WHITE PAPER

National Forum for Heart Disease & Stroke Prevention www.hearthealthystrokefree.org

National Forum for Heart Disease and Stroke Prevention Organizational Capacity Implementation Group

Capacity Building, Professional Competencies, and Voluntary Accreditation as Related to Heart Disease and Stroke Prevention: Status and Recommendations

March 2008

EXECUTIVE SUMMARY

During the past two years, the National Forum's Organizational Capacity Implementation Group (OCIG) collected and reviewed a wide variety of resource materials related to organizational capacity development, assessment and enhancement of professional competencies, and voluntary accreditation for chronic disease prevention. Through this process, the Implementation Group has collected valuable information about the current status of these areas, identified existing assets and gaps in resources and training, and developed specific recommendations for addressing areas of need.

The first purpose of this white paper is to update the members of the National Forum on the current status of efforts to develop, maintain and expand organizational capacity, professional competencies, and voluntary accreditation related to chronic disease prevention in general, and heart disease and stroke prevention in particular. The second, and more important purpose, is to recommend specific activities that, when carried out, will further the implementation of A Public Health Action Plan to Prevent Heart Disease and Stroke.

The National Forum OCIG recommends that:

- Findings and recommendations from this white paper should be shared with partners interested in heart disease and stroke prevention

- The National Forum and its partner organizations utilize the content and specific recommendations of the white paper to plan, implement, and evaluate interventions to assess and expand their capacity to address heart disease and stroke

While the primary focus of the Organizational Capacity Implementation Group is on assisting public health agencies and programs, the ultimate success of national heart disease and stroke prevention efforts will depend on the success of efforts to expand capacity among policy makers, public health leadership, state personnel systems, voluntary agencies, health care provider organizations, and professional societies.

If efforts to reduce the burden of heart disease and stroke are to be successful, organizations must be made aware of current performance standards related to chronic disease prevention in general, and heart disease and stroke in particular. It is clearly in the best interest of the National Forum to facilitate this process, and to encourage and assist public health agencies at the national, state and local level to promote and pursue voluntary accreditation. The result will be an increased capacity to positively impact the health of constituents, increased awareness of and credibility for the work of these agencies among decision makers and the public, and a greater ability of such organizations to make the strongest case possible for the resources necessary to carry out their work.

BACKGROUND

The Burden of Heart Disease and Stroke

Heart disease and stroke are the first and third leading causes of death in the United States, respectively. The cost of these diseases exceeded $431 billion in 2007. The prevalence and cost of both heart disease and stroke is expected to increase significantly over the next two decades as the "baby boomer" generation ages. Although the overall death rate for these conditions has declined, the actual number of deaths has increased by 2.5%, due in large part to the increase in the number of U.S. citizens over age 65 (the age group with the highest death rates for these conditions). As a result of increases in the actual numbers of people in the older age categories and improvements in medical care, more people than ever are living with cardiovascular disease. In 2005, an estimated 80,700,000 Americans had one or more forms of cardiovascular disease. Cardiovascular diseases were the cause of nearly 40% of all deaths in the United States. Coronary heart disease is the single leading cause of death in the nation today. In addition, more than 150,000 Americans die of stroke annually. Approximately 700,000 U.S. citizens suffer a new or recurrent stroke each year.

National Forum for Heart Disease and Stroke Prevention

Despite the huge burden of heart disease and stroke in our nation, studies conducted over the past few decades have shown that heart disease and stroke are largely preventable. The means to this end are a combination of the reduction of the major risk factors for heart disease and stroke (e.g., unhealthy diet, excess weight, physical inactivity, tobacco use and exposure), and improved diagnosis and management of resultant conditions such as high blood pressure, high cholesterol, diabetes and overweight/obesity. Recognizing these opportunities, a wide variety of national organizations came together to develop A Public Health Action Plan to Prevent Heart Disease and Stroke. In 2003, the National Forum for Heart Disease and Stroke Prevention was established to provide leadership to and encourage collaboration among organizations committed to heart disease and stroke prevention. Implementation of the Action Plan is coordinated through the National Forum, its member organizations and other national partners.

Organizational Capacity Implementation Group (OCIG)

The mission of the National Forum's OCIG is to assist federal, state, and local public health agencies, including laboratories, in building and expanding capacity to address heart disease and stroke as a priority within a strong chronic disease prevention effort, and in developing the needed competencies and resources to do so. The OCIG collected and reviewed a wide variety of resource materials related to chronic disease prevention capacity development and needed staff competencies. In addition, the OCIG surveyed state health departments to determine whether chronic disease prevention and control should be included in state health codes and whether they would support voluntary accreditation of public health agencies. More than half (55%) of the respondents reported that their state health statutes currently include components addressing chronic disease prevention and control. In addition, nearly 60% of the respondents reported that they would support competency standards for voluntary state and local health department accreditation, to enhance program capacity, and ensure quality around chronic disease prevention services.

The OCIG has established a strong partnership with CDC's chronic disease epidemiologist training and placement program. This program is currently headed by Dr. Paul Siegel. Dr. Siegel participated in several of the ICIG's meetings to discuss specific ways his program and the National Forum can plan and implement activities to increase program capacity and professional competencies related to chronic disease epidemiology. The OCIG is collecting, reviewing and sharing examples of job

descriptions for state and local chronic disease epidemiologists.

The OCIG has also established partnerships with the National Association of Chronic Disease Directors (NACDD) Professional Development Committee (PDC), and the Association of State Public Health Laboratories (ASPHL). NACDD recently completed a project to identify professional competencies for chronic disease prevention. These competencies have been grouped by type, and prioritized by importance. This project also assessed the availability of training related to these competencies. This information will be extremely useful to the OCIG and its partners in identifying and addressing gaps in training for competencies for chronic disease prevention. The OCIG will utilize its partnership with the ASPHL to identify and address gaps in organizational capacity and professional competencies related to heart disease and stroke prevention among state and local laboratories.

DEFINITIONS

Provided below are "working definitions" to ensure that readers have a clear and consistent understanding of the areas of work being discussed:

Capacity

"A combination of both infrastructure and the will to take action". (From the Singapore Declaration, 1998, International Heart Health Society).

Also from the Singapore Declaration…

"Infrastructure needs to have multiple dimensions, including policies, scientific and technical knowledge, physical and organizational capabilities, and economic and financial resources. Organizations need the will to develop, use, and sustain the infrastructure."

Skills

"Specific components of a competency that one can achieve with appropriate education and training." (Ross Brownson)

Competencies

"Clusters of related knowledge, attitudes and skills that affect a major part of one's job, that correlates with performance on the job, that can be measured against well-accepted standards, and that can be improved via training and development." (Ross Brownson)

"The skills and knowledge identified as specific to leading and managing chronic disease programs that improve the health of the public." (From NACDD's "Competencies in Chronic Disease Project")

Voluntary accreditation

A process through which governmental public health agencies voluntarily allow their public health activities to be assessed and compared to the most current national guidelines and standards. (Adapted from the presentation "A Proposed Model for a Voluntary National Accreditation Program for State and Local Public Health Departments" – May 19, 2006)

BUILDING ORGANIZATIONAL CAPACITY FOR HEART DISEASE AND STROKE PREVENTION

Capacity building is defined and conceptualized in at least three different ways:

1. Health infrastructure or service development

   Capacity to deliver particular program responses to particular health problems. Usually refers to the establishment of minimum requirements in structures, organization, skills and resources in the health sector.

2. Program maintenance and sustainability

   Capacity to continue to deliver a particular program through a network of agencies, in addition to or instead of the agency which initiated the program

3. Problem-solving capability of organizations and communities

   Capacity of a more generic kind to identify health issues and develop appropriate mechanisms to address them, either building on the experience of a particular program, or as an activity in its own right.

National, state and local efforts to date

The Centers for Disease Control and Prevention (CDC) issued the first Request for Proposals (RFP) for state Cardiovascular Health (CVH) Programs in 1998. Prior to that, state health departments had few if any on-going sources of funding to address heart disease and stroke. From the beginning, CDC set a goal of funding every state and territory to plan, and then implement a comprehensive statewide heart disease and stroke prevention program. The funding cycle that began in 2007 saw 20 states and the District of Columbia funded at the Capacity Building level of approximately $300,000 a year, and 13 states funded for Basic Implementation at approximately $1 million per year. The increasing availability of funding for obesity prevention has resulted in a change in program priority from primary to secondary prevention. The focus of the state programs, however, has remained on changing policies and systems to prevent

premature deaths and disabilities from heart disease and stroke, and to eliminate disparities.

As CDC developed its Cardiovascular Health State Program, it recognized the need to assist states in building their capacity to support the required program components through training and technical assistance. Initially, CDC's Division for Heart Disease and Stroke Prevention (DHDSP), in conjunction with the American Heart Association (AHA), NACDD, and the University of Rochester Department of Community Medicine developed a five-day intensive training program to address knowledge, attitudes, and skills in health promotion, communication and advocacy, partnership development and maintenance, use of data and assessment for program development, policy and environmental strategies to promote cardiovascular health and program evaluation. Participation was limited to funded states and the AHA state affiliate partners. The retreat setting in Mountain Lake, Virginia promoted opportunities for DHDSP staff to build relationships and provide technical assistance to the state participants and AHA partners.

As the CVH program grew, adding to the number of funded states and focusing on heart disease and stroke prevention and control with priorities on issues such as high blood pressure and high blood cholesterol control, the DHDSP restructured its approach to training to be inclusive of all funded and "yet to be funded" states and the AHA liaisons to state health departments. Using the core competencies outlined in the Program Announcement, a five-year plan for the Practitioners Institute was developed.

By increasing the participation from all states, the length of training time was reduced to 2.5 days, and a few heart disease and stroke prevention program priorities are selected as the content focus for each year, such as policy and systems changes in health care and worksite settings in 2007. State HDSP staff, CDC staff and national partners are involved in the program planning and delivery of selected workshops, round tables and plenary sessions.

Each state has had to recognize and try to recruit, train, and retain staff with the complex set of skills and competencies required to work effectively at the policy and systems level. The DHDSP recognizes the need for continuous access to training resources due to staff turnover in state health departments, and has developed a "Roadmap". The Roadmap is a web-based resource for training and information to help build the competencies needed by state HDSP Coordinators. It provides suggested steps for carrying out requirements of the HDSP Program as well as easy access to online training, tools and other resources needed for successful program development and implementation.

The Roadmap offers information on four key areas of programmatic activities for developing and implementing a heart disease and stroke prevention program, including "What to Do and How to Do It". It was originally developed to provide support for HDSPs. However, the content may be of use and helpful to others in building initiatives to prevent heart disease and stroke.

NACDD's Cardiovascular Health Council has played a very important ongoing role in this work. More recently the extraordinary contribution of NACDD's Professional Development Committee has resulted in a fruitful partnership for the OCIG and endorsement by the National Forum of the PDC's work in assessing and developing core competencies for chronic disease prevention.

Implications/needs for implementation of the *Public Health Action Plan*

While implementing the *Public Health Action Plan* is the work of all National Forum members working in their particular spheres of influence, the CDC-funded state HDSP programs provide a developing national infrastructure for this critically important work. States are working closely with multiple partners at both state and local levels to achieve policy and system changes for improved cardiovascular health. National Forum members can support the process of achieving these changes in their particular states, and can contribute to and benefit from organizational capacity building efforts in their home states. They can and should also assess their own organizational capacity to address heart disease and stroke, and develop and implement activities designed to expand that capacity.

Recommended activities and partnerships

In developing input for the 2008 supplement and update to the *Public Health Action Plan*, the OCIG has endorsed the original recommended activities and partnerships and added some new areas of emphasis and opportunity. In particular, the OCIG recommends continued and enhanced partnership with the Monitoring and Evaluation Implementation Group in building state programs' capacity for surveillance and evaluation. This work involves continued close partnership with the Conference of State and Territorial Epidemiologists (CSTE) and exploring a partnership with the American Evaluation Association. OCIG member Gary Myers will continue to provide leadership and direction regarding the partnership with the Association of Public Health Laboratories.

A priority recommendation for the coming year relates to development of a page on the National Forum website that lists or links to the many publications, tools and training resources identified by the group in the course of its work.

The OCIG will work to identify and recruit additional members representing such

organizations as the National Association of County and City Health Officials (NACCHO) and the National Association of State and Territorial Health Officials (ASTHO) and including those with expertise in state human resource requirements and policies.

DEVELOPING AND ENHANCING PROFESSIONAL COMPETENCIES FOR HEART DISEASE AND STROKE PREVENTION

National, state and local efforts to date

In recent years, there have been a number of efforts at the national level to identify, promote and enhance professional competencies key to chronic disease prevention and control. CDC's Sustainable Management Development Program (SMDP) is built upon a public health management competency framework that comprises the following six domains:

- Leadership
- Communication
- Team Building
- Planning and Priority Setting
- Performance Assessment
- Problem Solving

The SMDP public health management competency model is used to improve decision making and to apply a consistent and system-level framework for developing training programs, products and services. It helps to determine what public health program managers need to be able to do, and what resources they need to facilitate their professional development.

In 2002, the Rollins School of Public Health Center for Public Health Practice published *"The Public Health Competency Handbook: Optimizing Individual and Organizational Performance for the Public's Health"*. The Handbook identifies and focuses on seven areas of organizational competency:

- Visionary Leadership/Empowerment
- Communication
- Information Management
- Assessment, Planning and Evaluation
- Partnership and Collaboration
- Systems Thinking
- Promoting Health and Preventing Disease

The authors state that competencies must be identified, validated, assessed and developed within the context of the *Ten Essential Public Health Services*, which were developed by the Public Health Functions Steering Committee in 1995. One Essential Public Health Service (to "Assure a competent public health and personal health care workforce") relates specifically to competency. Over a period of more than three years, the National Public Health Performance Standards Program worked to translate the *Ten Essential Public Health Services* into performance standards.

In 2006, NACDD initiated a project designed to identify and expand professional competencies for chronic disease prevention and control. NACDD's Professional Development Committee, in conjunction with Concept Systems, Inc., conducted an extensive review of efforts to date to identify public health competencies. Through this process, more than 40 sources of information were identified, including the Core Competencies of Public Health. Then, the Committee invited a group of chronic disease health professionals to help identify specific things state-based chronic disease directors or program managers need to know or do to be effective in carrying out their job responsibilities.

A work group of the Professional Development Committee used the resulting information to develop an initial list of competencies. This list was further reviewed by a panel of experts, and the result was a final list of 104 competencies organized into seven major domains. Each domain consists of a grouping of related competency statements. The numbers of competencies within a domain vary based on the scope and complexity of activities and functions of that particular domain. The seven domains are:

- Build Support
- Design and Evaluate Programs
- Influence Policies and Systems Change
- Lead Strategically
- Manage People
- Manage Programs and Resources
- Use Public Health Science

Competencies within the total list were ranked in order of their importance to chronic disease efforts, as well as by the extent to which training related to them is currently available. Interestingly, those competencies rated as the highest priorities seemed to have the least amount of available training.

The competencies represent the "ideal" toward which individuals and program staff will strive as they grow in experience and excellence in their practice. NACDD's Professional Development Committee (PDC) has developed several valuable tools for use by chronic disease practitioners and programs in assessing and improving competencies specific to their work. The **Competency Assessment Tool for Individuals** was designed to help individual practitioners assess their level of proficiency in each major area of chronic disease practice, identify strengths, establish a plan for professional growth, and develop a personal career plan. The **Competency Assessment Tool for Teams** assists chronic disease program directors and managers in developing job descriptions, identifying staffing needs based on areas of expertise, developing employee performance evaluations, planning team oriented professional development activities, and justifying budget requests related to staffing and professional

development. Although each of these tools was developed based on the full set of 104 competencies deemed to describe the ideal chronic disease practitioner or program, each is designed to assess proficiency in the 35 competency areas identified as the most critically important by the expert panel. Users of these tools rate their proficiency in several competency areas within each of the seven domains.

The PDC has also developed two other tools to support the assessment and enhancement of chronic disease competencies. The **Structured Interview Guide Planning Tool** assists program managers and human resource staff to utilize specific interview questions which will guide their assessment of the proficiency of job candidates across a range of skills and knowledge specific to leading and managing chronic disease programs. The **Competencies for Chronic Disease Practice Assets** Inventory is designed to assist individual practitioners and chronic disease directors and program managers in identifying a wide array of training and professional development resources. The majority of training opportunities listed are available online or easily accessible. Most are free or low cost. Courses are categorized by competency domain, and are rated based on how specifically they relate to the competency areas within that domain. The **Assets Inventory** also lists the resource provider's name and contact information, and the method of delivery of the information or training (e.g., online, via face-to-face sessions). It should be noted here that NACDD has developed several courses that are useful in developing and enhancing chronic disease competencies. These include the "Evidence Based Chronic Disease" course, the "Summer Evaluation Institute", "Navigating Cooperative Agreements", and most recently the NACDD "Chronic Disease Academy".

NACDD supports the development of a strong, capable chronic disease workforce to promote health and prevent disease. The Competencies for Chronic Disease Practice are an important resource for assisting state and local health departments and other organizations engaged in chronic disease prevention and control efforts to develop and maintain such a workforce, and to plan, implement and evaluate efficient and effective programs and activities. Each of the materials described above is available on NACDD's website: **www.chronicdisease.org**

Implications/needs for implementation of the *Public Health Action Plan to Prevent Heart Disease and Stroke (the Action Plan)*

Organizations and individuals involved in the planning, implementation and evaluation of heart disease and stroke prevention programs and activities must develop proficiency in a number of competency areas. Implementation of the *Action Plan* is dependent on practitioners and organizations recognizing those

competencies key to heart disease and stroke prevention, assessing their current levels of proficiency, and developing and carrying out structured plans to enhance those competencies.

One of the five essential components of the *Action Plan* is "strengthening capacity". The *Action Plan* states "Effective action to prevent heart disease and stroke requires transformation in how public health agencies are organized. Strengthening the competencies and resources of the public health workforce for the needed tasks and managing the development, maintenance and dynamic growth of effective partnerships are necessary for this change." Several of the 22 recommendations included in the *Action Plan* relate specifically to identifying and enhancing competencies for heart disease and stroke prevention:

> **Recommendation #6:** Create a training system to develop and maintain appropriately trained public health workforces at national, state and local levels. These workforces should have all necessary competencies to bring about policy change and implement programs to improve CVH promotion and decrease the CVD burden, including laboratory requirements.
>
> **Recommendation #7:** Develop and disseminate model performance standards and core competencies in CVD prevention and CVH promotion for national, state and local public health agencies, including their laboratories.
>
> **Recommendation #11:** Develop the public health infrastructure, build personnel competencies, and enhance communication systems so that federal, state and local public health agencies can communicate surveillance and evaluation results in a timely and effective manner.

Recommended activities and partnerships

The Organizational Capacity Implementation Group recommends that the National Forum carry out the following activities with appropriate partners to identify, promote and enhance competencies critical to heart disease and stroke prevention:

1. Formally endorse the competency assessment tools developed by NACDD, and promote the use of these materials among National Forum member organizations and other partners.
2. Identify resource materials and training programs to assess and improve key competencies, and utilize the National Forum website to promote the availability of this information.
3. Identify examples of successful efforts to assess and enhance competencies related to heart disease and stroke prevention, and share information

about these success stories with organizations that could benefit from implementing similar efforts.

4. Collaborate with schools of public health and other appropriate partners to facilitate the inclusion of competency development in the curricula of schools of public health.
5. Work with appropriate partners to identify gaps in competency assessment and training activities and to fill such gaps.
6. Work with state human resource directors to facilitate the development and use of job descriptions within chronic disease prevention programs that are based on key competencies.

Logical partners to engage in these efforts include, but are not limited to ASTHO, NACDD, CDC, NACCHO, the Association of Schools of Public Health (ASPH) and the National Association of State Personnel Executives (NASPE).

VOLUNTARY ACCREDITATION OF STATE HEALTH DEPARTMENT CHRONIC DISEASE PREVENTION PROGRAMS FOR HEART DISEASE AND STROKE PREVENTION (AS PART OF STATE AND LOCAL HEALTH DEPARTMENT VOLUNTARY ACCREDITATION)

National, state and local efforts to date

In 2003, the release of the Institute of Medicine's report entitled "The Future of the Public's Health" called for the establishment of a national steering committee to examine the benefits of creating an accreditation program for public health departments. In addition, CDC's Futures Initiative has identified accreditation as an important way to strengthen the nation's public health system. Several states currently are implementing voluntary accreditation programs at the state and/or local health department level.

In 2004, the Robert Wood Johnson Foundation convened a group of public health stakeholders for the purpose of determining whether the development of a voluntary national accreditation program for state and local health departments should be undertaken. The consensus of this group was that it should. In August of 2005, a planning committee comprised of the executive directors of the APHA, ASTHO, National Association of County and City Health Officials (NACCHO) and National Association of Local Boards of Health (NALBOH) established and launched the "Exploring Accreditation" project. Its goal was to determine the feasibility and desirability of developing and implementing a voluntary national accreditation program. A 25-member steering committee was established in September of 2005. It included representatives from federal, state and local public health organizations. Workgroups were established in four areas: governance

and implementation, finance and incentives, research and evaluation, and standards development.

In April of 2006, the steering committee met to review and discuss the information assembled by the four workgroups, and to propose an actual model for a national voluntary accreditation program. The draft model was distributed for public comment between May and July, 2006. The stated purposes of the model program were to:

- Clarify the public's expectation of health departments
- Recognize high performers that meet nationally accepted standards of quality and improvement
- Increase the visibility and public awareness of governmental public health, leading to greater public trust, increased health department credibility, and ultimately a stronger constituency.

The proposed model recommended that a new not-for-profit organization should be formed to oversee the accreditation of public health agencies. This organization would direct the development of accreditation standards and develop and manage the accreditation process. Comments were solicited through feedback forms distributed at public presentations and events, conference calls, the project website, a satellite broadcast and an opinion survey sent to all state, territorial and local health officers. Based on the feedback received through this process, the steering committee made revisions to the draft proposal. The revised proposal included a recommendation that a voluntary national accreditation program be implemented, and that the planning committee should serve as the board to oversee the initial implementation of the organization and program. This board began operation in October of 2006. The national program was formally initiated when the Public Health Accreditation Board was incorporated in May of 2007.

Several state and/or local public health agencies have initiated voluntary accreditation programs. In Missouri, the public health system began exploring voluntary accreditation for local health departments in the 1990s. Initial discussions and planning took place within the state health department, but in 2002 this effort became the responsibility of the Missouri Institute for Community Health (MICH). A first set of standards was developed and piloted, then issued in 2003. MICH is now the accrediting body for Missouri's Voluntary Accreditation Program for Local Public Health Agencies. This 501 C (3) organization is governed by a board of directors, comprised of health care providers, and representatives from academia, human service organizations, and state and local governments. MICH's stated mission is

“to facilitate and promote excellence in community systems for health and quality of life”.

The first local health department in Missouri was accredited in 2003. The standards were revised in 2006. The Accreditation Manual developed by MICH is divided into two sections. The first includes standards for agency infrastructure, the other standards for agency performance. The standards for agency performance are designed to measure the extent to which the agency is addressing the Ten Essential Public Health Services. Local health departments may apply for one of three types of accreditation: primary, advanced or comprehensive. These categories are distinguished by the number of constituents served, and the level of staffing. To be accredited, an agency must meet a set of Infrastructure Standards. The number of performance measures an agency is required to meet, as well as staffing requirements, will vary by the type of accreditation. Applying agencies conduct a self assessment based on the established standards for accreditation. The accreditation process also includes a site visit by an expert review team.

In 2004, North Carolina’s Public Health Task Force was asked to develop specific recommendations for improving the state’s public health system. That group’s 2005 Public Health Improvement Plan included a recommendation that the Divisions of Public Health (DPH) and Environmental Health (DEH) perform a self-assessment using the National Public Health Performance Standards. The self-assessment tool developed for this purpose included 891 questions related to the Ten Essential Public Health Services. Information collection within these Divisions took place during late 2006 and early 2007. Then, an external site visit team of national and state experts conducted a three-day site visit to review collected documents, conduct a virtual tour of Division facilities, and conduct interviews with DPH/DEH management, community partners, and state health department leadership. The visit ended with a discussion of the entire pilot project with DPH/DEH management and staff, national observers and the site visit team. The site visitors submitted their written report, including findings and recommendations, in March of 2007. They commented that had this been an actual accreditation instead of a pilot effort both Divisions would have by far exceeded the 80% threshold of standards met. The team commended the staff and leadership of North Carolina’s health department for having the courage to implement this important pilot voluntary accreditation program.

Implications/needs for implementation of the Action Plan

Recommendations included in the Public Health Action Plan to Prevent Heart Disease and Stroke include efforts to strengthen

the national heart disease and stroke prevention system by expanding and improving the capacity of the organizations that comprise it, and by assessing and enhancing the professional competencies of the individuals and teams within these organizations. If efforts to reduce the burden of heart disease and stroke are to be successful, organizations must be made aware of current performance standards related to chronic disease prevention in general, and heart disease and stroke in particular. It is clearly in the best interest of the National Forum to facilitate this process, and to encourage and assist public health agencies at the national, state and local level to promote and pursue voluntary accreditation. The result will be an increased capacity to positively impact the health of constituents, increased awareness of and credibility for the work of these agencies among decision makers and the public, and a greater ability of such organizations to make the strongest case possible for the resources necessary to carry out their work.

Recommended activities and partnerships

The Organizational Capacity Implementation Group recommends that the National Forum implement the following activities with appropriate partners to encourage and facilitate efforts among national, state and local public health agencies to promote and pursue voluntary accreditation for their chronic disease prevention and heart disease and stroke prevention programs:

1. Identify and review information related to current performance standards and guidelines for public health related to chronic disease and heart disease and stroke prevention.
2. Disseminate and promote this information via the National Forum's website, presentations, and other means.
3. Recruit individuals with specific expertise and experience in performance standards and/or voluntary accreditation to guide and actively participate in the National Forum's efforts in these areas.
4. Identify examples of successful efforts in voluntary accreditation, and share this information with national, state and local public health agencies.
5. Encourage the development for incentives among accreditation organizations and funding agencies designed to reward agencies utilizing voluntary accreditation.
6. Encourage and support efforts among state and local public health agencies to develop and utilize voluntary accreditation programs.

SUMMARY

The recommendations included in the Public Health Action Plan to Prevent Heart Disease and Stroke call for strengthening the national heart disease and stroke prevention system. This is to be accomplished by expanding

the capacity of the many organizations that, together, comprise this system to plan, implement and evaluate effective interventions. It also requires assessing and improving the competencies and skills of individual public health practitioners and programs. Voluntary accreditation of public health agency chronic disease and heart disease and stroke prevention programs is an important means of improving the quality and effectiveness of such programs, increasing their credibility among key decision makers and the public, and making the case for the financial resources necessary to implement the important work of these organizations.

In writing this paper, the Organizational Capacity Implementation Group has accomplished three specific goals:

- To offer specific recommendations to the National Forum and its seven Implementation Groups for activities and partnerships that, when planned and implemented, will expand and strengthen the nation's heart disease and stroke prevention system and facilitate the implementation of the Action Plan.

- To inform National Forum leadership and members regarding the national and state level work that has been done to date in the areas of organizational capacity, competencies, and voluntary accreditation as they relate to heart disease and stroke prevention.

- To relate these work areas to the intent and content of the national Action Plan.

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