

Initial Evaluation of the Public Health Accreditation Program

INTERIM FINDINGS BRIEF REPORT: HEALTH DEPARTMENT PERSPECTIVES

SEPTEMBER 2015

FULL REPORT PRESENTED TO:

Public Health Accreditation Board
(PHAB)

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Overview

NORC at the University of Chicago is conducting an initial evaluation of the national public health accreditation program implemented by the Public Health Accreditation Board (PHAB). The goal of the three-year evaluation is to assess ongoing accreditation activities and processes and to assess the quality of the accreditation process through applicants’ experiences and the achievement of outcomes. To achieve this goal, NORC is implementing a multi-phased evaluation, collecting quantitative and qualitative data from stakeholders. Stakeholders include staff from applicant health departments, Site Visitors, and the PHAB Accreditation Committee, among others. Data collection strategies throughout the evaluation include web-based surveys, interviews, focus groups, and other methods, as appropriate. The data collected will inform several evaluation questions related to the accreditation process, experience of applicants, and short-term outcomes.

This document includes the portion of the evaluation report that presents preliminary findings from quantitative and qualitative data collected from health departments throughout the first two years of the evaluation. Data collection strategies implemented that informed this report include three web-based surveys of applicant and accredited health departments and focus groups with health departments. Data presented from the health department surveys are cumulative from the first two years of the evaluation (approximately November 2013 to May 2015) and data from focus groups are from the second year of the evaluation (approximately May 2014 to May 2015).

The report begins with an overview of these evaluation methods and strategies and then evaluation findings are presented. First, we describe feedback from applicant and accredited health departments about the accreditation process. Then, we describe the experiences of applicant and accredited health departments with the accreditation process. Next, we provide an overview of the preliminary short-term outcomes reported by accredited health departments.

Key Findings: Benefits of Accreditation

Findings from health departments that had recently been accredited (n=39):

- 100% strongly agreed or agreed that the health department made the correct decision to apply for accreditation.
- 90% strongly agreed or agreed that PHAB accreditation fees are a good value.

Findings from health departments that had been accredited for one year (n=28):

- 96% strongly agreed or agreed that accreditation had the following benefits: stimulated QI and performance improvement opportunities, improved management processes used by the leadership team, stimulated greater accountability and transparency, helped them to document their capacity to deliver the three core functions of public health and the Ten Essential Public Health Services, and allowed them to better identify their strengths and weaknesses.
- The majority of respondents said that accreditation had improved their accountability to external stakeholders (86%), allowed them to better communicate with their BOH or governing entity (71%), and improved their competitiveness for funding (61%).

Methods

Several data collection activities inform the findings in this report. The report presents cumulative findings from surveys of applicant and accredited health departments, and Year 2-specific findings from focus groups with applicant and accredited health departments. Each of these methods is described below.

Surveys of Applicant and Accredited Health Departments

NORC is fielding three surveys to applicant and accredited health departments throughout the evaluation. The first survey (Survey 1) is sent to applicants after they have submitted their Statement of Intent (SOI) to apply for accreditation, but prior to their participation in the in-person Accreditation Coordinator training. The second survey (Survey 2) is sent to applicants after they have achieved accreditation. The third survey (Survey 3) is sent to health departments after they have been accredited for one year. Survey data collection began in November 2013. At the start of data collection, some applicants were farther along in the process and thus will not receive Survey 1 or Survey 2. To date, NORC has collected data from six cohorts for Survey 1, six cohorts for Survey 2, and five cohorts for Survey 3. The current response rates for each survey, and for the data presented in this report, are:

- Survey 1: 84.5% (n=131)
- Survey 2: 81.3% (n=39)
- Survey 3: 90.3% (n=28)

At this time, the health departments that have responded to each survey are different. As the evaluation progresses, however, a subset of health departments will have responded to all three surveys. Additional data are forthcoming; new cohorts of applicants will continue to be invited to participate in the surveys throughout the third year of the evaluation. Further, more data will be collected from health departments through additional focus groups and interviews and will be shared with PHAB via presentations and written reports.

Focus Groups with Health Departments

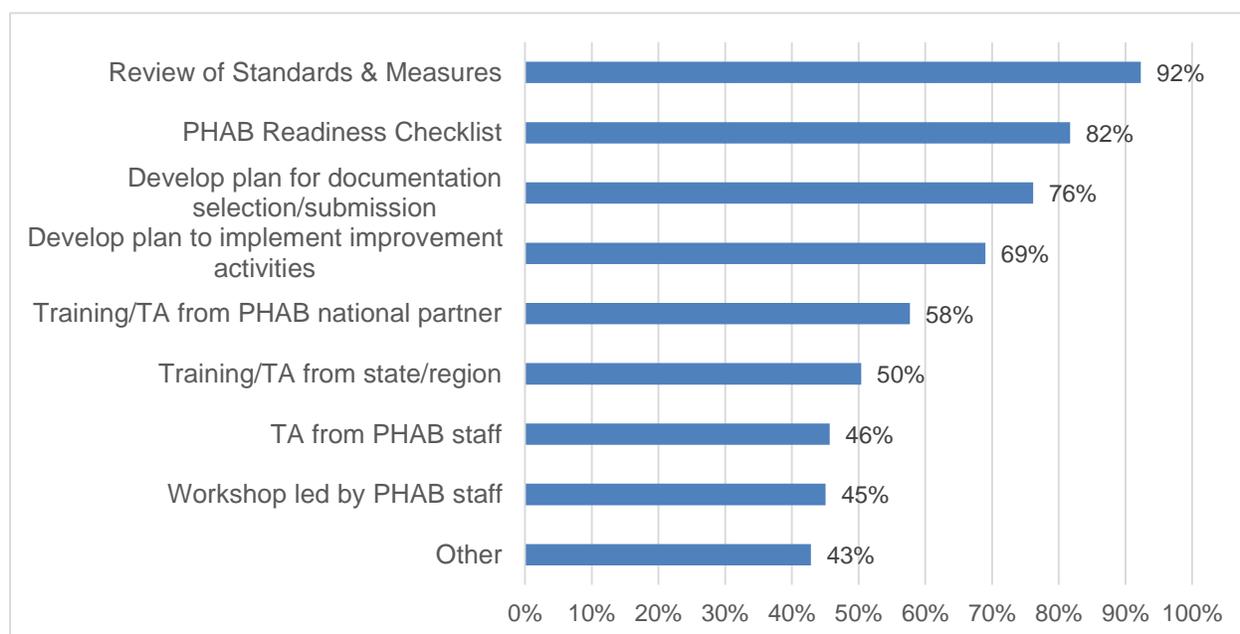
NORC conducted three focus groups with applicant and accredited health departments. Two focus groups were convened at the NACCHO Annual Meeting (July 2014) and one at the ASTHO Senior Deputies Meeting (August 2014), and both consisted of a mix of applicant and accredited health departments. Discussions focused on the accreditation process, overall impressions, and anticipated or actual short-term outcomes.

Health Department Application Process

Health Department Preparation

Exhibit 1 presents the accreditation preparation activities rated “very helpful” or “helpful” by health departments that completed Survey 1. The most helpful activity was reviewing the PHAB Standards and Measures to determine strengths and areas for improvements (92%). More than half of respondents rated other activities as helpful, including: the PHAB Readiness Checklist (82%); development of a plan or process for documentation selection and submission (76%); development of a plan to implement identified improvement activities (69%); training or technical assistance (TA) from a PHAB partner (58%); and training or TA from their state or region (50%). In general, other activities that were rated lower were not relevant because applicants were in the midst of applying, had not yet interacted with PHAB staff, or had not yet attended the training. Two-fifths of respondents said that “Other” preparation activities were helpful, including: PHAB resources (e.g., the updated Standards and Measures), documentation selection guidance, completing the prerequisites, Site Visitor training, PHAB webinars, communication with other applicants and accredited health departments, collaboration with external entities, engagement and support from leadership and staff, and NACCHO webinars and grants. One focus group participant said that the time involved in planning, implementing, and completing the prerequisites means that the health department is in it “for the long haul.” To prepare, other focus group participants said it was important to be aware of the time and resources involved, develop a timeline, understand the 10 Essential Public Health Services, and to view accreditation as a journey towards continuous quality improvement (QI).

Exhibit 1. Percentage of respondents that rated accreditation preparation activities as “very helpful” or “helpful”, *Survey 1 of health departments that had submitted an SOI, n=131*



Relationship with Stakeholders

Exhibit 2 presents the percentage of Survey 1 respondents that “strongly agreed” or “agreed” with statements about their current relationships with stakeholders. Most applicants agreed that

they had positive relationships with local community stakeholders (99%), their BOH or governing entity (99%), and other local policymakers (95%). In open responses, three applicants said that they are working on creating or strengthening their relationship with their governing entities and local policymakers and one said this has been a challenge because they report to two government entities, multiple school districts, and others.

Exhibit 2. Percentage of respondents that “strongly agreed” or “agreed” with statements about relationships, *Survey 1 of health departments that had submitted an SOI, n=131*

HD Relationships with Stakeholders	% Agreed
Local Community Stakeholders: health department has positive relationships	99%
BOH or Governing Entity: health department has positive relationship	99%
Local Policymakers: health department has positive relationships	95%

Documentation Selection and Submission

Among recently accredited health departments that responded to Survey 2, most said that completing the documentation selection and submission process allowed them to identify policies, processes, and protocols that were not currently in place (92% “strongly agreed” or “agreed”) and that they intended to or had already implemented new policies, processes, and protocols (97%). One respondent who disagreed said that they were improving or strengthening existing policies, processes, and protocols, rather than implementing new ones. Less than three-quarters of respondents said it was relatively easy for their health department to identify the appropriate documentation to demonstrate conformity with the PHAB Standards and Measures (69%). Six respondents that disagreed explained via open-ended question responses that documentation selection took a lot of time, consideration, and effort. Respondents were split on their responses for a reasonable time frame to complete documentation selection and submission. Approximately one-third said a reasonable time frame would be 10-12 months (33%), less than one third said 7-9 months (26%) or 4-6 months (26%), and fewer said 3 months or less (5%). Two respondents (5%) selected ‘Other’ and one explained that it would take more than one year.

Standards and Measures

Exhibit 3 presents the percentage of Survey 2 respondents that “strongly agreed” or “agreed” with statements about the PHAB Standards and Measures. Overall, they agreed that they allow for accurate measurement of public health capacities and processes (97%) and accurately reflect the practice of high-performing health departments (92%). About two-thirds of respondents said that they are sensitive enough to detect meaningful changes in capacities and processes over time (69%). One state health department focus group participant reiterated that their health department and local partners believe the Standards and Measures are a “roadmap for a good public health agency.”

Exhibit 3. Percentage of respondents that “strongly agreed” or “agreed” with statements about the PHAB Standards and Measures, *Survey 2 of recently accredited health departments, n=39*

Statements about the PHAB Standards and Measures as Currently Written	% Agreed
Standards & Measures allow for accurate measurement of the public health capacities and processes in our HD.	97%
Standards & Measures accurately reflect the practice of high-performing HDs.	92%
As currently written, Standards & Measures are sensitive enough to detect meaningful changes in capacities and processes in our HD over time.	69%

Site Visit

Exhibit 4 presents the percentage of accredited health departments that responded to Survey 2 and “strongly agreed” or “agreed” with statements about the Site Visit. The majority of respondents agreed that the Site Visit was a good use of time (97%), that the Site Visit Report was an accurate representation of the health department (92%), that PHAB provided them with the information needed to prepare (92%), that the Site Visit did not present problematic interruptions (92%), and that Site Visitors had an accurate understanding of the health department’s operations after the Site Visit (92%). LHDs that participated in focus groups generally agreed that the value of the Site Visit was that it offered an opportunity for health department staff to validate their work and to reaffirm their reasons for going through the accreditation process. Several emphasized the importance of having Site Visitors that are experienced with PHAB, have an understanding of public health, and are knowledgeable of the Standards and Measures. Another suggested that at least one Site Visitor on each team be compensated, so that there is more consistency across health departments.

Exhibit 4. Percentage of respondents that “strongly agreed” or “agreed” with statements about the Site Visit, *Survey 2 of recently accredited health departments, n=39*

Statements about the Site Visit	% Agreed
The site visit was a good use of our HD’s time.	97%
The site visit report presents an accurate representation of our HD.	95%
PHAB provided our HD with all of the information we needed to prepare for the Site Visit.	92%
The Site Visit did not present any problematic interruptions for our HD.	92%
After the Site Visit, the Site Visitors had an accurate understanding of our HD’s operations.	92%

Action Plan

About one-quarter (26%, n=10) of accredited health departments that responded to Survey 2 said that they were required to develop an Action Plan. Among those health departments, most felt it was clear what course of action they should take when developing and implementing the Action Plan (90%, n=9 “strongly agreed” or “agreed”). One respondent “disagreed” and said it would have been helpful to have a guidance template, similar to the Standards and Measures guidance, to explain the Action Plan process. Most agreed that it was beneficial for them to implement the activities identified in the Action Plan (90%, n=9). Two respondents said via response to open-ended questions that it was challenging to implement but helpful for improving their processes. One disagreed that the Action Plan was beneficial, saying that it seemed like an unnecessary delay in their health department’s accreditation, especially since the majority of Measures were fully or largely demonstrated.

Annual Reporting Process

Exhibit 5 presents the percentage of health departments that completed Survey 3 and “strongly agreed” or “agreed” with statements about the Annual Report. All respondents agreed that they had a clear understanding of how to complete the Annual Report process (100%) and most agreed that the forms allowed their health department to accurately depict relevant accreditation activities (92%). The majority agreed that completing the forms provided an opportunity to reflect on QI and performance improvement (89%), contributed to the QI culture (79%), and helped them to consider how to address emerging public health issues (79%). In February 2015, PHAB released a revised Section 2 template and guidance document for Sections 1 and 2. Prior

to receiving the revisions, one respondent said that the questions were “ambiguous” and did not target Measures that were slightly or not demonstrated during the Site Visit. Two respondents said that the revisions to Section 2 were concerning because it requested new or different information than they anticipated; if they had received the instructions earlier, they would have tracked questions differently. One respondent felt the Annual Report format did not easily lend itself to review by external parties and another felt that the questions related to emerging public health issues were not relevant in a centralized system, where planning related to emerging public health issues (e.g., informatics) occurs largely at the state level.

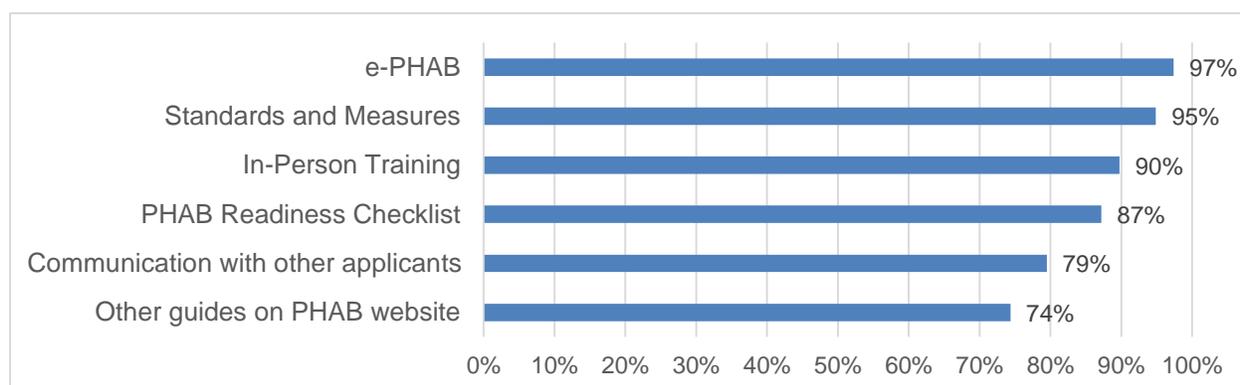
Exhibit 5. Percentage of respondents that “strongly agreed” or “agreed” with statements about the Annual Report, *Survey 3 of health departments accredited one year, n=28*

Statements about the Annual Report	% Agreed
HD had a clear understanding of how to complete the Annual Report process.	100%
The Annual Report format allowed HD to accurately depict activities relevant to accreditation.	92%
Completing the Annual Report provided HD an opportunity to reflect on QI and performance improvement activities.	89%
Completing the Annual Report contributed to HD’s culture of QI.	79%
Completing the Annual Report helped HD consider how to address emerging public health issues.	79%

Resources and Support

Exhibit 6 presents the resources that Survey 3 respondents rated as “very helpful” or “helpful” throughout the process. The most helpful resources were: e-PHAB (97%), PHAB Standards and Measures, including measure-specific guidance (95%), the in-person training (90%), Readiness Checklist (87%), communication with other applicants (79%), and other guides on PHAB’s website (74%). Other resources and support that were useful throughout the process were PHAB-provided resources including the Standards and Measures Version 1.5, Accreditation Specialists, online orientation videos, and the Site Visitor training. Other non-PHAB resources noted were the NACCHO Accreditation Coordinator Learning Community and mock review conducted by a hired consultant. Overall, survey respondents agreed that the in-person training was a good use of their staff time (97%) and that it provided them with an accurate picture of what to expect during the accreditation process (95%). In open responses, one respondent said that it would be helpful if the training addressed the steps involved in completing an Action Plan.

Exhibit 6. Percentage of respondents that rated resources as “very helpful” or “helpful” throughout the accreditation process, *Survey 3 of recently accredited health departments, n=39*



Health Department Experience

Facilitators

Exhibit 7 presents the percentage of Survey 1 respondents that “strongly agreed” or “agreed” about the motivators to apply for accreditation. The majority of respondents agreed that all 11 of the factors were motivators; the top motivator was that accreditation would stimulate QI and performance improvement opportunities (100%). Three respondents that “disagreed” with factors said it was because their health department was already strong in those areas and they felt that accreditation would not help them improve. One said it was too soon to know if being accredited would improve their competitiveness for funding because of the newness of the process. Other motivators mentioned in the open-ended responses and in focus groups with local health departments (LHDs) were that accreditation would serve as a tool for accountability towards the community and Board of Health (BOH), improve standardization, serve as an opportunity to motivate staff to engage in QI, and that it was mandated by their state health department.

Exhibit 7. Percentage of respondents that “strongly agreed” or “agreed” about the motivators to apply for accreditation, *Survey 1 of health departments that had submitted an SOI, n=131*

Motivators to Apply	% Agreed
Stimulate quality and performance improvement opportunities within HD	100%
Improve management processes used by leadership team	98%
Better identify strengths and weaknesses	98%
Stimulate greater accountability and transparency within HD	94%
Help HD document capacity to deliver three core functions of public health and Ten Essential Public Health Services	94%
Part of strategic plan	92%
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	85%
Allow HD to better communicate with BOH or governing entity	65%

Consultants

Among recently accredited health departments that responded to Survey 2, relatively few said that they hired a consultant to assist with accreditation (23%, n=9). Among those that did, four consultants helped review documentation, two helped the health department to understand performance measurement and quality improvement-related processes, one helped integrate the community health improvement plan (CHIP), community health assessment (CHA), and strategic plan, and one provided suggestions for improvements.

Barriers and Challenges

Exhibit 8 presents the percentage of health departments that “strongly agreed” or “agreed” about challenges at various points in the accreditation process: after submitting the SOI (Survey 1), shortly after being accredited (Survey 2), and one year after accreditation (Survey 3). The top challenge at all three points was limited staff time or other schedule limitations (84%, 71%, and 83%, respectively). More than half of recently accredited and accredited-one-year health departments agreed that staff turnover and loss of key staff (54% and 58%, respectively) were challenges. This was also a challenge among 39% of respondents that had submitted the SOI.

Further, more than half of health departments accredited for one year agreed that reduced funding to support accreditation activities was a challenge (58%). Several respondents reported “other” challenges. Among Survey 1 respondents, four said that lack of staff and staff time was a barrier, and others said that competing priorities, difficulty determining their role as a centralized state, and lack of clarity on how to meet the Standards and Measures were barriers.

Exhibit 8. Percentage of respondents that “strongly agreed” or “agreed” about barriers and challenges throughout the accreditation process, *health department surveys 1, 2, and 3*

Barriers and Challenges	% Agreed		
	Survey 1 (n=131)	Survey 2 (n=39)	Survey 3 (n=28)
Limited staff time/other schedule limitations	79%	51%	36%
Staff turnover/loss of key staff	36%	38%	25%
PHAB application fees	34%	-	-
Lack or decreased perceived value/benefit of accreditation	31%	5%	4%
Difficult to demonstrate conformity with selected Standards & Measures	27%	-	-
Selected Standards & Measures not applicable to HD	9%	-	-
Lack of or decreased support from elected leaders	6%	0%	0%
Lack of or decreased support among HD leadership team	6%	3%	0%
Lack of or decreased support from BOH/other governing entity	4%	3%	4%
Not a or decreased priority	3%	0%	0%
Reduced funding available to support accreditation activities	-	-	25%
Other	15%	15%	4%

Despite the obstacles that several applicants reported in their response to Survey 1, most said they were willing to confront the challenges because of QI opportunities. In the open-ended responses, 23 health departments reiterated that staffing (e.g., time, turnover, and competing priorities) was a challenge in the application process and 16 said that limited funding (e.g., application fees) was a challenge. In addition to the fees, some said their health department needed to hire the assistance of an external consultant, thus increasing the cost of the process. Another barrier reiterated in the open-ended responses was lack of perceived value or education among leadership, staff, or officials, which made it difficult to mobilize support and resources for accreditation. Finally, five respondents said the Standards and Measures were not always applicable to their community; these comments were from a diversity of health departments (e.g., small, large, urban, rural, local, and state entities).

Similar themes emerged in Surveys 2 and 3. Among Survey 2 respondents, additional barriers reported included: lack of key staff to support accreditation activities, lack of buy-in from supervisors, difficulty maintaining enthusiasm, and the inability to include behavioral health documentation. In Survey 3, one respondent provided a response to the open-ended question about other challenges, noting that the recent reorganization of their BOH may result in less time for the Health Officer to interact with and educate them on public health issues. To overcome challenges, a different health department said that they established a succession plan to deal with staff turnover. Several respondents said that they had integrated accreditation activities into the routine work of leadership and staff, which maintained support at all levels and placed a high priority on accreditation. One explained that “there is a risk of losing critical organizational momentum immediately following the accreditation decision. [By] assigning primary responsibility for PHAB related issues, building on identified success and weaknesses, and institutionalizing tracking systems [we] have helped avoid this ‘accreditation fatigue.’”

Health Department Satisfaction

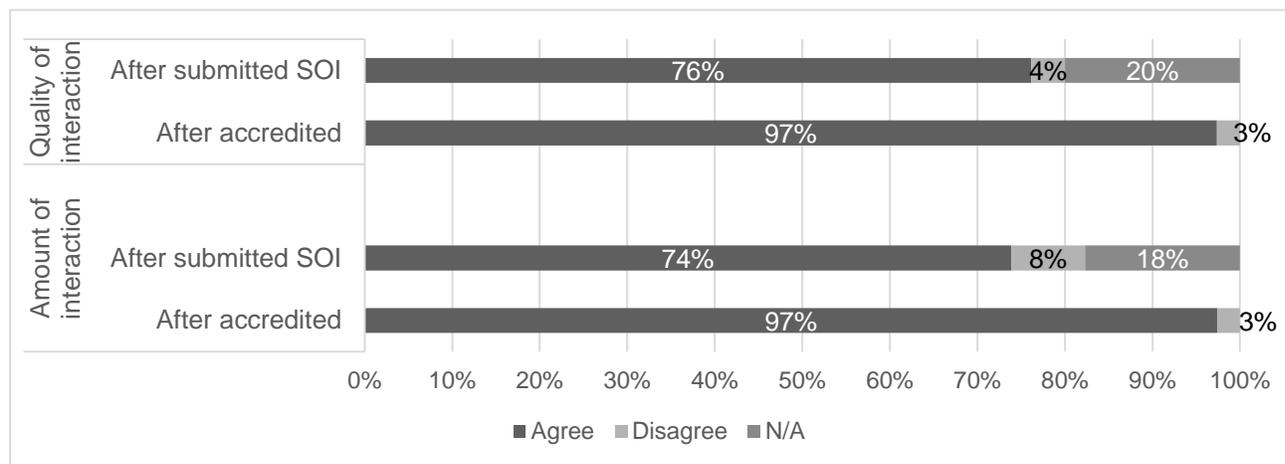
Accreditation Fees

Among health departments that were recently accredited and responded to Survey 2, the majority agreed that their health department leadership team views the PHAB accreditation fees as a good value (90% “strongly agreed” or “agreed”).

Satisfaction with PHAB Staff

Exhibit 9 presents applicants’ reported satisfaction with the amount and quality of interaction with PHAB staff, both after submitting the SOI (Survey 1) and shortly after being accredited (Survey 2). At both points, the majority of respondents agreed that they were satisfied with the amount (74% and 97%, respectively) and quality of interaction with PHAB staff (76% and 97%, respectively). Close to one-fifth of Survey 1 respondents said that the question was not applicable (18% and 20%, respectively), mostly because it was too early in the process to have interacted with PHAB staff. Among those that had interacted with PHAB staff, eight explained that PHAB staff had been extremely supportive and helpful, four said PHAB staff were slow to respond to email requests, and two said that the limited number of PHAB staff made it difficult for them to get the assistance they would like. Among Survey 2 respondents, most agreed that their interaction with PHAB staff made the accreditation process more efficient (97%).

Exhibit 9. Respondents’ reported satisfaction with amount and quality of interaction with PHAB staff after submitted SOI (Survey 1, n=131) and throughout the process (Survey 2, n=39)



Overall Satisfaction

Among health departments that were recently accredited and responded to Survey 2, all agreed that their health department made the correct decision to apply for national accreditation through PHAB (100% “strongly agreed” or “agreed”).

Finally, health departments that had been accredited for one year were asked in Survey 3 if there had been any adverse effects on their health department from having participated in the accreditation process. Out of the 17 respondents that provided an answer to this open-ended question, 16 said no. The other respondent indicated that the accreditation process required significant amounts of time, energy, and resources, including time from managers and staff leaders that cannot be recovered.

Short-term Outcomes

Benefits and Outcomes from Accreditation

Exhibit 10 presents information from Survey 3 showing the percentage of respondents that reported certain benefits and outcomes from being accredited for one year. Most agreed that accreditation had stimulated QI and performance improvement opportunities, improved management processes used by the leadership team, stimulated greater accountability and transparency, helped them to document their capacity to deliver the three core functions of public health and the Ten Essential Public Health Services, and allowed them to better identify their strengths and weaknesses (96% for each benefit). The majority of respondents also said that accreditation had improved their accountability to external stakeholders (86%), allowed them to better communicate with their BOH or governing entity (71%), and improved their competitiveness for funding (61%).

Exhibit 10. Percentage of respondents that “strongly agreed” or “agreed” about accreditation benefits and outcomes, *Survey 3 of health departments accredited one year, n=28*

Benefits	% Agreed
Stimulated quality and performance improvement opportunities within HD	96%
Improved management processes used by leadership team	96%
Stimulated greater accountability and transparency within HD	96%
Helped HD document capacity to deliver three core functions of public health and Ten Essential Public Health Services	96%
Allowed HD to better identify strengths and weaknesses	96%
Improved accountability to external stakeholders	86%
Allowed HD to better communicate with BOH or governing entity	71%
Improved competitiveness for funding opportunities	61%

One LHD focus group participant said that their health department has an improved visibility, credibility, and reputation as a result of being accredited. They also said their health department has submitted grant applications that ask where they are in the accreditation process, and that they believe they have an upper hand in receiving those grants because they can report that they are accredited. A different focus group participant said that as a result of accreditation, they now encourage the identification and use of evidence-based programs and metrics – something that the health department did not do prior to going through the process. A different LHD focus group participant said that accreditation is “one of the best leverage points” to improve the public health system and success on objective health measures. Two focus group participants said that they believe, in the long-term, accreditation will affect health outcomes.

Quality Improvement Outcomes

Exhibit 11 presents the percentage of respondents from each survey that “strongly agreed” and “agreed” with statements about QI changes and outcomes. All or most accredited health departments agreed that they had implemented or plan to implement strategies to monitor and evaluate their effectiveness and quality (100%, Survey 2), compared to 84% of respondents that did so prior to going through accreditation (Survey 1). All or most of the recently and one-year accredited health departments said that they used or planned to use information from their QI processes to inform decision-making (100%, Survey 2; 96%, Survey 3), compared to 76% that did so prior to going through the process (Survey 1). All or most of the recently and one-year accredited health departments said that as a result of accreditation, they have implemented or

plan to implement new QI strategies (92%, Survey 2; 100%, Survey 3), compared to 71% that did so prior to going through accreditation (Survey 1). Further, 82% of Survey 3 respondents agreed that they compare their programs, processes, and/or outcomes against other similar health department, compared to 56% of Survey 1 respondents that did so prior to going through the process. Exhibit 12 presents the tools that applicants said they used to compare their health department to other health departments, prior to participating in accreditation (Survey 1).

Exhibit 11. Percentage of respondents that “strongly agreed” or “agreed” with statements about QI changes and outcomes, *health department Surveys 1, 2, and 3*

QI Outcomes	% Agreed		
	Survey 1 (n=131)	Survey 2 (n=39)	Survey 3 (n=28)
HD uses or has implemented/plans to implement strategies to monitor and evaluate effectiveness and quality.	84%	100%	-
HD uses or plans to use information from QI processes to inform decisions.	76%	100%	96%
HD has implemented or plans to implement new strategies for QI.	71%	92%	100%
HD compares programs, processes, and outcomes against other similar HDs as a benchmark for performance.	56%	-	82%
HD has implemented strategies for QI to demonstrate continued conformity with the Standards & Measures.	-	-	100%
As a result of the accreditation process, HD has a strong culture of QI.	-	-	93%

Exhibit 12. Tools applicants used to compare their health department to others, *Survey 1 of health departments that had submitted an SOI, n=131*

Tools	# mentions
State and community-level data (e.g., community health assessments, indicators, reports, dashboards, surveys, workgroups, etc.)	29
Informal communication with other health departments	24
RWJF County Health Rankings & Roadmaps	12
Conferences, forums, and meetings (including local-, state-, tribal-, and national-level)	11
National datasets, objectives, and initiatives (e.g., BRFSS, Healthy People 2020, YRBS, America’s Health Rankings, Cities Readiness Initiative)	10
Program-specific data (e.g., reports, reviews, outcomes, etc.)	8
Research articles, publications, and best practices	8
NACCHO and ASTHO resources	5
Maternal and child health data (e.g., needs assessment, measures, and PRAMS)	4
Other (e.g., restaurant inspections, practice-based research networks, organizational charts, and market analysis findings)	2

Health departments that responded to Survey 3 agreed that they had implemented QI strategies to demonstrate continued conformity with the PHAB Standards and Measures (100%) and that their health department had a strong culture of QI as a result of the accreditation process (93%). In response to open-ended questions, two health departments said they did not see improvements in QI culture because their health department was already committed to and had a strong QI program. Others said that as a result of accreditation, their health department had “assumed a culture of QI,” “experienced a significant positive transition in QI and performance

improvement,” and that accreditation “was a major opportunity to change our organizational culture to one where QI and performance management initiatives have become the norm.”

Survey 1 respondents provided additional detail related to their current use of QI strategies, prior to going through the accreditation process. Nine respondents said that their QI programs are in their infancy and need to become more integrated into the health department. Five respondents identified informal QI processes in place and plan to further formalize these processes. Six respondents plan to utilize QI activities and program findings for decision-making and planning efforts. Finally, nine respondents attribute improved QI activities to the accreditation process and prerequisites; one said that “Preparation for accreditation has had the greatest effect on our QI process and is increasingly informing decisions as time goes on.”

Steps of the Accreditation Process that Helped Identify QI Initiatives

Exhibit 13 presents the percentage of recently accredited health departments that responded to Survey 2 and “strongly agreed” or “agreed” that the steps of the accreditation process helped their health department to identify performance improvement and QI initiatives. Most respondents agreed that documentation selection and submission, feedback from the Accreditation Committee, and the feedback in the Site Visit Report helped (100%, 92%, and 90%, respectively).

Exhibit 13. Percentage of respondents that “strongly agreed” or “agreed” about the steps of the process helped identify performance and QI initiatives, *Survey 2 of recently accredited health departments, n=39*

Processes that Helped HDs Identify Performance and QI Initiatives	% Agreed
Documentation selection and submission	100%
Accreditation Committee feedback	92%
Feedback in the Site Visit Report	90%

One state health department focus group participant noted several benefits of having participated in the accreditation process. The benefits observed throughout the process included that the health department established consistent program performance expectations and related, measurable indicators, identified areas for improvement, consistently worked on improving projects and processes, established systems to assist programs with grant proposals that required inclusion of QI and performance management, and increased cross-department collaboration. They also noted a QI-related outcome from being accredited – an improved system of policy review. An LHD focus group participant said that being accreditation had resulted in an increased interest from staff in participating in “just-in-time training” for QI. Another LHD reported that being accredited holds them accountable for their activities, which has helped them institutionalize QI.

Relationships and Communication with Stakeholders

Exhibit 14 presents the percentage of Survey 2 and Survey 3 respondents that “strongly agreed” or “agreed” that their relationships with stakeholders improved after going through the process (Survey 2) and after being accredited for one year (Survey 3). Among those that disagreed, ten Survey 2 respondents said that their relationships were already strong and accreditation enhanced or reinforced it; findings that were reinforced from Survey 1. One respondent explained that “the accreditation process was positive but did not really impact the nature of those pre-existing strong relationships.”

Exhibit 14. Percentage of respondents that “strongly agreed” or “agreed” with statements about relationships with stakeholders, *Survey 2 of recently accredited health departments (n=39) and Survey 3 of health departments accredited one year (n=28)*

HD Relationships with Stakeholders	% Agreed	
	Survey 2 (n=39)	Survey 3 (n=28)
Local Community Stakeholders: relationships improved	80%	79%
BOH or Governing Entity: relationship improved	77%	79%
Local Policymakers: relationships improved	64%	64%

During the focus groups, one LHD said that since becoming accredited, their BOH had become more engaged with their health department and the public health system, which was “absolutely because of our participation in accreditation.” A different focus group participant said that accreditation helped their health department to develop a very strong relationship with their federally qualified health center (FQHC), which offered the health department supplemental funding to continue work related to the CHIP and CHA.

Exhibit 15 presents the percentage of recently accredited, Survey 2 respondents that “strongly agreed” or “agreed” with statements about communication with stakeholders. All agreed that they shared information with their BOH or governing entity throughout the accreditation process (100%) and that the BOH and community stakeholders provided positive feedback after hearing that accreditation was conferred. Most agreed that state and local policymakers provided positive feedback upon hearing that accreditation was conferred (87%). Fewer respondents agreed that the PHAB communications toolkit helped them to share the accreditation decision with stakeholders (77%). In open-ended responses, one health department said that they had not yet had the chance to utilize the communications toolkit but that the sample press release was very helpful. Another suggested that the media releases and other materials in the toolkit should be made available to the health department further in advance of the accreditation decision. One LHD focus group participant said that their public affairs office was not interested in using the sample press release because the announcement “was not news.” A different LHD said that when they were accredited, the local media published a story explaining what accreditation meant to the health department and to the community – noting the core public health functions, strategic use of local tax dollars, prioritization of initiatives, and collaboration with community partners.

Exhibit 15. Percentage of respondents that “strongly agreed” or “agreed” about communication with stakeholders, *Survey 2 of recently accredited health departments, n=39*

Statements about Communication with Stakeholders	% Agreed
HD shared information about accreditation processes with BOH/governing entity throughout the process.	100%
BOH/governing entity provided positive feedback upon hearing accreditation was conferred.	100%
Community stakeholders provided positive feedback upon hearing accreditation was conferred.	100%
State/local policymakers (other than governing entity) provided positive feedback upon hearing accreditation was conferred.	87%
PHAB communications toolkit helped HD share accreditation decision with stakeholders.	77%