



Evaluation of the Public Health Accreditation Program

Health Department Outcomes

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Health Department Surveys

- Three web-based surveys of applicant and accredited health departments
 - **Applicant Survey:** After health department registers in e-PHAB and before participating in the in-person training
 - **Accredited Survey:** After receipt of accreditation decision
 - **Post-accreditation Survey:** One year following accreditation decision
- Surveys are sent to the health department director, but the Accreditation Coordinator or other designee may respond
- Survey questions are related to health department process, experience, benefits, and outcomes of accreditation

NORC began administering surveys to health departments in October 2013 (Applicant Survey), December 2013 (Accredited Survey), and April 2014 (Post-accreditation Survey). Since that time, NORC has sent surveys quarterly to all health departments that have reached the appropriate milestone. For example, each quarter NORC sends the Applicant Survey to all health departments that have registered in e-PHAB (or submitted their statement of intent) since the last time the survey was administered.

Survey Response Rates

Response Rates as of August 2017

Survey Name	Timing	Survey Population	Response Rate	
		N	N	%
Applicant Survey	After registering in e-PHAB	276	241	87%
Accredited Survey	After accredited	171	156	91%
Post-accreditation Survey	One year after accredited	135	118	87%

Note: Each survey instrument maintained a core set of questions between November 2013 and August 2017. Once in 2015 and once in 2017, each survey was modified slightly to include new questions. As a result, some data in this presentation have a smaller sample size. This is reflective of the fact that fewer respondents were provided the opportunity to respond to those questions.

Other Health Department Data Collection

- Qualitative data collection for PHAB – for the *Initial Evaluation of the Public Health Accreditation Program*; and for the Robert Wood Johnson Foundation (RWJF) – for the *Evaluation of Short Short-Term Outcomes from Public Health Accreditation* – including:
 - Interviews and focus groups with applicant and accredited health departments (PHAB and RWJF)
 - Interviews and focus groups with non-applicant health departments (RWJF)
 - Interviews with other accreditation stakeholders, including PHAB staff, site visitors, health department funders, public health membership organizations, national funders, and others (PHAB and RWJF)

In addition to surveying health departments, NORC has conducted interviews and focus groups to gain additional insights on the health department experience, benefits, and outcomes.

Motivators to Apply and Anticipated Benefits

Applicants believe accreditation will...	% Agreed
Stimulate QI and performance improvement opportunities within HD	99%
Improve management processes used by leadership team	95%
Stimulate greater accountability and transparency within HD	95%
Allow HD to better identify strengths and weaknesses	95%
Help document capacity to deliver Three Core Functions of Public Health and Ten Essential Public Health Services	92%
Part of strategic plan	91%
Improve accountability to external stakeholders	87%
Improve credibility within community/state	87%
Improve competitiveness for funding opportunities	83%
Improve relationship with key partners in other sectors	83%
Improve communication with Board of Health/governing entity	65%

Applicant Survey, n=240

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After health departments register in e-PHAB (Applicant Survey), survey respondents are asked to indicate what benefits they perceive are associated with accreditation. All or nearly all respondents “strongly agreed” or “agreed” that accreditation will stimulate quality improvement and performance improvement opportunities and allow the department to identify strengths and weaknesses. Data collected between October 2013 – August 2017.

Benefits One Year after Accreditation

% Strongly Agree or Agree



Post-Accreditation Survey, N=118

*N=72

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One year after they are accredited (Post-Accreditation Survey), health departments are asked the extent to which they have experienced certain benefits from accreditation. Nearly all “strongly agreed” or “agreed” that accreditation has stimulated quality improvement and performance improvement opportunities.

Benefits One Year after Accreditation

% Strongly Agree or Agree

91%*

- Accreditation has stimulated greater collaboration across HD departments/units

88%

- Accreditation has improved the management processes used by the leadership team

86%*

- Accreditation has improved the credibility of the HD within the community and/or state

83%

- Accreditation has improved the HD's accountability to external stakeholders

Post-Accreditation Survey, N=118

*N=35

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One year after they are accredited (Post-Accreditation Survey), health departments are asked the extent to which they have experienced certain benefits from accreditation. The majority of survey respondents “strongly agreed” or “agreed” that accreditation has stimulated collaboration across the health department.

Respondent Quotes

- "We believe that the overall and **most important value** that accreditation has brought to our agency is **more teamwork** among the department. Before we became an accredited health department we worked in silos. During the accreditation process **we had to work together** in order to achieve accreditation. Since then, we have **continued to build and strengthen those relationships across divisions**. There is more of a 'team' feeling throughout the department."
- "I think that as we go through the follow-up process, accreditation will provide an additional opportunity to **reinforce the roles and responsibilities** of the health department with our chief elected officials and our local representatives to the state legislature."

Quotes from survey respondents describing the overall value of accreditation to their agencies.

Relationships with Stakeholders

- HD respondents reported improved relationships with stakeholders after accreditation

	Accredited Survey (n=51)	Post-Accreditation Survey (n=46)
Local community stakeholders	78%	74%
BOH/governing entity	75%	72%
Local policymakers	63%	57%

- HDs reported positive relationships with stakeholders prior to accreditation (Survey 1, n=154)
 - Local community stakeholders (99%)
 - BOH/governing entity (99%)
 - Local policymakers (95%)

In surveys taken shortly after they are accredited (Accredited Survey) and one year after they are accredited (Post-Accreditation Survey), the majority of respondents say that accreditation has improved their relationships with local community stakeholders, their governing entity, and local policy makers. Several respondents who disagreed explained that their existing relationships with each entity has always been strong and that they have not seen the relationship change through accreditation.

In fact, almost all the respondents to the initial survey indicate that they have strong relationships prior to undergoing the accreditation process.

Quality Improvement

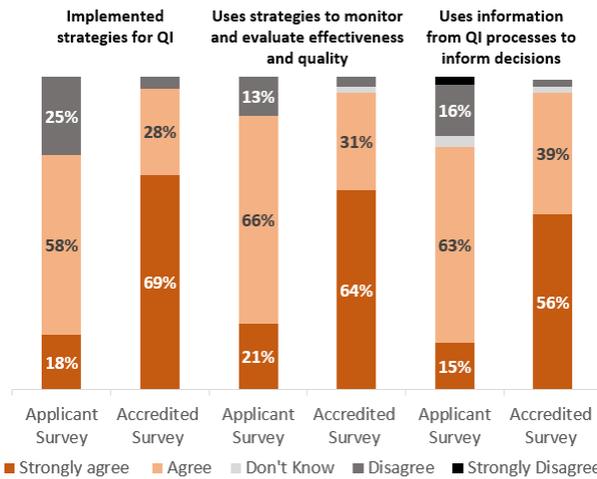
As a result of accreditation, health departments have...	Applicant Survey	Accredited Survey	Post-Accreditation Survey
Implemented/plan to implement strategies to monitor and evaluate effectiveness and quality.	83%	97%	-
Used/plan to use information from QI processes to inform decisions.	75%	95%	94%
Implemented/plans to implement new strategies for QI.	66%	96%	98%
Compared programs, processes, and outcomes against other similar HDs as a benchmark for performance.	53%	-	63%
Strengthened the culture of QI in the health department.	-	-	92%

*Applicant Survey N=237; Accredited Survey N=156;
Post-Accreditation Survey N=117*



This slide provides additional information about health departments' engagement in quality improvement. For example, 92% of respondents to Post-Accreditation Survey "strongly agreed" or "agreed" that: "As a result of the accreditation process, my health department has a strong culture of QI."

Quality Improvement



Longitudinal analysis of reported QI activities among applicant and accredited health departments, N=80



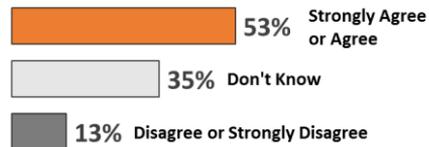
Respondents were asked the extent to which they agreed with several statements prior to accreditation (Applicant Survey) and shortly after accreditation (Accredited Survey). This exhibit includes respondents who answered both surveys. The differences between the Applicant and Accredited Survey, and specifically the increase in the percentage of respondents stating that they “strongly agreed,” can be seen in this slide.

Changes in Health Outcomes

Examples from interviews with accredited health departments

- Most HD respondents said they do not yet have data to connect changes in health outcomes to accreditation
 - Too soon since becoming accredited to measure health outcomes
 - Respondents believe that improvements due to accreditation in the areas of partnerships, use of resources, measurement, QI, and programs will ultimately improve health outcomes

HD activities implemented as a result of being accredited have led to improved health outcomes in the community



Post-Accreditation Survey, n=72

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More than half of health department respondents to the Post-Accreditation Survey “strongly agreed” or “agreed” that activities implemented by the health department as a result of being accredited have led to improved health outcomes in their community. Many evaluation respondents indicated that it is too soon to measure changes in health outcomes.

Respondent Quotes

- “By far the best [outcome of accreditation] is the **validation** for staff. They are really proud of accomplishing accreditation, and really proud of **doing things the right way**.”
- “Accreditation has helped **transform** our health department from “good enough” and “this is the way we’ve always done it” to being “**great**” and “how can we do things better/more **efficiently**/more **effectively**?” There is a night and day difference in our agency from when we began our accreditation journey in 2010 to where we are now, one year post-accreditation. We still have many improvements we’d like to make and know we need to make, but achieving accreditation has given us the knowledge and the confidence needed to continue our **transformation**.”

Quotes from survey respondents describing the benefits of accreditation to their agencies.

Financial Effects

% Strongly Agree or Agree

56%

- Accreditation has improved the utilization of resources within the health department

42%

- Accreditation has improved the health department's competitiveness for funding

Post-Accreditation Survey, N=118 and 72, respectively

Respondent Quote

*Accreditation “created some **efficiencies**, especially with QI projects. As we try to diffuse that culture of QI throughout the agency, we get lots of suggestions for QI projects that **save staff time and resources.**”*

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More than half of respondents to the Post-Accreditation Survey “strongly agreed” or “agreed” that accreditation has improved the utilization of resources within the health department.

Overall Satisfaction

- Following accreditation, survey respondents said that their health department made the correct decision to apply for national accreditation through PHAB
 - 99% “strongly agreed” or “agreed” (*Accredited Survey, N=154*)
- HD leadership teams viewed PHAB accreditation fees as a good value
 - 82% “strongly agreed” or “agreed” (*Accredited Survey, N=154*)
- One year following accreditation, respondents said their HD did not experience any adverse effects due to participation in the accreditation process
 - 91% “strongly agreed” or “agreed” (*Post-Accreditation Survey, N=118*)

Nearly all health department respondents agreed that their health department made the correct decision to apply for national accreditation through PHAB. The majority of respondents agreed that the PHAB accreditation fees are a good value.