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Public Health Department Accreditation and Environmental Public Health: A Decade of Collaboration

Editor's Note: NEHA strives to provide up-to-date and relevant information on environmental health and to build partnerships in the profession. In pursuit of these goals, we feature this column on environmental health services from the Centers for Disease Control and Prevention (CDC) in every issue of the *Journal*.

In these columns, authors from CDC's Water, Food, and Environmental Health Services Branch, as well as guest authors, will share insights and information about environmental health programs, trends, issues, and resources. The conclusions in these columns are those of the author(s) and do not necessarily represent the official position of CDC.

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About a decade ago, a group of environmental public health (EPH) professionals from state and local health departments, federal and national public health organizations, and academia engaged in discussions and provided much needed input on the development process for a revolutionary advancement in public health—national voluntary accreditation for public health departments. The Public Health Accreditation Board (PHAB) formally launched the program in 2011 and accredited the first cohort of health departments in 2013. Since that time, PHAB has made significant progress accomplishing its mission to improve and protect the health of the public by advancing and transforming

the quality and performance of governmental public health agencies (Ingram, Mays, & Kussainov, 2018; Kronstadt et al., 2016).

By August 2019, almost 80% of the population was served by 275 accredited health departments and 1 centralized state that includes 67 county health departments (Table 1, Figure 1). Accreditation is conferred for 5 years and PHAB began reaccrediting health departments in early 2019. A major component of the accreditation process requires conformity with a comprehensive set of consensus-based standards that incorporate the 10 Essential Public Health Services. One of the methods PHAB uses for building consensus is convening think tanks that involve public

health subject matter experts and practitioner participants who provide updated information and recommendations to improve the accreditation standards (Ingram, Bender, Wilcox, & Kronstadt, 2014).

The accreditation standards reflect the collective public health practice, yet it remains important to understand the contributions and interests of particular programmatic areas and segments of the workforce, such as EPH (Corso & Thomas, 2018). In 2009 and 2011, EPH think tanks were held during the initial planning and development of the accreditation process and standards. The think tanks produced insightful recommendations for ensuring EPH inclusion and involvement in the accreditation process through suggested changes to the standards, messaging about the importance of EPH's role, defining EPH terminology, and describing connections to EPH performance improvement resources, namely the Environmental Public Health Performance Standards (Blake, Corso, & Bender, 2011).

Since the launch of the accreditation program, much has been learned about the accreditation process, including an understanding of EPH's contributions and essential roles that span across the standards and is not limited to those solely of a regulatory nature or where EPH is specifically mentioned. EPH programs participating in accreditation efforts have also realized benefits such as positive changes in policies and procedures and increased collaboration internal and external to their departments (Gerding, Carlson, & Wilcox, 2013; Kronstadt et al., 2016).

In response to an ever-changing public health practice, PHAB is currently updating

TABLE 1

Type and Number of Accredited Health Departments in the United States

Type of Health Department	# Accredited
Local	236
State	36
Tribal	3
Centralized state with integrated system	1*
Total	275 + 1 system
Population served by an accredited health department	248,001,475

*Includes 67 county health departments.
 Note. Data presented as of August 30, 2019.

the accreditation standards and measures, which will result in version 2.0. In May 2019, PHAB convened the third EPH think tank to receive input directly from EPH professionals working at accredited health departments with firsthand experience and involvement in the accreditation process. As with the previous think tanks, the meeting was held with collaborative support from the Centers for Disease Control and Prevention's (CDC) Center for State, Tribal, Local, and Territorial Support (CSTLTS) and National Center for Environmental Health (NCEH).

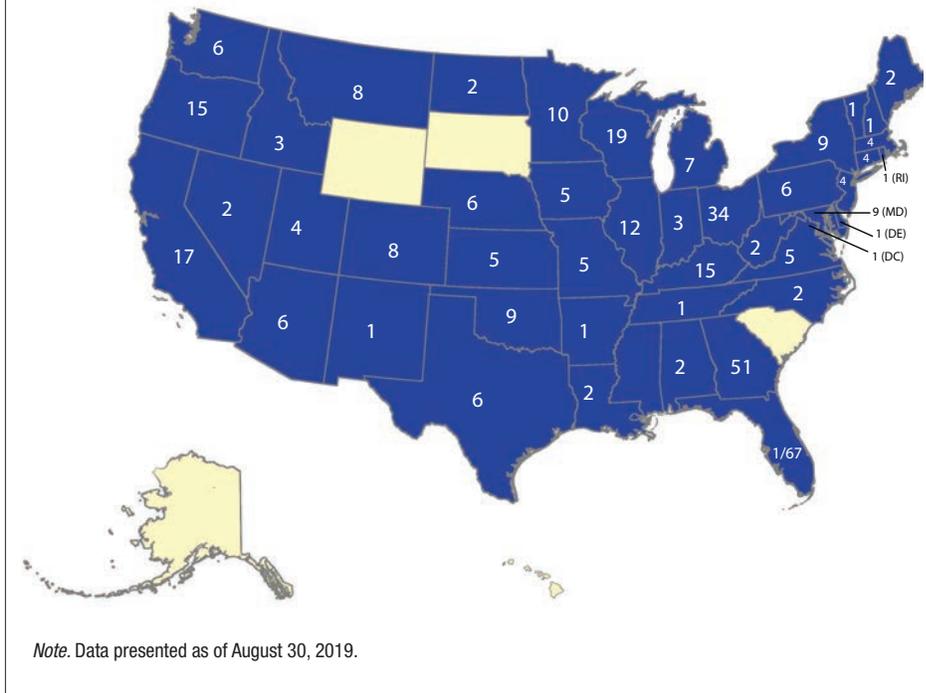
The purpose and anticipated outcomes of the think tank were to

- review the current health department accreditation standards and measures related to EPH,
- discuss any pertinent changes in EPH practice and/or support for health department work in this area, and
- recommend potential revisions in the accreditation standards and measures as PHAB prepares version 2.0.

The 2-day EPH think tank commenced with a presentation on accreditation progress and successes, as well as results of the Understanding the Needs, Challenges, Opportunities, Vision, and Emerging Roles in Environmental Health (UNCOVER EH) initiative regarding EPH workforce and practice trends and challenges facing the profession (Gerding et al.,

FIGURE 1

Map of Accredited Health Departments in the United States



2019). Think tank participants were asked to consider this information and how EPH could strengthen and leverage its contributions to accreditation for improving the workforce and practice. The think tank resulted in a number of recommendations, as described below. A summary report about this and other PHAB think tanks contributing to version 2.0 is available at <https://phaboard.org/version-2-0>.

Following the think tank, PHAB presented the recommendations and received further feedback during a facilitated session at the National Environmental Health Association's 2019 Annual Educational Conference & Exhibition. Among the recommendations, those requiring the most substantial consideration included the following:

- Identifying where EPH should be specifically referenced in the examples accompanying certain standards. For example, EPH is currently identified with mention of public health hazards and infectious diseases; however, there is need for EPH to be called out in other standards.
- Adding EPH in measures encompassing the social determinants of health and health equity.

- Using the term “collaborative compliance” rather than “enforcement.” Emphasis should be on education and the provision of technical assistance so standards are met and problems are corrected before enforcement is needed.
- Revising, redefining, or adding EPH terms in the glossary for EPH consultation, EPH event, EPH expertise, EPH functions, EPH hazards, and environmental epidemiology.
- Emphasizing EPH data use and related workforce skills and competencies. EPH increasingly depends on robust information systems to conduct its work.
- Encouraging stronger inclusion of EPH in community health assessments and community health improvement planning.
- Determining how to incorporate emerging issues into the standards, which includes environmental justice and effects of the climate on health.
- Developing an EPH tip sheet describing opportunities for EPH to contribute to accreditation and presenting EPH documentation examples.

PHAB will consider the recommendations and determine how to best address them in ver-

Accreditation and Performance Improvement Resources

- Public Health Accreditation Board—Accreditation Information and Educational Resources: www.phaboard.org
- Public Health Professionals Gateway—National Voluntary Accreditation for Public Health Departments: www.cdc.gov/publichealthgateway/accreditation/index.html
- Environmental Public Health Performance Improvement Resources: www.cdc.gov/nceh/ehs/activities/performance.html

sion 2.0 of the standards and measures. EPH professionals can provide feedback as PHAB supports future opportunities for stakeholder engagement, such as an upcoming version 2.0 public comment period planned for late 2020. Continued collaboration between PHAB and EPH professionals, with coordinated support from CDC’s CSTLTS and NCEH, can continue

to ensure accurate representation and inclusion of EPH in accreditation. EPH professionals are encouraged to seek out opportunities for contributing to their department’s accreditation efforts. 🐼

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