



## **NAHEC Accreditation Overview**

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## **Introduction**

National Association of Health Education Center's Accreditation brings national recognition to a Health Education Program for its commitment to excellence, accountability, high professional standards, and continued institutional improvement. Accreditation serves as the NAHEC's primary vehicle for quality assurance, self-regulation, and public accountability. Developed and sustained by health education professionals, the accreditation process reflects, reinforces, and promotes best practices, institutional ethics, and the highest standards of Health Education Program operations.

### **NAHEC Accreditation:**

- strengthens individual Health Education Programs by promoting ethical and professional practices
- recognizes excellence in individual Health Education Programs
- serves as NAHEC's primary vehicle for quality assurance and self-regulation

### **Accreditation accomplishes this by:**

- assessing how well each Health Education Program achieves its stated mission and goals and meets the standards and best practices generally accepted in the Health Education Program field
- employing a standardized process of self-study and peer review that incorporates multiple perspectives to ensure balance and fairness
- drawing on the collective wisdom of the field; gathering it from various sources and perspectives, including participating Health Education Programs, peer reviewers, and the Accreditation Commission

### **Accredited status:**

- certifies that a Health Education Program meets the program's eligibility criteria and the characteristics of an accreditable Health Education Program as set forth by the Accreditation Commission
- certifies that a Health Education Program has undergone a rigorous process of self-assessment as well as review by its peers
- signifies that a Health Education Program fulfills its obligations to the public as set forth in its mission
- recognizes a Health Education Program's commitment to excellence, accountability, high professional standards, and continued institutional improvement

### **NAHEC Accreditation reflects the diversity of the Health Education Program field, accommodating Health Education Programs of different:**

- disciplines (from science centers to hospital programs)
- budget sizes
- governance types (private nonprofit or public)
- delivery mode (including Health Education Programs that offer all programming through outreach)

## **The Benefits of Accreditation**

*Why your Health Education Program should be accredited...*

Health Education Programs benefit from both the status and the process of accreditation. Different benefits emerge from each step of the review cycle, and continue to unfold over the long-term. Each Health Education Program will experience or capitalize on a different mix of benefits based on its needs at any given time. The following reasons are the most common and important.

### **Credibility and Accountability**

- National recognition of your Health Education Program's commitment to excellence and the highest professional standards of Health Education Program operation and public service
- A positive public image and validation of your Health Education Program's work and accomplishments
- Increased credibility with funding agencies and donors
- Stakeholders see the Health Education Program's obligation to the public trust is fulfilled

### **Clearer Sense of Purpose**

- A clearer sense of purpose and understanding of your Health Education Program's strengths, goals, priorities, and mission
- An opportunity for staff and board to be thoughtful about their practice

### **Leverage and Support**

- A valuable tool in lobbying local and state governments
- Improved relationships with other Health Education Programs resulting in more effective collaboration
- Maintenance of accreditation is a leveraging tool to attract support for capital improvements

### **Sustainability and a Stronger Institution**

- Fosters sustained organizational development and improvement
- A governing authority better educated about Health Education Program standards
- Increased level of professionalism

## **Benefits of the Self-Study Process**

A Health Education Program spends two-four months completing the Self-Study Questionnaire and assembling the required supporting documents.

The Self-Study process provides the Health Education Program :

- An opportunity for overall institutional evaluation and a chance to step back and look at the "big picture"
- An opportunity and stimulus to review and revise policies and strategically plan
- Inclusiveness and improved communications between and among the staff, governing authority, and any parent organization
- A clearer sense of mission and institutional goals and priorities
- A tool for benchmarking the Health Education Program against current standards/best practices, and against previous and future operations

## **Benefits of Peer Review**

The Peer Review portion of the Accreditation process comes in the form of a site visit by at least two Health Education Program professionals.

Benefits of the site visit include:

- An opportunity for the Health Education Program to present itself "in person" and not just on paper
- An outside perspective on the Health Education Program's operations
- An opportunity to converse with peers
- Motivation for improvements and addressing neglected housekeeping/repairs
- A written report that is an objective look at the Health Education Program's current operations and its strengths and weaknesses, which can be:
  - shared with funders and donors
  - a tool to benchmark operations against
  - a useful guide for planning
  - incentive for change

A report that validates successes and challenges

## Accreditation Process Schedule

The accreditation process offers the option of two cycles. Applications are due January 1 or July 1. Accreditation is normally conferred one year after application is received. (Dates may vary.)

### Timeline:

<u>Cycle One</u>	<u>Cycle Two*</u>	
October 1	May 1	Notice to Health Education Programs of application deadline
<b>January 1</b>	<b>July 1</b>	<b>Application received in NAHEC office along with 2 required documents.</b>
February 1	August 1	Applicant receives notice that application is complete. Invoice and self study form are sent. Applicant is given three months to complete self study and assemble supporting documents to be sent with self study.
May 1	November 1	Completed self study received in NAHEC office along with <b>5 required documents</b>
May 15	November 15	Applicant receives acknowledgement of completed self-study
June-July	December-January	Commission reviews self study, assigns site visitors, site visit date is set and planning for site visit agenda begins, applicant gathers <b>all required documents</b> for review by site visit team
November 1	May 1	Site visit complete
December 15	June 15	Site visit report sent to Commission and applicant organization Applicant is given option to write a rejoinder
December 31	June 30	Applicant organization rejoinder, if written, is received
January 10	July 10	Site visit team rejoinder, if written, is sent to Accreditation Commission
<b>January-February</b>	<b>July-August</b>	<b>Commission meeting to decide accreditation status</b>
February	August	Commission confers accreditation. Applicant receives decision letter within two weeks. If accreditation is granted, the next review date is stated in the decision letter (6 years).

## Qualities of a Successful Accreditation Review

**Health Education Programs that are successful in the accreditation process share the following qualities:**

### ***Leadership***

The Health Education Program's director and governing authority share a strong commitment to the accreditation process. They are active participants in the process and ensure that the Health Education Program fulfills its responsibilities (e.g., meeting deadlines and complying with program guidelines and Commission requests) even if coordination of the process is delegated to another senior staff member. They allocate appropriate human and financial resources necessary for the process.

### ***Broad Involvement and Buy-in***

All members of the governing authority, staff, and volunteers are kept informed about the process; understand their role and the importance of the effort; and have the chance to participate and contribute in some way.

### ***The Right Reasons***

The Health Education Program participates in the accreditation process voluntarily. It pursues accreditation for the long-term benefits that emerge from the process and from accredited status and because it values self-assessment and public accountability. Seeking accreditation is a shared institutional goal.

### ***Communication***

There is open communication among all the players at the Health Education Program and with the Accreditation staff.

### ***Commitment to Change***

The governing authority, director, and staff are committed to making necessary improvements in the Health Education Program, even if the accreditation process is delayed as a result.

### ***Accuracy and Openness***

The Self-Study questions are answered accurately, clearly, and thoroughly, and supporting materials are complete, current, and well organized. Discussions during the site visit are candid and professional.

### ***Preparation and Planning***

The Health Education Program does its homework, establishes schedules and priorities, and appropriately delegates responsibilities. It schedules sufficient time for preparation and the accreditation process and allows the review to proceed at its own pace. It does not try to tie its schedule for the review process to events or deadlines, such as an anniversary or special event.

## Accreditation Fees

Application fee:	\$400	<i>non-refundable</i>
Annual Program fee:	\$200	<i>Years 2-6</i>
Site Visit Expenses	\$1500-2500	<i>estimated range</i>

## Eligibility Criteria

*Is your center eligible to begin the process?*

To participate in the NAHEC Accreditation process, a Health Education Program must meet the following eligibility criteria. If you answer no to any of these questions, your Health Education Program is not eligible for accreditation. If you have questions about any criteria and how they apply to your Health Education Program, please contact program staff.

- Yes       No      1. Is the Health Education Program a legally organized nonprofit institution or part of a nonprofit institution or government entity?
- Yes       No      2. Does the Health Education Program have a formally stated and approved mission that includes providing health education?
- Yes       No      3. Has the Health Education Program been in operation for at least two years?
- Yes       No      4. Does the Health Education Program have at least one paid professional staff with health education knowledge and experience?
- Yes       No      5. Does the Health Education Program have a full-time director to whom authority is delegated for day-to-day operations?
- Yes       No      6. Does the Health Education Program have a budget, an audited financial statement (for the organization and/or parent organization), and the financial resources sufficient to operate effectively?
- Yes       No      7. Does the Health Education Program have a strategic plan? (If part of a parent organization's plan, please highlight specifics related to the health education program.)
- Yes       No      8. Does the Health Education Program have an evaluation process in place?

## Accreditation Criteria

- 1. Organization (includes board of directors, advisory boards, staff, volunteers and interns). Organizational uniqueness is recognized and valued. Programs have the opportunity to comment on any unique aspects of their organizational structure during the self-study phase of the accreditation process.**

- 1.1. Mission**

- 1.1.1. The organization has a clearly articulated mission that was formally adopted by the governing board of the organization.
- 1.1.2. The organization can demonstrate that the mission is relevant to both the agency in which the organization exists (as applicable) and its community.
- 1.1.3. The organization can demonstrate that the mission is actively communicated both internally and externally.

- 1.2. Board**

- 1.2.1. The board includes recognized business and community leaders who influence community decisions and resources.
  - 1.2.1.1.1. The board has established a good relationship with businesses, educational or community agencies, local, state or federal government officials.
- 1.2.2. Board members are involved in at least one committee or task force.
  - 1.2.2.1.1. Officers are elected regularly and involved in their assigned roles.
  - 1.2.2.1.2. There are appointed committees with chairs that meet and act on responsibilities.
- 1.2.3. The organization has and utilizes a process for the identification, selection, recruitment and orientation of new board members.
- 1.2.4. The organization has an expectation of 100% board member participation with personal contributions (cash, in-kind or time) to the organization on an annual basis.
- 1.2.5. The board has regular meetings with at least 60% average attendance.
- 1.2.6. The board has a written diversity plan requiring board composition to reflect its community.

- 1.3. Strategic Planning**

- 1.3.1. The organization has a defined strategic planning process for the establishment of goals and objectives.
- 1.3.2. Planning activities reflect needs defined by the community and clients as well as staff and governing boards.
- 1.3.3. Strategic plans include some form of goals, measurable objectives, timelines, a human resource needs analysis, a financial resource needs analysis, an evaluation process, and a revision process.

#### **1.4. Financial Management**

- 1.4.1. The organization has an adequate system for maintaining records (financial, inventory and personnel). Systems comply with industry and legal standards specifying the length of time for keeping records.
  - 1.4.1.1.1. The organization has sound financial policies and procedures with which all staff are familiar.
  - 1.4.1.1.2. The board has a standing Finance Committee, which also addresses audits, investments and insurance matters.
- 1.4.2. The organization receives an unqualified annual financial audit. The organization has accounting procedures to record and report income and expenses in accordance with generally accepted accounting principles.
- 1.4.3. The organization has a realistic budget that is sufficient to support organization's goals and objectives.
  - 1.4.3.1.1. Appropriate committees make income and expense recommendations resulting in a budget that addresses strategic plan priorities.
  - 1.4.3.1.2. The organization strives to have reserve funds equal to six months operating budget.
  - 1.4.3.1.3. Monthly financial statements are developed and reviewed by the Board utilizing accepted accounting practices. Prompt corrective action is taken in response to projected or significant variations from budgets.
  - 1.4.3.1.4. Investments are diversified, performance is monitored quarterly by the Finance Committee and use of income is in accordance with a written board investment policy.
- 1.4.4. The organization has a written risk management plan which incorporates adequate insurance coverage.

#### **1.5. Fund Development**

- 1.5.1. The organization has a plan that strives for diversified financial support.
  - 1.5.1.1.1. This plan is adequate to achieve present goals and objectives.
  - 1.5.1.1.2. No more than 30% of support comes from a single source except for organizations that are affiliated with a hospital system, museum, university or other public institution.
  - 1.5.1.1.3. Diversified funding includes private support from individuals, foundation, and corporations as well as public support from governmental agencies.
  - 1.5.1.1.4. The organization has a developed 3-year funding plan that includes total board involvement in resource development.
  - 1.5.1.1.5. The funding plan is integrated with organization's strategic plan.
  - 1.5.1.1.6. The organization has a written plan for attracting foundation funding. The plan includes annual solicitations and is incorporated as part of the organization's strategic plan.
  - 1.5.1.1.7. The organization actively pursues local, state and federal funding opportunities.
  - 1.5.1.1.8. The organization utilized various resources for effective grant writing.
  - 1.5.1.1.9. Members of the board have developed relationships with government funding sources.

- 1.5.2. If the organization chooses to conduct special events, they should maximize return on investment. Event committees, volunteers and staff roles are well defined, and strategies regarding leadership recruitment, cultivation, and fundraising are written and clear.
- 1.5.3. The organization has an established a plan for major gifts, planned giving and endowment.

## **1.6. Human Resources**

- 1.6.1. The organization has written job descriptions for all staff and has or is developing a formal Staff Development Plan.
  - 1.6.1.1.1. The organization's budget is sufficient to support the staff development plan.
- 1.6.2. The organization maintains compliance with appropriate Federal and State Equal Employment Opportunity regulations.
- 1.6.3. The organization has developed or is developing a policy ensuring diversity for their board, staff, volunteers and interns that reflects their community.
- 1.6.4. The organization encourages participation in NAHEC conferences and activities.
- 1.6.5. The organization encourages and supports it's staff to model healthy behaviors.

## **1.7. Marketing & Communications**

- 1.7.1. The organization develops, implements, evaluates and updates a comprehensive written communications/public relations plan.
- 1.7.2. The organization has active representation on community boards, commissions and civic organizations that affect decisions and influence/advocate for health education issues.
- 1.7.3. The organization maintains and reviews a written plan for ongoing contact with local print and broadcast media representatives, both for publicity and advertising. Media plan maximizes media exposure with results in a published annual report to the board.
- 1.7.4. The organization assesses needs of its target audiences so that promotional materials reflect the age, ethnic and gender diversity of the population served.

## **1.8. Facilities, Exhibits and Technologies**

- 1.8.1. The organization has or is creating a Facilities & Risk Management Plan.
- 1.8.2. The organization's facilities, vehicles and other assets are maintained and utilized consistent with written guidelines and training and in a manner that always reflects a strong positive image.
- 1.8.3. Teaching facilities with or without exhibits:
  - 1.8.3.1.1. The organization allocates its space and uses its facilities to advance its mission and meet the needs of the exhibits, programs, audience, and staff.
  - 1.8.3.1.2. The organization has a written facilities master plan.
  - 1.8.3.1.3. The organization has appropriate measures to ensure the safety and security of people, exhibits/program materials, and the facilities it owns or uses.
  - 1.8.3.1.4. The organization has a written emergency management plan, approved by the board that is clearly understood by board and staff and is reviewed and rehearsed at least annually.

- 1.8.3.1.5. The organization has an effective program for the short and long term maintenance of its facilities.
- 1.8.3.1.6. The organization is clean and well maintained.
- 1.8.3.1.7. The organization takes appropriate measures to protect itself against potential risk and loss.
- 1.8.3.1.8. The organization plans for accessibility in its facilities ensuring compliance with laws and best practices.
- 1.8.4. Teaching facilities with exhibits:
  - 1.8.4.1.1. Exhibits are aligned with overall educational goals and advance the mission of the organization.
  - 1.8.4.1.2. The characteristics and needs of its existing and potential audiences influence its exhibits development.
  - 1.8.4.1.3. Exhibits present accurate and appropriate content for each of its audiences.
  - 1.8.4.1.4. The organization utilizes audience research and front-end evaluation to inform the development of exhibits.
  - 1.8.4.1.5. The organization assesses the effectiveness of its exhibits through formative and summative evaluations and uses those results to plan and improve them.
  - 1.8.4.1.6. The organization plans for accessibility in its exhibits ensuring compliance with laws and best practices.
  - 1.8.4.1.7. The organization has a long range plan for exhibits.
- 1.8.5. Teaching facilities and outreach:
  - 1.8.5.1.1. The organization uses technologies appropriate to its educational goals, content, audiences, and resources.
  - 1.8.5.1.2. The organization uses technology that meets its needs in managing and delivering programs.
- 1.8.6. The organization has a board-approved technology plan.
  - 1.8.6.1.1. This plan includes a Web strategy that addresses technology programs for members, Internet safety, acceptable use policies and use of technology by staff to support all areas of operation.
  - 1.8.6.1.2. The organization maintains a high-quality, regularly updated Website. E-mail inquiries from the public are answered promptly.
  - 1.8.6.1.3. Resources are provided as well as downloaded.
  - 1.8.6.1.4. The organization measures its return on investment for its electronic medium and Internet utilization.
  - 1.8.6.1.5. All full-time staff have daily access to a current generation computer workstation with Internet access and a full package of productivity software, such as Microsoft Office, in their work area.

**1.9 Organizational Uniqueness – Some aspects of this list of criteria may not be appropriate for the nature of an individual center’s organizational structure. It is expected that the leadership of each center will be able to explain these variations and how they relate to the strength of the organization of the Health Education Program.**

## **2. Programs: Development, Implementation, Evaluation, Staff**

- 2.1. Programs are developed using a formal process that involves program stakeholders.**
  - 2.1.1. Programs are based on community needs
  - 2.1.2. Programs are based on current health and education science, theory, and practice.
  - 2.1.3. Programs include goals, objectives, activities, criteria for evaluation, and evaluation activities.
  
- 2.2. A variety of interactive instructional opportunities are coordinated into a logical flow of information and experience that enhances the meeting of the program objectives.**
  - 2.2.1. Adequate time and resources are provided for appropriate implementation.
  - 2.2.2. Activities are age appropriate and culturally relevant.
  
- 2.3. Programming includes on site programs with additional supplemental activities prior to and/or after site visits.**
  
- 2.4. Programs link with the national or state education standards.**
  
- 2.5. An evaluation plan is implemented.**
  - 2.5.1. Plans utilize multiple process and impact strategies that address goals, objectives, and activities of programs at the organization.
  - 2.5.2. Results are linked to continuous improvement of instructional programs.
  - 2.5.3. The organization evaluates programs, projects, initiatives, and/or products providing feedback for continuous improvement..
  
- 2.6. The organization is a recognized leader in improving health literacy, health education and health promotion in various segments of the community.**
  
- 2.7. The organization employs at least one professionally prepared health educator and/or Certified Health Education Specialist (CHES).**
  
- 2.8. The organization's staff reflects the diversity of the service communities. The organization invests in the professional growth of its staff.**
  - 2.8.1. Staff participates in development training on health education teaching skills to support effective program delivery
  - 2.8.2. Evaluation of program delivery skills of all teaching staff will be conducted on an continuing basis.
  
- 2.9. Each technology based program has a non-technology back up plan that can be substituted in case of technology issues.**