

Assessing Accreditation Outcomes: One Year After Accreditation

February 2020



Introduction

The Public Health Accreditation Board (PHAB) is the nonprofit organization that administers the national accreditation program for public health departments. The mission of the accreditation program is to improve and protect the health of the public by advancing and transforming the quality and performance of governmental public health agencies in the United States and abroad. According to PHAB (www.phaboard.org), the governmental agency responsible for public health within a Tribe, state, territory, or locality is eligible to apply for accreditation. This includes: state or territorial health departments, local health departments, tribal health departments, and army installation departments of public health.

Since 2013, NORC at the University of Chicago has gathered data to assess the outcomes from public health accreditation. NORC's data collection efforts consisted primarily of four surveys, sent to all health departments that have applied for and have achieved accreditation through PHAB. The four surveys are the: 1) Applicant Survey, sent to health departments after they have registered their intent to apply for accreditation, 2) Accredited Survey, sent to health departments that have achieved PHAB accreditation, 3) Post-Accreditation Survey, sent to health departments approximately one year after they achieved PHAB accreditation, and 4) Year 4 Accreditation Survey, sent to health departments approximately four years after they achieved PHAB accreditation. For a description of the survey methodology, see [Assessing Accreditation Outcomes: Survey Methodology](#).

This brief report presents selected findings on the benefits and outcomes of accreditation reported by health departments accredited for one year. Data presented in this brief are from the Post-Accreditation Survey, which was sent to health departments approximately one year after accreditation. Between July 2017 and February 2020, the survey was sent to 245 health departments, with responses from 214 health departments, for a response rate of 87.3%

Accountability

Among health departments accredited for one year, more than two-thirds of survey respondents "strongly agreed" or "agreed" with each of the following statements about improved accountability as a result of accreditation:

- Accreditation has stimulated greater accountability and transparency within the health department (90%)
- Accreditation has improved the health department's accountability to external stakeholders (80%)
- Accreditation has improved the credibility of the health department within the community and/or state (79%)
- Accreditation has improved partners' working knowledge of the health department's roles and responsibilities (76%)
- Accreditation has improved the health department's visibility or reputation to external stakeholders (74%)
- Accreditation has improved the health department's communication with the Board of Health or governing entity (68%)

Health Department Respondent

"Accreditation is an additional level of checks and a way for us to measure how we are doing. It provides further accountability and transparency to our work and health department as a whole."

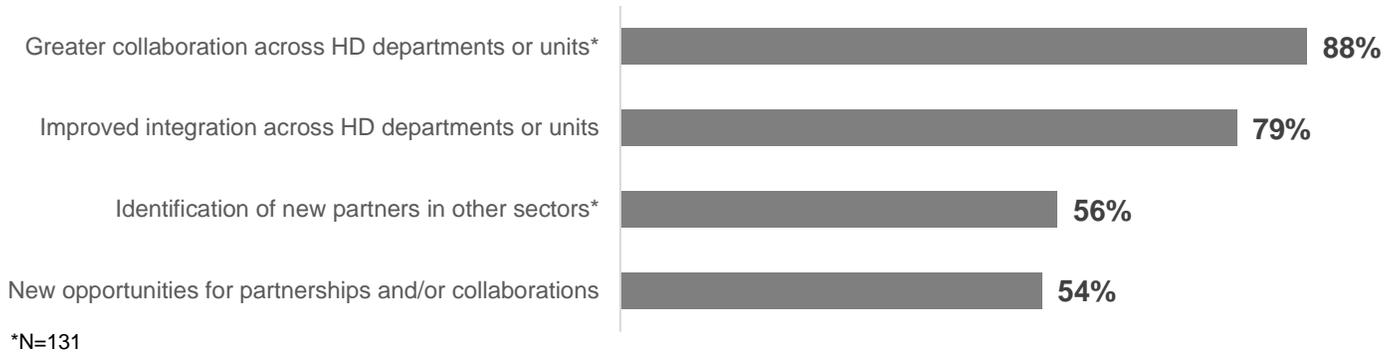
Partnerships and Collaboration

As a result of accreditation, the majority of survey respondents reported improved collaboration and integration within the health department and many reported changes in partnerships and collaboration (Exhibit 1). One year after accreditation, 88% of respondents reported that accreditation has stimulated greater collaboration across departments or units within their health department and 79% reported that, as a result of being accredited, integration across departments or units has improved. More than half of respondents said that accreditation has resulted in the identification of new partners in other sectors (56%) and new opportunities for partnerships and/or collaborations (54%).

Health Department Respondent

"Accreditation has proven to be a valuable tool in forming and retaining partnerships. One partnership that was non-existent was the relationship with [neighboring health department]. Over the last 6 months, we have met with [them] to assist with their accreditation journey. This is a direct result of our accreditation process and knowledge."

Exhibit 1. Changes in Partnerships and Collaboration, Percent “Strongly Agreed” or “Agreed” (N=168)



Workforce Development

Survey respondents reported improvements in workforce development, training, leadership management and processes, and staff competencies as a result of accreditation (Exhibit 2). One year after accreditation, a majority of respondents reported that accreditation has improved their health department's ability to identify and address gaps in employee training and workforce development (89%) and improved the management processes used by the leadership team in their health department (86%). Nearly three-quarters (69%) of respondents reported that staff competencies have improved as a result of being accredited.

Health Department Respondent

“Accreditation is of high value to our department. It has improved our self-image, enhanced the quality of our work, and proven valuable in developing staff.”

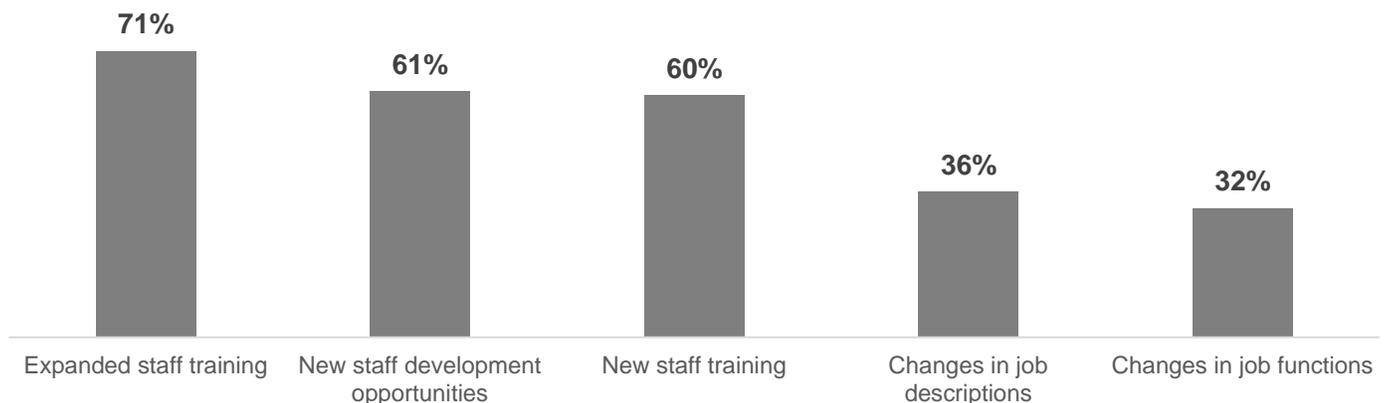
Exhibit 2. Impacts of Accreditation on Workforce Development, Percent “Strongly Agreed” or “Agreed” (N=214)

Workforce Outcome	Percent “Strongly Agreed” or “Agreed”
Improved ability to identify and address gaps in employee training and workforce development [^]	89%
Improved management processes used by HD leadership team	86%
Improved staff competencies [^]	69%

[^]N=168

Respondents also described how accreditation has affected the workforce development opportunities offered within their health department (Exhibit 3). Nearly three-quarters of respondents (71%) reported expanding staff training, and nearly two-thirds of respondents reported offering new staff development opportunities (61%) and new staff trainings (60%). Fewer respondents reported changes in job descriptions (36%) or changes in job functions (32%).

Exhibit 3. Workforce Development Opportunities Resulting from Accreditation (N=168)



Capacity to Provide High-Quality Services

A majority of respondents reported that accreditation has: improved their overall capacity to provide high-quality programs and services (82%); increased their capacity to identify and address health priorities (74%); and increased the extent to which they use evidence-based practices for public health programs and/or business practices (69%). Less than half of respondents (48%) reported that activities implemented as a result being accredited have led to improved health outcomes in their community. Exhibit 4 presents the percentage of respondents reporting outcomes related to their capacity to provide high-quality services.

Health Department Respondent

“Accreditation is perceived as a key strategy to improve the functioning of this local health department. It has been critical in our ability improve and protect the health of the public. This system requires our capacity and performance to be measured against benchmarks or standards.”

Exhibit 4. Capacity to Provide High-Quality Services, Percent “Strongly Agreed” or “Agreed” (N=168)

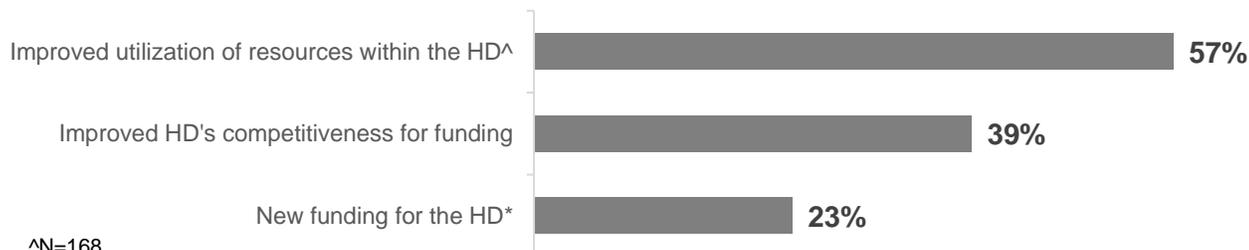
Workforce Outcome	Percent “Strongly Agreed” or “Agreed”
Improved health department’s overall capacity to provide high-quality programs and services	82%
Increased health department’s capacity to identify and address health priorities*	74%
Increased extent to which health department uses evidence-based practices for public health programs and/or business practices*	69%
Health department activities implemented have led to improved health outcomes in the community	48%

*N=131

Resources and Funding

Slightly more than half of respondents (57%) reported that accreditation has improved the utilization of resources within their health department. Less than half of respondents said that accreditation has improved the health department’s competitiveness for funding opportunities (39%) and resulted in new funding for the health department (23%). Exhibit 5 presents the changes in resources reported by respondents.

Exhibit 5. Resources and Funding Outcomes, Percent “Strongly Agreed” or “Agreed” (N=214)



[^]N=168

^{*}N=131

Limitations

Several limitations should be considered when interpreting findings. First, the survey responses represent one individual’s perceptions of the effects of accreditation on their agency. As such, the survey responses should not be understood to represent the experiences or opinions of the entire health department or any other respondents. Second, the survey questions are open to interpretation, and these interpretations may have differed by respondent. Third, this brief presents findings from health departments that responded to the survey one year after achieving accreditation. Therefore, it is possible that the data presented do not reflect longer term outcomes, results, or perspectives related to accreditation.

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