

WHITE PAPER NO. 2 · RESEARCH PROSPECTUS · WORKFORCE DEVELOPMENT

Grounding Public Health Infrastructure

The Empirical and Operational Justification for a
National Job Task Analysis of the Public Health
Accreditation Coordinator

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PREPARED FOR

Public Health Accreditation Board (PHAB) · National Association of County and City Health Officials (NACCHO) ·
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agency executives · academic practice centers

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About this white paper

This prospectus sets out the case for the first national, psychometrically grounded Job Task Analysis (JTA) of the public health Accreditation Coordinator. It is White Paper No. 2 in the AccrediQI Academy White Paper Series. White Paper No. 1 sets out the historical and constitutional context, and White Paper No. 3 reports the Phase 1 systematic review of 131 Accreditation Coordinator position descriptions.

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OVERVIEW

Executive Summary

Across the United States, governmental public health agencies are moving toward standardized accountability, continuous quality improvement (CQI), and the Foundational Public Health Capabilities (FPHC). At the center of this shift is national voluntary accreditation, administered by the Public Health Accreditation Board (PHAB) and now guided by its Refreshed Standards & Measures (2026).

KEY MESSAGES

- **Accreditation depends on one pivotal role.** The Accreditation Coordinator translates national standards into daily practice across every division of a health department.
- **The role is structurally misaligned.** In Phase 1, only 31.3% of 131 positions carried an accreditation title, and 86.3% held coordinators accountable across divisions while only 11.5% granted supervisory authority.
- **No workforce framework exists.** Peer professions rely on validated competency models and credentials; coordinators have neither.
- **A national JTA is the remedy.** A four-phase, standards-aligned JTA will support reclassification, evidence-based training, better hiring, and a professional credential.

Public health leaders recognize accreditation as essential to equity, performance excellence, and funding competitiveness. Yet the field has never systematically defined, supported, or professionalized the person who orchestrates the effort inside each agency: the Accreditation Coordinator.

The role presents a workforce paradox. An initiative of major strategic and institutional importance is routinely entrusted to entry- or junior-level staff, or added to an overburdened employee's job as "other duties as assigned." Position descriptions vary widely across thousands of local, state, tribal, and territorial health departments, and, to our knowledge, no formal, psychometrically grounded JTA has ever been conducted for the role.

This prospectus makes the case for a national JTA of the Public Health Accreditation Coordinator by demonstrating:

- 1 The institutional value of accreditation
- 2 The organizational necessity of the Accreditation Coordinator
- 3 The structural mismatch of entry-level placement
- 4 The absence of specialized training frameworks and professional pathways
- 5 The gap between ad hoc job descriptions and validated task domains

CONTEXT

1 The Strategic Primacy of Accreditation

The Institute of Medicine (1988, 2003) described governmental public health as being "in disarray," citing deep inequities in service capacity, scope, and quality across jurisdictions. National accreditation, launched by PHAB in 2011 and advanced through the Pathways Recognition Program and the Refreshed Standards & Measures (2026), is the primary structural remedy to that fragmentation.

Accreditation is no longer an optional badge of distinction. For state, local, tribal, and territorial (SLTT) health departments, it is a strategic imperative across four dimensions:

Operational maturity

Accreditation establishes baseline competencies in surveillance, health assessment, emergency preparedness, health equity, community partnership, leadership, and performance management, so communities receive reliable protection regardless of geography.

Fiscal competitiveness

Federal and philanthropic funders increasingly tie infrastructure investment, including CDC's Public Health Infrastructure Grant, preventive block grants, and state allocations, to accreditation milestones, Pathways recognition, or a functioning performance management system.

Workforce and culture

Accredited departments report stronger employee engagement, clearer missions, better cross-divisional communication, and an institutionalized culture of data-driven quality improvement.

Community accountability

Independent validation of an agency's competence builds trust with elected officials, boards of health, community partners, and residents.

THE ROLE

2 The Centrality of the Accreditation Coordinator

Health officers and governing boards authorize accreditation. Accreditation itself is a collaborative, agency-wide effort, but its operational burden falls on the Accreditation Coordinator, who serves as the central nervous system of the work:

Function	What it involves
Cross-divisional orchestrator	Accreditation cannot happen inside a single program. The coordinator translates expectations across environmental health specialists, epidemiologists, maternal and child health nurses, fiscal officers, and human resources.
Curator of the Trajectory of Practice	An effective coordinator keeps the agency out of the "transactional compliance trap" of gathering static documents weeks before a deadline. Instead, staff learn to see routine data collection (Inquire), interdisciplinary deliberation (Synthesize), resource decisions (Formulate), and program delivery (Actuate) as the living evidence the standards require.
Performance management and CQI catalyst	The coordinator often builds the agency's performance management system: inventorying data streams, setting benchmarks, facilitating quarterly reviews, and coaching teams through Plan-Do-Study-Act (PDSA) cycles.
Bridge to external assessors	The coordinator manages evidence collection, narrative writing, electronic submission, and site visit preparation, and serves as the primary liaison to PHAB site visitors.

A competent, empowered Accreditation Coordinator is among the strongest determinants of whether an agency's accreditation journey runs efficiently or stalls in exhaustion and administrative churn.

THE PROBLEM

3 The Frontline Paradox: High Stakes, Entry-Level Placement

Despite the stakes and the diplomacy the work demands, health departments routinely misplace the role in their organizational structures.

Table 1. The strategic misalignment of the Accreditation Coordinator role

What the role requires	How the role is structured
Cross-divisional authority	Junior or entry-level classification
Executive and governance access	No direct line or budget authority
Advanced change management and CQI skill	Assigned as "other duties as assigned"
Long-term institutional continuity	High turnover, burnout, and role exit

The accidental coordinator

In small, rural, and mid-sized agencies, the role is rarely funded as a leadership position. It is added to an existing job held by a health educator, grant specialist, or administrative assistant.

Authority deficits in matrix environments

A junior coordinator must secure timely documentation, minutes, and strategic alignment from veteran division directors, senior environmental health staff, and medical officers over whom they hold no supervisory leverage. The predictable results are delay, conflict, and significant personal stress.

Turnover and lost institutional memory

Because the role is classified at entry or junior level, capable staff burn out or use it as a stepping stone. When a coordinator leaves mid-cycle, the agency loses its central knowledge base, often resetting years of preparation and putting grant funding at risk.

THE GAP

4 The Training and Empirical Void

Nearly every specialized public health profession rests on an empirically validated workforce framework. The Accreditation Coordinator has no such foundation.

Table 2. Validated workforce frameworks by profession

Profession	Validated workforce framework
Epidemiologists	CDC/CSTE Applied Epidemiology Competencies
Health education specialists	NCHEC practice analysis, leading to CHES/MCHES certification
Environmental health specialists	NEHA job analysis underlying the REHS/RS credential
Public health professionals and leaders	Council on Linkages Core Competencies; CPH credential
Accreditation Coordinators	None: no job task analysis, competency model, or credential

A. No specialized curricula

CEPH-accredited programs teach epidemiology, biostatistics, environmental health, and policy. Virtually none offer practical training in:

- Interpreting and operationalizing PHAB standards
- Gathering evidence across divisions
- Turning everyday program artifacts into accreditation-ready narratives
- Managing agency-wide performance management and quality improvement

Coordinators learn through trial and error, peer networks and social media groups, informal webinars, or costly, piecemeal consulting.

B. Unvalidated job descriptions

Job boards carry many "Accreditation Coordinator" and "Accreditation and QI Specialist" postings. On close reading they are:

Idiosyncratic

Required education ranges from a high school diploma to an MPH or PhD.

Unrealistic

Dozens of clerical, clinical, analytical, and executive duties are listed with no sense of priority or feasibility.

Recycled

Descriptions are copied from neighboring jurisdictions or generic templates without testing them against the real job.

EARLY EVIDENCE · PHASE 1 SYSTEMATIC REVIEW

131

government position descriptions analyzed from 42 states, 2009–present

68.7%

carry a generic title rather than an accreditation title

11.5%

grant supervisory authority, though 86.3% demand cross-divisional accountability

0.0%

cite an accreditation-specific credential

Source: Mando (2026), White Paper No. 3: Phase 1 systematic review and job task analysis of 131 Accreditation Coordinator position descriptions.

THE SOLUTION

5 Why a Formal Job Task Analysis Is Needed

A Job Task Analysis is the gold-standard method used by industrial and organizational psychologists, credentialing bodies, and workforce researchers to define a job empirically. It identifies four things:

Element	What it captures
Domains of practice	The broad functional areas that make up the job
Tasks	The specific, observable activities workers perform
Knowledge, skills, and abilities (KSAs)	The cognitive, technical, and interpersonal attributes the tasks require
Criticality, frequency, and complexity	Empirical ratings that separate routine work from high-stakes, non-negotiable work

Figure 1. Four outcomes of a national JTA for Accreditation Coordinators**1 Role standardization and reclassification**

Aligning salary, organizational rank, and executive access with the work

2 Evidence-based training

Curricula built on verified tasks rather than assumptions

3 Better hiring and less burnout

Validated task profiles and structured onboarding for health officers and HR

4 Professional credentialing

A recognized designation and career ladder for the field

Role standardization and reclassification

An empirical JTA will document the cognitive complexity, diplomatic skill, and strategic breadth the role requires. That evidence gives human resources directors and civil service commissions the justification to move the position from an entry-level classification to a professional or management track, with competitive pay and direct access to executive leadership.

Evidence-based training

Training providers, including AccrediQI Academy, cannot build effective curricula on assumptions. A JTA will pinpoint where coordinators struggle most, such as distinguishing audit compliance from continuous improvement along the Trajectory of Practice, or running agency-wide performance tracking, so that training targets verified needs.

Better hiring and less burnout

Hiring against clear, validated task profiles removes the ambiguity that breeds frustration. Coordinators begin with transparent expectations and structured onboarding instead of being left alone with lengthy accreditation guidance.

Professional credentialing

A formal JTA opens the door to a nationally recognized micro-credential or certificate, such as a Certified Public Health Accreditation Professional. A credential raises the role's standing, creates career ladders in governmental public health, and gives health officers confidence in a candidate's readiness.

APPROACH

6 Proposed Methodology

The JTA follows a four-phase, mixed-methods design aligned with the *Uniform Guidelines on Employee Selection Procedures* (EEOC et al., 1978), the *Standards for Educational and Psychological Testing* (AERA, APA, & NCME, 2014), and National Commission for Certifying Agencies (NCCA) accreditation standards. Phase 1 is complete.

Figure 2. Four-phase JTA design and status

PHASE 1 Environmental scan and content analysis	• Systematic review of 131 government position descriptions from 42 states (2009–present) • 1,694 duty statements coded into five functional domains; synthesis of PHAB standards	COMPLETE
PHASE 2 Subject matter expert panel and DACUM	• Convene a national panel of 12–15 experienced coordinators, health officers, and site visitors • Structured DACUM (Developing a Curriculum) workshop to draft the task and KSA inventory	PROPOSED
PHASE 3 National validation survey	• Survey 350+ active coordinators across accredited and in-process SLTT agencies • Rate each task on frequency, importance, and criticality	PROPOSED
PHASE 4 Synthesis and blueprint	• Factor analysis to confirm how tasks cluster into domains • Publish the National Competency Profile and JTA for Public Health Accreditation Coordinators	PROPOSED

Note. Phase 1 findings are reported in full in Mando (2026), White Paper No. 3.

CONCLUSION

Conclusion

Governmental public health cannot afford to treat accreditation coordination as an administrative afterthought. If accreditation is the mechanism for resolving public health's historic disarray, the Accreditation Coordinator is the engine that drives it on the ground.

Assigning this role to under-supported, entry-level staff, without standard competencies, specialized training, or an empirical role definition, is an unsustainable organizational liability. A national Job Task Analysis is the long-overdue first step toward professionalizing this workforce, protecting institutional investments, and giving health departments the operational leadership they need to protect their communities.

AN INVITATION TO COLLABORATE

Accreditation Coordinators, health officers, national partners, and academic practice centers who would like to offer input or collaborate on Phases 2–4 are invited to get in touch.

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SOURCES

References

- American Educational Research Association, American Psychological Association, & National Council on Measurement in Education. (2014). *Standards for educational and psychological testing*. American Educational Research Association.
- Centers for Disease Control and Prevention & Council of State and Territorial Epidemiologists. (2008). *Competencies for applied epidemiologists in governmental public health agencies*. CDC and CSTE.
- Council on Linkages Between Academia and Public Health Practice. (2021). *Core competencies for public health professionals*. Public Health Foundation.
- Equal Employment Opportunity Commission, Civil Service Commission, Department of Labor, & Department of Justice. (1978). Uniform guidelines on employee selection procedures. *Federal Register*, 43(166), 38290–38315.
- Institute of Medicine. (1988). *The future of public health*. National Academies Press.
<https://doi.org/10.17226/1091>

Institute of Medicine. (2003). *The future of the public's health in the 21st century*. National Academies Press. <https://doi.org/10.17226/10548>

Mando, J. (2026). *Navigating matrix governance without line authority: A multi-source systematic review and job task analysis of 131 public health Accreditation Coordinator position descriptions (2009–present)*. (White Paper No. 3). AccrediQI Academy. <https://accrediqi.com>

National Commission for Health Education Credentialing. (2020). *Health education specialist practice analysis II (HESPA II 2020)*. NCHEC.

Public Health Accreditation Board. (2026). *Refreshed standards & measures (2026)*. <https://phaboard.org/>

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ABOUT ACCREDIQI ACADEMY

AccredIQI Academy provides public health accreditation education, research, and consulting to help health departments build accreditation readiness into everyday practice. Learn more at accrediqi.com.

Grounding Public Health Infrastructure

If accreditation is the mechanism for strengthening public health, the Accreditation Coordinator is the engine that drives it. A national Job Task Analysis is the first step toward giving that engine the structure, authority, and training it needs.

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