



The Value and Impact of Public Health Department Accreditation

A Review of Quantitative and Qualitative Data
June 2021



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PHAB thanks the Centers for Disease Control and Prevention and the Robert Wood Johnson Foundation for their partnership and funding support for many of the initiatives described in this report.



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Report Contents

Executive Summary	1
Introduction.....	3
Key Findings from the Evidence on the Impact and Value of Accreditation	6
Quality Improvement	6
Partnerships.....	8
Accountability.....	9
Workforce.....	11
Resources.....	13
Community Health/Equity	15
Emergency Preparedness	17
Areas of Public Health Department Accreditation Needing Further Study	20
Conclusion	20
References.....	21

Executive Summary

The Public Health Accreditation Board (PHAB) seeks to advance and transform public health practice by championing performance improvement, strong infrastructure, and innovation. Since launching its national accreditation program in 2011, PHAB has collected extensive quantitative and qualitative data that provide insight into the value and impact of public health department accreditation. This report presents a summary of the data gathered to date, along with contextual information to highlight why these findings matter to health departments and the communities they serve.

This report was compiled from a variety of data sources, including findings from surveys conducted by NORC at the University of Chicago, research findings from both comparative and longitudinal studies, and numerous case studies and qualitative stories. Key findings are organized into the following seven themes.

Quality Improvement:

- 80% of local health departments accredited by June 2017 reported they had implemented a formal quality improvement program. This is a larger percentage than those health departments reported in earlier profiles, and larger than the percentage among non-accredited health departments.
- When surveyed one year after becoming accredited, more than 95% of respondents agree or strongly agree that accreditation has stimulated QI and PM opportunities within their health departments.
- Numerous studies report that health departments have documented measurable improvements in the efficiency of processes, programs, or services and increased effectiveness because of their engagement in QI.



Partnerships:

- 78% of health departments surveyed four years after becoming accredited report that since becoming accredited, their health department has strengthened their relationships with key partners in other sectors.
- A longitudinal study found that jurisdictions with accredited health departments, when compared to non-accredited health departments, offer a broader array of public health services, involve more partners in the delivery of those services, and enjoy a higher percentage of comprehensive public health systems.



Accountability:

- 89% of health departments surveyed one year after becoming accredited said that accreditation has stimulated greater accountability and transparency within the health department.
- 79% of health departments surveyed one year after becoming accredited said that accreditation has improved the health department's accountability to external stakeholders.



Workforce:

- Nearly 90% of health departments surveyed one year after becoming accredited reported that accreditation has improved their health department's ability to identify and address gaps in employee training and workforce development.
- Evaluation data and several case studies highlight the effect that accreditation has in boosting staff pride, removing silos, and increasing collaboration within agencies.



Resources:

- 68% of health departments accredited for four years indicated that since becoming accredited, there has been improved utilization of resources in their health department.
- 41% of health departments that have been accredited for four years said accreditation has improved their health department's competitiveness for funding opportunities.



Community Health/Equity:

- In a survey of health departments four years after becoming accredited, 50% said health department activities implemented as a result of being accredited have led to improved health outcomes in the community.
- In a survey of health departments shortly after becoming reaccredited, 61% said reaccreditation helped their health department use health equity as a lens for identifying and addressing health priorities.



Emergency Preparedness:

- The Accreditation Standards & Measures include many requirements related to preparedness. Due to the relationship between accreditation and preparedness efforts, the National Health Security Preparedness Index (NHSPI) includes whether the state health department is PHAB-accredited as a positive indicator.
- In a survey of accredited health departments, more than 80% indicated that overall, accreditation has helped their response to the COVID-19 pandemic.
- Preparation for accreditation has been particularly helpful in response to the COVID-19 pandemic in the areas of preparedness plans and policies and relationships with other sectors and stakeholders.
- From 2015-2019, emergency preparedness was the most common emerging health topic addressed by health departments, as reported in their Annual Reports. In 2020, health equity became the most common topic.



While this report is primarily focused on initial accreditation, it includes early findings about the impact of reaccreditation. Progress in quality improvement, partnerships, accountability, workforce, and resources are often underemphasized within public health departments because of competing interests that may be perceived as more urgent. Achieving and maintaining PHAB accreditation provides a framework to increase the proportion of time and other resources that lead to prioritization of services, initiatives, and overall efforts planned and executed by the health department to address their responsibilities in promoting and protecting the health of the jurisdiction they serve.

Introduction

The national health department accreditation program, administered by the Public Health Accreditation Board (PHAB), was launched in September 2011 and seeks to advance and transform public health practice by championing performance improvement, strong infrastructure, and innovation.¹

The national accreditation program for health departments was created *by practitioners for practitioners* to address the fragmentation in governmental public health department services that was described in the 2003 Institute of Medicine report, *The Future of the Public's Health in the 21st Century*.² PHAB Standards & Measures, the requirements for all public health departments seeking accreditation, are designed to capture the capacity of a health department to provide population-health services in alignment with the 1994 10 Essential Public Health Services (EPHS) framework. A health department that achieves initial accreditation through PHAB has demonstrated that it has the capacity to carry out the ten Essential Public Health Services, as well as to administer and manage their health department and effectively engage with their governing entity. In 2020, the 10 EPHS were revised.³ Revisions will be incorporated into Version 2022, the next update of the PHAB Standards & Measures* PHAB's accreditation standards are grouped into the following 12 domains, which reflect the capacities that are assessed in the accreditation process:

1. Conduct and disseminate assessments focused on population health status and public health issues facing the community
2. Investigate health problems and environmental public health hazards to protect the community
3. Inform and educate about public health issues and functions
4. Engage with the community to identify and solve health problems
5. Develop public health policies and plans
6. Enforce public health laws
7. Promote strategies to improve access to health care
8. Maintain a competent public health workforce
9. Evaluate and continuously improve processes, programs, and interventions
10. Contribute to and apply the evidence base of public health
11. Maintain administrative and management capacity
12. Maintain capacity to engage the public health governing entity

* To learn more about Version 2022, visit: <https://phaboard.org/version-2022/>

The establishment of national accreditation of health department is a recognition that external peer evaluation, combined with internal self-assessment, can improve both the quality and performance of public health work. Accreditation is also a means for organizations to assure their public that they have met national performance standards. Additionally, PHAB accreditation is organized to organically support health departments' work to foster a Culture of Health (<https://www.rwjf.org/en/how-we-work/building-a-culture-of-health.html>) and to incorporate the elements of Public Health 3.0 into their practice (<https://nam.edu/wp-content/uploads/2017/09/Public-Health-3.0.pdf>).

PHAB is often asked about the value and impact of health department accreditation. Like other organizations that are proponents of accreditation, PHAB emphasizes the importance of meeting national standards, as assessed by peers. Inherent in this goal is the idea that accreditation will help “raise all boats,” rather than continue to advance performance only among health departments that already had greater capacity.⁴ This is consistent among accreditation processes for health services, academic institutions, and other local governmental agencies even though their accreditation processes are often attached to significant incentives such as reimbursement for health-related services or student financial aid.^{5,6,7}

After nearly a decade of public health department accreditation, the Public Health Accreditation Board has both quantitative evaluation and research results and qualitative impact stories which provide comprehensive information on the value and impact of accreditation. The variety of different sources of data that inform this report are described in more detail in the boxes throughout this report. This report contains a summary of the data gathered to date, as well as contextual information to highlight why these findings matter to health departments and the communities they serve.

PHAB Reaccreditation

In 2018, the first cohort of health departments, which had been accredited five years earlier, began applying for reaccreditation. The following year was the first time that a health department completed the reaccreditation process and was recognized by PHAB for having maintained their accreditation status. It should be noted that information has been gathered on the value and impact of reaccreditation. However, because the number of health departments to have completed that process is still low, reaccreditation is not the focus of this report. Below is a small selection of the early findings related to reaccreditation.

As a result of reaccreditation, health departments have experienced internal benefits including strengthened culture of QI, greater collaboration, and benchmarking performance.¹¹ Notably, these internal benefits are specific to that of reaccreditation, meaning that they are in addition to any benefits that may have been experienced by the health department during initial accreditation.

- 67% reported that reaccreditation strengthened a culture of QI within their health department.
- 61% reported that reaccreditation stimulated greater collaboration across departments or units within their health department.

- 58% of health departments reported that reaccreditation led them to compare their health department's programs, process and/or outcomes against similar health departments as a benchmark for performance.
- 61% of health departments said reaccreditation helped their health department use health equity as a lens for identifying and addressing health priorities.

More data on the value and impact of reaccreditation are forthcoming, as an increasing number of health departments reach that stage in their accreditation journey. Early experiences of health departments going through the reaccreditation suggest that reaccreditation is a valuable impetus for maintaining high levels of excellence within health departments.

For example, the Chicago Department of Public Health Acting Commissioner Allison Arwady had this to say about the value of maintaining accreditation:

*"The reaccreditation process helped us to ensure that the programs and services we provide are as responsive as possible to the needs of our community. With reaccreditation, the Chicago Department of Public Health is demonstrating ongoing accountability and credibility to the public, funders, elected officials and partner organizations with which we work."*⁸

Another health departments stated:

*"The reaccreditation process required us to demonstrate how we used the resources/tools that we had and or developed from initial accreditation. The reaccreditation process required us to evaluate our work and efforts and tell the story of how we have advanced and improved upon our work within the community. Reaccreditation does not allow the health department to remain status quo, it definitely requires that the foundation be built upon to continue to excel and grow (i.e. CQI and PM)."*¹¹

For both initial accreditation and reaccreditation PHAB strives to meet its mission to advance and transform public health practice by championing performance improvement, strong infrastructure, and innovation. ⁹ This report highlights the data and the stories about the impact of accreditation.

Data Point: Evaluation

NORC at the University of Chicago, an independent social science research organization, started conducting an evaluation of the accreditation program prior to the first health departments becoming accredited. NORC continues to survey health departments at the following points in time:

- When they register with PHAB via e-PHAB, an electronic information system
- After they receive the accreditation decision
- One year after they are accredited
- Four years after they are accredited
- After they are reaccredited (note: data collection began in July 2020)

Response rates for the surveys are high— consistently exceeding 80%. Findings from these evaluation surveys are featured throughout the report.¹¹ Evaluation findings in this report were updated in June 2021. For more on this external evaluation, as well as the accreditation logic model that informed the evaluation, see: <https://phaboard.org/r-e-overview/>. *Current support for NORC’s evaluation is provided by PHAB, through funding from the Centers for Disease Control and Prevention (CDC). The surveys were approved by the Office of Management and Budget (OMB Co #: 0920-1295; expiration 04/30/2023.).*

Key Findings from the Evidence on the Impact and Value of Accreditation

Quality Improvement

According to evaluation surveys, quality improvement (QI) is consistently one of the top motivators for applying for accreditation and one of the most commonly cited benefits.¹¹ In addition to having a domain (Domain 9) in the Standards & Measures focused on QI and performance management (PM), health departments are required to submit Annual Reports in between accreditation cycles (annually) to provide updates to on their ongoing QI/PM activities.¹⁰

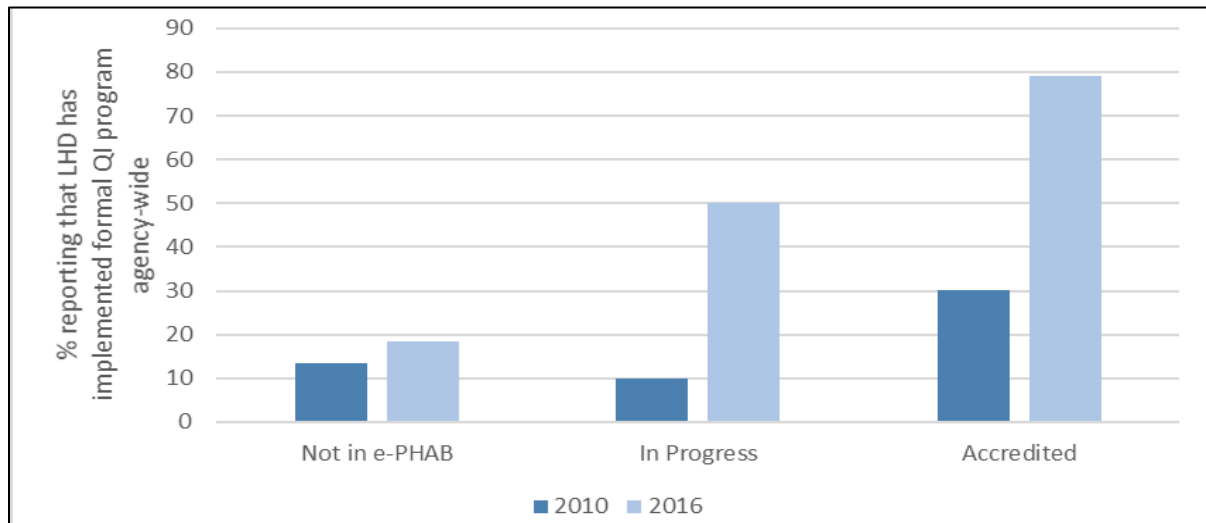
What Do We Know?

Below are some key findings about the link between accreditation and QI:

- When surveyed one year after they are accredited, 95% of respondents agree or strongly agree that accreditation has stimulated QI and PM opportunities within their health departments.¹¹
- More than 90% of health departments surveyed after they are accredited report that QI is “conducted formally” or “our culture,” compared to only 63% of health departments surveyed when they first applied for the accreditation program.¹¹
- Accredited health departments identify the following benefits associated with their QI culture:¹²
 - Decreased time/cost or improved process quality (63%); and
 - Improved public health outcomes achieved (32%).

- Local health departments accredited by June 2017 and those in process at that time reported more formal QI activities and showed greater improvements with QI/PM implementation over time than local health departments not undertaking accreditation.¹³ (See graph.)

Among local health departments that were accredited as of June 2017, NACCHO Profile respondents who reported that their health department had implemented a formal quality improvement program agency-wide increased from 30% in 2010 to nearly 80% in 2016. Health departments that are not pursuing accreditation (as defined as not being registered in e-PHAB, PHAB’s electronic accreditation system) saw a much smaller increase between 2010 and 2016. (Beitsch et al.)



Why Does It Matter?

Numerous studies report that health departments have measurable improvements in efficiency of processes, programs, or services or increases in effectiveness because of their engagement in QI.^{14,15,16,17}

- One study found that across 35 public health projects that sought to capture the economic impact of their QI work, there was an average return on investment of \$8.56 for every dollar spent.¹⁸
- Another study found that public health workers who self-reported proficiency in applying QI processes were more likely to report job satisfaction.¹⁹

One health department shared:

“It changed our culture and demonstrated that despite we are a staff of 10, we could accomplish a major feat and be stronger for it, formalizing how we conduct business, how we infuse continued and never ending improvement into our culture and measuring and managing performance--all with improving our community’s health and experience.”¹¹

In a PHAB Annual Report Section II, an accredited health department shared:

“Increasing the number of employees involved in quality improvement (QI) projects and performance management (PM) has benefited [Health Department] and ultimately our clients and community.”¹⁰

Partnerships

The Standards & Measures require that health departments demonstrate active participation in collaborative community health assessment and improvement processes, as well as engagement in community health partnerships or coalitions.

What Do We Know?

Several studies describe the linkages between accreditation and multisector partners:

- A longitudinal study found that jurisdictions with accredited health departments, when compared to jurisdictions without accredited health departments, offered a broader array of public health services, involve more partners in the delivery of those services, and enjoy a higher percentage of comprehensive public health systems.²⁰
- An analysis of community health assessment and community health improvement plan documents revealed that accredited health departments engage with a broad array of partners in working to improve the health of their communities, including hospitals and health care organizations, nonprofits, education, businesses, and faith-based organizations.²¹
- 78% of health departments surveyed four years after they were accredited report that since accreditation their health department has strengthened their relationship with key partners in other sectors.¹¹
- Several case studies focus on the collaboration between health departments and health care, with evidence that these relationships can be enhanced through the accreditation process.^{22,23}

“Public health systems containing PHAB-accredited health departments differ markedly from their unaccredited peers, and this seems to manifest itself to a large degree after PHAB’s accreditation program launched in 2011....By 2016, the PHAB-accredited cohort tended to offer a higher percentage of public health activities, contribute more effort to almost all of those activities, and enjoy higher levels of contribution from most other public health system partners to public health activities.” Ingram et al. 2018, pg S28

In addition to partnering with other sectors, accredited state and local health departments describe increased communications and additional formal partnerships with other health departments, as well as strengthened internal communications.²⁴ For example, a survey of accredited state health departments found that 90% reported greater collaboration across departments in their agency as a benefit of accreditation.²⁵

Why Does It Matter?

As noted above, accreditation has been associated with achieving the tenets of a comprehensive public health system. Other studies have linked this type of multisector population health partnership with reductions in mortality rates for preventable conditions²⁶ and reductions in income-related disparities in life expectancy.²⁷ A review of the literature found several factors associated with improved collaborative outcomes, including greater congruence in policy goals, increased diversity and policy expertise, the mix of financial resources, and joint governance to support capacity for collective action.²⁸

Several health departments have commented on how accreditation bolstered their partnerships and the related impact:²⁴

- “The accreditation process enhanced a continually evolving effort between our health department and other government entities by strengthening our relationships and our commitment to population health. We continue to work together through the use of innovative, proactive, and collaborative approaches to ensure conditions in which all people of [the county] can be healthy.”
- “The collaborative efforts that were birthed from the assessment and health improvement planning process have proved to be most beneficial to how we function as a health department, and most importantly to [improving] the health of our communities.”

Of significance, more than 75% of accredited health departments reported that the work their health department did to prepare for and/or maintain accreditation helped the health department in developing/strengthening partnerships with other sectors and local stakeholders, which, in turn, was seen as very or moderately helpful in the early phases of the response to the COVID-19 pandemic.²⁹

Accountability

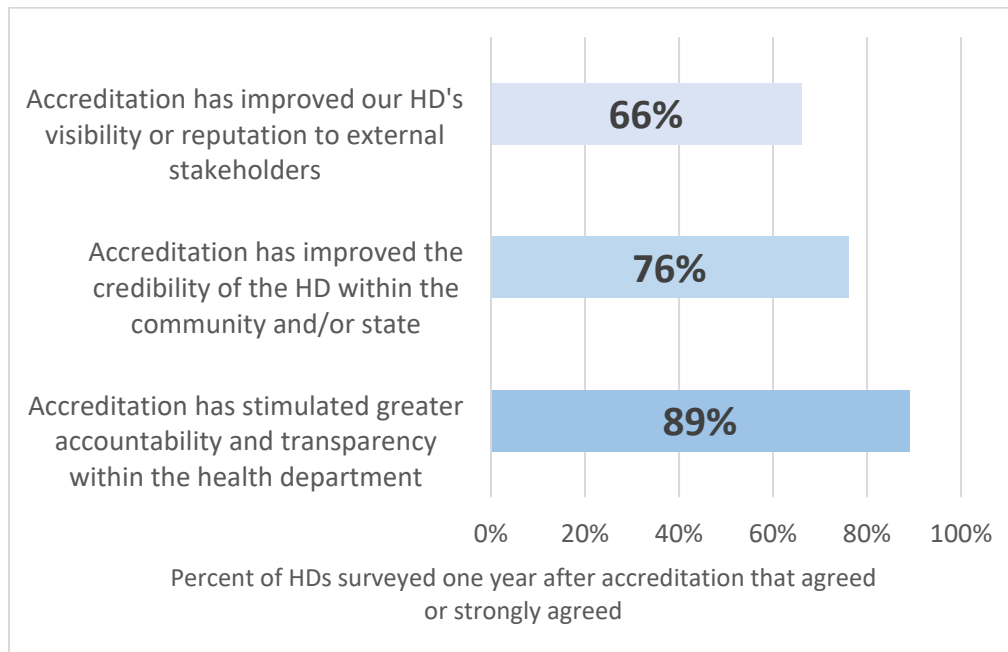
Enhancing accountability has remained one of PHAB’s accreditation process goals since its inception. Notably, the Exploring Accreditation Steering Committee stated that “chief among [the reasons the establishment of a voluntary national accreditation program is desirable] is the opportunity to advance the quality, accountability, and credibility of governmental public health departments.”³¹

What Do We Know?

Evaluation surveys of health departments that have been accredited for one year indicate strengthened internal and external accountability.¹¹ For example:

- 89% of health departments said that accreditation has stimulated greater accountability and transparency within the health department.
- 79% of health departments said that accreditation has improved the health department’s accountability to external stakeholders.
- 76% of health departments stated that accreditation has improved their credibility within their community and/or state.

- 66% of health departments stated that accreditation has improved their visibility and reputation to external stakeholders.



In addition, ASTHO’s Accreditation Leadership Guide (<https://www.astho.org/Accreditation-and-Performance/ASTHO-Accreditation-Leadership-Guide>) describes accreditation as a tool new health officials can use to ensure that their health department meets national standards and has a process in place to identify performance issues to prevent them from becoming major infrastructure problems.

Why Does It Matter?

The role of an accrediting body in fostering accountability has been noted by stakeholders at both national and local levels. For example, in describing Public Health 3.0, Karen DeSalvo and her colleagues write:

“The opportunity that PHAB accreditation brings is a more transparent and accountable public health infrastructure. It also brings assurance that local and state health departments have the foundational capabilities to deliver essential public health services to the people they serve – identifying community health problems and pursuing evidence-based actions driven by a competent workforce.”³⁰

Judith Sartucci, former Chair of the Central Connecticut Health District Board of Health, described it this way:

“What better way to demonstrate accountability than an agency’s efforts to continuously improve the quality of its operations and service to the public, and to be able to demonstrate that it is making a difference in the health of the jurisdiction it serves [...] In many ways, a board of health could not ask for a better process to meet these obligations of governance. As demonstrated by our agencies, accreditation can significantly improve a department’s overall management, operations, coordination of services, and efficiency. An accredited agency has a clear focus with programs and activities that support its vision and mission and that lead to tangible results.”³¹

Others have discussed the importance of governing entities knowing that the health departments they oversee meet national standards and the subsequent ability to use PHAB accreditation as a “seal of approval.”³²

Workforce

A competent workforce is the backbone of a strong public health department. Because the Standards & Measures require a workforce development plan to assess organization-wide competencies and address gaps, accreditation has been credited with encouraging the public health field to address gaps in workforce competencies.^{33,34,35} This requirement calls on the health department to be responsive in their workforce planning to advances in technology and developments in the public health field.³⁶

What Do We Know?

In response to an evaluation survey sent to health departments one year after they were accredited:

- 89% reported that accreditation has improved their health department's ability to identify and address gaps in employee training and workforce development; and
- As of February 2020, 69% reported that as a result of being accredited, staff competencies have improved.¹¹

In addition, analysis of the Public Health Workforce Interests and Needs (PH WINS) survey of health department employees found several areas where staff at accredited health departments indicated greater familiarity with several concepts when compared to staff at unaccredited health departments, including QI for both state and local employees and health in all policies among state employees.³⁷

Data Point: Research

From its establishment, PHAB has encouraged research about accreditation. PHAB has released a research agenda (<https://phaboard.org/research-agenda/>) and makes accreditation data available for analysis by other researchers (<https://phaboard.org/data-for-researchers/>). Of particular note, there have been several issues of the *Journal of Public Health Management and Practice* devoted to accreditation. In 2018, a supplement to the *Journal* was focused on the “Impact of Public Health Accreditation.” (Those articles are summarized here: <https://jphmpdirect.com/2018/04/20/fifteen-key-facts-about-phab-accreditation>.) Findings from studies from that volume, as well as other relevant research projects, are included in this report. To find more accreditation-related articles, see <https://phaboard.org/publications-and-reports/>.

Several case studies highlight the effect that accreditation has on boosting staff pride,³⁸ removing silos, and increasing collaboration within agencies.³⁹ A 2014 survey found that individuals working at local health departments engaged in accreditation reported higher levels of job satisfaction and a more positive work environment.⁴⁰ While the 2017 PH WINS data did not replicate that result, it found no significant differences in burnout or intention to leave their position across accreditation status after controlling for individual and agency characteristics—thus debunking a concern that pursuing accreditation may be seen as a burden to health department staff.³⁷ Notably, in response to an evaluation survey sent to health departments one year after they were accredited, 63% reported that accreditation has strengthened employee pride in their agency.

In 2020, a study was performed in Ohio, where accreditation is mandatory for health departments because of a state directive. During the study’s focus group interviews, employees shared that while accreditation felt time consuming, training and a performance management plan is valuable and the development of a performance management system helped them with quality improvement. One focus group participant noted: “[Accreditation] makes us look at an organized way to be more productive, and do our jobs better, and be accountable.”⁴¹

Why Does It Matter?

Focusing health departments’ attention on training strengthens the competencies needed to serve their communities. Several studies have documented the positive impact of specific training efforts.^{42,43} In addition, one study found that higher scores on a training environment index were associated with higher perceived business competencies.⁴⁴

In addition, several studies have noted the importance of organizational support for staff development. Among public health employees, support for employee development is associated with higher job satisfaction, which is subsequently associated with lower intent to leave the agency.^{45,46}

One accredited health department summarized it this way: “Knox County Health Department is proud of our workforce development efforts that ensure a competent public health workforce and allows us to

provide the best service possible to our community. Our success starts with our employees and the process of accreditation has encouraged and guided us to make lasting improvements.”⁴⁷

Resources

There are many ways to understand the return on investment of accreditation. As described throughout this report, there are numerous examples of how accreditation has contributed to QI engagement, strengthening the workforce, building partnerships, and other values associated with PHAB’s mission to “advance and transform public health practice by championing performance improvement, strong infrastructure, and innovation.” Health departments have also provided examples of cases of perceived financial benefits of accreditation.^{48,49}

Data Point: Stories and Case Studies

Seeking to capture the breadth and depth of accreditation’s impact, PHAB invites accredited health departments to write *Accreditation Works!* stories describing how their health departments have changed as a result of the accreditation process. Authors are asked to focus their stories around one of six themes (QI, partnerships, accountability, workforce, resources, and community health/equity). To date, more than 60 health departments have contributed first-hand stories. Among their comments: “Through our accreditation experience, processes like QI that once seemed impractical for a tiny, rural health department, have become not only beneficial, but routine.” (Preble County General Health District). For additional stories, see <https://phaboard.org/why-become-accredited/>.

In addition to *Accreditation Works!*, a special supplement to the May/June 2018 edition of the *Journal of Public Health Management & Practice* focused on the impact of accreditation and shared the experiences of accredited health departments through numerous case studies. Included are case studies on accreditation’s impact on three communities’ efforts to create a culture of health, which include:

- The Kansas City, Missouri Health Department described its collaboration with a community organization on activities related to banking, increasing employment opportunities for people with a history of convictions, and increasing the living wage.⁵⁰
- The Florida Department of Health in Miami-Dade County noted, “it was the PHAB Standards and Measures [...] and best practices learned from participation in accreditation-based learning communities that created a greater emphasis on community/partner ownership over the tracking, measurement, and collective impact of health outcomes in the Miami-Dade community.”⁵¹
- The Spokane Regional Health District explained that “public health accreditation served to enhance our data center and its capacity to serve the broader community,” which included an effort to bolster high school graduation rates.⁵²

Other case studies highlight how the accreditation process is strengthening the use of QI, strategic planning, and response to disease outbreak. For more, see <https://journals.lww.com/jphmp/toc/2018/05001>.

What Do We Know?

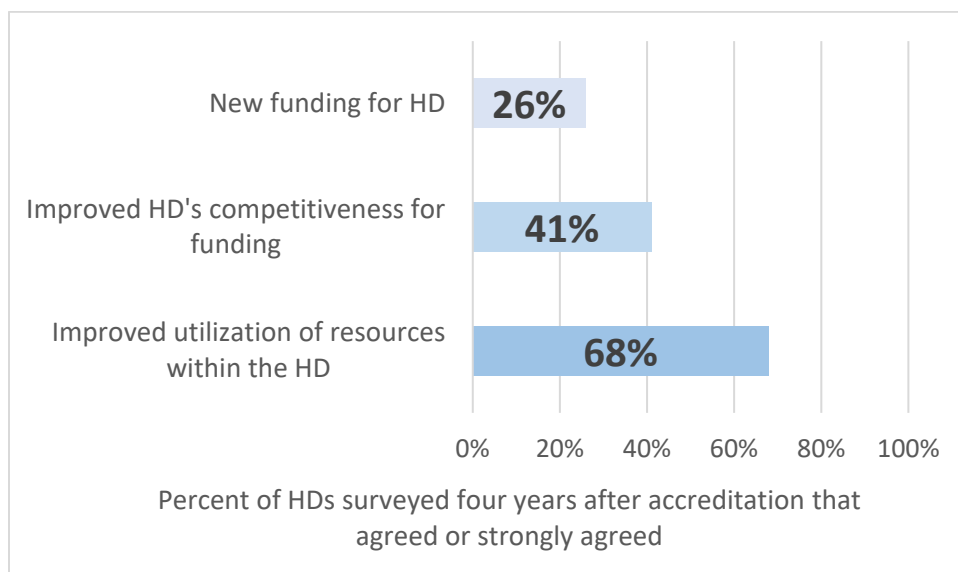


There are several ways accreditation can bolster a health department's financial status. The first is through more efficient use of resources. More than two-thirds of health departments accredited for four years indicated that since becoming accredited, there has been improved utilization of resources within their health department.¹¹

Relatedly, in meeting the accreditation requirements, health departments may engage in activities that position them well for funding opportunities. For example, the literature shows that the development of collaborative community health assessments (CHAs) and community health improvement plans (CHIPs) is linked to seeking new funding⁵³ and being more competitive for funds.⁵⁴

A recent study of accredited health departments showed that health departments that report new funding because of accreditation, compared with those that did not report new funding, were also more likely to report other outcomes from accreditation.⁷⁰ Those outcomes include improved staff competencies, increased health department capacity to address health priorities and provide high-quality programs and services, increased use of evidence-based practices, new opportunities for external partnerships and collaboration, improved understanding of the health department's role among governing entities and policy makers, and improved credibility. Additionally, accredited local health departments with annual budgets of less than \$10 million reported new funding more often than accredited local health departments with larger annual budgets.

In addition, 41% of health departments that have been accredited for four years said accreditation has improved their health department's competitiveness for funding opportunities, and 26% reported new funding for the health department.¹¹



There are examples of several states, including New York,⁵⁵ Ohio,²² and Oregon,⁵⁶ that have used accreditation status as a consideration in distributing funding to local health departments. On the federal level, the CDC allows the use of funds to support accreditation efforts[†]. This language has been included in most CDC NOFOs to health departments since 2012 and includes more recent NOFOs related to COVID-19 response funds. This language has been included in most CDC NOFOs to health departments since 2012 and includes more recent NOFOs related to funds from the American Rescue Plan and other COVID-19 response funds.[‡] The CDC's Center for Preparedness and Response notes the alignment between accreditation and some of the public health emergency preparedness and response capabilities and exempts accredited health departments that are recipients of CDC's Public Health Emergency Preparedness (PHEP) cooperative agreement from review of common planning measures in the PHEP program's Operational Readiness Review process.⁵⁷ The CDC also operates the Public Health Associate Program, which places associates in health departments for a two-year period to support the agencies with tasks such as accreditation preparation. In addition, the CDC Preventive Health and Health Services Block Grant has been leveraged to support accreditation efforts.⁵⁸ For local health departments that work on economic development with their Chamber of Commerce, achieving a STAR Community Rating (<http://www.starcommunities.org/>) is often helpful and being an accredited health department earns a community extra points in that rating system.

Public Health 3.0 contains a recommendation that the "PHAB criteria and processes for department accreditation should be enhanced and supported to best foster Public Health 3.0 principles, as we strive to ensure that every person in the United States is served by nationally accredited health departments."⁵⁹

Finally, a study of a state-based health department accreditation program suggests that accreditation may also have a protective effect in allowing health departments to maintain key capacities in the face of budget cuts.⁶⁰

Why Does It Matter?

Judge Henry Bertram of the Kentucky Association of Local Boards of Health and Pendleton County (Kentucky) Local Board of Health, articulated the overall value of investing in accreditation: "For every dollar spent on accreditation, a higher level of service is provided. Employee production can recoup accreditation expenses in a short amount of time. We must, as public servants, spend every taxpayer dollar provided us as wisely as possible."³¹

Community Health/Equity

[†] For an example, see: https://www.cdc.gov/publichealthgateway/accreditation/docs/NOFO_phablanguge.pdf

[‡] For an example of a recent NOFO that contains this language, see:

<https://www.cdc.gov/publichealthgateway/partnerships/COVID-19-Health-Disparities-OT21-2103.html>

PHAB is often asked about the relationship between health outcomes and accreditation. PHAB has been cautious about correlating accreditation to health outcomes because PHAB believes strongly in a multiple determinants of health model. However, PHAB's logic model (<https://phaboard.org/r-e-overview/>) has always included improvement in health status as a distal outcome of accreditation. PHAB's rationale is that a health department that works with its community to develop a solid community health improvement plan; that tracks and monitors its ongoing community/stakeholder relationships; and that bases its work on evidence will positively contribute to improving the health of its jurisdiction. To strengthen this link, PHAB has added the monitoring and reporting of health outcomes to the reaccreditation requirements.

What Do We Know?

Starting with reaccreditation, health departments are required to note the population health topics they are tracking in their communities. In addition to tracking the prevalence and mortality rates associated with a wide range of health conditions, many health departments track data related to individual behaviors and social and physical environments that contribute to health outcomes. The most common topics included in detailed reporting of population health objectives include tobacco use, obesity, addiction and other substance use-related mortality, infant mortality, and suicide.⁶¹ There is evidence that health departments perceive that accreditation has a positive impact on their population's health -- in a survey of health departments one year after they were accredited:¹¹

- 85% agree that accreditation has improved their health department's overall capacity to provide high quality programs and services.

In a survey of health departments four years after they were accredited:¹¹

- 73% agree that accreditation has helped their health department use health equity as a lens for identifying and addressing health priorities.
- 50% agree that health department activities implemented as a result of being accredited have led to improved health outcomes in the community.

Health equity is an important area of focus in the Standards & Measures. A report by ASTHO provided examples of how health departments have integrated health equity into their work through the lens of accreditation.⁶² Additionally, the reaccreditation process has been shown to help health departments implement practices that advance health equity:¹¹

- 61% of respondents said reaccreditation helped their health department use health equity as a lens for identifying and addressing health priorities.
 - 58% of respondents said reaccreditation let their health departments to apply healthy equity to internal planning, policies, or processes.
- 27% of respondents said reaccreditation led to improved outcomes in their community.

One way accreditation can foster greater community health is through the requirement that health departments demonstrate evidence-based or promising practices. Nearly 70% of health departments

responding to a survey one year after they were accredited agree that “Accreditation has increased the extent to which our health department uses evidence-based practices for public health programs and/or business practices.”¹¹ Additionally, accredited state health departments are more likely than nonaccredited state health departments to have leadership (including legislators and governors) that is more engaged with evidence-based interventions.⁶³

One study that included interviews with state chronic disease directors found that accreditation was an impetus for evidence-based practice.⁶⁴ Similarly, a survey of local health department chronic disease directors found a significant relationship between accreditation and having higher capacity for evidence-based decision making.⁶⁵ Another study found that accreditation is associated with increased likelihood of including an evidence-based active transportation strategy in the community health improvement plan.⁶⁶ Local health department engagement in policy work to address obesity is also associated with accreditation.⁶⁷

Why Does It Matter?

Wilma Wooten, Public Health Officer of the County of San Diego Health and Human Services Agency, shared her agency’s experience with accreditation: “It was when [Public Health Services] embarked on the accreditation process that the division was able to elevate health equity across [County of San Diego Health and Human Services Agency].” She continued: “Public health demands are constantly expanding with competing mandates, emergencies, and emerging issues. Utilizing PHAB Standards and Measures to ensure there is a health equity focus reinforces a continuing commitment and accountability toward achieving a collective vision.”⁶⁸ Another health department shared: “Accreditation has particularly helped us quantify and address health equity issues in our community.”¹¹

Emergency Preparedness

Health departments play a critical role in preparing for, responding to, and recovering from emergencies as evidenced by the COVID-19 pandemic.^{69,70} The PHAB Standards & Measures³⁶ include specific preparedness requirements to ensure a health department’s ability to appropriately respond to public health emergencies, such as:

- Timely investigations of health problems and environmental public health hazards (Standard 2.1)
- Containment/mitigation of health problems and environmental public health hazards (Standard 2.2)

“We truly believe being accredited is helping our department respond to the COVID-19 outbreak. Our public information and social media work has been fantastic – our Facebook page is reaching tens of thousands of people a week! Our accreditation work in the area of emergency preparedness helped us have more clarity about when and how to activate incident command and implement our continuity of operations plan (COOP). Our disease prevention and control work helped all of us better understand the state’s role and our role. We called a meeting of our ethics committee to decide how to distribute our stockpile of expired N-95s and surgical masks.” – Goodhue County Health and Human Services, MN

- Access to laboratory and epidemiological/environmental public health expertise and capacity to investigate and contain/mitigate public health problems and environmental public health hazards (Standard 2.3)
- Urgent and non-urgent communications, including risk communications plan (Standard 2.4 & Measure 3.2.4)
- All hazards emergency operations plan (Standard 5.4)

What Do We Know?

The PHAB accreditation standards have been cross-walked with CDC's Public Health Preparedness Capabilities and there is significant, valuable overlap.⁷¹ Recognizing the relevance of accreditation to preparedness efforts, the National Health Security Preparedness Index (NHSPI) includes whether the state health department is PHAB-accredited as an indicator.⁷² While additional research on how NHSPI assessments correspond with preparedness-related outcomes is ongoing, initial findings suggest that states with higher assessments on that Index have lower economic impacts during disasters.⁷³ State health department accreditation is also included as one of the 10 indicators in the Trust For America's Health annual report "Ready or Not."⁷⁴

On the state and local level, there are several examples from health departments about how the accreditation process assisted in their preparedness. As examples:

- A case study about Florida's response to Zika virus showed that "PHAB accreditation bolstered the Department's efforts and actions."⁷⁵ Coordinated state and county preparations for accreditation helped identify opportunities to strengthen an integrated surveillance system. Partnerships with the health care system and other community organizations enabled them to provide health information and testing in hard-to-reach and underserved populations across the state.
- Acting on its accreditation self-assessment, the Houston Department of Health and Human Services ramped up its communications and engagement with culturally diverse communities and launched an initiative that included a partnership with five refugee resettlement organizations working in the city.⁷⁶ The health department worked with those organizations to include Zika education and prevention activities in their services.

The COVID-19 pandemic has been a significantly difficult time for many health departments. However, many accredited health departments have found accreditation to have been helpful in their preparedness for the pandemic: ²⁵**Error! Bookmark not defined.**

- More than 80% of health departments indicated that overall, accreditation has helped their response to the pandemic.
- Preparation for accreditation has been particularly helpful in response to the COVID-19 pandemic in the areas of preparedness plans and policies and relationships with other sectors and stakeholders.

One health department shared:

“During the COVID-19 crisis community and partners have been very impressed how we have communicated and been open to our county agencies.”¹¹

In PHAB’s Survey of Health Departments During Response to COVID-19 Pandemic, one health department shared:²⁵

“Internally, our leadership team has an established rhythm for planning, problem solving, and implementing in part from Accreditation, that was easily focused on COVID-19. As a result, we’ve been able to respond as a team collectively, proactively, and intentionally to the threat of COVID.”

Another health department wrote:

“Our work on CHA/CHIP has helped build community relationships, and working on the [social determinants of health] has helped in responding to community needs during the pandemic. This has all built up our credibility as well, which has helped the city trust the health department to lead in emergency response.”

Regarding emergency preparedness besides COVID-19, health departments in Connecticut,⁷⁷ Oregon,⁷⁸ and New York⁷⁹ noted that accreditation bolstered their QI efforts and led to improvements in such areas as laboratory performance and communicable disease investigations.

A final source of information about the link between accreditation and preparedness comes from research related to North Carolina’s state-based accreditation program. A 2009 study found that among local health departments in North Carolina, those that were accredited performed a greater scope of activities in response to the H1N1 outbreak and implemented them more rapidly than non-accredited health departments in the state.⁸⁰ Another study compared local health departments accredited in North Carolina with similar health departments in other states. While preparedness capabilities declined for all health departments as funding decreased, there appeared to be a protective effect among the state-accredited health departments as they saw fewer significant decreases in their capacity.⁸¹

Why Does It Matter?

Health departments have reflected on ways that accreditation has supported their engagement in emergency preparedness work. For example, one evaluation respondent noted, “As an emergency response agency, we are now accredited, as [are] our fire, police, and 911. This allows us to help the public understand public health is part of public safety.”¹¹

Pointing specifically to the impact of accreditation during pandemic response, Michele M. Bever, Executive Director of the South Heartland District Health Department in Nebraska, explained:

“Through the accreditation process, we leaped forward in our activities around enforcing public health laws and establishing and utilizing an ethics process. Most recently, in responding to the COVID-19 threat, our six full-time and six part-time staff have been working long hours with lots of overtime. In the

midst of this, we called an emergency Ethics Committee meeting to deliberate on some emerging issues. We were very glad to have this in place; their input was invaluable to guide our decision-making processes at a critical juncture.”⁸²

Areas of Public Health Department Accreditation Needing Further Study

There will always be areas of accreditation that require further study. PHAB has a research agenda that contains many of the questions that still need additional research. Some of the most compelling questions related to value and impact are:

- How do accredited and in-process health departments differ from health departments not engaged in accreditation regarding proximate and intermediate outcomes?
- How does accreditation affect the public health system, including nonaccredited health departments?
- What are the most appropriate methods to determine if improved health outcomes and/or reduced health disparities can be attributed to a high-performing health department?
- What, if any, health outcomes are more readily influenced by health department accreditation?
- Has accreditation fostered increased actions and outcomes related to health equity?

The vision of ensuring that every community is supported by an accredited health department requires major investment and political will to enhance existing infrastructure. Although research has found that accreditation supports health departments in quality improvement and enhancing capacity, Public Health 3.0 also contains a recommendation that calls for ongoing evaluation of the health impact and return on investment for public health accreditation.⁵⁹

For more details on these and other questions, please see the full public health accreditation research agenda at <https://phaboard.org/research-agenda>.

Conclusion

This report provides a summary of PHAB’s quantitative evaluation and research findings and qualitative impact stories which provide comprehensive information on the value and impact of accreditation. PHAB has also sought to describe why accreditation matters. While the field will continue documenting evidence about the value and impact of accreditation, the public health community should not be overly critical to hold accreditation accountable for outcomes that have not been proven in other, more seasoned accreditation processes. It is important to describe the value and impact of accreditation, while being mindful that it may be difficult to prove a direct causal link between accreditation and certain outcomes.⁸³

As with any accreditation process, accreditation means excellence. Accreditation engenders public trust. Accreditation can also demonstrate the worth and the quality of the organization being accredited. The data and stories in this report highlight the meaningful impact accreditation has had on health departments and the communities they serve.

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