



Evaluation of the Public Health Accreditation Program

Health Department Outcomes

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Health Department Surveys

- Four web-based surveys of applicant and accredited health departments
 - **Applicant Survey:** After health department registers in e-PHAB and before participating in the in-person training
 - **Accredited Survey:** After receipt of accreditation decision
 - **Post-accreditation Survey:** One year following accreditation decision
 - **Year 4 Accreditation Survey:** Four years following accreditation decision; one year prior to reaccreditation application deadline
- Surveys are sent to the health department director, but the Accreditation Coordinator or other designee may respond
- Survey questions are related to health department process, experience, benefits, and outcomes of accreditation



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NORC began administering surveys to health departments in October 2013 (Applicant Survey), December 2013 (Accredited Survey), April 2014 (Post-accreditation Survey), and July 2017 (Year 4 Accreditation Survey). Since that time, NORC has sent surveys quarterly to all health departments that have reached the appropriate milestone. For example, each quarter NORC sends the Applicant Survey to all health departments that have registered in e-PHAB (or submitted their statement of intent) since the last time the survey was administered. The Year 4 Accreditation Survey is sent twice a year.

Survey Response Rates

Response Rates as of February 2019

Survey Name	Timing	Survey Population		Response Rate	
		N	N	%	
Applicant Survey	After registering in e-PHAB	361	316	88%	
Accredited Survey	After accredited	226	209	93%	
Post-accreditation Survey	One year after accredited	212	185	87%	
Year 4 Accreditation Survey	One year prior to reaccreditation	60	55	92%	

Note: Each survey instrument (excluding Year 4 Accreditation Survey) maintained a core set of questions between November 2013 and August 2017. Once in 2015 and once in 2017, each survey was modified slightly to include new questions. As a result, some data in this presentation have a smaller sample size. This is reflective of the fact that fewer respondents were provided the opportunity to respond to those questions.



Other Health Department Data Collection

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



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

Motivators to Apply and Anticipated Benefits

Applicants believe accreditation will...	% Agreed
Stimulate QI and performance improvement opportunities within HD	97%
Allow HD to better identify strengths and weaknesses	94%
Improve management processes used by leadership team	92%
Stimulate greater accountability and transparency within HD	92%
Part of strategic plan	91%
Help document capacity to deliver Three Core Functions of Public Health and Ten Essential Public Health Services	90%
Improve accountability to external stakeholders	87%
Improve credibility within community/state	87%
Improve competitiveness for funding opportunities	83%
Improve relationship with key partners in other sectors	83%
Improve communication with Board of Health/governing entity	65%

Applicant Survey, n=316



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After health departments register in e-PHAB (Applicant Survey), survey respondents are asked to indicate what benefits they perceive are associated with accreditation. All or nearly all respondents “strongly agreed” or “agreed” that accreditation will stimulate quality improvement and performance improvement opportunities and allow the department to identify strengths and weaknesses. Data collected between October 2013 – February 2019.

Benefits One Year after Accreditation – Internal Benefits

Internal Benefits of Accreditation

% Strongly Agree or Agree



Post-Accreditation Survey, N=185

*N=102



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

Benefits One Year after Accreditation – External Benefits

External Benefits of Accreditation

% Strongly Agree or Agree

82%*

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

80%

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

76%^

- Accreditation has improved our HD's visibility or reputation to external stakeholders

Post-Accreditation Survey, N=185

*N=102

^N=139



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One year after they are accredited (Post-Accreditation Survey), health departments are asked the extent to which they have experienced certain benefits from accreditation.

These benefits have been classified as “external” benefits. The majority of survey respondents “strongly agreed” or “agreed” that accreditation has improved the credibility of the health department and improved accountability to external stakeholders.

Respondent Quotes

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



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

Collaboration with Partners

Impacts of accreditation on partnerships and collaboration

% Strongly Agree or Agree

Accreditation has resulted in...	Accredited Survey (N=102)	Year 4 Accreditation Survey (N=55)
Strengthened relationships with key partners in other sectors	64%	70%
New opportunities for partnerships and/or collaborations	54%^	61%
Identification of new partners in other sectors	57%	46%

^N=139



One year after they are accredited (Post-Accreditation Survey), and four years after they are accredited (Year 4 Accreditation Survey), health departments are asked the extent to which they have experienced certain benefits from accreditation in terms of the impact of accreditation on partnerships and collaboration. More than half of survey respondents “strongly agreed” or “agreed” that accreditation has strengthened relationships with key partners and resulted in new opportunities for partnerships.

Quality Improvement

Impacts of accreditation on QI

QI/PM Outcome	Applicant Survey (N=177)	Accredited Survey (N=156)	Post-Accreditation Survey (N=137)	Year 4 Accreditation Survey (N=55)
Greater than 75% of staff have received training in QI and/or PM	41%^	59%	53%	69%
Majority of staff practice QI	24%	37%	39%	53%

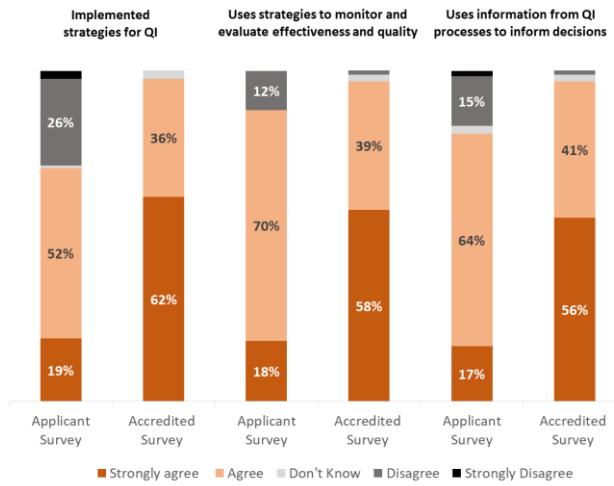
[^]N=162



This slide provides additional information about health departments' engagement in quality improvement.

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Quality Improvement



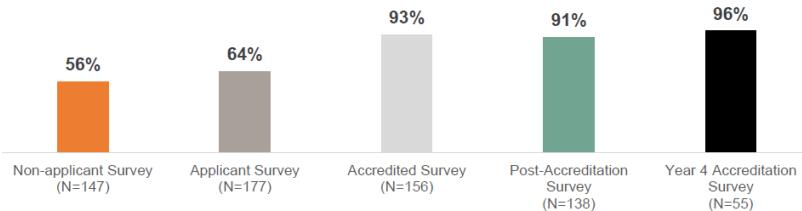
Longitudinal analysis of reported QI activities among applicant and accredited health departments, N=126

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

Quality Improvement

Percentage of Respondents Reporting that QI is “Conducted Formally” or “Our Culture” Across Surveys



NORC previously fielded a *non-applicant survey* of health departments that were not involved in the PHAB accreditation process to provide a basis of comparison for the applicant and accredited health departments. We fielded the survey once in 2016 and a second time in 2017.



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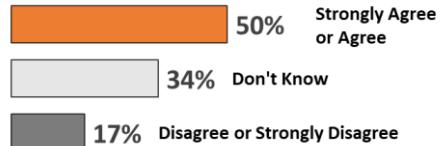
This slide shows the impact of accreditation on QI activities. The non-applicant survey of health departments not involved in the PHAB accreditation process showed that just over half of respondent said QI is conducted formally or the culture of their health department compared to over 90% of accredited health departments at three points in time (Accredited Survey, Post-Accreditation Survey, Year 4 Accreditation Survey).

Changes in Health Outcomes

Examples from interviews with accredited health departments

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

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



Post-Accreditation Survey, n=139

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

Respondent Quotes

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

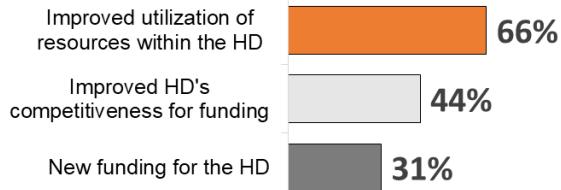


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Quotes from survey respondents describing the benefits of accreditation to their agencies.

Financial Effects

% Strongly Agree or Agree



Year 4 Accreditation Survey, N=55

Respondent Quote

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



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Nearly two-thirds of respondents to the Year 4 Survey “strongly agreed” or “agreed” that accreditation has improved the utilization of resources within the health department.

Overall Satisfaction

- Following accreditation, survey respondents said that their health department made the correct decision to apply for national accreditation through PHAB
 - 98% “strongly agreed” or “agreed” (*Accredited Survey, N=207*)
- HD leadership teams viewed PHAB accreditation fees as a good value
 - 79% “strongly agreed” or “agreed” (*Accredited Survey, N=207*)
- One year following accreditation, 90% of respondents said their HD did not experience any adverse effects due to participation in the accreditation process (*Post-Accreditation Survey, N=185*)

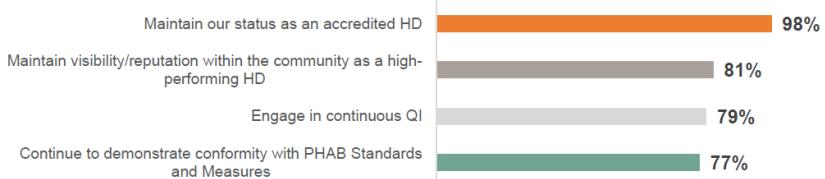


Nearly all health department respondents agreed that their health department made the correct decision to apply for national accreditation through PHAB. The majority of respondents agreed that the PHAB accreditation fees are a good value.

Reaccreditation

- **96%** of Year 4 Accreditation survey respondents reported that they agency intends to apply for reaccreditation; the remaining respondents were undecided.

Reasons for Deciding to Apply for Reaccreditation (N=53)



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Nearly all health departments reported that they intend to apply for reaccreditation. The most commonly reported reason for deciding to apply for reaccreditation was to maintain status as an accredited health department.