate that they have the capacity to meet the standard and provide the public health services.

4. **How is PHAB funded?**
   The Centers for Disease Control and Prevention and the Robert Wood Johnson Foundation are funders, and partners, of PHAB. The goal is for the accreditation program to be self-sustaining with reasonable revenues from the application fees and if necessary be supplemented by additional support.

5. **Who is eligible to apply for national accreditation?**
   The governmental entity that has the primary statutory or legal responsibility for public health in a state, a territory, a tribe or at the local level is eligible for accreditation. This includes state health departments, territorial health departments, local (city and county) health departments and tribal health departments. Eligibility is intended to be very flexible and inclusive, accommodating the many different configurations of governmental public health at all levels, including both centralized and decentralized state health departments, health departments that are part of a larger governmental agency, health departments that do not have environmental health responsibility, regional and district health departments and local health departments that share resources in order to fulfill particular functions. More eligibility information available online at: [http://www.phaboard.org/eligibility/](http://www.phaboard.org/eligibility/).

6. **How will regional arrangements be handled? Will there be joint applications?**
   Details of the application process are under development, however, regional or cooperative arrangements will be eligible to apply. Eligible applicants are described in more detail on the PHAB Web site: [http://www.phaboard.org/eligibility/](http://www.phaboard.org/eligibility/).
7. How can state, local and tribal public health officials get involved in developing the program?
Public health officials and governing bodies are involved in a number of ways, including serving on PHAB’s Board of Directors, Committees and Workgroups. Additionally, public health officials will have more opportunities to volunteer for additional workgroup and committee appointments, to provide feedback on draft standards during a public vetting process, and to participate in pilot testing before the accreditation program is officially launched.

8. When will national accreditation start for health departments?
Program development is currently underway at PHAB. Committees and Workgroups are developing the standards and measures, the procedures to assess health departments, a “substantial equivalency recognition” process to accommodate existing state-based accreditation and related programs that are closely aligned with PHAB’s program, and a research and evaluation plan. Draft standards will be publicly vetted for comment in February 2009, and a beta testing phase is scheduled to begin in summer 2009. It is anticipated that the first applications will be accepted in 2011. The accreditation timeline is available.

9. How long will a health department be accredited for?
The accreditation cycle has not yet been determined. Many accreditation programs have cycles between 3 and 5 years.

10. There are many standards already in use in state and local health departments. What is the relationship between the various sets of standards in the field and the new accreditation standards?
The PHAB standards and measures are being developed using NACCHO’s Operational Definition of a Functional Local Health Department as a framework, and also considering 1) existing standards and measures from state-based accreditation and related programs 2) the state and local instruments of the National Public Health Performance Standards Program and 3) ASTHO’s report on services offered by states. The Standards Development Workgroup reviewed numerous standards and measures and selected what they felt were the “best of the best.” More information on the principles guiding standards development can be found at http://www.phaboard.org/workgroups/standards-development-workgroup/.

11. How will the measures be applied to health departments that are being reviewed for accreditation?
Will there be equal weighting for all measures? Will health departments need to meet all of the measures in all of the domains?
The application of the measures and how they might be weighted will be tested during the beta test. The beta test will look at various scales, scoring and weighting schemes. Health departments will not have to meet 100 percent of the measures; they will, however, be expected to meet minimum thresholds that will be established at the domain level.

12. What are the benefits of accreditation?
Several states have accreditation programs for local health departments, and PHAB continues to learn from their experiences. The following benefits have been realized by accredited local health departments, and PHAB surmises that states receiving accreditation status also stand to enjoy these benefits:
• The accreditation assessment process provides valuable, measurable feedback to health departments on their strengths and areas for improvement.
• Engaging in the accreditation process provides an opportunity for health departments to learn quality and performance improvement techniques that are applicable to multiple programs.
• Gaining accreditation status has resulted in increased credibility among elected officials, governing bodies and the public.
• The recognition of excellence brought on by meeting accreditation standards has positively impacted staff morale and enhanced the visibility of the health departments.
• Accreditation is a means of demonstrating accountability to elected officials and the community as a whole.

13. What are the incentives to participate?
The Steering Committee determined that all incentives should be uniformly positive, supporting public health departments in seeking accreditation and achieving high standards. PHAB will devote significant attention to securing specific, tangible incentives and benefits for those who participate. A workgroup will be developed to address the need for robust incentives for participation. Further, research on incentives conducted at the
University of North Carolina is guiding PHAB’s work and surveyed potential applicants on categories of incentives including:

- Financial incentives (for accredited agencies and for agencies applying for accreditation)
- Grants administration
- Grants application
- Infrastructure and quality improvement
- Technical assistance and training

14. **Is there a connection between accreditation and improved public health outcomes?**

The ultimate goal of an accreditation program is to improve the public’s health through improved quality and performance of public health departments. To date, however, there is little research supporting the outcomes correlated with public health interventions. Whether improved health outcomes are realized through implementation of quality improvement processes is a primary research question, and one that PHAB’s Research & Evaluation Committee will pursue as the accreditation program is developed and implemented.

15. **How much does accreditation cost?**

In the near future, PHAB will convene a Workgroup to determine application fees, with an underlying principle of developing a fee structure that does not present financial barriers to health departments wishing to participate in the accreditation process. A number of recommendations regarding the costs of accreditation were generated by the Exploring Accreditation Steering Committee and will inform PHAB’s deliberations.

16. **How much does it cost to prepare for accreditation?**

These costs have not been quantified. Health departments participating in the beta test will document the resources required to undertake the process, and PHAB will make this information available to all potential applicants. Additionally, many LHDs accredited by state-based programs attest to the cost of preparing being worth it. LHDs have received funding based on accreditation status; have noted areas where cost efficiencies can be gained based on self-assessment results or site visit reports; and noted many other benefits that justify the cost.

17. **How can I prepare for accreditation?**

**ASTHO** will release a toolkit in the near future designed to help state health departments prepare for accreditation. The toolkit will provide a framework for assessing readiness for accreditation, identify opportunities and strategies for performance improvement, provide information and resources designed to assist health departments prepare for applications for accreditation, and suggest ways to continue performance improvement in between accreditation cycles. Further information is available on the ASTHO Web site: [http://www.astho.org/index.php?template=public_health_systems.html](http://www.astho.org/index.php?template=public_health_systems.html).

**NACCHO** offers a Web site dedicated to providing tools and resources for local health departments interested in accreditation preparation and quality improvement, available at [www.naccho.org/accreditation](http://www.naccho.org/accreditation). A good starting point is to determine the degree to which your local health department is meeting the Operational Definition standards and metrics. NACCHO offers an agency self-assessment tool for the Operational Definition metrics to score the health department’s capacity in meeting each indicator. The tool is available online as a PDF or as interactive software. Information on strategies for smaller local health departments (such as joint applications and regionalization) is also available on this site.

**NALBOH** recognizes that governing bodies, boards of health and public health governmental entities are becoming more interested and engaged in quality improvement activities, and are eager to play a significant role in the accreditation process. Currently, NALBOH is supporting several quality improvement activities. Additional information on NALBOH’s work is available at [www.nalboh.org](http://www.nalboh.org).

18. **How can I stay up-to-date?**

Sign up for PHAB’s monthly e-newsletter, and visit the PHAB Web site for continual updates at [www.phaboard.org](http://www.phaboard.org).
19. How will comments received during the vetting process be reviewed? Will twenty individual comments count more than one comment from a group of twenty people?
   Every comment received will be carefully considered. However, it would be helpful for us to know if the comment is submitted as a consensus of a group. When submitting comments online or through a discussion, let us know who is submitting the comment; i.e. a group or an individual.

20. How will the Beta Test sites be selected?
   There will be about 32 beta test sites. Eight state health agencies and twenty-four local health departments will be chosen. The intent will be to include a broad array of health departments and agencies that reflect potential applicants for accreditation. A letter of invitation will be released by PHAB and departments and agencies will be able to apply.

21. What will the role of the board of health be during the beta test?
   The Board of Health will need to understand that the agency is part of the beta test. They will need to know that there are standards and measures that relate to how the department relates to them. They should be kept informed, and they should be involved in every step of the way.