

This presentation was developed in June 2021 to provide an update on findings from NORC's evaluation of the public health accreditation program. The presentation includes an update on initial accreditation outcomes and preliminary data on reaccreditation outcomes.

The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

Current support for this work is provided by the Public Health Accreditation Board (PHAB), through funding from the Centers for Disease Control and Prevention (CDC). The surveys were approved by the Office of Management and Budget (OMB No. 0920-1295; expiration 04/30/2023).

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PHAB, through funding from the Robert Wood Johnson Foundation (RWJF) and CDC (2013 to 2016)

RWJF under Grant Number 72509 (2015 to 2017)

RWJF under Grant Number 73844 (2017 to 2020)

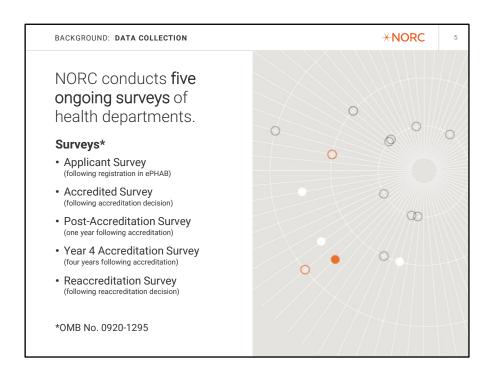
Current funding support for the evaluation is from PHAB, through funding from the CDC.

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This presentation begins with background information about the data collection (slides 4 to 6). Then, we present key findings on initial accreditation outcomes (slides 7 to 24) followed by key findings on reaccreditation outcomes (slides 25 to 32). The final slide (slide 33) includes contact information for the evaluation.



Slides 4 to 6 present background information about the surveys.



Since 2013, NORC has surveyed applicant and accredited health departments that have met certain milestones in the accreditation process. NORC sends the surveys on an approximately quarterly basis. Currently, NORC is fielding five surveys, including:

- 1. Applicant Survey sent to health departments following registration in e-PHAB
- 2. Accredited Survey sent to health departments following the accreditation decision
- 3. Post-Accreditation Survey sent to health departments one year following initial accreditation
- 4. Year 4 Accreditation Survey sent to health departments four years following initial accreditation
- 5. Reaccreditation Survey sent to health departments following the reaccreditation decision

The surveys were approved by the Office of Management and Budget (OMB No. 0920-1295; expiration 04/30/2023).

The response rate is over 80% for all five surveys.		
Survey Name Start Date	Total Number of Responses	Response Rate
Applicant Survey October 2013	341	88%
Accredited Survey December 2013	3 278	94%
Post-Accreditation Survey April 2014	256	86%
Year 4 Accreditation Survey July 2017	149	84%
Reaccreditation Survey July 2020	33	83%

For all five surveys, the response rate is over 80%. The survey launch dates were:

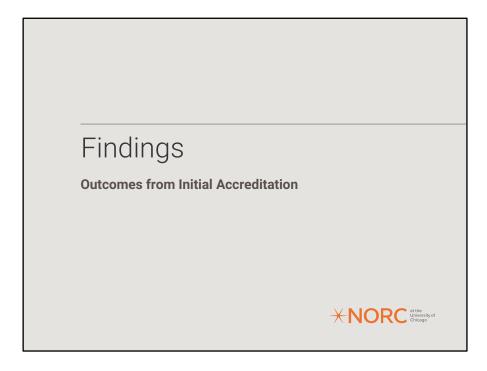
• Applicant Survey: October 2013

• Accredited Survey: December 2013

• Post-Accreditation Survey: April 2014

• Year 4 Accreditation Survey: July 2017

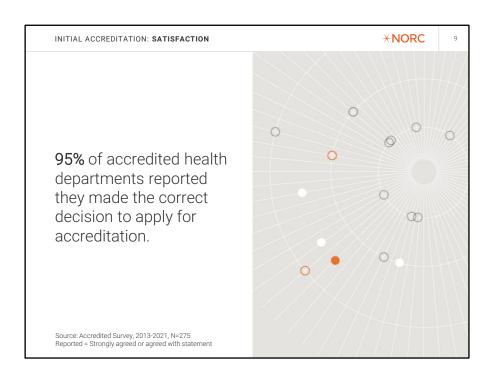
• Reaccreditation Survey: July 2020



Slides 8 to 24 present an update on findings on initial accreditation outcomes.

INITIAL ACCREDITATION: MOTIVATORS	 HORC
Applicant health departments report manapplying for accreditation.	ny motivators f
	% Strongly Agreed or Agree
Stimulate QI and performance improvement opportunities within HD	98%
Allow HD to better identify strengths and weaknesses	93%
Improve management processes used by leadership team	92%
Stimulate greater accountability and transparency within HD	91%
Part of strategic plan	90%
Help document capacity to deliver Three Core Functions of Public Here Ten Essential Public Health Services	ealth and 90%
Improve accountability to external stakeholders	84%
Improve credibility within community/state	84%
Improve competitiveness for funding opportunities	79%
Improve relationship with key partners in other sectors	78%
Improve communication with Board of Health/governing entity	66%

Health departments completing the Applicant Survey were asked to report the factors and potential benefits that motivated their health department to pursue accreditation. Data were collected between October 2013 and February 2020.



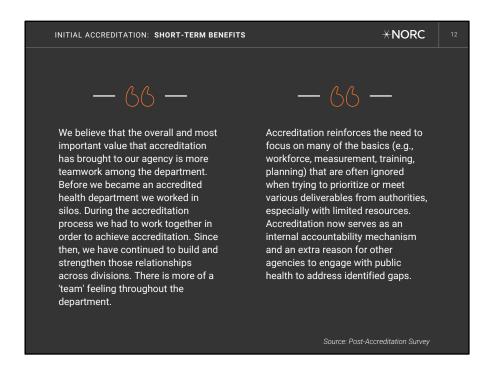
Health departments completing the Accredited Survey are asked whether their health department made the correct decision to apply for national accreditation through PHAB. 95% of respondents strongly agreed or agreed. Data were collected between December 2013 and March 2021.



Health departments completing the Post-Accreditation Survey were asked about the benefits or outcomes the health department may have experienced in the past year as a result of being accredited. This slide shows the percentage of health departments that strongly agreed or agreed. Data were gathered between April 2014 and March 2021.

***NORC** INITIAL ACCREDITATION: SHORT-TERM BENEFITS As a result of accreditation, health departments have experienced numerous short-term benefits. One year after accreditation · 85% reported accreditation has improved the health department's overall capacity to provide high quality "Accreditation led to programs and services.* a standard operating • 85% reported accreditation has improved the management procedure used to processes used by the leadership team in the health gather community department. input [and] feedback • 79% reported accreditation has improved the health and allows our Health department's accountability to external stakeholders. Education • 75% reported accreditation has increased the health **Department to** department's capacity to identify and address health provide evidencepriorities.^ based programs that • 68% reported accreditation has increased the extent to which are wanted/needed in the health department uses evidence-based practices for our community." public health programs and/or business practices.^ Source: Post-Accreditation Survey Source: Post-Accreditation Survey, 2014-2021, N=256; *N=199; ^N=173 Reported = Strongly agreed or agreed with statement

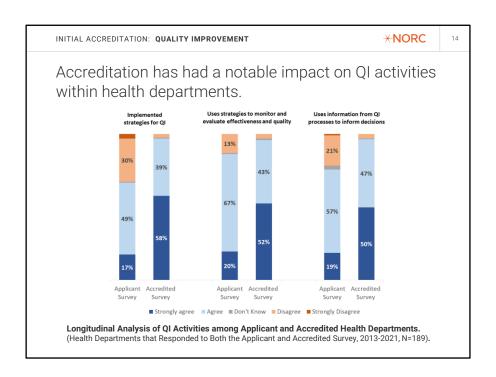
Health departments completing the Post-Accreditation Survey were asked about the benefits or outcomes the health department may have experienced in the past year as a result of being accredited. This slide shows the percentage of health departments that strongly agreed or agreed. Data were gathered between April 2014 and March 2021.



This slide presents two quotes from Post-Accreditation Survey respondents describing the overall value of accreditation to their agencies.



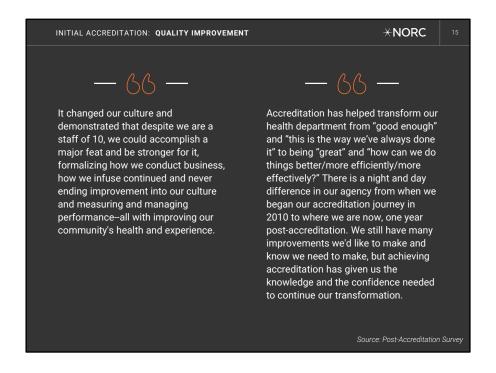
Health departments completing the Post-Accreditation Survey were asked about the benefits or outcomes the health department may have experienced in the past year as a result of being accredited. This slide shows outcomes related to workforce development and training, as well as employee pride and engagement. Data were gathered between April 2014 and March 2021.



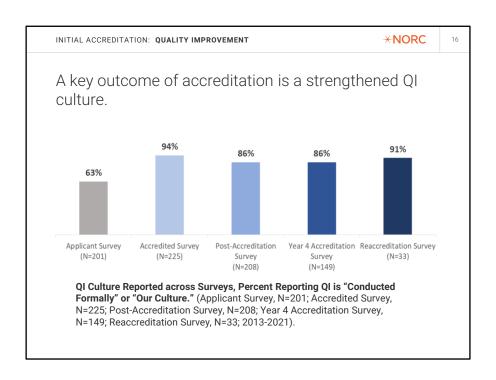
Health departments completing the Applicant Survey and Accredited Survey were asked the extent to which they agreed with several statements about QI activities prior to accreditation (Applicant Survey) and shortly after accreditation (Accredited Survey). This slide shows responses from health departments that completed both the Applicant and Accredited Surveys. The dark blue portion of the columns indicate an increase in the percentage of respondents that stated they "strongly agreed" with the following statements on QI activities:

- Implemented strategies for QI
- Used strategies to monitor and evaluate effectiveness and quality
- Used information from QI processes to inform decisions

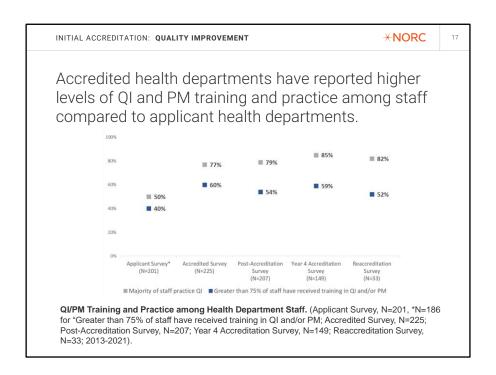
Data were gathered between October 2013 and March 2021.



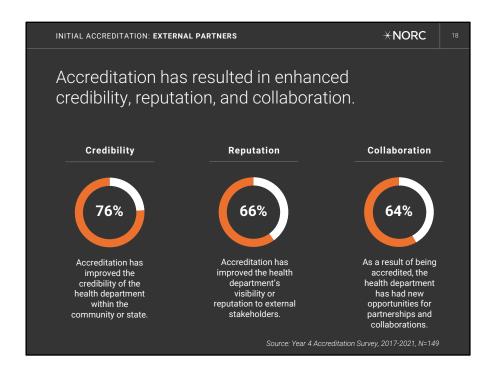
This slide presents two quotes from Post-Accreditation Survey respondents describing the overall value of accreditation to their agencies related specifically to QI.



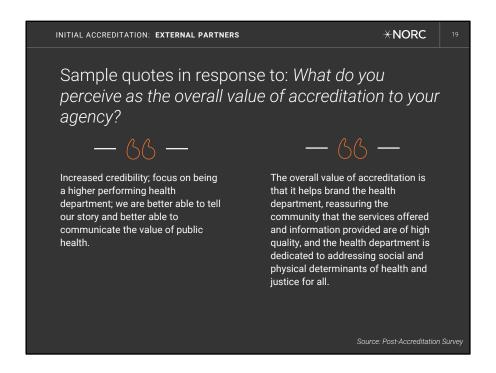
In all five surveys, respondents were asked to report on the current QI and performance management culture in the agency. The percentage of respondents reporting that QI is "conducted formally" or the "culture" of the health department is more than 86% after accreditation (Accredited Survey, Post-Accreditation Survey, Year 4 Accreditation Survey, and Reaccreditation Survey), compared to 63% while applying for accreditation (Applicant Survey). Data were gathered between October 2013 and March 2021.



In all five surveys, respondents were asked to report the level of familiarity health department staff members have with QI. In a separate question, they were asked what percentage of staff in the organization have received training in performance management and/or QI. Data were gathered between October 2013 and March 2021.



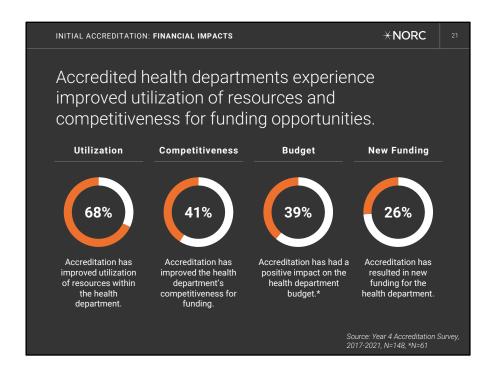
Health departments completing the Year 4 Accreditation Survey were asked about certain benefits or outcomes related to credibility, partnerships, and collaboration they may have experienced since becoming accredited. More than three-quarters (76%) of respondents "strongly agreed" or "agreed" that accreditation has improved the credibility of the health department within the community or state. A slightly smaller percentage (66%) "strongly agreed" or "agreed" that accreditation has improved the health department's visibility or reputation to external stakeholders, and 64% "strongly agreed" or "agreed" that as a result of being accredited, the health department has had new opportunities for partnerships and collaboration. Data were gathered between 2017 and 2021.



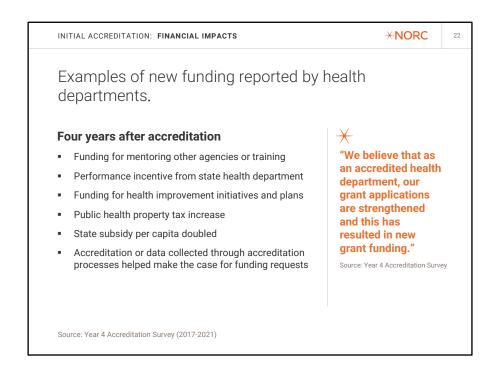
This slide presents two quotes from Post-Accreditation Survey respondents describing the overall value of accreditation to their agencies related to external partnerships.



Health departments completing the Year 4 Accreditation Survey were asked about certain benefits or outcomes related to partnerships and collaboration they may have experienced since becoming accredited. More than three-quarters (78%) of respondents "strongly agreed" or "agreed" that accreditation has strengthened the health department's relationship with key partners in other sectors (e.g., health care, social services, education). A slightly smaller percentage (61%) "strongly agreed" or "agreed" that accreditation has led to increased collaboration with other health departments, and 54% "strongly agreed" or "agreed" that accreditation has helped build relationships with new partners across sectors (e.g., health care, social services, education). Data were gathered between 2017 and 2021.



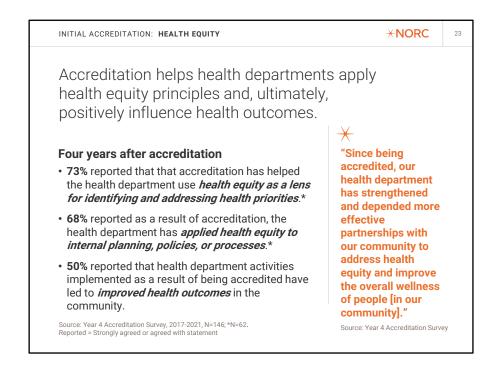
Health departments completing the Year 4 Accreditation Survey were asked about certain benefits or outcomes related to the financial benefits or outcomes the health department may have experienced since becoming accredited. For the financial impact outcomes, the percentage reporting "Don't Know" was greater than most survey questions. For example, 15% said they "Don't Know" whether accreditation has resulted in new funding for the health department. Data were gathered between 2017 and 2021.



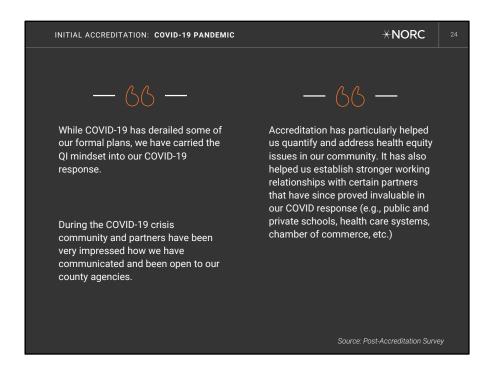
This slide presents examples of how accreditation has resulted in new funding for the health department. Respondents provided these examples in response to an openended question in the Year 4 Accreditation Survey. These data were gathered between 2017 and 2021.

For more information regarding the financial impact of accreditation:

Heffernan M, Kennedy M, Gonick SA, and Siegfried AL. Impact of Accreditation on Health Department Financial Resources. J Public Health Manag Pract. 2020 Nov 16. doi: 10.1097/PHH.000000000001278



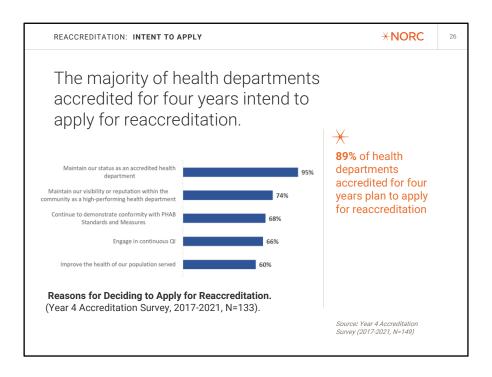
Health departments completing the Year 4 Accreditation Survey were asked about the benefits or outcomes the health department may have experienced in the past year as a result of being accredited. This slide shows outcomes related to applying health equity and influencing health outcomes. Data were gathered between April 2014 and March 2021.



This slide presents three quotes from Post-Accreditation Survey respondents about how accreditation has equipped them to respond to the COVID-19 pandemic.



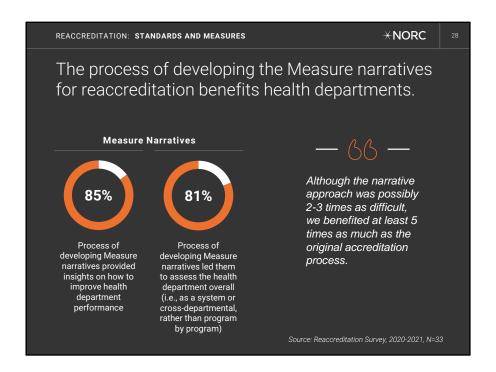
Slides 25 to 32 present preliminary findings on reaccreditation outcomes.



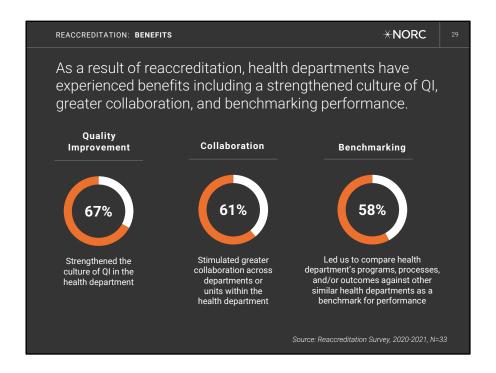
In the Year 4 Accreditation Survey, respondents were asked if the health department intends to apply for reaccreditation, and the reasons the health department has decided to apply for reaccreditation. Nearly all health departments reported "maintain our status as an accredited health department" as a reason the health department had decided to apply for reaccreditation. Data were gathered between 2017 and 2021.



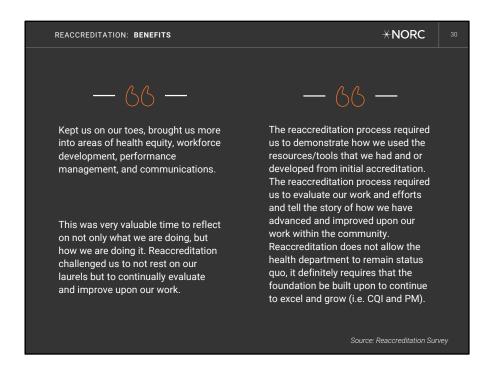
In the Reaccreditation Survey, health departments were asked about their impressions of and experiences with the PHAB Reaccreditation process. All respondents (100%) "strongly agreed" or "agreed" that the Reaccreditation Standards and Measures allow for accurate measurement of public health capabilities and performance, and that they accurately assess health departments' improvements and advancements. Slightly fewer (94%) "strongly agreed" or "agreed" that the Reaccreditation Standards and Measures accurately reflect the practice of high-performing health departments. Data were gathered between July 2020 and March 2021.



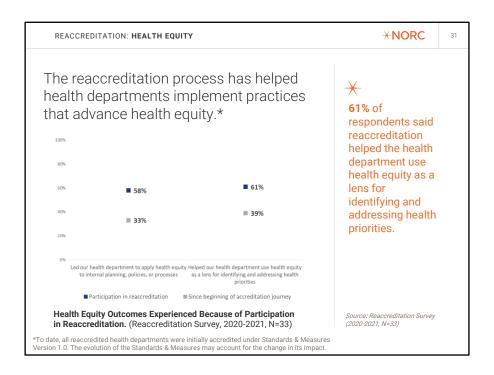
In the Reaccreditation Survey, health departments were asked about their impressions of and experiences with the PHAB Reaccreditation process. The majority of respondents (85%) "strongly agreed" or "agreed" that the process of developing the Measure narratives provided insights on how to improve health department performance. Slightly fewer (81%) "strongly agreed" or "agreed" that the process of developing Measure narratives led them to assess the health department overall (i.e., as a system or cross-departmental, rather than program by program). Data were gathered between July 2020 and March 2021.



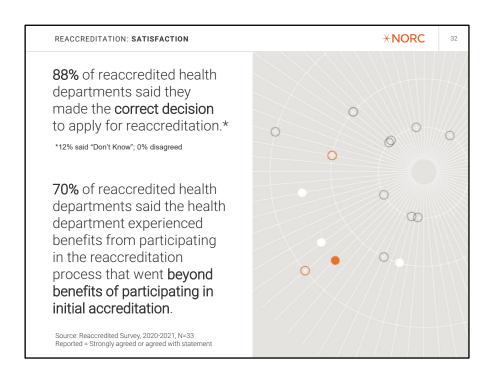
In the Reaccreditation Survey, health departments were asked about the benefits or outcomes they may have experienced because of their preparation for and participation in the reaccreditation process. Respondents reported that reaccreditation strengthened the culture of QI in the health department (67%); stimulated greater collaboration across departments or within units of the health department (61%); and that it led the health department to compare programs, processes, and/or outcomes against other similar health departments as a benchmark for performance (58%). Data were gathered between July 2020 and March 2021.



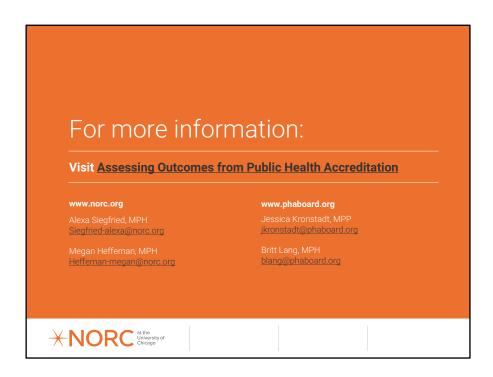
This slide presents two quotes from Reaccreditation Survey respondents about the benefits of reaccreditation.



In the Reaccreditation Survey, health departments indicate for a series of potential benefits or outcomes whether they experienced the benefit 1) since they began the accreditation journal (including preparing for and gaining accreditation status) and/or 2) because of their preparation for and participation in the reaccreditation process. More than half of respondents reported that the reaccreditation process helps health departments implement practices that advance health equity.



Health departments completing the Reaccredited Survey are asked about the benefits of reaccreditation. The majority of respondents (88%) "strongly agreed" or "agreed" that the made the correct decision to apply for reaccreditation. Most respondents (70%) "strongly agreed" or "agreed" that the health department experienced benefits from participating in the reaccreditation process that went beyond the benefits of participating in initial accreditation. Data were collected between July 2020 and March 2021.



For more information from the evaluation of the PHAB accreditation program, please visit the following website or contact NORC or PHAB:

https://www.norc.org/Research/Projects/Pages/assessing-outcomes-from-public-health-accreditation.aspx