



Blueprint for Accreditation: How Tools, Strategy, and Teamwork Drive Success

SHAPING TOMORROW'S PUBLIC HEALTH TODAY.

Agenda

A. Chicago Department of Public Health

- Jenifer Buckley, *PhD, Director of Planning, Research & Development*
- Alfonso Urquidi, *Assistant Commissioner*

B. Sacramento County Public Health

- Megan Sheffield, *MPH, Program Planner*
- Gurleen Roberts, *DrPH, Accreditation & Equity Program Manager*

C. Public Health Accreditation Board (PHAB)

- Leah Moser, *Senior Specialist, Public Health Systems & Services*



Chicago's Public Health Accreditation Board (PHAB) Reaccreditation Journey: Collaboration and Improvement

Public Health Infrastructure Grant (PHIG)

Annual Convening, St. Louis, Missouri

August 19, 2025

Jenifer Buckley, PhD, Director of Planning, Research, and Development

Alfonso Urquidi, MPA, PMP, Assistant Commissioner



Reaccreditation Drives Collaboration

Fostering Teamwork and Innovation

Reaccreditation encourages teams to work together and inspires learning about core foundational capabilities of public health departments

Sharing the Reaccreditation Journey

Highlighting CDPH's process and experiences helps inform and motivate others in similar accreditation efforts or to learn about where we stand as a health department

PHIG's Vital Contributions

PHIG funded personnel across the department played a key role in successful reaccreditation efforts through communication, peer learning, and encouragement

Reflecting for Future Growth

Lessons learned from reaccreditation provide valuable insights that drive ongoing improvements in public health practice.





PHIG's Role in Reaccreditation

- PHIG Workforce funds supported:
 - Assistant Commissioner
 - Director of Planning, Research, and Development
 - Project Manager, PHIG Evaluation Manager
 - Workforce staff contributed to PHAB Domain 8:
 - Strategic input and coauthoring Workforce Development Plan
 - Workplace culture PHAB measures
 - Workforce diversity measures
 - Leadership and succession planning measures



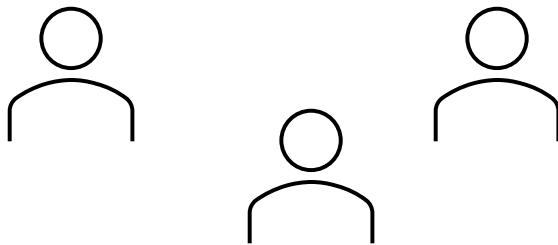
PHIG's Impact on Quality Improvement

- PMQI staff trained in Microsoft PowerApps in 2024 to boost skills.
- Enhanced internal capacity fosters better knowledge sharing across teams.
- Training enabled more effective reporting and tracking of QI projects.





Peer Network & Best Practices



The PHIG Peer Network Community of Practice enabled us to enhance our document control processes and utilize recommended best practices.

- Shared strategies across CDPH departments
- Improved reaccreditation efficiency



Submission Process Timeline

Year-long Collaborative Effort

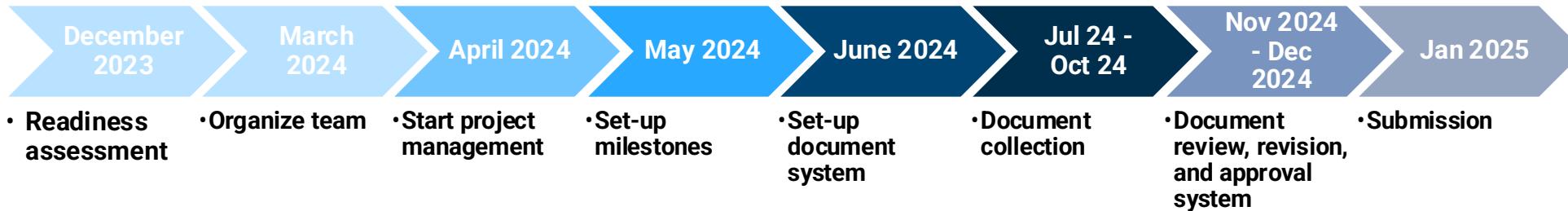
The submission process lasted a year, engaging every department and over 50 staff members in documentation creation.

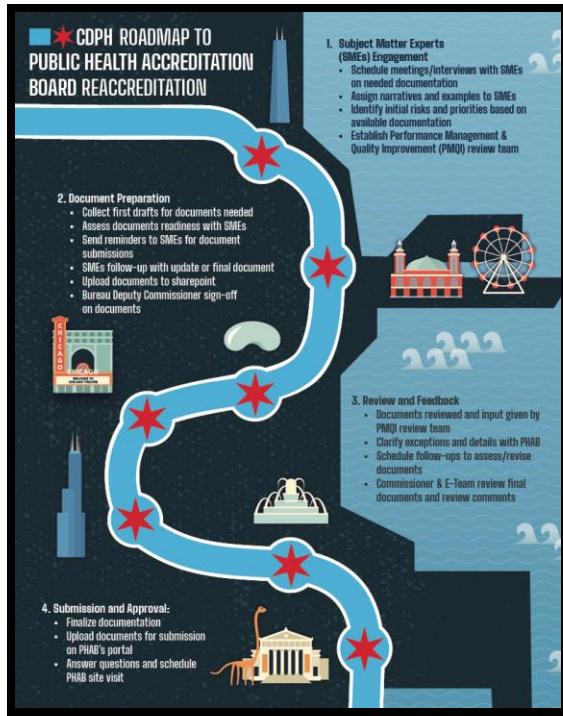
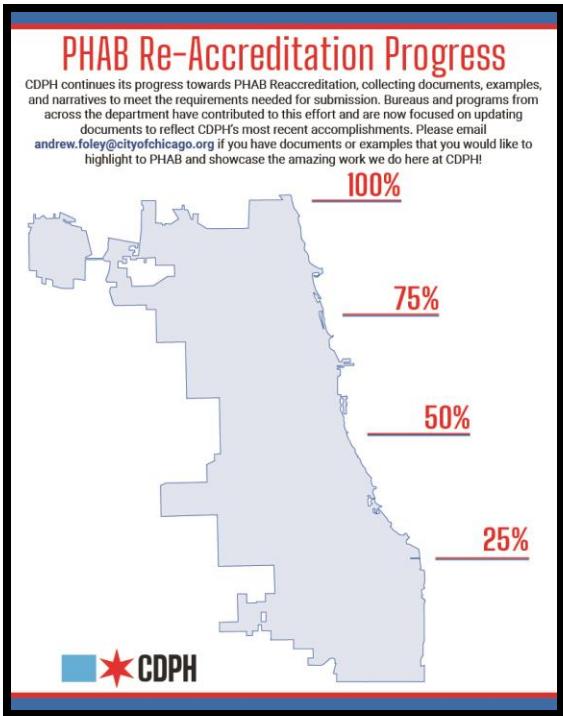
Rigorous Review Process

Twenty-six reviewers rigorously assessed each submission for alignment with PHAB standards, ensuring high quality and compliance.

Key Milestones Achieved

Important milestones included kickoff, documentation collection, peer review, and the submission.





Visual Aids & Stakeholder Engagement



Building Mutual Appreciation

- Increased public health literacy
- Reviewers learned about CDPH programs they hadn't been familiar with previously
- Suggested additional examples that we had not considered



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Celebrating CDPH Staff



- **Staff Appreciation Events**

Five CDPH sites hosted festive events to acknowledge staff from all programs, celebrating their hard work and dedication.

- **Achievements Recognized**

The celebrations highlighted both individual and team accomplishments, promoting pride and boosting morale throughout the organization.

- **Unity and Team Cohesion**

The events fostered a strong sense of unity, strengthening team bonds and encouraging collaboration among staff.

- **Celebration Memories**

Photos captured the joy and camaraderie, preserving the memorable moments of the appreciation events.



Boosting Operational Efficiency for Improvement Areas



- **Centralized Document Repository**
Centralized and indexed document storage simplifies access and retrieval, encouraging better collaboration and organizational continuity.
- **Standardized Evaluations and Reports**
Clear standards for evaluations and after-action reports ensure consistent procedures and enhance accountability across operations.
- **Continuous Quality Improvement**
Applying PHAB principles fosters ongoing quality improvement and supports higher performance and organizational growth. Dynamic and customizable project management tools help to get to submission



Closing Reflections

Reaccreditation was more than a requirement — it was a department-wide opportunity for growth.

- PHIG support instrumental
- Journey toward reaccreditation refocuses CDPH on quality management and improvement



Thank You!



Chicago.gov/Health



HealthyChicago@cityofchicago.org



[@ChicagoPublicHealth](https://www.facebook.com/ChicagoPublicHealth)



[@ChiPublicHealth](https://twitter.com/ChiPublicHealth)



Sacramento County Public Health

Behind the Scenes of Accreditation: Effective Strategies for Site Visit Preparation



About Sacramento County

- Home to 1.6 million residents and over 100 languages
- State capital is located here
- Among the most diverse counties in the nation
- Farm-to-Fork capital with deep agricultural roots
- Sacramento is on your way to everywhere – considered the gateway to wine country, mountains, and the coast



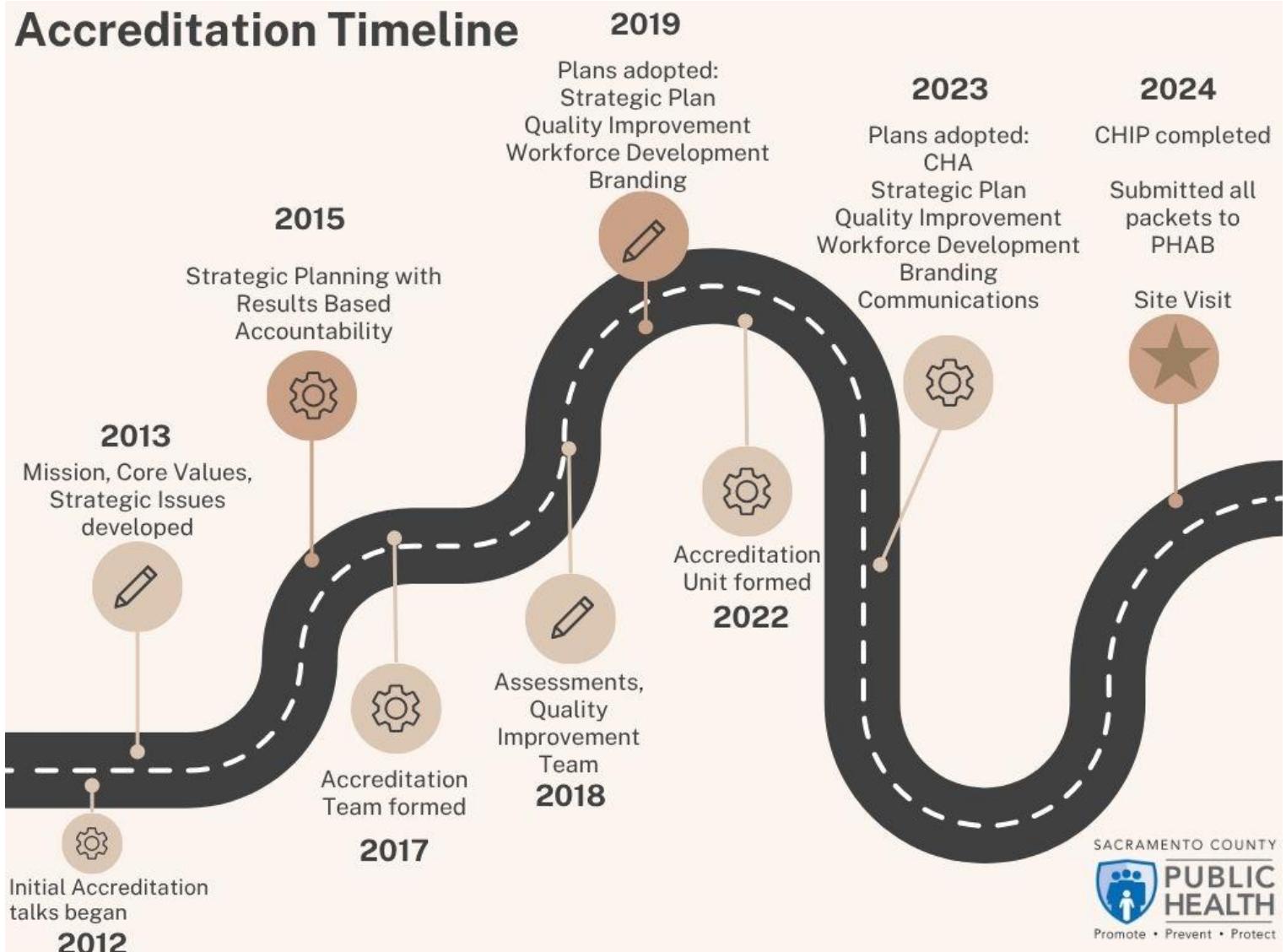
SCPH Accreditation Team

- Gurleen Roberts, DrPH, MPH
Health Program Manager
Health Education & Racial Equity Section
Robertsg@saccounty.gov

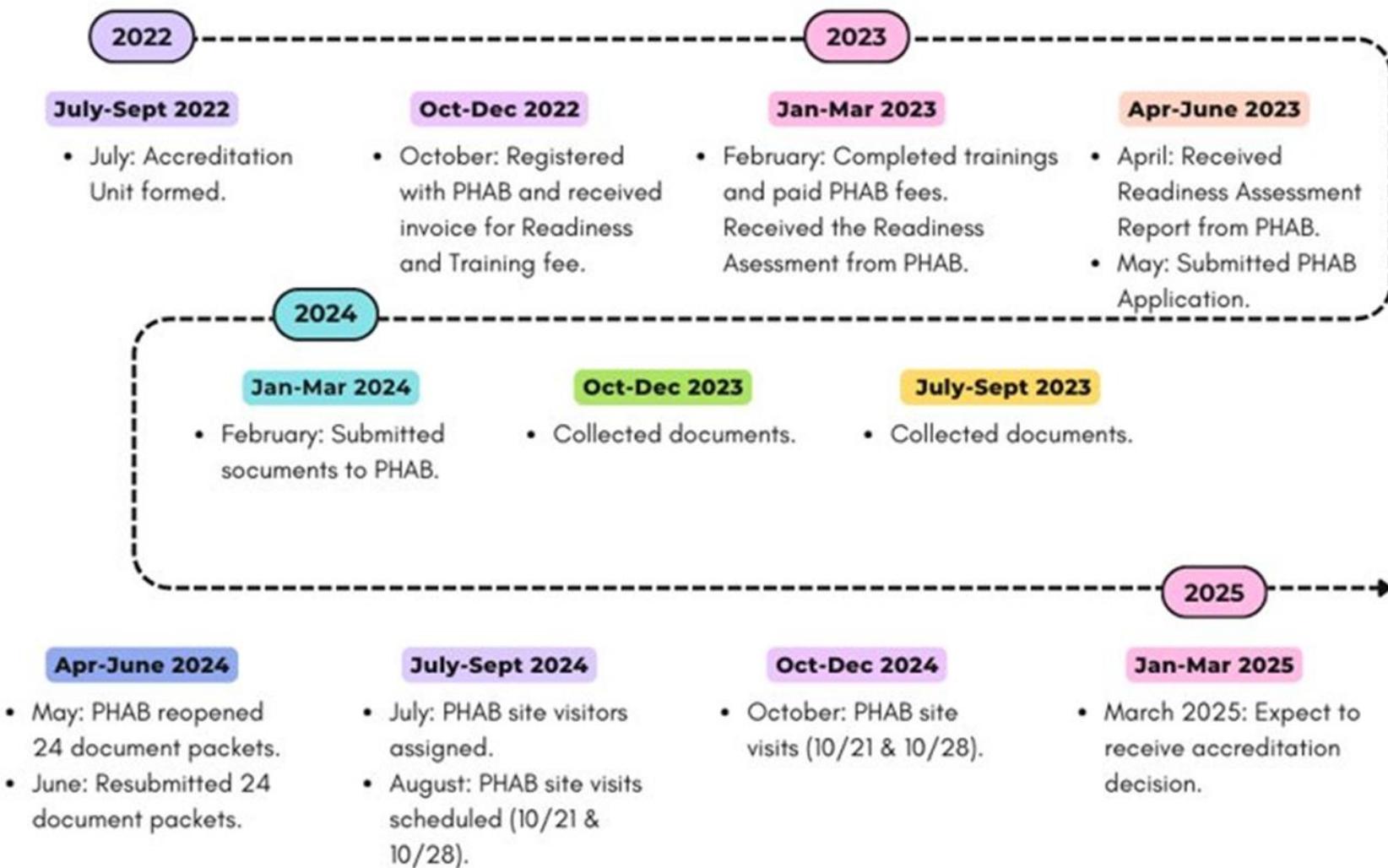
- Megan Sheffield, MPH
Program Planner
Accreditation Unit
Sheffieldm@saccounty.net



SCPH Accreditation Journey



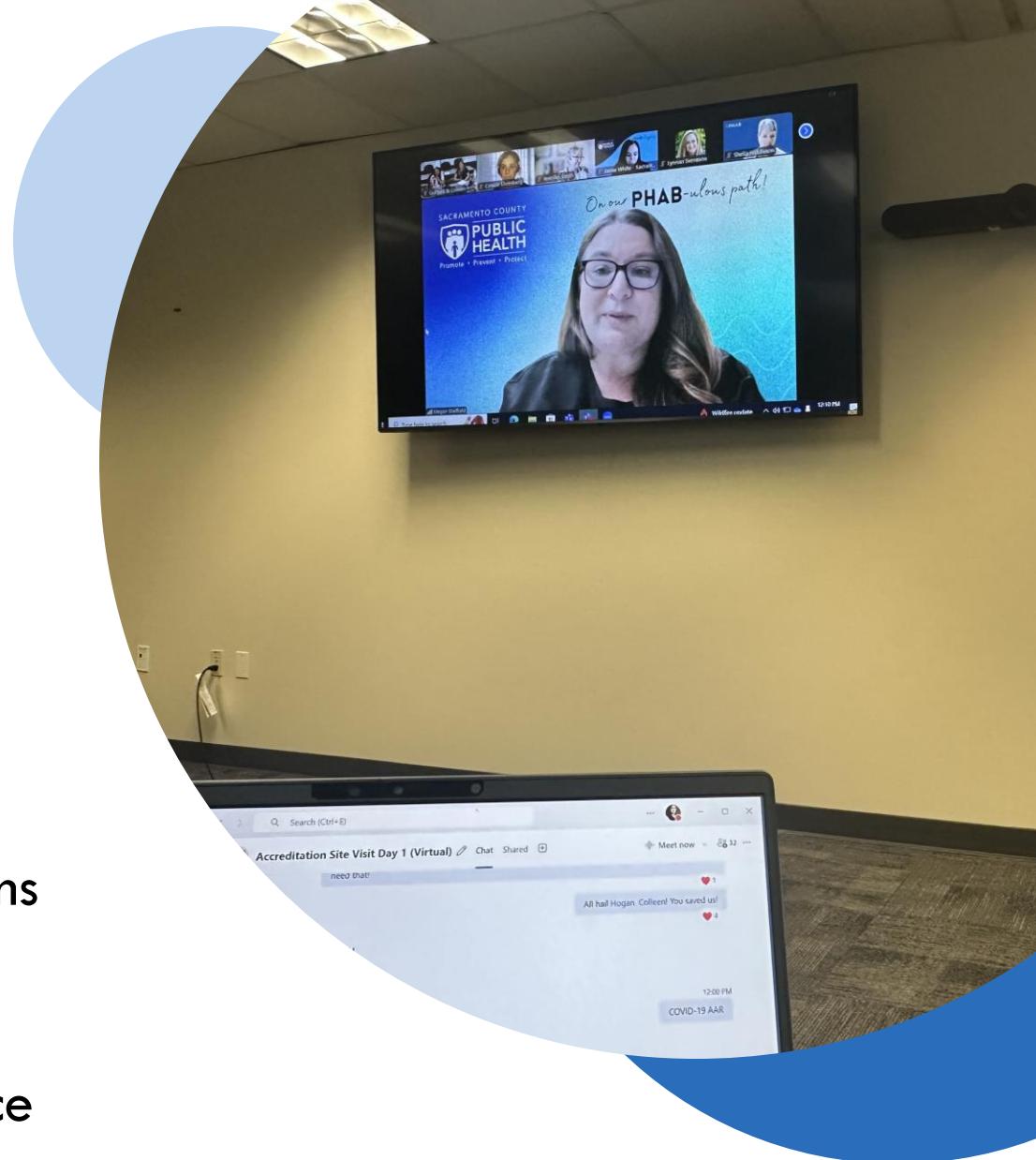
SCPH Accreditation Timeline



Site Visit Practice Sessions

Two two-hour site visit practice sessions hosted by PHAB

- Set tone of what to expect for virtual and in-person site visits
- Ensured SCPH's technologies worked for the virtual site visit
- Greatly prepared to address potential questions specific to core plans and documentation
- Site visit practice was offered as a free resource through PHIG technical assistance!
- PHAB also offers a [Mock Site Visit Guide](#).

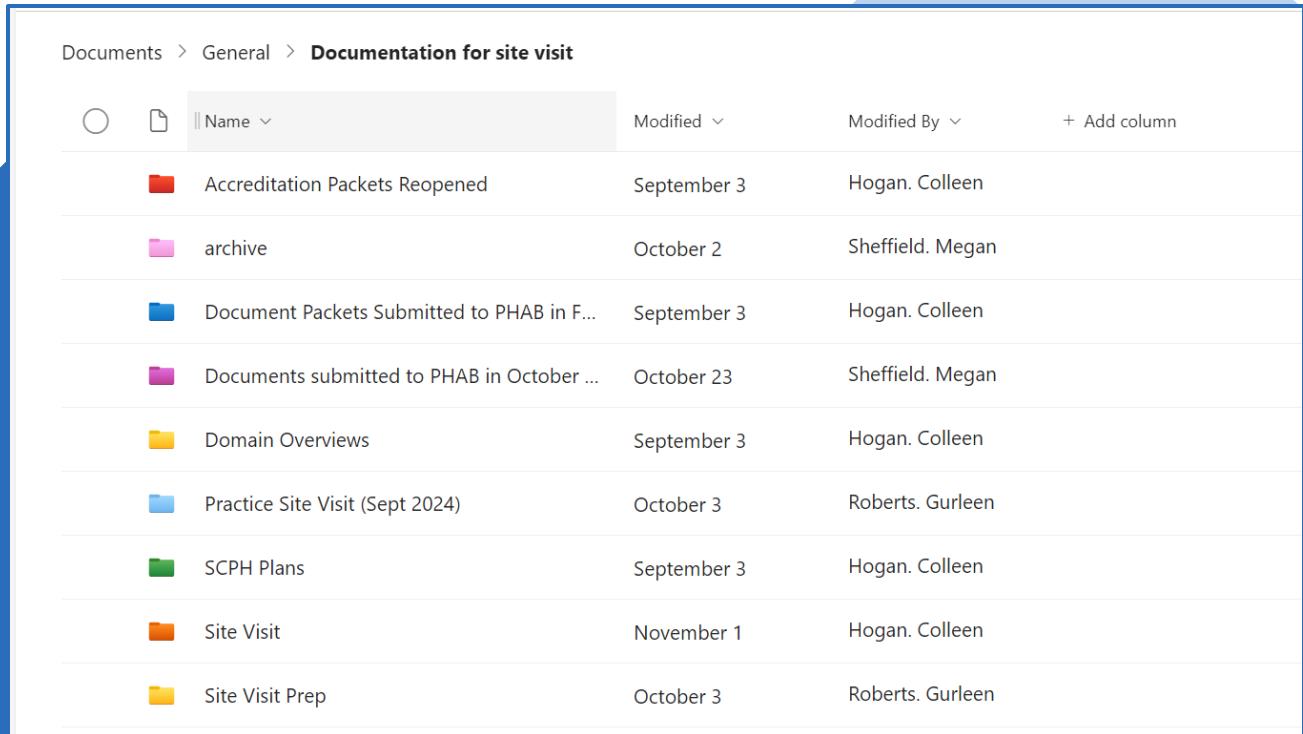


Tips learned from Site Visit Practice

- Think ahead: know your role in Accreditation work before introductions.
- Questions ≠ problems — the team are friendly peers, not auditors.
- Decide who covers each topic, and in what order, to keep the flow smooth.
- Expect three question types: Specific, General, and Strengths/Opportunities.
- Keep your focus on Foundational Capability Measures.

Utilizing Teams

Provided SCPH staff who are subject matter experts access to the Accreditation Team Channel and created a specific site visit chat to stay up-to-date



	Name	Modified	Modified By	+ Add column
	Accreditation Packets Reopened	September 3	Hogan. Colleen	
	archive	October 2	Sheffield. Megan	
	Document Packets Submitted to PHAB in F...	September 3	Hogan. Colleen	
	Documents submitted to PHAB in October ...	October 23	Sheffield. Megan	
	Domain Overviews	September 3	Hogan. Colleen	
	Practice Site Visit (Sept 2024)	October 3	Roberts. Gurleen	
	SCPH Plans	September 3	Hogan. Colleen	
	Site Visit	November 1	Hogan. Colleen	
	Site Visit Prep	October 3	Roberts. Gurleen	

Domain Summaries

- Accreditation team created “Domain Overviews” with link to submitted documentation and list of Subject Matter Experts (SME) for each document
- Using these overviews, we could easily determine who needed to be in trainings and prep sessions regarding each document or plan.



Domain 1



Lead: Megan Sheffield

Overview:

Assess and monitor population health status, factors that influence health, and community needs and assets.

3 Standards

1.1 – Participate in or lead a collaborative process resulting in a comprehensive community health assessment
1.2 -Collect and share data that provide information on conditions of public health importance and on the health status of the population
1.3 - Analyze public health data, share findings, and use results to improve population health

Measure	Document Selected	SME
1.1.1 – A Community Health Assessment (CHA)	SCP Community Health Assessment 2023	Jamie White Tim Choi Gurleen Roberts
1.1.2.i – Key findings and the full community health assessment (from Measure 1.1.1) actively shared with others.	Presentation of CHA to GMC Advisory Group	Gurleen Roberts
1.1.2.ii – Key findings and the full community health assessment (from Measure 1.1.1) actively shared with others.	CHA Facebook Post	Megan Sheffield
1.2.1.i - Primary <u>quantitative</u> population health data collected for the purpose of understanding health status in the jurisdiction	Oral Health Assessment, 2023	Jennifer Fitzpatrick
1.2.1.ii - Primary <u>quantitative</u> population health data collected for the purpose of understanding health status in the jurisdiction	Tobacco Public Opinion Poll, 2023	Danica Peterson
1.2.1.iii – Primary <u>qualitative</u> population health data collected for the purpose of understanding health status in the jurisdiction,	Health Equity Task Force Focus Groups, 2022	Stacey Kennedy

Purpose & Significance of Standard 9.1.4

The purpose of this measure is to assess the plan to support QI throughout SCPH. To make and sustain QI gains, a sound QI process and infrastructure for implementing that process is needed. A QI plan serves as a roadmap to establish shared goals to foster a culture of quality.

Subject Matter Experts: QI Council

How was the QI Plan developed?

- The first QI/PM plan was adopted in August 2019 and ran through July 2022 (3-year plan). This plan was updated in 2023 to create the 2023-2027 QI/PM plan.
- The QI Council utilized the Culture of Quality SAT through NACCHO to assess gaps in current infrastructure and create goals for the current plan to strengthen the culture of quality. SCPH is at stage 4 out of 6 in 2023.
- QI Goals and Objectives through June 30, 2027.
 - Goal 1: Employee Empowerment
 - Goal 2: Continuous Quality Improvement
 - Goal 3: Performance Management
- Performance management system (PMS) - VMSG
- QI Framework – Plan-Do-Study-Act (PDSA) Cycle

How is it implemented?

- The QI Coordinator leads the QI Council and facilitates implementation of the QI/PM Plan.
- The QI Council meets at least bimonthly to discuss QI project updates, progress towards QI goals and objectives, and create a learning space for staff. These regular check-ins keep the momentum of QI going.

How do we monitor effectiveness of our QI/PM goals and objectives?

- **VMSG** - Updates into VMSG will occur monthly or more frequently and will be the responsibility of the QI Council team leads.
- QI project data is reviewed at least quarterly at the QI Council meeting.
- Projects will be reviewed on the completion dates designated in the QI Goals, Objectives, and Activities section of this plan.
- To evaluate QI/PM progress, the QI Council will complete an annual progress report to assess QI Plan goals, and an annual summary report for leadership to highlight all QI/PM activities.

How does SCPH communicate QI successes?

- **Leadership meetings** like Focus on the Future quarterly meetings and monthly Public Health Leadership meetings to share the QI/PM activities with senior leaders with the expectation that they will share in their organizational units.
- **Intranet** site to post the plan and revisions, QI toolkit, and completed storyboards.
- **SCPH Connection 2.0 Newsletter** to promote the QI/PM Plan, intranet page, highlight QI Council successes, provide information on QI and the Suggestion Box.
- **QI Council Champions** to report on QI Council activities at their program-level staff meetings, work on QI projects in their own programs, and teach QI tools to staff in their programs.

One Pagers & Prep Sessions

- Created one-pagers for each core plan (CHA, CHIP, QI/PM, WFD, SP, Communications, EOP) and staff session
- Recommended staff review and study coversheets for open measures
- Hosted prep sessions for staff specific to each agenda item including, core plans, specific highlighted foundational capabilities from the PHAB standards and measures, and staff session

Practiced Facility Tour

- Identified best staff person who could lead the facility tour
- Developed check list of necessary items to cover during tour
 - Signage displaying branding, logo, and directory (3.2.1.2)
 - Security measures: visitor check-in, locked file cabinets/storage, CCURE doors, locked doors, shred bins, HIPPA compliance (10.2.4.1)
 - Improvements made to address cleanliness, safety, accessibility or security (10.2.5)



Visual Touch

- Ordered new SCPH branded apparel for staff participating in virtual and in-person site visits
- Created SCPH accreditation virtual backgrounds to use day of virtual site visit
- Badges and buttons for in-person site visit day
- Created custom thank you cards for all staff and community members hand signed by Accreditation team.



Accreditation Town Hall



Hosted SCPH town hall for all staff the week prior to virtual visit to provide update on what to expect throughout the site visits, report and quarterly meeting

Two Site Visit Days

- **Day 1 - Virtual (10/21/24)**

- Opening Session
- Discussion of Foundational Capabilities
- Measure Discussion (only 2 reopened!)
 - 6.1.4
 - 7.2.1
- Closing Session

- **Day 2 – In-Person (10/28/24)**

- Opening Session
- Facility Tour
- Staff Session
- Governing Entity Session
- Community Partners Session
- Director Session
- Closing Session

Site Visit - Day 1 Participants

Foundational Capability	PHAB Measure	Subject Matter Experts
Assessment & Surveillance	1.1.1.1 – CHA	1) Jamie White, 2) Gurleen Roberts, Support: Tim Choi, Megan Sheffield, Felix Tran
Emergency Preparedness	2.2.1.1 – EOP	1) Stephanie Mello, 2) Chantal Allen-Jarrell Support: Emily Duncan, Hannah Aalborg, Nolana Doust, Gurleen Roberts
Communications	3.1.1.1 - Communications Plan 3.1.1.2 – Capacity to Communicate with public 3.1.1.3i - Media example, mental health 3.1.1.3ii - Media example, Tobacco	1) Adriana Kimbriel, 2) Stacey Kennedy, Support: Nick Mori, Megan Sheffield, Gurleen Roberts 1) Adriana Kimbriel, 2) Chantal Allen-Jarrell 1) Danica Peterson
Community Partnership Development	5.2.2 – CHIP	1) Tim Choi, 2) Gurleen Roberts, Support: Megan Sheffield, Angela Gibson, Vanessa Cummings
	5.2.4.1 – Equity & Inclusion Policy 5.2.4.2 – Sac Collab presentation to BOS	1) Gurleen Roberts, 2) Tim Choi, Support: Vanessa Cummings, Areli Williams 1) Stacey Kennedy, 2) Leesa Hooks, Support: Dr Kasirye
Equity	4.1.2.1i - MCAH Advisory Board 4.1.2.2i - MCAH Advisory Board Info	1) Nkechi Michel, 2) Stacey Kennedy, Support: Leesa Hooks
	4.1.2.1ii - GSSTFC 4.1.2.2ii - GSSTFC Info	1) Danica Peterson, 2) Nati Silva, Support: Gail Brosnan, Angela Gibson
Accountability and Performance Management	9.1.1 – Performance Management (VMSG)	1) Colleen Hogan, 2) Krystal Bell, Support: Gurleen Roberts, Nick Mori
	9.1.5.1i - Lab QI Project	1) Deborah Forester, 2) Colleen Hogan, Support: Mark Pandori, Gurleen Roberts
	9.1.5.1ii - Internal Accreditation QI project	1) Colleen Hogan, 2) Gurleen Roberts
Organizational Competencies	8.2.1.1 – WFD Plan 8.2.1.2 - Staff Training Opportunities	1) Taunya Day Struhs, 2) Stacey Kennedy, Support: Gurleen Roberts, Megan Sheffield
	10.1.2- Strategic Plan	1) Megan Sheffield, 2) Gurleen Roberts, Support: Tim Choi, Dr. Kasirye

Site Visit - Day 1 Participants

	PHAB Measure	Subject Matter Experts
6.1.4	6.1.4.1i - Foodborne Illness Protocol	Karman Tam, Nolana Daoust, Jamie White
	6.1.4.1ii - I&Q Pan	Hannah Aalborg, Emily Duncan, Jamie White
	6.1.4.2i - EGUSD Training Event Outbreak Report	Karman Tam, Nolana Daoust, Jamie White
	6.1.4.2ii - PHO - COVID-19	Hannah Aalborg, Dr. Kasirye, Jamie White
	6.1.4.3i - PH Guidance for Schools & Childcare Providers	Nick Mori, Rachel Allen, Melanie Capiccioli
	6.1.4.3ii - EMD Retail Food Guide	Rolando Villareal
	6.1.4.4i - Environmental Health Compliance Conference Summary & Agreement	Rolando Villareal
	6.1.4.4ii - Capital Christian Order Closure Packet	Dr. Kasirye, Nick Mori, Hannah Aalborg
7.2.1	7.2.1.1i - CCS Referral	Vanessa Stacholy, Lynnan Svensson, Colleen Hogan
	7.2.1.1ii - SCPH & SCOE ACES Initiative	Stacey Kennedy, Leesa Hooks

Site Visit – Day 2 Participants

Staff Session

Position	Program	Tier
Sr. Office Assistant	Health & Racial Equity	1
Health Educator	Health & Racial Equity	1
Health Educator	Sexual Health Promotion	1
Medical Case Management Nurse	California Children's Services	1
Epidemiologist	Epidemiology	1
Health Program Coordinator	Workforce Development	2
Health Program Coordinator	Public Health Lab	2
Health Program Coordinator	Emergency Preparedness	2
Health Program Coordinator	Tobacco Education & Prevention	2
Program Planner	Health Education	2
Supervisory Public Health Nurse	CPS	2
Program Planner	Emergency Medical Services/DHS Emergency Preparedness Coordinator	2
Supervisory Public Health Nurse	Maternal Child & Adolescent Health	2
Sr. Health Program Coordinator	Health Education	2
Program Planner	Special Projects	2
Health Program Manager	Maternal Child & Adolescent Health	3
Health Program Manager	Sexual Health Promotion	3
Health Program Manager	Communicable Disease Control /Chest Clinic	3

Governing Entity

- Supervisor Serna
- Supervisor Kennedy

Community Partners

- First 5
- Dignity Health
- Public Health Advocates
- Valley Vision
- Sierra Health Foundation
- Health Education Council
- La Familia Counseling Center, Inc.
- United Latinos
- ONTRACK

Staff Session

- Describe your experience in Performance Management and Quality Improvement?
- How is your work informed by the health department's Strategic Plan?
- Describe how the health department promotes work-life balance.
- Tell me a little bit about how your department recognizes employees (employee recognition).
- What is your favorite thing about your health department?
- What do you see as opportunities for improvements within your health department?
- How many staff were non-management? (need at least 5 in session)



Governing Entity

- What value do they see in us pursuing accreditation?
- How does the health dept orient new governing entity members?
- How does the community see your role related to public health?
- How were you involved in the development of the strategic plan?
- Did you insert anything into the strategic plan?
- Talk more about the communication between the health department and Board of Supervisors?
- What do you see as the greatest strengths of the health department?
- What are the greatest challenges of the department?



Community Partners

- As a community partner, what are SCPH's greatest strengths?
- What are the greatest opportunities?
- How is your agency aligned with the CHIP?
- Anything else to share?

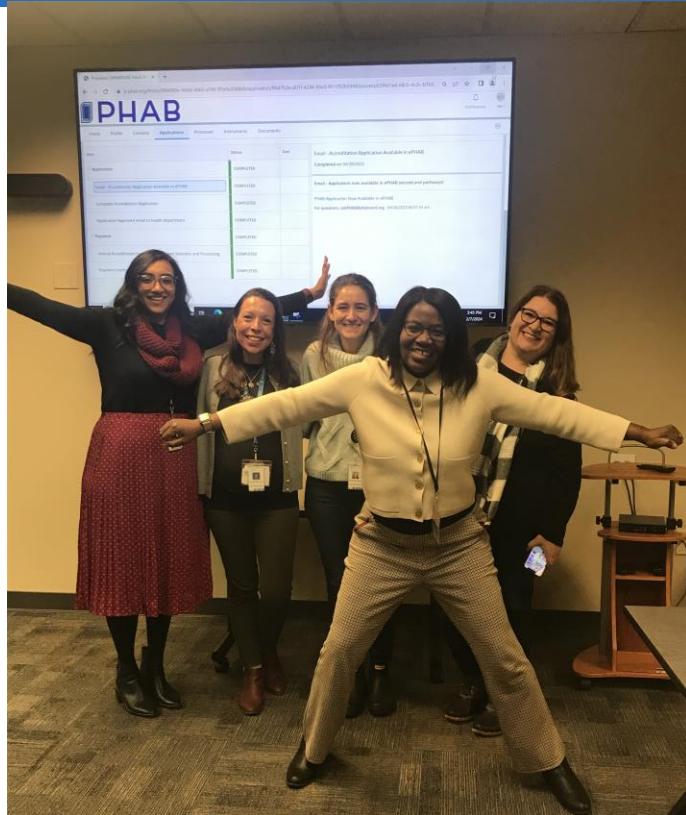


Directors Meeting

- What are the values of accreditation?
- What are the benefits of accreditation while in the process?
- What do you see as the greatest strengths?
- What do you see as the greatest opportunities?



Celebrate the wins at every phase!



Share your success!

- Sac News article:

<https://www.saccounty.gov/us/en/articles/2024-articles/public-health-accreditation-strengthens-community.html#gsc.tab=0>

- County Conversations podcast:

<https://countyconversation.podbean.com/e/dr-olivia-kasirye-megan-sheffield-and-dr-gurleen-roberts-from-public-health/>



10 ABC10

Sacramento County Public Health gets national recognition

Sacramento County joins 24 other California counties with this national accreditation and more than 400 local, state and tribal public...

Dec 11, 2024

3 KCRA

Sacramento County Public Health officials celebrate national accreditation

Sacramento County Public Health officer Dr. Olivia Kasirye joined KCRA 3 Wednesday morning to discuss the significance of the accreditation.

Dec 11, 2024



Key Takeaways

- Preparation is everything — and it's not one-size-fits-all. We tailored sessions for plans, documents, staff, and governing bodies, and that customization was key to our success.
- Hold prep meetings about two weeks before the visit — close enough to keep details fresh, but with enough time to adjust.
- Remember: the site visit isn't an interrogation. It's your stage. They're here to confirm your story, so step into the spotlight and showcase your best work!

Thank You!



Getting Started with PHAB's Accreditation Project Management Tool

August 19, 2025

Leah Moser, Senior Specialist,
Public Health Systems &
Services

What is the Tool?

A customizable, Excel-based resource to help your health department:

- Strategically plan, manage, and track accreditation tasks and timelines
- Coordinate with team members across roles and domains
- Stay organized and accountable throughout the process
- Visualize progress and overlapping tasks
- Standardize recurring check-ins and communication

How to Navigate and Use the Tool

- Instructions are built into each tab using yellow comment boxes
- Click column headers or blank cells to view guidance
- Adhere to the recommended tab flow

Readiness Assessment Project Details	
Accreditation Team Members Involved	Use this table to document key logistics for working on the Readiness Assessment (RA).
Check-In Meetings	
Location of Readiness Assessment Files	
Readiness Assessment Start Date	
Readiness Assessment Submission Due Date	

OPHAB	
Click on each blank cell to view brief instructions for completing each section of the table(s).	
Section	Details
Project Name	Enter the name of your health department and accreditation goal.
Accreditation Coordinator	
Start Date	
Target Submission Date	
Overall Goal	

Tab Instructions

- Project Overview
- WBS – Readiness Assessment
- WBS – Initial Accreditation / Pathways Recognition
- WBS – Reaccreditation
- Domain Action Planners
- Gantt Chart
- Team Meeting Agendas
- Communication Plan

Customizing the Tool

- Adapt it to fit your timeline, staffing, and structure
- Add or remove rows/columns as needed
- Duplicate tabs to expand planning
- Keep it as simple or detailed as you need

Tips for Getting Started

- Read through the User Guide first!
- Assign a point person to maintain the tool
- Use team meetings to build it out together
- Revisit and revise as your process evolves
- Do not wait for it to be perfect — just begin!

Questions & Support

- Questions?
- Want help using the tool?
- Contact PHAB's TA support team at phabta@phaboard.org
- Access the [tool](#) and [user guide](#) using these hyperlinks, or visit PHAB's website: [Complimentary Tools](#)

Thank
You