PUBLIC HEALTH ACCREDITATION IN NEBRASKA
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SUMMARY
Public health accreditation has been suggested as a possible method for measuring and improving performance within public health departments. In this policy brief, we describe initiatives at both the national and the state level to create accreditation and performance improvement standards for local health departments. We also report the status of efforts on the part of Nebraska’s local health departments to pursue performance improvement and public health accreditation.

WHAT IS ACCREDITATION?
Public health accreditation has been suggested as a possible method for measuring and improving performance within public health departments. Public health department accreditation is defined as the development of standards against which a health department can be measured by an outside authority. An accredited public health department is seen as an entity that has held itself to a higher standard of work in the area of public health and is recognized by an outside authority.

To pursue the creation of a national voluntary public health accreditation program, the Public Health Accreditation Board (PHAB) was established in 2006. The PHAB formulated and tested a national accreditation system and released its public health accreditation standards to the public in July 2011. National public health department accreditation launched in September 2011.

THE BENEFITS AND POSSIBLE PITFALLS OF ACCREDITATION
Public health departments have lacked a mechanism for measuring the performance of their workforce and the capacity of their agencies to be able to perform the 10 essential public health services and core functions. Accreditation has been proposed as a method to address this need and to create greater accountability and transparency of public health departments. Specific benefits of accreditation include promotion of continuous quality improvement and performance, recognition of high performance among those who attain accreditation, a greater understanding of the public’s expectations of the health department system, and a greater understanding by the public of the role and functions of the health department.

For local health departments, the cost associated with the preparation for and process of undergoing accreditation is a major barrier to achieving accreditation. The expenditures related to fees and to staff time needed to prepare for accreditation might not be available within the limited budgets of most local health departments. As more public health departments attain accreditation, underfunded agencies that cannot afford to be accredited might be negatively affected by their unaccredited status. Unaccredited agencies might be less able to obtain grant funding if accreditation becomes a requirement by funding agencies. The potential disparity that could be generated among health departments under this scenario is a serious concern that should be examined further.
Nebraska’s path to public health accreditation

Prior to 2001, Nebraska’s local health departments did not provide services to all 93 of the state’s counties. With the passage of LB 692 in 2001, dedicated state funds from the Tobacco Master Settlement Agreement were used to create a new regional public health system. As Nebraska’s local health departments matured and focused on providing the 10 essential public health services, the need for performance standards and measures became a priority.

In 2006, the legislature recognized the need for greater accountability by providing $1.8 million to local health departments to improve the availability and analysis of local data and to build a strong surveillance system. At that time, the Nebraska Department of Health and Human Services’ Division of Public Health also began contracting with the Public Health Association of Nebraska (PHAN) to assist local health departments in utilizing their local data and implementing a performance management tool. PHAN first reviewed the current models and experiences of other state health departments and then drafted a set of performance standards and measures. Throughout the process, extensive effort was made to incorporate the fundamental characteristics of excellent public health programs, the key concepts found in the public health performance management models that were being developed throughout the country, and the best practices experienced in states already developing or using local public health performance management systems. As a result, PHAN’s proposed local public health agency performance management tool incorporated the three public health core functions, the 10 public health essential services, the operational definition standards, and the nine domains identified in the PHAB’s final accreditation recommendations.\(^4\) Finally, PHAN’s performance management tool was pilot tested in two local health departments in rural areas. After the pilot test was completed and some minor adjustments were made, the tool was applied in other regional local health departments.

Nebraska’s local health departments have also begun to develop additional quality improvement programs within their scope of practice to meet the PHAB guidelines for local health department accreditation. For example, local health departments have begun completing Plan-Do-Study-Act cycles within their departments in the areas of new employee orientation and financial management. Currently, several local health departments have begun planning comprehensive quality improvement initiatives that would improve the overall quality within their departments.

What’s next in Nebraska?

As of April 2012, one local health department in Nebraska is planning to apply for PHAB accreditation this year. In 2013, four more health departments are planning to apply for accreditation, and seven more health departments are planning to apply for accreditation in 2014 or beyond. Eight health departments in Nebraska are uncertain if they will apply for PHAB accreditation.

The College of Public Health at the University of Nebraska Medical Center and the Nebraska Office of Community Health and Performance Management recently received a grant from the Robert Wood Johnson Foundation for the Nebraska Public Health Practice-based Research Network to conduct research on the role of quality improvement and accreditation within local health departments. This research, which will be completed in December 2012, will help public health officials understand how accreditation and quality improvement practices affect local health departments, and the barriers to quality improvement and accreditation.
References

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Conflict of Interest
None.

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