

Initial Evaluation of the Public Health Accreditation Program

Health Department Outcomes

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Under contract with PHAB, NORC at the University of Chicago is conducting a three-year evaluation of PHAB. NORC is a nonprofit, social science research organization. While the evaluation is still in process and NORC continues to collect data, this presentation describes findings as of March 2016.

This presentation is primarily focused on evaluation findings related to the outcomes health departments have experienced. The evaluation has also provided PHAB with information to help it improve the accreditation process.

The Interim Findings Brief Report (<http://www.phaboard.org/wp-content/uploads/PHAB-Evaluation-Brief-2015.pdf>) provides additional information about the overall evaluation and methodology.

If you have any questions about the evaluation, please contact PHAB's Director of Research and Evaluation, Jessica Kronstadt (jkronstadt@phaboard.org, 703-778-4549 x117).

HD Surveys

- Three web surveys of applicant and accredited HDs
 - Survey 1 – after HD registers in e-PHAB
 - Current response: n = 175, response rate = 86.6%
 - Survey 2 – after HD is accredited
 - Current response: n = 67, response rate = 87.0%
 - Survey 3 – one year after HD is accredited
 - Current response: n = 52, response rate = 86.7%
- Sent to HD Director, but Accreditation Coordinator or other designee may respond
- To date, only a small number of health departments have had the opportunity to respond across surveys, making it premature to conduct longitudinal analyses

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.

Other HD Data Collection

- Interviews with HD staff
- Interviews with accreditation stakeholders
- Focus Groups (FGs) with HDs
 - Two with accredited HDs at the 2014 NACCHO Annual Conference
 - One with applicant/accredited HDs at the 2014 ASTHO Senior Deputies Meeting
 - Two with applicant/accredited HDs at the 2015 NACCHO Annual Conference
 - Year 3 (planned): One with applicant/accredited HDs at the NNPHI Open Forum and one at the 2016 NACCHO Annual Conference

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

- Survey after HDs register in e-PHAB (n=175), RR=86.6%

HDs believe accreditation will...



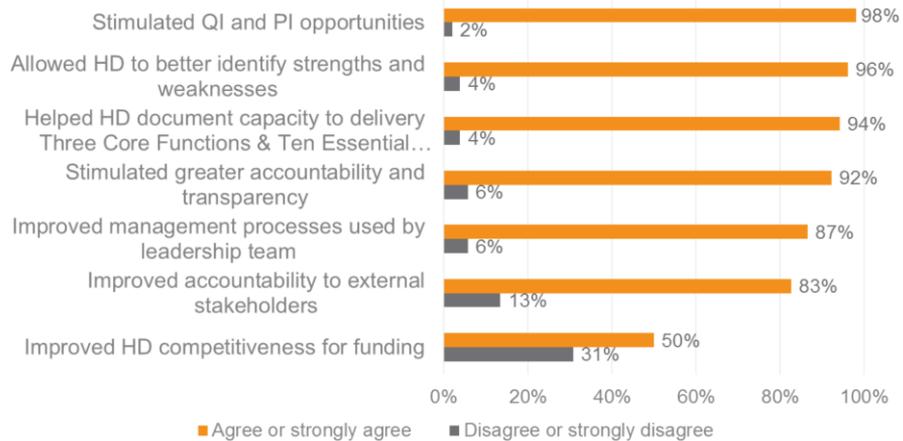
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After health departments register in e-PHAB, they are asked to indicate what benefits they perceive are associated with accreditation. All or nearly all respondents believe accreditation will stimulate quality improvement and performance improvement opportunities and allow the department to identify strengths and weaknesses. Data collected between October 2013 – November 2015.

Benefits One Year after Accreditation

- Survey one year after HDs are accredited (n=67), RR=87.0%

Benefits and outcomes experienced one year after accredited



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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.

Data collected from October 2013 – July 2015 (Survey 1); December 2013 – August 2015 (Survey 2); and April 2014 – September 2015 (Survey 3).

Quality Improvement

	Survey 1 (n=175)	Survey 2 (n=67)	Survey 3 (n=52)
HD uses or has implemented/plans to implement strategies to monitor and evaluate effectiveness and quality.	85%	100%	-
HD uses or plans to use information from QI processes to inform decisions.	76%	96%	100%
HD has implemented or plans to implement new strategies for QI.	70%	94%	-
HD compares programs, processes, and outcomes against other similar HDs as a benchmark for performance.	54%	-	69%
HD has implemented strategies for QI to demonstrate continued conformity with the Standards & Measures.	-	-	98%
As a result of the accreditation process, HD has a strong culture of QI.	-	-	93%

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This slide provides additional information about health departments' engagement in quality improvement. For example, 93% 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."

Overall Satisfaction

- HD leadership teams viewed PHAB accreditation fees as a good value
 - 92% (n=61) “strongly agreed” or “agreed” (Survey 2)
- HDs felt that they had made the correct decision to apply for national accreditation through PHAB
 - 100% (n=66) “strongly agreed” or “agreed” (Survey 2)
- HDs did not experience adverse effects from having participated in the accreditation process
 - More than half of HDs said there were no adverse effects; others did not provide a narrative response (Survey 3)
 - One HD said the process required time, energy, and resources from managers and staff that cannot be recovered

Health departments report being satisfied overall with their PHAB experience.