Assessing Accreditation Outcomes: Survey Methodology





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 have consisted primarily of four surveys, sent to all health departments that have applied for and have achieved accreditation through PHAB. Applicant health departments are those that have registered in e-PHAB, PHAB's electronic information system, thus identifying themselves as an applicant for accreditation. Accredited health departments are those that have achieved PHAB accreditation. The surveys include questions about preparation for accreditation, engagement in quality improvement, and outcomes of the accreditation process, among other topics.

This brief report provides detailed information about the accreditation surveys, describing the survey instruments, samples, and methodology for fielding each survey.

Accreditation Survey Instruments

In 2013, NORC developed three surveys to assess accreditation outcomes: 1) Applicant Survey, 2) Accredited Survey, and 3) Post-Accreditation Survey. In October 2015 and March 2017, each survey was modified slightly to include new outcomes-related questions. In 2017, NORC developed a fourth survey—the Year 4 Accreditation Survey—to gather information on preparation for reaccreditation. The survey instruments were developed by NORC with review and input from PHAB, the Robert Wood Johnson Foundation (RWJF), and the Centers for Disease Control and Prevention (CDC). Each survey is described below.

Applicant Survey

- Sent to applicant health departments after they have registered their intent to apply for accreditation, prior to each PHAB accreditation training.
- Gathers information on applicant health departments' preparation for the accreditation process, relationships
 with stakeholders, and quality improvement activities, among other topics. Data from the applicant survey also
 provide a foundation for longitudinal analysis to identify accreditation-related changes.

Accredited Survey

- Sent to newly accredited health departments following each PHAB Accreditation Committee meeting.
- Gathers information on accredited health departments' experiences with the accreditation process, including the PHAB Standards and Measures, the Action Plan, and challenges experienced during the accreditation process. Additionally, the survey collects information about outcomes resulting from accreditation, including quality improvement and performance management, stakeholder relationships, and financial status.

Post-Accreditation Survey

- Sent to accredited health departments approximately one year after their accreditation decision.
- Gathers information on activities that accredited health departments are undertaking to maintain their accreditation, as well as accreditation outcomes, including quality improvement, stakeholder relationships, and financial status.

Year 4 Accreditation Survey

- Sent to accredited health departments approximately four years after their accreditation decision, as they are preparing for reaccreditation.
- Gathers information on outcomes of accreditation, such as quality improvement, stakeholder relationships, financial status, and plans for reaccreditation.

Sample and Fielding the Survey

NORC sends the surveys to all health departments that have applied for and achieved accreditation through PHAB. The health departments that have met the milestone for each survey is provided by PHAB on an approximately quarterly basis. From October 2013 to February 2020, 471 unique health departments received at least one survey, and 448 unique health departments responded to at least one survey. Each survey has a different launch date due to the timing of the associated PHAB milestones, resulting in a different number of times each survey has been fielded (Exhibit 1).

To field the survey, NORC sends an email invitation to the health department director and accreditation coordinator. The email invitation requests that the health department director respond to the survey, but an appropriate designee is also accepted. Three reminders are sent to respondents: the first reminder is sent two weeks after the survey start date; the second reminder is sent four weeks after the survey start date; and the final reminder is sent within one week of the survey close date. Each survey remains in the field for approximately six weeks. The surveys are fielded in English.

Exhibit 1. Response Rates to Accreditation Surveys, October 2013 - February 2020

Survey Name	Launch Date	Number of Times Fielded	Number of Surveys Sent	Number of Respondents	Response Rate
Applicant Survey*	October 2013	27	382	338	88.5%
Accredited Survey	December 2013	25	266	249	93.6%
Post-Accreditation Survey	April 2014	24	245	214	87.3%
Year 4 Accreditation Survey	July 2017	6	96	87	90.6%

^{*}For the Applicant Survey, eligible respondents are health departments that have registered in e-PHAB but not yet attended the PHAB training. NORC sends this survey to health departments that have registered in e-PHAB, as provided by PHAB, on a quarterly basis. Health departments that did not complete the survey and did not attend the training are sent the survey again the next quarter. Health departments that attended the training and did not complete the survey are considered non-respondents. If the health department completed the survey over a year ago and is on the list from PHAB, they will be sent the survey a second time. If they do not complete the survey, the original response is retained. If they complete the survey, the most recent response is retained and the original response is removed.

Data Analysis

NORC prepared the data collected from the surveys by reviewing and cleaning the raw data, including recoding response options and corresponding variables as appropriate. If multiple responses were submitted on behalf of a single health department, we retained the response from the health department director. We created clean data files for all quantitative data gathered from the surveys using SAS and Excel, creating a database for each survey. A corresponding survey codebook was created with an index of survey questions. For each survey, we conducted univariate analyses of quantitative data to determine frequency distributions and averages. Analyses and findings have been compiled in several reports, articles, and briefs (see below), and NORC conducts ad hoc analyses as requested by RWJF and PHAB.

Accreditation Reports, Articles, and Briefs

Gonick S, Heffernan M, Siegfried A, Kennedy M, Meit M. <u>Assessing Accreditation Outcomes: Quality Improvement and Performance Management Findings</u>. 2020.

Heffernan M, Siegfried A, Kennedy M, Gonick S, Meit M. <u>Assessing Accreditation Outcomes: Year 4 Accreditation Survey Findings</u>. 2020.

Kennedy M, Heffernan M, Siegfried A, Gonick S, Meit M. <u>Assessing Accreditation Outcomes: One Year After Accreditation</u>. 2020.

Siegfried A, Heffernan M, Kennedy M, Meit M. Quality improvement and performance management benefits of public health accreditation: national evaluation findings. *J Public Health Manag Pract.* 2018;24(3: Suppl.): S3-S9.

Heffernan M, Kennedy M, Siegfried A, Meit M. Benefits and perceptions of public health accreditation among health departments not yet applying. *J Public Health Manag Pract.* 2018;24(3: Suppl.): S102-S108.

Meit MB, Siegfried AL, Heffernan M, Kennedy M, Nadel T. <u>Evaluation of Short-Term Outcomes from Public Health</u> Accreditation: Final Report. 2017.

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