

FINAL REPORT

Evaluation of Short-Term Outcomes from Public Health Accreditation

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Key Findings

Accreditation leads to a range of internal and external benefits and appears to be valuable to the health departments that are applying and have achieved accreditation. Evaluation findings demonstrate that PHAB has the ability to reach and influence a wide range of health departments with their materials and guidelines, especially the Standards and Measures. Health departments may experience benefits associated with accreditation prior to their formal involvement in the PHAB accreditation process.

Findings from Applicant and Accredited Health Departments. Applicant and accredited health department respondents reported the overall value of accreditation as an increased focus on QI and performance management; transformation to a higher functioning, more efficient health department; and benchmarking or comparison to national standards. Respondents described accreditation as "transformational" in terms of advancing internal operations and processes, especially related to QI and performance management activities, including QI training, QI knowledge, and other improvements in efficiency and effectiveness. The strongest external benefit of accreditation identified by respondents is the improved visibility, credibility, and accountability of the health department due to the recognition that accreditation brings from partners, policymakers, and other stakeholders. Key benefits and outcomes from accreditation include:

Strategic Planning and Assessment

- Approximately one-half of health departments are conducting state/community health assessments (S/CHAs) and state/community health improvement plans (S/CHIPs) for the first time when applying for public health accreditation.
- More than two-thirds of accredited health departments said that accreditation has increased their health department's capacity to identify and address health priorities.

Benchmarking or Comparing to National Standards

- The majority of accredited health departments are comparing their programs, processes, and/or outcomes against other similar health departments as a benchmark for performance.
- Accreditation has allowed health departments to better identify their strengths and weaknesses and document their capacity to deliver the Three Core Functions of Public Health and the Ten Essential Public Health Services, according to respondents accredited for one year.

Improved Operations, Processes, and Documentation

- As a result of accreditation, nearly all accredited health departments plan to implement new policies, processes, and protocols that were not previously in place.
- Respondents from accredited health departments described that they have improved their documentation of policies, processes, and protocols as a result of accreditation.

Changes in Organizational Culture

Respondents identified several changes in organizational culture due to accreditation, including:

- Enhanced collaboration and communication within the health department;
- Increased transparency and accountability within the health department and among the health department, governing bodies, partners, and the public;
- Increased pride among health department staff;

- Increased learning and innovation in their health department; and
- Improved Management Processes.

Workforce Development and Improvements in Staff Competencies

- Respondents describe that accreditation has resulted in a stronger public health workforce; it has improved the ability of health departments to identify and address gaps in employee training and workforce development.
- Health departments have expanded staff trainings and development opportunities due to accreditation; many respondent said staff competencies have improved.

Increased Quality Improvement

Accreditation has stimulated QI and performance management activities within health departments; the increased focus on QI is one of the most frequently mentioned outcomes and benefits of accreditation. The QI-related changes resulting from accreditation include:

- *Implementation of New QI Processes and Activities* – Nearly all survey respondents said they have implemented new QI activities as a result of accreditation.
- *Improved QI Knowledge and Staff Training* – Accreditation has resulted in greater knowledge of QI among health department staff and a higher proportion of staff being trained in QI.
- *Establishing QI Infrastructure and Culture* – Nearly all survey respondents said accreditation has strengthened the culture of QI within their health department.

Improved Capacity to Deliver High Quality Public Health Services

- Accreditation leads to improved capacity to provide high quality programs and services, according to 80% of survey respondents, one year after accreditation.
- Accreditation has increased the use of evidence-based practices, reported by more than two-thirds of survey respondents.

Increased Visibility, Credibility, and Accountability

- Over 80% of survey respondents said accreditation has improved: the credibility of the health department; accountability to external stakeholders; and visibility or reputation to external stakeholders.

Strengthened Collaboration with Partners

- Accreditation has resulted in new opportunities for partnerships and/or collaborations and the identification of new partners in other sectors; both one year and four years after accreditation, the majority of survey respondents said accreditation has strengthened relationships with key partners in other sectors.

Increased Knowledge of Health Department Roles and Responsibilities

- Survey respondents reported that partner organizations and Boards of Health have an improved understanding of the health department's roles and responsibilities, due to accreditation. Respondents also reported an improved understanding among local policymakers and the public, but to a lesser extent.

Improved Health Outcomes

- Approximately one-half of accredited health departments respondents said that activities implemented as a result of accreditation have led to improved health outcomes; however, most health departments reported not yet having data that demonstrates the connection between accreditation and health outcomes.

Following accreditation, 99% of respondents said that their health department made the correct decision to apply for national accreditation through PHAB. Even so, a number of common barriers were noted,

including staff time/availability and financial constraints. These barriers present challenges during the application process, and may become barriers to reaccreditation.

Financial Impacts of Accreditation. The primary financial impact of accreditation, according to evaluation respondents, is improved efficiency in internal operations, which is achieved through the internal benefits described earlier. More than one-half of survey respondents indicated improved utilization of resources due to accreditation. Other financial effects of accreditation identified by respondents were related to shifts in resources and unanticipated costs. Some health departments believe accreditation has increased their competitiveness for funding, although few were able to identify new funding that had been secured as a result of accreditation.

Findings from Non-Applicant Health Departments. Most non-applicant health departments are aware of PHAB and many have favorable impressions of PHAB. Non-applicants see potential benefits of accreditation related to QI, process improvements, funding, and external validity and credibility. The most common barriers among non-applicants were the time, effort, and costs required to undergo the process. Many non-applicant health department respondents, even those that do not plan to apply for accreditation, described how accreditation is helping to advance public health practice and quality improvement within their agencies, including:

- Referencing PHAB requirements when developing their agency's S/CHA, S/CHIP, and strategic plan, regardless of their intent to apply; and
- Increasing awareness of strengths and weaknesses, with many implementing QI and performance improvement efforts.

Respondents also described changes to the field of public health more broadly, as a result of the public health agency accreditation initiative, including:

- Sets baseline expectations and standards for excellence in public health practice, health department functions, and minimum qualifications for staff;
- Creates a cycle of review and re-approval for important documents that guide public health practice;
- Created a new methodology for conversing with public health partners, through the sharing of best practices and lessons learned;
- Provides opportunity to communicate with elected officials and improve understanding of public health; and
- Increased attention to the Three Core Functions of Public Health and Ten Essential Public Health Services.

Background

The Public Health Accreditation Board (PHAB) is the nonprofit organization that oversees the implementation of the national accreditation program for public health departments in the United States (U.S.). The accreditation program is designed to advance the quality and performance of state, tribal, local, and territorial public health departments in the U.S., with the goal of improving and protecting the health of the public. According to PHAB:

National public health department accreditation consists of the adoption of a set of standards, a process to measure a health department's performance against those standards, and recognition for those health departments that meet the standards.¹

The accreditation program was launched in September 2011, following the incorporation of PHAB in May 2007; the development, public vetting, and revision of the PHAB Standards and Measures; the beta test of the national public health department accreditation process; and the final review and approval of the Standards and Measures and the accreditation process. The Standards and Measures address a health department's functions and capacities to deliver the ten Essential Public Health Services, and also include domains related to management and administration and governance.² Following its launch, PHAB continues to identify opportunities for improving the accreditation process through internal and external evaluation activities.³

In 2013, NORC began conducting the three-year "Initial Evaluation of the Public Health Accreditation Program" on behalf of PHAB. The evaluation was sponsored by PHAB, through funding provided by RWJF and the Centers for Disease Control and Prevention (CDC). The initial evaluation assessed ongoing accreditation activities and processes and the quality of the accreditation program based on the experience of applicant health departments and achievement of initial outcomes. The initial evaluation was multi-phased, collecting data from applicant and accredited health departments, as well as other accreditation stakeholders, between May 2013 and December 2016.⁴

In 2015, NORC at the University of Chicago received funding from the Robert Wood Johnson Foundation (RWJF) to evaluate the short-term outcomes from public health accreditation. The purpose of the evaluation was to assess the early effects of accreditation of public health departments, including changes in the range and scope of quality improvement (QI) activities undertaken; staff competencies; organizational culture; intra-agency, inter-agency, and cross-sector collaboration; and transparency with applicant and accredited health departments. The evaluation also sought to understand changes in stakeholders' perceptions and understanding of the public health departments as a result of the accreditation program, the impact of the accreditation program on funding, and the effects of the public health accreditation program on the public health field, including health departments that have not begun the application process through PHAB (non-applicants).

Methodology

To assess outcomes from the public health accreditation program, NORC implemented a mixed-methods evaluation design. The methodological approach included data collection via web-based surveys, interviews, and focus groups of applicant health departments, accredited health departments, and non-applicant health departments, as well as other accreditation stakeholders. The NORC Institutional Review Board (IRB) reviewed the study materials and protocols and determined them to be exempt from full review. In this section, we describe the methodology for data collection and analysis implemented for the surveys, interviews, and focus groups.

Survey Data Collection

We conducted data collection via five web-based surveys that gathered data from applicant health departments, accredited health departments, and non-applicant health departments. The five surveys were the: 1) *applicant survey*; 2) *accredited survey*; 3) *post-accreditation survey*; 4) *reaccreditation survey*; and 5) *non-applicant survey*. We describe our methods for conducting these surveys below.

Applicant and Accredited Health Department Surveys

Between November 2013 and August 2017, we conducted three web-based surveys of health departments that applied for and/or achieved PHAB accreditation. The surveys were designed to gather feedback from health departments as they reached certain milestones in the accreditation process. These milestones were: 1) registering their intent to apply for accreditation in PHAB's online system, e-PHAB (referred to as the *applicant survey*); 2) achieving accreditation (referred to as the *accredited survey*); and 3) one year after achieving accreditation (referred to as the *post-accreditation survey*).

Survey Population

For the three surveys, we used a total population sample to contact the universe of health departments that applied for and/or achieved PHAB accreditation. We fielded the survey to multiple cohorts of health departments as they reached each of the aforementioned milestones. PHAB helped identify the survey population by providing a list of every health department that reached each milestone. For the applicant survey, PHAB provided a list of health departments that were currently registered in e-PHAB but had not yet attended the accreditation training. We sent the applicant survey to 16 cohorts, reaching 276 health departments. Following each of the Accreditation Committee meetings, PHAB provided a list of health departments that had achieved accreditation. These health departments received the accredited survey. We sent the accredited survey to 15 cohorts, reaching 171 health departments. For the post-accreditation survey, PHAB provided a list of each health department that reached their one year anniversary of being accredited. There were 14 cohorts of health departments that received the post-accreditation survey, for a total of 135 health departments. Using this approach, we contacted every health department that registered in e-PHAB or achieved accreditation between November 2013 and August 2017.

Data Collection

To recruit participation in the survey, we sent email invitations to each health department's director and Accreditation Coordinator. We requested that the survey be completed by each health department director but accepted responses from the Accreditation Coordinator or other designee. Each survey remained in the field for approximately six weeks. PHAB provided the contact information necessary to reach each health department director and Accreditation Coordinator.

Table 1 presents the survey response rates. Across the three surveys, we received 515 responses – 241 responses to the applicant survey (response rate of 87%), 156 responses to the accredited survey (response rate of 91%), and 118 responses to the post-accreditation survey (response rate of 87%). It is important to note that not all health departments that completed the applicant survey at one point in time subsequently received the accredited survey or the post-accreditation survey at the same time (i.e., the cohorts cannot be tracked longitudinally across all three surveys). This is due to 1) health departments varying in the length of time required to undergo the accreditation process, and 2) data collection beginning in November 2013, approximately two years after the accreditation program was underway (i.e., some health departments had already passed the designated milestones in the accreditation process and were therefore ineligible to receive the survey).

Table 1. Response rates to applicant, accredited, and post-accreditation surveys, 2013 - 2017

	Survey Population	Response Rate	
	N	N	%
Applicant Survey	276	241	87%
Accredited Survey	171	156	91%
Post-accreditation Survey	135	118	87%
Total	545	515	

Survey Instruments

NORC consulted with PHAB and RWJF to develop the survey instruments. The surveys included both open- and closed-ended response questions about the PHAB accreditation process, the applicant experience, and the short-term outcomes related to accreditation. The applicant survey asked respondents to describe the incentives and anticipated internal benefits of becoming accredited, QI activities at their health department, and their health department's QI and performance management infrastructure. The accredited survey asked respondents to describe the internal benefits, changes in QI activities and QI and performance management infrastructure, and other benefits resulting from PHAB accreditation. The post-accreditation survey asked respondent to describe the benefits, changes in QI activities and QI/performance management infrastructure, and other benefits or outcomes experienced due to becoming accredited.

The applicant, accredited, and post-accreditation survey instruments maintained a core set of questions between November 2013 and August 2017. Between 2013 and mid-2015, these surveys were fielded for the PHAB-funded initial evaluation. In 2015, with the start of the RWJF-funded evaluation, each survey

instrument was modified slightly to include new outcomes-related questions about perceived QI and performance management benefits of PHAB accreditation. We revised the survey instruments again in 2017 to include new questions related to other accreditation benefits and outcomes. As a result of these revisions, there are some data presented within this report with a smaller sample size, which is reflective of the fact that fewer respondents were provided the opportunity to respond to those questions. For the questions added in 2015, we received 100 responses for the applicant survey, 105 responses for the accredited survey, and 72 responses for the post-accreditation survey. For the questions added in 2017, we received 25 responses for the applicant survey, 25 responses for the accredited survey, and 35 responses for the post-accreditation survey.

Reaccreditation Survey

NORC received additional funding from RWJF to continue survey data collection beyond the conclusion of this study. This funding allowed us to implement a fourth survey of accredited health departments, designed to capture information regarding changes in the benefits, short-term outcomes, and other effects of accreditation, as well as the health department's intent to apply for reaccreditation. We sent the survey to health departments one year prior to their being eligible for re-accreditation (around their four-year anniversary of achieving accreditation). This survey, referred to as the *reaccreditation survey*, was first fielded survey in July 2017.

We used a total population sample to implement this survey. To date, we have fielded the survey to one cohort of health departments. We will field the survey to additional cohorts of health departments as they reach their four year anniversary of achieving accreditation. We plan to contact every health department as they reach this milestone. PHAB provided assistance in identifying the survey population by providing the health department names and contact information. Recruitment procedures for this survey are the same as for the three other surveys of applicant and accredited health departments (described above). We received responses from 14 of the 14 health departments contacted, for a response rate of 100%. The *reaccreditation survey* instrument included closed- and open-ended questions regarding accreditation benefits and outcomes experienced, QI and performance management culture and training among staff and within the agency, changes in financial status, and intent to apply for reaccreditation.

Non-Applicant Health Department Surveys

To assess changes in the field of public health more broadly as a result of accreditation, and to provide a basis of comparison for the applicant and accredited health departments, we conducted a web-based survey of health departments that were not involved in the PHAB accreditation process (referred to as the *non-applicant survey*). We fielded the survey once in 2016 and a second time in 2017.

Survey Sample

In both 2016 and 2017, the survey was sent to two different stratified, random samples of 200 local health departments (LHDs) that were not formally involved in accreditation. NACCHO developed the LHD samples for this survey. The sampling frame consisted of LHDs that had responded to the 2016

NACCHO Profile Survey⁵ by indicating that they planned to apply for PHAB accreditation but had not yet registered in e-PHAB, were not decided about whether to apply for PHAB accreditation, or had decided not to apply for PHAB accreditation. NORC verified the sample with PHAB and LHDs that were already accredited or had already registered in e-PHAB were excluded from the sampling frame. LHDs serving jurisdictions with fewer than 10,000 individuals were also excluded. NACCHO oversampled LHDs with large population sizes (e.g., those serving populations of at least 500,000), since they represent a relatively small portion of all LHDs, to ensure a sufficient number for analysis.

In 2016, we also sent the survey to the population of state health departments not formally involved in accreditation ($N=18$) and a sample of Tribal health departments ($N=22$). To reach the state health departments, we obtained a list of state health departments and excluded those that had already achieved accreditation or had already registered in e-PHAB by reviewing PHAB data. For the Tribal sample, NORC researchers developed a list of Tribes known to have either considered, planned for, or begun working on PHAB accreditation activities. We reviewed PHAB data to confirm that the Tribes on the list had not yet registered in e-PHAB.

Data Collection

To field the non-applicant survey, we sent an email invitation to each health department's director. NACCHO provided contact information for each of the LHDs in the sample. For the state and Tribal health department samples, NORC researchers identified the director's name and email address or, in the case of some Tribal health departments, someone with a health-related leadership role. Like our other surveys, the survey was in the field for approximately six weeks and we sent no more than three reminders to encourage respondents to complete the survey. Table 2 presents the response rates for the non-applicant survey; the overall response rate was 34%. The response rate from Tribal health departments was particularly low, so we did not include them in the second round of the survey.

Table 2. Response rates to non-applicant surveys, 2016 and 2017

	Local		State		Tribal		TOTAL	
	N	% of total	N	% of total	N	% of total	N	% of total
2016	61	31%	8	44%	1	5%	70	31%
2017	80	40%					80	41%
TOTAL	141	35%	8	44%	1	5%	150	34%

Survey Instrument

The non-applicant survey instrument included closed- and open-ended questions regarding respondents' awareness and participation in PHAB accreditation; barriers to pursuing accreditation; progress towards completing a state/community health assessment (S/CHA), state/community health improvement plan (S/CHIP), and a health department strategic plan; agency culture and staff training around QI; perceived benefits of accreditation; changes or outcomes experienced as a result of the accreditation program's broader impact on the public health field; and other changes experienced such as changes in financial

status. We used the same non-applicant survey instrument in 2016 and 2017, but the survey instrument used in 2017 included several new questions regarding the perceived benefits of PHAB accreditation.

Qualitative Data Collection

Our qualitative research methods involved data collection via interviews and focus groups with applicant health departments, accredited health departments, non-applicant health departments, and other accreditation stakeholders including health department partner organizations, governing entities, and organizations that provide public health funding. We describe the interviews and focus groups below.

Health Department Interviews

We conducted 55 interviews with applicant, accredited, and non-applicant health departments throughout the evaluation. In the first year of the evaluation (2015-2016), we conducted 30 interviews, in the second year of the evaluation (2016) we conducted 15 interviews, and in the final year of the evaluation (2017) we conducted 10 interviews. All interviews conducted in the second year of the evaluation ($N=15$) were follow-up interviews with applicant, accredited, and non-applicant health department respondents we had spoken with during the year prior. The sampling strategy used to identify health departments for interviews is described below.

To identify the sample of applicant health departments, we obtained from PHAB a list of health departments that were currently registered in e-PHAB as of September 2015 ($N=180$). We removed individual health departments that had previously participated in an interview or focus group with NORC for a prior evaluation funded by PHAB ($n=15$). From the resulting sampling frame of 165 applicant health departments, we randomly selected 10 health departments to recruit for interviews and 10 alternates. From our 10 respondents, we selected five to participate in a follow-up interview the next year based on the date of their first interview. We prioritized conducting follow-up interviews with those who participated in the first five interviews the previous year.

We used a similar process to identify the sample of accredited health departments. We obtained from PHAB a list of health departments that had achieved accreditation as of September 2015 ($N=79$). We removed individual health departments that had previously participated in a NORC interview or focus group for a prior evaluation funded by PHAB ($n=15$). From the resulting sampling frame of 64 accredited health departments, we randomly selected 10 to recruit for interviews and 10 alternates. One year later, we selected 5 of these health departments to participate in a follow-up interview, again based on the date of their initial interview.

To identify the sample of non-applicants, we obtained from NACCHO a random sample of 30 LHDs that, according to data from the 2014 Forces of Change survey,⁶ were undecided about applying ($n=10$), not applying ($n=10$), or planning to apply but had not yet registered in e-PHAB ($n=10$). We worked with PHAB to cross-reference this list to identify and remove any LHDs that had registered in e-PHAB since completing the survey ($n=3$). From the resulting sampling frame of 27 LHDs, we randomly selected two to recruit for interviews and two alternates from each grouping (undecided, not applying, or planning to

apply but not yet registered), for a total of six LHDs to recruit for interviews and six alternate LHDs. To identify non-applicant state health departments, we randomly selected six states from the list of 18 health departments used for the non-applicant survey; three of these were recruited for interviews and three were alternates. Finally, to identify non-applicant Tribal health departments, we randomly selected two Tribes from the list of 22 that was used for the non-applicant survey; one was recruited to participate in an interview and one was an alternate.

Each interview was conducted via telephone and scheduled for one hour. The interviews were semi-structured to allow for the exploration of varying themes and topics. The main topics covered during each interview were: impressions of the accreditation program; motivations or reasons for applying or not applying; and perceived or experienced benefits and outcomes from accreditation including but not limited to QI, performance management, communication, and collaboration.

Stakeholder Interviews

We conducted 30 interviews with accreditation stakeholders to discuss their perceptions and understanding of the accreditation program, the effects or outcomes they observed or anticipated, and how, if at all, accreditation may influence resource allocation to health departments. We conducted 15 interviews each in the first and second year of the evaluation.

Our first set of 15 stakeholder interviews included entities that provide funding to governmental public health. The entities were grouped into four categories: national public health membership associations, national foundations, state health departments, and representatives from federal departments or agencies that provide funding to health departments. We conducted two interviews with representatives from membership associations, one interview with a representative from a national foundation, five interviews with leadership from state health departments, and seven interviews with representatives from federal departments/agencies. We used a convenience sample of respondents from public health membership associations, the foundation, and federal departments/agencies based on the research team's knowledge of national/federal funding and support for public health. To identify the state health departments, we reviewed PHAB data to identify the states with a greater proportion of accredited LHDs within the state.

Our second set of 15 stakeholder interviews included a mix of health department partner organizations and governing entities. To identify the partner organizations, we contacted the applicant and accredited health departments we interviewed for this study and requested recommendations of community partners that were involved in their accreditation efforts. We received 30 recommendations and conducted interviews with 11 partners representing 8 health departments. To identify governing entities, we conducted internet searches to find the information pertaining to the governing entity (e.g., Board of Health, county and state executive branches, and advisory board), and the appropriate contact. We contacted 16 potential stakeholders and conducted 4 interviews. Individuals who declined to be interviewed cited several reason, including not enough time in their schedules, not feeling they were the appropriate person to speak with, or otherwise declining to participate.

Each interview was conducted via telephone and was scheduled for one hour. The interviews with funders of public health addressed the following topics: impressions of the accreditation program; if accreditation status is considered when making funding determinations; perceived differences between accredited and non-accredited health departments; and perceived effects of accreditation on the public health field. The interviews with health department partners and governing entities addressed the same topics as the funders of public health, but also included the following: partner relationships with the health department; involvement in the accreditation process; and perceived or experienced effects of accreditation including changes in communication and collaboration, financial status, and policymaker/public understanding of the health department.

Focus Groups

NORC conducted seven focus groups with applicant, accredited, and non-applicant health departments. We conducted four of the focus groups with LHDs, two with state health departments, and one with tribal health departments. At the 2016 ASTHO Senior Deputies meeting, we convened one focus group with accredited and applicant state health departments and one with non-applicant state health departments. NORC conducted one focus group with health departments that are interested in and familiar with accreditation at the NIH Public Health Summit in 2016. We conducted four focus groups with LHDs at the 2016 and 2017 NACCHO Annual Meeting.

To identify participants for the non-applicant focus groups, we partnered with NACCHO to recruit health departments that were attending the conference, using data from the NACCHO Profile regarding intent to apply. We sent individualized email invitations to these health departments once they were selected for the appropriate focus group. In 2016, NACCHO provided us with a list of 59 potential participants; 15 accredited, 12 applicant, and 15 non-applicant health departments participated in the focus groups. In 2017, nine non-applicant health departments participated in the focus groups. Similarly, we obtained a list of individuals from ASTHO of those attending the meeting, and based on data from PHAB on their health department's applicant or non-applicant status, we sent individualized email invitations. We contacted 20 accredited and applicant health departments, with nine agreeing to participate; 13 non-applicant health departments were contacted, with seven agreeing to participate. Finally, we worked with the NIH to recruit Tribal health department representatives who were attending the 2015 NIH Tribal Public Health Summit. Six participants representing four health departments attended the focus group.

The applicant and accredited focus groups covered a range of topics that included: impressions of PHAB accreditation; motivations to apply; anticipated benefits and changes; perceived and experienced outcomes such as QI, transparency, and relationships; changes in competitiveness for funding; need for technical assistance (TA); changes to the public health field; and other changes such as shifts in resources. With non-applicants, we discussed these topics as well as the following: status of conducting the required accreditation documents (i.e., S/CHA, S/CHIP, strategic plan); barriers to pursuing accreditation; and incentives to undergo accreditation. Additional questions discussed during the Tribal focus group included unique factors and benefits for Tribal health departments related to accreditation.

Data Analysis

NORC researchers prepared data collected by reviewing and cleaning the raw data, including recoding response options and corresponding variables as appropriate. If a single health department submitted multiple surveys, we retained the responses from the health department director. We created three clean data files for all quantitative data gathered from each survey using SAS and Excel. A corresponding survey codebook was created with an index of survey questions, indicating whether the survey question was core or added in 2015. For quantitative data, we conducted univariate analyses to determine frequency distributions and averages. We conducted these analyses for each survey, grouping responses to the core survey questions and grouping responses to the questions added in 2015.

We conducted longitudinal analyses for a subset of health departments ($N=80$) that received and responded to both the applicant survey and the accredited survey. The longitudinal analyses allowed us to compare changes within the health departments over time, from pre-application to post-accreditation. To date, an insufficient number of health departments have completed other combinations of surveys (i.e., accredited and post-accreditation survey); therefore, longitudinal data from these respondents are not presented. Survey data continue to be collected by NORC with grant funding from RWJF, so there is future opportunity to conduct longitudinal analyses with a greater number of health departments, as the number of health departments that have responded to multiple surveys increases over time.

Limitations

There are several limitations to be noted. First, for all of the surveys, we sent the invitation to the director of each health department. We requested that the director respond to the survey, but accepted responses from the Accreditation Coordinator or another staff designee. As such, survey responses were gathered from a mix of respondents, including the director, Accreditation Coordinator, or other staff person. Regardless of the respondent, the survey responses are reflective of that individual's perspective and do not necessarily reflect the perceptions of the health department as a whole, its staff, or its clients. Second, respondents may have had different interpretations of survey questions and response options. For example, we did not include a definition of "QI culture" in the surveys, so respondents may have had different interpretations of the meaning of QI culture and provided different responses based on these interpretations. Third, because PHAB accreditation is still relatively new, the data from accredited health departments may not be representative of the public health field because those health departments that have already applied and achieved accreditation may be considered early adopters. To date, the health departments that have received and responded to the reaccreditation survey and, to a lesser degree, the post-accreditation survey and the accredited survey, may be considered early adopters compared to the health departments that have received and responded to the applicant survey. Fourth, the respondents to the non-applicant survey represent a subset of the total number of health departments in the U.S. Those that responded to this survey also are likely to be more interested in or aware of accreditation compared to the non-applicants that did not respond to the survey. Because of this and the low response rate, the

findings may not be generalizable to the universe of non-applicant health departments. These limitations should be considered when interpreting the findings presented.

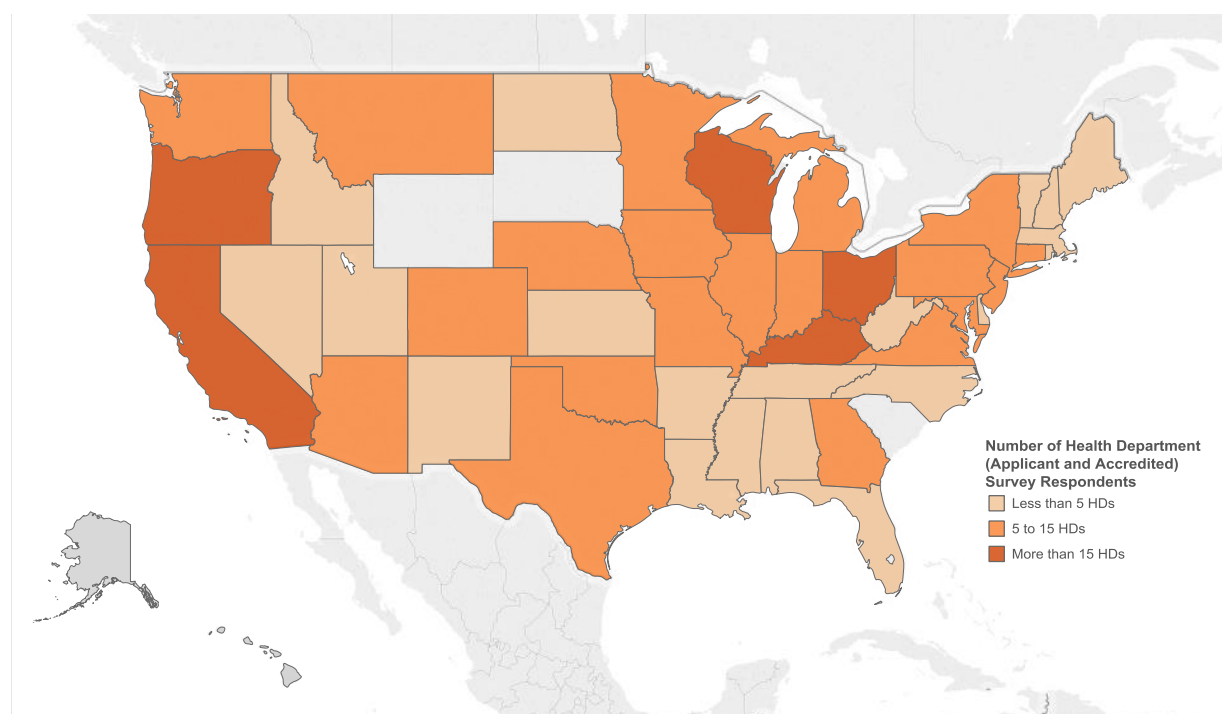
Applicant and Accredited Health Department Findings

Health Department Respondents

Across the applicant, accredited, and post-accreditation surveys, we received 515 responses from 336 unique health departments. Among the unique responses, 88% ($n=294$) were LHDs and 11% ($n=37$) were state health departments. Additionally, we received responses from two Tribes, two multijurisdictional applicant*, and one integrated health system.†

Of the 37 unique state health departments that responded to the surveys, 23 had a decentralized or largely decentralized governance structure, 10 were classified as centralized or largely centralized, and four were classified as mixed (a mix of decentralized/largely decentralized, centralized/largely centralized, and/or shared).⁷ Of the 294 unique LHDs that responded, 87% were in states with decentralized/largely decentralized public health governance structures, 4% were in centralized/largely centralized states, and 9% were in mixed or shared governance states. Among the LHD respondents, 40% had a population less than 100,000, 40% had a population between 100,000 and 500,000, and 20% had a population above 500,000. We received survey responses from applicant and accredited health departments across 45 states (see Exhibit 1).

Exhibit 1. Number of unique health department respondents, by state



* The respondent was the lead health department of the multijurisdictional application.

† The respondent was the state office in the centralized states integrated local public health department system.

Each survey was completed by either the health department director, the Accreditation Coordinator, or another staff designee. Table 3 below shows the percentage of respondents, by type, for the applicant, accredited, and post-accreditation surveys. For each of the three surveys, the majority of respondents were health department directors – 75% for the accredited survey, 68% for the post-accreditation survey, and 59% for the applicant survey.

Table 3. Respondent type for applicant, accredited, and post-accreditation surveys

	Health Department Director	Accreditation Coordinator	Other
Applicant survey*	59%	34%	7%
Accredited survey**	75%	18%	7%
Post-accreditation survey***	68%	30%	2%

*N=241

**N=156

***N=118

Motivations to Apply

Key Findings

- The top three internal benefits that applicants anticipated from accreditation were improved QI culture, QI and performance improvement opportunities, and employee training/workforce development.
- External benefits anticipated from accreditation were improved credibility, especially among policymakers and the public, new funding, and improved consistency in the public health field.

Respondents described motivations to apply for PHAB accreditation as internally and externally driven. Table 4 presents the internal motivators for applying for PHAB accreditation. The internal motivators reported by more than **90%** of respondents were that accreditation will: strengthen the culture of QI (100%); stimulate QI and performance improvement opportunities (99%); improve ability to identify and address gaps in employee training and workforce development (96%); improve management processes used by the leadership team (95%); stimulate greater accountability and transparency within the agency (95%); better identify strengths and weaknesses (95%); and help document capacity to deliver the Three Core Functions of Public Health and the Ten Essential Public Health Services (92%). In addition, **91%** of respondents said that receiving PHAB accreditation was part of their health department's strategic plan (*applicant survey*, N=240). Other internal motivators reported by interview and focus group participants were the opportunity to: improve public health practices, performance, documentation, and outcomes; work collaboratively within the department on a joint effort; better serve the community; and demonstrate the health department's strengths and quality.

Table 4. Motivators for applying for PHAB accreditation, *applicant survey*, N=240

Applicants believed that accreditation will...	% Agree or Strongly Agree
Strengthen culture of QI*	100%
Stimulate quality and performance improvement opportunities	99%
Improve ability to identify and address gaps in employee training and workforce development*	96%
Improve management processes used by leadership team	95%
Stimulate greater accountability and transparency within our agency	95%
Allow us to better identify strengths and weaknesses	95%
Help document capacity to deliver the Three Core Functions of Public Health and the Ten Essential Public Health Services	92%
Stimulate greater collaboration across departments or units*	84%
Improve overall capacity to provide high quality programs and services*	88%
Increase capacity to identify and address health priorities*	80%
Increase use of evidence-based practices for public health programs and/or business practices*	84%

*N=25, these questions were added to the *applicant survey* in 2017.

The external motivator most frequently identified by interviewees and focus group participants was the opportunity to improve or establish the credibility of the health department within the community. One focus group participant explained that their motivations were *"related to the reestablishment of what public health does, our credibility to funders and to the public, and making sure that we explain to policymakers and the citizens (the public) what we do and how we do it."* Many respondents also said that their motivations were linked to the potential for new funding or increased competitiveness for funding. Finally, some interviewees and focus group respondents were motivated by the opportunity to improve consistency across health departments and change the public health field.

Overall Value of Accreditation

Key Findings

- Respondents reported the overall value of accreditation as: increased focus on QI and performance management; transformation to a higher functioning, more efficient health department; and allows for benchmarking or comparison to national standards.
- Following accreditation, 99% of respondents said their health department made the correct decision to apply for national accreditation through PHAB.

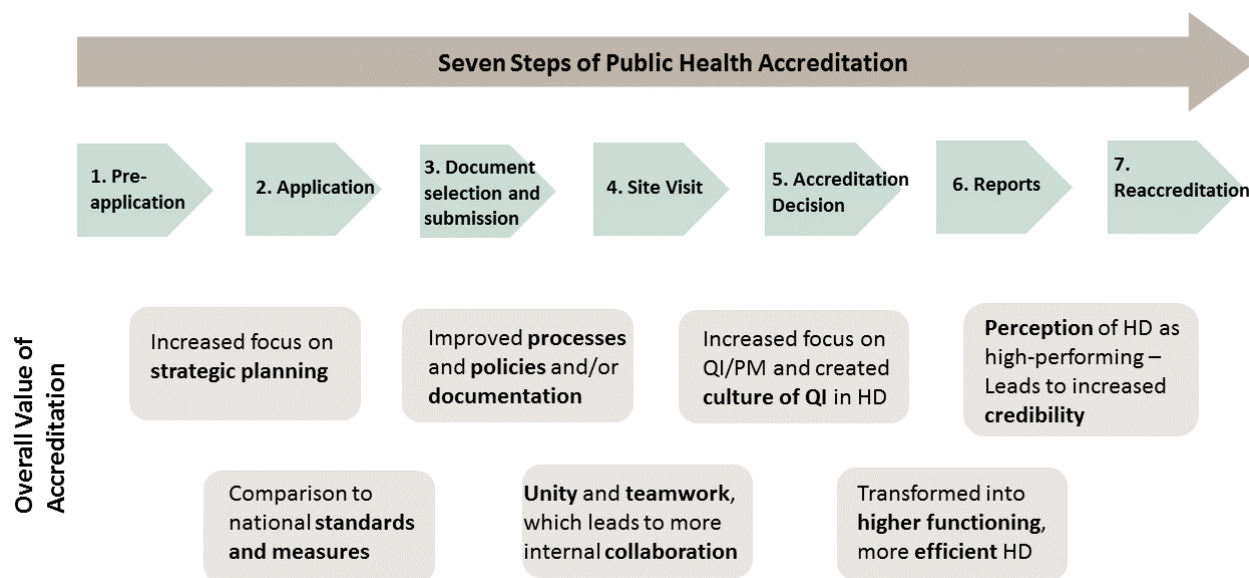
In the post-accreditation survey, respondents were asked in an open-ended question to describe what they perceived as the overall value of accreditation to their agency. More than one-quarter of respondents identified the following areas of value: increased focus on QI and performance management; increased function and efficiency; benchmarking or comparison to national Standards and Measures; and increased credibility due to the health department being perceived as high-performing. Other key areas of value respondents reported were improved processes, policies, and documentation; improvements in internal collaboration, unity, and teamwork; and increased focus on strategic planning. See Table 5.

Table 5. Overall value of PHAB accreditation, *post-accreditation survey*, N=61

Overall Value of Accreditation among Health Departments Accredited for One Year	# of Mentions
Increased focus on QI/performance management and/or created a QI culture in our health department	20
Accreditation has high value and/or made us a higher functioning, more efficient health department	16
Allows us to benchmark or compare our health department to national Standards and Measures	16
Our health department is perceived as high performing, which leads to increased credibility and pride	15
Improved processes and policies and/or documentation of processes	12
Unity and teamwork, which leads to more internal collaboration	7
Increased focus on strategic planning	6

Depicted along a continuum, these reported areas of value align with the seven steps of the PHAB accreditation process (see Exhibit 2, below). In the Pre-Application step, health departments review the PHAB Standards and Measures and required documentation; ensure completion of the required documents such as the state/community health assessment (S/CHA), state/community health improvement plan (S/CHIP), and the strategic plan; prepare to undergo the accreditation process; and notify PHAB of their intent to apply by registering in the online system, e-PHAB. Many applicants will spend anywhere from 12 months to several years in the Pre-Application step before they register in e-PHAB.⁸ In the Application step, health departments submit a formal application, pay the fee, and participate in the applicant training. The benefits of increased focus on strategic planning and comparison to national standards align with these steps of the process.

Exhibit 2. Overall value of PHAB accreditation aligned with steps in the accreditation process



In the Documentation Selection and Submission step, applicants identify, select, review, and write narratives describing the documentation selected to demonstrate conformity with the PHAB Standards and Measures. Applicants have indicated that this step is labor- and time-intensive.⁹ During the Site Visit step, a team of peers assess the health department's performance and alignment with the Standards and Measures, visit the health department, and develop a site visit report describing conformity with each measure, areas of excellence or promise, and opportunities for improvement.¹⁰ Survey respondents indicated that they derived the following benefits, which align with these steps in the process: improved processes, policies, and documentation; increased teamwork, unity, and internal collaboration; increased focus on QI and performance management; and creation of a culture of QI within their health department. One survey respondent described the overall value of accreditation as follows:

"The overall value of accreditation to my health department is the improvement of the QI culture, documentation for grant proposals/reports which hopefully in the future will result in additional or new funding, and the formalized process of assessing the community's health needs and developing a plan for the community's health improvement. The city manager initiated a performance measurement model for each department and this was seamless for the health department because of the accreditation process." (Post-accreditation survey respondent)

Finally, after achieving accreditation, an accredited health department is required to submit annual reports each year for five years until they reach reaccreditation. Approximately one-quarter of survey respondents indicated garnering value from accreditation in that it transformed their agency into a higher performing and more efficient health department, and in increased credibility of the health department. These areas of value align with the achievement of accreditation. Finally, respondents also highlighted the opportunity to engage staff in the accreditation process, building staff unity and improving internal credibility. One

interview respondent said that *"accreditation has been phenomenally helpful for us internally."* As stated by one survey respondent:

"The overall value is that accreditation has allowed our staff to rally around quality improvement, and helped to foster more unity and an understanding of how programs relate to one another. It has also shown our community and governing entity that we strive to provide the best services for our residents." (Post-accreditation survey respondent)

Following accreditation, **99%** of respondents said their health department made the correct decision to apply for national accreditation through PHAB (*accredited survey, N=154*).

Internal Benefits, Changes, and Outcomes

The internal benefits of accreditation were the most commonly reported and strongest outcomes identified by evaluation respondents. Respondents from applicant health departments, accredited health departments, partner organizations, and other stakeholder groups described accreditation as transformative in terms of advancing internal operations and processes, especially related to QI and performance management. Through accreditation, health departments have improved their organizational culture by increasing internal collaboration and communication, transparency, and pride, according to respondents. Additionally, they reported advancements in workforce development and staff competencies. Respondents also indicated that accreditation, especially the Standards and Measures, provide a framework for organizing and improving their agencies in these areas. These internal benefits of accreditation are outcomes that improve the internal functioning of the health department, and were seen as contributing to their becoming higher functioning and more efficient agencies. In the sections that follow, we detail findings related to the reported internal benefits of accreditation, grouped by these key benefits:

- Strategic planning and assessment;
- Benchmarking or comparing to national standards;
- Improved operations, processes, and documentation;
- Changes in organizational culture;
- Workforce development and improvements in staff competencies;
- Increased QI; and
- Improved capacity to deliver high quality public health services.

Strategic Planning and Assessment

Key Findings

- Approximately one-half of health departments are conducting S/CHAs and S/CHIPs for the first time when applying for public health accreditation.
- More than two-thirds of accredited health departments said accreditation has increased their health department's capacity to identify and address health priorities.

Accreditation has increased the extent to which health departments are conducting systematic strategic planning and assessment efforts to address health priorities in their communities, particularly through the S/CHA, S/CHIP, and strategic plan. Among accredited health departments, **69%** of respondents said that accreditation has increased their health department's capacity to identify and address health priorities (*post-accreditation survey, N=35*). One of the ways health departments identify and address health priorities is through their S/CHA, S/CHIP, and strategic plan. Many evaluation respondents reported that the overall value of accreditation was tied to the development of these documents. More than one-half (**52%**) of respondents from applicant health departments said they completed the S/CHA or S/CHIP for the first time in preparation for accreditation (*applicant survey, N=25*).

Multiple interview respondents, when asked about the most important outcomes and accomplishments achieved since beginning preparation for accreditation, identified these documents as important products that had not existed prior to accreditation. One said implementing the CHA and CHIP was the biggest QI process change within their health department, due to accreditation. One state health department interviewee said that they created the strategic plan, performance management plan, and SHIP because of accreditation. Another state health department respondent said that their preparation for accreditation led to improvements to their SHA and SHIP, and to develop new documents that were not yet in place including the strategic plan and workforce development plan. This interviewee said that these new documents will *"help us become a better health department."* A respondent from one health department's partner organization discussed how accreditation resulted in an improved SHA and SHIP, saying: *"there has been a lot of attention to improving the SHA and SHIP to elevate it, which would not have happened if it were not for PHAB accreditation."* In this same state, the SHIP objectives, which are now specific and measurable, are being used in the newest state budget. Multiple respondents said that this is a direct result of accreditation.

Benchmarking or Comparing to National Standards

Key Findings

- The majority of health departments are comparing their programs, processes, and/or outcomes against other similar health departments as a benchmark for performance one year after accreditation.
- Accreditation has allowed health departments to better identify their strengths and weaknesses and document their capacity to deliver the Three Core Functions of Public Health and the Ten Essential Public Health Services, according to respondents accredited for one year.

Accreditation has increased the extent to which accredited health departments are benchmarking or comparing their activities to national standards – in particular, the PHAB Standards and Measures. Nearly two-thirds (**63%**) of survey respondents from health departments accredited for one year said that they compare their programs, processes, and/or outcomes against other similar health departments as a benchmark for performance (*post-accreditation survey*, $N=117$), compared to **53%** of respondents to the *applicant survey* ($N=238$). According to one survey respondent:

"Accreditation is a process that allows a department to compare existing programs, policies, services, functions, communications, etc. to best practices. This allows the department to establish higher expectations and standard operating procedures which increases quality and professionalism. Leadership and staff members recognize the changes and are proud of the accomplishment." (Post-accreditation survey respondent)

The ability to document capacity to deliver the Three Core Functions of Public Health and the Ten Essential Public Health Services was a benefit of accreditation identified by the majority of respondents. One year following accreditation, **92%** of respondents said that accreditation has helped their health department document the capacity to meet these public health standards (*post-accreditation survey*, $N=118$). When asked to describe the overall value of accreditation, one respondent stated:

"[The overall value of accreditation is] having our capacity to engage in the 10 Essential Public Health Services well documented and benchmarked against national Standards and Measures." (Post-accreditation survey respondent)

In addition, interview respondents indicated that the PHAB Standards and Measures provide a framework for both organizing their agency's activities and for measuring performance. One respondent from a state-level partner organization described how LHDs across the state, including accredited and non-applicant health departments, have used the PHAB Standards and Measures as a way to focus their public health activities, determine how to advance the S/CHIP and S/CHA, consider how to address health equity, organize the health department's internal operations, and to collaborate and share best practices around accreditation Standards and Measures. A respondent from another state health department described that accreditation has had the overall effect of helping health departments *"move in a similar direction that aligns with the Standards and Measures. It is more powerful when health departments at the local, state, or national level are operating in a similar format."* A respondent from a different state health department provided a similar perspective, saying:

"The LHDs in our state that became accredited first tended, more often than not, to be among our more advanced LHDs. But, it was easy to see early on as they were going through accreditation that it brought consistency to their practice. It was more predictable what we needed to provide them in support of their daily programming, as well as their evidence-based requirements that they would be tracking for accreditation. So, in a way, the ones that went first helped to standardize some of the inputs that the state health department provided to LHDs across the state in support of accreditation for those agencies." (Non-applicant health department interview)

Identifying Strengths and Weaknesses

One year following accreditation, **95%** of respondents said that accreditation has allowed their health department to better identify its strengths and weaknesses (*post-accreditation survey, N=118*). In terms of the overall value of accreditation, one survey respondent said:

"When staff are in the midst of their daily work and involved with the community, sometimes it is a challenge to take the time to reflect on how the agency meets the Ten Essential Public Health Services. It isn't until we've gone through the process of applying for PHAB that we take the depth of time needed to assess how the agency is meeting [national standards]. Accreditation has helped the agency to see where its strengths and weaknesses are. From this, the agency is able to strengthen the weaker areas and maintain and even improve on where it is already strong." (Post-accreditation survey respondent)

Improved Operations, Processes, and Documentation

Key Findings

- Nearly all accredited health departments will implement new policies, processes, and protocols that were not previously in place, identified as a result of accreditation.
- As a result of accreditation, health departments have improved their documentation of policies, processes, and protocols.

Almost every health department has implemented new processes and policies, as well as other operational changes, as a result of undergoing accreditation. Following accreditation, **95%** of respondents said that in completing the documentation selection and submission process, they identified policies, processes, and protocols that were not currently in place in their health department (*accredited survey*, $N=154$). Nearly all respondents (**99%**) said that their health department intends to implement, or has already implemented, new policies, processes, and protocols identified during the documentation selection and submission process (*accredited survey*, $N=156$).

Many respondents said that accreditation has resulted in operational changes that have improved overall health department functioning. As a result of being accredited, **88%** of respondents indicated that their health department has created or changed operational or public health policies (*post-accreditation survey*, $N=72$). Operational changes identified by survey respondents included revising existing policies, plans, and procedures; developing new policies, plans, and procedures; developing the required S/CHA, S/CHIP, and strategic plan for the first time; and hiring a new staff person to be the Accreditation Coordinator; among other changes. One survey respondent described the following operational changes made within their health department, due to accreditation:

"We have changed so many aspects of our operations! We focus much more on 1) being a great employer by improving our HR processes, new employee orientation, leadership development, etc.; 2) consistently providing excellent customer service (acknowledging clients, introducing ourselves, explaining what we're doing, and always thanking them for allowing us to help them); 3) improving the quality of our services (adopting a QI plan and documenting the improvements we're making); 4) working very intentionally (and proactively) to become a public health leader within our state; and 5) taking a much more business-like approach to our operations to make sure we have adequate funds to provide all Ten Essential Public Health Services." (Post-accreditation survey respondent)

Nearly all interview respondents said they had improved documentation processes due to accreditation, which they believe has improved their health departments' organization and efficiency. Respondents described improved documentation of QI activities and health department plans (i.e., strategic plan, performance management plan, and workforce development plan) and the creation of standard operating procedures, inspection logs, and templates as a result of accreditation. One respondent said the overall value of accreditation is *"improved documentation of efforts, process improvements, enhanced/consistent data analysis, and better communication of QI results."* One of the benefits of accreditation, noted by one respondent, is having cyclical timelines for updating documentation, especially the S/CHA and S/CHIP. Two respondents from different state health departments discussed the benefit of accreditation as

supporting the implementation of business systems and practices within health departments, resulting in improved operations, communications, and policies.

Changes in Organizational Culture

Key Findings

Respondents identified several changes in organizational culture due to accreditation, including:

- *Enhanced Collaboration and Communication* – Accreditation leads to increased collaboration and integration within the health department.
- *Increased Transparency* – Accreditation has stimulated greater transparency and accountability within health departments.
- *Increased Pride* – Accreditation is a source of pride for health department staff.
- *Stimulated Learning and Innovation* – Some respondents reported that accreditation has increased learning and innovation in their health department.
- *Improved Management Processes*– Respondents reported changes in leadership and management practices due to accreditation.

Accreditation has led to positive changes in organizational culture, as reported by interview and survey respondents, increasing the systematic practice of QI throughout the agency; enhancing internal collaboration and communication among staff and across divisions or units; increasing transparency in activities, decision-making, and utilization of resources; increasing staff pride; stimulating learning and innovation; and improving processes used by management and leadership. The changes in organizational culture related to QI and performance management are described in more detail in the *"Increased Quality Improvement"* section of this report (see page 29). The other common organizational changes resulting from accreditation – enhanced collaboration and communication, increased transparency, increased pride, stimulated learning and innovation, and improved management processes – are described in detail below.

Enhanced Collaboration and Communication

As a result of accreditation, many health departments have improved internal collaboration. Respondents described accreditation as a unifying experience, and noting improved internal communication in their health department through documentation of and methods for sharing information. Many respondents indicated that accreditation helped their health department to unite staff that had traditionally worked in silos. Following accreditation, **96%** of respondents said that undergoing accreditation has stimulated greater collaboration across departments or units within the health department (*accredited survey, N=24*). In addition, **84%** of respondents said that because of their participation in the accreditation process, integration across health department units has improved (*accredited survey, N=105*). According to one survey respondent:

"We believe that the overall and most important value that accreditation has brought to our agency is more teamwork among the department. Before we became an accredited health department we worked in silos. During the accreditation process we had to work together in order to achieve accreditation. Since then, we have continued to build and strengthen those relationships across divisions. There is more of a 'team' feeling throughout the department."
(Post-accreditation survey respondent)

Several interviewees described how the accreditation process was a team effort, requiring contributions from different departments and divisions, which has led to increased internal collaboration. Accreditation was described as a unifying experience that helped establish structures that enhance collaboration within the health department. Respondents frequently stated that accreditation helped them break down siloes and learn to work across their organization; they described that individual programs are no longer competing with each other and that the health department is a more *"unified and healthy place."* Respondents frequently noted that their staff now utilize more of a team-based approach. Many also said that their health department had traditionally operated in siloes, and that accreditation has helped to remove these divisions. One interviewee stated that accreditation requires collaboration, and *"facilitated a lot of conversation that would not have occurred otherwise."*

In addition to increased collaboration, several interview respondents said that accreditation improved intra-agency communication. Examples of improved intra-agency communication provided by interviewees were: refined information sharing and communication approaches; improved intranet systems; and improved documentation of internal communication. One survey respondent described *"camaraderie of staff, communication amongst staff, support for one another, friendship development, transparency, and excitement"* as unanticipated benefits of accreditation. While the majority of interviewees said that accreditation has positively impacted communication within their health department, a few did not attribute changes in communication to accreditation. For example, one respondent stated, *"I would not say there is a concrete increase or difference in communication because of accreditation."*

Increased Transparency

Following accreditation, most respondents (97%) said that accreditation has stimulated greater accountability and transparency within their health department (*accredited survey, N=105*). One interviewee described *"transparency and measurement of process and progress"* as one of the most important outcomes and accomplishments since their health department began preparing for accreditation. Changes in internal transparency were related to increased staff involvement, transparency in decision-making, and transparency about the prioritization of resources, according to interview respondents. For example, because of accreditation, one health department has established a day each year to review the decisions or policy changes the Board of Health has been involved with over the past year. In a different state, the accredited LHDs conduct program reviews every six months. One respondent from an accredited health department said their most recent strategic planning process (after accreditation) was the most *"internally transparent and had the greatest amount of communication with staff across the entire department."* A few interviewees did not believe accreditation has impacted the transparency of their health department, and said any changes in transparency were not attributable to accreditation.

When asked to describe the overall value one year following accreditation, one state health department respondent stated:

"It truly has helped us connect the major plans and focus our efforts in order to be more efficient and effective in the work that we do. Due to gaps identified throughout the accreditation process,

our department was able to make a significant organizational change in [our department] that was necessary to moving quality improvement, performance management, and strategic planning forward. Also, by visualizing our strategic priorities, performance measures, we now have increased transparency and communication among all levels of the organization. Staff can now see and understand that the overall purpose of accreditation is continuous quality improvement. Externally, I would say communicating our public health improvement plan through visualizing it has provided additional transparency to our local health departments." (Post-accreditation survey respondent)

Increased Pride

Accreditation is a source of pride for health department staff and many respondents said that accreditation led to an increase in staff morale. One interviewee said that the recognition from their governing entity and elected officials, pride, and validation as a result of becoming accredited will be a lasting benefit in their agency. Another said internal staff pride has led to improved dialogue with community partners and the governing board because of the staff's increased ability to communicate that they have performed well. Quotes from two other interviewees are provided below:

"Employees have a sense of pride about their roles and the role of the local health department as it relates to improved community health." (Post-accreditation survey respondent)

"I think there's a sense of pride in our staff who know that they 'scored well on the test.' They know that they were evaluated externally, and somebody came in, and said 'you guys do really good stuff.' That's had a great morale impact. Now, how long that will sustain, I don't know." (Accredited health department interview)

Stimulated Learning and Innovation

Some interviewees stated that accreditation has made their organization more innovative and more of a learning organization. Completing the Action Plan step of the accreditation process helped to create a learning environment within one respondent's health department. Another interviewee said that accreditation *"helped us be more willing to do things in new ways and become a more flexible, learning organization."* One state-level partner respondent said that they believe accreditation has catalyzed a culture of learning within the accredited health departments in their state.

Improved Management Processes

Many evaluation respondents reported changes at the leadership and management level due to accreditation. One year following accreditation, **88%** of respondents said that accreditation has improved the management processes used by their health department's leadership team (*post-accreditation survey, N=116*). In addition to general improvements in leadership and management processes, respondents identified the following changes: strengthened decision-making abilities; formalized and improved leadership discussions and meetings; using accreditation as a framework for new leadership initiatives; more systematic and business-centric leadership; and increased collaboration, partnership, and information-sharing.

Workforce Development and Improvements in Staff Competencies

Key Findings

- Accreditation has resulted in a stronger public health workforce; it has improved the ability of health departments to identify and address gaps in employee training and workforce development.
- Health departments have expanded staff trainings and development opportunities due to accreditation; many respondents said staff competencies have improved.

Changes implemented by applicant and accredited health departments have led to a stronger public health workforce. Domain 8 in the PHAB Standards and Measures outlines the strategic requirements for developing and maintaining a competent public health workforce and require a workforce development plan.¹¹ Because of these requirements, health departments have created workforce development plans and improved or expanded staff training. Most interview respondents said that their health department did not have a workforce development plan prior to accreditation. One survey respondent described the "development of a stronger public health workforce" as one of the key benefits of PHAB accreditation.

One year following accreditation, **91%** of survey respondents said that accreditation has improved their health department's ability to identify and address gaps in employee training and workforce development (*post-accreditation survey*, *N=35*). Additionally, **72%** said that as a result of accreditation, their health department's staff competencies have improved (*post-accreditation survey*, *N=71*). Table 6 presents the percentage of survey respondents that indicated workforce development opportunities offered within their health department as a result of accreditation. Following accreditation, **72%** said they expanded staff training and **57%** conducted new staff training or new staff development opportunities. Changes in job descriptions or job functions were reported less often. Only **3%** of respondents said they have had no workforce development opportunities as a result of accreditation (*accredited survey*, *N=72*). Other examples of workforce development identified by respondents included: creation of an academic center within the health department; increased focus on core competencies and professional development; creation of a website linking to trainings for staff; and an updated staff orientation guide.

Table 6. Workforce development opportunities offered as a result of being accredited, *accredited survey*, *N=72*

Workforce development opportunities offered as a result of being accredited	% selected
Expanded staff training	72%
New staff training	57%
New staff development opportunities	57%
Changes in job descriptions	33%
Changes in job functions	28%
None	3%

A few interview respondents described accreditation as resulting in overall improvement of their workforce development plans and processes by helping identify areas for improvement, improving the health department's succession planning processes, and strengthening the structure of the workforce development plan and its focus on the public health competencies. In addition to succession planning, one respondent said that they have used their PHAB accreditation as a recruitment strategy. A focus group participant said individuals who have interviewed for jobs at their health department noted that they applied to the position because the health department was accredited. Several respondents from partner organizations provided examples of how health departments in their state have improved workforce plans as a direct result of accreditation, such as developing a statewide public health workforce committee and realigning personnel and functions. Examples of how respondents described the impact of accreditation on workforce development include:

"By having 1 of the 12 domains related specifically to workforce development, it has really raised the awareness of the importance of investing in your workforce... and has also allowed us to move forward with initiatives by using accreditation as the basis for raising the conversation." (Accredited health department interview)

"Accreditation has made us a better health department – more functional. Training staff and workforce development planning was something we were always geared towards but hadn't done." (Accredited health department interview)

"We now have plans for significant functions of the health department. The plans have helped us focus and have been a great communication tool to staff. For example, we always supported employee training, but it was based on what each supervisor thought was needed and varied throughout the department. Now we have a workforce development plan that spells out training for all employees and specific positions. And we can track whether or not we are meeting our training goals. In general, because we are more focused on what we want to accomplish, we have been able to make organizational changes about where programs reside and what staff resources are needed to get those done." (Accredited survey respondent)

Interviewees also identified new and improved staff trainings resulting from accreditation. These included: developing training curriculums and schedules; tying trainings to employees' annual evaluation goals and competencies; offering trainings in new areas such as QI, lean methodology, performance improvement, and the Three Core Functions of Public Health and the Ten Essential Services of Public Health; being responsive to training needs expressed by employees; and improving trainings and staff education efforts in general.

Increased Quality Improvement

Key Findings

Accreditation has stimulated QI and performance management activities within health departments; the increased focus on QI is one of the most frequently mentioned outcomes and benefits of accreditation. The QI-related changes resulting from accreditation include:

- *Implementation of New QI Processes and Activities* – Nearly all survey respondents said they have implemented new QI activities as a result of accreditation.
- *Improved QI Knowledge and Staff Training* – Accreditation has resulted in greater knowledge of QI among health department staff and a higher proportion of staff being trained in QI.
- *Establishing QI Infrastructure and Culture* – Nearly all survey respondents said accreditation has strengthened the culture of QI within their health department.

The strongest and most valuable internal benefit and outcome from accreditation, identified by evaluation respondents, is that accreditation stimulates QI activities and leads to an enhanced QI culture. Some health departments started with smaller QI projects and have built cross-organizational structures for QI as a result of accreditation. Others are implementing new QI strategies that span across program areas and divisions. This evolution in QI maturity is documented by survey respondents and interviews with health departments and partner organizations. Describing the QI benefits of accreditation, two respondents from partner organizations in different states said:

"The clearest benefit we hear is that [accreditation] is transformational for health departments in terms of creating a culture of QI." (Health department partner organization)

"For absolute certain, all of the local health departments that have gone through the accreditation process or are involved in the accreditation process, have committed to a path of continuous QI and performance improvement...they have really moved past being okay with status quo and are invested in evolving, growing and adapting and honoring best practices." (Health department partner organization)

Implementation of New QI Processes and Activities

After achieving accreditation, there is a greater percentage of health department respondents that reported implementing QI strategies, implementing new strategies to monitor and evaluate effectiveness and quality, and using QI processes to inform decision-making, as compared to prior to accreditation. Table 7 presents the QI processes and activities reported among applicant and accredited health department survey respondents. After accreditation, **96%** of respondents said that because of their participation in the accreditation process, they had implemented or planned to implement new strategies for QI, compared to **66%** of respondents who reported doing so prior to undergoing the accreditation process. Similarly, a greater percentage of recently accredited health department respondents reported implementing new strategies to evaluate their agency's effectiveness and quality compared to applicants (**97%** compared to **83%**), as a result of the accreditation process. After accreditation, **95%** of respondents said they have informed or plan to inform decisions based on their QI and performance management process, compared to **75%** of applicants.

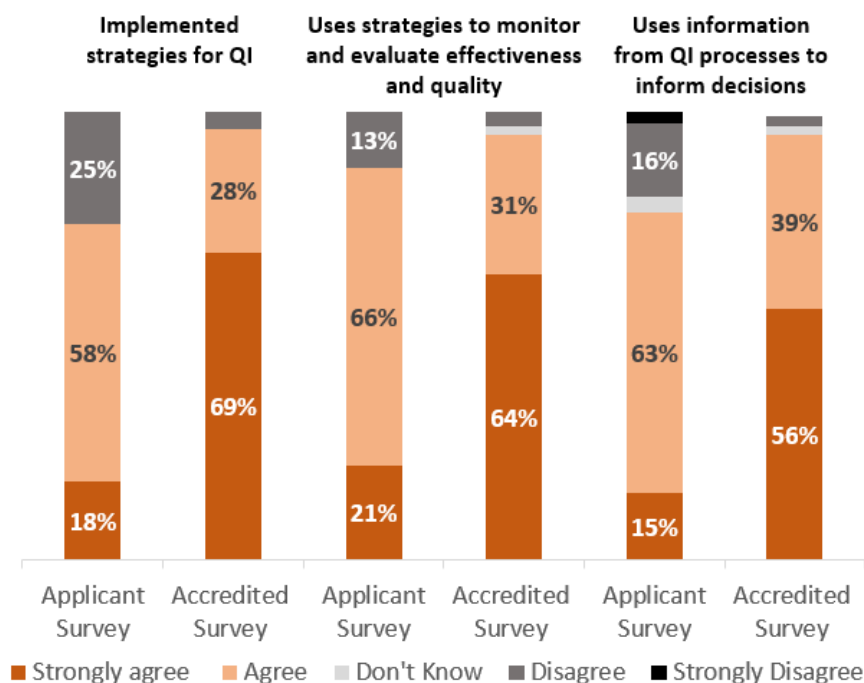
Table 7. QI process and activities reported among applicant and accredited health departments

	Applicant Survey (N=237)	Accredited Survey (N=156)
Implemented or plans to implement new strategies for quality improvement.	66%	96%
Has implemented or plans to implement new strategies to monitor and evaluate our effectiveness and quality.	83%	97%
Uses information from QI processes and/or performance management system to inform decisions.	75%	95%

One year following accreditation, nearly all survey respondents said accreditation has stimulated QI and performance management opportunities within their health department (**97%**, *post-accreditation survey*, $N=118$) and reported an increase in awareness of or focus on QI efforts (**96%**, *post-accreditation survey*, $N=71$). In addition, **98%** of respondents said that they have implemented QI strategies to demonstrate continued conformity with the PHAB Standards and Measures (*post-accreditation survey*, $N=117$).

To analyze the extent of changes in QI outcomes over time, we conducted longitudinal analysis among the subset of respondents that had completed both the applicant survey and the accredited survey on behalf of their health department (Exhibit 3, $N=80$). Findings indicate that among accredited survey respondents, there is an overall increase in the level of agreement regarding QI and performance management strategies compared to applicant survey respondents.

Exhibit 3. Longitudinal analysis of reported QI activities among applicant and accredited health departments, $N=80$



The percentage of respondents that strongly agreed that they had 1) implemented or planned to implement new QI strategies, and 2) used strategies to monitor and evaluate their effectiveness and quality, increased more than three-fold after becoming accredited, compared to prior to undergoing the accreditation process. A greater percentage of accredited survey respondents also strongly agreed that they used information from QI processes to inform decisions compared to applicant survey respondents (**55%** compared to **13%**).

Additionally, many interviewees reported improvements in using data to inform decision-making as a result of accreditation. These health departments noted that their QI projects and performance management systems have helped formalize and structure their use of data and also provided the data necessary for driving QI activities and informing decisions. Examples provided by interviewees include increased use of data for public-facing reports, using epidemiological

data to update a local ordinance to allow mobile food vending, and implementing internal policies for periodic data reviews and updates (i.e., data on oral health, obesity, health insurance coverage, and environmental health) to inform health department programs. One respondent said that their use of data to inform decision-making was identified through accreditation as an opportunity for improvement, and as a result, they are implementing a performance management system.

The majority of interview respondents said that accreditation helped them identify areas of improvement or stated that they had implemented additional QI activities as a result of accreditation (see Box 1, above).

Box 1. QI activities being conducted as a result of accreditation*

- Expanding QI to health department divisions not previously conducting QI, including administrative services, information technology (IT), and population health.
- QI projects to streamline processes, such as administrative contracts and revenue cycle management.
- QI projects to improve internal documentation, communication, and collaboration.
- Aligning QI activities with accreditation.

**Examples from accredited health department interviews*

Box 2. Mechanisms for tracking and monitoring QI activities*

- Minutes from QI team meetings and other documentation processes.
- Standard work documentation process learned through Kaizen training.
- SharePoint site for logging and tracking progress.
- Storyboard poster for tracking QI activities.
- QI plan for tracking activities through updates made to the plan itself.
- QI team leader for developing written reports on progress.
- QI council or other cross-department group for monitoring QI activities and reporting them to leadership.

**Examples from accredited health department interviews*

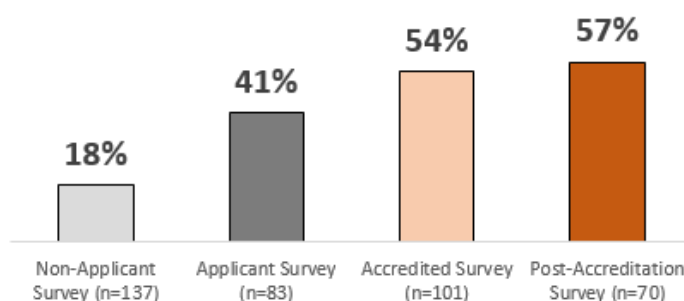
Interviewees speculated that these new QI activities would result in the following changes: increased efficiency; reduced waste and duplication; improved administrative processes, wait times, and services; and improved IT infrastructure, among others. Some interviewees reported that they had already achieved these outcomes in their agencies. Finally, two interview respondents were unsure if they could attribute changes in QI activities to accreditation, while one said that they did not implement new QI activities due to accreditation.

Interview respondents also identified several processes in place for tracking and monitoring QI activities (see Box 2, above). Several respondents stated that these mechanisms were not in place prior to accreditation, and one respondent said that accreditation strengthened and standardized their process for monitoring and documenting QI.

Improved QI Knowledge and Staff Training

There is an overall increase in the proportion of staff trained in QI and performance management within accredited health departments, compared to prior to accreditation. For example, **54%** of survey respondents said that more than three-quarters of their staff had QI/performance management training after accreditation, compared to **41%** of applicants and **18%** of non-applicants (see Exhibit 4).

Exhibit 4. Percentage of health departments with >75% of staff trained in QI and performance management



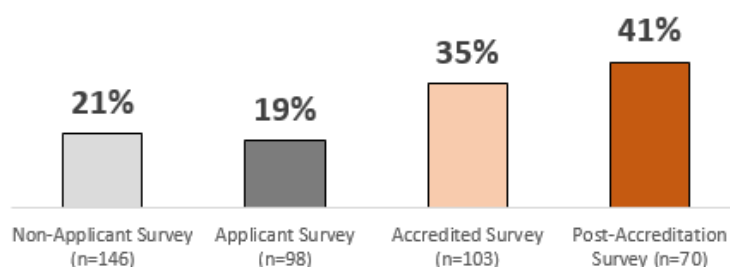
These findings indicate that health departments that have applied for accreditation have more staff trained in QI and performance management than non-applicants. In preparation for accreditation, health departments likely train additional staff in QI and performance management, as these are significant components of the accreditation process. When asked the overall value one year following accreditation, one survey respondent said *"accreditation has enhanced QI knowledge and efforts from both leadership and other staff in our agency."* Another survey respondent described the impact of accreditation on their health department by stating:

"Accreditation has completely changed the way our agency operates. Every department and program now follows a standard operating procedure. All staff have been trained on QI and performance management and look for ways to improve their job and in turn provide the most effective and efficient services to the public that we serve." (Post-accreditation survey respondent)

Interviewees said they have improved their QI training offerings for staff, both in general and by offering specific QI methodology courses such as Lean Six Sigma and Kaizen. Respondents also said that QI trainings have become more institutionalized in their agencies. One respondent described that they did not have a QI training curriculum prior to accreditation, but have since developed one, while another said that they have made QI training mandatory for all employees. Similar to the survey findings, some interviewees reported an increase in the proportion of staff who have been trained in QI.

Following accreditation, there is also an overall increase in the percentage of health departments where the majority of staff practice QI, compared to prior to accreditation. One year after accreditation, **41%** of respondents said that the majority of staff practice QI, compared to **35%** of recently accredited respondents, **19%** of applicants, and **21%** of non-applicants. See Exhibit 5, below.

Exhibit 5. Percentage of health departments that reported the majority of staff practice QI



While the largest difference in the proportion of staff trained in QI exists between the non-applicants and applicants, in terms of staff practicing QI, the most notable increase occurs between applicant health departments and accredited health departments. This indicates that health department staff likely begin practicing and becoming more familiar with QI activities due to the health department undergoing accreditation. The specific steps of the accreditation process that enabled health departments to identify areas for performance and QI, according to accredited health department respondents (*accredited survey*, $N=105$), were: documentation selection and submission (89%); preparation activities conducted by the health department prior to registering in e-PHAB (75%); the site visit report (66%); and the site visit (50%). Interview respondents also identified that the PHAB Standards and Measures, accreditation preparation activities, the Action Plan step of the accreditation process, and the performance management plan were specific parts of the accreditation process that led to additional QI activities and helped them identify areas for improvement.

Many interview respondents said that accreditation has affected how staff practice QI within their agencies. As a result of accreditation, staff are more focused on quality and innovation, prioritize QI activities, are open to analyzing "root causes," are positive about QI, look for opportunities to extend QI activities beyond formal QI projects, and are beginning to initiate and take ownership of QI projects without prompting from management. Additionally, interview respondents said that QI is now being discussed routinely both in staff meetings and at the leadership level. They also said that as a result of training in lean methodology, performance improvement, and QI, there is increased staff knowledge and capacity related to QI – staff are more empowered to identify and implement QI projects.

Established QI Infrastructure and Culture

Survey respondents were asked whether their health department has established an organization-wide process for QI due to accreditation. Sixty-one percent (**61%**) said they had established an organization-wide process for QI prior to participating in the accreditation process, but updated it while undergoing accreditation, and **33%** said they established the process while participating in accreditation (*accredited survey*, *N=103*). The majority of interview respondents said that QI is practiced more systematically throughout their agencies, as a department-wide effort,

rather than by specific staff or program areas, as a result of accreditation. Interview respondents said that accreditation has affected the structural processes in place for supporting QI. For example, one interview respondent said that as a result of accreditation, QI is now a part of all staff job descriptions and performance evaluations. Additional examples are provided in Box 3, above.

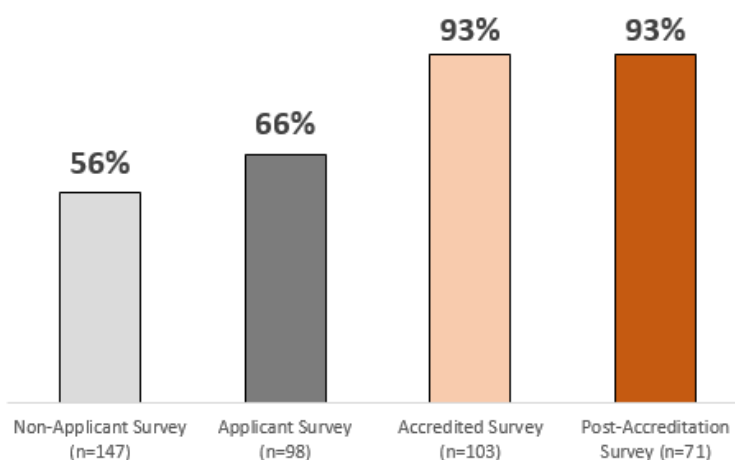
When QI is integrated across the health department, both within and across programs and activities, it can be considered integrated into the health department's culture.¹² There is a shift towards a stronger QI culture within health departments accredited for one year, compared to prior to accreditation. Both immediately after accreditation and one year after accreditation, **93%** of respondents characterized QI within their agency as being "conducted formally" or "our culture" (*accredited survey*, *N=103*, and *post-accreditation survey*, *N=71*). This percentage was lower among applicants (**66%**) and non-applicants (**56%**). See Exhibit 6, below.

Box 3. Changes in structural supports for QI as a result of accreditation*

- Created a performance improvement plan, which did not exist prior to accreditation.
- Established or improved an agency performance management system.
- Created a QI team or QI council.
- Expanded the QI team/council to include program staff in addition to management.
- Hired or designated a QI coordinator and/or liaisons.
- Included QI and performance improvement in position descriptions, performance evaluations, and recruitment.
- Began collecting performance management data to facilitate professional development.

**Examples from accredited health department interviews*

Exhibit 6. Percentage of respondents that reported QI is formally conducted or their culture



Additionally, the majority of survey respondents reported that accreditation has strengthened the culture of QI within their health department (**92%**, *post-accreditation survey, N=116*). Respondents to the post-accreditation survey provided the following explanations:

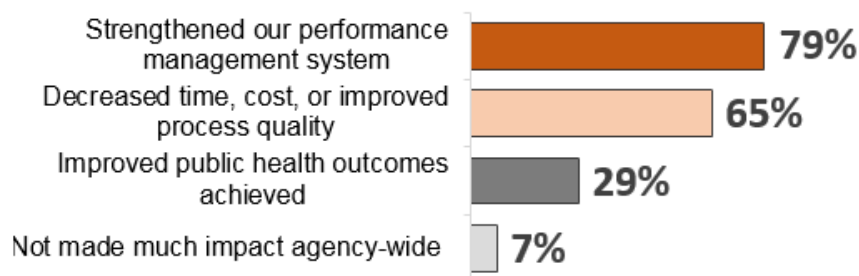
"One of the most valuable outcomes of going through the accreditation process is the establishment of the QI culture within the agency."

"Accreditation efforts have resulted in creating a culture of QI as a priority for the department."

"The focus on QI that is embedded in accreditation is the greatest value to our agency."

Interviewees also said that accreditation has influenced their agency's QI culture. Evidence of changes in QI culture identified by interview respondents included: increased/improved measurement, data utilization, and selection of performance measures; increased awareness of and participation in QI activities; integration of QI into all employee job descriptions; utilization of consistent QI language and a shared view of QI across the agency; greater expectations for high performance among staff; and improvements in customer services and business practices. Many survey respondents said that they have experienced certain benefits as a result of strengthened QI infrastructure within their agencies. One year after accreditation, respondents reported that their health department's QI culture had strengthened their performance management system (**79%**), had decreased time/cost or improved process quality (**65%**), and improved public health outcomes achieved (**29%**). Only **7%** of respondents said QI in their agency has not made much impact agency-wide. See Exhibit 7.

Exhibit 7. Impact of QI culture on health departments, *post-accreditation survey, N=72*



Most interviewees said that changes in QI and performance management culture due to accreditation would be lasting benefits within their agencies. One interview respondent said that QI was their greatest accomplishment resulting from accreditation, and remarked that accreditation *"has really helped us produce better quality services and results for our clients and turned us into a higher performing health department."* Another interviewee said:

"The whole culture of the importance of always striving to do even better is very apparent in our department that even though we are accredited, we won't be complacent in terms of thinking we are already at the highest standard. We have instilled in our managers that there is always further room for improvement and we will continue on that route." (Accredited health department interview)

Improved Capacity to Provide High Quality Services

Key Findings

- Accreditation leads to improved capacity to provide high quality programs and services, according to 80% of survey respondents, one year after accreditation.
- Accreditation has increased the use of evidence-based practices, reported by more than two-thirds of survey respondents.

The internal changes resulting from accreditation lead to an improved capacity of the health department to provide high quality programs and services. Eighty percent (**80%**) of survey respondents reported that accreditation has improved their health department's overall capacity to provide high quality programs and services (*post-accreditation survey*, $N=71$). According to one interviewee, their health department improved their capacity by improving policies and procedures for everything that the health department does, which has created a standard of practice and new employees are trained in those policies and procedures. A different interviewee said that accreditation has increased their capacity through improved data, tracking, decision-making, and communication. A different interviewee provided the following examples of how their health department's capacity has improved:

"[Capacity] improvements in our infectious disease management emergency response, because it's a systemic approach now... Improvements in our planning—the fact that we have a lot more buy-in from stakeholders for our programming. The fact that we could go to the legislature during the last budget process [explain our needs] and they understood right away. We didn't have to do a whole lot of remedial education because they were aware of what was going on." (Applicant health department interview)

Another respondent said accreditation *"affirmed the fact that we are a progressive, viable change agent in our local health care delivery system within our service area."* Additionally, **69%** of survey respondents said accreditation has increased the extent to which their health department uses evidence-based practices for public health programs and/or business practices (*post accreditation survey*, $N=35$). There are several benefits of health departments increasing their use of evidence-based practices, including increased efficiency in resource utilization and the greater likelihood of implementing successful public health programs.¹³

External Benefits, Changes, and Outcomes

In addition to the internal health department benefits and outcomes described above, accredited health department respondents identified several important external benefits of accreditation. External benefits are related to the way the health department interacts with organizations and individuals outside of the health department, including partners, governing entities, policymakers, and members of the community/public. The evaluation also explored how accreditation may affect health outcomes.

The external benefit of accreditation that evaluation respondents identified most frequently is the improved visibility, credibility, and accountability of the health department due to the recognition that accreditation brings from partners, policymakers, and other stakeholders. Accreditation has resulted in stronger relationships between health departments and their partners, as well as new opportunities for partnerships. Respondents also reported that accreditation has led to increased understanding of the health department's responsibilities among partner organizations, Boards of Health/governing entities, and local policymakers. Improvements in health outcomes are anticipated in the future, as a result of the internal improvements that accredited health departments achieve, especially related to QI and performance management processes. In the sections that follow, we describe the external benefits and outcomes from accreditation reported by evaluation respondents, including:

- Increased visibility, credibility, and accountability;
- Strengthened collaboration with partners;
- Increased knowledge of health department roles and responsibilities; and
- Improved health outcomes.

Increased Visibility, Credibility, and Accountability

Key Findings

- Over 80% of survey respondents said accreditation has improved: the credibility of the health department; accountability to external stakeholders; and visibility or reputation to external stakeholders.

Evaluation respondents described the increased visibility, credibility, and accountability of the health department as one of the most important benefits of accreditation. One year following accreditation, **86%** of respondents indicated that accreditation has improved the credibility of the health department within the community and/or state (*post-accreditation survey, N=35*). Additionally, **81%** of respondents said that accreditation has improved their health department's visibility or reputation to external stakeholders (*post-accreditation survey, N=72*). For example, one survey respondent stated:

"As a result of the things that we've been doing because of accreditation, we have a sense that our credibility is improving with our partners and with policymakers, and that we are more of a trusted partner." (Post-accreditation survey respondent)

In addition to increased credibility and visibility, **83%** of respondents indicated that accreditation improved the health department's accountability to external stakeholders (*post-accreditation survey,*

N=118). One interviewee described how their health department is focusing more on population health and being a data source for the community. They explained:

"Informatics is a huge new priority....We want to be the data source for public health issues. So, not only are we building our systems and collaborating with [a state university] and a lot of other stakeholders who need our information, but we're also opening that to our front-line staff so that they can see it and make decisions based on the data and share with each other." (Applicant health department interview)

Multiple interview respondents mentioned the impact accreditation has had on their visibility and credibility, particularly among partners and policymakers. Additionally, respondents said that their health department's accreditation status has been recognized by their governing entities, local government, and elected officials. Two survey respondents mentioned increased credibility and support from their Governor as a benefit of accreditation. One interviewee described the change in accountability and credibility in their health department as a result of accreditation, stating:

"[Accreditation] demonstrates that we're a more reliable partner to our stakeholders now than we used to be. We're more accountable. And it demonstrates to our stakeholders that we're a relatively high performing organization. If we weren't in the past, we certainly are becoming one, and we have a lot of evidence to point to the fact that we are one, and it improves our credibility with our stakeholders and we're more of a leader now in state government." (Applicant health department interview)

Other stakeholders also emphasized this important benefit of accreditation. One respondent from a federal agency said that *"accreditation plays a role in bringing a whole new level of visibility and credibility to the role that health departments play in the community and with partners."*

Strengthened Collaboration with Partners

Key Findings

- Accreditation has resulted in new opportunities for partnerships and/or collaborations and the identification of new partners in other sectors.
- Both one year and four years after accreditation, the majority of survey respondents said accreditation has strengthened relationships with key partners in other sectors.

While over one-half of respondents described benefits related to collaboration and partner development one year following accreditation (see Table 8), these benefits were not attributed to accreditation as frequently as other benefits. One year after accreditation, **63%** of survey respondents said accreditation has strengthened relationships with key partners in other sectors and **57%** of respondents said accreditation has resulted in the identification of new partners in other sectors. Additionally, **55%** of respondents said accreditation has resulted in new opportunities for partnerships and/or collaborations. In the reaccreditation survey, four years following accreditation, **79%** of respondents said accreditation has strengthened relationships with key partners in other sectors and **64%** said accreditation has resulted in new opportunities for partnerships and/or collaborations. Only **38%** of respondents said accreditation has led to the identification of new partners in other sectors.

Table 8. Effects of accreditation on partnerships reported by accredited health departments

Accreditation has resulted in...	Post-Accreditation Survey (N=71)	Reaccreditation Survey (N=14)
New opportunities for partnerships and/or collaborations	55%	64%
Strengthened relationships with key partners in other sectors*	63%	79%
Identification of new partners in other sectors*	57%	38%

*N=35

Overall, the majority of interviewees believed that accreditation has influenced or enhanced their relationships with community stakeholders and partners. One health department respondent said sharing best practices and lessons learned has *"created a whole new methodology for conversation with [our] partners in public health."* One survey respondent said accreditation has improved their health department's relationship with leadership from their local hospital system, and another said accreditation has enhanced the health department's ability to bring together and lead coalitions. Interviewees that disagreed that accreditation has impacted collaboration with community partners said their health department already had strong relationships, and accreditation did not play a role in how they interact with these partners.

Several respondents discussed how the development of the S/CHA, S/CHIP and strategic plan, documents that are required to be in place prior to applying for accreditation, have led to the development of new partnerships and strengthened existing relationships. These planning and assessment activities require health departments to engage their partners, and several respondents discussed the benefits of these efforts and their connection to accreditation. For example, one state health department respondent said, *"we are in the process of conducting a new state health assessment, and we are working right now to identify partners from across the state, which is directly related to our PHAB process and collaboration."* Similarly, a LHD respondent described the development of a regional CHIP in their state across ten counties which has resulted in new relationships across sectors, including hospitals, schools, and worksites and was described as a *"direct outcome of accreditation."* One interviewee described the value of accreditation as follows:

"I think we're seeing that community stakeholders really value the role of public health to be a convener of our local public health system. And we're seeing that through our community health improvement planning process." (Applicant health department interview)

Several interviewees and survey respondents described how accreditation has strengthened their relationships and partnerships with other health departments. One state health department respondent said that as a result of undergoing accreditation they have improved their relationships with local health departments in their state. Another respondent said they have developed a cross-jurisdictional collaboration with another health department on access to dental health services as a result of accreditation. One interviewee commented that accreditation has led to the perception of the health department, among peer health departments, as an expert, a resource for QI projects, and as having a high standard of quality to help others improve their work.

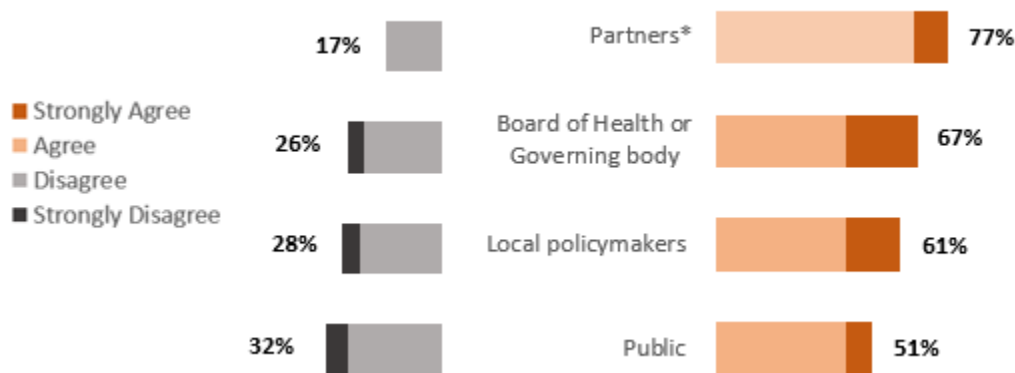
Increased Knowledge of Health Department Roles and Responsibilities

Key Findings

- Partner organizations and Boards of Health have an improved understanding of the health department's roles and responsibilities, due to accreditation. Survey respondents also reported an improved understanding among local policymakers and the public, but to a lesser extent.

We asked accredited health department respondents whether they believe accreditation has improved knowledge of their health department's roles and responsibilities among several key groups, including community partners, Boards of Health or governing entities, local policymakers, and the public. Respondents perceived that accreditation had the greatest impact on their partners' understanding of the health department; **77%** said that their partners' knowledge of the health department roles and responsibilities improved. Sixty-seven percent (**67%**) and **61%** of respondents said knowledge improved among their Board of Health or governing body and local policymakers, respectively (see Exhibit 8). Of the four groups, respondents reported that accreditation impacted understanding among the public least frequently (**51%**).

Exhibit 8. Level of agreement with the statement "Accreditation has improved working knowledge of our health department's roles and responsibilities among..." post-accreditation survey, N=72



*N=35

In terms of relationships with Boards of Health, one survey respondent said, "we do know that our Board of Health has a much better understanding of the work we do because of the accreditation process." In addition, **64%** of survey respondents said that accreditation has allowed their health department to better communicate with their Board of Health or governing entity (*post-accreditation survey, N=118*). In terms of communication, several partner organization respondents indicated that the health departments are "more vocal" with the media and "more effectively communicating their role" due to accreditation. One respondent said the LHDs in their state that are seeking accreditation have made their annual reports, newsletters, and other materials more visible and accessible to the community.

Interviewees also discussed their perceptions on whether accreditation has influenced understanding of the role of the health department. Some respondents said that accreditation has improved their Board of Health or governing entities' understanding of the work of the health department. Specifically, they believed that accreditation helped to educate their Board of Health members on the functions of the health department. However, others said there have been no changes in understanding as a result of accreditation. Responses varied in terms of whether the impact of accreditation reached policymakers more broadly. One respondent stated, *"we have started to engage more with our elected officials and invite them to learn and understand what public health does."* Others were uncertain regarding the impact of accreditation on policymakers. For example, one respondent stated, *"those directly involved with us clearly have a better understanding [of the health department], but the broader [set of] policymakers at state legislature, do not."*

There were varied opinions on the effect of accreditation on the public's perceptions of public health and the work of the health department. Several respondents said that accreditation has increased the recognition of their health department and contributed to a deeper understanding of the health department's role in the community. For example, one respondent stated, *"previously, people thought we did just restaurant inspection, but now people have a better understanding of what we're doing in the community."* Another respondent further described the reason for an increased understanding among the public of what the health department does, describing that because of accreditation, *"we internally understand better, and therefore, we can transfer that to our community and the people we serve."* When asked about the most important outcomes and/or accomplishments that have been achieved as a result of accreditation, one respondent said, *"the growth of recognition of public health and what we do in the community."* While some respondents did not believe that accreditation has impacted the public's understanding of public health, they said this is an important focus area for public health.

Improved Health Outcomes

Key Findings

- Approximately one-half of accredited health department respondents said activities implemented as a result of accreditation have led to improved health outcomes.
- Most health department respondents reported not yet having data that demonstrates the connection between accreditation and health outcomes.

Most evaluation respondents said they believe that the QI processes they are implementing because of accreditation will ultimately improve health outcomes. They also noted other changes in organizational culture that may result in improved health outcomes, including improved partnerships, use of resources, measurement, and programs. In one local community, an interviewee described a success story of how one of their health department's QI projects facilitated the translation of a public health nurse home visiting program for first time mothers from a one-on-one service to a neighborhood-based model. The respondent explained that program results indicate increased connectivity among neighbors, but it is too early to demonstrate the program's effects on birth and other health outcomes. A different interviewee

explained the challenges associated with examining health outcomes achieved through prevention programs, but said there are benefits of accreditation in this area through increased efficiency and effectiveness. The respondent explained:

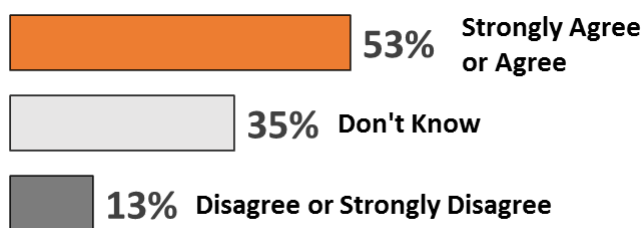
"Accreditation has provided structure to look at [health outcomes]... it gave us a format to examine...potential solutions. Develop the theory, test the theory, and study the results. Our storyboard template helps to ensure that we go through these steps every time we are addressing an issue that we want to improve. Have we improved the health of the public? I don't know. But our office efficiency, and increases in effectiveness, those are easier to measure. Maybe some of our effectiveness of reaching populations has improved. But I am not sure if that has led to improved health outcomes." (Accredited health department interview)

One respondent said that the QI processes implemented due to accreditation have strengthened their agency, made them more attuned to community needs, and increased partnerships – all of which they expect to positively affect health outcomes in the community. The agency has a Performance Excellence Council that is working to identify strategies for tracking how staff trainings on the Three Core Functions of Public Health, Ten Essential Public Health Services, social determinants of health, health equity, and other public health topics will lead to improved community health outcomes.

Most interviewees indicated that they do not yet have data to connect changes in health outcomes to accreditation. They emphasized that it is too early to demonstrate changes in health outcomes and the relationship between QI and health outcomes. One interviewee emphasized that because it takes time for systems to affect measurable improvements in health outcomes that evaluators must be patient in assessing these relationships. The Public Health Agency Accreditation System logic model,¹⁴ lists "improved community health indicators and reduced health disparities" as one of the ultimate outcomes of accreditation, anticipated to be achieved approximately seven to ten years in the future. One interviewee indicated that their agency has limited resources for evaluation and is hopeful that in the future a local university will support their evaluation capacity so they may assess health outcomes.

One year after accreditation, **53%** of respondents reported that activities implemented as a result of accreditation have led to improved health outcomes within their communities; **35%** of respondents indicated "don't know" (see Exhibit 9).

Exhibit 9. Activities implemented as a result of accreditation have led to improved health outcomes, *post-accreditation survey, N=72*



Barriers and Challenges Related to Accreditation

Key Findings

- The common barriers to accreditation are related to staff time/availability and financial constraints. These barriers are experienced by applicants, present challenges during the application process, and may be considered barriers to reaccreditation.

There are several barriers and challenges that health departments experienced at different phases of the accreditation process (see Table 9). Among applicants, the major challenges reported in the initial phases of the process were: limited staff time or other schedule limitations (86%); competing priorities (72%); staff turnover or loss of key staff (41%); PHAB application fees (37%); and lack of perceived value or benefit of accreditation (35%). The top challenges experienced throughout the process of applying, reported by respondents to the accredited survey, were: limited staff time or other schedule limitations (65%); staff turnover or loss of key staff (52%); and limited funding and financial constraints (44%).

Table 9. Challenges related to accreditation reported by health departments

	Applicant Survey* (N=241)	Accredited Survey** (N=156)	Post-Accreditation Survey*** (N=118)
Limited staff time or other schedule limitations	86%	65%	28%
Staff turnover or loss of key staff	41%	52%	26%
Lack of perceived value or benefit of accreditation	35%	11%	8%
Not a priority for our health department	3%	4%	3%
Lack of support from elected leaders	7%	2%	2%
Lack of support among health department leadership team	11%	2%	2%
Lack of support from Board of Health or other governing entity	3%	1%	3%
Limited funding or financial constraints^		44%	25%
Competing priorities^	72%		
PHAB application fees	37%		
Difficult to demonstrate conformity with selected PHAB Standards and Measures	28%		
Selected PHAB Standards and Measures are not applicable to our health department	12%		

*Challenges faced in the accreditation process thus far (before the start of Documentation Selection and Submission)

**Challenges experienced in the process of applying for PHAB accreditation

***Challenges that may be potential barriers to future reaccreditation

^This response option was added *accredited survey* in 2017, N=25.

^^This response option was added to the *applicant survey* in 2017, N=25.

One year following accreditation, health departments were asked whether they experienced any challenges that might be considered barriers to future reaccreditation. Key challenges that may be barriers to reaccreditation included: limited staff time or other schedule limitations (28%); staff turnover or loss of

key staff (26%); and limited funding or financial constraints (25%). Fewer than 5% of respondents reported experiencing no barriers at these steps of the process (*applicant survey, N=25, accredited survey N=25, and post-accreditation survey, N=35*).

Among interviewees, the most common barrier was the staff time required to apply for accreditation. Respondents emphasized, in particular, the time required for the role of Accreditation Coordinator, which many felt was equivalent to one or two full-time employees. One interviewee said that many applicants may not realize that they might need to hire one or two staff to work full-time on accreditation, despite the fact that PHAB indicates that accreditation requires a high level of effort. This may be particularly challenging for health departments that lack financial resources to hire new staff. Several respondents said staff had to put their projects on hold while focusing their time and resources on accreditation, and one respondent from a small health department said that it was difficult to find staff with enough time to compile documentation. The time required to undergo accreditation was also described as having the unintended effect of making health departments "busy and anxious," according a respondent from a partner organization.

Other common barriers were related to identifying documentation, financial costs, and lack of leadership support for accreditation. PHAB requires documentation related to population public health activities – not individual, personal, or clinical services.¹⁵ Some respondents said that this requirement led to challenges engaging staff from clinical programs, and that they were unable to showcase their best documentation or QI projects for examples, because the documents were from clinical program areas. In terms of financial costs, several respondents noted a lack of available funding to pay for accreditation fees. Some respondents identified national grants that were used for accreditation preparation, such as the National Public Health Improvement Initiative (NPHII) grant program, but when funding ends, they are left needing to identify other sources of financial support for staff. Lack of leadership support is another barrier and may result from competing priorities, lack of understanding of accreditation, or limited information on the value or outcomes of accreditation. One interviewee said that health department leadership *"really need to make [accreditation] a priority and commit time and resources to it."*

One year following accreditation, **91%** of survey respondents said they did not experience any adverse effects to their health department due to participation in the accreditation process (*post-accreditation survey, N=118*). Among those that did indicate there were adverse effects, the responses were similar to those provided when asked to describe challenges. For example, one responded stated:

"Some staff members experienced 'burn out' to a degree. For a smaller health department, we had to rely heavily on some individuals more than others. This additional work was quite a lot when considering their daily responsibilities." (Post-accreditation survey respondent)

Another respondent described adverse effects, but said the positive outcomes of accreditation outweighed these challenges:

"The only adverse effects were that there was a cost involved and the process took a substantial amount of staff time. However, the health department felt that it was worth the investment of time and funds." (Post-accreditation survey respondent)

Non-Applicant Health Department Findings

Awareness and Impressions of PHAB

Key Findings

- Most non-applicant health departments are aware of PHAB and many have favorable impressions of PHAB.

Non-Applicant Health Departments

Findings from the non-applicant survey showed that health departments are aware of PHAB, regardless of their intent to apply – **98%** were aware of PHAB and the accreditation program. The majority of non-applicant interview respondents held favorable impressions of accreditation. These respondents described accreditation as a high standard to achieve that could help improve their performance, serve as a mechanism for identifying gaps, and improve QI and performance management systems and activities. Many non-applicants reported that health departments view accreditation as a model for building and maintaining a successful health department. Respondents described the PHAB Standards and Measures as comprised of *"the necessary elements of public health for a community"* and as a *"playbook for how to run a health department."* Similarly, some identified accreditation as a way to align their activities with evidence-based and best practices.

Two non-applicant interviewees described having unfavorable impressions of accreditation. One of these respondents described accreditation as a "specified standard" rather than a "performance standard," and indicated that it would have less of an effect on organizational culture. They also indicated their preference for other performance excellence programs that, in their opinion, allow for more flexibility on areas for improvement. The other respondent with an unfavorable impression of accreditation felt that accreditation is simply a title that would not elevate public health to the same level as other entities (e.g., fire departments or law enforcement), and that accreditation is not feasible for small health departments.

In addition to their own awareness and impression of accreditation, we asked non-applicant respondents to describe impressions of accreditation among their staff, community partners, governing entities, and policymakers. Generally, interview respondents reported that their staff had positive views of accreditation. Several respondents said that their staff did not have strong opinions on accreditation – either negative or positive. Because they are not currently applying, most respondents said that they have not discussed accreditation with staff. About half of interview respondents said their partner organizations are aware of accreditation due to participating in the S/CHA and S/CHIP; these partners include health care providers, clinics, hospitals, educational systems, universities, and others. Respondents also reported mixed awareness of accreditation among their policymakers and governing entities.

Motivations and Barriers to Applying for Accreditation

Key Findings

- Non-applicants are motivated to apply for accreditation because of the potential benefits related to QI, process improvements, funding, and external validity and credibility.
- The most common barriers among non-applicants were the time, effort, and costs required to undergo the process.

Among non-applicants that were aware of PHAB, **39%** ($N=57$) said they have future plans to apply for accreditation, **22%** ($N=32$) said they have decided not to apply for accreditation, and **39%** ($N=56$) were undecided. Examples from non-applicant interviewee and focus group respondents regarding motivations or potential incentives to apply and barriers to applying for accreditation are provided below.

Motivators and Incentives to Applying

The potential for accreditation to inform QI and process improvement activities was the most common potential benefit reported among non-applicant interview respondents. They indicated that QI may lead to eventual improvements in performance, efficiency, and effectiveness. Respondents felt that accreditation would provide a framework for achieving excellence across program areas, help identify areas for improvement, increase rigor for using data in decision-making processes, and help ensure that performance management systems are being used to inform QI projects.

Funding was the second most commonly identified incentive for accreditation. Respondents from non-applicant health departments said they would be more inclined to apply for accreditation if it were tied to federal or state funding, increased their competitiveness for funding, or enabled them to access to new funding opportunities.

Other common motivators to apply were related to external recognition, validity, and credibility. Respondents felt that accreditation would signify that they met national standards and passed external review. Other respondents felt that accreditation would lend their health department recognition and increased credibility among funders, the community, and other entities that undergo similar accreditation processes, such as law enforcement, fire departments, emergency medical services, and health care. One respondent mentioned that accreditation may improve the health department's visibility within the community. One Tribal focus group participant described the potential benefit of accreditation as follows:

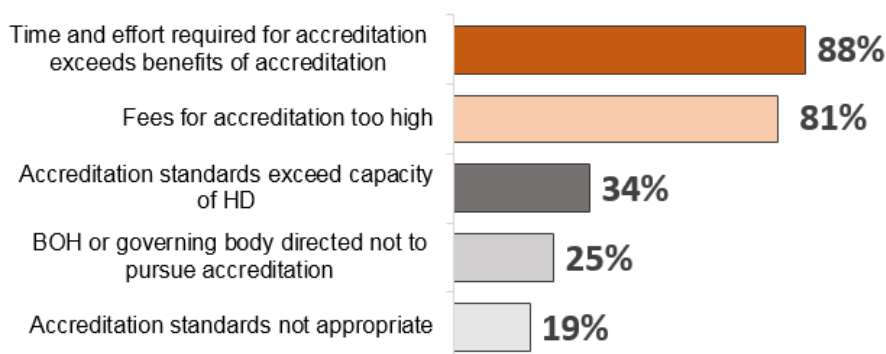
"Accountability is so important and provides a structure on which to base public health activities. For us [accreditation] is an opportunity to actually identify public health activities going on in our Tribe...We want to find out what those activities are and do education about what public health is, so people realize that they're doing public health. Aside from QI and accountability, it's the infrastructure, scientific structure, and opportunity to educate about public health." (Tribal focus group participant)

Several non-applicants mentioned that accreditation may have the potential to improve standardization: across health departments; of internal processes; and around quality standards. Other motivators identified included having: encouragement from accredited health departments; adequate staffing to support accreditation; a state mandate for accreditation; and the inclusion of accreditation in the strategic plan.

Barriers and Challenges to Applying

Exhibit 10 presents the barriers to applying for accreditation reported by non-applicants. Among survey respondents who said that they are not applying, the most common reasons were: time and effort required for accreditation exceeds benefits (88%) and fees for accreditation are too high (81%). Relatively few non-applicant respondents felt that the standards were beyond their capacities (34%) or that the accreditation standards were not appropriate (19%).

Exhibit 10. Barriers to applying for accreditation among health departments not applying, *non-applicant survey, N=32**



Many health departments that have decided not to apply for accreditation or are unsure whether or not to apply believe they do not have the capacity needed to complete the accreditation process. Non-applicant interviewees expressed concerns regarding the resources required to undergo the process. With limited funding and staff time to devote to accreditation, these interviewees indicated that redirecting resources to undergo the process would be detrimental to their community. One interviewee stated that given the uncertainty of federal resources, their health department must use funds to maintain their existing programs and staffing. Additionally, one state health department respondent explained that the leadership of some LHDs may not have the expertise needed to implement the changes necessary to achieve accreditation. In their opinion, accreditation requires a culture shift, which can be challenging for some LHDs, especially those that *"do not have the business background to make that culture shift happen."*

Additionally, some interviewees indicated that their health department would struggle to become accredited due to the small size of their health department and/or the types of services they provide. One respondent described the process of creating a CHA, CHIP, and strategic plan as *"overwhelming"* for their small health department. A few interviewees said the existing PHAB Standards and Measures are not appropriate for small health departments, as they are unable to fulfill the requirements. Finally, both interviewees and focus group participants identified the inability to use clinical health program data to demonstrate conformity with the Standards and Measures as a barrier to applying for accreditation. This was also mentioned as a concern among Tribal health departments, as many Tribal health departments provide predominately clinical services.

While the majority of challenges and barriers described were related to capacity, some interviewees said they lacked clarity around the benefits of accreditation or struggled to justify its importance to their Board of Health. Because of this, one interviewee said they were unable to articulate the value of accreditation to their financial committee.

An unintended effect of these challenges, according to one respondent from a partner organization, is the increasing divide in capacities between accredited health departments and non-applicant health departments. One respondent from a state health department described the challenges experienced among the LHDs in their state that had not yet applied, saying:

"I think that many of the [non-applicants] are taking more time to apply because they hear how much work there is in transforming your health department to be an accredited health agency. It's not just a matter of pulling together things you already have. In many cases, it's building systems that you did not have." (Non-applicant health department interview)

Perceived and Experienced Benefits of PHAB Accreditation

Key Findings

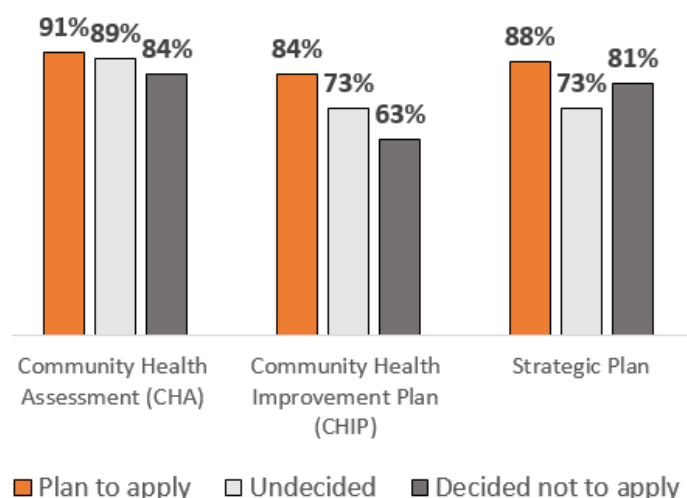
- Non-applicant health departments are referencing PHAB requirements when developing their agency's S/CHA, S/CHIP, and strategic plan, regardless of their intent to apply.
- Accreditation has increased awareness of strengths and weaknesses and led to the implementation of QI and performance improvement efforts among non-applicants.

The internal benefits of PHAB accreditation – especially those related to strategic planning and assessment – extend beyond applicant and accredited health departments. Non-applicant respondents identified the extent to which accreditation has resulted in changes within their agencies and the public health field, more broadly. Perhaps most notably, non-applicant health departments are referencing PHAB requirements, regardless of their intent to apply. This speaks to the extent to which the PHAB Standards and Measures provide a framework for health departments to organize and implement their activities independent of their intent to apply. The changes reported by non-applicants related to strategic planning and assessment, QI, other benefits, and changes to the public health field are described below.

Strategic Planning and Assessment

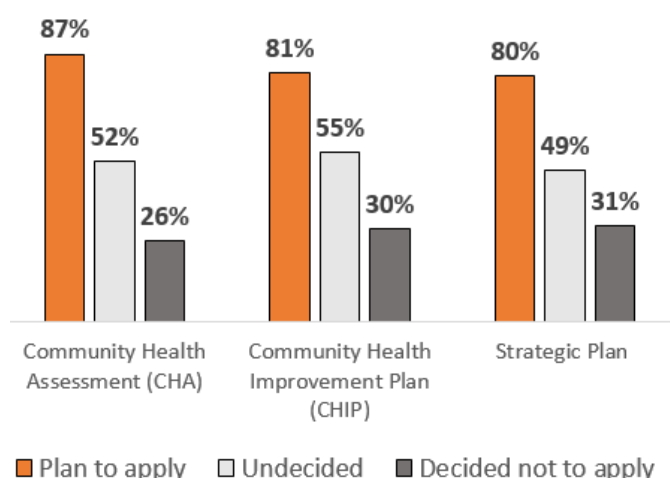
When applying for PHAB accreditation, health departments must have completed the S/CHA, S/CHIP, and strategic plan, among other documentation.¹⁰ The majority of non-applicant survey respondents reported that they are currently or have conducted these three documents in the last five years: S/CHA (89%); S/CHIP (76%); and strategic plan (81%). There were differences in based on the health department's intent to apply for accreditation. For example, **84%** of respondents that plan to apply for accreditation are currently conducting or have conducted an S/CHIP in the past five years, compared to **63%** of non-applicants who do not plan to apply for accreditation. See Exhibit 11.

Exhibit 11. Percentage of non-applicants conducting a S/CHA, S/CHIP, and Strategic Plan, by intent to apply, *non-applicant survey, N=145*



PHAB provides definitions of what constitutes a comprehensive S/CHA, S/CHIP, and strategic plan. Among all non-applicants that reported conducting the S/CHA, S/CHIP, and strategic plan, **61%, 63% and 58%**, respectively, had referenced PHAB requirements for these documents (*non-applicant survey, N=129, 109, and 117, respectively*). Among those that plan to apply, at least **80%** reported that they are referencing PHAB requirements. Approximately one-half of non-applicants that are undecided about applying reported that they are referring to PHAB requirements to develop their S/CHA, S/CHIP, and strategic plan. Even among non-applicant health departments that are not apply for accreditation, over one-quarter of respondents indicated that they reference PHAB requirements. See Exhibit 12.

Exhibit 12. Percentage of non-applicants referencing PHAB standards for the S/CHA, S/CHIP, and Strategic Plan, by intent to apply, *non-applicant survey**



*N=129, 109, and 117, respectively

All of the non-applicant respondents interviewed reported working on at least some of these required documents. Several said they were working on similar documents but that they are not necessarily aligned with accreditation. For example, one health department respondent reported completing a document that they considered a combined CHIP and strategic plan, while another reported having completed a document similar to the CHIP that focused on local implementation of statewide initiatives. Some interviewees said that the reason they were completing a CHA and CHIP was because of state or program-specific requirements, and half of interviewees said they completed them regardless of accreditation, but still referenced accreditation guidelines to do so.

Perceived Benefits of PHAB Accreditation

The non-applicant survey asked whether respondents have experienced any changes or outcomes as a result of PHAB's impact on the public health field. Responses differed based on the health department's intent to apply for accreditation (see Table 10). Among those that plan to apply, **91%** said accreditation has increased their awareness of strengths and weaknesses in their health department. Over one-half of undecided health department survey respondents also perceived this benefit of accreditation's impact on

the public health field. Health department respondents that are not applying were less likely to report any of the perceived benefits of accreditation.

Table 10. Perceived benefits of PHAB accreditation, *non-applicant survey, N=145*

	Plan to Apply	Undecided	Not Applying
Increased our awareness of strengths and weaknesses	91%	55%	17%
Helped us identify policies, processes, and protocols not currently in place	72%	38%	7%
Increased our interest in comparing programs, processes, and/or outcomes against other similar health departments as a benchmark for performance	67%	36%	7%
Improved management processes used by leadership team	60%	27%	17%
Improved our health department's ability to identify and address gaps in employee training and workforce development*	60%	30%	35%
Increased our HD's capacity to identify and address health priorities*	55%	27%	29%
Increased our health department's use of evidence-based practices for public health programs and/or business practices*	50%	37%	29%
Helped us to identify new partners in other sectors*	50%	17%	29%

*Question added to non-applicant survey in 2017 (Plan to apply N=20, Undecided N=30, Not Applying N=17)

Quality Improvement

Non-applicant survey respondents also indicated whether the accreditation program has led to several perceived QI-related benefits. Approximately three-quarters of respondents from health departments that plan to apply for accreditation indicated that the accreditation program has stimulated QI and performance improvement opportunities and increased awareness of or focus on QI efforts within their health department. Although respondents from non-applicant health departments reported an increased focus on QI, they have not hired additional staff for QI and/or performance management work as a result. See Table 11.

Table 11. Perceived QI benefits, *non-applicant survey, N=145*

	Plan to Apply	Undecided	Not Applying
Stimulated QI and performance improvement opportunities	77%	40%	17%
Increased awareness of/focus on QI efforts	74%	47%	30%
Helped us implement/plan to implement new strategies to monitor and evaluate effectiveness and quality	61%	32%	13%
Led our health department to hire additional staff for QI and/or performance management work	19%	0%	0%

Non-applicant interviewees also described the extent to which accreditation has influenced QI and performance management within their health departments. Several non-applicant respondents said that because of accreditation, they have formalized QI and performance management processes within their health departments, including creating a department-wide QI plan, training staff in QI, or forming a QI council. Examples of how non-applicant health department respondents described the influence of accreditation on their agency's QI activities include:

"We have systematically reviewed all PHAB Domains, Standards, and Measures and compared them against our current practices. Our leadership team used the PHAB materials for suggestions on ways we could improve our operations." (Non-applicant survey respondent)

"PHAB has been a major motivational force for us to do the QI initiative...the PHAB infrastructure has been a framework for QI." (Non-applicant health department interview)

Several interview respondents reported that accreditation had impacted either documentation of QI activities or other activities and decisions. Health department respondents said that accreditation influenced how they monitor and document their QI activities, with one saying that *"QI prior [to accreditation] was more anecdotal and varied program by program."* Some respondents did not attribute their agency's increase in QI and performance management activities to accreditation and indicated that it was instead due to grant requirements and federal agency measures.

Perceived Effects of Accreditation on the Public Health Field

Non-applicant interview respondents described their perceptions of the broader effects of accreditation on the public health field. The perceived changes within accredited health departments were generally positive. Examples of perceived changes within accredited health departments, identified by non-applicant respondents, included: increased focus on collaboration, communication, information sharing, progress monitoring, and evaluation; changes in job descriptions to reflect these areas of focus; improved branding; improved internal and external collaboration; and improved public perception of the health department. Several respondents were unsure of changes in accredited health departments, especially related to effects on funding and health outcomes. One respondent said they had not seen any changes in accredited health departments and said that the time required for accreditation might divert resources away from other public health work.

The majority of non-applicant interviewees reported seeing changes within non-applicant health departments due to accreditation, including: formalized of procedures, QI structures, and performance management systems; improved operations due to QI and performance management activities; development of and/or improved documentation (i.e., S/CHA, S/CHIP, strategic plan, emergency preparedness plan, and workforce development plan); eliminated extraneous policies; improved documentation; creation of organizational branding; and re-evaluation of performance measures. More broadly, about one-half of respondents reported changes in the field including: increased awareness of public health issues among state and local stakeholders; increased attention to evaluating effectiveness; raised standards and expectations; increased focus on population health; and increased collaboration, data sharing, and coordination.

Financial Impacts of Accreditation

The primary financial impact of accreditation, according to evaluation respondents, is in improved efficiency in internal operations, which is achieved as a product of the internal benefits described earlier in this report. More than one-half of survey respondents said their health department has improved its utilization of resources due to accreditation. In the following sections, we discuss the financial impacts of accreditation including:

- Changes in financial status among accredited health departments;
- State health department funding for LHDs;
- Shifts in resources to prepare to undergo accreditation;
- Unanticipated costs of accreditation; and
- Perceptions of the impact of accreditation on public health funding.

Changes in Financial Status

Exhibit 13 presents data from survey respondents regarding the financial impacts of accreditation on their health department. One year following accreditation, **56%** of respondents said that accreditation had improved utilization of resources within their health department and **42%** believed accreditation had improved their competitiveness for funding. However, only **17%** indicated that they had received new funding as a result of accreditation. When asked to describe other benefits of accreditation, one survey respondent stated:

"I don't feel that enough funding opportunities exist that are tied to being an accredited health department. Accreditation has made us better prepared for applying for funding, which may, in turn, make us more competitive." (Post-accreditation survey respondent)

Exhibit 13. Financial effects of accreditation, *post-accreditation survey, N=118, 72, and 35, respectively*

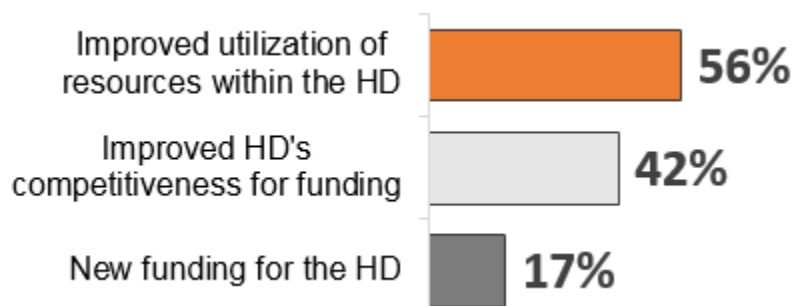
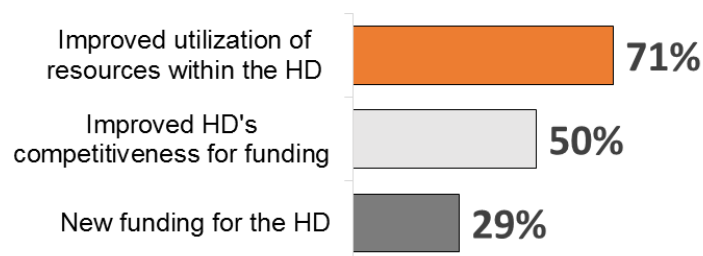


Exhibit 14 presents data regarding the financial effects of accreditation reported by survey respondents. Among health departments that had been accredited for four years, **71%** indicated that accreditation had improved utilization of resources within the health department and one-half of respondents said it had improved the health department's competitiveness for funding. Only **29%** of respondents said accreditation resulted in new funding for the health department.

Exhibit 14. Financial effects of accreditation, *reaccreditation survey*, N=14



Resource Utilization

We also asked interviewees from applicant and accredited health departments to describe how, if at all, accreditation has affected their utilization of resources. Most interviewees stated that accreditation positively impacted their resource utilization, and described a diverse set of mechanisms by which this impact occurred. The most common examples provided were improved efficiencies due to the collaborative environment created by accreditation, and prioritization of activities due to accreditation. One interviewee said that improved collaboration due to accreditation freed up resources *"to do the work of public health that's non-administrative."* Others explained that accreditation led to the prioritization of new activities – for example: partnership development, policy work, and transparency regarding resource allocation. One health department respondent said that the accreditation fees required shifts in resources and thus drove additional prioritization, beyond what the health department had done prior to PHAB accreditation. Health department respondents also described the following resource utilization changes due to accreditation:

- Helped identify areas that needed changes in resources and operations;
- Shifted health department focus and resources from grant deliverable production to improving health outcomes;
- Formalized health department processes and documentation, which has in turn improved resource utilization; and
- Necessitated the allocation of resources for supporting "accreditation infrastructure" (e.g., Workforce Development Coordinator, QI Coordinator, Accreditation Coordinator).

One health department respondent described a negative change in resource utilization due to accreditation, and said that accreditation has redirected resources originally allocated for other public health activities towards developing the Annual Report and maintaining accreditation readiness. Another

respondent said that budget office decisions, as opposed to accreditation, are stronger determinants of resource utilization, but that accreditation has helped the health department focus resources on *"areas that need improvement."* This respondent also stated that they still do not have enough resources to fund PHAB requirements such as workforce development, QI, and strategic planning. Another respondent stated that they have not been able to assess whether accreditation has resulted in a resource utilization change.

Competitiveness for Funding

The majority of interviewees from applicant and accredited health departments said that since becoming accredited, they have not experienced any changes in competitiveness for funding. Similarly, the majority of non-applicant survey respondents (**63%**) said that they were not less competitive for funding opportunities as a non-accredited health department. Approximately one-quarter of respondents (**24%**) said they were unsure.

Respondents largely reported that they have not yet seen funding opportunities tied to accreditation. It was important to respondents that funders, including federal, state, and local governments, as well as foundations and other organizations, begin to recognize accredited health departments in funding opportunities. Recognizing accreditation through external funding was described as important because it serves as *"tangible evidence"* of the value of accreditation and will help accredited health departments to demonstrate the value of accreditation to Boards of Health, demonstrate the return on investment to staff, and help to justify reaccreditation. One of the respondents emphasized that sustained financial incentives are necessary for accredited health departments because increased funding will motivate and enable accredited health departments to apply for reaccreditation.

Many respondents were hopeful that future grant opportunities will prioritize accredited health departments or provide *"bonus points"* for being accredited. One respondent said: *"These large grant makers have been, from what I can tell, silent on accredited public health departments."* If funding opportunities were designed to favor accredited health departments in the future, most interviewees agreed that accreditation would make accredited health departments more competitive than non-accredited health departments. This was a concern among most of the non-applicant interviewees; many explained that if funding were tied to accreditation it may negatively impact communities served by LHDs that do not have the capacity to become accredited.

Some interviewees did describe how accreditation may indirectly affect their competitiveness for funding. For example, one interviewee said the community's recognition of the health department as a *"provider of data,"* may *"translate to financial benefits in the long-term."* Another respondent said that the increased documentation resulting from accreditation can be used for future grant applications. Finally, one respondent said that accreditation has led to new collaborative approaches for doing business that have made the health department more competitive for grants (the health department collaborated with local organizations and LHDs to win a competitive \$4 million grant to address opioid addiction).

A few interview respondents identified direct external financial benefits that have resulted from accreditation. For example, one LHD respondent said that their grant application made it to the final round of reviews (but was not ultimately awarded) because of their accreditation status, and that they also won a regional grant because of being accredited. A different respondent reported that they won a competitive NACCHO grant because of their accreditation status, explaining: *"pre-accreditation status, our applications were not successful. Post accreditation, we have brought in an additional \$100,000 into the organization."*

In the reaccreditation survey, health department respondents reported any new funding they have received as a result of accreditation. Examples included: base award of \$7,500 for a performance incentive from state health department in 2018; state offered funding opportunities for accredited health departments and those actively seeking accreditation; helped secure public health property tax increase from county fiscal court; and received QI training as part of grant offered to accredited health departments.

State Health Department Funding for LHDs

We spoke with five state health department representatives to explore specifically if accreditation has made a difference in how they provide funding to LHDs within their state. All five respondents indicated that LHD accreditation status is not currently considered in funding allocation determinations. In one state, the respondent indicated that it will be required in the future as part of the decision-making process for funding, to mirror future changes in federal standards for state health department funding. In four of the states, respondents said that accreditation status will likely not be considered for future funding decisions. In one state, funding is currently allocated based on the level of services provided (LHDs are categorized as Level I, Level II, or Level III) and there is currently no plan in place to include accreditation status in funding determinations. In a different state, the respondent said they are not considering accreditation status because of the implications for small LHDs for which accreditation may not be feasible, and the potential impacts on the rural or frontier communities served.

In Ohio, the state has implemented funding requirements tied to accreditation. The state requires all LHDs to be accredited by July 1, 2020 in order to be eligible for funding from the department of health.¹⁶ According to a state health department respondent, the decision was made to tie funding to accreditation status so that LHDs could clearly demonstrate that they can operate at a certain capacity, under the premise that PHAB accreditation *"is a tool for an objective measure of capacity."* Similarly, a respondent from a state-level partner organization said that PHAB provides an *"objective measure of performance,"* explaining that the state *"viewed the objectivity of accreditation as a way to create a new baseline [for measuring performance] so we could make new investments in public health infrastructure."* According to a respondent from the state health department, they do anticipate that many smaller health districts may be consolidated or closed as a result, because they do not have the capacity to achieve accreditation. The state department of health is providing assistance to LHDs with planning and consolidation, and has provided financial support to LHDs for accreditation fees, accreditation coordination, and other

infrastructure costs.¹⁷ According to several non-applicant LHD respondents in Ohio that participated in our evaluation, it has been financially challenging to meet the state-level accreditation requirements.

Shifts in Resources

Some applicant and accredited health departments were required to make shifts in resources or operations in order to participate in and prepare to undergo accreditation. Health departments pursuing accreditation are required to designate an Accreditation Coordinator to lead the process.¹⁸ Many respondents to the accredited survey, and some interviewees, said that they hired a new staff person to be the Accreditation Coordinator. Others designated an existing staff member to lead accreditation and incorporated these responsibilities into their existing job description. In one health department, multiple staff were tasked with overseeing accreditation because of the time needed to coordinate the documentation and other responsibilities. Some interviewees detailed the amount of time required to prepare for accreditation and the need to put accreditation ahead of other responsibilities. Many described how their non-accreditation job responsibilities were put on hold or reprioritized in order to meet accreditation deadlines. One interviewee said accreditation takes leadership focus away from grant management, financial tracking, and other quality issues.

A few interviewees said their health department was able to avoid shifts in resources due to external grant funding to support accreditation. Several interviewees said they used NPHII grant funding to hire staff, prepare for accreditation, and enhance planning and improvements such as workforce development and CHA planning. Among interviewees with NPHII funding, all agreed it would have been challenging – and some said not at all possible – to pursue accreditation without supplemental funding. When the NPHII funding ended, one health department respondent stated that there was a gap where they needed staff to complete the accreditation work, so there was a "*backfilling on the budgetary process to support those positions.*"

Unanticipated Costs of Accreditation

Immediately after accreditation, **52%** of survey respondents indicated there were unanticipated costs to planning, undergoing, and becoming an accredited health department (*accredited survey*, $N=104$). However, one year following accreditation, only **25%** of survey respondents indicated that there were unanticipated costs to planning for accreditation, undergoing the process, and becoming an accredited health department (*post-accreditation survey*, $N=71$). The most commonly described unanticipated cost was that the staff time required for completing the accreditation requirements was greater than expected, and sometimes required the hiring of new staff, which led to increased costs. Additionally, some respondents indicated that staff time was directed away from other core health department services. Other costs mentioned by respondents included training costs and the development of a system to manage documentation. Some respondents also described consequences not directly related to financial costs, including staff burnout and perceptions that the work of direct service employees was not valued. Four respondents attempted to quantify the cost of accreditation to their health department, not including the

accreditation fees. The estimates for the cost of accreditation varied, including: \$50,000-\$70,000 (not including fees); \$149,692 (not including fees or registration fees for accreditation related seminars); \$160,000; and \$150,000 per year.

Effects of Accreditation on Public Health Funding

Evaluation respondents identified several ways in which accreditation has affected public health funding. These include:

- **Alignment of federal funding opportunities with accreditation.** For example, the NPHII grant program was launched to align with PHAB accreditation, and used the accreditation Standards and Measures as a framework for performance improvement. NPHII established a Performance Improvement Manager (PIM) Network to support awardees' ongoing communication, networking, training, and activities around performance improvement. Many PIMs also served as Accreditation Coordinators.¹⁹
- **Funding for "accreditation readiness."** Interview respondents from both of the national public health membership organizations reported that they provide funding opportunities to advance accreditation readiness. One state health department respondent described private foundation funding in their state to support LHD preparation for accreditation by using funding to help them develop the CHA, CHIP, strategic plan, QI plan, and workforce development plan.
- **Using PHAB accreditation language in funding opportunity announcements (FOAs).** As a result of accreditation, CDC revised their FOA template in October 2012 to include language that allows health departments to use funds to seek or maintain PHAB accreditation. Some FOAs include an "organizational capacity statement" which asks applicants to *"describe their current status in applying for public health department accreditation or evidence of accreditation. Information on accreditation may be found at <http://www.phaboard.org>."* The budget narrative section of the FOA template states: *"If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this Notice of Funding Opportunity (NOFO) to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: <http://www.phaboard.org>)." Finally, PHAB is defined in the glossary section of any FOA that includes the above accreditation-related language.*²⁰
- **Use of public health objectives in funding opportunities.** One respondent said that in their state, Medicaid and other payers have begun tying financial objectives to public health objectives, which they believe is reflective of the accreditation program.
- **"Points" for accredited health departments in federal opportunities.** A CDC respondent said they are providing additional points for accredited health departments who apply to be a host site for the Public Health Associate Program (PHAP). They are also assessing the option of implementing a "bonus points" system for accredited health departments who apply for competitive grants.

Outside of CDC, we spoke with representatives from three federal agencies and one foundation. The majority of these individuals felt accreditation demonstrates a health department's underlying capacity and suitability for conducting a project, but all stated that they do not and likely will not consider accreditation status in their funding announcements and decisions. One respondent said they will likely not consider accreditation status in their FOAs because of their desire to ensure that grant opportunities are open to the greatest possible number of potential applicants. A different respondent said they may consider future opportunities for supporting accreditation, if it supports workforce development and training specific to their funding opportunity. This respondent indicated their agency is trying to *"follow the influence of accreditation on training and workforce development, to understand how accreditation has expanded opportunities for training within state public health agencies."*

Impact of Accreditation on the Public Health Field

Respondents from applicant, accredited, non-applicant health departments and stakeholder organizations shared their perceptions of the broader effects that the accreditation program has had on the public health field. The most substantial impact of accreditation has been the increased focus on QI, according to respondents, which has been described in detail previously in this report. One respondent from a national public health membership association stated that *"accreditation is an excellent vehicle for providing benchmarks and structure by which health departments are able to achieve a culture of performance management and QI."* A respondent from a different national public health membership association discussed the changing environment within which health departments operate – one that requires health departments to provide high value with limited resources. This respondent said that requires provides a *"QI lens for making sure we identify ways to optimally utilize our limited resources and perform the best we can, with the resources we have, and get the greatest value."* Among the national organizations, agencies, and networks that provide resources and support to public health departments in the U.S., many are now supporting advancement in the areas of QI and performance management. Many respondents indicate that this change is due to accreditation, to improve alignment with the PHAB Standards and Measures and to help health departments to become "accreditation ready."

Prior to formally engaging with PHAB, health departments have explored their readiness to apply for accreditation. Several respondents described the willingness of accredited health departments to provide guidance and support to non-applicants in helping them prepare to be "accreditation ready." In a non-applicant focus group, one participant said a group of LHDs in their state has been meeting several times a year to explore their "accreditation readiness," and accredited LHDs in the state have been invited to help inform their preparation. Some respondents said their state health departments are working closely with LHDs in their state to provide support for accreditation, including funding, to help them develop required documents such as the CHA, CHIP, and strategic plan. One respondent from a national public health department membership organization said that their organization has started providing its members – regardless of their accreditation status – with information, resources, and opportunities related to PHAB accreditation. For example, they have implemented an "Accredited States Learning Community," and have received anecdotal feedback from members that the "peer-to-peer" learning and opportunity to share best practices is a benefit of accreditation. These examples demonstrate how accreditation has increased collaboration between both LHDs and state health department, even before health departments begin the accreditation process.

Partner organizations also provided feedback regarding changes to the public health field due to accreditation. For example, we spoke with one state-level partner that provides technical assistance (TA) and training to LHDs throughout their state. The respondent said: *"the training and TA we provide is in accordance with PHAB's guidelines and recommendations, so even when we are working with health departments that are not currently pursuing accreditation, we are providing guidance that aligns with PHAB guidance."*

Interviewees also described how accreditation has formalized health department standards and raised the expectation of public health service. For example, one interview respondent believed that all health departments, regardless of accreditation status, would be able to improve as a result of measuring themselves against the PHAB Standards and Measures. One state health department interviewee also said they have heard from both accredited and non-accredited health departments that the *"framework of the PHAB Standards and Measures helps the health department think about how to organize their work and what they should be doing."* This respondent described accreditation as *"a way to focus public health."* A state health department partner interviewee said *"accreditation has created objective standards that allow LHDs to take more accountability, achievement, and improve capacity, bringing [public health] to a new level of rigor."* Finally, one respondent from a national funding entity stated that accreditation has provided a standard for public health performance and operations, which has elevated the importance of public health departments at the state and local levels.

Respondents said that accreditation has led to health departments using a common language, which has improved communication within health departments, between health departments, and with health department partners. One interviewee stated that there was a common language across the country and amongst health departments, which she considered *"standards of quality."* Another interviewee noted that going through the same process as other health departments and having common terminology, such as strategic planning and QI, will improve relations between health departments and allow for cross-departmental collaboration. One respondent from a state health department said that PHAB has provided definitions of what makes a comprehensive S/CHA and S/CHIP, which has helped *"people reach across the aisles and get out of their silos and work with partners."* Across state health departments, one respondent said they have seen the following changes:

"Across state health departments, I have seen a lot more transfer of programmatic improvements...the structures and processes that the agencies use have become more similar. At the state level, we're talking about performance management the same way, using similar and transferrable terms and phrases about our systems." (Non-applicant health department interview)

Discussion

Accredited health departments have experienced a wide range of benefits and outcomes, of which the majority have been internal benefits, such as: increased focus on strategic planning and assessment; increased benchmarking against national standards; improved operations and development of new processes and documentation; changes in organizational culture including enhanced collaboration and communication, increased transparency, and greater pride among staff; changes in workforce development and improvements in staff competencies; and increased focus on QI including the implementation of new QI activities and advancing a culture of QI within the health department. Respondents described accreditation as being transformational in terms of these internal improvements; they report that these changes have led to a higher functioning and more efficient health department.

The greatest external benefit of accreditation, reported by applicant and accredited health department respondents, is the increased visibility, credibility, and accountability of health departments. Accreditation has also led to increased collaboration with stakeholders and improved partnerships, and improved stakeholder understanding of the health department. As the number of accredited health departments across the country increases, these benefits of accreditation will continue to impact the field of public health more broadly, as more health departments will experience these internal and external benefits.

PHAB guidelines for accreditation, specifically the Standards and Measures, are being used broadly across the public health field, even among health departments that have not applied for accreditation. As described in the *"Non-Applicant Health Department Findings"* section of this report (see page 44), the accreditation program has impacted public health beyond health departments formally involved in the accreditation process. Specifically, health departments are consulting PHAB requirements and guidelines for developing documentation such as their strategic plan, S/CHA, and S/CHIP, among other documents, regardless of their intent to apply. As a result, these health departments may experience some of the initial benefits associated with accreditation, including assessing strengths and weaknesses, stimulating QI activities, and conducting assessment and strategic planning activities.

Accredited health departments have reported even greater benefits, including the improved utilization of resources within their health departments, which provides a financial benefit of accreditation. This change in financial status is related to improved efficiency in internal operations – a product of the other internal benefits documented by respondents. The majority of accredited health departments did not report that accreditation has increased competitiveness for funding opportunities; similarly, non-applicant health department respondents do not believe that they are less competitive for funding opportunities as a result of not being accredited. Even so, a small number of health department respondents reported new funding as a result of accreditation. Other internal financial changes due to accreditation were related to shifts in resources in order to apply for accreditation. More broadly, respondents identified changes such as an increased focus on QI and performance management and an alignment with PHAB Standards and Measures as improving their competitiveness for federal and other funding opportunities.

The greatest reported changes in the public health field due to accreditation is the increased focus on QI and performance management, and the use of the PHAB Standards and Measures as a benchmark and structure for health departments to achieve changes in QI and performance management. These changes were identified by nearly all evaluation respondents. Accredited health departments continue to implement changes in this area following their achievement of accreditation; applicant health departments implement changes in this area as a result of and in preparation for undergoing accreditation; and non-applicant health departments implement changes in this area in an effort to become "accreditation ready." Partner organizations have also perceived and experienced changes in QI and performance management and national funding entities have made changes to align to these standards. As more health departments engage in the accreditation process, the public health field will continue to evolve and mature. However, it remains too early in the process of evaluating the national public health accreditation program to determine the extent to which accreditation will impact changes in health outcomes in communities.

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