The Public Health Accreditation Board (PHAB) is committed to encouraging research to develop the science base for accreditation and systems change in public health, as well as to evaluating the accreditation program in order to continuously improve it. To support those two goals, the PHAB Research & Evaluation Committee developed and vetted a logic model that was approved by the PHAB Board of Directors in August 2010. More recently, the PHAB Research Advisory Council and the Evaluation and Quality Improvement Committee have revised the logic model. The revised logic model, which was approved by the Board of Directors in June 2017, can be found on the following page.

The logic model is designed to illustrate the contributions of PHAB (shown in yellow); stakeholders and partners, including funders, partner organizations, and researchers (shown in pink); and individual public health agencies that participate in the accreditation process (shown in blue). The model presents a logical framework of how their inputs and strategies may lead to outputs and outcomes for PHAB, participating health departments, and the public health field as a whole, including accredited health departments (shown in white). The proximate outcomes are the results that might be realized in the near term (1–3 years) and that are considered to be more directly related to the accreditation process. For example, because many of the standards and measures require the health department to demonstrate partnerships and community engagement activities, increased collaboration is viewed as a proximate outcome for participating health departments. Ultimate outcomes, on the other hand, are the results that are anticipated for further in the future (7-10 years) and are affected by many other factors. For example, health status is heavily influenced by the social determinants.

The logic model is an important tool to help researchers and evaluators understand the goals of accreditation so that they can systematically test the links between the work of the accreditation system and the outputs, proximate outcomes, intermediate outcomes, and ultimate outcomes, in turn. It is also a visual reminder of how the stakeholders in the accreditation enterprise can work together to achieve the goal of the voluntary national accreditation program: “to improve the health of the public by advancing and ultimately transforming the quality and performance of state, local, tribal, and territorial public health departments.”
Public Health Agency Accreditation System

**Inputs**
- Organizational structure
  - Board, committees & work groups
  - Staffing & expertise
- Principles for standards & assessment process
- Site visitors
- Funders
- National, Tribal, territorial, state, regional, & local partners
- Researchers
  - Interest, buy-in & commitment to seek & maintain accreditation
  - Appropriate stability, resources, & readiness to apply
- QI, performance management, & assessment experience
- Community partnerships

**Strategies**
- Implement accreditation & reaccreditation
  - Draft/revise standards
  - Train agencies & site visitors
  - Create/maintain e-PHAB
- Market program
- Improve program
  - Conduct evaluation
  - Promote research
- Promote national accreditation
  - Encourage agencies to meet national standards & seek accreditation
  - Provide funding & incentives
- Provide TA and training
- Conduct & disseminate research (including best practices)
- Prepare
  - Participate in training & TA
  - Assess readiness
- Apply for accreditation & reaccreditation
- Review & share findings
  - Develop & implement improvement plan
- Mentor other agencies

**Outputs**
- Accreditation program: marketed, implemented, evaluated, & improved
- e-PHAB developed & data captured
- National consensus standards for public health agencies
- Communication efforts delivered
- TA, trainings, & QI tools provided
- Research conducted & disseminated
- Improvements made to advance readiness
- Agencies are accredited & complete reaccreditation process
- Report acted on & QI efforts in place
- Agencies are mentored

**Proximate Outcomes**
- Strong, credible & sustainable accreditation program
- Standards adopted as performance measures
- Increased participation in accreditation from diverse agencies throughout country
- Improved communication about public health
- Enhanced internal & external collaboration
- Increased organizational accountability
- Increased knowledge of organizational strengths & weaknesses
- Increased awareness of importance of QI & a supportive culture
- Increased understanding of community needs, assets, & inequities

**Intermediate Outcomes**
- Standards drive public health transformation
- Increased science base for public health practice
- Improved identification & use of evidence-based practices & policies
- Increased use of benchmarks for evaluating performance
- Increased consistency in practice
- Increased use of proven QI methods & tools resulting in improvements in practice
- Increased inter-agency & cross-sector collaboration
- Increased visibility & credibility of public health agencies
- More effective & efficient use of resources
- Strengthened organizational capacity & workforce
- Improved responsiveness to community priorities
- Policy changes implemented to promote better health outcomes & health equity

**Ultimate Outcomes**
- Improved community health indicators / increased health equity
- Improved conditions in which people can be healthy
- Strengthened public health agencies & systems
- Greater equity in public health capacity
- Increased capacity for optimal investment in public health
- Increased public recognition of public health role & value

**Legend**
- Accrediting Agency
- Individual Public Health Agencies
- Stakeholders and Partners
- Public Health Field