BRIEF REPORT

Evaluation of the Public Health Accreditation Board Beta Test

JULY, 2011

PHAB
Advancing public health performance

NORC
*at the* UNIVERSITY *of* CHICAGO

Introduction

To protect the confidentiality of the participants in this research—beta test site health departments, accreditation coordinators, and site visitors—PHAB does not plan to make the full 197 page report and associated appendices developed by NORC at the University for Chicago available for public review. This brief report includes the most important key findings and recommendations from the evaluation of the beta test. Major revisions to the accreditation process and standards and measures are described at the end of this summary.

Background on the Beta Test

The Public Health Accreditation Board (PHAB) is charged with developing and managing national voluntary public health accreditation for Tribal, state, local and territorial health departments. The goal of accreditation is to improve and protect the health of every community by advancing the quality and performance of public health departments. Incorporated in 2007, one of the first tasks of PHAB has been the establishment of standards and measures that encapsulate the criteria that public health departments will be asked to demonstrate in order to qualify for accreditation, as well as the processes needed to apply for accreditation. To understand how the measures and the processes apply in a real-world setting, PHAB initiated a beta test. The beta test was meant to pilot the main processes of accreditation and the draft standards and measures from the perspective of the health department applicant (beta site), site visitor, and PHAB staff.

A letter of invitation for beta sites was released in July, 2009. Thirty health departments—8 state, 19 local, and 2 Tribal—were chosen from 145 applications (Figure 1).

Figure 1: Geographic locations of the 30 selected PHAB beta sites
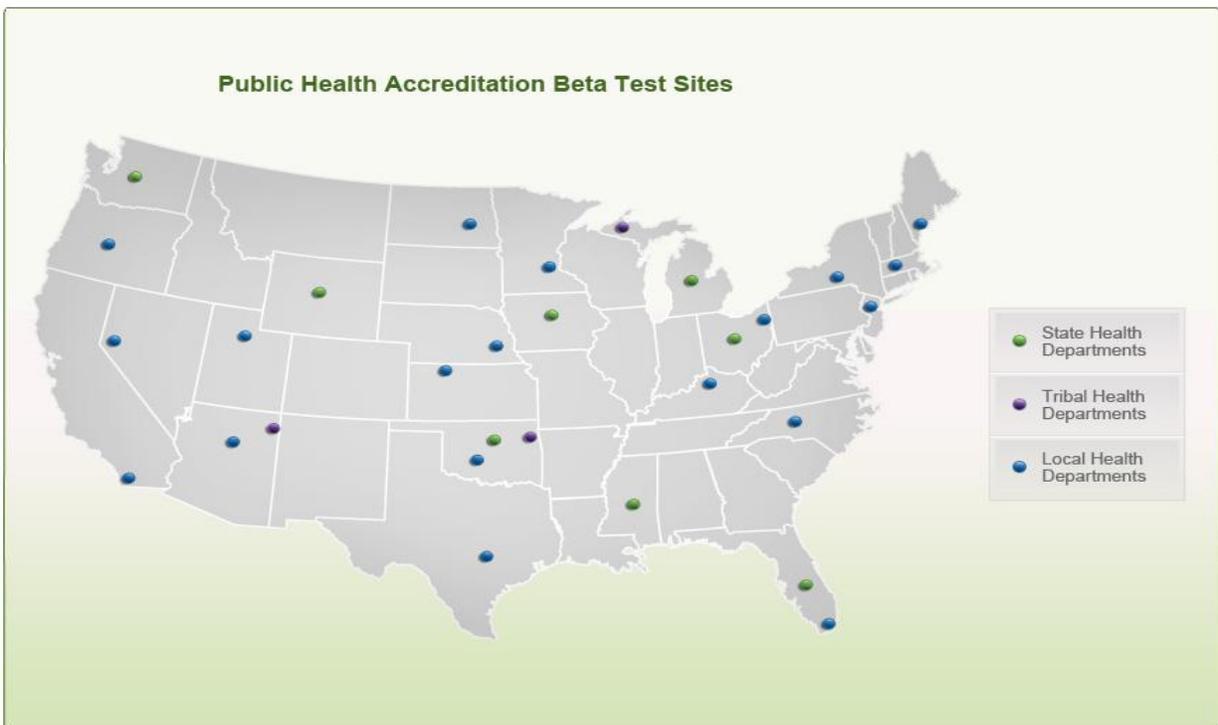
The beta site sample was chosen to include a variety of characteristics to test the applicability of the standards and measures and process, including health departments that were small, rural, large, metropolitan, centralized, and decentralized. Health departments were also chosen with varying governance structures and degrees of accreditation readiness. Beta sites chose one person to serve as the accreditation coordinator whose role was to manage the process on behalf of the health department.

The call for volunteer site visitors was released in December, 2009. Over 300 applications were received, and 97 site visitors were chosen. Of the 97 site visitors, 41 were deputy or director level health department staff, 26 had environmental public health experience, 10 had tribal public health experience, 5 had public health laboratory experience, and others had overall public health program experience.

Data collection and analysis throughout the beta test was completed by NORC at the University of Chicago. Data collection consisted of both quantitative and qualitative data, collected through surveys, interviews, site visits, tracking tools, and other feedback from beta sites, site visitors, PHAB staff, and PHAB's partner organizations—ASTHO, NALBOH, NACCHO, NIHB—from various beta test phases.

Accreditation Standards and Measures

The set of standards and measures used in the beta test were developed by the PHAB Standards Development Workgroup and vetted through a public comment period. There were more than 100 measures (101 in the local version, 110 in the state version), which were grouped into standards. The standards were organized into 11 domains with two parts. Part A contained one domain on administrative capacity and governance. The remaining 10 domains in Part B corresponded with the 10 Essential Public Health Services. Each measure had accompanying documentation requirements or examples described in a 183 page Guide to Standards and Measures Interpretation. The assessment of whether the documentation supplied by the applicant health departments conforms with these measures is the basis for the accreditation decision. At the time of the beta test, PHAB did not have measures specific to Tribal health departments, so Tribal beta test participants were instructed to use the local measures. PHAB was in the process of convening a workgroup to develop a version of the measures for Tribal health departments and to make revisions to the state and local measures to include collaboration with Tribes.

> *"The standards and measures can be viewed as an operating manual on how to run a good health department. The basics and fundamentals in management are there, so as new leaders come in they don't have to reinvent the wheel—the standards and measures can provide a consistent roadmap."*
>
> - Beta test site

Phases of the Beta Test

The beta test included many components that can be divided into three major phases: the application, the self-assessment, and the site visit. The application process was completed by the beta sites online to provide background information about the health department and ensure that prerequisite documents have been developed. The self-assessment was the process through which beta sites submitted relevant documentation to an online system to demonstrate conformity with each measure. Site visitors then reviewed the online application and beta site self-assessment from the site they were assigned. Following this review, a site visit was conducted by a site visit team consisting of three or four site visitors. Each site visit team spent between one and one-half to more than three days at the health department to assess how well it demonstrated conformity with the measures.

An overview of each phase of the beta test in addition to recommendations and lessons learned are included following the evaluation methodology section.

Data Sources

NORC at the University of Chicago evaluated and analyzed the beta test process, from training to post site visit. Data collection activities from beta sites included information from beta test applications, evaluation forms from in-person trainings, web surveys, and telephone interviews. NORC conducted four

web-based surveys throughout the beta test, focused on the following topics: 1) accreditation application and beta test site training; 2) self-assessment; 3) site visit; and 4) overall impressions at the conclusion of the beta test. The response rates for each survey differed, with 27 of the beta test sites completing the first survey, 30 completing the second survey, 29 completing the third survey, and 30 completing the final survey. NORC conducted telephone interviews with 25 of the beta test sites during various parts of the process—following the application, self-assessment, site visit, and the completion of the beta test. NORC also collected data on hours spent by the beta sites on a monthly basis.

The NORC team gathered extensive feedback from the individuals who volunteered as site visitors, which included data from evaluation forms collected after in-person trainings; web-based surveys about their experiences of reviewing documentation, the site visit experience, and the development of the site visit report; feedback forms for comments about time allocation, questions that arose during their review, and comments on standards and measures.

NORC attended 7 of the beta test site visits where they collected information from site visitors and beta site accreditation coordinators and staff. Prior to the visits, NORC participated in pre-site visit conference calls of the site visit team. NORC also traveled to 3 other beta sites and met with accreditation coordinators and members of the accreditation team to learn about their impressions of the entire process. To supplement NORC's observations during the official site visits, they also received written reports of onsite observations from PHAB staff members and individuals from PHAB partner organizations who attended the site visits.

Phases of the Beta Test

Beta Test Training

Beta Site Training
Beta sites attended a two-day training in the Washington, DC area in November 2009. The training introduced participants to the beta test and provided a summary of the process, accreditation materials, deliverables, PHAB's partners, PHAB's IT system and extranet, and information on NORC's evaluation. Overall, beta test sites found the training to be straightforward, organized, and comprehensive.

Following the completion of the beta test, NORC followed up with the beta sites to gather their perspectives on how well the training had prepared them for the beta test activities. Health departments had an overall positive assessment, and 27 of 28 respondents agreed or strongly agreed that "The training provided us with the right information to prepare us to begin the beta test process." In addition, 28 of 29 respondents strongly agreed or agreed with the statement "The training in November 2009 provided us with an accurate picture of what to expect in the beta test."

Site Visitor Training
Site visitors attended a two-day training in the Washington, DC area that included an orientation to PHAB, the accreditation process, and the PHAB standards and measures; a description of the site visit process; an explanation of the roles and responsibilities of those involved in the site visit; an overview of the tools, templates, and other materials to be used by the site visit team; and group exercises in the form of case studies and discussions. Two separate training sessions were held in March and April 2010. Overall, site visitors felt the trainings were well planned and executed. Site visitors felt the presenters were clear, consistent, well-prepared, and engaged in productive discussions.

> Following the training, *"I have an even greater appreciation and awe for what PHAB and the public health community have undertaken to accomplish."*
> - Site visitor

One of the key goals of the training was to prepare site visitors to assess whether the documentation submitted by the beta sites demonstrate conformity with the measures. By the end of the training, most

site visitors (83 of 84 respondents) agreed or strongly agreed with the statement from the training evaluations, "I believe the group exercises helped to prepare me to evaluate the evidence of a health department's conformity with the standards and measures." The majority of site visitors (85 of 86 respondents) also agreed or strongly agreed that they understand which factors to consider in evaluating documentation as evidence of conformity with standards and measures.

NORC followed up with site visitors after the site visits for recommendations on how to improve training. Based on their experiences conducting the site visit, some site visitors suggested additions to the training, including a timeline for the review process; an estimated level of effort for participation; and additional training on how to complete the site visit report. Site visitors also suggested allotting additional time for the case studies to practice assessing whether documentation demonstrates conformity with the measures.

Beta Test Phase 1 - Application

Application
Completion of the application was the first major task for beta sites. The online application asked beta sites for general characteristics of the health department, such as governance, staffing, population served, budget, services provided, contact information, and the three prerequisite documents—the health assessment, health improvement plan, and strategic plan. A selection of beta sites were interviewed and indicated that they felt the application was asking for the right information to provide a useful context to site visitors. Beta sites recommended that several additional pieces of data be collected including aspects of the health department structure, such as number and type of facilities operated by the health department, and more details about the demographics of the population the health department serves. Beta sites also recommended that PHAB embed frequently asked questions, a glossary, and a space that allows applicants to provide explanatory notes, and a print/save feature.

Feedback on the application and application process from a survey of the beta test sites was generally positive, but 13 beta test health departments noted some challenges with the form and recommended improvements for both content and design. During the beta test, beta sites used an online system to complete the application that PHAB intended to be a placeholder only used to host the beta test materials. Since PHAB planned to develop a new system before the launch of accreditation, the website was not an explicit evaluation focus. However, because website functionality was so critical to completing the application, there were many suggestions about navigation, usability, format, and other desired functions submitted by beta test sites.

Readiness Checklist and Statement of Intent
Once PHAB accreditation is launched nationally, health departments will be advised to complete Readiness Checklists to determine if they are prepared to apply. In addition, health departments will be required to submit a Statement of Intent, which is a non-binding document that places them in a queue for PHAB internal review. While these first two steps—the Readiness Checklist and Statement of Intent—were not included in the beta test, participating health departments were asked to provide feedback on those two items.

Overall, beta sites provided positive reviews of the Readiness Checklist, but some feared that it could give potential accreditation applicants "a false sense of what a department has to do to be accredited." Suggestions for improvement included ways to clarify the expectations of applicants to provide a more accurate picture of what accreditation would require, such as greater emphasis on the prerequisites and other key documents required to demonstrate conformity with the measures.

Beta sites recommended that PHAB clarify the Statement of Intent by using consistent terminology and providing more guidance on the required health department narrative content. Beta sites also suggested PHAB clarify which individuals are required to complete the online orientation.

Beta Test Phase 2 – Self Assessment

After completing the application, beta sites initiated the self-assessment process, which consisted of gathering documents to illustrate conformity with the PHAB standards and measures and uploading them online. Beta sites reported that completing the self-assessment helped identify strengths and weaknesses and provided a broad overview of activities that are conducted by the health department. Beta sites also felt the self-assessment reinforced the value of documenting department activities and procedures as a means to be transparent to the community, ensure information is easily available, and retain knowledge about procedures in case of staff turnover. While most beta sites appreciated the value of documentation, at least one health department did not think documenting some routine activities should be necessary.

Gathering and Organizing Documentation

Health department strategies for completing the self-assessment varied, including methods for identifying and organizing files. Where beta sites had the capacity to involve a larger number of individuals, they formed an accreditation team and followed one of two approaches. In one model, the accreditation coordinator assigned the domains to different staff who worked independently to compile documents. In the second model, a group of staff held meetings to review each domain and brainstorm potential documents for each measure.

> Undergoing the self-assessment process *"had a positive effect on those staff involved in the project by providing opportunities to learn about the department in-depth, and how much we do for the people who live and visit [our state]."*
>
> - Beta test site

Several of the beta sites requested additional guidance from PHAB on who should be included on the accreditation team. It was commonly reported that accreditation teams that included staff with a long history at the health department, representatives from different divisions, and staff with an analytic background were most effective. To organize documents, several of the accreditation coordinators created a set of folders on a shared server that mirrored the PHAB standards and measures. While most health departments organized their files by measure, at least one health department spoke of organizing by topic.

There was a wide range in the number of documents beta sites uploaded, reflecting in part the fact that not all health departments began the beta test with the same degree of readiness. While 16 of the beta test sites agreed or strongly agreed with the statement "When completing the self-assessment, it was clear to us what documents would qualify as demonstrating our health department's compliance with the accreditation measures," 13 disagreed and 1 strongly disagreed. Greater specificity in the interpretation guidance may make it easier to determine if a particular document is acceptable, yet some degree of flexibility was seen as important given how widely health departments. To help beta test sites determine what would be good documents to submit, several requested that PHAB provide templates or examples of model documents; that level of technical assistance may be most appropriately provided by a partner organization rather than PHAB.

Online System

After selecting and preparing the documents, the sites were left with the task of uploading them to the online version of the self-assessment tool. The ability to submit documentation online rather than in hard copy was a very positive aspect of the self-assessment. Although the accreditation coordinators were informed that the online system used in the beta test would be different from the one used after the launch of accreditation, there was a substantial amount of feedback about the system. For many, it was difficult to separate the shortcomings of the software from areas of improvement for the self-assessment process, since the two were so intertwined.

Beta sites suggested keeping the more useful features of the online system, such as ability to replace previously uploaded files, comment box for context, and the ability to link documents to more than one measure. Common requests for the new online system were features like a reporting mechanism to help applicants track their progress, ability for multiple users to access the assessment simultaneously, a place for internal notes not accessible to site visitors, increased speed and capacity, and formatting the system so it matches the Guide to Standards and Measures. Other concerns raised by beta sites about the online

system include the system timing out if the user was inactive for a short period of time, limited file sizes, and password reset options.

Time Spent by Beta Sites

Many of the health department sites noted feeling rushed in completing the self-assessment due to the condensed timeline of the beta test. NORC asked accreditation coordinators how long they thought they would spend on the self-assessment process if they were not under the constraints of the beta test. The largest number of survey respondents (11 of 28) reported that they would take four to six months to complete the self-assessment and the second most common response was seven to nine months.

Health departments also suggested that PHAB provide more guidance about what types of staff to include in the accreditation team. Beta sites suggested that it would be helpful for PHAB in the future to offer advice to applicants about how to actively engage staff in the process. In particular, health departments may want to structure their self-assessment process so that the group brainstorms together about potential documents, rather than having individuals each looking for example documents on their own. To engage staff members, PHAB could advise health departments to begin educating their staff about accreditation prior to beginning the process. It would also be beneficial for PHAB to encourage health departments to collect documentation—including keeping meeting minutes and making sure items are dated—as a routine part of their operations.

Site Visitor Review of the Site's Self-Assessment

While beta sites were completing their self assessments, PHAB grouped site visitors into teams, assigned a team lead, and assigned site visit teams to sites by matching site visitor experience to the characteristics of the site, while being mindful of potential conflicts of interest. During the beta test, site visit teams typically consisted of three or four individuals. Some site visit teams had four members—either because larger health departments were assigned a larger number of site visitors or because one member of their team was designated as an "alternate" site visitor. Following beta site completion of the self-assessment, site visitors were granted access to review their assigned site's documentation in the online system. Site visitors also commented on the cumbersome nature of the online self-assessment tool, explaining that it was difficult to navigate and should be made more user-friendly.

The Site Visitor Guide provided by PHAB instructed all site visitors to review the entire self-assessment, but many site visit team leads approached documentation review by dividing work by domains among team members due to the volume of documentation submitted by some sites and the condensed time frame. Many site visitors noted that it was helpful to assign domains based on individual backgrounds, strengths, and expertise. Almost all site visit teams used pre-site visit conference calls to share review notes of their assigned health department's self-assessment and to prepare for the sites visit. Several team chairs took responsibility for compiling individual scores into one spreadsheet prior to the call and highlighting the measures for which the site visitors disagreed. Other site visit teams used the calls to verbally discuss how each measure was scored. Eventually the site visit team came to consensus on the initial score.

When site visit teams identified measures that were not fully demonstrated (or when the team could not come to consensus on the score), they developed questions to ask health department staff during the site visit and a list of additional documentation as needed. This list was passed on to PHAB staff who forwarded it to the beta site. Many site visitors acknowledged the importance of keeping detailed notes during the conference calls in order to maintain the lists of documentation requests and questions for interviewees.

Requests for Additional Documentation and Beta Site Response

Requests from site visitors for additional documentation were routed to beta sites through PHAB. When possible, PHAB provided the additional documentation to the site visit team prior to the site visit. The site visit team then developed a site visit agenda based off of unanswered questions they had when reviewing the self-assessment. It was suggested that it would be helpful to have one call with all three parties to discuss site visit logistics, interview participants, the agenda, and clarify high level questions.

Accreditation coordinators and other beta test site staff prepared for the site visit by responding to requests for additional documentation and responding to the agenda by suggesting staff to participate in interviews. Despite the fact that many health departments felt the site visit was a last minute "scramble" given the short beta test timeframe, the majority (23 of 29) of survey respondents agreed or strongly agreed that their health department felt prepared before the site visit.

Several beta test sites noted that they appreciated receiving a list of additional document requests in advance of the site visit; however, given the compressed time frame of the beta test, many did not receive the list until one or two weeks prior to the site visit. Beta test sites explained that this did not allow adequate time to prepare the documentation. Just as the beta test sites would have liked to receive the request for additional documentation farther in advance, many of the site visitors would have preferred the opportunity to review the documents sooner. Beta sites and site visitors recommend that there should be a cutoff time after which additional documents will not be accepted. Beta sites also wanted advice on how to organize additional documents, because they were locked out of the online system after their submission, another online system consideration for the launch.

> *"The documentation was facts; the site visit provided narrative."*
> - Site visitor

Site Visitor Perspective of Total Documentation Submitted by the Beta Site

While only a small number of site visitors expressed concern about having too many documents to review, several felt strongly that PHAB should have "strict, enforced limits on the amount of documentation submitted." Site visitors were particularly frustrated if they felt they received documents that were not entirely relevant to the measures. This issue might be alleviated by better training of applicants or additional communication between the site visitors and the health department prior to the visit. There was general consensus among site visitors that applicants provide a brief overview of why they believe the documents meet each measure and suggested applicants indicate where in the document site visitors should focus their attention. Several site visitors requested that PHAB staff conduct an initial review of the documentation prior to the site visit to help eliminate poor documentation.

Inclusion of a description of the intent of each measure may help site visitors and health department staff understand the correct content and context of documentation evidence. Similarly, there may be opportunities to provide greater detail in the wording of the standards or guidance to clarify interrelations between the measures. Other clarifications in the Guide to Standards and Measures that may help health departments choose better documentation in the self-assessment process would be specifying document format, explaining the difference between required vs. examples of documentation (or eliminating examples of documentation), specifying the number of examples needed, and clarifying the required timeline and formality of documents.

Beta Test Phase 3 – Site Visit

After the initial review of the contents of the self-assessment by the site visit team, site visitors traveled to their assigned beta sites for the actual site visit. Overall, the health department site visit was seen as a valuable component by almost all participants. Site visitors appreciated the opportunity to gain a first-hand view of how the health department operates. One site visitor explained, "The documentation was facts; the site visit provided narrative."

Beta sites generally felt that they were prepared for the site visit, but did suggest PHAB could provide better guidance around adequate meeting space, materials to have on site, and which staff should attend meetings. Site visitors found it helpful to be able to electronically access documents onsite, which often required either internet access to view the PHAB website, ability to log onto the health department intranet, or having the files on a flash drive or otherwise downloaded to laptops. Many site visit teams noted that having someone serve as a note taker worked well during the site visit. One site visitor explained that it is necessary to carefully record throughout the site visit the health department's strengths and weaknesses (in preparation for the exit conference) and explanations for why measures were scored a certain way (for the site visit report).

Perceptions of Site Visitors, PHAB Staff, and Observers Onsite

Overall, beta test sites described their site visitors as professional, well-organized, prepared, and knowledgeable. In response to survey questions, all but one of the 29 beta test site respondents agreed or strongly agreed that "The site visitors were knowledgeable about the accreditation process." Despite the general consensus that site visitors were well-prepared, a few health departments felt that their site visitors did not fully understand the documentation they had submitted. These health departments suggested that site visitors receive more training on the standards and measures. Beta sites commented that having a site visit team composed of individuals with different perspectives is something that worked well; however, it may be important to match site visitors to sites based on knowledge and experience.

A PHAB staff member was present at each site visit during the beta test as a technical resource to both the site visit team and site staff. Site visitors commented that having PHAB staff present was useful and would "assure consistency across the site visit teams around the country." Many site visitors complimented PHAB on their handling of travel arrangements and appreciated that flights and hotel accommodations were arranged for them. The majority (88 of 96) of respondents agreed or strongly agreed with the statement "The logistics involved with the site visit were handled smoothly." They requested that a PHAB staff member attend every site visit. Other observers included members of the PHAB Board, partner organizations, and funders. These individuals were instructed to silently observe the site visit process. Such observers may not be part of site visits following national launch.

Duration of the Site Visit

During the beta test, the length of the site visit varied among health departments, ranging from one and one-half days to three and one-half days in length. The majority (76 of 94) site visitors surveyed said they felt they had the right amount of time onsite to gather the information they needed. The key sessions that comprised the site visit included the entrance conference, walk through, lunches with community partners and governing entities, interviews with key staff, and an exit conference.

Entrance Conference

The purpose of the entrance conference was to include introductions with the site visit team, accreditation coordinator, and appropriate health department staff; a review of the purpose of the site visit; and a review of the agenda and schedule. Additional guidance around what information and which health department staff to include in the opening session was requested by site visitors and health departments.

Walk Through

The purpose of the walk through was to give the site visit team the opportunity to visually observe the environment and working conditions of the health department. PHAB provided site visitors with the Site Visitor Measures and Documentation Requiring Visual Observation Guide, which outlined the items that should be observed. The length of the walk through varied by health department—from about 30 minutes to over an hour. The number of sites visited, as well as the duration of the walk through, may be dependent on the number of days the site visitors spend at the health department. There were many requests to integrating the self-assessment tool and the visual observation guide.

Lunch with Community Partners and Governing Entities

The site visit team was instructed to speak with a variety of individuals during the site visit, including members of the governing entity and community partners. It was generally seen as an efficient way for the site visit team to hear from many partners in a short period of time. Suggestions for improvement include more advance notice to arrange appropriate meeting time with high level staff and community partners. Many beta test sites said the agenda was needed at least three to four weeks prior to the site visit in order to invite community partners, members of the governing entity, and other external partners.

Interviews

The majority of the time onsite was spent in interviews with one or more health department staff members. The way interviews were structured and conducted varied between site visit teams, along several dimensions. First, some teams decided to have every site visitor present for all interviews and some decided to split up. The primary advantage of breaking into groups was the team covered more ground in a shorter time period. Challenges associated with breaking into smaller groups included requiring one site visitor to lead an interview, review documentation, and take clear notes to help the team

draft the site visit report. Second, the training materials PHAB provided to site visitors included a sample agenda for the site visit. That agenda was largely structured around different positions within the health department, such as sessions for discussions with the health director, finance officer, personnel officer, chief information officer, planning director, and several breakout sessions with representatives from key program areas. Many site visit teams changed the order of interviews to reflect accreditation domain structure. The domain approach allowed the site and the site visitors to stay organized and on track with assessing a health department's conformity with the measures. The drawback to this approach was sometimes the same individuals were called upon to participate in multiple interviews, making the site visit more disruptive to health department staff.

In some site visits, it was clear that not all staff members from the beta site were familiar with the documents that were submitted as part of the self-assessment. PHAB should provide this recommendation to future health department applicants.

Regardless of agenda and interview structure, a critical component of interviews is ensuring a fair and consistent process. When surveyed, some site visitors and accreditation coordinators expressed concern about the level of peer-to-peer learning between site visitors and the site. Site visitors often sought greater clarification about how much assistance they could provide to the beta sites in identifying documentation that would demonstrate conformity with the measures. The question of whether site visitors should give health departments credit in one measure for documentation that was provided in another measure came up frequently. Perhaps as a result of this uncertainty, site visit teams provided varying degrees of assistance to health departments during the beta test. It is important to note that several site visitors acknowledged that they may have provided more assistance during the beta test than they would if actual accreditation were at stake. PHAB will want to standardize the types of assistance provided by the site visitors in the future.

Exit Conference

To conclude the site visit, site visitors met with health department staff during the exit conference. The PHAB exit conference talking points document instructed site visitors to use the exit conference as an opportunity to provide the team's general impressions on the health department's conformity with the PHAB standards and measures, as well as to share strengths and promising practices and areas for improvement. A number of health departments said that the exit conference was very useful, provided closure to the site visit and accreditation process, and validated what they already understood their strengths and weaknesses to be. Overall, health departments appreciated the feedback they received in the exit conference as well as the opportunity to have their "work recognized from external sources and from public health professionals." While beta test sites generally had a positive assessment of the exit conference, some noted that it would have been more beneficial if site visitors provided more concrete, constructive feedback.

Importance of Site Visit

Many beta test participants commented on the importance of the site visit. Several of the beta test sites appreciated the opportunity to provide the site visitors with "a better understanding of the department" as a supplement to the documents provided in the self-assessment. Several site visitors also commented on how the site visit changed the impressions they had formed about the health department based on reviewing the self-assessment. As a result of these changing perspectives, some measures which had not been considered demonstrated based on the self-assessment documents alone, were deemed demonstrated following the site visit.

Site Visit Report

The key responsibility of site visitors after the conclusion of the site visit was the development of the site visit report based on the document review and site visit observations. The site visit report is the critical piece of information that the Accreditation Review Committee (ARC) of the PHAB Board of Directors receives about applicant health departments. Each site visit team submitted a site visit report to PHAB, which included numerical scores to denote to what extent the site visitors believe the health departments complied with the measures. The report also contained a narrative to highlight each beta site's strengths

and opportunities for improvement. PHAB staff conducted an initial review; then PHAB returned the site visit report to the beta sites to review for accuracy. If needed, the beta sites submitted proposed revisions to correct factual errors. Following final PHAB staff review and approval, the site visit reports were sent to the ARC to determine the final accreditation decision. The ARC did read the reports and conducted mock review, but because it was a beta test, real accreditation decisions were not made.

Site Visitor Scores

For each measure, health departments could be assessed as having "not demonstrated," "partially demonstrated," or "demonstrated" the measure. This system may look different when accreditation is rolled out nationally.

Both the beta test sites and the site visitors went through the process of scoring each measure. For about one-quarter of the beta test sites and one-fifth of site visitors making this determination was not a clear or easy decision. Confusion was particularly common when a measure was "partially demonstrated" because it described a variety of circumstances. As one site visitor explained, partially demonstrated was applied to measures where the health department "barely deserves any credit at all" as well to measures where the health department "may have been close to a 'demonstrate[d]' rating but for a minor omission." Because of this range, that site visitor suggested that PHAB divide the "partially demonstrated" score into at least two levels. In contrast, one health department expressed the opinion that because it would be so difficult to remove the subjectivity of "partially demonstrated," it may be preferable to only have options for "demonstrated" and "not demonstrated." Regardless of the number of scoring options, feedback from beta test participants indicates that greater clarity about the distinctions between the different scores is necessary.

> *"I do believe that the measures could be applied consistently by different site reviewers, but only if those site reviewers are adequately informed and educated on the uniqueness of a system different than ones they are experienced in."*
>
> - Beta test site

Because of the uncertainty around the assessment of conformity, beta test participants raised some concerns about how consistently different site visit teams would score the same health department. Two-thirds of the beta test sites felt that the measures and documentation could be applied consistently by different site visitors. However, others raised concerns that site visitors' particular areas of interest might bias their assessment.

Beta test participants had several thoughts on ways in which uniformity might be improved:

- **Guidance and training.** Measures could be revised to increase the specificity and provide clear instructions and more training to site visitors to reduce subjectivity.

- **Experienced site visitors.** Site visitors may gain more skills in assessing conformity over time; having site visitors conduct multiple visits could be helpful.

- **Engagement of PHAB.** Having PHAB staff in attendance during the site visits would provide uniformity.

- **Intent of Measures.** Providing more information about the content and significance of measures would clarify how required documentation captures the concepts of the measures. This may also make greater breadth of examples more apparent and might help to distinguish health departments meeting minimum requirements from high performers.

Site Visitors' Perspectives on Writing the Report

Site visitors were introduced to the site visit report during the in-person training when they were provided the Site Visitor Guide, which contains a sample cover sheet, a site visit report template, a sample scoring sheet, and guidelines for using those tools. While the template was seen as useful and report writing was reported as a straightforward process, many site visitors provided feedback that the template was too general and it should include more detail, guidance, and structure to help minimize different writing styles and formats. Many site visitors commented that maintaining detailed notes throughout the site visit made it much easier to write the site visit report.

Many beta sites commented on the value of having an external review of the health department. In general, most health departments believed that the site visit report effectively captured the strengths and weaknesses of the department. In a survey, 22 of 30 beta test sites agreed or strongly agreed that the "Site visit report presents an accurate reflection of our health department." Beta sites suggested future reports contain more specific detail about ways to plan efforts to address deficiencies.

Beta sites reported plans to share the site visit report with the senior leadership of their organization as well as with other staff members who had participated to debrief the beta test process. Discussing the contents of the site visit report with staff members, governing boards, and other external partners is just the first step in many of the health departments' plans to translate the findings from the beta test into actions. Many will use the information as they plan to prepare for eventual accreditation.

Time Spent by Site Visitors

There was a substantial range in the amount of time site visitors (47-239 hours) dedicated to the beta test. Site visitors who reviewed self-assessments with more uploaded documents were likely to spend more time on the beta test overall and on document review and report writing, in particular. There was no significant relationship between the time spent by site visitors and the final score the health department received. It is difficult to assess how accurately the beta test might reflect the amount of time site visitors would spend once accreditation is launched nationally. Presumably, if site visitors conduct more than one review, the process may become more efficient over time.

Standards and Measures

The topic that transcends the various phases of the beta test is the PHAB standards and measures. The beta test offered many opportunities to identify areas where the measures could be strengthened. As beta test participants selected and reviewed documentation, they offered feedback on how the Guide to Interpretation could be strengthened to provide clearer guidelines about the types of documentation that are appropriate. During the beta test, some site visitors had difficulties interpreting some of the measures because of their lack of familiarity with the type of structures and governance arrangements of the health departments they were reviewing. There were also instances where beta sites believed they were engaging in the activities described in the measures but they were unable to produce written evidence. The self-assessment served as a wake-up call to some health departments that they need to keep a more comprehensive paper record of their activities. PHAB may also need to clarify when a measure calls for written proof and when a visual demonstration may be appropriate.

Contextual Issues

Below are some of the key contextual issues that arose and common suggestions from beta test participants. Both site visitors and beta test sites raised concerns that some of the measures might not be applicable because of specific characteristics of the health department. It is extremely important that the PHAB standards and measures, documentation requirements, and interpretation guidance are sufficiently flexible to accommodate different health departments. One key strategy to address contextual issues may be increasing site visitors' understanding of these various contextual issues and how they may affect interpretation.

- **Activities not Conducted by the Health Department**
  For some beta sites there were measures that were not demonstrated because they described activities that were simply not conducted by health departments. For example, Domain 2 (Investigate health problems and environmental public health hazards) and Domain 6 (Enforce public health laws) were particularly troublesome among health departments that do not have responsibility for environmental health, surveillance, and enforcement. It was clear that PHAB needs to reword some measures or state more explicitly in guidance materials that health departments could demonstrate conformity with a measure by illustrating how they are working with the agency carrying out the function. This also applies to centralized/decentralized states.

For example, PHAB should clarify if local health departments in centralized states can use documents generated from the state or if they need to be modified.

- **Governing Entity**
  Many site visitors struggled to determine who the governing entity of the health department was. Health departments without an entity called a "Board of Health" were sometimes hard pressed to determine what entity they should use for their governing entity. It was also challenging when health departments had an entity called a "Board of Health," but it had a very limited role that might not rise to the level of "governance." In cases where there are multiple Boards with different roles in advising and providing oversight of the health departments, questions emerged about which one should be used to demonstrate conformity with the measures. It was suggested that governance measures be reworded to accommodate different types of governance systems.

- **Workforce**
  Several of the beta test sites faced challenges meeting some of the workforce measures in Domain 8 around human resource functions. Depending on health department and government structure, there may be legal issues that might limit ability to conform with some measures, such as succession planning and evaluation of the health director, and workforce diversity. Beta test participants recommend that PHAB provide guidance on if/how health departments can address workforce measures if human resources functions are directed by another governmental agency.

- **Joint/Multijurisdictional Applications**
  Another contextual issue that raises unique challenges is the situation in which multiple health departments submit a joint application. It was suggested that PHAB may need to describe which entities would qualify as joint applicants and under which circumstances joint applications would be appropriate. The specific requirements for joint applications, once defined, will likely have implications for the types and sources of documentation that would be required.

Other Concerns

There is much interest in the field for PHAB to provide some insight about which measures were the hardest to reach and those that were attainable for beta test sites. The beta test was designed to test the processes involved in accreditation. To ensure that the test had diversity in terms of size of the health department, scope of activities, and organizational structure, PHAB deliberately selected health departments with a range of characteristics. PHAB also instructed health departments that they did not need to produce documentation to demonstrate conformity with all of the measures. In addition, the measures and documentation guidance will likely change before accreditation is rolled out nationally. As such, it is not appropriate to extrapolate how well other health departments would be prepared to meet accreditation measures based on findings about how well this small number of beta test sites performed. Despite these limitations, PHAB has looked at those measures that were identified as less likely to be met and has brought those to the attention to the Standards Development Workgroup for review. The most common reasons that beta sites did not fully meet certain measures were:

- The measures, documentation requirements/suggestions, and/or interpretation guidance need greater clarification as beta test sites were unable to determine appropriate documentation.

- Beta test sites and site visitors had differing perceptions about whether documents were sufficient to demonstrate conformity.

- Health departments are performing the underlying activities but have difficulty producing necessary documentation.

- The required documentation does not accurately capture the intent of the measure or may be cumbersome to produce.

- Measures may ask health departments to perform functions not conducted within their jurisdiction.

In addition to these reasons, other areas of difficulty included measures related to the prerequisites, term definition issues, and confusion around redundant measures.

Measures Related to the Prerequisites

Three documents have been designated as prerequisites for the accreditation process—the community health assessment, the community health improvement plan, and the department strategic plan. There was no measure that explicitly asked for a health assessment, and site visitors and sites thought adding one would provide clearer guidance on what constitutes the assessment. For example, there was some confusion as to if a state health assessment should just be a collection of community data health profiles or if it should incorporate other information. There was also some uncertainty about whether the health improvement plan needed to be developed using a certain model, and if so if that model would be applicable to all types of health departments. Some beta test participants raised an additional, more nuanced issue: if health departments are developing plans to meet accreditation prerequisites, it is possible that the plans will not have been in place long enough to allow the health department to meet measures that require a revision process. Beta test participants suggest that PHAB provide additional clarification around the prerequisites, the relationship between the three documents, and how comprehensive each document should be.

Definition Issues

Many beta test participants requested better definitions of some of the terminology. In many cases, understanding of a phrase can affect the rigor of the measure. It was suggested that PHAB expand the glossary definitions and make the glossary more user-friendly overall. This was common in measures that focused on quality improvement and cultural diversity. For example, PHAB should more clearly distinguish among quality improvement concepts such as quality improvement, performance management, performance improvement, evaluation, and quality assurance. The cultural diversity definition should be inclusive of forms of diversity that go beyond racial diversity.

Order of Measures and Redundancy

One of the most frequent overall concerns about the measures was perceived redundancy, which prompted comments from site visitors and accreditation coordinators from more than one-third of the beta test sites. Summarizing the sentiments of several beta test participants, one site visitor wrote, "I think that the measures and requirements could be streamlined. Some measures appear redundant. Others have too many pieces of documentation that are required. This makes the whole process heavy and cumbersome." Domain 2 was most often singled out as a potential area that could be streamlined or re-organized. Beta test participants suggest that PHAB review the measures for opportunities to reduce redundancy, to group together similar measures, and to simplify measures that have many specific requirements within them.

Health Department Resources Devoted to Accreditation

Time and Workforce

There is much interest in gleaning how much time, workforce, and money may be needed to pursue accreditation from the resources self-reported as expended in the beta test. Data for time and workforce needed during the beta test were collected through monthly tracking logs submitted by accreditation coordinators to NORC. In general, collecting documentation as part of the self-assessment was the most time-consuming task for beta sites. Accreditation coordinators account for the largest portion (36%) of the total hours spent by the core accreditation team across the health departments. Figure 2 summarizes some of the factors that influence time spent on accreditation.

Figure 2 Factors Influencing Beta Test Sites' Time Spent on Accreditation Tasks

Reasons Why Beta Test May Take MORE Time Than Accreditation	Reasons Why Beta Test May Take LESS Time Than Accreditation
▪ Some processes may have been more difficult in the beta test than they will be after they are streamlined for accreditation based on lessons learned during the beta test. ▪ After the measures, documentation, and interpretation guidance are refined, health departments may be able to more easily identify appropriate documents. ▪ PHAB may limit the number of documents that can be submitted for accreditation. ▪ During accreditation there may be more opportunities for technical assistance and peer learning than in the beta test. ▪ As health departments undergo subsequent rounds of accreditation, they may become more efficient in completing the necessary forms and at gathering necessary documents. ▪ Many aspects are unique to the beta test experience, including NORC evaluation activities (interviews, surveys, tracking logs, and feedback on documents). Although beta test sites were explicitly instructed not to include these tasks in their tallies, it is possible that some did so.	▪ The monthly logs do not include uncompensated overtime spent by health department staff or time spent by individuals not employed by the department. ▪ Beta test sites were aware that beta test would not result in actual accreditation. As such, they may have devoted less time to completing forms and gathering documentation than they otherwise would have. ▪ Applicants may decide to include additional staff members (and potentially staff members with more leadership positions) in the process of collecting and reviewing documentation and preparing for the site visit once accreditation is live (and the timeline less compressed). ▪ Some beta test sites uploaded fewer documents than would be expected of accreditation applicants. Sixteen of the 29 health departments that completed the self-assessment did not provide any documentation for 10 or more of the measures. It is unlikely that a health department would complete the self-assessment if it did not feel it could meet the measures necessary to be accredited.

It is unclear what the net effect of the condensed beta test timeline is. It is possible that health departments will spend more hours on accreditation tasks after the launch because there will be less of a time constraint than the beta test. At the same time, it may be less disruptive to the health departments if the same amount of hours as were spent by the health department (or slightly more hours) over a longer timeframe.

It was strongly recommended that PHAB provide guidance to applicants about selecting the appropriate person to serve as the accreditation coordinator since it is such a critical role in the process. According to beta test participants, good candidates should be able to devote a substantial amount (50-100%) of their time to accreditation, have a good sense of the department overall, be detail oriented, and have enough "authority" to enlist the support of their coworkers. It was also suggested that PHAB should emphasize the importance of having senior health department leadership engaged in accreditation for a smooth process.

Overall Impressions and Conclusion

Overall, beta test sites and site visitors had very positive reviews for the accreditation processes and materials. Despite the amount of time and money that participating in the PHAB beta test required, beta

sites reported a positive attitude about their experience. In response to a survey sent several months after the last site visit, 28 of the 30 participants strongly agreed with the statement "Our health department made the right decision to apply to be a beta test site." The remaining two health departments agreed with the statement. Beta test sites saw many benefits, including increasing team work and staff morale and encouraging a culture of quality improvement within their agencies. Beta sites reported that the process encouraged collaboration with members of the health department with whom they had rarely worked before and entities outside of the health department. The beta test prompted many health departments to appreciate the need to better document their policies and partnerships. Beta sites saw increased documentation as valuable for building institutional memory and for communicating with partners and policymakers. The process allowed health departments to appreciate all of the work currently performed by the health department and to gain more clarity on the direction the health department can take to improve. Additionally, the beta test helped educate staff and board members about the process, which could prove valuable when applying for accreditation.

The evaluation of the PHAB beta test sought to determine which accreditation processes worked well and which could be strengthened before the national launch of public health accreditation. As shown in Figure3, the majority of beta test participants indicated that only minor changes to the piloted accreditation processes were needed prior to implementation.

Figure 3: Overall Impressions of Accreditation Processes, from Beta Site & Site Visitor Surveys
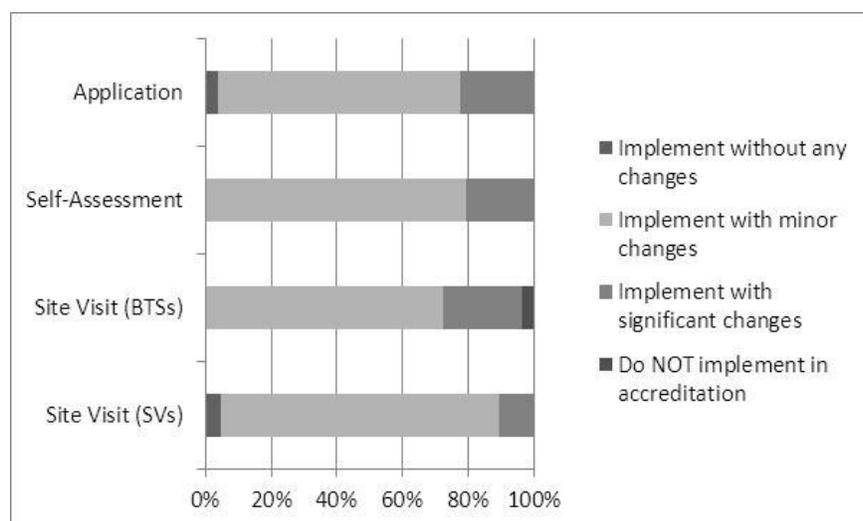
NORC gathered many specific recommendations about ways to streamline the processes and clarify the standards, measures and interpretation guidance. In the weeks and months after the beta test, PHAB carefully reviewed all of the feedback from the beta test and PHAB's various workgroups, think tanks, and expert panels.

Revisions Based on Beta Test Feedback

The beta test of the PHAB accreditation process and materials yielded a great deal of information that made it possible for PHAB to make modifications to the accreditation process and the PHAB Standards and Measures. Below is a summary of the major revisions.

Major Revisions to the PHAB Standards and Measures

The standards and measures have been revised to provide clarity, reduce redundancy, streamline them, and simplify requirements.

Guide to Standards and Measures Interpretation Name Change

The document that listed the PHAB standards, measures, documentation, and guidance during the beta test was called the "Guide to Standards and Measures Interpretation." The name of this document has been changed to the "PHAB Standards and Measures" to be specific and clear that it the resource that contains the official PHAB standards and measures. The resource contains lists of required documentation and provides narrative guidance specific to each required documentation item. PHAB strives to continuously improve its standards and measures as significant lessons are learned and the field of public health progresses. The PHAB Standards and Measures that are effective for 2011/2012 is Version 1.0. Future revisions will be reflected in the number of the Version.

Organization and Format of the Standards and Measures

The beta test standards and measures were organized into domains and separated into two parts, part A and part B. To minimize confusion about the taxonomy and structure, there are now 12 domains; the first ten domains address the Essential Public Health Services, Domain 11 addresses management and administration, and Domain 12 addresses governance. The format of the PHAB Standards and Measures has been revised to clearly show the correlation between the required documentation and the guidance, and the connection between the measure, purpose, and significance.

Purpose and Significance Statements

During the beta test it was observed that health departments and site visitors were working to implement the "letter of the law" but sometimes did not have a strong sense of the "intent of the law", or the *purpose* of a measure and why it was important for a health department to meet the measures. The PHAB Standards and Measures document now includes a "Purpose" and "Significance" statement for each standard and measure to help health departments and site visitors understand the correct content and context of required documentation evidence.

Required Documentation

PHAB heard from beta test site visitors that they would like to have no "examples of documentation"; that is, all documentation would be required. It was not clear to beta test sites or site visitors why, if the required documentation was presented, there were, in some cases, additional examples. Where there were no required pieces of documentation and only examples provided, site visitors did not know how many examples were sufficient. Having only "required documentation" will decrease ambiguous documentation requirements and reduce the amount of unneeded documentation that is submitted by the health departments.

Pre-requisite Documents

There are three documents that applicants must submit with their applications in order for the application to be deemed complete and accepted by PHAB. The beta test version of the Standards and Measures listed the three pre-requisite documents as the health assessment, health improvement plan, and strategic plan. The names of these documents have been revised to community health assessment, community health improvement plan, and department strategic plan. The definition of "community" changes depending on what level it is developed: Tribal, state, or local. For example, the PHAB Standards and Measures have been revised to refer to "community health assessment," irrespective of the level for which it has been developed.

Guidance for Required Documentation

The PHAB Standards and Measures document has been revised to provide greater specificity concerning required documentation. Documentation guidance is now numbered to correspond to each piece of required documentation, which is also now numbered. This will make it easier for the reader to locate the guidance that is specific to each piece of required documentation. PHAB will not provide templates or examples of model documents, but the guidance narrative will describe important components of the required documentation. In addition to the guidance provided in the PHAB Standards and Measures

document, PHAB will provide applicant health departments with a supplemental resource that will help explain appropriate document formats, timeframes, formality of the documents, when to use documents from agencies/organizations that serve as external partners carrying out health department functions, and other helpful hints when selecting documents. PHAB will also revise its glossary and acronym list to help health departments and site visitors with terminology used in the PHAB Standards and Measures document.

Health Department and Site Visitor Scoring
During the beta test, health departments self-scored and the site visitors scored the health department on conformity with each measure using a three point scale: met, partially met, and not met; and each of these scores were assigned a numeric value. As per feedback from the beta test, scoring has been revised to provide a four point scale: fully demonstrated, largely demonstrated, slightly demonstrated, and not demonstrated; and, each score no longer has a numeric value. The four point scale will allow for more distinction between high and low levels of the original partially met score. Scoring serves the purpose to help health departments identify gaps and focus their resources on those measures that were not as strong as others. PHAB is also interested in learning how health department self-scores compare to site visitor initial scores (pre site-visit) and site visitor final scores (post site-visit). Over time, this will help PHAB improve and streamline the documentation review process. Site visitors are no longer associating a numerical or quantitative score to the four point qualitative score, because health departments do not require a "minimum score" to "pass" accreditation. PHAB uses the peer review site visit process to gain insight as to how a health department meets the PHAB standards and how the health department functions overall.

Tribal Standards and Measures
The PHAB Tribal Standards Workgroup used an iterative process to review the PHAB Standards and Measures and to make adaptations, as needed, to ensure the PHAB Standards, Measures, Required Documentation, and Guidance is relevant, contextually appropriate and culturally sensitive to Tribes and Tribal Health Departments. The Tribal Standards Workgroup also made recommendations and identified references in the PHAB State and Local health department measures where there could be collaboration between health departments. Recommendations from the Tribal Development Workgroup were presented to the PHAB Board of Directors and adopted into the PHAB Standards and Measures Version 1.0. One document for all health departments will facilitate comparison and collaboration among Tribal, state, and local health departments by clearly showing the standards to which their counterparts are held.

Community Health Assessment Standard and Measures
The Standards and Measures used for the beta test did not include standards and measures that addressed all three of the pre-requisite documents. They included standards and measures related to the community health improvement plan and the department strategic plan, but there was no standard that addressed the community health assessment. A new standard and set of measures have been added to Domain 1 that requires the process for, the development of, and the distribution of a community health assessment.

Quality Improvement Domain
Beta test health departments provided feedback that Domain 9 (Evaluate and continuously improve process, programs, and interventions) did not capture the significant quality improvement work being accomplished in their department and did not identify a department's culture of QI. Revisions were made to this Domain's standards and measures to more effectively evaluate a health department's culture of QI, provide "stretch" standards, and also consider the state-of-art of the field of public health quality improvement. The PHAB Board however, recognizes that public health quality improvement is an emergent area of work and that many, though not all, health departments will be challenged to meet these measures. The Board directed that, as knowledge in the field grows, revisions to Domain 9 should be explored and adopted as future versions of the Standards and Measures are adopted by the Board.

Governance Domain
Governance of health departments includes a large variety of forms, structures, and roles and responsibilities. Domain 12 has been revised to provide a clearer definition of "governance entity" and to

better reflect the roles of health department governance entities and their relationships with their health departments while accommodating different types of governance systems.

Major Revisions to the PHAB Accreditation Process

Sequence of the Accreditation Process

The beta test proposed accreditation process included the provision of in-person training for the Accreditation Coordinator before the health department submitted an application. It was clear from the beta test that the in-person training was an invaluable experience, but due to the significant time requirement and expense of the in-person training, it was decided that this training should be required after the department's application has been submitted to and accepted by PHAB. The sequence of the accreditation process has been revised to reflect this change; in-person Accreditation Coordinator training will be provided only after the health department's application has been accepted by PHAB.

The PHAB accreditation process has been revised to include the following seven steps:
(1) Pre-application
  - Completion of the PHAB Online Orientation
  - Submission of a Statement of Intent
(2) Application
  - In-person training
(3) Documentation Selection and Submission
(4) Site Visit
(5) Accreditation Decision
(6) Annual Reports
(7) Reaccreditation

During the beta test, the "Appeals" step was listed as part of the accreditation process. It has been removed as a step since appeals are not a regular part of the accreditation process, as not all health departments will file an appeal.

Guide to National Voluntary Accreditation Name Change

The "Guide to National Public Health Department Accreditation" is a resource for health departments that are seeking PHAB accreditation. PHAB strives to continuously improve its accreditation process as significant lessons are learned. The **Guide to National Public Health Department Accreditation** that will be effective for 2011/2012 is Version 1.0. Future revisions will be reflected in the number of the Version.

PHAB Accreditation as a Completely Online Process

The PHAB online information system will support a fully online system for the entire accreditation process. The Statement of Intent and Site Visit Reports were previously paper documents that were electronically submitted during the beta test. Beta test recommendations about the information system were critical in developing the system requirements and choosing a vendor.

Readiness Checklists

PHAB learned a great deal about what health departments need to have in place and about what activities they should complete to be ready to apply for accreditation. The Readiness Checklist was significantly revised and the single checklist has been divided into four checklists: Initial Checklist, Prerequisites Checklist, Process Readiness Checklist, and Organizational Readiness Checklist as per feedback from the beta test. These checklists include more specifics about preparation for accreditation and more thoroughly describe what health departments should have in place before seeking PHAB accreditation, including the pre-requisites. The use of the checklists by health departments will remain voluntary and they are not to be submitted to PHAB.

Statement of Intent (SOI)

In the beta test, it was assumed that the Statement of Intent required by the health department before applying for accreditation would be an actual letter from the health department to PHAB stating its intent to apply for PHAB accreditation. To standardize and simplify the SOI, PHAB has transformed the SOI into

an online form. The SOI includes a section where health departments will confirm the health department director and accreditation coordinator have completed the PHAB online orientation, a section where the health department can upload the three pre-requisite documents, and a section for the health department director's signature. Since the SOI asks for information that PHAB requires to plan its workload, the SOI must be submitted at least six months before the health department plans to submit its application. That is, six months after a health department has submitted a complete SOI, PHAB will provide the health department access to the online application. (This six-month waiting period is being waived for the 2011/2012 application period so that PHAB can accommodate health departments that have been waiting for PHAB's launch.) After receipt of access to the online application, the health department has six months to submit the application and fee.

Application for Accreditation

The online application for accreditation form has been shortened, simplified, and made more user-friendly. Beta sites helped identify terms used in the application that may require explanation, and PHAB has embedded definitions to key terms within the application itself, so health departments need not look to a separate glossary when completing the PHAB application. PHAB received a great deal of feedback concerning the RUCA Codes, FIPS Codes, and DUNS Numbers; they have been deleted from the application. In addition, the application now includes specific questions about the health department structure, number, and types of facilities operated by the health department. The application clarifies that the letter of support that is required is from the appointing authority.

Centralized States

Beta test participants noted there were some contextual issues in the instance of centralized or mixed state health departments. PHAB convened a Centralized States Think Tank which developed the following description for the PHAB accreditation application: where the state health department operates local and/or regional health department(s), a single local or regional applicant or a number of individual applicants may choose to apply together. Compliance with local-level standards must be demonstrated for each local and/or regional unit. Categories of centralized state PHAB accreditation applications are:
   (1) State health department application only
   (2) Local health department application only
   (3) State health department application that includes some or all local health departments in the state
   (4) District or regional application as a local health department

A local health department in a centralized state, including district, regional, or area entities, may apply for PHAB accreditation, but it must have approval of the state health officer or designee. In some centralized states, the application for accreditation for the local health department would be submitted by the state health department. PHAB will not dictate the order of applications (state vs. local), but if PHAB receives a state application and local applications during the same time frame, PHAB will conduct the accreditation review of the state first. There may be procedural modifications necessary if applicants fall under the third or fourth category listed above, but PHAB will discuss those variations on a case by case basis.

In-Person Applicant Training

In addition to the sequence change of the in-person training to occur after health departments apply for accreditation, the content of the training will now include tips for the Accreditation Coordinators on which staff to include in the Accreditation Team; methods for organizing documentation; how to utilize the online system to manage the Accreditation Team; and tips for a successful site visit, such as appropriate meeting space, materials to have on site, and who to include during various interviews, etc. Additionally, PHAB is developing an Accreditation Coordinators Guide.

Self-Assessment Name Change

The Self-Assessment step of the accreditation process in the beta test has been changed to "Documentation Selection and Submission". There was some confusion about terminology around the Self-Assessment because the name implied an activity that a health department conducted internally. The step still involves the same activities, where the health department identifies and uploads documents that demonstrate the health department's conformity with the standards and measures, only the name has been changed to more accurately describe the step.

Documentation Selection and Submission Step

Beta sites suggested that PHAB allow applicants to have six months or longer to complete this step. PHAB is requiring that applicant health departments upload and submit all of their documentation within 12 months of receipt of access to online system where documentation is uploaded. Following suggestions from site visitors, the new tool that health departments will use to upload documents will also contain comment boxes. The additional comment boxes are for health departments to provide narrative on (1) notes that accompany each uploaded documentation, (2) how the uploaded documents overall meet the measure, and (3) how the measures overall demonstrate conformity to the standard. The additional comment boxes will allow health departments to indicate where in the document site visitors should focus their attention and provide context for why certain documents were provided. This should help decrease the time it takes for site visitors to review documentation.

PHAB Staff Review of Documentation

PHAB has included an internal staff review of the documentation submitted by the health department before site visitors gain access for their review. The purpose of the staff review is to help eliminate poor documentation or errors early in the process. The online information system will also help ensure there is an uploaded document for each required documentation by disabling final submission by the health department until a health department has addressed all measures.

Site Visitor Training

To improve the site visit step of the accreditation process, PHAB will revise the content of the site visitor training to include a timeline for the review process of the health department's uploaded documentation, additional case studies to go through the process of determining if health department documentation demonstrates conformity with the PHAB measures, criteria in making score determinations, appropriate content of site visit interviews and discussions, and additional guidance on developing the site visit report. PHAB will develop additional topic-specific education tools to expand the knowledge of its site visitors, such as centralized/decentralized and multijurisdictional models, Tribal health departments, and structures of health department governance.

Site Visit Reports

PHAB has made changes to the site visit report process to help to standardize and streamline the process, as well as changes to the site visit report content to improve its usefulness to the health department. In the beta test, site visit reports followed a template and consisted of narrative and scoring in a Word document. Site visit reports will now be completed by the site visit team online, as part of the PHAB online system, and follow the structure of the system's documentation upload tool for improved organization. In addition to scoring conformity with the measure, the site visit team will provide narrative that will: (1) describe how conformity with the measure was demonstrated, or provide details about what was missing; (2) describe areas of excellence or unique promising practices; and (3) describe opportunities for improvement. As a means to engage health departments in quality improvement, opportunities for improvement identified by the team will be noted, even if the measure is met. The site visit team will also provide narrative that will summarize the health department's performance and opportunities for improvement by each standard and each domain. An overall summary will provide the site visit team's assessment of (1) the health department's three greatest strengths, (2) the health department's three most serious/challenging opportunities for improvement, and (3) the health department's overall functionality.

Accreditation Decision

Site visitor final reports will be reviewed by the Accreditation Committee to determine accreditation status. The Accreditation Committee will look at the overall picture to make a judgment on the health department's accreditation status.

Accredited Health Department Reports

It was previously thought that accredited health departments would be required to submit a "mid-term" (at the 2 ½ year mark) report to PHAB that would outline changes in the health department and report on progress in addressing the areas of improvement identified in the site visit report. Reporting requirements have been revised; annual reports will be required that describe how the health department has and will

continue to address areas of improvement identified in the site visit report and/or by the health department in their accreditation action plan.

PHAB Board of Director Approval

PHAB presented both structural and content modifications to the Standards and Measures and accreditation process to the PHAB Board of Directors. The PHAB Board approved all of the revisions at their Board Meeting in May, 2011.

Additionally, the PHAB Board of Directors developed plans and set policies related to the accreditation process, such as the appeals process and the process for the determination of accreditation status. Previously PHAB considered the option of conferring "Conditionally Accredited" The PHAB Board has determined that health departments will either be "Accredited" or they will not be accredited. Health department applicants that, upon review by the PHAB Accreditation Committee, are not accredited will be provided an opportunity to submit to PHAB an accreditation action plan. The plan will specify the actions and improvements that the health department will implement in order to achieve "Accredited" status. The action plan must specify the amount of time required to implement each action to reach conformity (no more than one year from the date of the accreditation status letter from PHAB). The action plan must be approved by PHAB and implemented by the health department in order for the health department to receive an "Accredited" status.

Acknowledgements