



PUBLIC HEALTH ACCREDITATION BOARD

**REQUEST FOR PROPOSALS**  
**For the Initial Evaluation of the Public Health Accreditation Program and**  
**Presentation of Findings and Recommendations**

**I. BACKGROUND**

The Public Health Accreditation Board (PHAB) administers the national voluntary accreditation program for Tribal, state, local, and territorial public health departments. The goal of the program is to improve and protect the health of the public by advancing the quality and performance of public health departments. PHAB seeks a contractor to develop and implement a plan for a three-year evaluation of the accreditation program that will assess the accreditation process, the experience of health departments participating in the process, and short-term outcomes. The evaluation will examine the accreditation program from the perspectives of staff and other stakeholders of health departments that apply for accreditation, and of Site Visitors.

In developing and implementing the accreditation program, PHAB has received funding and technical support from the Centers for Disease Control and Prevention (CDC) and the Robert Wood Johnson Foundation (RWJF), and technical support from the American Public Health Association (APHA), Association of State and Territorial Health Officials (ASTHO), National Association of County and City Health Officials (NACCHO), National Association of Local Boards of Health (NALBOH), National Indian Health Board (NIHB), National Network of Public Health Institutes (NNPHI), Public Health Foundation (PHF), many public health practitioners, and members of academia.

In September 2011, PHAB first began accepting applications for accreditation. Since that time, more than 115 health departments have begun the accreditation process. The Guide to National Public Health Department Accreditation, Version 1.0 (<http://www.phaboard.org/accreditation-process/guide-to-national-public-health-accreditation/>) provides a detailed description of the steps that health departments must complete in order to apply for accreditation, which include a statement of intent, application, submission of documentation to demonstrate conformity with the PHAB Standards and Measures, and a site visit by peer reviewers who assess conformity with the Standards and Measures. After that visit, the Site Visitors develop a report that is reviewed by the Accreditation Committee which makes the determination of accreditation status.

PHAB anticipates that the first public health departments will be accredited through this national program in February 2013.

To support the accreditation program, PHAB provides training, technical assistance, and other resources. PHAB delivers two-day training sessions for all applicant health departments and for volunteer Site Visitors. In addition, PHAB has developed an online orientation, a series of webinars, and several written documents and guides that are available on [www.phaboard.org](http://www.phaboard.org). PHAB is responsible for providing technical assistance to health departments concerning the accreditation process, the requirements to achieve accreditation, and documentation needed to provide evidence of conformity with the Standards and Measures. PHAB will not provide technical assistance to health departments concerning quality and performance improvement nor on how to meet the Standards. PHAB partner organizations and others are providing technical assistance to health departments on performance and quality improvement in general and specifically on accreditation preparation. (Training and TA provided by organizations other than PHAB are out of scope of this evaluation.)

To facilitate the accreditation process, PHAB has developed an online accreditation system. Using e-PHAB, health departments submit their statement of intent and application and upload their documents; Site Visitors review and assess the documentation and develop the site visit report; and the Accreditation Committee renders its decision on the accreditation status of applicant health departments.

## **II. PAST EVALUATION ACTIVITIES**

Research and evaluation have always been an explicit focus of the national accreditation program. Prior to the national launch of the accreditation program, PHAB conducted a beta test to pilot the Standards and Measures and the accreditation process. An independent evaluator identified lessons learned from the beta test; some of which have subsequently been incorporated into PHAB practices. More recently, PHAB awarded a contract for the development of an Evaluation Design Report, which is available as Attachment B.

Respondents to this RFP are encouraged to review the Evaluation Design Report, but they are not limited to proposing the methodologies that are described in the Report. (Bidders can propose activities that are not included in that Report and can choose not to propose some of the activities in the Report.)

It is important to note that the evaluation activities described in this RFP deviate from the Evaluation Design Report in several ways. In particular, the Evaluation Design Report includes some evaluation questions that are outside the scope of this project because they describe outcomes that are beyond the three-year timeframe of this evaluation or because they address issues that will be assessed through PHAB's own internal evaluation activities (e.g.,

psychometric analysis, monitoring of internal operations, and a “market scan” to gauge the public health community’s interest in accreditation).

PHAB revised the list of evaluation questions proposed in the Evaluation Design Report and has indicated which questions are in scope of this evaluation. Please refer to Attachment A for the current version of the evaluation questions. Respondents to this RFP should base their response on this revised version of the evaluation questions. While bidders may propose additional and/or revised questions in their response, they should use this list of questions to understand the scope of this evaluation.

### **III. TASKS AND DELIVERABLES**

PHAB seeks a qualified evaluation contractor to (1) design an assessment of the accreditation process, health department experience, and short-term outcomes; (2) gather real-time data; (3) analyze data, draw conclusions, and present those findings and recommendations in memos, reports, and presentations; and (4) communicate regularly with PHAB staff.

**Topics to address in evaluation.** As illustrated in the evaluation questions (Attachment A), the evaluation will focus on the following domains:

- Process assessment (including training and TA):
  - What worked well, what did not work well, and recommendations for improvement in the accreditation process as a whole and in each of the first six steps of accreditation: pre-application, application, documentation selection and submission, site visit, accreditation decision, and reports.<sup>1</sup>
  - Applicant health departments’ and Site Visitors’ perceptions of the Standards and Measures
  - Consistency in the implementation of the accreditation process
  - Training, technical assistance, and guidance documents provided by PHAB
  - Other PHAB provided support (e.g., staff assistance and e-PHAB)
- Health department experience:
  - Applicant health department satisfaction
  - Perceived value of PHAB accreditation fees
  - Barriers and facilitators to accreditation
- Short-term outcomes:
  - Whether, after going through the accreditation process, health departments experience improvements in their engagement in quality improvement/performance management efforts, communication, benchmarking, effective and efficient use of resources, and awareness of strengths and weakness.
  - Unintended consequences for applicant health departments

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<sup>1</sup> The seventh step – reaccreditation – is out of scope of this evaluation because the first health departments to be accredited will not be eligible for re-accreditation during the time period of this evaluation.

- Perception of PHAB as a credible national accrediting organization

Because a small number of health departments will be accredited in early 2013, the contractor could monitor the performance of those health departments over the course of the first several years that they are accredited. The evaluator may also collect information that will lay the groundwork for assessments of intermediate and long-term outcomes. These outcomes include improvements in HD processes and operations, engagement in QI, staff competencies, funding, and, ultimately, community health outcomes.

**Data sources.** It is expected that the contractor will collect primary data from the staff (and other stakeholders) of health departments that apply for accreditation, as well as from volunteer Site Visitors. PHAB will provide the contractor a list of health departments, as well as the contact information for each health department's Accreditation Coordinator, who will serve as the primary contact within the department. PHAB will also provide Site Visitors' names and contact information.

The evaluators should NOT plan to collect any primary data from health departments that have not submitted a Statement of Intent to apply for accreditation. In addition, the contractor will not be invited to attend official PHAB Site Visits.

In the response to this RFP, bidders should describe in detail what methods they plan to use to collect primary data (e.g., interviews, focus groups, surveys, site visits). After the contract is awarded, PHAB will work with the contractor to refine the data-collection plan and to determine the most appropriate mechanisms for, and any limitations to, gathering primary data (e.g., identifying the most appropriate times to contact health department staff). Contractors must ensure that all data collection is in compliance with relevant federal guidelines.

In addition, the contractor will be given access to some of the data elements that are captured in e-PHAB. This may include the Site Visitors' assessment of the health departments' conformity with the Measures, other written feedback from the Site Visitors, and questions about the Measures. The contractor will work with PHAB staff to determine which data elements will be analyzed by the contractor.

**Guidance.** The PHAB Director of Research and Evaluation will work with the contractor throughout the entire process. The PHAB President, Chief Operating Officer, Chief Program Officer, and other staff members will also be available to answer questions from the evaluator.

To help guide the evaluation, the PHAB Evaluation and Quality Improvement Committee will be available for consultation. The Committee is comprised of approximately nine members, and Committee meetings are often attended by representatives from ASTHO, NACCHO, CDC, and

RWJF. PHAB will handle all logistics involved in convening the Committee, but the contractor should plan to conduct one presentation a year to the Committee in order to solicit their guidance. In particular, the contractor may be engaged in discussions with this advisory group about the types of data that need to be collected in this initial phase of the evaluation to facilitate later outcomes evaluation.

**Deliverables.** Required deliverables will include at a minimum:

1. A detailed evaluation workplan for PHAB approval prior to the start of data collection that will include at a minimum:
  - a. a list of data to be collected, from whom it will be collected, and through what mechanism;
  - b. draft questions to be used in interviews and/or surveys; and
  - c. a description of how data collected by the evaluation contractor will be analyzed, as well as the approach to analyzing data from other sources (e.g., from e-PHAB or other secondary sources).
2. A data set with data collected as part of the evaluation (e.g., survey data that could serve as baseline data for future analysis).
3. Presentation of findings, including:
  - a. four interim memos, each of which will present findings related to a topic chosen jointly by PHAB and the evaluator – these will be quick turnaround documents focusing on potential areas for quality improvement by PHAB;
  - b. two presentations a year to the PHAB Board of Directors or Committees;
  - c. two brief annual reports (approximately 10-20 pages) summarizing the findings from each of the first two years of the evaluation; and
  - d. one draft and one final version of a comprehensive report summarizing the findings from the entire evaluation.
4. Communication with PHAB staff, including:
  - a. an in-person kickoff meeting with PHAB staff;
  - b. monthly calls with PHAB staff; and
  - c. brief, written progress reports each month.

The following deliverables will be due in the first year of the evaluation.

- By the end of the first quarter (April – June 2013):
  - Kickoff meeting with PHAB staff
  - Presentation to the Evaluation and QI Committee
  - Draft of the detailed evaluation workplan (due eight weeks after the effective date of contract).
  - Presentation to the PHAB Board of Directors on the workplan (mid-June)
- By the end of the second quarter (July – September 2013):
  - Revised evaluation workplan (including final versions of data-collection instruments)

- By the end of the third quarter (October – December 2013):
  - First interim memo
- By the end of the fourth quarter (January – March 2014)
  - First annual report

Monthly progress reports and calls with PHAB staff will occur throughout the evaluation. As the workplan is being developed, PHAB and the contractor will determine the timeline for the remaining deliverables for years two and three (four presentations, three interim memos, annual report for year two, comprehensive report).

#### **IV. BUDGET**

PHAB will award a firm fixed price contract. PHAB has designated resources for approximately \$325,000 total to conduct the three-year evaluation. Bidders are encouraged to propose additional contractor activities that would expand upon or improve the tasks and are within the overall scope and budget, or, if necessary, to suggest those that must be eliminated in order to remain within that budget while not compromising the integrity of the evaluation.

Bidders may propose optional tasks that would be beyond the budget. If a bidder chooses to propose optional tasks, the proposal should include a budget for each optional task and a justification for how that task would enhance the evaluation. If additional funds are available, PHAB may consider funding those optional tasks. However, because those additional tasks may not be funded, it is important for the bidder to propose a set of core activities that address the evaluation questions and that can be performed within the \$325,000 budget.

In addition to personnel costs and other direct expenses associated with gathering and analyzing data and developing deliverables, the budget should include travel expenses associated with any proposed data collection activities. The evaluator should also anticipate travel expenses associated with attending at least two two-day training sessions (one for Site Visitors and one for health department staff) to be held in the Washington, DC area, as well as expenses for one in-person, kickoff meeting at the PHAB office in Alexandria, Virginia. The budget should NOT include travel expenses associated with travel to present at PHAB Board of Directors or Committee meetings. (PHAB will cover those travel expenses directly, over and beyond what is in the budget for this contract.) If the respondent proposes the use of subcontractors, those expenses should be included in the budget.

#### **V. TIMELINE FOR REQUEST FOR PROPOSALS (RFP)**

1. The date of the release of this RFP is January 31, 2013.
2. Questions are due no later than 5:00 pm Eastern time, February 14, 2013.
3. Proposals are due no later than 5:00 pm Eastern time, March 14, 2013.

4. The selected applicant will be notified on or before April 5, 2013. It is anticipated that the contractor will begin work no later than two weeks after they are notified that they have been awarded the contract.

## **VI. CONTENT/FORMAT OF PROPOSALS**

In order to be considered for this project, applicants must be able to demonstrate significant experience with the conduct of program evaluation, including both formative and summative evaluation. Those with knowledge of accreditation are encouraged to apply. Knowledge of governmental public health departments is required.

In order to be considered for this project, proposals must include:

1. The specific methods that will be used to gather and analyze data to address evaluation questions related to Process Assessment, Health Department Experience, and Short-Term Outcomes.
2. The name, contact information, and brief bio of the principal and other significant contributors to the effort.
3. The qualifications of the organization to perform the evaluation. This will include a description of the organization's experience with similar efforts and of available resources.
4. A timeline listing deliverables and major tasks; a detailed, line item budget; and a breakdown of hours per proposed staff member per task (either as part of the budget or as a standalone exhibit).

In addition, the proposal should include the following attachments:

1. Curricula vitae of key staff proposed for the evaluation;
2. One or two examples of the applicant's work in conducting public health evaluations (i.e., reports, articles, etc.);
3. Two references who are familiar with the applicant's ability to perform the scope of work and who would be willing to be contacted regarding the proposal; and
4. Budget narrative/justification.

Proposals should not exceed 20 pages, including budgets and timelines but not including attachments (CVs, examples of work, references, budget narrative/justification). Narratives should be written in at least a 12-point font with margins of no less than one inch and 1.5 line spacing.

Proposals must be delivered electronically in Microsoft Word format only and should be emailed to [jkronstadt@phaboard.org](mailto:jkronstadt@phaboard.org). Hard copies, PDFs, and facsimiles will not be accepted.

## VII. REVIEW AND SCORING OF PROPOSALS

Proposals will be reviewed and scored by a committee who will make the final recommendations to the PHAB Board of Directors. Scoring will be based on the following scale:

(1) Overall approach/framework for the evaluation and rationale	25%
(2) Detailed description of the proposed methodology for collecting and analyzing data	30%
(3) Experience and qualifications of staff proposed on the project and organizational capacity	30%
(4) Detailed timeline, budget, and breakdown of labor hours	15%
<b>Total</b>	<b>100%</b>

## VIII. QUESTIONS

If you have any questions about this RFP, please submit them via email no later than 5 PM Eastern, February 14, 2013 to Jessica Kronstadt at [jkronstadt@phaboard.org](mailto:jkronstadt@phaboard.org). The responses to all questions received by that date will be posted on the PHAB website on or before February 22, 2013.

## IX. OTHER CONSIDERATIONS

Data collected by the evaluator as well as reports and other work products produced will be the sole property of PHAB unless and until PHAB consents in writing to their use by the contractor. The details of the process for securing requests to provide presentations, publications, or similar activities related to this project will be described in the contracts award process.

## X. CONTACT INFORMATION

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Attachments: Proposed list of Evaluation Questions  
Evaluation Design Report

Bidders are encouraged to review the PHAB website (<http://www.phaboard.org>) for additional information about the accreditation program. For example, bidders can view the first module of the online orientation to obtain additional background information about PHAB.



## **Attachment A: Proposed List of Evaluation Questions**

Below is a list of evaluation questions. It is divided into two parts. The first set of questions is within scope of this evaluation. The second set of questions is out of scope of this evaluation, either because the questions will be addressed through PHAB's internal evaluation activities or because the questions focus on outcomes beyond the period of performance for this evaluation.

### **Evaluation Questions In Scope for this Evaluation**

- 1. Process Assessment – These questions will be assessed both by the external contractor and through internal evaluation activities**
  - a. Are there specific Measures that should be considered for revisions based on feedback from health departments (HDs), Site Visitors, and other stakeholders? Are there Measures that should be added or deleted?
  - b. Do applicant HDs and Site Visitors view the Standards and Measures as accurately reflecting the practice of high-performing HDs?
  - c. Are there ways the first six steps of accreditation can be modified to make them more efficient for HDs and/or PHAB staff and volunteers?
  - d. Does PHAB maintain fidelity to its model?
  - e. Does PHAB implement its process consistently across all HDs of the same type (state, local, Tribal, or territorial) and organizational structure (centralized, decentralized, shared, or mixed)? How do training, materials, and Site Visitor qualifications affect consistency?
  - f. Are the processes for multi-jurisdictional applicants and applicants from centralized states clear? Are the processes for those types of applicants equitable to the processes used for other HDs? How could those processes be improved?
  - g. What is the value added by holding a site visit (to Site Visitors, HDs, and the Accreditation Committee)? How could the site visit process be more effective and efficient?
  - h. To what extent do the steps in the accreditation process best inform PHAB's decision to award accreditation to high-performing HDs?
  - i. Are HDs advancing through the first six steps of accreditation according to expected timelines? If not, what are the causes of delays?
  - j. How effectively do the PHAB-provided trainings, documents, and assistance prepare health departments and Site Visitors to undergo the accreditation process?
  - K. How could the services and support provided by PHAB (e.g., the e-PHAB system, assistance provided by Accreditation Specialists and PHAB staff) be improved?
  - l. Is PHAB using results of its evaluation activities to improve the accreditation program?
- 2. Health Department Experience**
  - A. To what extent are applicant HDs satisfied with their interactions with PHAB staff? To what extent are applicant HDs satisfied with their interactions with Site Visitors?
  - b. To what extent are applicant HDs satisfied with their decision to apply for accreditation?
  - c. Are PHAB accreditation fees viewed as a good value?

- d. What barriers do health departments experience in applying, receiving, and maintaining accreditation?
  - e. What are the facilitators (e.g., technical assistance, leadership support) for applying, receiving, and maintaining accreditation?
  - f. To what extent do applicant HDs hire consultants to assist with the accreditation process? What roles do those consultants play?
3. **Short-term Outcomes (1-3 years)**
- a. Does undergoing the accreditation process increase HDs' awareness of their strengths and weaknesses?
  - b. As a result of completing the accreditation process, to what extent are HDs better able to communicate with their governing entities, policymakers, and communities?
  - c. After undergoing accreditation, are HDs more likely to benchmark themselves to other similar health departments?
  - d. Does participation in the accreditation process increase HDs' engagement in quality improvement (QI) processes?
  - e. Are the QI processes that accredited HDs engage in focused on areas designed to increase the effective and efficient use of resources?
  - f. To the extent that going through accreditation promotes QI, what parts of the process (including preparation prior to submitting an application) have the greatest effect?
  - g. What, if any, unintended consequences do HDs experience as a result of applying for accreditation?
  - h. Is PHAB viewed as a credible national accrediting organization by its stakeholders?
  - i. To what extent does the annual report process contribute to a quality improvement culture at the accredited HDs?

### **Evaluation Questions NOT In Scope for this Evaluation**

- 1. **Accreditation Capacity (among HDs that have not applied for PHAB accreditation)**
  - a. To understand the pool of potential applicants, to what extent have HDs conducted the three accreditation prerequisites?
  - b. To what extent are HDs prepared to apply for/maintain accreditation?
  - c. Do HDs have the financial resources to apply for/maintain national accreditation?
  - d. What additional resources are needed by HDs in order to apply for/maintain accreditation?
  - e. What are the barriers to obtaining the necessary resources to apply for/maintain accreditation?
- 2. **Accreditation Support (among HDs that have not applied for PHAB accreditation)**
  - a. To what extent are HDs interested in pursuing accreditation? Why are HDs interested or not interested?
  - b. To what extent do stakeholders view accreditation as valuable?
  - c. How willing are stakeholders to support national accreditation and why?
  - d. Which barriers influence stakeholders the most?
  - e. Which benefits influence stakeholders the most?

- f. Are HD leadership and staff supportive of and engaged in the accreditation process? How do they engage in the process?
  - g. Is PHAB viewed as a credible national accrediting organization by its stakeholders?
  - h. Are PHAB accreditation fees viewed as a good value?
  - i. What processes has PHAB undergone to maintain a pool of potential applicants (e.g., marketing, outreach)? What methods for maintaining that pool are most effective?
  - j. To what extent have the incentives (federal and other) recommended by PHAB been realized?
  - k. What impact have the incentives had on the pool of accreditation applicants?
  - l. To what extent are accredited HDs interested in pursuing re-accreditation? Why are HDs interested or not interested?
- 3. Ongoing Monitoring**
- a. How many HDs are participating in the accreditation process? What are their characteristics?
  - b. What percentage of the population is served by accredited health departments?
  - c. What proportion of HDs that complete the Site Visit process is asked by the Accreditation Committee to develop an Action Plan? Which Measures are most commonly addressed in Action Plans?
  - d. What proportion of accredited HDs is referred to the Accreditation Committee because of information they report in their Annual Reports? What are the most common triggers for being referred to the Health Department at that phase in the process?
  - e. What proportion of HDs that are accredited seek reaccreditation and receive reaccreditation?
  - f. How much PHAB staff time is required to complete the various steps in the accreditation process? Is PHAB staff processing applicant HDs (e.g., reviewing SOI, application, completeness review, etc.) in the appropriate timelines?
  - g. What are the fixed costs for PHAB to operate the accreditation program?
  - h. What are the variable costs (costs dependent on the number of HDs) of accreditation for PHAB?
  - i. What are PHAB's costs per accredited HD? How do they change over time?
  - j. Is the financial performance meeting the goals set by the Board of Directors?
- 4. Process Assessment**
- a. Are there ways the reaccreditation process can be modified to make it more efficient and effective for HDs and/or PHAB staff and volunteers?
  - b. What are the psychometric properties of the Standards and Measures? How reliable and valid are the Standards and Measures?
- 5. Intermediate Outcomes (4-6 years)**
- a. Does participating in accreditation contribute to improvements in HD processes and operations? To what extent are HDs able to provide additional services – or provide services in a more efficient or effective way – after completing the accreditation process compared to before they began the process?
  - b. After undergoing accreditation, are HDs more likely to engage in continuous quality improvement (QI) activities?

- c. After undergoing accreditation, are HDs more likely to identify and use evidence-based and/or promising practices in their service delivery?
- d. After undergoing accreditation, are HDs more likely to identify and use evidence-based and/or promising practices in administration and management?
- e. To what extent has accreditation increased the visibility of, and regard for, HDs (i.e., improved communication with and respect from governing entities, policymakers, and communities)?
- f. After undergoing accreditation, are HDs more likely to report/exhibit increased collaboration within their HDs, with other HDs (e.g., state, local, or Tribal HDs), or with their community?
- g. After undergoing accreditation, are HDs more likely to report/exhibit improved staff competencies?
- h. Have HDs been able to leverage their accreditation status in receiving additional funding or maintaining current funding?
- i. Does accreditation influence or change how HDs use their resources?
- j. Does accreditation enhance progress in achieving the HD strategic plan? The community health improvement plan?
- k. Does accreditation influence progress in achieving Healthy People objectives or other federal benchmarks?

# Evaluation Plan for the National Public Health Accreditation Program

## EVALUATION DESIGN REPORT

JULY 2012

PRESENTED TO:

Public Health Accreditation Board  
(PHAB)

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## Introduction

The National Public Health Accreditation Program was recently launched by the Public Health Accreditation Board (PHAB). The voluntary program aims to help public health agencies engage in continuous quality improvement in order to improve the delivery and quality of services with the goal of improving community health. The accreditation process was refined through an evaluation of the beta test of the national accreditation program, which was completed in 2010.

With quality improvement being a key component of the accreditation process, PHAB recognizes the need to embrace quality improvement to ensure that the organization is appropriately serving its accreditation stakeholders. As such, PHAB seeks to review its operations and track and document key short and intermediate outcomes associated with accreditation through an external program evaluation. NORC at the University of Chicago has been contracted by PHAB to develop a comprehensive evaluation plan that will guide future assessment of the national accreditation program. The goal of the future evaluation is to assess the processes and outcomes of the program by collecting information from health departments and other stakeholders and analyzing data generated through e-PHAB and existing data sources. A detailed evaluation plan will allow PHAB to ensure that the right questions are asked at the right time as the program continues to evolve.

This evaluation design report will serve as the basis for the PHAB-funded evaluation of the accreditation program in order to support ongoing process improvement, assess health departments' experiences throughout the process, and measure impact. It lays the foundation and provides a roadmap for evaluators and data collectors to implement a full evaluation of the national public health accreditation program.

The report begins with a description of the PHAB accreditation process, the methodology for developing the evaluation plan, and a review of evaluations of state-level accreditation programs for public health. Next, we provide an overview of evaluation objectives, assumptions, and research questions that provide a framework for the evaluation plan. We then turn to a description of the components of the future evaluation, which include recommendations for additional data collection activities (e.g., new surveys, interviews and focus groups, expert panel reviews, and direct observation) and the identification of existing data sources. We conclude with a description of options for analysis and concluding remarks.



## Background

### PHAB and the Accreditation Process

PHAB's National Public Health Accreditation Program seeks to advance the quality and performance of state, local, territorial, and tribal public health departments in the United States. Accreditation for public health departments, as defined by PHAB, involves a set of public health standards, a process by which health departments measure their performance against those standards, and recognition for meeting those standards.<sup>1</sup>

The PHAB Standards and Measures provide a comprehensive set of benchmarks that public health departments must meet to achieve accreditation. Standards are grouped into 12 domains. One domain addresses governance for public health, a second domain focuses on management and administration, and the remaining ten domains address the ten Essential Public Health Services. PHAB provides guidance documents that describe these domains, their corresponding standards and measures, and the documentation that health departments are required to provide as evidence of conformity to the standards and measures.<sup>2</sup>

To achieve PHAB accreditation, public health departments must engage in seven steps, outlined and described below.

- **Pre-application.** Health departments review the PHAB Standards and Measures and required documentation in order to assess their readiness for accreditation. To assist in this step, there is an Accreditation Readiness Checklist. Interested health departments then complete an online orientation and submit to PHAB their “intent to apply.”
- **Application.** Health departments submit a formal application and an application fee. The Accreditation Coordinators at applicant health departments must participate in PHAB training.
- **Document selection and submission.** Following the training, the health department may begin collecting the required documentation that demonstrates their conformity to the PHAB standards and measures. Documentation is uploaded to e-PHAB, the online system for accreditation. Documentation must be submitted to PHAB within 12 months.

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<sup>1</sup> *What is accreditation?* (2012). Public Health Accreditation Board. Retrieved from: <http://www.phaboard.org/accreditation-overview/what-is-accreditation/>

<sup>2</sup> PHAB Standards and Measures. (2011, May). Public Health Accreditation Board. Retrieved from: <http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>

- **Site visit.** A site visit to the applicant health department is conducted by three to four PHAB-trained site reviewers. Site reviewers are peer public health professionals. The site reviewers verify the accuracy of documentation, review compliance with standards and measures, and develop a site visit report that is reviewed by the Accreditation Committee.
- **Accreditation decision.** An accreditation decision is made by the Accreditation Committee, which is appointed by the PHAB Board of Directors. Applicant health departments may either be “Accredited” or “Not Accredited.” Accredited status is for a period of five years.
- **Reports.** Health departments that are accredited must submit annual reports to PHAB, as well as fees in order to maintain accredited status.
- **Reaccreditation.** Reaccreditation must be achieved after a period of five years. The health department must again apply and participate in the accreditation process to receive reaccreditation.<sup>3</sup>

## Evaluation Plan Methodology

This evaluation design report provides a comprehensive plan that will serve to guide the future assessment of the national, voluntary accreditation program. As described above, the purpose of the evaluation plan is to provide a framework by which future evaluators may measure the impact of the national accreditation program, assess health departments’ experience throughout the accreditation process, and support PHAB’s ongoing process improvement.

NORC at the University of Chicago developed this evaluation plan in consultation with PHAB. The evaluation plan will allow PHAB to ensure that information is collected and analyzed periodically to answer key questions for improving the program, as it continues to evolve. The steps leading to the development of the final evaluation plan are outlined and described below.

- **Literature review.** A brief literature review was conducted to help inform the development of the evaluation plan. The literature review explored state-based public health accreditation programs, as well as evaluations of those accreditation programs. Findings from this review are highlighted in Appendix A.
- **Initial project meeting.** An initial project meeting was convened between NORC and PHAB, during which the project’s objectives were clarified, as well as the goals of the future evaluation.

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<sup>3</sup> *The Seven Steps of Public Health Department Accreditation.* (2012). Public Health Accreditation Board. Retrieved from: <http://www.phaboard.org/accreditation-process/seven-steps-of-public-healthaccreditation/>

- During the meeting, the NORC team reviewed research questions, logic models, and evaluation questions that were initially presented in the proposal.
- **Project meeting summary.** After the meeting's conclusion, a written review of the initial project meeting was developed. The review outlined the components for the evaluation plan and next steps, as well as a revised set of the evaluation questions based on feedback from the initial project meeting.
- **Revised evaluation questions.** The research questions included in this evaluation plan were based on the evaluation questions initially presented in NORC's proposal to PHAB. They were developed following review of the PHAB logic model and accreditation conceptual framework.<sup>4</sup> The current list of research questions is a result of several iterations and was refined through consultation with PHAB.
- **Summary memo.** A summary memo was presented to PHAB that included the evaluation questions; recommendations for data collection activities, analysis, and reporting; and a list of additional considerations.
- **Consultation with PHAB committee and Board of Directors.** The PHAB Research & Evaluation (R&E) Committee reviewed the summary memo and discussions were held with the committee during its May 2012 meeting. In addition on June 7, 2012, NORC provided an overview of the evaluation plan to the PHAB Board of Directors. Recommendations from PHAB, the R&E Committee, and the PHAB Board of Directors were incorporated into this final evaluation plan report.

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<sup>4</sup> Riley WJ, Lownik EM, Scutchfield FD, Mays GP, Corso LC, Beitsch LM. Public health department accreditation: Setting the research agenda. *Am J Prev Med.* 2012;42(3):263-271.

## Evaluation Objectives, Assumptions, and Research Questions

This report outlines the design for an evaluation of the national public health accreditation program. The evaluation has several objectives:

- To monitor the implementation of the accreditation program for the purpose of supporting PHAB's ongoing process improvement;
- To assess the experiences of health departments throughout the seven steps of accreditation; and
- To measure the impact of the national accreditation program.

The evaluation plan is designed to address each of these objectives over time. As more health departments seek accreditation over the next few years, PHAB will be able to use the findings from the evaluation to refine and improve its own processes. In addition, information will be collected from health departments both to document their experiences with and opinions of accreditation, but also to identify, measure, and document changes at their institutions resulting from participation in the accreditation process.

### Assumptions

In addition to the evaluation objectives, several assumptions helped guide the development of this report. First, it is important to note that the evaluation is designed to be both formative and summative. A key focus of this evaluation is to support the continual improvement of program implementation by conducting a formative assessment. At the same time, the PHAB Board of Directors has agreed that it is important to collect summative data that can be used to monitor long-term improvements in the performance of health departments that seek accreditation. A brief description of our recommendation for how metrics might be developed to collect and track this data is included below.

Second, because the evaluation was designed without consideration for timelines or resource constraints, the evaluation questions and activities presented in this report will require prioritization. There will likely be resource constraints (i.e., limitations of time and money) that will make it infeasible to immediately pursue all evaluation activities at one time, so that a process to prioritize and sequence evaluation strategies is recommended. To help guide the prioritization of evaluation questions and activities, PHAB may choose to consider the following criteria:

- Usefulness for informing PHAB's quality improvement efforts;
- Burden on respondents;

- Resource requirements; and
- Ability to leverage existing and emerging data sources, including national surveys.

Finally, the research team is cognizant of the fact that additional research and evaluation activities are being planned and conducted outside the scope of this evaluation. Appendix B presents the PHAB logic model developed by the Research and Evaluation Committee, which shows topics to be explored as part of PHAB monitoring and evaluation activities. This evaluation is designed to address some, but not all of the elements that comprise the model; it is our understanding that additional efforts will be implemented to capture additional logic model components.<sup>5</sup> For example, PHAB is already planning to do an assessment of its business/governance operations. Other research activities might include psychometric analysis of scoring data on the standards and measures and calculations of the costs for health departments to prepare for accreditation.

## Evaluation Design Framework

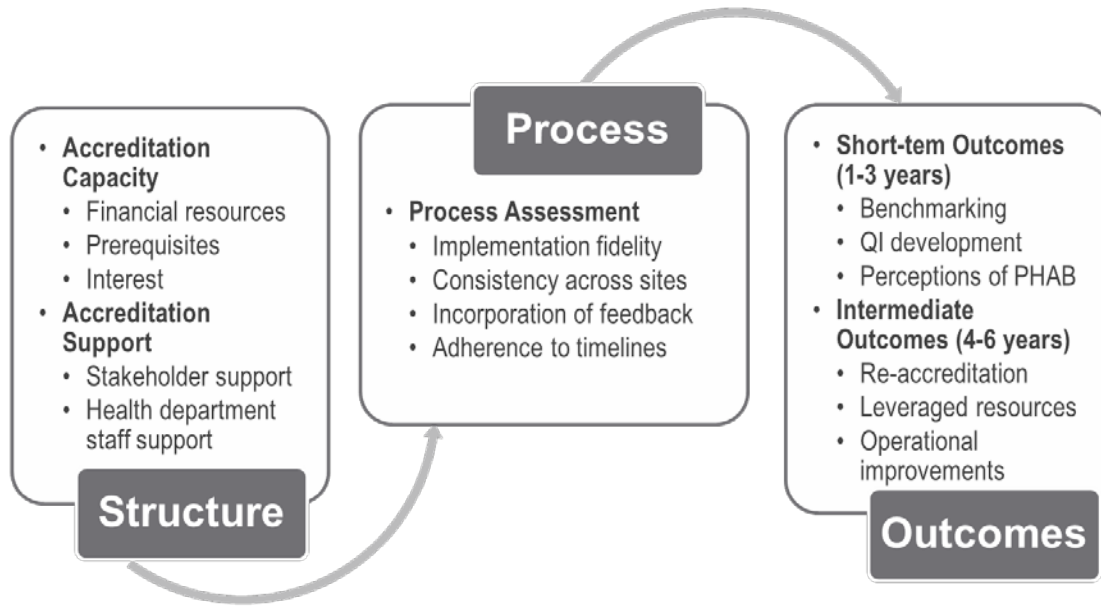
The evaluation questions presented in this report are organized by domains which align with the Donabedian framework. The framework ties outcomes to the structure and processes upon which a program is designed and implemented.<sup>6</sup> This framework has been widely used to study quality of care and health outcomes in health care delivery and was the basis for the Public Health Systems and Services Research (PHSSR) framework developed by Handler et al. in 2001.<sup>7</sup> The first two domains, Accreditation Capacity and Accreditation Support, are associated with the inputs or structure provided by PHAB, health departments (HDs), and other stakeholders that lay the foundation for the accreditation process. The Process Assessment domain is comprised of research questions which are focused on evaluating the accreditation process, including the measures, training, site visits, timelines, and other elements that comprise the accreditation process. Finally, the short-term and intermediate outcomes primarily measure the impact of accreditation on health departments.

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<sup>5</sup> It is also important to note that the logic model was approved in August 2010 and may be updated as the PHAB research and evaluation agenda evolves.

<sup>6</sup> Donabedian A. Evaluating the quality of medical care. *Milbank Memorial Fund Quarterly*. 1966;44(3):Suppl:166-206.

<sup>7</sup> Handler A, Issel M, Turnock B. A conceptual framework to measure performance of the public health system. *Am J Public Health*. 2001;91(8):1235-1239.



### Evaluation Questions

Table 1 below provides the final list of evaluation questions developed in collaboration with PHAB. These questions address the types of information the evaluation will solicit and can guide the evaluation team in developing specific questions to include in questionnaires and interview protocols. The table also identifies the key stakeholders associated with each question. Identifying the key stakeholders serves two purposes: it helps identify potential individuals to whom questions may be asked and also helps the project team identify the key sources of information for answering the questions. Furthermore, the table also describes the data sources to address each evaluation question. Further detail on data sources is given in the next two report sections.

**Table 1.** Evaluation Questions for the Evaluation of the National Public Health Accreditation Program

Domain/ Category	Evaluation Questions	Stakeholder <sup>8</sup>	New Surveys Specifically for Evaluation	Interviews/ Focus Groups	Independent Assessments/ Expert Panel Reviews	Direct Observation of Training and Site Visits	Existing Survey Mechanisms <sup>9</sup>	PHAB Admin Data
Accreditation Capacity	Do HDs have the financial resources to apply/maintain national accreditation <sup>10</sup> ?	All HDs					✓	
	To what extent are HDs prepared to apply/maintain accreditation?	All HDs		✓			✓	
	To understand the pool of potential applicants, to what extent have HDs conducted the three accreditation prerequisites?	All HDs					✓	
	What additional resources are needed by HDs in order to apply/maintain accreditation?	All HDs	✓	✓			✓	
	What are the barriers to obtaining the necessary resources to apply/maintain accreditation?	All HDs	✓	✓			✓	
	To what extent do applicant HDs hire consultants to assist with the accreditation process? What roles do those consultants play?	Applicant HDs	✓					✓
	What are the fixed costs for PHAB to operate the accreditation program?	PHAB						✓
	What are the variable costs (costs dependent on the number of HDs) of accreditation for PHAB?	PHAB						✓
	What are PHAB's costs per accredited HD? How do they change over time?	PHAB						✓

<sup>8</sup> Stakeholders: state, Tribal, territorial, and local health departments (HD); Public Health Accreditation Board, including staff, Board, committees, and site visitors (PHAB); HD funders (F); public health practice partner organizations (PO); and governing entities (GE)

<sup>9</sup> As described below, there are several existing survey and data collection mechanisms (e.g., the ASTHO, NACCHO, NALBOH, and NIHB profiles and data-collection efforts associated with NPHII) that either currently ask questions that are relevant for the evaluation or may do so in the future.

<sup>10</sup> Throughout these questions, “accreditation” refers to the PHAB national public health accreditation program.

Domain/ Category	Evaluation Questions	Stakeholder <sup>8</sup>	New Surveys Specifically for Evaluation	Interviews/ Focus Groups	Independent Assessments/ Expert Panel Reviews	Direct Observation of Training and Site Visits	Existing Survey Mechanisms <sup>9</sup>	PHAB Admin Data
Accreditation Support	To what extent are HDs interested in pursuing accreditation? Why are HDs interested or not interested?	All HDs		✓			✓	
	How willing are stakeholders to support national accreditation and why?	BOH, F, PO, GE		✓			✓	
	To what extent do stakeholders view accreditation as valuable?	All HD, F, PO, GE		✓			✓	
	Which barriers influence stakeholders the most?	All HD, F, PO, GE		✓			✓	
	Which benefits influence stakeholders the most?	All HD, F, PO, GE		✓			✓	
	Are HD leadership and staff supportive of and engaged in the accreditation process? How do they engage in the process?	Applicant HDs	✓	✓				
	Are PHAB accreditation fees viewed as a good value?	Applicant HDs	✓					
Process Assessment	Does PHAB maintain fidelity to its model? Does PHAB implement its process the same regardless of HD type (state, local, Tribal, or territorial), organizational structure (centralized, decentralized, shared, or mix), and scope of services?	Applicant HDs, PHAB	✓	✓		✓		
	What steps has PHAB undertaken to gather feedback to support ongoing accreditation process improvement?	Applicant HDs, PHAB	✓	✓				
	What steps has PHAB undertaken to gather feedback to support ongoing revisions of the standards and measures?	Applicant HDs, PHAB	✓	✓				
	How does PHAB process and respond to feedback?	Applicant HDs, PHAB	✓	✓				
	How do PHAB's processes (including the process for determining HDs' accreditation status) compare to other accrediting bodies?	PHAB				✓		



Domain/ Category	Evaluation Questions	Stakeholder <sup>8</sup>	New Surveys Specifically for Evaluation	Interviews/ Focus Groups	Independent Assessments/ Expert Panel Reviews	Direct Observation of Training and Site Visits	Existing Survey Mechanisms <sup>9</sup>	PHAB Admin Data
Process Assessment	Are there specific measures that may need to be revised based on HD and stakeholder feedback?	Applicant HDs, F, PO, GE	✓		✓			
	Are there ways the seven steps of accreditation can be modified to make them more efficient for HDs and/or PHAB staff and volunteers?	Applicant HDs, PHAB	✓	✓	✓	✓		
	Do the standards and measures accurately reflect the practice of high-performing HDs?	Applicant HDs, PO, GE			✓			
	To what extent do the steps in the accreditation process best inform PHAB's decision to award accreditation to high-performing HDs?	PHAB		✓	✓			
	To what extent is there consistency across site visits? How consistently do site visitors score the measures? How do training, materials, and site visitor qualifications affect consistency?	PHAB		✓		✓		✓
	What is the value added by holding a site visit (to site visitors, HDs, and the Accreditation Committee)?	Applicant HDs, PHAB		✓		✓		
	What proportion of the HDs who applied for accreditation were processed by PHAB according to published timelines?	PHAB						✓
	What proportion of the HDs go through each stage in the process according to the timelines? To the extent that there are delays, what are the common causes for delay?	Applicant HDs		✓				✓
Short-term Outcomes (1-3 years)	As a result of completing the accreditation process, to what extent are HDs better able to communicate with their governing entities, policymakers, and communities?	Applicant HDs, GE	✓	✓			✓	
	After undergoing accreditation, are HDs more likely to benchmark themselves to other similar health departments?	Applicant HDs	✓	✓				

Domain/ Category	Evaluation Questions	Stakeholder <sup>8</sup>	New Surveys Specifically for Evaluation	Interviews/ Focus Groups	Independent Assessments/ Expert Panel Reviews	Direct Observation of Training and Site Visits	Existing Survey Mechanisms <sup>9</sup>	PHAB Admin Data
<b>Short-term Outcomes (1-3 years)</b>	Does participation in the accreditation process increase HDs' engagement in quality improvement (QI) processes?	Applicant HDs, GE	✓	✓			✓	
	Are the QI processes that accredited HDs engage in focused on areas designed to increase the effective and efficient use of resources?	Applicant HDs, GE	✓	✓				
	To the extent that going through accreditation promotes QI, what parts of the process (including preparation prior to submitting an application) have the greatest effect?	Applicant HDs	✓	✓				
	Does undergoing the accreditation process increase HDs' awareness of their strengths and weaknesses?	Applicant HDs, GE	✓	✓				
	Is PHAB viewed as a credible national accrediting organization by its stakeholders?	All HDs, F, PO, GE			✓		✓	
	What processes has PHAB undergone to maintain a pool of potential applicants (e.g., marketing, outreach)? What methods for maintaining that pool are most effective?	PHAB			✓		✓	✓
<b>Intermediate Outcomes (4-6 years)</b>	What proportion of health departments that are accredited seek reaccreditation and receive reaccreditation?	Applicant HDs						✓
	Does participating in accreditation contribute to improvements in HD processes and operations?	Applicant HDs, GE	✓	✓				
	After undergoing accreditation, are HDs more likely to engage in ongoing quality improvement (QI) activities?	Applicant HDs, GE	✓	✓				
	To the extent that going through accreditation promotes ongoing QI and strengthens HD performance, what parts of the process (including preparation prior to submitting an application) have the greatest effect?	Applicant HDs	✓	✓				

Domain/ Category	Evaluation Questions	Stakeholder <sup>8</sup>	New Surveys Specifically for Evaluation	Interviews/ Focus Groups	Independent Assessments/ Expert Panel Reviews	Direct Observation of Training and Site Visits	Existing Survey Mechanisms <sup>9</sup>	PHAB Admin Data
Intermediate Outcomes (4-6 years)	To what extent does the annual report process contribute to a quality improvement culture at the accredited health departments?	Applicant HDs	✓	✓				
	After undergoing accreditation, are HDs more likely to identify and use best and promising practices in their service delivery?	Applicant HDs	✓	✓				
	After undergoing accreditation, are HDs more likely to identify and use best and promising practices in administration and management?	Applicant HDs	✓	✓				
	To what extent has accreditation increased the visibility of HDs (i.e., improved communication with governing entities, policymakers, and communities)?	Applicant HDs	✓	✓				
	To what extent are health departments able to provide additional services – or provide services in a more efficient or effective way – after completing the accreditation process compared to before they began the process?	Applicant HDs	✓	✓				
	Have HDs been able to leverage their accreditation status in receiving additional funding or maintaining current funding?	Applicant HDs	✓	✓				
	To what extent have the incentives (federal and other) recommended by PHAB been realized?	F		✓				
	What impact have the incentives had on the pool of accreditation applicants?	All HDs	✓				✓	

## Long-term Goals for Future Tracking

In addition to the evaluation's key questions, we also have identified, in conjunction with PHAB, goals for longer-term tracking of a small number of accreditation outcomes. These goals are provided in Table 2 below. As specified by PHAB, long-term goals will not be measured in the initial evaluation plan detailed in this report. However, a subset of the evaluation questions related to the intermediate outcomes listed above describes indicators that may be linked to the longer-term goals described below. For example, there are intermediate outcomes to measure whether health departments are more likely to identify and use best and promising practices; whereas one longer-term goal focuses on the consistent adoption and implementation of best practices. Therefore, the information collected and used to answer evaluation questions related to intermediate outcomes can be applied to understanding longer-term achievements of goals in the future.

In addition, PHAB currently plans to identify a small number of metrics to track over time to document national accreditation's impact on health departments, the public health system, and community health. The goals listed in Table 2 may be helpful to PHAB as they identify metrics to track long-term. A possible process recommended by NORC for identifying the specific metrics to be tracked would include: 1) review the current literature to determine where there is evidence to support the connection between a measurable indicator and improvements in public health; 2) compile validated instruments that address those indicators; 3) convene an expert panel to review that background material and make recommendations of metrics; and 4) test and vet the proposed metrics.

**Table 2.** Long-term Goals (7-10 years)

Evaluation Questions	Stakeholder
To what extent do accredited HDs demonstrate more effective and efficient use of resources?	Applicant HDs
To what extent have accredited HDs adopted and consistently implemented best practices to improve their organizational practices and/or the delivery of public health services?	Applicant HDs
To what extent is quality improvement a routine component of the culture in accredited HDs?	Applicant HDs
To what extent has accreditation facilitated the strengthening of the governmental public health system?	Applicant HDs, F, PO, GE
Is there increased public recognition that comes from being accredited by an outside body such as PHAB?	GE, F, PO
How accurately does the accreditation program measure the capacity of HDs to deliver the three core functions of public health and the ten essential public health services?	Applicant HDs
From the perspective of accredited HDs, what is the return on investment for PHAB accreditation?	Applicant HDs
To what extent has accreditation contributed to changes in population health indicators in communities served by accredited health departments?	Applicant HDs

## Primary Data Collection Activities

NORC recommends developing new mechanisms for gathering feedback from PHAB applicant health departments, PHAB staff and board members, site visitors, and other stakeholders in the accreditation process. Other stakeholders may include the entities that fund health departments, HD governing entities, or public health practice partner organizations. We recommend primary data collection in order to achieve the following: 1) to identify the capacity challenges to participating in accreditation; 2) to gauge the level of support for accreditation; 3) to identify recommendations for improvements in the accreditation process and in the measures; and 4) to understand the short-term and intermediate outcomes.

NORC has identified a number of data collection activities—some of which proved successful in NORC’s multi-method evaluation of the PHAB beta test—that we would recommend be implemented as part of the national public health accreditation program evaluation. These activities are described in greater detail below:

- New surveys specifically designed for the PHAB evaluation;
- Individual interviews and/or focus groups with health departments, site visitors, and other stakeholders;
- Independent assessment using expert review panels; and
- Direct observation during training and HD site visits.

Table 3 provides a high-level summary of the data collection activities from the perspective of the stakeholder to indicate in which evaluation activities each type of participant would engage. The table also indicates the timing of each evaluation activity and its primary purpose.

**Table 3.** Summary of Data Collection Activities by Stakeholder

Stakeholder	Data Collection Activity
<b>Applicant health departments</b>	<p><b>Surveys</b></p> <ul style="list-style-type: none"> <li>■ <i>After HD submits statement of intent.</i> To learn about motivations for applying and baseline QI activities.</li> <li>■ At various stages of accreditation process (e.g., after application, after training, after submitting application, after site visit). To learn what worked well and how accreditation activities can be improved.</li> <li>■ <i>After receipt of accreditation decision.</i> To collect feedback on accreditation process as a whole and information on changes in HD operations.</li> <li>■ <i>Annually post accreditation.</i> To collect information on HD changes, to inform short-term and intermediate outcomes.</li> </ul> <p><b>Interviews and/or Focus Groups</b></p> <ul style="list-style-type: none"> <li>■ <i>At various phases.</i> To collect feedback on the process and suggestions for improvements. (Some of these discussion may include Governing Entities)</li> </ul> <p><b>Direct Observation</b></p> <ul style="list-style-type: none"> <li>■ <i>During training and site visits.</i> To determine if processes are consistent.</li> </ul>
<b>PHAB staff and Board members</b>	<p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>■ <i>At various phases.</i> To gather information about PHAB processes.</li> </ul>
<b>Site visitors</b>	<p><b>Surveys</b></p> <ul style="list-style-type: none"> <li>■ <i>After the site visit.</i> To gather input on site visit process.</li> </ul> <p><b>Focus Groups</b></p> <ul style="list-style-type: none"> <li>■ <i>At various phases.</i> To gather feedback about the process, the required documentation, and the measures.</li> </ul> <p><b>Direct Observation</b></p> <ul style="list-style-type: none"> <li>■ <i>During training and site visits.</i> To determine if processes are consistent.</li> </ul>
<b>Funders of health departments (e.g., federal agencies and foundations that provide grants and contracts to health departments)</b>	<p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>■ <i>At various phases.</i> To gather information about incentives they are providing and their perception of the value of accreditation.</li> </ul>
<b>Accreditation Committee members</b>	<p><b>Focus Groups</b></p> <ul style="list-style-type: none"> <li>■ <i>After accreditation decision.</i> To learn if they have the appropriate information for making accreditation decisions.</li> </ul>
<b>Non-applicant health departments</b>	<p><b>Focus Groups</b></p> <ul style="list-style-type: none"> <li>■ <i>At various phases.</i> To learn about barriers to accreditation (if within scope of national PHAB evaluation).</li> </ul>
<b>Other stakeholders (e.g., public health practice partner organizations, researchers, other accrediting bodies)</b>	<p><b>Expert Panel Review</b></p> <ul style="list-style-type: none"> <li>■ <i>At various phases.</i> To review processes implemented by PHAB and suggest strategies moving forward.</li> <li>■ <i>At various phases.</i> To provide feedback on measures and assess the extent that they reflect the practice of high-performing HDs.</li> </ul>

### New survey mechanisms

Surveys provide the opportunity to gather data from a large number of individuals with relatively little burden on respondents. Surveys could be administered online and links to the surveys or reminders to take them could be incorporated into the e-PHAB system.

It may be beneficial to gather information from applicant health departments at various points throughout the accreditation process. This will ensure that PHAB has access to actionable findings in a timely manner and will allow each survey to focus on a particular set of topics, as described below.

- **After health departments submit their statement of intent.** This survey would collect information about motivations for applying. In addition, it could gather information about the quality improvement (QI) activities that health departments are engaging in prior to formally undergoing the accreditation process in order to collect baseline data for later evaluation activities.
- At various stages in the accreditation process (e.g., after the application, after the training, after submitting documentation, after the site visit). We believe that during the first several years that the accreditation program is operating, it would be helpful to send all applicant health departments brief feedback surveys after each phase of the accreditation process to facilitate rapid-cycle improvements. The surveys would ask questions about what worked well during each stage of the process and how activities can be improved to increase effectiveness and efficiency. Over time, it may be appropriate to phase out some of these surveys or only send them to a random sample of applicants.
- **After receipt of accreditation decision.** This survey would be designed to provide an opportunity for HDs to reflect on the accreditation process as a whole and to indicate any changes in HD operations that have taken place as a result of participation in the process.
- **Annually post accreditation.** These surveys would allow the evaluation team to monitor short-term and intermediate outcomes by asking questions targeted at changes in health departments due to accreditation.

In addition to surveys of applicant health departments, we recommend surveying the site visitors to gather their input on the process. According to the Guide to Accreditation distributed to new applicants, PHAB intends to have site visitors (as well as applicants) provide feedback after the site visits. The evaluation team would need to coordinate with PHAB to determine how to consolidate data collection efforts so that respondents are not asked the same questions twice. At the same time, it may be important to consider whether there are some sensitive questions for which it is more appropriate for applicants to be able to provide feedback to an independent evaluator rather than directly to PHAB.

Finally, there may be opportunities to gather additional feedback from applicant HDs and site visitors through the e-PHAB system. In particular, NORC recommends that PHAB consider creating opportunities for individuals using the system to provide feedback on the measures. Because applicants



might be uploading their documentation over the course of a year, it is important to provide them with venues for recording their reactions to the measures (i.e., if a particular measure is difficult to interpret) as they occur rather than waiting until the end of the process. Similarly, as site visitors are reviewing the documentation of one of the applicants and they encounter measures where they have questions about the clarity of the documentation requirements, it would be helpful for them to be able to record and submit that feedback on an ongoing basis. We are aware that PHAB has other mechanisms for collecting questions and feedback on the measures. Therefore, consideration should be given to how best to coordinate the information currently being collected by PHAB with feedback collected through the evaluation.

### Interviews and/or focus groups

Interviews and focus groups will allow the evaluation team to gather more detailed information from respondents than can be gleaned through surveys. For example, while survey questions might ask health departments whether they have developed and implemented QI processes, an interview or focus group would allow the health departments to explain what types of QI they are implementing and how undergoing accreditation contributed to their engagement in QI. Because interviews are one-on-one discussions between the evaluation team and the respondent, they are appropriate for discussing topics that may be sensitive and where respondents may not be willing to speak candidly in the presence of their peers. They also allow the most flexibility to schedule a telephone conversation at the respondents' convenience. Focus groups are particularly well-suited for gathering recommendations for improvements as participants can build on the comments of their colleagues. Focus groups can be conducted either via phone or as in-person sessions that are scheduled to coincide with national meetings that participants are planning to attend.

We propose supplementing the surveys with interviews and focus groups with subsets of applicant health departments at different points throughout the evaluation. For example, during the first 1-2 years of the evaluation, it would be appropriate to have several sets of interviews/focus groups to gain additional feedback about the processes and elicit suggestions for improvements. As the focus of the evaluation shifts to outcomes, we propose that the evaluation team reach out to a sample of health departments once or twice a year to have more detailed discussions about how accreditation has affected health departments.

In addition to applicant HDs, we believe it would also be useful to hold interviews and/or focus groups with the various other stakeholders, including PHAB staff, health department funders, site visitors,

Accreditation Committee members, and non-applicant health departments. Below we provide suggestions for the topics for discussion with each type of respondent.

- **Hold interviews with PHAB staff.** Interviews would allow the evaluation team to gain additional information about PHAB processes.
- **Hold interviews with health department funders.** These interviews would allow the evaluation team to learn about the types of incentives that funders (e.g., federal agencies and foundations that provide grants and contracts to health departments) are providing for accreditation and their perception of the value of accreditation.
- **Conduct focus groups with site visitors.** Focus groups would allow the evaluation team to gather feedback from site visitors about the site visit process, documentation, and measures.
- **Conduct focus groups with Accreditation Committee members.** These focus groups would allow the evaluation team to determine if the Accreditation Committee believes that they have the appropriate type and amount of information needed to make accreditation decisions.
- **Hold focus groups with non-applicant health departments.** Focus groups with non-applicant health departments would allow the evaluation team to learn about the barriers to accreditation, if this is a topic within the scope of the eventual evaluation.

### Expert panel reviews

Expert panels are commonly used to assess quality in existing processes; therefore, we would recommend this approach for reviewing, confirming, and potentially developing recommendations for improving PHAB’s accreditation activities and specific measures. There are two areas where an expert panel review might provide particularly valuable insights, and for each purpose a different set of experts would likely be appropriate. In addition to these two expert panels recommended for the current evaluation, it also may be useful to convene a small group of experts with the goal of defining the longer-term metrics to be tracked over time by PHAB, as mentioned in our section above on Long-Term Goals for Future Tracking.

First, it may be helpful to bring together individuals involved in accreditation programs in other fields to review the processes implemented by PHAB. We anticipate that the expert panel would compare PHAB’s processes (i.e., for collecting and assessing information on the health departments and for using that information to make the accreditation decision) to those of other accrediting bodies and develop recommendations for improving accreditation activities. Furthermore, the panel may be able to suggest additional strategies to ensure the Accreditation Committee has the appropriate information for their accreditation decision making.

Second, an expert panel could be comprised of public health experts and practitioners, who would be tasked with providing feedback on the measures and helping assess the extent to which they accurately reflect the practice of high-performing HDs. To facilitate their review, the evaluation team could provide feedback to the panel on particular measures of concern based on other evaluation activities, including the aforementioned surveys, as well as the activities for assessing measures described below. This discussion would provide insights on the face validity of the measures.

The quality and credibility of expert panel reviews is highly dependent upon the experts selected and the criteria used by those reviewers. Reviewers must be considered very knowledgeable in their field and free of conflicts of interests that could bias their judgment and conclusions. Some important approaches NORC would recommend in developing an expert panel for PHAB would be to identify the qualifications for panel members prior to inviting individuals to join in order to avoid any accusations of bias in the selection process. Also, the criteria against which panel members would assess PHAB's accreditation processes and measures would need to be well-specified and meetings of the expert panel should be well-organized and facilitated. Thus, a successful PHAB expert panel review would require a group of knowledgeable and independent individuals who are known experts and practitioners in public health and accreditation applying specific criteria against which to identify useful and thorough recommendations and feedback to PHAB.

### **Direct observation**

The evaluation team recommends observing multiple training sessions for both health departments and site visitors, as well as observing a subset of the site visits to applicant health departments. The purpose of the direct observation of the training sessions is to assess consistency in instruction and fidelity to the PHAB model as described in existing materials. Observations of site visits are to make determinations about the consistency with which the process is applied across different settings.

To prepare for this observation, the evaluation team would develop templates to ensure that a core set of questions is answered during each observation. For example, the template for the site visit might include a checklist for recording which topics are covered during the entrance and exit interviews. The result of direct observations of both trainings and site visits will be either confirmation of the current process through evidence gathering or possibly a set of recommendations for process improvements.

## Use of Existing Data Sources

The evaluation should leverage existing data sources, including surveys that are conducted of health departments and other public health stakeholders, as well as administrative data collected as part of PHAB's operations.

### Surveys conducted by national partners

**Profiles of health departments.** There are several existing surveys of local, state, territorial, and tribal health departments that can be used to better understand the pool of potential applicants to PHAB. Efforts to survey the universe of health departments are described below:

1. *National Association of County and City Health Officials (NACCHO)*. Survey of local health departments conducted periodically; core questions are sent to all local health departments and modules are sent to a representative sample so results can be generalized to the nation; last data collection was in 2010; high response rate; includes several questions on accreditation interest and plans.
2. *Association of State and Territorial Health Officials (ASTHO)*. Census survey of state and territorial health departments; high response rate among states, but low response from territories; administered periodically; last data collection was in 2010; includes several questions on accreditation interest and plans.
3. *National Indian Health Board*. Survey of tribal health departments; new data collection, so currently working to improve instrument and response rate; includes several questions on accreditation prerequisites.

We suggest three possible ways these existing efforts can be useful to the PHAB evaluation:

1. Obtain access to data and analyze responses from existing survey questions that ask about health department's interest and plans to participate in national accreditation and their engagement in QI efforts;
2. Negotiate with the current sponsors of the surveys to add or modify questions for future surveys on accreditation so similar questions can be analyzed across instruments; and/or
3. Negotiate with the current sponsors of the surveys to administer a module for future surveys that would be sent to a representative sample of health departments and include a more extensive set of accreditation-related questions.

**Other data sources on public health entities.** In addition to information from health departments, the project team recommends gaining access to data from the *National Association of Local Boards of Health (NALBOH)*, which surveys the governing entities that oversee many local health departments. Gauging the level of support from local boards of health is a useful indicator of support for national accreditation among health departments because without the governing boards' support and direction, many local health departments would be unable to pursue national accreditation.

Another possible source of data is the CDC-funded *National Public Health Improvement Initiative (NPHII)*, which has conducted a baseline and a follow-up assessment and plans to continue to conduct annual assessments of its grantees (including most state health departments and a subset of local, territorial, and tribal health departments). The assessments include useful questions on prerequisites for accreditation, improvement activities being conducted, and general interest in national accreditation. In addition to using assessment data collected from NPHII grantees, it may also be possible to adapt questions from the assessment and administer them to accreditation applicants that are not part of the NPHII program. In addition, the program collects data through grant-reporting mechanisms and other activities associated with the NPHII evaluation that may be informative.

Table 4 below provides a list of data sources and current survey questions which may be used to inform PHAB about the pool of potential applicants. It may be helpful to have continued coordination across the profiles so that these questions—and any additional accreditation-related questions are harmonized across instruments.

**Table 4.** Comparison of Existing Surveys and Relevant Survey Questions\*

Organization	ASTHO	NACCHO	NALBOH
<b>Survey name</b>	2010 ASTHO State and Territorial Public Health Survey	NACCHO 2010 Profile of LHDs	2010 NALBOH Profile survey
<b>Population surveyed</b>	All 59 ASTHO member agencies (50 states, 8 territories and DC)	624 LHDs in Core and Module 1 <sup>†</sup> (Module 1 is subset of Core survey of 1,316 LHDs)	Random sample (n=353) of the 2,420 population sample
<b>Response rate</b>	50 states, DC and 2 territories submitted the survey	Core and Module 1: 85%	39.4%. Responses represent 35 of 41 states with known local boards of health
<b>Familiarity with accreditation</b>	<i>No survey question.</i>	Indicate your LHD leadership's familiarity with the Public Health Accreditation Board's voluntary national accreditation program for state and local health departments. <sup>‡</sup>	Indicate your board's familiarity with a national voluntary accreditation program for state and local health departments. <sup>‡</sup>
<b>Interest in national accreditation (no time period specified)</b>	<i>Rate your level of agreement with the following statement: Our state/territorial health agency would seek accreditation under a voluntary national accreditation program.<sup>β</sup></i>	<i>Rate your level of agreement with the following statement: Our LHD would seek accreditation under a voluntary national accreditation program.<sup>β</sup></i>	Our board is planning to be involved with the health department in seeking accreditation under a voluntary national accreditation program. <sup>β</sup>
<b>Interest in seeking national accreditation (first two years)</b>	<i>Rate your level of agreement with the following statement: Our state/territorial health agency would seek accreditation under a voluntary national accreditation program within the first two years of the program (2011-2012).<sup>β</sup></i>	<i>Rate your level of agreement with the following statement: Our LHD would seek accreditation under a voluntary national accreditation program within the first two years of the program (2011-2012).<sup>β</sup></i>	Our board would like the health department to seek accreditation under a national voluntary accreditation program within the first two years of the program (2011-2012). <sup>β</sup>

Organization	ASTHO	NACCHO	NALBOH
Where entity seeks information about national accreditation	<i>No survey question.</i>	From which of the following organizations have you received information about a voluntary national accreditation program? (Select all that apply)  Response options: No information received; American Public Health Association (APHA); Association of State and Territorial Health Officials (ASTHO); Centers for Disease Control and Prevention (CDC); National Association of County and City Health Officials (NACCHO); National Association of Local Boards of Health (NALBOH); Public Health Accreditation Board (PHAB); Robert Wood Johnson Foundation (RWJF); State association of local health departments (SACCHO); State health agency; Other organization (specify).	From which of the following organizations have you received information about a voluntary national accreditation program? (Select all that apply)  Response options: No information received; American Public Health Association (APHA); Association of State and Territorial Health Officials (ASTHO); Centers for Disease Control and Prevention (CDC); National Association of County and City Health Officials (NACCHO); National Association of Local Boards of Health (NALBOH); Public Health Accreditation Board (PHAB); Robert Wood Johnson Foundation (RWJF); State association of local boards of health (SALBOH); State association of local health departments (SACCHO); State health agency; Other organization (specify).
With whom the entity has discussed national accreditation	With which of the following groups or organizations has your state/territorial health agency discussed a voluntary national accreditation program? (select all that apply)  Response options: Your state/territorial health agency staff; Local health department staff in your state or territory; Staff in other state/territorial health agencies; State Board of Health; Elected Officials (other than State Board of Health); Other organization/group – specify; None of the above.	With which of the following groups or organizations has your LHD discussed a voluntary national accreditation program? (Select all that apply)  Response options: Your LHD's staff; Staff in other LHDs; Local Board of Health; Elected Officials (other than Local Board of Health); State Health Agency staff; Other organization/group (specify); None.	With which of the following groups or organizations has your LHD discussed a voluntary national accreditation program? (Select all that apply)  Response options: Your local board of health; Your local health department staff; Staff in other local health departments; State Board of Health; Elected Officials (other than State Board of Health); State Health Agency staff; Other organization/group (specify); None.

\*NIHB survey not electronically available for comparison review.

† Module 1 contains questions about quality improvement, accreditation preparation, inter-LHD resource sharing, emergency preparedness, and information technology.

± Response options are five-point Likert scale ranging from 1 = Not at all familiar to 5 = very familiar

β Response options: Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree

In addition to providing data about familiarity with and interest in accreditation, these profiles contain questions about whether health departments have conducted the PHAB prerequisites. They also ask questions about health department engagement in quality improvement activities, which could potentially provide baseline or comparison data for the evaluation.

It is important to note that there are limitations with using these existing data sources. For example, the individuals who respond to the profiles may not be the most appropriate recipients of questions about opinions and attitudes related to accreditation. Limitations such as these should be considered when drawing conclusions based on responses to these surveys.

### **PHAB administrative data**

There are several types of data that PHAB is currently collecting or planning to collect that would serve as valuable inputs to the evaluation. For example, PHAB will likely have data to answer evaluation questions related to the costs PHAB bears for accreditation and the time to process applications. In addition, e-PHAB will be a rich source of information for the evaluation, including information about the characteristics of the applicants. Furthermore, after the site visit is completed, it will include the scores for each measure (whether the measure is determined to be Not Demonstrated, Slightly Demonstrated, Largely Demonstrated, or Fully Demonstrated), which will be analyzed as described below. In addition, PHAB is logging information about common questions related to the PHAB measures or processes that could inform the evaluation.



## Analysis Plan

### Quantitative analysis of survey data

NORC recommends that the future evaluator compile data about each health department from all data sources (e.g., from both existing and new surveys and administrative data) and prepare a combined data set for analysis. Quantitative analysis of survey data will primarily be descriptive. We recommend providing aggregate descriptions of the following types of information for both all health departments and applicant health departments only:

- Opinions on and interest in national accreditation;
- Barriers and facilitators to accreditation; and
- Progress in developing accreditation prerequisites.

We also propose providing descriptive statistics for the responses of applicant health departments to questions covered in the surveys developed for the evaluation. This will include much of the information related to the process assessment.

In addition to providing frequencies for all survey questions, we recommend that the evaluation team provide crosstabs for a subset of survey questions by health department type (state/local/territorial/tribal), structure (centralized/state governance, decentralized/local governance, shared, mixed), type of governing entity, size, region, urban city, etc. to identify patterns of differences across different types of health departments. To the extent that the evaluation collects baseline information from HDs at the time they begin the application process, the analysis would also include pre-post and longitudinal analyses highlighting changes in short-term and intermediate outcomes (e.g., use of best practices, communication, benchmarking, and quality improvement) among applicant health departments prior to, during, and after accreditation.

### Tests of inter-rater reliability

An important area of interest to PHAB is the reliability (i.e., consistency) in site visitors' scoring when reviewing health departments for accreditation because the scores are key sources of information from which the Accreditation Committee will make their recommendation. We have considered several options for assessing inter-rater reliability and would recommend a two-stage process:

1. Towards the end of each site visitor training, PHAB could consider using a “tabletop” exercise, through which site visitors score a mock health department. Because the group dynamic is so essential to the final scores submitted to the Accreditation Committee, we recommend actual site visitor teams conduct the mock exercise together and develop scores and recommendations as a group. The evaluation team would then examine the results of the mock assessment across site visitor teams and identify similarities and differences in approaches and scores. The information provided will not only help PHAB draw conclusions about the reliability of scores across site visitor teams, but may also provide indicators of the areas where additional training is needed.
2. Because the qualifications of the site visit teams and the quality of the site visitor training are likely to be strong determinants of consistency across site visit teams, we recommend a thorough review of both. Based on targeted interviews with PHAB staff, evaluators would develop a set of criteria for assessing the teams of site visitors who are sent to health departments in order to examine the consistency in qualifications and experience among site visit teams. In addition, evaluators would examine PHAB training materials and observe multiple site visitor trainings in order to independently assess consistency in information provided. A thorough review will not only help PHAB recognize problems with reliability, if any, but will also help to identify the specific areas where improvement may be needed.

To the extent that each member of the site visit team reviews and scores the documentation independently prior to team discussion, it would also be possible to determine the consistency of those initial scores among members of the same team. This type of analysis has its limitations because it would not assess how consistently two site visit teams undergoing the complete review process would assess the same health department—the true test of inter-rater reliability. However, it could identify if there are certain measures with particularly low consistency. In these cases, it might be appropriate to review the wording of the measures and documentation requirements to see if additional clarification is appropriate.

### Assessing measures

In addition to analyzing the feedback collected through e-PHAB on the measures, another potential source of information on the measures is to conduct an analysis of the scores assigned to health departments to identify those measures that do not provide much variability (i.e., everyone receives a similar score). When measures are generally the same across health departments, they may not be helpful in distinguishing high-performing health departments from lower-performing ones. Measures where everyone receives a high score may not be as appropriate for a rigorous accreditation process, whereas

measures where health departments consistently score low may be too unrealistic or the documentation requirements might be unclear or inappropriate. In either case, measures with low differential functioning (i.e., everyone receives a similar score) should be flagged and considered for revisions. We understand that there may be important reasons for keeping such measures if they represent core public health functions. Therefore, it might be appropriate to bring these flagged measures to the attention of the expert review panel for their guidance.

### Qualitative analysis

To supplement findings in the quantitative analysis, we also recommend an analysis of the qualitative information gleaned through the individual interviews, focus groups, and free-response survey questions. These sources of data will add an additional dimension to PHAB's understanding of what is being thought, said, and done in the field around accreditation, as well as insights on why. The qualitative analysis will allow the exploration of several areas, including:

- Why stakeholders are or are not willing to pursue and support accreditation;
- How essential the various inputs (e.g., documents, site visits, etc.) are to the awarding of accreditation;
- How accreditation is perceived to benefit health departments and their processes and practices; and
- Recommendations for improving the accreditation process.

## Conclusion

This evaluation design report sets forth a framework that serves as a comprehensive guide for evaluators and data collectors to implement a full evaluation of PHAB's national public health accreditation program. Both formative and summative in nature, the evaluation plan's components are designed to ensure an evaluation that supports PHAB's ongoing process improvement, assesses health departments' experiences throughout the accreditation process, and measures the impact of the national accreditation program. Prior to its full implementation, further refinement of the evaluation questions is recommended, as well as prioritization and thoughtful sequencing of evaluation activities. By implementing the evaluation strategies set forth in this evaluation plan, PHAB may ensure that processes and outcomes are appropriately assessed as the national public health accreditation program continues to evolve.

# Appendices

## Appendix A. Current Evaluations of Accreditation Programs

A brief literature review was conducted to help inform the development of the evaluation plan. The literature review explored state-based public health accreditation programs, as well as evaluations of those accreditation programs. Findings from this review are highlighted below.

### Summary of evaluations of state-based accreditation programs for public health

Accreditation Program	Accrediting body	Evaluator name	Evaluation description	Evaluation year	Evaluation methods	Relevant evaluation questions/ findings
Iowa Voluntary Accreditation Program <sup>11</sup>	Iowa Department of Public Health (IDPH)	Public Health Evaluation Committee	Assess impact of the Voluntary Accreditation Program on population health outcomes <sup>12</sup>	Evaluation forthcoming; accreditation implemented January 2012	n/a	n/a
Michigan Local Public Health Accreditation Program <sup>13</sup>	Michigan Department of Community Health (MDCH)	Accreditation Quality Improvement Process (AQIP) Workgroup, in collaboration with Michigan Association for Local Public Health (MALPH)	AQIP Workgroup seeks to: 1) increase value of accreditation to LHDs; 2) increase stakeholder satisfaction; 3) respond to funding concerns of LHDs; & 4) respond to LHD role in urgent/emergent public health issues	2003	Online survey of LHD staff and state accreditation reviewers	<p>Positive findings about accreditation:                      Material improvement of LHDs                      Accreditation tool, self-assessment tool, on-site review report, &amp; corrective action plans are valuable processes that help improve LHDs                      Accreditation process should continue</p> <p>Concerns for accreditation:                      Inconsistent, slow, &amp; insufficient communication between LHDs and MDCH                      Inconsistency or vagueness of key processes (e.g., activities of state reviewer, changes to review tools)                      Training required for MCDH &amp; LHD staff on processes, tools, website, &amp; stakeholder roles</p>

<sup>11</sup> Chapter 135A Iowa Public Health Modernization Act, ch 182, § 114 (2009). Retrieved from: <http://coolice.legis.state.ia.us/cool-ice/default.asp?category=billinfo&service=iowacode&ga=83&input=135A>

<sup>12</sup> Matthews, G. and Markiewicz, M. (2011). Legal frameworks supporting public health accreditation: Key findings and lessons learned from ten states. Retrieved from: [http://www.networkforphl.org/\\_asset/zpyjq9/Accreditation-Legal-Full-Report.pdf](http://www.networkforphl.org/_asset/zpyjq9/Accreditation-Legal-Full-Report.pdf)

<sup>13</sup> *The Michigan Local Public Health Accreditation Program: Creating a Better Public Health System in Michigan.* (2012). Michigan Public Health Institute. Retrieved from: <http://www.accreditation.localhealth.net/>

Accreditation Program	Accrediting body	Evaluator name	Evaluation description	Evaluation year	Evaluation methods	Relevant evaluation questions/ findings
Voluntary Local Public Health Agency Accreditation Program (Missouri) <sup>14</sup>	Missouri Institute for Community Health (MICH)	Public Health Consulting, LLC	Formative and impact evaluation of mini-collaboratives (MLCs) of LHDs that were formed to support accreditation and institutionalize quality improvement.	2011, 2009, 2008, 2006/2007, 2005	Surveys and interviews with key staff at all MLCs	<p>Recommendations for MICH to become a higher-functioning organization:</p> <ul style="list-style-type: none"> <li>Use current expertise to build in areas of technical assistance, education, &amp; training; use current resources wisely (e.g., human capital); create MICH TA role to improve visibility</li> <li>Work more with and take more active role with national stakeholders (e.g., RWJF, NNPHI)</li> <li>Seek more visibility out-of-state; present at conferences; outline dissemination strategies</li> <li>Reach out to new partners and clearly articulate expectations to new partners</li> <li>Work with communications and marketing experts</li> <li>Seek funding opportunities</li> <li>Consider MICH arm for awards or internships</li> <li>Consider social networking</li> <li>Apply for a Practice Based Research Network for legitimacy</li> </ul>

<sup>14</sup> Evaluation of the Multi-State Learning Collaborative (MLC) and Future Directions for the Missouri Institute for Community Health (MICH). (2011, May). Retrieved from: <http://www.michweb.org/pdf/MLCEvaluation2011.pdf>

Accreditation Program	Accrediting body	Evaluator name	Evaluation description	Evaluation year	Evaluation methods	Relevant evaluation questions/ findings
North Carolina Local Health Department Accreditation (NCLHDA) <sup>15</sup>	Administered by North Carolina Institute for Public Health (NCIPH)	NCIPH	Determine extent that NCLHDA is working as intended; extent that accreditation improves LHD capacity for services; and preliminary outcomes.	FY 2010-2011	Internal evaluation with online surveys of LHD accreditation coordinator, site visitors, state-hired accreditation consultants, and accreditation board members; telephone interviews with health directors; and discussions with NCLHDA Program Administrator Staff.	<p>What worked well:</p> <p>Technical assistance from, nurse consultants; program documentation; &amp; communications from Accreditation Administrator staff during re-accreditation process</p> <p>Professionalism of site visit team members and electronic submission of documents during initial accreditation</p> <p>What needs improvement:</p> <p>Communication from Accreditation Administrator staff about changes</p> <p>Duplication within standards and benchmarks</p> <p>Allowing for on-site correction of missed activities during site visit</p> <p>Standards for re-accreditation could focus on deficiencies in initial accreditation</p>

<sup>15</sup> North Carolina Local Health Department Accreditation: Stakeholder evaluation report. (2011). Retrieved from: [http://nciph.sph.unc.edu/accred/board\\_members/5meetings/dec16\\_2011/FY1011StakeholderReport.pdf](http://nciph.sph.unc.edu/accred/board_members/5meetings/dec16_2011/FY1011StakeholderReport.pdf).



## Appendix B. PHAB Logic Model for Public Health Agency Accreditation System Implementation

