

# Assessing Accreditation Outcomes: Year 4 Accreditation Survey Findings

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](http://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 findings from the Year 4 Accreditation Survey as of February 2020. The survey includes questions regarding benefits and outcomes of accreditation, quality improvement (QI) and performance management (PM) culture and training, changes in financial status due to accreditation, and intent to apply for reaccreditation.

## Key Findings

### Reaccreditation

- The majority of respondents (92%) indicated that their health department intends to apply for reaccreditation.
- Key reasons reported for pursuing reaccreditation included: maintaining accreditation status; maintaining visibility and reputation within the community as a high-performing health department; continuing to demonstrate conformity with the standards and measures; and engaging in continuous QI.

### QI and PM

- Four years after accreditation, 93% of respondents indicated that QI is conducted formally or the "culture" of their health department. Additionally, 66% of respondents reported that at least three-quarters of their staff were trained in QI and/or PM, and 55% said the majority of their staff practice QI.

### Strengthened Collaboration with Partners

- Respondents reported strengthened collaboration with partners as a key outcome of accreditation. Strengthened relationships with partners in other sectors was reported by 76% of respondents.

### Resources and Funding

- Over two-thirds (71%) of respondents reported improved resource utilization within their health department.

### Other Accreditation Benefits and Outcomes

- Other reported internal benefits and outcomes of accreditation include: strengthened culture of QI within the health department; improved ability to identify and address gaps in employee training and workforce development; improved overall capacity of the health department to provide high quality programs and services; increased use of evidence-based practices for public health programs and/or business practices; and that the health department has compared programs, processes, and/or outcomes against other similar health departments as a benchmark for performance.
- Other reported external benefits and outcomes of accreditation include improved credibility within their state or community and implementation of activities that have led to improved health outcomes in the community.

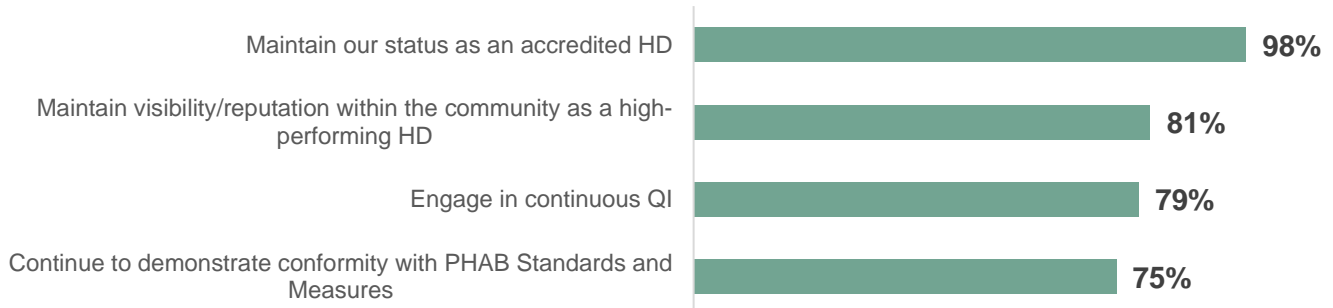
## Intent to Apply for Reaccreditation

The majority of survey respondents (92%) reported that their agencies intend to apply for reaccreditation. Among those intending to apply for reaccreditation, the most frequently reported reasons for deciding to apply for reaccreditation include: maintaining accreditation status (98%); maintaining visibility and reputation within the community as a high-performing health department (81%); engaging in continuous QI (79%); and continuing to demonstrate conformity with the accreditation Standards and Measures (75%). See Exhibit 1.



Four survey respondents (5%) reported that they do not intend to apply for reaccreditation. The most commonly reported reasons for not applying for reaccreditation included: reduced funding available to support accreditation activities, lack of perceived value or benefit of reaccreditation, limited return on investment of accreditation, fees for reaccreditation, and limited staff time or other schedule limitations.

### Exhibit 1. Reasons for Deciding to Apply for Reaccreditation (N=80)



## Quality Improvement (QI) and Performance Management (PM)

Four years after accreditation, a majority of survey respondents (69%) reported that greater than three-quarters (75%) of their health department's staff have received training in QI and/or PM; about half of respondents (53%) reported that the majority of staff practice QI; and nearly all respondents (96%) indicated that QI is "conducted formally" or "our culture." Exhibit 2 presents the percentage of respondents that reported high levels of QI training and practice within their agencies, across the surveys conducted by NORC. Exhibit 3 presents the percentage of respondents, across surveys, that reported that QI is "conducted formally" or "our culture."

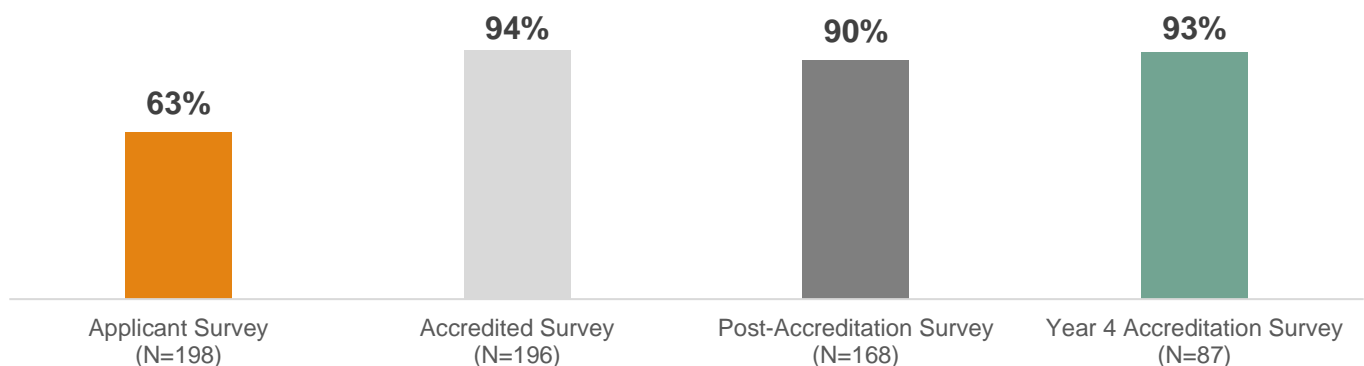


### Exhibit 2. QI/PM Training and Practice Reported Across Surveys

QI/PM Outcome	Applicant Survey (N=198)	Accreditation Survey (N=196)	Post-Accreditation Survey (N=167)	Year 4 Accreditation Survey (N=87)
Greater than 75% of staff have received training in QI and/or PM	40%*	58%	54%	66%
Majority of staff practice QI	19%	37%	38%	55%

\*N=183

### Exhibit 3. QI Culture Reported across Surveys, Percent Reporting QI is "Conducted Formally" or "Our Culture"



## Strengthened Collaboration with Partners

Over three-quarters (76%) of survey respondents reported that accreditation has resulted in strengthened relationships with key partners in other sectors, and two-thirds (67%) said that their health department has had new opportunities for partnerships and/or collaborations as a result of accreditation. One-half (52%) of survey respondents reported that accreditation has helped them to identify new partners in other sectors. Exhibit 4 presents the impacts of accreditation on partnerships and collaboration.



**Exhibit 4. Changes in Partnerships and Collaboration, Percent “Strongly Agreed” or “Agreed” (N=87)**

Accreditation has resulted in...	Percent “Strongly Agreed” or “Agreed”
Strengthened relationships with key partners in other sectors	76%
New opportunities for partnerships and/or collaborations	67%
Identification of new partners in other sectors	52%

## Resources and Funding

Exhibit 5 highlights the financial impacts of accreditation identified by survey respondents. Over two-thirds (71%) reported that accreditation has improved their health department’s utilization of resources, while nearly half (47%) reported that accreditation has improved their health department’s competitiveness for funding. Fewer respondents (31%) reported that accreditation has led to new funding for their health department.



**Exhibit 5. Changes in Financial Status, Percent “Strongly Agreed” or “Agreed” (N=87)**



Among survey respondents that reported having secured new funding as a result of accreditation, the following examples were provided through an open-ended question:

- state subsidy doubled from 17 cents per capita to 34 cents per capita;
- accreditation was recognized as a strength for grant submission to CMS;
- received a community health grant from the state department of health;
- received QI funding reserved for accredited health departments;
- received state funding provided to accredited health departments;
- indicated accreditation status on grant applications, as asked by funders who considered accreditation status in their decision-making processes;
- received new grant funding that was perceived to be a result of a strengthened application mentioning their accreditation status; and
- received a grant to develop a tool to “enhance accreditation readiness.”

## Other Accreditation Benefits and Outcomes

Exhibit 6 presents data on other, selected accreditation benefits and outcomes, grouped by internal and external benefits. In terms of internal benefits, nearly all respondents indicated that due to accreditation, the culture of QI within their health department has strengthened (95%), their health department’s ability to identify and address gaps in employee training and workforce development has improved (93%), and their health department’s capacity to provide high-quality programs and services has improved (90%). Most respondents also indicated that accreditation has resulted in increased use of evidence-based practices for public health programs and/or business practices by their health department (81%), and more than half of respondents (69%) reported that their health department has compared programs, processes, and/or outcomes against other similar health departments as a benchmark for performance.

In terms of external benefits, most respondents reported that as a result of accreditation, there is improved credibility of their health department within their community and state (79%). More than half of respondents reported improved visibility or reputation of the health department to external stakeholders (68%) and that the activities they have implemented as a result of being accredited have led to improved health outcomes within their community (52%).

**Exhibit 6. Other Accreditation Benefits and Outcomes, Percent “Strongly Agreed” or “Agreed” (N=87)**

Accreditation has resulted in...	Percent “Strongly Agreed” or “Agreed”
<b>Internal Benefits</b>	
Strengthened culture of QI in the HD	95%
Improved HD’s ability to identify and address gaps in employee training and workforce development	93%
Improved HD’s overall capacity to provide high quality programs and services	90%
Increased HD’s use of evidence-based practices for public health programs and/or business practices	81%
HD has compared programs, processes, and/or outcomes against other similar HDs as a benchmark for performance	69%
<b>External Benefits</b>	
Improved credibility of HD within community and/or state	79%
Improved HD’s visibility or reputation to external stakeholders	68%
HD activities implemented have led to improved health outcomes in the community	52%

Support for this work is provided by RWJF under Grant Number 73844. Prior support for this work was provided by PHAB, through funding from RWJF and CDC, for the “Initial Evaluation of Public Health Accreditation” project (2013 to 2016). NORC continued survey data collection as part of the “Evaluation of Short-Term Outcomes from Public Health Accreditation,” funded by RWJF under Grant Number 72509 (2015 to 2017). From 2017 through early 2020, RWJF supported survey data collection under Grant Number 73844. Starting in 2020, PHAB is supporting ongoing survey data collection, through funding provided by CDC. For more information on NORC’s evaluation efforts, visit: <https://www.norc.org/Research/Projects/Pages/assessing-outcomes-from-public-health-accreditation.aspx>.