Managing performance and strengthening accountability have emerged as the prevailing themes confronting public health agencies as expectations continue to rise and resources tighten. Two prominent strategies to strengthen accountability and improve performance across agencies are voluntary accreditation of health departments coupled with continuous quality improvement (QI). This special issue is dedicated to the current and future states of quality improvement in public health, examining the current research from the field as well as our expectations for the future. To address these issues, we have selected various experts from the field to provide timely research and commentary that set the stage for accreditation and QI in public health as well as the promises they hold for the future.

Extensive experience in many industries has demonstrated that both accreditation and QI can be powerful mechanisms to ensure superior performance of public health departments and improve population health. However, unlike other industries, public health has an added layer of complexity; not only are health departments accountable for their own performance but they must also provide leadership for the public health system. To address quality and sufficiently understand QI methods, we must first be specific about our definitions.

In this issue, Riley et al present two consensus definitions that bring us closer to a common understanding of what we mean when we discuss *quality* and *quality improvement*. These definitions help us as we begin to articulate a clear vision for quality and QI in public health for the future. This special issue proposes a framework for developing, implementing, and sustaining QI in public health.

**Quality Improvement in Public Health Today**

In this issue, Davis provides an overview of current activities in the field from the perspective of the leading professional organizations in public health that are providing essential leadership and significant funding to further continuous QI efforts and advance the voluntary accreditation program for governmental and tribal health departments. Lenaway and colleagues build on this discussion by examining the role that public health can play in the Obama administration’s goal of reforming the healthcare system and improving the health of our population.

Recently, we have seen growing momentum around the country to implement QI efforts in public health departments. We are given an opportunity in this issue to highlight many of these efforts, which provide insight and propose a framework for how other health departments can incorporate these techniques into their daily operations. Corso and colleagues evaluate the National Public Health Performance Standards Program, developed by the Centers for Disease Control and Prevention, and describe how it can be used to drive QI while preparing health departments for accreditation. We are also given the opportunity to highlight the efforts of several colleagues who are involved

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in the implementation and evaluation of the Multi-state Learning Collaborative (MLC), an initiative that brings together community stakeholders to implement QI practices in an effort to improve public health services and the health of their communities. Mason and colleagues provide us with the state perspective on the MLC experience and show us how QI efforts can be successfully implemented to improve both process and outcome measures in public health. Joly and colleagues provide additional insight by evaluating the success of the MLC as a whole and comment on specific areas that will be key components to the successful application and spread of QI in public health departments.

● The Future of QI

While we have made significant progress in the area of QI within public health, we must remember that for QI to make a significant impact, it needs to be consistently and appropriately applied in the field. To bring ourselves closer to this goal, we highlight the efforts of professional organizations and key experts who are ushering the field into the next wave of continuous QI. Riley and colleagues provide us with a framework for how visionary leaders can rethink the structure and management of public health departments by fundamentally redesigning processes to achieve improvements in quality, cost, and services through transformational change. Bender and Halverson highlight efforts to achieve this transformational change through an overview of the Public Health Accreditation Board (PHAB), an independent organization started in 2007 to begin the accreditation of public health departments and tribal health agencies throughout the country. The PHAB plan calls for national accreditation to begin in 2011, with the goal of 60 percent of the nation’s population served by an accredited health department by 2015.

While these articles do not begin to cover the field of QI in public health, they provide an overview of the momentum we are seeing in the field for a systematic approach to QI. In addition, they provoke some interesting research questions that can be addressed in the growing fields of Practice Based Research Networks and Public Health Systems and Services Research. As these fields expand and QI becomes integrated into public health systems throughout the country, we look forward to seeing more work on the demonstrated effectiveness of specific approaches that will improve population outcomes as a whole.

Ultimately, achieving an effectively performing public health system requires leadership and high performance from local and state public health departments. The diffusion and adaptation of proven QI techniques from other industries offer an exciting method to accelerate responses to the increased demands placed on public health departments. While tremendous progress has been made in both public health accreditation and QI in public health, we must not lose momentum as we continue our efforts.