



# Initial Evaluation of the Public Health Accreditation Program

Health Department Outcomes

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## Health Department Surveys

- Three surveys of applicant and accredited health departments
  - Survey 1: After registering in e-PHAB and before participating in the in-person training
  - Survey 2: After receipt of accreditation decision
  - Survey 3: One year following accreditation decision
- Surveys are web-based and sent to the health department director, but Accreditation Coordinator or other designee may respond
- Survey questions are related to health department process, experience, and outcomes

NORC began administering surveys to health departments in October 2013 (Survey 1), December 2013 (Survey 2), and April 2014 (Survey 3). Since that time, NORC has sent surveys quarterly to all health departments that have reached the appropriate milestone. For example, each quarter they send Survey 1 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

	Timing	Response Rate	N	# Cohorts
<b>Survey 1</b>	After registering in e-PHAB	87%	207 of 239	12
<b>Survey 2</b>	After accredited	91%	120 of 132	12
<b>Survey 3</b>	One year after accredited	87%	69 of 79	11

Response rates as of October, 2016

## Other Health Department Data Collection

- Interviews
  - 53 interviews with applicant and accredited health departments
- Focus Groups
  - 8 focus groups with applicant and accredited health departments
  - NACCHO Annual 2014, 2015, 2016 – 6 focus groups
  - ASTHO Senior Deputies Meeting 2014 – 1 focus group
  - Open Forum Meeting 2014 – 1 focus group
- NOTE: Additional data collection activities were conducted throughout the evaluation to address special topics identified by PHAB

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

## Motivators and Perceived Benefits

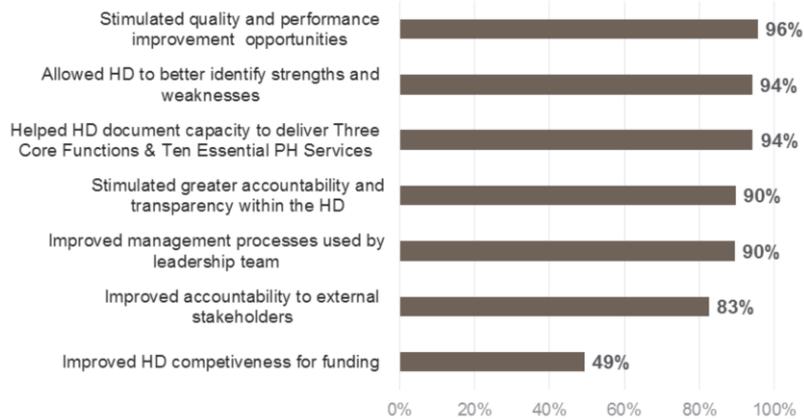
	% Agreed
Stimulate quality and performance improvement opportunities within HD	99%
Improve management processes used by leadership team	97%
Better identify strengths and weaknesses	96%
Stimulate greater accountability and transparency within HD	96%
Help HD document capacity to deliver three core functions of public health and Ten Essential Public Health Services	94%
Part of strategic plan	93%
Improve HD's accountability to external stakeholders	89%
Improve credibility of HD within community/state	87%
Improve HD's competitiveness for funding opportunities	86%
Improve relationship with key community stakeholders	84%
Allow HD to better communicate with Board of Health or governing entity	66%

Percentage of HDs that Strongly Agreed or Agreed with statements about the motivators to apply for accreditation (Survey 1, n=207, Oct 2013 – Oct 2016)



After health departments register in e-PHAB, they are asked to indicate what benefits they perceive are associated with accreditation. All or nearly all respondents believe accreditation will stimulate quality improvement and performance improvement opportunities and allow the department to identify strengths and weaknesses. Data collected between Oct 2013 – October 2016.

## Benefits One Year after Accreditation



Percentage of HDs accredited for one year that Strongly Agreed or Agreed with statements about accreditation benefits/outcomes  
(Survey 3, n=69, Apr 2014 – Oct 2016)

One year after they are accredited, health departments are asked the extent to which they have experienced certain benefits. Nearly all agree or strongly agree that accreditation has stimulated quality improvement and performance improvement opportunities.

## Relationships with Stakeholders

- HDs reported improved relationships with stakeholders after accreditation

	Survey 2 (n=51)	Survey 3 (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 (Survey 2) and one year after they are accredited (Survey 3), 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.

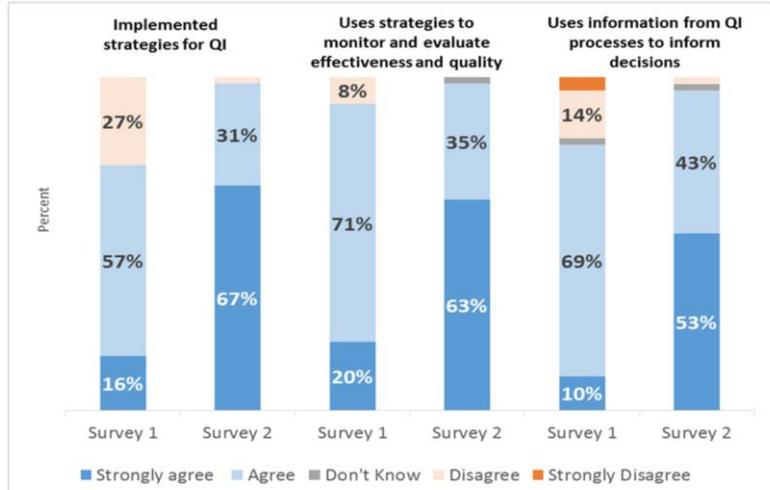
In fact, almost all the respondents to the initial survey indicate that they have strong relationships prior to undergoing the accreditation process.

## Quality Improvement

	Survey 1 (n=207)	Survey 2 (n=120)	Survey 3 (n=69)
HD uses or has implemented/plans to implement strategies to monitor and evaluate effectiveness and quality.	85%	99%	-
HD uses or plans to use information from QI processes to inform decisions.	77%	97%	96%
HD has implemented or plans to implement new strategies for QI.	70%	97%	99%
HD compares programs, processes, and outcomes against other similar HDs as a benchmark for performance.	54%	-	68%
As a result of the accreditation process, our health department has a strong culture of QI.	-	-	91%

This slide provides additional information about health departments' engagement in quality improvement. For example, 91% of respondents to the survey one year after they were accredited agree or strongly agree that: "As a result of the accreditation process, my health department has a strong culture of QI."

## Quality Improvement



Differences between Survey 1 and Survey 2 to QI changes and outcomes statements (n=49)

Respondents were asked the extent to which they agree with several statements prior to accreditation (Survey 1) and shortly after accreditation (Survey 2). This exhibit includes respondents who answered both surveys. The differences between Survey 1 and Survey 2, and specifically the increase in the percentage of respondents stating “Strongly agree”, can be seen in this slide.

## Overall Satisfaction

- Health departments felt that they had made the correct decision to apply for national accreditation through PHAB
  - 100% (n=119) “strongly agreed” or “agreed” (Survey 2)
- Health department leadership teams viewed PHAB accreditation fees as a good value
  - 86% (n=102) “strongly agreed” or “agreed” (Survey 2)
- Health departments did not experience adverse effects from having participated in the accreditation process
  - Out of the 40 respondents that provided an answer to this open-ended question, 33 said no, 6 mentioned the time and money spent on accreditation, and one described “burn out” as an adverse effect (Survey 3)

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## Other Outcomes

- 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**.”
- “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**.”
- “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.”