

# Editorial

## Binghamton by Way of Elmira

Bernard J. Turnock

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This edition of the journal features an important contribution by Beitsch and colleagues examining the experiences of five states with various approaches for accrediting local public health agencies.<sup>1</sup> Through participation in a Multistate Learning Collaborative, these experiences are informing a comprehensive Exploring Accreditation project organized and coordinated by the Association of State and Territorial Health Officials (ASTHO) and the National Association of County and City Health Officials (NACCHO). This two-pronged initiative, funded by the Robert Wood Johnson Foundation (RWJF) and supported by the Centers for Disease Control and Prevention (CDC), breathes new life into the possibility of a national accreditation program for public health agencies. After more than a decade's journey down an uncertain road, the final destination may now be in sight.

My high school math teacher in Upstate New York had an expression that he used to simultaneously commend and critique his students after they had come up with the solution to one of his challenging geometry problems. "That's the right answer," he would say. "But the way you got to that solution was like going from Endicott to Binghamton by way of Elmira."

For readers unfamiliar with the southern tier of New York State, a brief geography lesson is probably necessary. About 75 miles due south of Syracuse along the Susquehanna river is an area known as the Triple Cities, which includes from west to east the cities of Endicott, Johnson City, and Binghamton. About 50 miles directly west of Endicott is the city of Elmira. Traveling from Endicott to Binghamton is simple as these cities are only 10 miles apart with a major highway connecting them. But a 10-mile trip could turn into a 100-mile trip by traveling first to Elmira and then taking one of several paths back toward Binghamton. Either route would eventually get you to the same destination. Hence the lesson behind traveling "to Binghamton by way of Elmira" was one of a less than direct and efficient route.

Long-time advocates may feel that the journey toward public health organization accreditation has also been traveling from Endicott to Binghamton by way of Elmira. More than a decade ago, this question surfaced as a serious one, and in 1998 this journal published an extensive collection of articles on accrediting public health organizations.<sup>2,3</sup> Since the mid-1990s, many of the building blocks necessary for the public health community to move ahead with a national accreditation program have been in place, including persuasive arguments as to the need and rationale, appropriate frameworks for standards that might be used, and useful insights from several states, including four of the five now part of the Multistate Learning Collaborative. Together, these suggested that public health organizations were "ready and able" to be measured against benchmarks appropriate to their purpose and functions.<sup>4</sup> But whether they were "willing" has long been the real question.

With respect to ready and able, the 2003 Institute of Medicine report on the promise of public health in the 21st century,<sup>5</sup> the inclusion of National Public Health Performance Standards Program (NPHPSP)<sup>6</sup> in NACCHO's Mobilizing for Action through Planning and Partnerships (MAPP),<sup>7</sup> the work of the National Turning Point Program's Performance Management Collaborative,<sup>8</sup> and growing consensus around an operational definition of local public health agencies<sup>9</sup> continue to refine the frameworks that might be used for accrediting public health organizations.

And now with NACCHO, ASTHO, CDC, and RWJF energizing a national dialogue, questions of willingness may have finally been resolved. The Exploring Accreditation Steering Committee supports a unified

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national program of accreditation to be governed by an independent accrediting body. But the details of the standards and review process to be used and how the program will be financed and incentivized stand as the true test of willingness to proceed. The lessons of the states comprising the Multistate Learning Collaborative should help us understand the true dimensions of willingness to move ahead. Real progress will require (1) time, (2) strong partnerships, and (3) state-local public health systems that promote standards through a variety of approaches embedded in those systems.<sup>1</sup>

This final notion is especially critical. A national voluntary program for accrediting local public health agencies should reinforce rather than replace efforts that establish performance standards for local agencies within state-based public health systems, promote rather than preempt widespread use of tools like NPHPSP and MAPP for self-assessment and improvement, and ultimately unify rather than unlink organizational performance and human resource management activities within public health agencies. While the experiences to date demonstrate that these state-based efforts can succeed, they provide little evidence of being scalable to a national level.

The journey to accrediting public health organizations may well be one of traveling to Binghamton by way of Elmira. And where we are on that road remains uncertain. But with the Multistate Learning Collaborative and the Exploring Accreditation initiatives as new navigational tools, our chances of finally getting to Binghamton have never been better.

## REFERENCES

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