

FINAL REPORT

Initial Evaluation of the Public Health Accreditation Program

DECEMBER 2016

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Overview

On behalf of the Public Health Accreditation Board (PHAB), NORC at the University of Chicago conducted an initial evaluation of the national public health accreditation program. The goal of the three-year evaluation was 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 implemented a multi-phased evaluation, collecting quantitative and qualitative data from accreditation stakeholders, including applicant and accredited health departments, from May 2013 to December 2016. Data collection strategies throughout the evaluation included web-based surveys, interviews, focus groups, and other methods, as appropriate. The data collected has informed several evaluation questions related to the accreditation process, experience of applicants, and short-term outcomes.

This report presents findings, related to these topics, from quantitative and qualitative data collected throughout the evaluation. Data collection strategies that informed this report include three web-based surveys, focus groups, and interviews with applicant and accredited health departments. Additional data collection activities conducted throughout the evaluation included interviews with members of the PHAB Accreditation Committee, interviews with other accreditation stakeholders, a web-based survey of PHAB Site Visitors, and other data collection methods related to the Centralized State Integrated Local Public Health Department System (CSILPHDS) application, all of which were reported to PHAB separately.

NORC has reported interim evaluation findings to PHAB via written reports delivered annually, memorandums on special topics identified by PHAB, and presentations to the PHAB Board of Directors and committees. As a result of the interim evaluation findings, PHAB has revised and modified some accreditation program policies and processes and provided additional guidance to applicant and accredited health departments in response to feedback. For example, PHAB has shortened the timeframe for two steps of the accreditation process and enhanced a document that health departments can use to assess their readiness to apply for accreditation. As a result of these changes and others, the accreditation process has evolved during the course of the evaluation.

Methods

Several data collection activities inform the findings in this report. The report presents cumulative findings from: surveys of applicant and accredited health departments; interviews with applicant and accredited health departments and other stakeholders; and focus groups with applicant and accredited health departments. Each of these methods is described below.

Surveys of Applicant and Accredited Health Departments

NORC fielded three surveys to applicant and accredited health departments throughout the evaluation. The first survey (Survey 1) was sent to applicants after they have submitted their registration to PHAB to apply for accreditation, but prior to their participation in the in-person Accreditation Coordinator training. The second survey (Survey 2) was sent to applicants after they have achieved accreditation. The third survey (Survey 3) was sent to health departments after they have been accredited for one year. The surveys are sent to the health department director, but the Accreditation Coordinator or other designee may respond.

Survey data collected for this report began in November 2013 and concluded in October 2016. At the start of data collection, some applicants were farther along in the process and thus did not receive Survey 1 or Survey 2. To date, NORC has collected data from 12 cohorts for Survey 1, 12 cohorts for Survey 2, and 11 cohorts for Survey 3. The current response rates for each survey are:

- Survey 1: 87% (207 of 239)
- Survey 2: 91% (120 of 132)
- Survey 3: 87% (69 of 79)

All three surveys were slightly modified in November-December, 2015. Some new questions were added, and others were removed. Therefore, the total number of survey responses may differ for certain questions, depending on whether the question was added to the revised survey, or removed from the original survey. NORC has received funding from the Robert Wood Johnson Foundation (RWJF) to continue collecting data from applicant and accredited health departments at these three points in time.

Interviews with Applicant and Accredited Health Departments

NORC conducted interviews with applicant and accredited health department throughout the evaluation, and focused on different topics each year. Exhibit 1 provides detail on these interviews. The interviews

conducted in Year 2 related to CSILPHDS are not discussed in this report. A total of 53 interviews with applicant and accredited health departments were conducted throughout the three-year evaluation.

Exhibit 1. Interviews conducted with Applicant and Accredited Health Departments

| Evaluation Year | Interviewee | Number of Interviews | Dates | Topics |
|-----------------|---|----------------------|--------------------------|--|
| Year 1 | Applicant health departments | 10 | November – December 2013 | Health departments who took longer to complete the process |
| Year 1 | Applicant health departments | 5 | May 2014 | Stakeholder relationships; overall experiences and impressions |
| Year 2 | Applicant health departments | 10 | July 2015 | CSILPHDS |
| Year 2 | Accredited health department ¹ | 1 | June 2015 | General feedback |
| Year 3 | Accredited health departments | 9 | April 2016 | Quality improvement and performance management |
| Year 3 | Accredited health departments | 9 | June-August 2016 | Technical assistance |
| Year 3 | Applicant and accredited health departments | 9 | July-August 2016 | Financial status |

Focus Groups with Health Departments

Over the course of the evaluation, NORC conducted eight focus groups with applicant and accredited health departments. In total, six focus groups were conducted with local health departments (LHDs) at the 2014, 2015, and 2016 National Association of County and City Health Officials (NACCHO) Annual Meeting. One focus group was held with state health departments at the 2014 Association of State and Territorial Health Officials (ASTHO) Senior Deputies meeting. These focus groups consisted of a mix of applicant and accredited health departments, and discussions focused on the accreditation process, overall impressions, and anticipated or actual short-term outcomes. Finally, one focus group was conducted at the Community of Practice for Public Health Improvement (COPPHI) Open Forum in April 2016, and discussion focused on quality improvement and performance management, but also included questions regarding outcomes.

¹ This health department actively reached out to NORC to provide feedback on PHAB. They were not specifically selected to participate in the evaluation.

Health Department Application Process

The PHAB accreditation process consists of seven steps – Pre-Application, Application, Documentation Selection and Submission, Site Visit, Accreditation Decision, Reports, and Reaccreditation. The initial evaluation assesses the PHAB process and health department experience with the first six steps. Below, we present findings for each step of the process.

Pre-Application

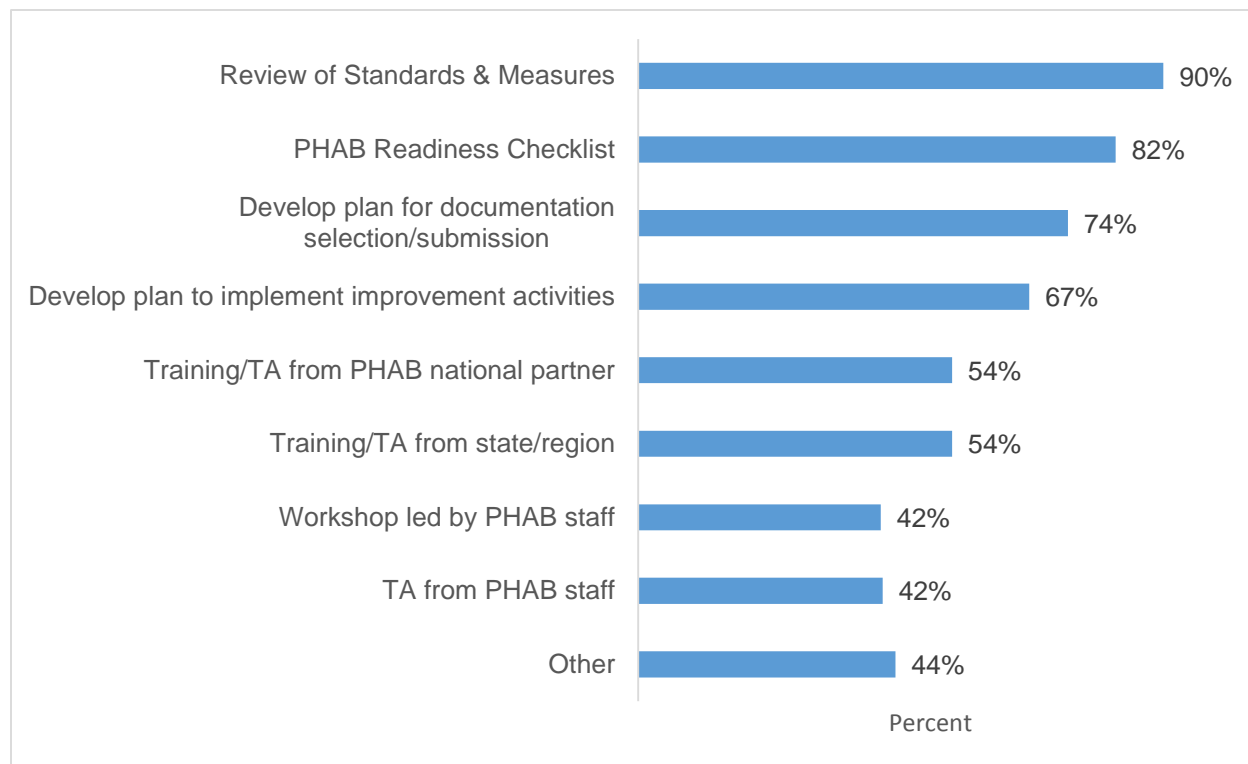
During Pre-Application, prospective applicants assess their readiness for accreditation, complete an online orientation, and inform PHAB of their intent to apply by registering via e-PHAB, the online information system for the accreditation process. Many applicants, prior to informing PHAB of their intent to apply, spent twelve months to several years preparing for accreditation. After submitting a registration, interviewees and survey respondents said they continued to prepare for the process by reviewing the PHAB Standards and Measures, working on the prerequisite documents, improving performance management systems, and participating in quality improvement (QI) and performance management training.

All applicant health departments interviewed in Year 1 of the evaluation reported that they felt adequately prepared to begin the accreditation process. Exhibit 2 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 (90%). 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 (74%); development of a plan to implement identified improvement activities (67%); training or technical assistance (TA) from a PHAB partner (54%); and training or TA from their state or region (54%). 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. Respondents were also able to specify "Other" preparation activities they found helpful. Of the 28 respondents that provided a qualitative response, 22 mentioned support they received from outside their health department, which included other health departments, consultants, PHAB, and NACCHO. Approximately half of the responses were related to peer support. For example, one respondent stated, "LHDs who were going through the process in our region – we met as a small group of three to four individuals to simply discuss pitfalls, success, and ways of [interpreting] language, etc. Two of those agencies are now accredited so their insight has been invaluable. Our state also has an Accreditation Learning Group that meets on a

quarterly basis statewide - very helpful." Other responses included: 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 that it was important to be aware of the time and resources involved, develop a timeline, understand the 10 Essential Public Health Services, and view accreditation as a journey towards continuous quality improvement (QI).

In Year 1, an interviewee wished they had reviewed the Readiness Checklist in greater detail, and side-by-side with the Standards and Measures, because it would have better prepared them for the process. Additionally, two interviewees said that because of overlapping content areas, the Readiness Checklist was not very helpful, and some of the information was too "common sense" to add value.²

Exhibit 2. Percentage of respondents that rated accreditation preparation activities as "very helpful" or "helpful", *Survey 1 of health departments that had submitted an SOI, n=207*



² Since the time of these Year 1 interviews, PHAB has revised the Readiness Checklist

Another preparation activity is the Online Orientation, which health departments must complete during Pre-Application. The orientation was reported to be useful because it provided information about the PHAB accreditation processes, the expected timeline for accreditation, and the length of time applicants could spend in each step of the process, which helped with planning. Other facilitators for preparation reported by interviewees and survey respondents, via open-ended response, included: past experience with accreditation (e.g., state-level accreditation); review of PHAB guidance documents and manuals; speaking with other applicant or accredited health departments; participation in the accreditation process Beta Test; support from health department leadership; and participation in state- or national-level programs or meetings (e.g., Multi-State Learning Collaborative, statewide learning communities, and regional meetings of applicants). Finally, one survey respondent said that it was helpful that their Accreditation Coordinator was trained as a Site Visitor.

Prerequisite Documents

Health departments must complete three prerequisite documents for accreditation: the community health assessment (CHA), community health improvement plan (CHIP), and health department strategic plan. The majority of applicants identified the CHA and CHIP as the most challenging parts of preparing for accreditation. In particular, some applicants reported that it was difficult to align these prerequisites with PHAB's requirements because the health department is unable to control what partners and community members determine is appropriate to include in these community-driven planning documents. Because community partners often determine the direction of these documents, one interviewee suggested that PHAB revise the requirements for the CHA and CHIP so the guidance is less prescriptive. Another interviewee emphasized the importance of PHAB providing critical feedback on the prerequisite documents early in the process, so that applicants are not required to revise the CHA or CHIP after submitting documentation to e-PHAB. Despite these challenges, interviewees agreed that the process of working on the CHA and CHIP was positive because of "good community involvement" with partners.

Registration

Previously called the Statement of Intent (SOI), the registration process informs PHAB of a health department's intent to apply for accreditation. According to five of ten applicants interviewed in Year 1, the SOI was useful because it allowed them to solidify their intent to apply and the timeline for completing the process. Two interviewees said that their health department used the SOI to announce to staff that they were applying for accreditation, which prioritized it and highlighted its importance. Five of ten interviewees said the SOI was not useful, describing it as "a formality." They suggested, however, that the SOI could be useful for health departments who are deciding if they will apply, gathering support for

accreditation, and educating their Board of Health or governing entity. One interviewee suggested that PHAB shorten, revise, or not require the SOI, since its primary intent is to allow PHAB to identify the number of interested health departments. (PHAB has revised the registration process so that it must be completed within 90 days.)

Application

In the Application step, health departments submit a formal application to PHAB, pay the application fee, and participate in the Accreditation Coordinator training. Interviewees had few comments on the Application step. For one interviewee, it was confusing that PHAB requested information on clinical services (e.g., clinics, provision of women's health services) as part of the application, when documentation for those programs cannot be used to demonstrate conformity with the PHAB Standards and Measures. Feedback on the application fee is provided later in the report (see *Barriers and Challenges*).

Accreditation Coordinator Training

Overall, Year 1 health department interviewees said the PHAB-led, in-person Accreditation Coordinator training was useful in helping them prepare for the accreditation process. Interviewees reported that the Documentation Selection and Submission training and the hands-on training on how to use e-PHAB helped them feel more confident and informed about the accreditation process. Further, they said that the jump drive with folders for PHAB Standards and Measures proved useful for structuring their internal process for collecting documentation. Interviewees also said it was helpful to meet other Accreditation Coordinators at the training. Similarly, surveyed health departments that had recently achieved accreditation (Survey 2) noted that the training provided their health department with an accurate picture of what to expect during the process (93% "strongly agreed" or "agreed") and that it was a good use of staff time (95% "strongly agreed" or "agreed"). One respondent commented in their open-ended response saying, "Regarding the training, it did not adequately cover the site-visit process or the post site-visit process and requirements."

Logistically, several interviewees said they would prefer if the training were earlier in the process, or closer to the time the SOI (now called registration) was submitted. This would allow applicants to begin selecting documents and writing document narratives earlier in the process. One interviewee found it helpful to have a second staff person attend and suggested that PHAB encourage future applicants to send at least two staff to the training. To improve the training, interviewees suggested several topics for which they would have appreciated additional guidance, including: types of programs and activities that can be submitted in the application; documentation requirements and formatting; depth of work involved in

documentation selection; technology for tracking documentation; writing document narratives; preparation for the Site Visit; and Site Visitor perspectives and processes for document review.

Documentation Selection and Submission

Year 1 interviewees characterized Documentation Selection and Submission as the most time-consuming and labor-intensive step of the accreditation process. Because PHAB requires a large amount of documentation, applicants described that they spent a lot of time identifying and selecting appropriate documents, reviewing documents, writing document narratives, and uploading the electronic files to e-PHAB. To complete this process, many interviewees said they provided education to additional staff on how to interpret measures and select documents. This was challenging because the documentation "requires a higher level of understanding and ability," according to one interviewee. It was also difficult for some health departments to ensure that staff understood PHAB's technical requirements for documentation, including signatures, letterheads, and dates.

Several interviewees indicated that they often questioned the types of documentation they were gathering. One interviewee said that their PHAB Accreditation Specialist was helpful in providing guidance, but it would be beneficial if PHAB provided more specific documentation guidance, "instead of leaving you out there to hope it would fit." 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 (95% "strongly agreed" or "agreed") and that they intended to or had already implemented new policies, processes, and protocols (99% "strongly agreed" or "agreed"). One respondent who "disagreed" said that they were improving or strengthening existing policies, processes, and protocols, rather than implementing new ones. Fifty-nine percent of respondents said that it was easy for their health department to identify the appropriate documentation to demonstrate conformity with the PHAB Standards and Measures. Of the 41% who "disagreed," open-ended responses included:

- "Selecting documents was not easy as it was *extremely time consuming* and often frustrating to track down things like a sign-in sheet when minutes from a meeting already clearly identified that our agency was present. When we struggled with trying to understand what PHAB was looking for we contacted our consultant who *always responded promptly and offered clarity.*"
- "Under Version 1.0, it was not always easy to identify the appropriate documentation for some Standards and Measures. However, *Version 1.5 appears to provide greater clarity.*"

- "The PHAB Standards and Measures provide our department with opportunity and challenge to strengthen. However, it is *not an easy development or implementation*. But, *it definitely is worth the effort*."
- "It is, by no means, 'easy' to identify the appropriate documentation to demonstrate conformity. It is quite *time consuming*, and a bit of a gamble."
- "I'd say it was neither 'easy' nor 'difficult' to identify documentation - *it just took some effort* and we didn't always get it right."

Respondents were split on their responses for a reasonable time frame to complete documentation selection and submission. Of those who responded to this question, which was included in the original version of Survey 2 but was later removed, 44% said a reasonable time frame would be 10-12 months, 28% said 6-9 months, 24% said 4-6 months, and 4% said 3 months or less.

e-PHAB

After identifying documentation, applicants upload the materials into e-PHAB. Several Year 1 interviewees liked e-PHAB and said the system worked well; only a few reported technical barriers such as difficulty logging into the system or slow networks. Three interviewees noted that Adobe Acrobat Professional was a crucial resource during this step. Adobe allowed applicants to modify documents by converting Word or Excel files to PDF; converting Web pages to PDF; merging small files into one large file; splitting large files into smaller files; labeling documents; and highlighting text within files. One interviewee recommended that PHAB, as part of the application fee, provide applicants with a copy of Adobe Acrobat Professional to facilitate the documentation selection process.

When applicants upload documents into e-PHAB, PHAB requests that they provide a short narrative for each document that explains why it was chosen and how it demonstrates conformity with the measure. Several interviewees reported that they spent a long time writing the document narratives. They suggested that additional training on how to write effective narratives, as well as guidance on approaches for training support staff, would be helpful. To assist staff with the narratives, one interviewee created a measure narrative guide. This individual suggested that PHAB make the documentation narrative a requirement, rather than option, because of its utility in informing Site Visitors of how the document demonstrates conformance with a measure.

After submitting documentation, Site Visitors begin the process of documentation review. One interviewee said that it would be helpful if PHAB kept applicants more informed about how far along Site Visitors are in the process of reviewing their documentation. They indicated that it is "nerve-wracking" to not have communication during the review process. They suggested providing a progress monitoring

mechanism within e-PHAB for applicants to see whether Site Visitors, for example, are 50% complete. Alternatively, other interviewees suggested communication from the Accreditation Specialist would be useful, after the health department has submitted their documentation, to keep them informed about where Site Visitors are in the review process.

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 (87%) and accurately reflect the practice of high-performing health departments (91%). About three-quarters of respondents said that they are sensitive enough to detect meaningful changes in capacities and processes over time (73%). 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."

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=120*

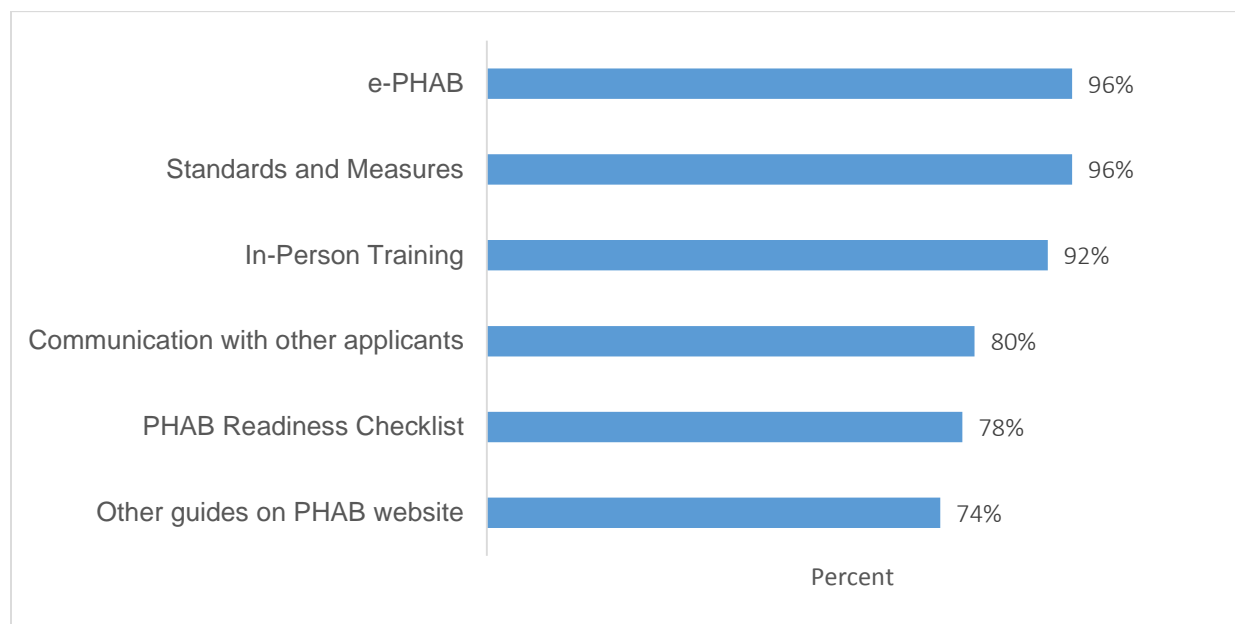
| Statements about the PHAB Standards and Measures as Currently Written | % Agreed |
|---|----------|
| Standards & Measures accurately reflect the practice of high-performing HDs. | 91% |
| Standards & Measures allow for accurate measurement of the public health capacities and processes in our HD. | 87% |
| As currently written, Standards & Measures are sensitive enough to detect meaningful changes in capacities and processes in our HD over time. | 73% |

Resources and Support

Exhibit 4 presents the resources that Survey 2 respondents rated as "very helpful" or "helpful" throughout the process. Respondents reported on different types of resources and support than were used during pre-application and referenced in Survey 1. The most helpful resources throughout the accreditation process were: e-PHAB (96%); PHAB Standards and Measures, including measure-specific guidance (96%); the in-person training (92%); communication with other applicants (80%); Readiness Checklist (78%); 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 reviews conducted by a hired consultant.

Exhibit 4. Percentage of respondents that rate resources as "very helpful" or "helpful" throughout the accreditation process, *Survey 2 of recently accredited health departments, n=51*³



Site Visit

The majority of Year 1 interviewees indicated that the Site Visit is a valuable part of the accreditation process. By having a team of peers assess performance, one interviewee reported that the Site Visit "adds an extra layer of credibility." Other interviewees reported that the Site Visit provided meaning to staff time spent collecting documentation and allowed staff to showcase their work. This was rewarding and helped "enhance a sense of pride" among staff. One interviewee elaborated, "The Site Visit had huge value for our staff...in terms of completing the whole process and feeling validated in the work that they do. ...We liked that the Site Visitors engaged our staff. They were not just talking to me as the health officer or the Accreditation Coordinator, they were actually interacting with all levels of staff and we really appreciated that."

Exhibit 5 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 PHAB provided them with the information needed

³ Question not included in revised Survey 2 (Began in December, 2015).

to prepare (94%), that the Site Visit did not present problematic interruptions (88%), that Site Visitors had an accurate understanding of the health department's operations after the Site Visit (88%), and that the Site Visit Report was an accurate representation of the health department (85%). 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.

Exhibit 5. Percentage of respondents that "strongly agreed" or "agreed" with statements about the PHAB Standards and Measures, *Survey 2 of recently accredited health departments, n=120*

| Statements about the Site Visit | % Agreed |
|---|----------|
| The site visit was a good use of our HD's time. | 97% |
| PHAB provided our HD with all of the information we needed to prepare for the Site Visit. | 94% |
| The Site Visit did not present any problematic interruptions for our HD. | 88% |
| After the Site Visit, the Site Visitors had an accurate understanding of our HD's operations. | 88% |
| The site visit report presents an accurate representation of our HD. | 85% |

Site Visitors

In general, health department interviewees had positive feedback on their Site Visitors. They viewed the Site Visitors as professional, friendly, efficient and respectful of health department staff time, flexible, detail-oriented, and supportive. One interviewee mentioned, however, that PHAB may need to improve training because standardization and inter-rater reliability across Site Visitors may be an issue. Several applicants were surprised by the types of documentation Site Visitors requested while on-site. According to one interviewee, "some requests did not conform with what we had been told to expect." Another interviewee reported that the Site Visit Team had difficulty coming to consensus on their request for additional documentation while on-site. They explained, "I think the Site Visit team members and the head of the team did not see eye-to-eye on what was needed." Several focus group respondents 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. One focus group respondent said that their Site Visitors did not understand the political structure of their combined city-county health department. Finally, one health department respondent felt discouraged when, throughout the Site Visit, the Site Visitors focused on weaknesses, rather than strengths, and identifying areas where they failed to demonstrate conformity. This respondent suggested

that this could be improved by ensuring that the Site Visitors take a strengths-based approach to their review and integrate constructive criticism into their feedback.

Site Visit Report

The most useful part of the Site Visit Report, according to one interviewee, was the section on opportunities for improvement. They suggested that the Site Visit Report include more substantive feedback about improving operations, rather than technical feedback on documentation related to headers, dates, or formatting. The format of the Site Visit Report in e-PHAB was an issue for several interviewees. Many wanted to share findings with leadership and program staff, as well as applicant health departments in nearby jurisdictions who asked technical questions. To do so, interviewees had to cut and paste content to make it printable. They recommended that PHAB provide the Site Visit Report in a printable format (e.g., PDF) to facilitate information sharing.

Accreditation Decision

About one-third (30%) 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 that it was clear what course of action they should take when developing and implementing the Action Plan (84% "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. In their open-ended response, two respondents said that the instructions for how to complete the Action Plan were not clear. Most agreed that it was beneficial for them to implement the activities identified in the Action Plan (90%).

Via open-ended response, one respondent said, "I think the Action Plan was actually very helpful for our health department. It gave our LHD an opportunity to become more polished." Another commented, "We made some considerable improvements through the Action Plan process—that was an excellent exercise for us." However, they did note that there was a period of almost two months between submission of the Action Plan and when they heard the results, and said that "it was difficult to keep morale up during this interim period." 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.

Year 1 interviewees who completed an Action Plan, however, expressed more negative feelings around the Action Plan. One interviewee had been under the impression that the Action Plan "would be a rarity; the exception instead of the norm," but learned of several other applicants who were actively completing

the Action Plan as well. A different interviewee had yet to learn about another applicant who had to complete the Action Plan, saying "that makes me wonder – is there really only one health department in the nation who has had to do this?" The first interviewee said that "the consequence of PHAB not announcing [the Action Plan] or keeping it on the down-low is there is a stigma around the Action Plan." Both interviewees suggested that PHAB share more information about the Action Plan and discuss it more openly by including information in their newsletter about the percentage of accredited health departments that have completed an Action Plan. Interviewees also suggested that PHAB ask an accredited health department to discuss their experiences with and explain the benefits of the Action Plan. In Year 3, during interviews with accredited health departments regarding their TA experiences and needs, support for the Action Plan was identified as an area for which health departments sought TA. One respondent requested that PHAB provide a template to guide the creation and formatting of the Action Plan, similar to the template provided for the Annual Report.⁴

Reports

Survey 3 was sent to health departments one year after accreditation was conferred. At the time of the survey, health departments had received instructions about completing the Annual Reports, but may have not yet submitted their first Annual Report. Further, health departments had not yet received feedback about Section 2 of the Annual Report. Exhibit 6, below, presents the percentage of health departments that completed Survey 3 and "strongly agreed" or "agreed" with statements about the Annual Report. Most respondents agreed that they had a clear understanding of how to complete the Annual Report process (90%), that the forms allowed their health department to accurately depict relevant accreditation activities (87%), and that completing the forms provided an opportunity to reflect on QI and performance improvement (87%). Additionally, approximately three-quarters of respondents agreed that completing the Annual Report forms contributed to their QI culture (73%), and approximately 60% agreed that the forms helped them to consider how to address emerging public health issues (59%).

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 that the Annual Report format did not easily lend itself to review by external parties

⁴ PHAB recently developed a template for health departments to use for the action plan. PHAB also developed a video featuring several health departments describing their Action Plan experiences.

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 6. Percentage of respondents that "strongly agreed" or "agreed" with statements about the Annual Report, *Survey 3 of health departments accredited one year, n=69*

| Statements about the Annual Report | % Agreed |
|--|----------|
| HD had a clear understanding of how to complete the Annual Report process. | 90% |
| The Annual Report format allowed HD to accurately depict activities relevant to accreditation. | 87% |
| Completing the Annual Report provided HD an opportunity to reflect on QI and performance improvement activities. | 87% |
| Completing the Annual Report contributed to HD's culture of QI. | 73% |
| Completing the Annual Report helped HD consider how to address emerging public health issues. | 59% |

Several of the Year 3 interviews focused on QI and performance management (PM), and one topic discussed was the extent to which the Annual Reporting process, and specifically, Section 2 of the Annual Report, contributes to health departments' QI and PM activities. Eight of nine interviewees agreed that the Annual Report allows them to sufficiently demonstrate progress made in pursuing a strong QI culture and PM system. Interviewees thought the questions in the Annual Report were asked in a way that helps them think about their health departments' activities in the big picture, and recognize and discuss the work they have done. Specifically, one interviewee said her health department has used the language written for the Annual Report related to QI and PM to report to their Board of Health. Another health department respondent, however, thought that because they have a solid QI program, that the Annual Report did not provide any additional benefits.

The majority of health department respondents did not believe that the Annual Report helps them plan future QI and PM activities. Six of the eight interviewees that answered the question regarding future planning said there are other factors besides the Annual Report that guide QI and PM planning, such as leadership support and existing prioritization processes. Further, interviewees thought the Annual Report focused more on documenting activities from the past year, rather than supporting future planning and direction. Similarly, one survey respondent stated, "the actual completing of the Annual Report has not contributed to our culture of QI, rather it is a reporting of what we have already done." However, one interviewee said that the Annual Report is useful for planning future QI and PM activities because it shows the type of information that needs to be tracked and documented throughout the course of a QI project, and what ultimately needs to be reported in order to show the effectiveness of a QI project.

Similarly, another interviewee commented that although they are not specifically picking projects because of the Annual Report, it is helpful in terms of documentation of QI projects and associated outcomes.

Reaccreditation

In a subset of Year 3 interviews, most respondents said financial status will have an impact on their health department's decision to apply for reaccreditation. Health department respondents stressed the importance of making the best use of scarce resources by carefully evaluating their processes going forward. One respondent affirmed that they would 'absolutely' apply for reaccreditation and plans to begin saving for the reaccreditation fee years in advance. Another respondent said they are committed to the accreditation process and have the resources to pay the fee and the staff to do the work. Similarly, one respondent said, "we can't do anything without considering financial status, but there was never a question that we would apply for reaccreditation...now that we achieved that status, we don't want to lose it." Health department respondents were generally in agreement that they should continue the efforts necessary to remain accredited, but a few were unsure whether their Board of Health would be supportive of applying for reaccreditation. Specifically, one respondent said, "I don't know if our Board will let us [pursue reaccreditation] in the future." They noted that they would continue to maintain the standards developed through the accreditation process, but are unsure whether the PHAB "stamp of approval" will be seen as worth the cost. One respondent said that the direct costs from the accreditation fee, along with the added costs associated with staff time, is expensive, and therefore ensuring that the health department is financially strong will be a priority over pursuing reaccreditation. Finally, one respondent reported that they could not justify paying reaccreditation fees if they were in the midst of laying off staff.

"We can't do anything without considering financial status, but there was *never a question that we would apply for reaccreditation*... now that we achieved that status, we don't want to lose it."

Health Department Experience

General Impressions

A subset of interviewees in Year 3 were asked about their general impressions of PHAB and the national accreditation program. All 17 interviewees that were asked this question described positive impressions, and several noted that it has been a very good and helpful process for their health department. A few interviewees noted how PHAB has grown and evolved over time, as one stated, "I think it's really hit its stride...I think the processes and procedures have become more defined." Others discussed how PHAB has impacted the field of public health more broadly, stating, "Overall, I think it elevates public health nationally, and gives us standards to look toward." Another interviewee said, "It is becoming more accepted as a step health departments need to take as we transition to becoming something more population health-based and less clinical service-based."

Motivations to Apply

Motivators for applying for PHAB accreditation described by interviewees included the opportunity to improve their health department, achieve high quality standards, better focus resources and services, and ultimately improve community health. Interviewed applicants emphasized the importance of assuring the quality of their services and engaging in quality improvement. Several respondents also discussed the importance of ensuring that their health department is meeting the minimum standards, and some specifically noted the importance of having an outside entity validate their achievements.

One respondent said "it means a lot to us as a city to have an external stamp of approval," and another commented, "the primary reason was to get outside validation that what we were doing was in line with best practices in public health." One interviewee said accreditation would allow their health department to strengthen their commitment to continuous quality improvement because of the "independent lens of experts who identify strengths and areas for improvement." For several interviewees, their health department director, or other leadership, had the goal of being among the first accredited health

"The primary reason [for applying] was to get *outside validation* that what we were doing was in line with the *best practices in public health.*"

departments in the country. Competitiveness was mentioned as a contributor to this goal. This vision provided a strong drive within their departments to pursue accreditation. One interviewee said, "We definitely saw this as an opportunity to be a leader in public health, and an opportunity for us to ensure that we were meeting the minimum standards set by PHAB." Other motivators mentioned by respondents included: increasing accountability and credibility among the

community; and expectations of increased competitiveness for funding opportunities following accreditation. One LHD respondent described accreditation as a transformation process, and an opportunity to be "in a position to navigate what public health would look like in the future." Finally, a few interviewees applied for accreditation to fulfill state-level requirements. One LHD respondent indicated that accreditation was mandated by their state health agency, and one state health department respondent indicated that accreditation requirements were written into their state's health reform legislation.

Exhibit 7, below, presents the motivators to apply, reported by health departments that had submitted an SOI to PHAB. The majority of respondents agreed that all 11 of the factors presented in the survey were motivators; the top motivator was that accreditation would stimulate QI and performance improvement opportunities (99%). One respondent that "disagreed" with this factor said it was because their health department was already strong in those areas and explained via open-ended response they felt that accreditation would not help them improve. Another said that it was too soon to know if being accredited would improve their competitiveness for funding because of the newness of the process. In other open-ended responses, one respondent said accreditation "will position the department to serve as a viable resource for the cross-jurisdictional sharing of services." Another stated, "accreditation will improve the desirability of inclusion of our LHD on national public health governing/decision-making bodies and improve our process for evaluating health services at the planning stage." Other motivators mentioned in the open-ended responses and in focus groups with LHDs were that accreditation would serve as a tool for accountability towards the community and Board of Health, 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=207*

| Motivators to Apply | % 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% |

Facilitators

Several factors, described below, facilitated health departments' participation in PHAB accreditation.

Support from Board of Health or Governing Entity

The majority of Year 1 interviewees had full support for accreditation from their governing entity prior to starting the process. In several cases, the Board of Health was the original driving force behind seeking accreditation, which helped applicants secure the letter of support, funding, and community buy-in. One interviewee explained, "Our Board, for the most part, was ready to seek national accreditation five to six months before PHAB even started accepting applications."

Exhibit 8 presents the percentage of Survey 1 respondents that "strongly agreed" or "agreed" with statements about their current relationships with stakeholders before they participated in training. Most applicants agreed that they had positive relationships with local community stakeholders (99%), their Board of Health or governing entity (99%), and other local policymakers (95%). In open-ended 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 8. Percentage of respondents that "strongly agreed" or "agreed" with statements about relationships, *Survey 1 of health departments that had submitted an SOI, n=145*⁵

| HD Relationships with Stakeholders | % Agreed |
|--|----------|
| Local Community Stakeholders: health department has positive relationships | 99% |
| Board of Health or Governing Entity: health department has positive relationship | 99% |
| Local Policymakers: health department has positive relationships | 95% |

Support from Health Department Leadership

The majority of Year 1 interviewees reported having leadership support for accreditation, which helped strengthen staff buy-in. One interviewee said that they have been very lucky because their leadership and governing entity are pushing accreditation, which had been "extremely key" to completing the process. Another interviewee remarked, "It was important for [the Accreditation Coordinator] to maintain a positive outlook and to convince staff that it was an investment worth their time, and it will make the health department stronger." Leadership support was also seen as important when considering the resources required for accreditation, especially for small health departments with limited resources.

⁵ Question not included in revised Survey 1 (Began in November, 2015).

Consultants

Among recently accredited health departments that responded to Survey 2, relatively few said that they hired a consultant to assist with accreditation (27%, n=32). Among those that did, the consultants helped with several key activities, including⁶:

- Preparing, reviewing, or submitting documentation (n=13)
- Development of the CHIP, CHA, or strategic plan (n=7)
- QI/PM guidance or training (n=6)
- Site visit preparation, including mock site visits (n=5)

Two of the Year 3 respondents interviewed to discuss TA needs enlisted the support of a consultant. One of these health departments utilized state-provided accreditation nurse consultants to review documentation, assist with measure interpretation, and provide support during the site visit and mock site visits. Another health department used grant funds to hire a consultant to review documentation, but noted that the consultant's experience at a larger health department limited their ability to understand their health department's programmatic activities.

Barriers and Challenges

Survey respondents reported several challenges early in the accreditation process, prior to participating in the Accreditation Coordinator training (see Exhibit 9, below). Top barriers and challenges included: limited staff time or other schedule limitations; difficulty demonstrating conformity with selected PHAB Standards and Measures; staff turnover or loss of key staff; PHAB application fees; and lack of perceived value or benefit of accreditation.

⁶ Some consultants assisted with multiple activities.

Exhibit 9. Challenges prior to beginning the accreditation process, *survey of health departments that had submitted an SOI, n=207*

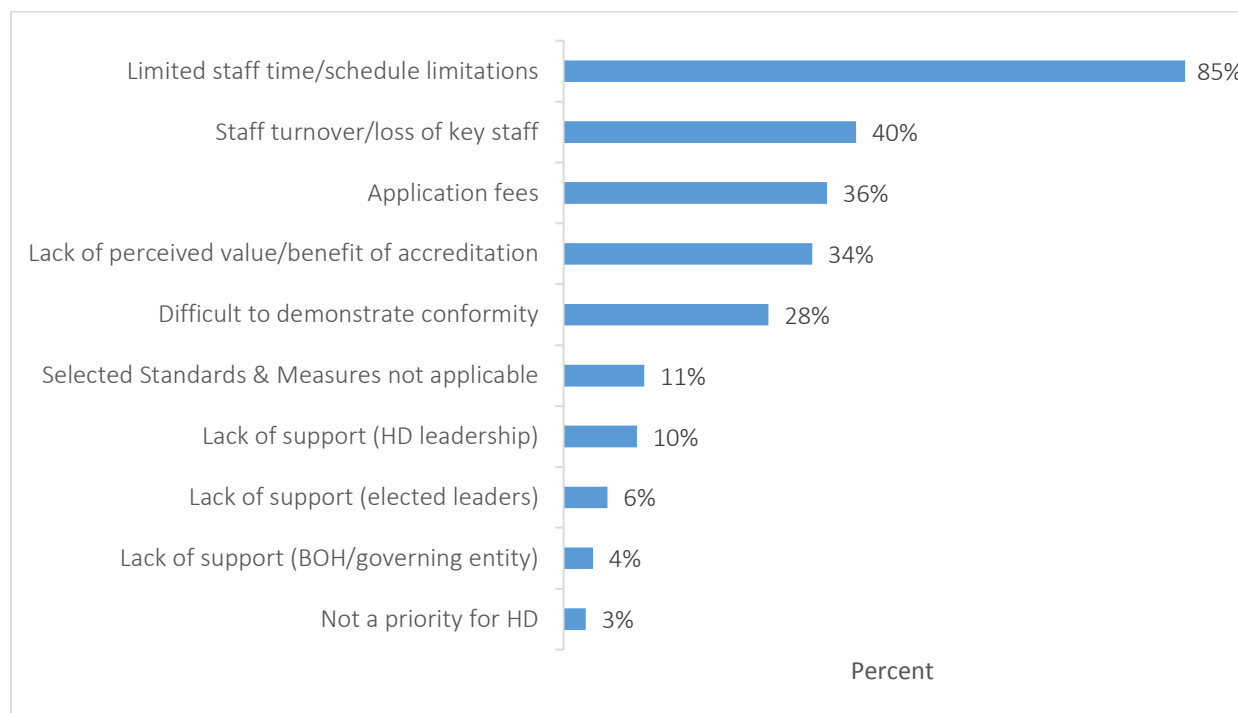


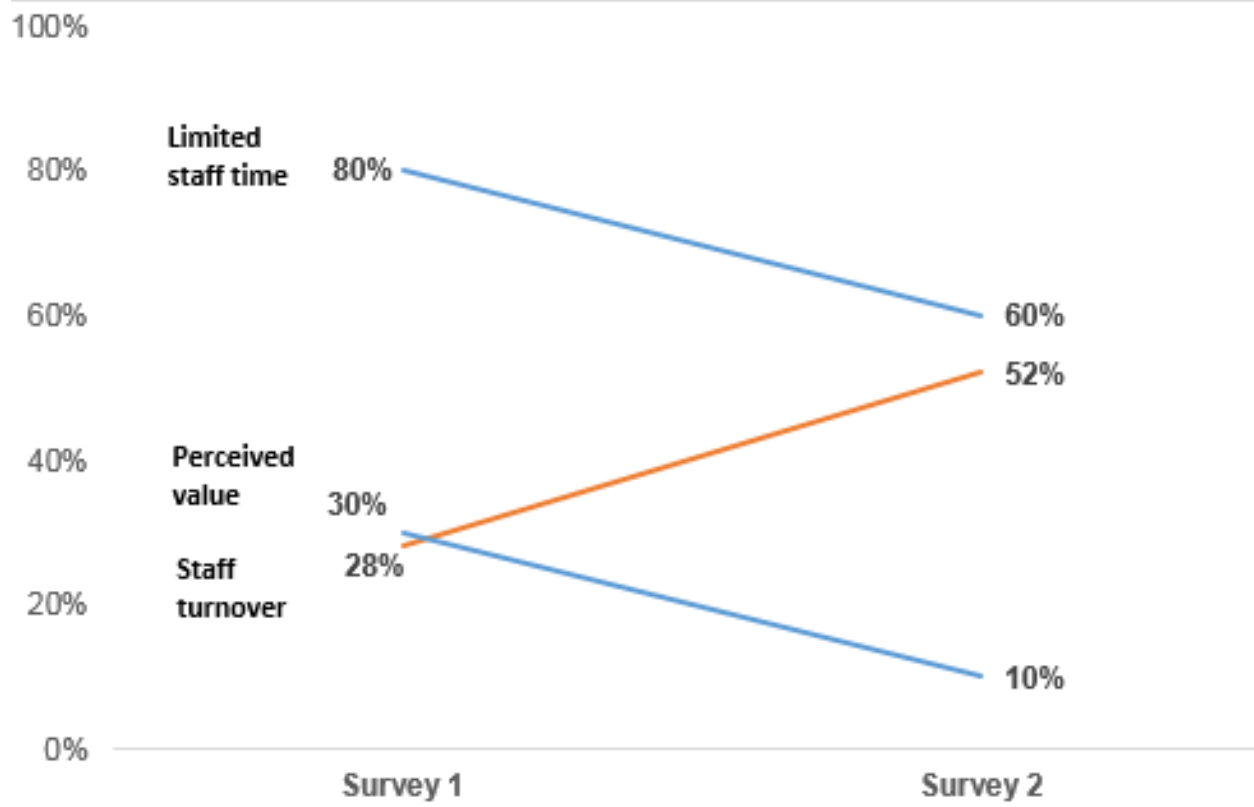
Exhibit 10 presents the percentage of health departments that selected each of the barriers or challenges at various points in the accreditation process: after registering in e-PHAB (Survey 1); shortly after being accredited (Survey 2); and one year after accreditation (Survey 3). The survey 3 responses represent challenges that might be considered barriers to future reaccreditation. The top challenge at all three points was limited staff time or other schedule limitations (85%, 63%, and 30%, respectively). This barrier or challenge decreases between the time a health department is applying for accreditation and one year following accreditation. Staff turnover and loss of key staff was listed as a challenge for 40% of health departments after registering in e-PHAB, 49% shortly after accreditation, and 29% one year after accreditation. Among health departments accredited one year, 29% said reduced funding available to support accreditation activities is a challenge.

Exhibit 10. Percentage of respondents that selected each barrier and challenge throughout the accreditation process, *health department surveys 1, 2, and 3*

| Barriers and Challenges | % Agreed | | |
|--|---------------------|---------------------|--------------------|
| | Survey 1 (n=207) | Survey 2 (n=120) | Survey 3 (n=69) |
| Limited staff time/other schedule limitations | 85% | 63% | 30% |
| Staff turnover/loss of key staff | 40% | 49% | 29% |
| PHAB application fees | 36% | - | - |
| Lack or decreased perceived value/benefit of accreditation | 34% | 10% | 6% |
| Difficult to demonstrate conformity with selected Standards & Measures | 28% | - | - |
| Selected Standards & Measures not applicable to HD | 11% | - | - |
| Lack of or decreased support among HD leadership team | 10% | 2% | 0% |
| Lack of or decreased support from elected leaders | 6% | 1% | 0% |
| Lack of or decreased support from Board of Health/other governing entity | 4% | 2% | 3% |
| Not a or decreased priority | 3% | 3% | 0% |
| Reduced funding available to support accreditation activities | - | - | 29% |

Exhibit 11 shows the percentage of respondents selecting the three main barriers among health departments who completed both Survey 1 and Survey 2. The percentage of respondents reporting limited staff time as a challenge decreased from 80% prior to accreditation to 60% after the accreditation decision. The perceived value of accreditation as a barrier or challenge also decreased, from 30% in Survey 1 and 10% in Survey 2. The one challenge or barrier that was reported more frequently following accreditation was staff turnover, as 52% of recently accredited health departments said staff turnover or loss of key staff was a challenge, compared to 28% of health departments that said staff turnover was a barrier to accreditation following submission of their SOI. There were minimal downward trends for the following barriers or limitations: lack of or decreased support among health department leadership team (10% to 2%), lack of or decreased support from elected leaders (4% to 2%), lack of or decreased support from Board of Health or other governing entity (6% to 2%), and not a or decreased priority (4% to 2%).

Exhibit 11. Percentage of respondents that selected barrier and challenge throughout the accreditation process, among health departments completing both surveys 1 and 2 (n=50)



Prior to registering in e-PHAB, when responding to Survey 1, several respondents reported "other" challenges. Most open-ended responses provided additional detail regarding challenges already specified in the survey. For example, eight respondents mentioned difficulty aligning with the selected Standards and Measures, six respondents mentioned limited staff time, three respondents mentioned concerns regarding the fees, two respondents said their health department has competing priorities, and one respondent said there has been a lack of perceived value among some staff. Two respondents mentioned the length of time needed to prepare for the accreditation process as a challenge. Other challenges mentioned by Survey 1 respondents included:

- "We are a *centralized state* and have been unable to ascertain for what the state health department is responsible."
- "PHAB process and criteria are *not relevant* to substantial parts of our Department (EMS, Medicaid, other)."

- "Since our health department is part of HHS structure, *things move very slowly*. This is challenging when trying to get policies set up."
- "I don't know if this is a challenge with other health departments but an [accreditation] coordinator position leading the process *does not have the authority* over agency leadership team."

Similar themes emerged in Surveys 2 and 3. Among Survey 2 respondents, additional barriers reported included: staff turnover; limited resources; lack of buy-in from supervisors; difficulty maintaining enthusiasm; and the inability to include behavioral health documentation. Additionally, one respondent said, "We need to have some return on investment besides the quality validation. Grant application credit, reduced administrative burden, etc." In Survey 3, four open-ended responses were provided to explain "other" challenges. One respondent noted that the recent reorganization of their Board of Health may result in less time for the Health Officer to interact with and educate them on public health issues. Another said losing National Public Health Improvement Initiative (NPHII) funding required them to work to find other funds and expressed concern that the loss of these funds may affect future activities. In Survey 3, respondents were asked how their health department overcame obstacles they faced. Regarding funding concerns, one health department said "although funding is always a challenge, we have supported accreditation activities through several small grants and utilize free/low cost training opportunities." To deal with staff turnover, one health department said that they established a succession plan. 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.'" Others described how they shifted resources to accommodate accreditation.

"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*.'"

Year 1 interviewees discussed challenges and barriers to accreditation, and those findings are presented below.

Difficult to Demonstrate Conformity with Selected PHAB Standards and Measures

To demonstrate conformity with the Standards and Measures, PHAB does not accept documentation about several types of health department activities and services. These include individual, personal, and clinical health services (e.g., mental health, behavioral health, domestic violence, and direct clinical services). Several interviewed health department respondents named program areas, including WIC, Title X Family Planning, mental health, and domestic violence, where individual-level services are provided to achieve population-level outcomes. Because of the population focus, these programs created "gray areas" for some applicants. Some interviewees said it would be helpful to have additional clarification on which programs may be used for documentation. For other interviewees, it was challenging to exclude programs that provide direct clinical care and social services. For example, one health department reported that some program managers were told they could not submit documentation for accreditation, which contradicted their goal of using accreditation to unify the health department. Another respondent expressed similar concerns, saying that the exclusion of specific program activities was harmful to the morale of staff working in those programs. This interviewee named behavioral health as a major health department program, and its exclusion made it challenging to identify alternate programs from which to select appropriate documentation. According to one interviewee, health departments should showcase their strengths. The inability to use documentation from clinical and/or social services program activities is "penalizing to a health department that does not have other [programs]."

Interviewees noted specific topic areas within the Standards and Measures that may be difficult to demonstrate. One interviewee noted that it may be difficult for applicants to demonstrate PHAB Measures requiring documentation related to public health emergencies in a certain timeframe. They explained, "I don't control when a public health emergency happens...I think [PHAB] needs to be more open in terms of things we don't have control over, like outbreaks and emergencies. I can't declare an outbreak if no one reports it to me." Two interviewees noted potential issues with Measure 6.1.1, which asks for documentation for the review of laws. Several applicants did not maintain this documentation, especially the types requested by PHAB (e.g., "evaluation of laws with consistency of public health evidence-based practices" and the "checklist for reviewing a public health law"). One interviewee believed many health departments do not have checklists, but that some are now trying to establish that type of documentation. Finally, one interviewee said Domain 9, Evaluate and continuously improve health department processes, programs, and interventions, is challenging because quality improvement and performance management are new for public health. The interviewee noted a lack of support for QI across public health entities, with little congruence and vague guidance among entities that provide QI training. For this interviewee, it was difficult for their health department to determine how to demonstrate conformance to measures in this domain.

Standards and Measures are Not Applicable

For a few respondents, several Standards and Measures were seen as not applicable to their health departments. Specifically, it was difficult for one applicant in a west coast state to define their governing entity, as they described the Board of Health model as "very much an east coast model." A different LHD respondent explained that several Standards are more applicable to the state agency and it is a "stretch that we do them locally." Similarly, multiple respondents in centralized states said that it has been difficult for them to ascertain for which Standards and Measures the state health department is responsible. One recommended that PHAB provide additional clarification about how centralized state health departments can include regional and local public health functions in the accreditation process. This individual sought guidance from NACCHO but was unable to get clarification on how regional and LHDs could be engaged in the process. Finally, one respondent indicated that environmental health is a function outside of their department, which makes it "difficult to address some requirements because we are reliant on an agency where we have no oversight."

Limited Staff Time and Staff Turnover

With public health being generally under-resourced, many applicants were challenged by high staff turnover, limited staff availability, and high vacancies. Throughout the process, applicants experienced staff turnover at all levels, including executive leadership, the public health director, the Accreditation Coordinator, department directors who were designated as domain leads, and others. Respondents described that staff turnover results in disruptions in the accreditation process because departing staff take with them institutional knowledge of the health department and the accreditation process. This was a challenge for many applicants because it takes time and resources to educate new staff. One survey respondent explained that their health department has had staff turnover due to financial constraints, and "due to the length of the [accreditation] process, key staff members leave positions or change positions." Further, many small health departments have few full-time employees; with one respondent noting that having a "small implementation team" can be a challenge for completing the accreditation process. One respondent said that the amount of documentation required is a barrier to health departments who lack sufficient resources to complete the process, especially rural health departments with few full-time employees. With limited staff capacity and competing daily demands, it can be difficult for applicants to incorporate the work on PHAB documentation. One survey respondent said that they will address the issue of competing priorities through "accreditation training and meetings." One LHD interviewee said that turnover at the state agency has posed a challenge for documentation selection, because there is little direction about appropriate points of contact for identifying state-level documents. Several interviewees noted staff capacity as an issue in small, rural health departments. One respondent described that

succession planning has helped with the issue of staff turnover, as having limited staff resources forces the health department to continuously review their priorities in order to keep them in focus.

Application Fee and Funding for Accreditation

When asked about obtaining approval for the application fee, nine of ten health department representatives interviewed in Year 1 said they did not encounter any barriers. By linking accreditation to continuous quality improvement, one interviewee said that their health department demonstrated the value of the accreditation process and justified the fee to its Board of Health, staff, and other stakeholders. One survey respondent, however, said the fees are prohibitive and exceed the costs of accreditation for other governmental agencies in their jurisdiction (i.e., public works agencies by the American Public Works Association (APWA), fire service, and law enforcement). This applicant was able to pay the application fee using savings from the prior year. Several interviewees mentioned receiving a grant to help pay for the application fee. For one interviewee, the funding is a one-time grant, so "the future ability to cover the cost is a stressor." A different survey respondent found room in their budget for the application fee but said "it is definitely the part of accreditation that makes the staff and governing board a little nervous." Another interviewee noted that funding has been a challenge because they applied without any additional funds to cover the fee. As such, the cost of accreditation has resulted in redirection of funds from other programs, which they described as challenging when resources are already scarce. Another respondent noted the discrepancy between the fee for their state-based accreditation program and PHAB, which caused initial surprise amongst Board of Health members but did not prevent the Board from approving it. This interviewee remarked, "When you break it out by year, it is a fraction of a percent of our budget, nothing that is going to break it."

While funding to support accreditation fees was discussed by several evaluation respondents, for others the financial burden of accreditation is associated with the personnel time required to complete the process. For example, one Year 1 interviewee said that the cost of accreditation has resulted in the redirection of funds from other programs, which is a challenge when resources are already scarce. A different interviewee said, "I think there may be a threshold of resources that are needed to apply for accreditation." Illuminating this point, one interviewee said that in their health department, more staff are needed to support the QI program, yet there is no available funding to hire additional staff. Additionally, one health department that responded to Survey 1 stated, "We are a small health department with less than 20 staff... [we] feel that accreditation is important but costly in fees and staff time. This takes away from the services that we provide to [our] District." In addition, respondents voiced concern that smaller, rural health departments might not be able to fund accreditation, and one interviewee indicated that it may be difficult for their health department to identify future funding for reaccreditation.

Lack of Perceived Value

Many of the applicant health departments interviewed in Year 1 discussed challenges with staff buy-in and support for accreditation. Several interviewees reported that staff did not see the value of accreditation, nor understand the reasons for applying. One interviewee said that it took a long time for staff to understand it was not "just a phase or special project." Another explained that staff had "difficulty accepting the dollars that are dedicated to accreditation, and the resources." Respondents identified their strategies for addressing these challenges, such as ensuring strong leadership support to increase buy-in and understanding among staff. Interviewees also reported that it is important to provide education, communication, and messaging to staff about the accreditation process. When messages about accreditation come from all staff at the health department, it demonstrates support at all levels. Interviewees said they communicated accreditation at annual staff meetings and encouraged participation by assigning staff to workgroups and committees. One interviewee said that they overcame the lack of perceived value of accreditation by changing their messaging from accreditation to "alignment with the Ten Essential Public Health Services." A different interviewee said they experienced "a lot of pushback with accreditation" in the early phases of the process, but by registering to begin the accreditation process "really solidified motivation for accreditation."

Lack of Support

Some applicant health departments reported that they experienced a lack of support for accreditation from key stakeholders, including health department leadership, Board of Health members, and elected leaders. Interviewees in Year 1 suggested that within a health department, the process of uniting leadership on certain issues takes time and energy. Without leadership support, staff may lack strategic vision necessary to fully engage in the accreditation process. One recently accredited health department that responded to Survey 2 said that several supervisors in the health department "still do not see the value" of accreditation and feel that the process is "additional work." Support from the Board of Health is also crucial in the accreditation process. One applicant said that one Board of Health member did not support their application, but the health department overcame this barrier because of majority support for the process. Garnering support from elected officials was also a challenge. For some health departments, quality improvement, evidence-based practices, and health policy are "new concepts" and may not yet be fully supported within their localities. To build support and sustainability for accreditation, one interviewee explained that "it helps to recognize officials, leadership, and staff. It helps with engagement and implementing improvements a great deal to really convey 'what accreditation means' and what that means for our department, partners, community, future, and on regional, state, and national levels."

Other Challenges

Some evaluation respondents discussed the time involved in preparing for the accreditation process, which is a barrier to applying. For some, it took at least 12 months to build internal capacity by identifying staff, forming teams, and other forms of preparation. Other challenges reported by survey respondents early in the process included competing legislative priorities, competing health department initiatives, and current events (e.g., natural disasters). One challenge mentioned by a LHD applicant is that their state health department has mandated accreditation. This has created a barrier because the mandate "has changed the positive nature of accreditation." The respondent acknowledges that the mandate is well-intentioned, but "comes with no further resources, and health departments are now approaching the process with a very different attitude, which is unfortunate." Because the accreditation process is a new, complex process, according to another respondent, it can be quite overwhelming. One applicant acknowledged that despite the added workload, the process "is moving our organization in a positive direction."

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 (86% "strongly agreed" or "agreed").

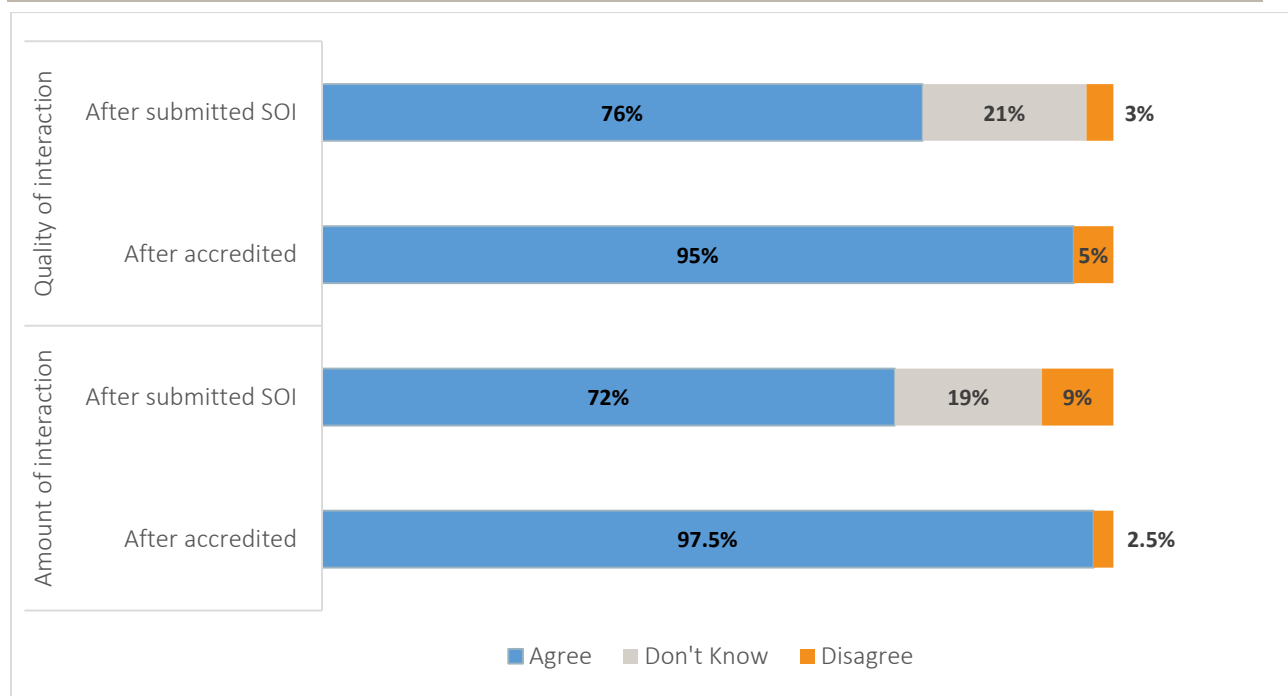
Satisfaction with PHAB Staff

Exhibit 12 presents applicants' reported satisfaction with the amount and quality of interaction with PHAB staff, both after submitting the SOI (Survey 1)⁷ and shortly after being accredited (Survey 2). At both points, the majority of respondents agreed that they were satisfied with the amount (72% and 98%, respectively) and quality (76% and 95%, respectively) of interaction with PHAB staff. Close to one-fifth of Survey 1 respondents said that the question was not applicable (19% and 21%, respectively), mostly because it was too early in the process to have interacted with PHAB staff. Among those that provided open-ended responses regarding their satisfaction with the amount and quality of interaction with PHAB staff (n=44), 10 said that PHAB staff had been supportive and helpful, five said that PHAB staff were slow or did not 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. Several respondents did not have feedback to provide, because they had not yet interacted with PHAB. One respondent said that it would be helpful if

⁷ Question not included in revised Survey 1 (Began in November, 2015).

monthly FAQs and additional information is posted on the PHAB website, and three respondents requested PHAB training and assistance earlier in the process. Among Survey 2 respondents, most agreed that their interaction with PHAB staff made the accreditation process more efficient (98%).

Exhibit 12. Respondents' reported satisfaction with amount and quality of interaction with PHAB staff after submitted SOI (Survey 1, n=207) and throughout the process (Survey 2, n=120)



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 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. In terms of cost, one respondent said, "the high cost of obtaining accreditation, especially in hours spent on the accreditation work, impacted us... That high cost and time commitment will prevent smaller LHDs from undertaking accreditation." Another respondent said, "The only adverse effects were that there was a cost involved and the process took substantial amount of staff time. However, the health department felt that it was worth the investment of time and funds."

Short-term Outcomes

Benefits and Outcomes from Accreditation

Exhibit 13 presents information from Survey 3 showing the percentage of respondents that reported specific benefits and outcomes from being accredited for one year. Most agreed that accreditation had stimulated QI and performance improvement opportunities (96%), allowed them to better identify their strengths and weaknesses (94%), helped them to document their capacity to deliver the three core functions of public health and the Ten Essential Public Health Services (94%), improved management processes used by the leadership team (90%), and stimulated greater accountability and transparency within the health department (90%). The majority of respondents also said that accreditation had improved their accountability to external stakeholders (83%) and allowed them to better communicate with their Board of Health or governing entity (64%). Less than half of respondents (49%) said that accreditation improved their competitiveness for funding.

Exhibit 13. Percentage of respondents that "strongly agreed" or "agreed" about accreditation benefits and outcomes, *Survey 3 of health departments accredited one year, n=69*

| Benefits | % Agreed |
|---|----------|
| Stimulated quality and performance improvement opportunities within HD | 96% |
| Allowed HD to better identify strengths and weaknesses | 94% |
| Helped HD document capacity to deliver three core functions of public health and Ten Essential Public Health Services | 94% |
| Improved management processes used by leadership team | 90% |
| Stimulated greater accountability and transparency within HD | 90% |
| Improved accountability to external stakeholders | 83% |
| Allowed HD to better communicate with Board of Health or governing entity | 64% |
| Improved competitiveness for funding opportunities | 49% |

Awareness of Strengths and Weaknesses

Overall, survey respondents and interviewees felt that the accreditation process increased their health departments' awareness of strengths and weaknesses (94% of Survey 3 respondents "strongly agreed" or "agreed"). For one interviewee, the process of completing the CHIP allowed them to identify their weaknesses, which were in the areas of community and partner involvement. The majority of survey respondents who had recently achieved accreditation felt that the documentation selection process allowed their health department to identify policies, processes, and protocols that are not currently in place (95% of Survey 2 respondents "strongly agreed" or "agreed"). Interviewees said the process of selecting documents helped to identify weaknesses. One explained, "When you see Measures asking for

things that you have trouble finding evidence for, you know that is your weak point. It becomes clear very quickly."

The Site Visit is another part of the process that highlighted applicants' strengths and weaknesses. Several interviewees noted their strengths with community partnerships, which they realized because of positive comments from Site Visitors during the Site Visit and within the Site Visit Report. One interviewee noted that their Site Visit Report was helpful because it provided overarching suggestions for areas of improvement, such as increasing health department signage, performance management, and staff ability to analyze epidemiological data. A different interviewee said that the Site Visit Report did not provide new information about strengths and weaknesses. Instead, it "affirmed that we were on the right track in terms of areas we needed to improve... We heard nothing in the Site Visit that we did not already know." During a different interview, this respondent noted that the strengths and weaknesses within the Site Visit Report were sometimes inconsistent with the health department's views of itself. For example, the respondent believed that performance management was an area of weaknesses, but the Site Visitors did not identify it as such.

Quality Improvement Outcomes

Survey respondents reported several outcomes related to quality improvement before accreditation, shortly after becoming accredited and one year after achieving accreditation. Exhibit 14 presents the percentage of respondents from each survey that "strongly agreed" and "agreed" with statements about QI changes and outcomes. Most accredited health departments (99%) agreed that they had implemented or plan to implement strategies to monitor and evaluate their effectiveness and quality (Survey 2), compared to 85% of respondents that did so prior to going through accreditation (Survey 1). 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 (97%, Survey 2; 96%, Survey 3), compared to 77% that did so prior to going through the process (Survey 1). 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 (97%, Survey 2; 99%, Survey 3), compared to 70% that did so prior to going through accreditation (Survey 1). Further, 68% of Survey 3 respondents agreed that they compare their programs, processes, and/or outcomes against other similar health department, compared to 54% of Survey 1 respondents that did so prior to going through the process.

Exhibit 14. 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=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% | N/A |
| HD has implemented or plans to implement new strategies for QI. ^{8,9} | 70% | 97% | 99% |
| HD uses or plans to use information from QI processes to inform decisions. | 77% | 97% | 96% |
| 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% |

Applicants described the tools they used to compare their health department to other similar health departments, prior to participating in accreditation (Survey 1). Of the 207 total responses to Survey 1, 92 listed tools they use to compare their health department to other health departments. The top three tools mentioned were state and community-level data (e.g., community health assessments, indicators, reports, dashboards, surveys, workgroups), informal communication with other health departments, and RWJF County Health Rankings and Roadmaps. Other examples of tools used to compare their health department to others included: conferences, forums, and meetings; national datasets, objectives, and initiatives; program-specific data; research articles, publications, and best practices; NACCHO and ASTHO resources; and maternal and child health data.

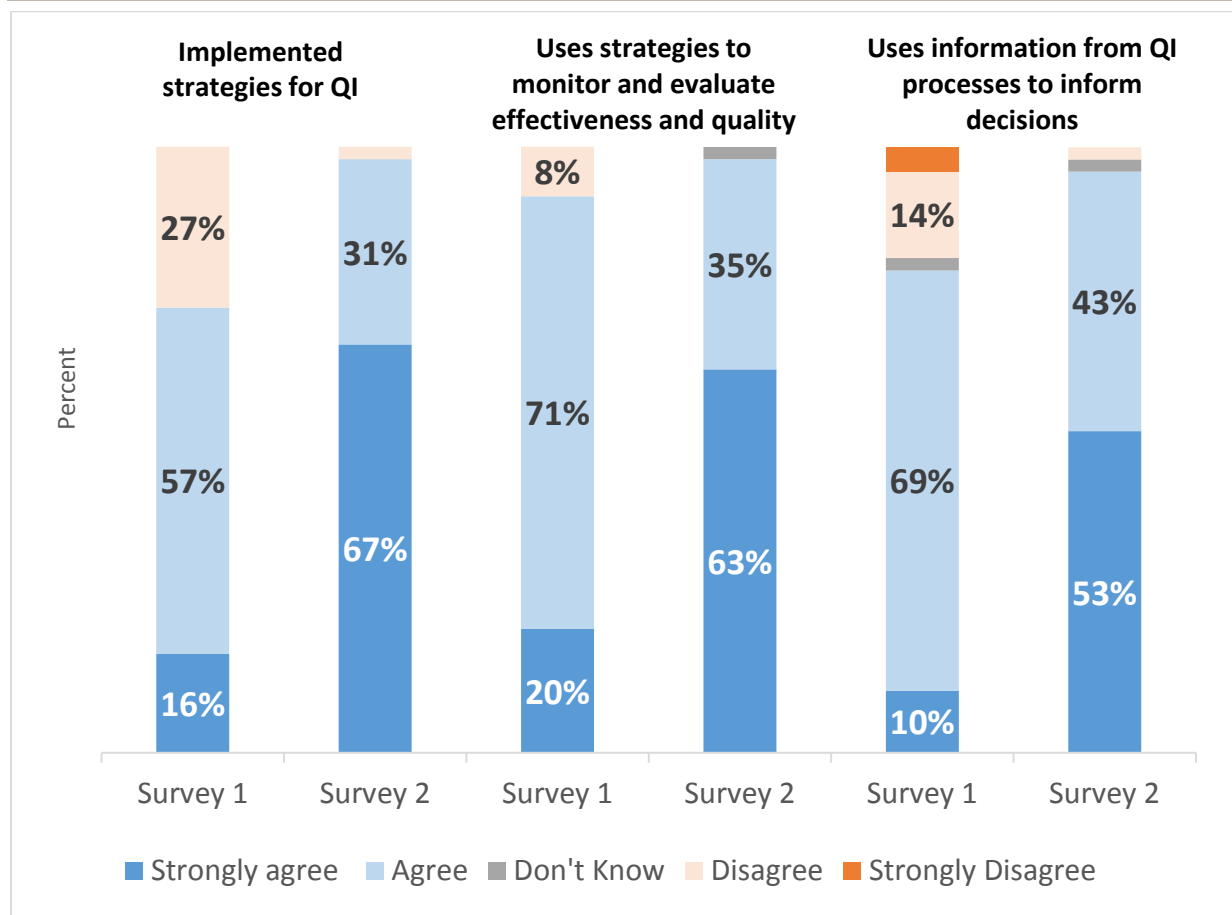
Exhibit 15 compares the responses for health departments that answered both Survey 1 and Survey 2. The same 49 health departments are represented both prior to accreditation and soon after accreditation. Differences can be observed in the percentage of respondents who "strongly agreed" with each of the statements regarding QI. On Survey 1, 16% of respondents "strongly agreed" that their health department had implemented strategies for quality improvement prior to applying for accreditation. Among these same health departments, after their accreditation decision, 67% "strongly agreed" that their health department has implemented or plans to implement new strategies for quality improvement. On Survey 1, 20% of respondents "strongly agreed" that their health department currently uses strategies to monitor and evaluate its effectiveness and quality. After their accreditation decision, 63% "strongly agreed" that their

⁸ Survey 1: "Prior to assessing our health department's readiness for accreditation, our health department had implemented strategies for quality improvement."

⁹ Survey 3: "As a result of being accredited, our health department has implemented strategies for quality improvement to demonstrate continued conformity with PHAB standards and measures."

health department has implemented or plans to implement new strategies to monitor and evaluate its effectiveness and quality. Finally, on Survey 1, only 10% of respondents "strongly agreed" that their health department currently uses information from its QI processes to inform decisions, but following their accreditation decision, 53% "strongly agreed" that their health department has implemented or plans to implement new strategies to monitor and evaluate its effectiveness and quality.

Exhibit 15. Differences between Survey 1 and Survey 2 to QI changes and outcomes statements (n=49)



Below, Exhibits 16, 17, and 18 show how individual responses changed among health departments that responded to both Survey 1 and Survey 2. Exhibit 16 shows the percent changes in responses regarding implementing strategies for QI between Survey 1 and Survey 2 for individual health departments. In Survey 1, prior to undergoing accreditation, 26% of respondents "disagreed" with the statement, "Prior to applying for accreditation, our health department had implemented strategies for QI." Among those health departments, in Survey 2, when asked the degree to which they agree with the statement, "Because of participation in the accreditation process, our health department has implemented or plans to implement

new strategies for QI," 18% shifted from "disagree" to "strongly agree" and 8% shifted from "disagree" to "agree." Additionally, 41% of respondents that responded with "agree" in Survey 1 shifted to "strongly agree" in Survey 2, showing an increasing level of enthusiasm regarding the implementation of strategies for QI following their completion of the accreditation process. In both surveys, 14% of respondents "agreed" and 8% of respondents "strongly agreed" with the statements.

Exhibit 16. Percent Changes for Implementing Strategies for QI (Survey 1 to Survey 2, n=49)

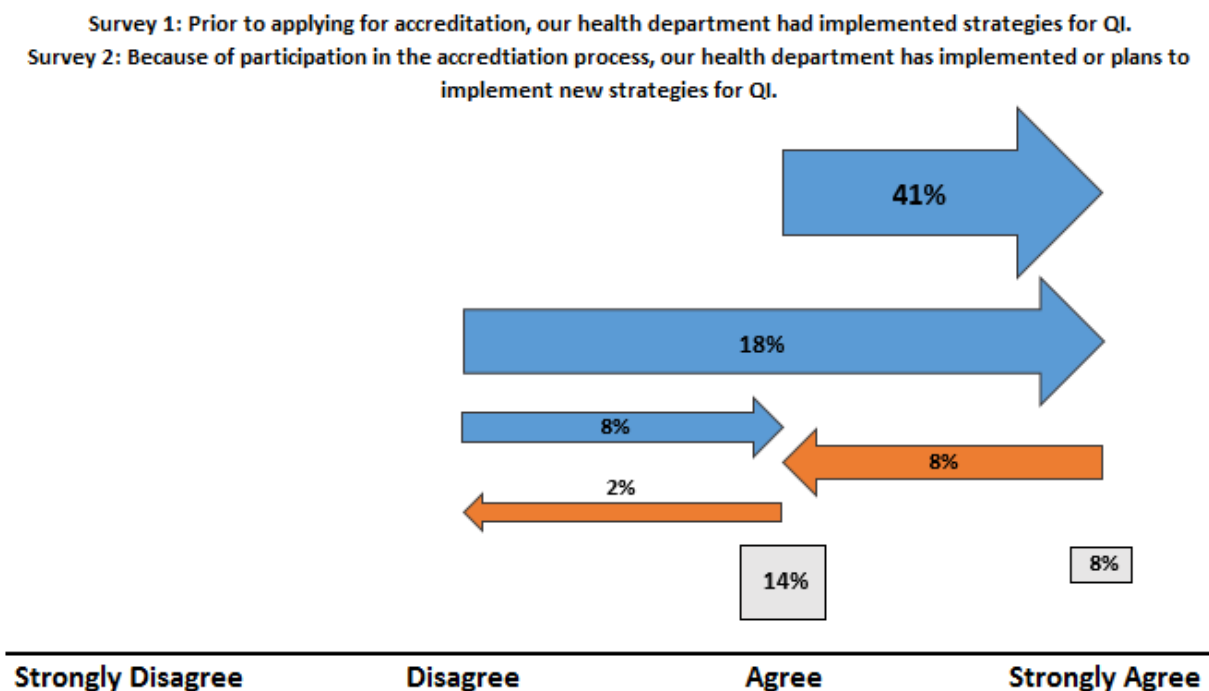


Exhibit 17 shows the percent changes for health departments using strategies to monitor and evaluate its effectiveness and quality between Survey 1, prior to undergoing the accreditation process, and Survey 2, after becoming accredited. In Survey 1, 50% of respondents "agreed" with the statement, "At the present time, our health department uses strategies to monitor and evaluate our effectiveness and quality," and shifted to "strongly agree" with the statement, "Because of our participation in the accreditation process, our health department has implemented or plans to implement new strategies to monitor and evaluate our effectiveness and quality" in Survey 2. In Survey 1, 8% of respondents "disagreed" with the statement, but either "agreed" (2%) or "strongly agreed" (6%) with the statement in Survey 2. Additionally, 13% of respondents shifted from "strongly agree" to "agree" between Survey 1 and Survey 2. Finally, 21% of respondents "agreed" and 8% of respondents "strongly agreed" to the statements in both Survey 1 and Survey 2.

Exhibit 17. Percent Changes for Monitoring and Evaluating Effectiveness and Quality (Survey 1 to Survey 2, n=48)

Survey 1: At the present time, our health department uses strategies to monitor and evaluate our effectiveness and quality.

Survey 2: Because of our accreditation process, our health department has implemented or plans to implement new strategies to monitor and evaluate our effectiveness and quality.

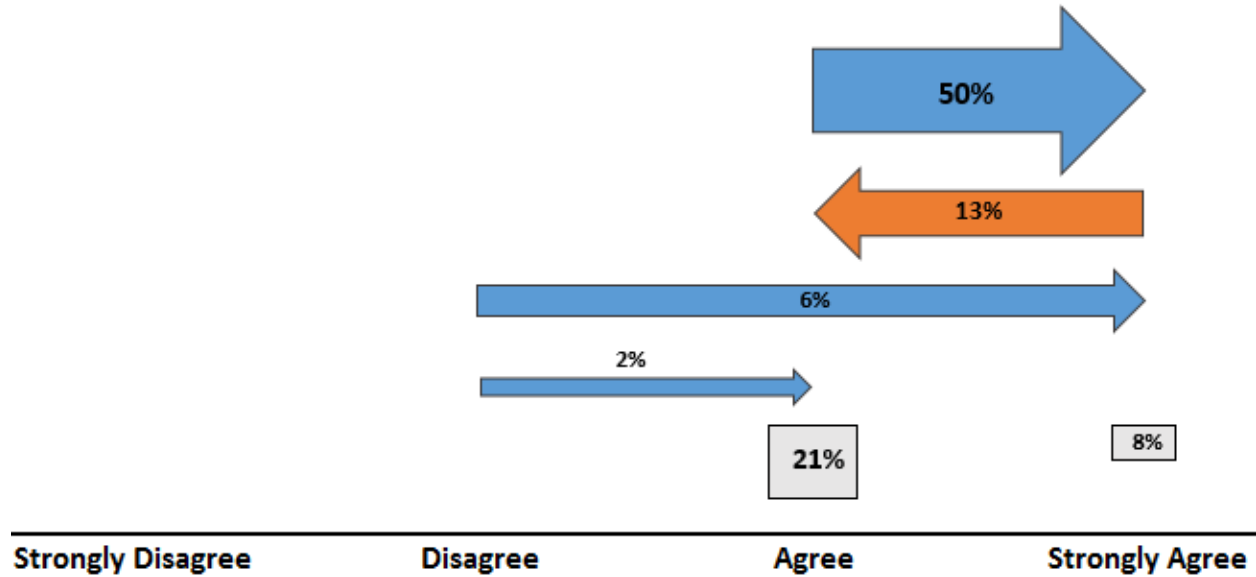
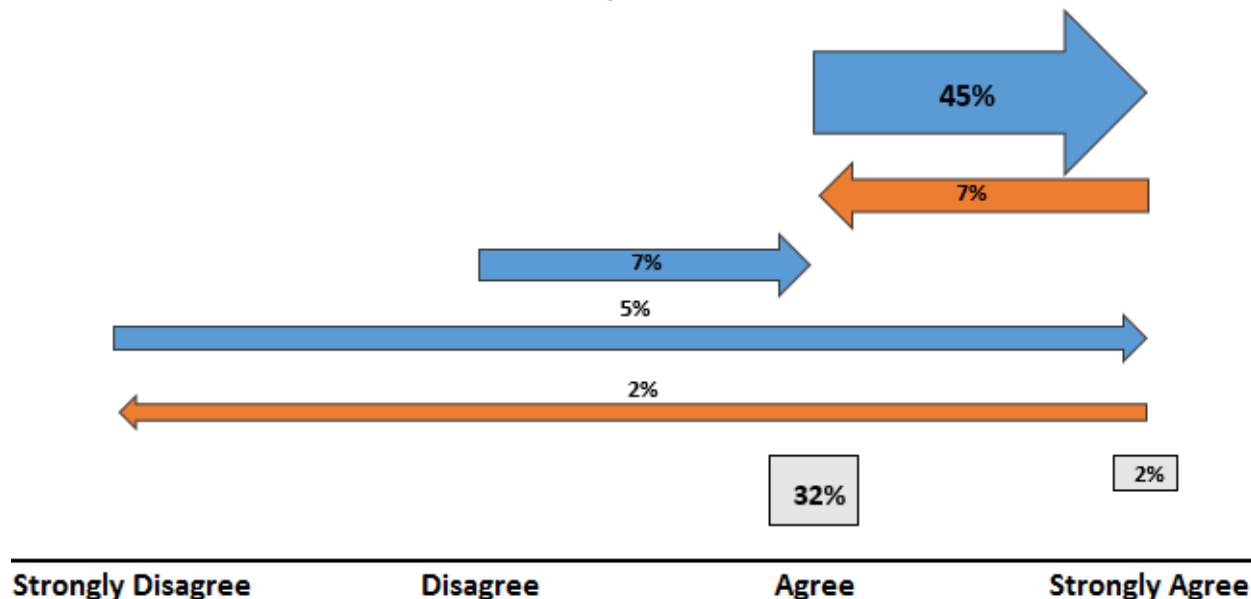


Exhibit 18 shows the percent changes between Survey 1 and Survey 2 for health departments using information from QI processes to inform decisions. In Survey 1, 45% of respondents "agreed" with the statement, "At the present time, our health department uses information from our QI processes to inform decisions," and following Survey 2 "strongly agreed" with the statement, "Because of our participation in the accreditation process, our health department has used or plans to use information from our QI processes to inform decisions." Additionally, 7% of respondents "disagreed" with the statement in Survey 1 and agreed in Survey 2, and 5% of respondents "strongly disagreed" in Survey 1 and "strongly agreed" in Survey 2. Between Survey 1 and Survey 2, 7% of respondents shifted from "strongly agree" to "agree" and 2% of respondents shifted from "strongly agree" to "strongly disagree." Finally, approximately one-third of respondents "agreed" with the statement in both Survey 1 and Survey 2.

Exhibit 18. Percent Changes for Using Information from QI Processes to Inform Decisions (Survey 1 to Survey 2, n=44)

Survey 1: At the present time, our health department uses information from our QI processes to inform decisions.
Survey 2: Because of our participation in the accreditation process, our health department has used or plans to use information from our QI processes to inform decisions.



Steps of the Accreditation Process that Helped Identify QI Initiatives

Exhibit 19 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 in the Site Visit Report, and feedback from the Accreditation Committee helped (100%, 92%, and 90%, respectively).

Exhibit 19. 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*¹⁰, n=51

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

¹⁰ Question not included in revised Survey 2 (Began in December, 2015).

Engagement in QI Processes

Year 1 interviewees provided several examples of new QI efforts within their health departments, including a project focused on improving customer satisfaction, an administrative QI process to develop a curriculum for new employees, a movement towards expanding existing QI efforts, and implementing a fully-operational QI committee and designated QI champions. One interviewee said that accreditation has allowed their health department to focus on department-wide QI, rather than program-specific QI.

In Year 3, interview and focus group respondents discussed the influence of public health accreditation on their agency's QI and PM efforts. All nine interview participants and most focus group participants acknowledged that undergoing accreditation had influenced – to varying degrees – their agency's QI and PM activities, projects, and approaches. Two-thirds of interviewees said that as a result of accreditation, their health departments have moved beyond individual, ad hoc QI projects and developed a formal, organized approach to QI. In total, five interviewees said their agencies have improved or increased the number of staff trainings on QI as a result of accreditation. Three of these health departments used the Standards and Measures as training guidelines and to guide development of best practices; one said they used NPHII funding and another hired a Public Health Foundation (PHF) consultant to help pursue these activities. A different health department reported having instituted additional trainings since becoming accredited to ensure that more staff are QI-trained experts, and another indicated that their agency's goal, in order to improve their operations, use of resources, and population health, is for most employees to understand and use formal QI strategies.

One state health department focus group participant noted several benefits of having participated in the accreditation process, including 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. This respondent also noted a QI-related outcome from being accredited – an improved system of policy review. An LHD focus group participant said that being accredited had resulted in an increased interest from staff in participating in "just-in-time training" for QI. Another LHD respondent reported that being accredited holds them accountable for their activities, which has helped them institutionalize QI.

Culture of QI

Among survey respondents a year after accreditation, 91% said that as a result of the accreditation process, their health department has a strong culture of QI. In the Year 3 interviews and focus groups regarding QI, one small LHD respondent said their agency is striving to "embed a culture of QI" as a

result of accreditation by establishing a QI team, increasing the number of trainings, and sharing information with staff about QI projects and methods, such as Plan-Do-Study-Act (PDSA), Lean, and Six Sigma. One focus group respondent attributed their agency's QI infrastructure entirely to the PHAB Standards and Measures, noting that they provide a framework for high-performing health departments and for integrating QI efforts throughout the agency. The framework and structure provided by the Standards and Measures, according to two different interviewees from large city health departments, has helped integrate QI into their agency's organizational processes. One of these health departments also noted that because of accreditation their agency implemented its first department-wide QI prioritization process to identify the most important projects for performance improvement; they anticipate that the selected projects will result in improved customer satisfaction and health outcomes. Another interviewee reported completing approximately 18 QI projects from start to finish since 2012. They reported that this was notable because the agency had no QI or PM activities prior to applying for accreditation. They also described that to prepare to meet the Standards and Measures, their agency instituted trainings that have resulted in a strong QI culture and QI staff champions.

Communication with Governing Entity/Board of Health and Partners

Exhibit 20 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 accreditation 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 that accreditation enhanced or reinforced them; findings that were reinforced from Survey 1 (see Exhibit 8). In Survey 1, 99% "strongly agreed" or "agreed" that their health department has a positive relationship with the Board of Health or Governing Entity. One respondent explained that "the accreditation process was positive but did not really impact the nature of those pre-existing strong relationships."

Exhibit 20. Percentage of respondents that "strongly agreed" or "agreed" with statements about relationships with stakeholders, *Survey 2 of recently accredited health departments (n=51)*¹¹ and *Survey 3 of health departments accredited one year (n=46)*¹²

| HD Relationships with Stakeholders | % Agreed | |
|--|-----------------|-----------------|
| | Survey 2 (n=51) | Survey 3 (n=46) |
| Local Community Stakeholders: relationships improved | 78% | 74% |
| Board of Health or Governing Entity: relationship improved | 75% | 72% |
| Local Policymakers: relationships improved | 63% | 57% |

¹¹ Question not included in revised Survey 2 (Began in December, 2015).

¹² Question not included in revised Survey 3 (Began in December, 2015).

During the focus groups, one LHD respondent said that since becoming accredited, their Board of Health 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 21 presents the percentage of recently accredited, Survey 2 respondents that "strongly agreed" or "agreed" with statements about communication with stakeholders. Nearly all agreed that they shared information with their Board of Health or governing entity throughout the accreditation process (99%) and that the Board of Health (98%) and community stakeholders provided positive feedback after hearing that accreditation was conferred (96%). Most also agreed that state and local policymakers provided positive feedback upon hearing that accreditation was conferred (84%). The PHAB communications toolkit was seen as helpful for health departments to share the accreditation decision with stakeholders (80%).

Exhibit 21. Percentage of respondents that "strongly agreed" or "agreed" about communication with stakeholders, *Survey 2 of recently accredited health departments, n=120*

| Statements about Communication with Stakeholders | % Agreed |
|---|----------|
| HD shared information about accreditation processes with Board of Health/governing entity throughout the process. | 99% |
| Board of Health/governing entity provided positive feedback upon hearing accreditation was conferred. | 98% |
| Community stakeholders provided positive feedback upon hearing accreditation was conferred. | 96% |
| State/local policymakers (other than governing entity) provided positive feedback upon hearing accreditation was conferred. | 84% |
| PHAB communications toolkit helped HD share accreditation decision with stakeholders. | 80% |

In open-ended responses, one health department respondent elaborated on their communication with policymakers, stating "we spent a lot of time talking about accreditation with our local policymakers. In fact, the health department requested (and received) an increase in local funding to build those areas that were deficient." Similarly, another health department respondent said, "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."

In terms of the communication toolkit, one health department respondent said that they had not yet had the chance to utilize the 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 respondent 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.

One interviewee noted that accreditation provided their health department the opportunity to "critique, question, and go through the process of how we were communicating with our Board." They used accreditation to motivate the Board of Health to more actively participate in the health department's activities. As a result of accreditation, a different health department has started providing an orientation to new Board of Health members as to their roles and responsibilities. The majority of applicants, however, said communication did not improve because they already had strong, effective, and routine communication with their governing entity/Board of Health.

Several interviewees noted that the primary involvement of their community partners in the accreditation process was during the on-site review. One applicant noted that they involved partners at the Site Visit meeting, "but we didn't tell them specifically that they were contributing to the accreditation process." During interviews with partner organizations, all three respondents agreed that accreditation did not affect the level of communication between them and the health department. They reported that appropriate levels of communication were in place prior to the health department achieving accreditation. Two partner organization respondents said they first learned about PHAB when they were invited to participate in the Site Visit, which allowed them to learn that PHAB exists, but did not necessarily enhance their knowledge about PHAB. One partner organization respondent reported that their relationship with the health department strengthened as a result of working on the CHIP. Similarly, one health department interviewee said there is "much more unified involvement [of community organizations] across our jurisdiction, which was definitely a result of us going through the accreditation process."

Competitiveness for Funding and Changes in Financial Status

Among health departments surveyed a year following accreditation, 49% said that they "strongly agreed" or "agreed" that accreditation had increased their competitiveness for funding. Year 3 interviewees and focus group participants also discussed the effect of accreditation on their health department's

competitiveness for funding opportunities. The majority of the interview respondents agreed that accreditation has increased their competitiveness for funding; however, none were able to identify a specific grant they obtained due to their accreditation status. Health departments mention their accreditation status on grant applications, but are unsure of the benefit this provides in the review process. Although most respondents could not directly attribute any grants to their accreditation status, they did provide examples of new grants they received since they were accredited.

Several respondents discussed how the accreditation process has made their health department more prepared for developing grant proposals. One respondent commented on how accreditation has streamlined their grant proposal process, specifically noting, "the work we have done to become accredited has helped us obtain other grants. Going through our CHA and CHIP goals, having a strategic plan in place, they have probably helped us secure some grants that we may not have obtained if we had not had those. Being accredited and having those documents in hand does help streamline the grant proposal process." Another respondent said accreditation has laid the framework for their health department to be well-positioned and prepared when funding opportunities arise. Specifically, they have developed a model to respond to grant opportunities. One local health department respondent noted that through the accreditation process, staff have "enhanced their knowledge of practice standards which directly relate to what funders are looking for in terms of QI, measurement, documentation, and reporting", thus improving the quality of grant applications submitted. Finally, one respondent said, "The underlying changes in our agency, the benefits of a more systematic approach, the ease of which we have increased applying for grants has been beneficial."

Some respondents described other potential financial benefits that have occurred since their health department has become accredited. One respondent said that the year they were accredited, they were able to negotiate an increase in their local tax contribution to public health, however, they were unable to confirm that this increase was a direct result of accreditation. To negotiate the tax increase, the health department described the number of activities for which they are now held accountable as a result of accreditation, and argued that a tax increase was necessary to maintain the high level of performance in the health department. Additionally, in some instances, health departments noted that new partnerships established as a result of accreditation led to alternative funding sources through grants and other funding mechanisms. One respondent noted that a planning co-op between their health department, county development department, and county transportation department resulted in grants for conducting health impact assessments and further developing infrastructure.

Currently health department respondents have not seen funding opportunities associated with accreditation, but would like to see more funding opportunities specifically for accredited health

departments or that would allocate bonus points during the grant review process. One respondent questioned the purpose of becoming accredited in the absence of additional funding opportunities, noting that it would be a "huge investment financially not to get some dividends in return." Another respondent believes that "over time you will get extra points for being accredited or it will be a criteria at some point for the grant itself", yet thinks the additional funding should be based on more than "credentials and having the PHAB logo on our letterhead; it translates into the skill level and capacity of our staff."

Interview respondents also discussed the impact of accreditation on the efficiency and effectiveness of their health department. Several respondents agreed that accreditation has helped their health department utilize resources more effectively and efficiently, and several respondents specifically indicated that their health department's increased focus on QI has promoted this change. For example, one respondent explained that 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." Another respondent attributed improvements in financial status to accreditation because its strong focus on QI led their health department to create QI projects for the financial department. These projects, including studying billing practices and denials, allowed the health department to increase revenue and improve their financial status, regardless of funding decisions of the state.

"[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*."

Other Outcomes

Interviewees described other important outcomes from accreditation, in addition to those mentioned previously. Several said that they have seen improvements in internal communication and collaboration and that staff are more unified around common goals. One explained, "Different divisions in the past have operated in their silo of focus, now we are seeing more integration among programs in different divisions,

"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*."

working toward health improvement." In some cases, accreditation has provided a mechanism for individual departments and units to share data, strengths, and areas of success, according to another interviewee. Along with improved communication, one applicant reports that their credibility with the Board of Health has improved. Others described the recognition they receive, which leads to pride and validation for health department staff, as one of the important outcomes of accreditation. One respondent stated, "by far, the best

thing is the validation for the staff. They are really proud of accomplishing accreditation, and really proud of doing things the right way." In another health department, involvement in the process has raised awareness of the importance of accreditation, and several staff have become PHAB Site Visitors so that they can help other agencies. Finally, one health department reported that after completing the process, they are working towards reducing their reliance on paper and shifting towards technology. Through accreditation, they learned ways to enhance their use of health informatics.

Conclusion

This initial evaluation of the national public health accreditation program gathered information from applicant and accredited health departments via surveys, focus groups, and interviews over a three year time period. The evaluation focused on three main areas: health department process; experience; and short-term outcomes of accreditation. The evaluation identified key recommendations for process improvements to the accreditation program, which NORC has presented separately to PHAB. Other key findings related to the process, experience, and outcomes of health departments are summarized below.

Health Department Process

Overall, health departments felt adequately prepared to begin the accreditation process. The most useful activities to prepare for accreditation were reviewing the PHAB Standards and Measures to determine strengths and areas for improvement (90%) and the PHAB Readiness Checklist (82%). Documentation Selection and Submission was characterized by evaluation respondents as the most time-consuming and labor-intensive step of the process. However, although health departments felt that the process was time consuming, the majority of respondents believe the Standards and Measures accurately reflect the practice of high-performing health departments (91%). Additionally, nearly all survey respondents agreed that the Site Visit was a good use of their health department's time (97%), and that PHAB provided their health department with all of the information needed to prepare for the Site Visit (94%).

Health Department Experience

Most health departments that participated in the evaluation reported several motivators for applying for accreditation. Nearly all respondents agreed that stimulating QI opportunities (99%), improving management processes used by the leadership team (97%), identifying strengths and weaknesses (96%), and stimulating greater accountability and transparency within the health department (96%) were motivators for applying for accreditation. The most significant barrier or challenge prior to beginning the accreditation process was limited staff time and schedule limitations (85%). Additional barriers included: staff turnover or loss of key staff (40%); PHAB application fees (36%); and lack of perceived value or benefit of accreditation (34%). Following accreditation, while the impact of limited staff time decreased, staff turnover became a more substantial challenge, as compared to before the application process began. Although PHAB application fees were mentioned as a barrier to applying for some health departments, the majority of health departments said their health department leadership team views the PHAB accreditation fees as good value. Finally, 100% of survey respondents from recently accredited health departments agreed that their health department made the correct decision to apply for accreditation.

Short-term Outcomes

Throughout the evaluation, health departments described several perceived benefits of accreditation. The short-term outcomes associated with accreditation can be classified as internal and external benefits.

Almost all health departments experienced several internal benefits, reporting that accreditation has:

- Stimulated quality and performance improvement opportunities within the health department (96%);
- Allowed the health department to better identify strengths and weaknesses (94%);
- Helped the health department document its capacity to deliver the three core functions of public health and the Ten Essential Public Health Services (94%);
- Improved management processes used by the leadership team (90%); and
- Stimulated greater accountability and transparency within the health department (90%).

QI-related outcomes were discussed by numerous respondents and interviewees. A year following accreditation, over 90% of respondents said that as a result of the accreditation process, their health department has a strong culture of QI and nearly all said they have implemented or plan to implement new strategies for QI. Additionally, health departments that responded to more than one evaluation survey became more enthusiastic about QI as they progressed through the accreditation process. Other external benefits of accreditation reported by evaluation respondents included: improved accountability to external stakeholder (83%); and allowed health department to better communicate with Board of Health or governing entity (64%).

Approximately one-half of survey respondents said that accreditation has improved their health department's competitiveness for funding opportunities. However, among interview participants, while some believed that they may be more competitive for funding as a result of accreditation, none reported receiving additional funding that they knew was a direct result of accreditation status. However, many of these interviewees did report other benefits that could indirectly improve their competitiveness for funding, such as increased efficiencies and improved processes for completing grant applications.

According to evaluation participants, public health accreditation is an effective and worthwhile process that has extensive internal benefits, particularly in terms of increasing the focus on QI and identifying strengths and weaknesses within the health department. Moving forward, health departments are hopeful that additional external benefits, including more direct funding opportunities, will also become tangible outcomes associated with accreditation.