NORC at the University of Chicago

FINAL EVALUATION REPORT

June 2023

Assessing the Effects of the Public Health Accreditation Board (PHAB) Accreditation Program: Final Evaluation Findings

Presented by:
Public Health Accreditation Board (PHAB)
1600 Duke Street, Suite 200
Alexandria, VA 22314

Presented to:
NORC at the University of Chicago
4350 East-West Highway, Suite 800
Bethesda, MD 20814

Table of Contents

Executive Summary 1
Key Findings on Perceptions and Benefits of Initial Accreditation 1
Key Findings on Perceptions and Benefits of Reaccreditation 2
Introduction 3
Methodology 4
Data Collection 4
Data Analysis 5
Limitations 6
Findings 7
Characteristics of Respondents 7
Key Findings on Perceptions and Benefits of Initial Accreditation 8
Key Findings on Perceptions and Benefits of Reaccreditation 17
Conclusion 26
Appendix A. Publications 28

List of Exhibits

Figure 1. Evaluation Surveys of Applicant and Accredited Health Departments 4

Figure 2. Characteristics of Respondents... 7

Figure 3. Short-term Health Department Outcomes (Post-Accreditation Survey, 2014-2022)................ 8

Figure 4. Short-term Health Department Outcomes (Post-Accreditation Survey, 2017-2022)................ 9

Figure 5. Longitudinal Analysis of QI Activities among Applicant and Accredited Health Departments, 2013-2022*.. 10

Figure 6. QI Culture Reported across Surveys, Percent Reporting QI is “Conducted Formally” or “Our Culture”* 11

Figure 7. QI/PM Training and Practice among Health Department Staff 12

Figure 8. Changes in Relationships with Stakeholders Due to Accreditation (Year 4 Accreditation Survey, 2017-2022) 13

Figure 9. Additional Detail on Changes in Financial Status Due to Accreditation (Year 4 Accreditation Survey, 2017-2022) 15

Figure 10. Health Equity and Health Outcomes (Year 4 Accreditation Survey, 2017-2022)................. 16

Figure 11. Reasons for Deciding to Apply for Reaccreditation (Year 4 Accreditation Survey, 2017-2022)*... 18

Figure 12. Experiences with Reaccreditation Standards and Measures (Reaccreditation Survey, 2020-2022)... 19

Figure 13. Benefits of Undergoing the Reaccreditation Process (Reaccreditation Survey, 2020-2022) 21

Figure 14. Challenges Experienced During Reaccreditation (Reaccreditation Survey, 2020-2022)..... 22

Figure 15. Outcomes Experienced Due to Participation in Reaccreditation (Reaccreditation Survey, 2020-2022)... 24

Figure 16. Health Equity Outcomes Experienced Because of Participation in Reaccreditation (Reaccreditation Survey, 2022-2022)* 25

Acknowledgements

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

Current support for this work is provided by the Public Health Accreditation Board (PHAB), through funding from the Centers for Disease Control and Prevention (CDC) under Grant Number NE11OE000084. The surveys were approved by the Office of Management and Budget (OMB No. 0920-1295; expiration 04/30/2023). Prior support for this work includes: funding by PHAB, through funding from the Robert Wood Johnson Foundation (RWJF) and CDC, for the “Initial Evaluation of Public Health Accreditation” project (2013 to 2016); funding by RWJF under Grant Number 72509 (2015 to 2017); and additional funding by RWJF under Grant Number 73844 (2017 to 2020).

We would like to thank the public health departments that completed the surveys, providing the data needed to conduct this evaluation.

Contributing authors to this report from NORC at the University of Chicago include: Alexa Siegfried, MPH; Megan Heffernan, MPH; Meghan Melnick, MPH; and Malina Papanikolaou, BS.

Executive Summary

The national public health department accreditation program, administered by the Public Health Accreditation Board (PHAB), is designed to advance the quality and performance of the governmental public health system, and to support health departments' delivery of programs and services. Health departments may seek initial accreditation, which lasts for five years; then, they may seek to undergo reaccreditation to maintain their status as an accredited health department. The accreditation process involves health departments being assessed against the PHAB Standards and Measures, which serve as the written guidelines and requirements for accreditation and align with the 10 Essential Public Health Services and Foundational Capabilities of the Foundational Public Health Services. Initial accreditation is designed to assess current capacity and demonstrate accountability of health departments. Reaccreditation emphasizes community engagement, health equity, quality improvement (QI), and communication, among other topics, and is designed to demonstrate a health department's ongoing accountability and credibility. In August 2022, PHAB launched the Pathways Recognition program, which is designed for health departments not yet ready to apply for initial accreditation, to help them make progress towards quality and performance improvement.

Between April 2013 and June 2023, NORC at the University of Chicago (NORC) conducted several independent evaluations to assess the effects of the national public health department accreditation program, including initial accreditation and reaccreditation. The evaluations included five surveys of applicant and accredited health departments as they reached certain milestones in the accreditation process. These five surveys were most recently supported by PHAB, through funding from the Centers for Disease Control and Prevention (CDC). The surveys have provided a wealth of data on health departments' perceptions of accreditation, including aspects of the accreditation process; benefits of the accreditation process at different points in time; and benefits associated with reaccreditation.

This report presents final evaluation findings from data gathered through these five health departments surveys between October 2013 and December 2022. Key findings focus on perceptions and benefits of initial accreditation and reaccreditation.

Key Findings on Perceptions and Benefits of Initial Accreditation

Evaluation findings have demonstrated that initial accreditation yields many benefits, including enhanced QI, increased accountability and transparency, strengthened relationships with stakeholders, and increased ability to identify strengths and weaknesses. Key findings regarding initial accreditation include:

- As a result of accreditation, health departments have experienced short-term benefits related to increased accountability and transparency, as well as improved capacity to provide high-quality programs and services.

- Accreditation has supported workforce development and training and employee pride and engagement.
- Accreditation has had a notable impact on QI activities within health departments, and a key outcome of accreditation is strengthened QI culture.
- Accredited health departments reported higher levels of QI and performance management (PM) training and practice among staff compared to applicant health departments.
- Accreditation has resulted in improved relationships between health departments and their partners.
- Accredited health departments experienced improved utilization of resources and competitiveness for funding opportunities.
- Accreditation helped health departments apply health equity principles and, ultimately, positively influence health outcomes.
- Health departments provided information on how aspects of accreditation supported their response to the COVID-19 pandemic, as well as resulting challenges that affected accreditation efforts.

Key Findings on Perceptions and Benefits of Reaccreditation

Reaccreditation is designed to assess health departments' improvement and advancement of capabilities, performance, and continuous QI. Key findings regarding reaccreditation include:

- Most health departments accredited for four years intended to apply for reaccreditation.
- The Reaccreditation Standards and Measures provided an accurate assessment of health department performance.
- Elements of the reaccreditation process helped health departments with performance improvement and strategic changes.
- Health departments reported that staffing and schedule limitations were major challenges to undergoing reaccreditation.
- As a result of reaccreditation, health departments have experienced benefits including a strengthened culture of QI, greater collaboration, and benchmarking against other similar health departments.
- The reaccreditation process has helped health departments implement practices that advance health equity.

Evaluation data gathered over nine years, between October 2013 and December 2022, demonstrate the tangible benefits experienced by health departments who have achieved initial accreditation and reaccreditation. Continued data collection will provide additional evidence on the long-term benefits of accreditation and reaccreditation for partners and collaborators in the field of public health.

Introduction

The national public health department accreditation program, administered by the Public Health Accreditation Board (PHAB), provides national standards that foster quality, accountability, and performance improvement of public health agencies, with the goal of strengthening capacity and infrastructure to promote and protect the public's health. Since the accreditation program was launched in 2011, PHAB has upheld its mission to "advance and transform public health practice by championing performance improvement, strong infrastructure, and innovation." As of January 26, 2023, according to www.phaboard.org, PHAB has accredited 364 health departments (40 state, 315 local, and 6 Tribal health departments), 1 statewide integrated public health system, and 2 Army Installation Departments of Public Health.

The short-term outcomes of initial accreditation are well documented, including but not limited to strengthened workforce development activities and improvements in staff competencies; increased visibility and credibility of health departments; and increased focus on quality improvement (QI) and performance management, including implementation of new QI activities and advancing a QI culture, among many other outcomes. In addition, health departments have reported improved financial resources and anticipate expanded funding opportunities because of accreditation. These outcomes continue to motivate health departments to seek accreditation; furthermore, as more health departments pursue accreditation, the benefits of accreditation will reach more broadly into the field.

To explore the short-term and intermediate benefits of accreditation, NORC assessed the effects of the PHAB accreditation program through five surveys of all health departments that have applied for and achieved PHAB accreditation. These surveys explored the perceptions and benefits experienced by applicant and accredited health departments at five points in time: when they registered to apply for initial accreditation, when they achieved initial accreditation, one year after initial accreditation, four years after initial accreditation, and when they achieved reaccreditation. The surveys included questions about accreditation experiences and perceptions, including challenges; benefits and changes related to QI activities, stakeholder relationships, and financial status; and intent to apply and experiences with reaccreditation, among other topics.

This report presents final evaluation findings, based on data gathered via five surveys of applicant and accredited health departments over nine years, between October 2013 and December 2022. The findings provide PHAB, CDC, health departments, and the public health field with a better understanding of the benefits associated with accreditation and contribute to the body of evidence related to public health accreditation. A list of NORC's published research on findings from the evaluation of the effects of accreditation is provided in Appendix A.

Methodology

Between October 2013 and December 2022, NORC fielded five surveys to state, Tribal, local, and territorial health departments that have applied for and achieved accreditation. NORC sent the survey invitation email to health departments when they reached certain milestones in the accreditation process. Methods for data collection and analysis are described below.

Data Collection

Data presented in this report were gathered through five online evaluation surveys administered to applicant and accredited health departments on a quarterly basis between October 2013 and December 2022. Figure 1 presents the name of the survey, the milestone for its timing, the start date for data collection, and the end date for data collection.

Figure 1. Evaluation Surveys of Applicant and Accredited Health Departments

Survey Name	Milestone	Start Date	End Date
Applicant Survey	**Applicant health departments** that have registered their intent to apply for initial accreditation, prior to attending the PHAB accreditation training.	October 2013	December 2022
Accredited Survey	Health departments shortly after they **achieved initial accreditation**.	December 2013	December 2022
Post-Accreditation Survey	Accredited health departments approximately **one year after the initial accreditation decision**.	April 2014	December 2022
Year 4 Accreditation Survey	Accredited health departments approximately **four years after the initial accreditation decision**, as they approached reaccreditation.	July 2017	December 2022
Reaccreditation Survey	Health departments shortly after they **achieved reaccreditation.**	July 2020	December 2022

Sample

NORC sent a survey invitation to every health department that met each milestone noted in Figure 1. For each survey, one response was collected per health department. The survey invitation was sent via email to the Health Department Director and the Accreditation Coordinator (the health department's main point of contact with PHAB). The Health Department Director was the intended respondent, but the Director could designate the Accreditation Coordinator or another individual with knowledge of the accreditation process to complete the questionnaire. Each survey remained open for about six weeks, during which time NORC sent three email reminders.

NORC began data collection for the Applicant and Accredited Surveys at the end of 2013; the Post-Accreditation Survey began in April 2014, shortly after the first health departments reached the milestone of having been accredited for one year. The Year 4 Accreditation Survey and the Reaccreditation Survey were first fielded in July 2017 and July 2020, respectively. Due to the COVID-19 pandemic and public health emergency, NORC did not field the Applicant Survey between July 2020 to March 2021. This was discussed and agreed upon with PHAB. All surveys ended in December 2022.

During the nine-year data collection period, NORC sent each survey to the total population of health departments that reached the appropriate milestone, as indicated below. The following response rate for each survey was achieved:

- Applicant Survey: 346 responses of 393 total, 88.0% response rate
- Accredited Survey: 328 responses of 355 total, 92.4% response rate
- Post-Accreditation Survey: 281 responses of 337 total, 83.4% response rate
- Year 4 Accreditation Survey: 204 responses of 243 total, 84.0% response rate
- Reaccreditation Survey: 77 responses of 90 total, 85.6% response rate

Revisions to Data Collection Instruments

During the data collection period, the instruments for the Applicant, Accredited, and Post-Accreditation Surveys were revised three times, with updated surveys fielded in 2015, 2017, and 2020. The Year 4 Accreditation Survey was revised in 2020. With each revision, questions were added to the instruments, so there are fewer responses to the newer questions compared to the number of responses to questions included in the surveys since their start date. The Reaccreditation Survey was first fielded in 2020, at the same time the other four survey instruments were revised, so the questions in the original instrument remained the same for the duration of the data collection period.

IRB and OMB Approval

The NORC Institutional Review Board (IRB00000967) reviewed all survey instruments and determined the data collection effort to be not human subjects research. The Office of Management and Budget reviewed and approved the information collection in April 2020 (OMB No. 0920-1295), when NORC first began collecting data using federal funding.

Data Analysis

Raw survey data were exported into Excel and then reviewed, cleaned, and analyzed using SAS software, Version 9.4 (SAS Institute, Inc., Cary, NC). Descriptive statistics were calculated for each measure. For all quantitative analyses, the denominator is the number of respondents that answered the specific question. Since some questions were added during revisions to the survey instruments, the denominators may differ for questions within the same survey.

To analyze survey questions that prompted respondents to indicate their level of agreement with statements about accreditation (“strongly agree,” “agree,” “disagree,” “strongly disagree,” or “don’t know”), health departments were categorized as having reported the outcome if they selected “agree” or “strongly agree.” Some survey questions prompted respondents to select all response options that applied to their health department. In these instances, the sum of the percentages across all response options will be greater than 100 percent. For some QI outcomes, longitudinal analyses were conducted using only data from health departments that responded to both the Applicant Survey and Accredited Survey. For the sub-sample of health departments that completed both surveys, responses were compared between the two points in time.

The surveys also include some open-ended questions. Open-ended survey response data were analyzed in MS Excel. NORC aggregated the qualitative data in Excel, then reviewed and categorized individual responses by key words and themes developed deductively. Coders also extracted notable quotes from the qualitative data to better illustrate key quantitative findings.

Limitations

The following limitations should be considered when interpreting findings from this report. First, some of the survey questions and response options were revised or added at different points in time. These changes were made to reflect changes in the accreditation process, better resonate with respondents, streamline the surveys, and improve data quality. Effort was made to ensure revisions would not substantially affect respondents’ interpretations of the questions, but some changes may affect responses and, therefore, comparisons over time. Second, the survey responses are self-reported; therefore, the findings may reflect the experiences or beliefs of the individual who completed the survey at the time they completed the questionnaire. Third, while responses were sought from the applicant and accredited public health agency at the organizational level, it is possible that the response from the individual completing the survey reflect individual perceptions rather than the perspectives of all the agency as a whole. Finally, the surveys were fielded over multiple years and data collection periods. While continuous data collection enables assessment of trends and changes over time, contextual factors may have influenced responses from applicant and accredited health departments. Some of these contextual factors include: changes to the accreditation process (e.g., approval of Version 1.5 of the PHAB Standards and Measures in December 2013 and Standards & Measures Version 2022 in February 2022); public health emergencies (e.g., national events including the COVID-19 pandemic, Zika virus outbreaks, and the opioid crisis, and local events that affected smaller geographic areas, such as hurricanes and earthquakes); political or policy changes (e.g., presidential administration transitions); and individual agency changes in leadership.

Findings

Findings in this report include an overview of survey respondent characteristics, initial accreditation findings, and reaccreditation findings. First, we compare characteristics of respondents across the surveys; next, we present findings about perceptions and benefits from the Year 4 and Reaccreditation surveys; and finally, we provide findings on perceptions and benefits of initial accreditation.

Characteristics of Respondents

Figure 2 compares the characteristics of respondents across all five surveys. For every survey, over half of responding individuals were the Health Department Director and the majority were decentralized and local health departments. The distribution of health department type, structure, and population served is similar among the nonrespondents and the health departments that responded to the surveys.

Figure 2. Characteristics of Respondents

	Applicant Survey (N=346)	Accredited Survey (N=328)	Post-Accreditation Survey (N=281)	Year 4 Accreditation Survey (N=204)	Reaccreditation Survey (N=77)
Responding Individual					
Health Department Director	61.0%	71.3%	62.3%	57.4%	55.8%
Accreditation Coordinator	32.9%	22.3%	33.8%	34.8%	35.1%
Other	6.1%	6.4%	3.9%	7.8%	9.1%
Health Department Type					
Local	89.6%	86.3%	85.8%	84.3%	88.3%
State	8.4%	10.1%	12.1%	14.7%	11.7%
Multijurisdictional	0.9%	1.5%	0.4%	0.0%	0.0%
Territorial	0.3%	0.0%	0.0%	0.0%	0.0%
Tribal	0.9%	1.8%	1.4%	1.0%	0.0%
Army	0.0%	0.0%	0.4%	0.0%	0.0%
Integrated	0.0%	0.3%	0.0%	0.0%	0.0%
Health Department Structure					
Decentralized	85.8%	83.5%	82.2%	83.8%	84.4%
Centralized	4.3%	6.1%	6.8%	7.8%	5.2%
Mixed	0.9%	0.9%	1.4%	1.0%	0.0%
Shared	8.1%	7.6%	8.2%	6.4%	10.4%
Single Tribe	0.9%	1.8%	1.4%	1.0%	0.0%
Population Served					
Less than 50,000	28.3%	19.2%	14.6%	13.2%	9.1%
50,000 – 100,000	20.2%	18.6%	18.1%	16.7%	13.0%
100,000 – 250,000	18.2%	22.0%	22.8%	24.0%	23.4%
More than 250,000	33.2%	40.2%	44.5%	46.1%	54.5%

Key Findings on Perceptions and Benefits of Initial Accreditation

Key findings on perceptions and benefits of initial accreditation predominantly reflected data from the Post-Accreditation Survey (sent one year after initial accreditation) and the Year 4 Accreditation Survey (sent four years after the initial accreditation decision). These benefits are focused mostly on short-term and intermediate outcomes from initial accreditation. Other selected findings are from the Applicant Survey, Accredited Survey (sent after initial accreditation), and Reaccreditation Survey related to QI benefits of initial accreditation.

As a result of accreditation, health departments have experienced short-term benefits related to increased accountability and transparency, and improved capacity to provide high-quality programs and services.

One year following accreditation, health departments reported a range of short-term outcomes from initial accreditation (Figure 3). Frequently reported short-term outcomes of accreditation included greater accountability and transparency within the agency (88%), improved overall capacity to provide high-quality programs and services (81%), and increased use of evidence-based practices for public health programs and/or business practices (69%).

Figure 3. Short-term Health Department Outcomes (Post-Accreditation Survey, 2014-2022)

	% Strongly Agree or Agree (N=281)
Accreditation has stimulated greater accountability and transparency within our health department.	88%
Accreditation has improved our health department's overall capacity to provide high-quality programs and services.*	81%
Accreditation has increased the extent to which our health department uses evidence-based practices for public health programs and/or business practices.^	69%

*Post-Accreditation Survey, 2015-2022; N=235
^Post-Accreditation Survey, 2017-2022; N=198

Other benefits of accreditation, described by Post-Accreditation Survey respondents in an open-ended question, included: **improved internal collaboration and communication** (e.g., "*information sharing across all levels within the health department*" and "*cross-department working groups*"); **enhanced**

processes, organization, and evaluation (e.g., "*strengthened processes related to documenting efforts and outcomes,*" "*improved policies and procedures,*" and "*better processes for evaluating performance*"); and **enhanced identification of priorities and goals** (e.g., "*emphasize[d] the importance of…clear, objective goals,*" "*talking points to use with staff and leaders to guide and influence change,*" and "*a clearer sense of where to aim immediate and future improvements*"). Some respondents mentioned the benefit of enhanced readiness for and ability to address emerging public health issues, such as pandemics and health care reform.

Accreditation has supported workforce development and training and employee pride and engagement.

Health departments reported that accreditation has helped them make progress with workforce development (Figure 4). In response to survey questions, 90% of respondents reported that accreditation had improved the health department's ability to identify and address gaps in employee training and workforce development. More than half of respondents (74%) said that accreditation strengthened employee pride in the agency.

Figure 4. Short-term Health Department Outcomes (Post-Accreditation Survey, 2017-2022)

	% Strongly Agree or Agree (N=198)	% Don't Know (N=198)
Accreditation has improved our health department's ability to identify and address gaps in employee training and workforce development.	90%	2%
Accreditation has strengthened employee pride in our agency.*	74%	11%

*Post-Accreditation Survey, 2020-2022, N=67

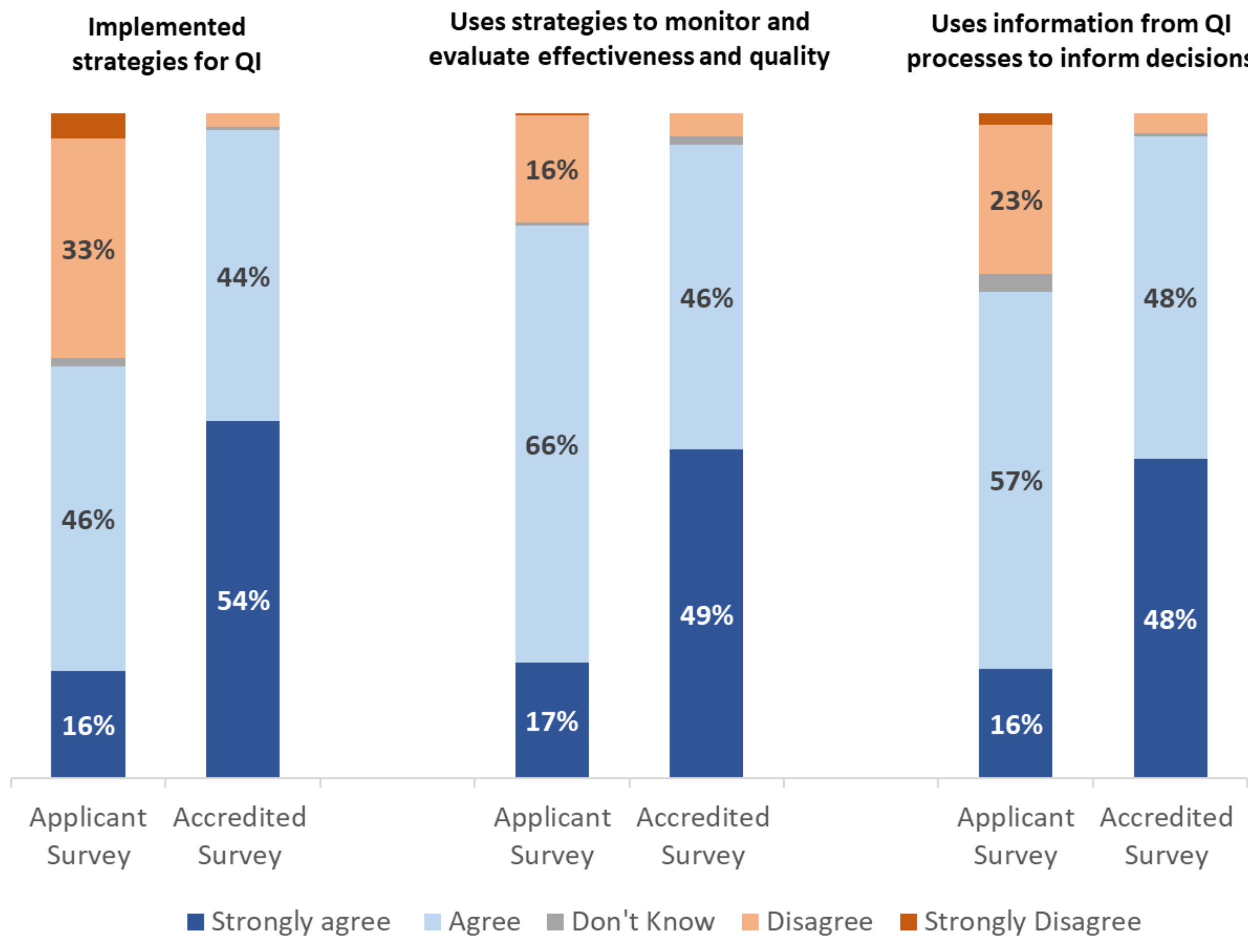
Another benefit of accreditation, described by Post-Accreditation Survey respondents in an open-ended question, was **increased employee morale and engagement** (e.g., "*boosted staff morale,*" and "*increased staff confidence*"). Other benefits provided by fewer respondents included: use of accreditation "*as an employment recruitment strategy*" that allowed health departments "*to attract more highly qualified public health personnel*".

Accreditation has had a notable impact on QI activities within health departments, and a key outcome of accreditation is strengthened QI culture.

Respondents described the extent to which accreditation has led to QI and performance management (PM) outcomes in their agencies. Figure 5 presents a longitudinal analysis of QI activities reported by

respondents that completed both the Applicant and Accredited Surveys. Compared to applicants, accredited health departments were more likely to have implemented strategies for QI (16% of Applicant Survey respondents vs. 54% of Accredited Survey respondents); used strategies to monitor and evaluate effectiveness and quality (17% vs. 49%); and used information from QI processes to inform decisions (16% vs. 48%).

Figure 5. Longitudinal Analysis of QI Activities among Applicant and Accredited Health Departments, 2013-2022*

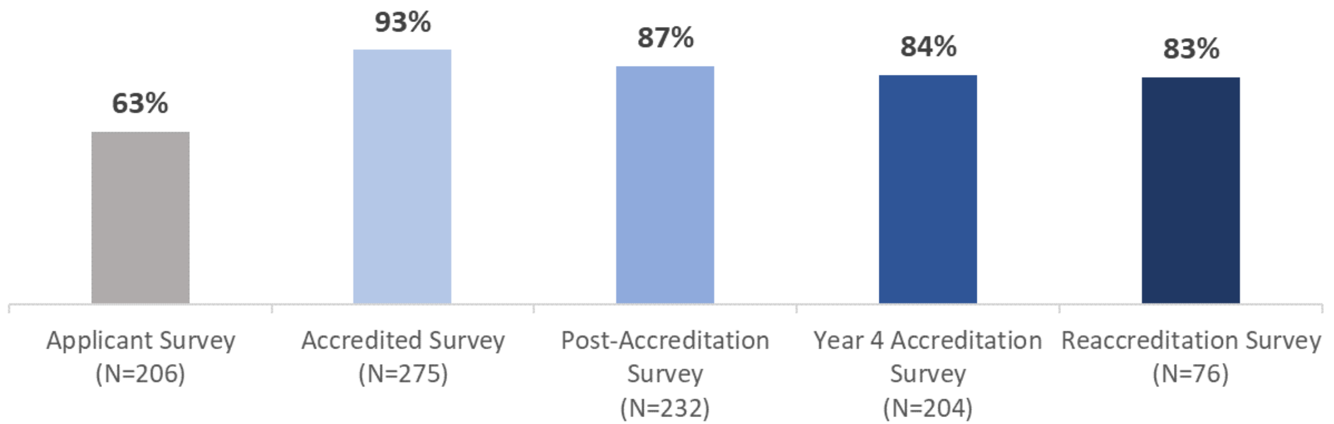


*N=231

Strengthened QI culture is a key outcome of accreditation. After initial accreditation, there was a substantial increase in the percentage of respondents reporting that QI is “conducted formally” or “our culture,” increasing from 63% in the Applicant Survey to 93% in the Accredited Survey (Figure 6). After achieving accreditation, the percentage of respondents that reported these outcomes remained stable and high over time, with 87% of Post-Accreditation Survey respondents, 84% of Year 4 Accreditation

Survey respondents, and 83% of Reaccreditation Survey respondents reporting that QI is "conducted formally" or "our culture."

Figure 6. QI Culture Reported across Surveys, Percent Reporting QI is "Conducted Formally" or "Our Culture"*

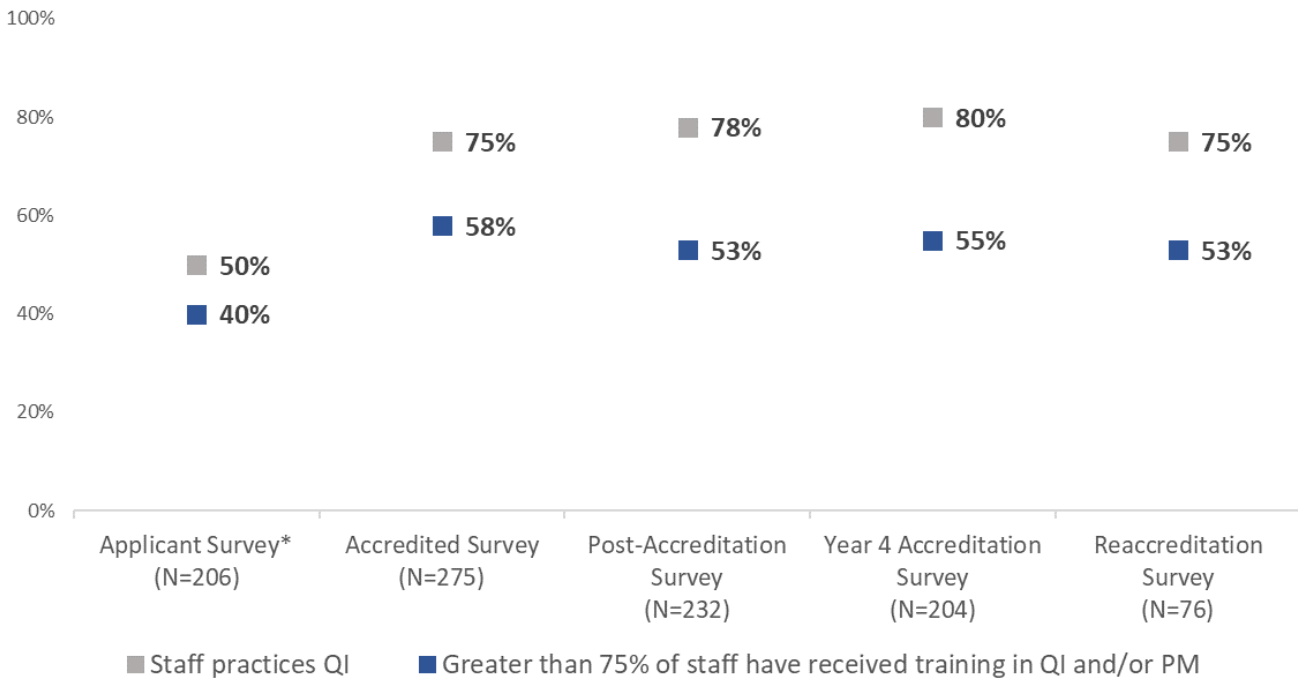


*Note: This also includes respondents that selected "Participates in multi-organizational QI initiative", a response option that was removed from the most recent version of the survey.

Accredited health departments reported higher levels of QI and performance management (PM) training and practice among staff compared to applicant health departments.

Respondents reported the extent to which accreditation has affected QI and PM training and practice among health department staff (Figure 7). There was an initial substantial increase in the proportion of respondents who reported QI activities between the Applicant and Accreditation Surveys, after which the percentages remained relatively stable. Fewer than half (40%) of Applicant Survey respondents reported that greater than 75% of staff received training in QI or PM, compared to 58% of Accredited Survey respondents, 53% of Post-Accreditation Survey respondents, 56% of Year 4 Accreditation Survey respondents, and 53% of Reaccreditation Survey respondents. This trend persisted regarding whether staff practiced QI: half (50%) of Applicant Survey respondents reported that staff practiced QI, compared to 75% in the Accredited Survey, 78% in the Post-Accreditation Survey, 80% in the Year 4 Accreditation Survey, and 75% in the Reaccreditation Survey.

Figure 7. QI/PM Training and Practice among Health Department Staff



*N=191 for "Greater than 75% of staff have received training in QI and/or PM"

Responses to open-ended questions in the Accredited Survey provided examples of the impact of accreditation on increased QI and PM training and practice. One respondent described QI implementation as sporadic prior to accreditation (i.e., not all staff were trained or engaged) and said the development of new processes and trainings for staff had changed the agency's approach to QI. A different agency implemented an online system to track improvements. One accredited health department said accreditation provided the opportunity to implement an agency QI Plan, QI Council, and Performance Dashboard.

> "Our staff are generally more intentional about QI now than before we began our accreditation journey. Many of us have always valued improvement, but formal QI has given us a process to approach process improvement uniformly from one situation to the next."
>
> Accreditation Survey respondent (*September 2022)*

Accreditation has resulted in improved relationships between health departments and their partners.

Four years after initial accreditation, most accredited health departments reported that accreditation improved their relationships with stakeholders and improved opportunities for partnerships (Figure 8). Over three-quarters of respondents (76%) said accreditation strengthened their relationships with key partners in other sectors, such as health care, social services, and education. Over half of respondents (63%) reported that accreditation resulted in new opportunities for partnerships or collaborations—

specifically, accreditation led to increased collaboration with other health departments (58%) and helped build relationships with new partners across sectors (53%).

Health departments accredited for four years also reported that accreditation enhanced their reputation and credibility, which may contribute to building new and improved relationships with stakeholders. Three-quarters (75%) indicated that accreditation improved their credibility within their jurisdiction and two-thirds (63%) indicated that it improved their visibility or reputation to external stakeholders.

Figure 8. Changes in Relationships with Stakeholders Due to Accreditation (Year 4 Accreditation Survey, 2017-2022)

	% Strongly Agree or Agree (N=204)	% Don't Know (N=204)
Accreditation has strengthened the health department's relationship with key partners in other sectors (e.g., health care, social services, education).	76%	4%
Accreditation has improved the credibility of the health department within the community or state.	75%	9%
Accreditation has improved the health department's visibility or reputation to external stakeholders.	63%	16%
As a result of being accredited, the health department has had new opportunities for partnerships and collaborations.	63%	6%
Accreditation has led to increased collaboration with other health departments.*	58%	9%
Accreditation has helped build relationships with new partners across sectors (e.g., health care, social services, education).	53%	9%

*Year 4 Accreditation Survey, 2020-2022; N=117

Accredited health departments experienced improved utilization of resources and competitiveness for funding opportunities.

Respondents consistently reported that accreditation positively impacted the agency's financial status, both in terms of managing existing resources and securing new funding (Figure 9). Nearly two-thirds (63%) of respondents accredited for four years reported that accreditation improved the utilization of

resources within the health department. Some respondents described in open-ended survey responses that QI efforts and accountability to PHAB prompted them to be more cognizant of resource utilization. For example, one respondent specified that *"streamlined work processes"* resulting from accreditation decreased the resources expended on those tasks. A different respondent said: "*improved utilization of resources has stemmed from the QI projects and training staff to recognize value versus waste*." A specific process improvement shared from another health department was: "*One example of improved utilization of resources resulted from establishing a standard process for grant application review. The improved process allows for better visibility of resources planned for potential grant opportunities."*

Among health departments accredited for four years, 39% reported that accreditation improved their competitiveness for funding opportunities and 28% said accreditation resulted in new funding (Figure 9). Examples of new funding since becoming accredited were for: *"mentoring other agencies or training";* a *"performance incentive"* from a state health department; QI funding from state health departments; health improvement initiatives and plans; and to develop *"a tool to enhance accreditation readiness."*

> "We believe that as an accredited health department, our grant applications are strengthened and this has resulted in new grant funding."
>
> Year 4 Accreditation Survey
>
> (*September 2018*)

Some respondents said their accreditation status made a positive impact on their budget (34%). For example, respondents shared that: accreditation helped them "*to secure [a] public health property tax increase*"; their state subsidy per capita doubled; funders "*acknowledge*" accreditation or recognize it "*as a strength*" on funding applications; accreditation or data collected through accreditation processes "*helped to make the case*" for funding requests; and that they were better positioned to meet a requirement to demonstrate that they "*have applied QI to a program for budget request considerations*."

Some respondents said they did not know if accreditation influenced their agency's competitiveness for funding. One respondent explained: "*In all of our grant applications, we state that we are nationally accredited. However, we have no idea whether that is a persuasive fact for funders*." A different health department elaborated: "*We share that we are nationally accredited in our grant applications. It is difficult to say if this status benefits us or makes us more competitive. We are successful at securing grant funds, but were competitive prior to accreditation as well. Accreditation provides a framework for activities of the agency. The process has helped identify areas that need more staff time allotted such as QI, PM, Equity, etc. In our state, a very modest increase in state subsidy is awarded to accredited health departments."*

In contrast, a number of respondents described limited or no impacts of accreditation on the health department's financial status. One respondent said there had been "no financial benefit whatsoever." Others cited barriers to improving their financial status despite achieving accreditation. One respondent shared: *"Accreditation has potentially made us more solicited for funding opportunities, but we have not been able to adjust our structure or infrastructure to be flexible enough to pursue the funding opportunities. We have a list of missed funding opportunities. Accreditation has enabled us to identify our gaps or weaknesses around our ability to secure more diverse funding."* Nonetheless, more than

half of health departments accredited for four years (55%) agreed their health department leadership team viewed the PHAB annual accreditation services fee as a good value.

Figure 9. Additional Detail on Changes in Financial Status Due to Accreditation (Year 4 Accreditation Survey, 2017-2022)

	% Strongly Agree or Agree (N=204)	% Don't Know (N=204)
Accreditation has improved the utilization of resources within the health department.	63%	11%
Health department leadership team views the PHAB annual services fee as a good value.*	55%	13%
Accreditation has improved the health department's competitiveness for funding opportunities.	39%	13%
Accreditation has had a positive impact on the health department budget (e.g., helped demonstrate value and needs in budget discussions, or protected health department against budget cuts)*	34%	17%
Accreditation has resulted in new funding for the health department.	28%	14%

*Year 4 Accreditation Survey, 2020-2022; N=117

Accreditation helped health departments apply health equity principles and, ultimately, positively influence health outcomes.

Accreditation has helped health departments incorporate health equity into their practices and, ultimately, positively influence health outcomes in their communities (Figure 10). Almost three-quarters of health departments accredited for four years recognized synergy between accreditation and health equity, reporting that accreditation helped them use health equity as a lens for identifying and addressing health priorities (73%), and that accreditation helped them apply health equity to internal planning, policies, or processes (69%). Some health departments reported in open-ended survey responses that they already prioritized health equity before pursuing accreditation; others noted that an increased understanding, focus, or commitment to health equity was among the most important benefits of accreditation. One health department said accreditation helped them more effectively partner with other organizations in their community to advance health equity.

Figure 10. Health Equity and Health Outcomes (Year 4 Accreditation Survey, 2017-2022)

	% Strongly Agree or Agree (N=204)	% Don't Know (N=204)
Accreditation has helped the health department use health equity as a lens for identifying and addressing health priorities.*	73%	5%
As a result of accreditation, the health department has applied health equity to internal planning, policies, or processes.*	69%	4%
Health department activities implemented as a result being accredited have led to improved health outcomes in the community.	51%	26%

*Year 4 Accreditation Survey, 2020-2022, N=117

Half of health departments accredited for four years (51%) indicated that accreditation led to improved health outcomes in their communities. Among the other half of health departments, 23% strongly disagreed or disagreed that accreditation led to improved health outcomes and 26% said they do not know whether accreditation has led to improved health outcomes. A couple of health departments described that accreditation helped them work more effectively with partners to improve health outcomes and well-being in their community. One said, *"we believe being accredited has provided us with the confidence to work more effectively with community partners,"* highlighting that this confidence enabled them to make more exact requests of partners to collect process and outcome data as part of system-wide efforts to address substance use disorder and breastfeeding rates. In contrast, some health departments said it was too early to observe changes in health outcomes due to accreditation; others shared that it can be difficult to attribute changes in health outcomes to accreditation. One health department emphasized that *"there is often a latency period"* between interventions and changes in health outcomes, *"especially when the actions being examined [i.e., accreditation activities] are not direct clinical services."*

Health departments provided information on how aspects of accreditation supported their response to the COVID-19 pandemic, as well as resulting challenges that affected accreditation efforts.

Although the surveys did not ask any questions specifically about COVID-19, several health department respondents shared the ways accreditation supported their agency's response to COVID-19, such as: strengthened partnerships, including those with other sectors; application of QI skills and processes; improved processes for decision making, including use of data to drive response efforts; ability to leverage communications and branding plans; and improved teamwork. Regarding QI, one respondent explained: "*While COVID-19 has derailed some of our formal plans, we have carried the QI mindset*

into our COVID-19 response." Two additional sample quotes from respondents regarding the benefits of accreditation in relation to the COVID-19 response included:

- "*Accreditation has particularly helped us quantify and address health equity issues in our community. It has also helped us establish stronger working relationships with certain partners that have since proved invaluable in our COVID response (e.g., public and private schools, health care systems, chamber of commerce, etc.)."*
- *During the COVID-19 crisis community and partners have been very impressed how we have communicated and been open to our county agencies.*

Some respondents said the COVID-19 pandemic and public health emergency posed challenges for their agencies overall. This included, for example: staff turnover, recruitment, and overall health department operations and activities. Some respondents said COVID-19 affected the agency's accreditation journey—including the ability to prepare for reaccreditation and annual reporting to PHAB—due to limited staff capacity and time to work on accreditation activities as well as shifts in agency priorities and funding to support the COVID-19 response. Numerous health departments said activities relevant to certain accreditation-related areas were slowed, suspended, or deprioritized as a result of COVID-19. These were QI and PM activities, workforce and leadership development, documentation, addressing areas for improvement identified by Site Visitors, and monitoring and evaluation.

> "I want to emphasize the difficulties from staff resignations this year. We are a rural department and positions have been very difficult to refill—in large part due to COVID and the public backlash to public health here."
>
> Year 4 Accreditation Survey (*December 2020*)

Key Findings on Perceptions and Benefits of Reaccreditation

Key findings on perceptions and benefits of reaccreditation are from the Year 4 Accreditation Survey (sent four years after the initial accreditation decision) and the Reaccreditation Survey (sent after health departments were reaccredited). These two surveys examined intent to apply for reaccreditation, factors influencing that decision, experiences with reaccreditation, and outcomes from reaccreditation.

Most health departments accredited for four years intended to apply for reaccreditation.

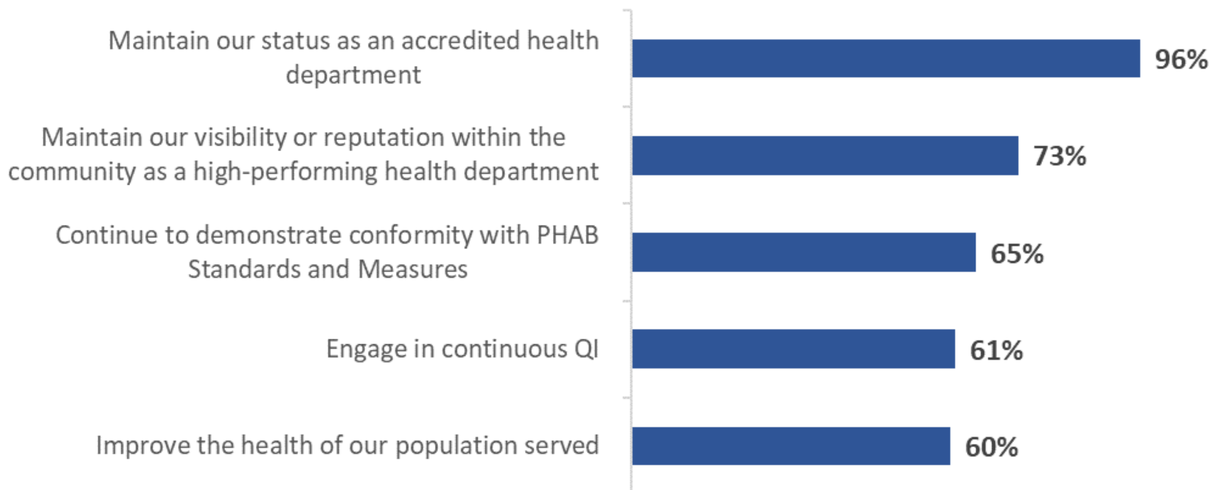
Accredited health departments are required to begin a new accreditation cycle every five years. After initial accreditation, health departments maintain accreditation status through reaccreditation. Four years after initial accreditation, the majority of health department respondents said their health department intended to apply for reaccreditation (89%). Thirteen respondents said they did not plan to apply for reaccreditation (6%), and nine respondents said their health department was undecided (4%).

The most common reason health departments decided to apply for reaccreditation, reported by 96% of those who intended to apply, was to maintain their status as an accredited health department (Figure 11). Other frequently reported reasons were to: maintain visibility or reputation within the community as a high-performing health department (73%), continue to demonstrate conformity with PHAB Standards and Measures (65%), engage in continuous QI (61%), and improve the health of the population served (60%). Other reasons for applying for reaccreditation, provided in open-ended responses, included: mandated by their state legislature; visionary leadership; an opportunity to practice Public Health 3.0; and *"another five year period to determine whether PHAB accreditation increases external benefit to our agency and community."*

"We are concerned that if we stopped, we would stop our focus on big picture planning that accreditation forces us to do, we will lose out if there ever is a revenue stream that becomes available as a result of accreditation, and if accreditation becomes required, we would have to start all over."

Year 4 Accreditation Survey respondent (*February 2019*)

Figure 11. Reasons for Deciding to Apply for Reaccreditation (Year 4 Accreditation Survey, 2017-2022)*



*N=182

Among the Year 4 Accreditation Survey respondents who reported they were undecided (4%), several answered an open-ended question about the factors that would influence their agency's decision to apply for reaccreditation. Responses included *"evidence that accreditation will be of financial benefit,"* and *"political influence."*

Very few health departments reported they did not plan to apply for reaccreditation (6%). The top five reasons for not pursuing reaccreditation selected by respondents were: fees for reaccreditation (12 of 13 respondents), lack of perceived value or benefit of reaccreditation (11 of 13 respondents), limited return on investment of accreditation (11 of 13 respondents), reduced funding available to support accreditation activities (10 of 13 respondents), and limited staff time or other schedule limitations (8 of 13 respondents). Additionally, 11 of 13 respondents said they did not anticipate any negative effects of not undergoing accreditation. One of the respondents who said their health department did not plan to apply for reaccreditation indicated they would be delayed but intend to apply in the future.

"We had a very robust discussion with our Board and Leadership. Everyone was really struggling to try to figure out the right thing to do. In the end members felt that fees had reached the point that it indicated public health leaders at the national level were not being responsive to the needs of local public health."

Year 4 Accreditation Survey respondent (*December 2019*)

The Reaccreditation Standards and Measures provided an accurate assessment of health department performance.

The Reaccreditation Standards and Measures differ from initial accreditation; health departments focus on improvements and advancements in public health capabilities. Survey results suggested that the Reaccreditation Standards and Measures are an accurate assessment of health department performance (Figure 12). Nearly all respondents strongly agreed or agreed that the Reaccreditation Standards and Measures allowed for accurate measurement of public health capabilities and performance (99%), accurately assessed improvements and advancements (97%), and accurately reflected practice of high-performing health departments (95%).

Figure 12. Experiences with Reaccreditation Standards and Measures (Reaccreditation Survey, 2020-2022)

Reaccreditation Standards and Measures…	% Strongly Agree or Agree (N=77)	% Don't Know (N=77)
Allow for accurate measurement of public health capabilities and performance	99%	0%
Accurately assess improvements and advancements	97%	0%
Accurately reflect practice of high-performing health departments	95%	0%

Elements of the reaccreditation process helped health departments with performance improvements and strategic changes.

According to results from the Reaccreditation Survey, multiple elements of the reaccreditation process were beneficial to health departments, such as providing insights on their performance (Figure 13). The majority of respondents strongly agreed or agreed with the following statements: the process of developing the Measure narratives provided insights on how to improve performance (87%); the process of developing the Measure narratives led to assessing the health department overall (i.e., as a system or a cross-departmental assessment, rather than by program) (87%); and the Reaccreditation Report provided insights into how to improve health department performance (86%). About half (49%) of respondents strongly agreed or agreed that preparing for reaccreditation led to useful changes in tracking population health outcomes (e.g., adding new metrics or benchmarks or changing targets) and that the population health outcomes reporting requirement led to greater emphasis on tracking health outcomes (46%).

Respondents were asked in an open-ended question to describe strategic changes that occurred because of the process utilized to develop the Measure narratives. Examples of strategic changes implemented by health departments included: increased emphasis on improving writing capabilities among staff; secured an electronic platform to manage and align measures; enhanced cross-departmental collaboration; increased the use of evidence-based practices; helped to frame how to communicate work to stakeholders and the community; developed an Ethics Review Board; invested in a new health equity coordinator; increased focus on health equity, inclusion, and diversity; and placed more focus on outcomes. One health department shared the benefits of the Measure narrative and their uncertainty regarding the benefits of reaccreditation: *"It is too early to tell what the benefits of reaccreditation might be. The exercise of narrative writing did highlight opportunities for improvement. Yet, with our QI efforts, its likely those opportunities would have come forth without reaccreditation."*

Among respondent reaccredited health departments, 13% (n=10) reported that the Accreditation Committee required them to develop an Accreditation Committee Action Requirements (ACAR). Of these ten health departments, five (50%) said it was beneficial to implement the activities identified in the ACAR. One respondent described, *"it was definitely valuable to reflect on how we think about continual improvement and how we document and think about our work."*

> "We developed a comprehensive approach to community engagement and an agency-wide process to employ an evidence-based approach to improving population health, in response to the reaccreditation standards."
>
> Reaccreditation Survey respondent (*September 2020*)

Figure 13. Benefits of Undergoing the Reaccreditation Process (Reaccreditation Survey, 2020-2022)

	% Strongly Agree or Agree (N=77)	% Don't Know (N=77)
The process of developing the Measure narratives provided insights on how to improve our health department's performance	87%	1%
Process of developing Measure narratives led to assessing health department overall (i.e., as a system or cross-departmental, rather than program by program)	87%	1%
The Reaccreditation Report provided insights about how to improve our health department's performance	86%	3%
Preparing for reaccreditation led to useful changes in tracking population health outcomes (e.g., adding new metrics or benchmarks or changing targets)	49%	5%
Population health outcomes reporting requirement led to greater emphasis on tracking health outcomes	46%	5%

Health departments reported that staffing and schedule limitations were major challenges to undergoing reaccreditation.

There were several challenges to undergoing reaccreditation (Figure 14). The top three challenges reported were: limited staff time or other schedule limitations (77%), staff turnover or loss of key staff (62%), and leadership changes (39%). Very few respondents reported challenges related to decreased support from board of health or governing entity (3%), from other elected leaders (3%), or unanticipated costs (1%).

Figure 14. Challenges Experienced During Reaccreditation (Reaccreditation Survey, 2020-2022)

	% Reporting (N=77)
Limited staff time or other schedule limitations	77%
Staff turnover or loss of key staff	62%
Leadership changes	39%
Decreased perceived value or benefit	31%
Difficulty writing narrative responses	30%
Decreased priority for our health department	22%
Limited funding or financial constraints	17%
Difficulty identifying population health outcomes to report	8%
Decreased support from health department leadership team	8%
Decreased support from board of health or governing entity	3%
Decreased support from other elected leaders	3%
Unanticipated costs	1%
None	8%

Many respondents also noted COVID-19 as a challenge for their health department while undergoing reaccreditation. Examples of how health departments overcame the challenges, described by responses to an open-ended question, included: health department leadership prioritized reaccreditation efforts; dedicated the Accreditation Coordinator full time to the reaccreditation effort; provided ongoing communication about the importance of accreditation; and the Accreditation Coordinator interviewed subject matter experts (SMEs) and drafted the narrative before the SMEs reviewed and provided edits.

As a result of reaccreditation, health departments have experienced benefits including a strengthened culture of QI, greater collaboration, and benchmarking against other similar health departments.

Health departments reported benefits from their preparation for and participation in the reaccreditation process (Figure 15).[1] These benefits were also commonly reported from initial accreditation; however, nearly three-quarters (72%) of reaccredited health departments reported that their health department

[1] For this question, respondents selected a box if they experienced the outcome because of preparation for or participation in the reaccreditation process. This question was not a Strongly Agree, Agree, Disagree, Strongly Disagree question.

"experienced benefits from participating in the reaccreditation process that went beyond the benefits of participating in initial accreditation." The top three benefits that resulted from preparing for and participating in reaccreditation were: strengthened culture of QI in the health department (66%); helped the health department use health equity as a lens for identifying and addressing health priorities (66%); and led the health department to apply health equity to internal planning, policies, or processes (61%).

Health departments also reported other reaccreditation benefits and outcomes in response to an open-ended survey question. Multiple respondents described that the process of writing the narratives helped the health department to review, highlight, and reflect on the agency's accomplishments and achievements since initial accreditation. This resulted in increased internal awareness of activities and accomplishments, as well as pride among staff. Other benefits described were:

- "The reaccreditation process allowed us to strengthen our systems and be more mindful of evidence-based practices in designing new programs or processes. Initial accreditation was more focused on the structure of the Department whereas reaccreditation allowed us to move on and ***formalize our strategic actions***."
- "I continue to find it helpful as a public health leader to have ***benchmark standards*** and measures. I am pleased to see the maturation of the equity and population health measures."
- "[Reaccreditation] ***communicates our value to the community and partners***—that we provide the highest quality programs and services."
- "This was very valuable time to reflect on not only what we are doing, but how we are doing it. Reaccreditation challenged us to not rest on our laurels but to ***continually evaluate and improve upon our work***."
- "Reaccreditation does not allow the health department to remain status quo, it definitely requires that the foundation be built upon to ***continue to excel and grow***."

Finally, 88% of reaccredited health departments said they made the correct decision to apply for reaccreditation.

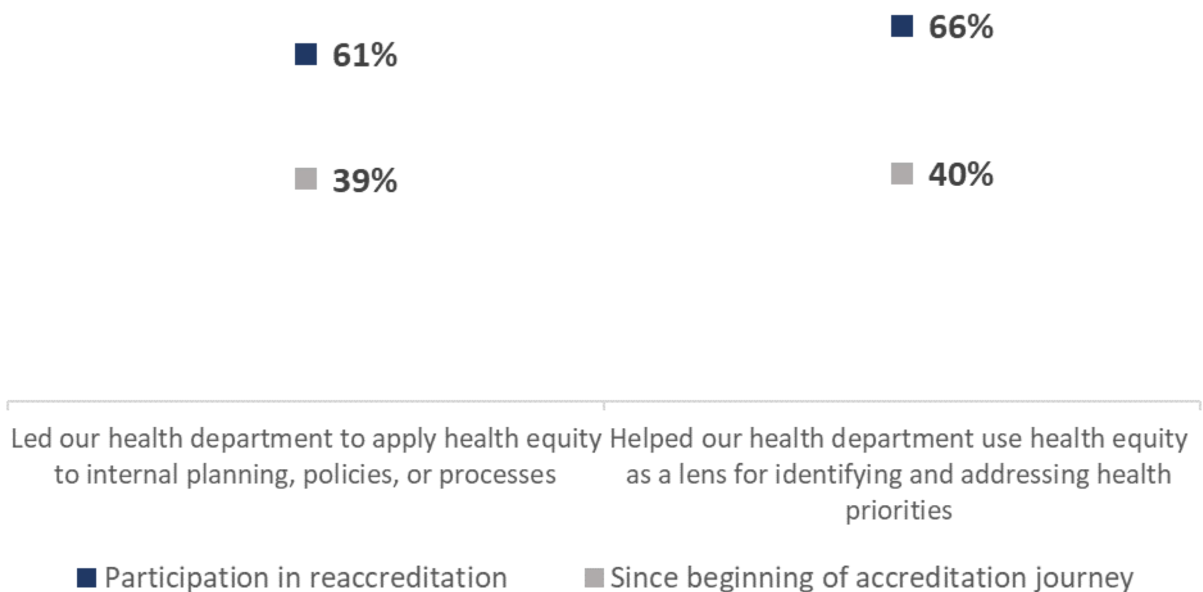
Figure 15. Outcomes Experienced Due to Participation in Reaccreditation (Reaccreditation Survey, 2020-2022)

Benefits experienced because of preparing for and participating in the reaccreditation process	% Reporting (N=77)
Health Department Benefits	
Strengthened the culture of QI in the health department	66%
Stimulated greater collaboration across departments or units within the health department	58%
Stimulated greater accountability and transparency within the health department	56%
Strengthened employee pride in the agency	56%
Led them to compare the health department's programs, processes, and/or outcomes against other similar health departments as a benchmark for performance	52%
Improved integration across departments or units in the health department	52%
Improved the health department's ability to identify and address gaps in employee training and workforce development	51%
Increased the extent to which the health department uses evidence-based practices for public health programs and/or business practices	44%
Improved the health department's overall capacity to provide high quality programs and services	42%
Improved utilization of resources within the health department	30%
Health Equity and Health Outcomes	
Helped the health department use health equity as a lens for identifying and addressing health priorities	66%
Led the health department to apply health equity to internal planning, policies, or processes	61%
Led to improved health outcomes in the community	30%
Relationship with External Stakeholders	
Improved the credibility of the health department within the community and/or state	52%
Improved the health department's visibility or reputation to external stakeholders	51%
Led to new opportunities for partnerships and/or collaborations	35%
Strengthened the health department's relationship with key partners in other sectors (e.g., health care, social services, education)	32%
Helped build relationships with new partners across sectors (e.g., health care, social services, education)	32%

The reaccreditation process has helped health departments implement practices that advance health equity.

In the Reaccreditation Survey, health departments indicated for each of a series of potential benefits whether they experienced the benefit 1) since they began the accreditation journey (including preparing for and gaining initial accreditation), and/or 2) because of their preparation for and participation in the reaccreditation process (Figure 16).[2] Health departments reported experiencing health equity-related outcomes more frequently due to reaccreditation, rather than since beginning initial accreditation. Two-thirds (66%) of respondents said reaccreditation helped the health department use health equity as a lens for identifying and addressing health priorities, compared to 40% that reported this outcome since beginning initial accreditation. In addition, 61% reported that reaccreditation led the health department to apply health equity to internal planning, policies, or processes, compared to 39% of respondents that experienced this outcome since beginning initial accreditation[3].

Figure 16. Health Equity Outcomes Experienced Because of Participation in Reaccreditation (Reaccreditation Survey, 2022-2022)*



*N=77

[2] For this question, respondents selected a box for whether the benefit was experienced since the beginning of the accreditation journey or because of preparation for or participation in the reaccreditation process. This question was not a Strongly Agree, Agree, Disagree, Strongly Disagree question.

[3] Most health departments that have responded to the Reaccreditation Survey used v1.0 of the initial Standards & Measures. These differences may reflect how PHAB evolved the Standards & Measures from v1.0 to when v1.5 and reaccreditation were released.

Conclusion

This report summarizes evaluation data gathered over nine years, through five surveys administered quarterly to applicant and accredited health departments. The longevity of this data collection demonstrates the value, impact, and benefits of accreditation. These are:

- **Quality and Performance Improvement.** Accreditation has had a notable impact on QI activities within health departments; for example, accredited health departments were more likely than applicants to have implemented QI strategies and used strategies to monitor and evaluate effectiveness and quality. A key outcome of initial accreditation was strengthened QI culture; in addition, accredited health departments reported higher levels of QI and performance management (PM) training and practice among staff compared to applicant health departments. Health departments agreed that the Reaccreditation Standards and Measures provided an accurate assessment of health department performance, and that elements of reaccreditation helped them with performance improvement and strategic changes. Further, because of reaccreditation, health departments experienced a strengthened culture of QI within the health department.
- **Partnerships.** Accreditation has resulted in improved relationships between health departments and their partners. Specifically, health departments reported that accreditation strengthened relationships with key partners in other sectors, resulted in new opportunities for partnerships, and helped build relationships with new partners.
- **Accountability.** As a result of initial accreditation, health departments experienced greater accountability and transparency within the agency. Further, because of reaccreditation, health departments experienced greater collaboration and benchmarking against other similar health departments.
- **Workforce.** Accreditation has helped health departments make progress with workforce development; initial accreditation has improved health departments' ability to identify and address gaps in employee training and workforce development. Accreditation has also strengthened employee pride and engagement. Staffing and schedule limitations were major challenges to undergoing reaccreditation.
- **Resources.** As a result of initial accreditation, health departments have improved capacity to provide high-quality programs and services. Accredited health departments experienced improved utilization of resources and competitiveness for funding opportunities. Accreditation has also increased the extent to which health departments used evidence-based practices for public health programs and/or business practices.
- **Community Health and Equity.** Initial accreditation has helped health departments apply health equity principles and, ultimately, positively influence health outcomes. Further, the reaccreditation process has helped health departments implement practices that advanced health equity.
- **Emergency Preparedness.** Health departments provided information on how aspects of accreditation supported their response to the COVID-19 pandemic, such as strengthened

partnerships, including those with other sectors; application of QI skills and processes; improved processes for decision making, including use of data to drive response efforts; ability to leverage communications and branding plans; and improved teamwork.

Health department survey respondents also provided feedback on their intent to apply for and perceptions of reaccreditation. Most health departments accredited for four years intended to apply for reaccreditation. The most reported reasons for deciding to apply for reaccreditation were to maintain status as an accredited health department and maintain visibility or reputation within the community as a high-performing health department. Some reaccredited health departments described challenges with the process, such as the burden of developing the Measure narratives; others described that this process provided more benefits than that of initial accreditation.

Continued data collection is important for building the evidence base on the benefits and impact of the national public health department accreditation program over time.

Appendix A. Publications

This appendix presents publications resulting from NORC's work to evaluate the effects of the PHAB accreditation program, including peer-reviewed articles and reports.

Peer-Reviewed Articles

Heffernan M, Melnick M, Siegfried AL, Papanikolaou M. Benefits and impacts of public health accreditation for small local health departments. *J Public Health Manag Pract.* 2023; 29(3): E108-E114.

Kennedy M, Heffernan M, Gonick SA, Siegfried AL. Exploring the linkage between accreditation outcomes and public health emergency preparedness and response. *J Public Health Manag Pract.* 2022; 28(1): E80-E84.

Heffernan M, Kennedy M, Gonick SA, Siegfried AL. Impact of accreditation on health department financial resources. *J Public Health Manag Pract.* 2021; 27(5): 501-507.

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(Suppl 3): 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(Suppl 3): S102-S108.

Kronstadt J, Meit M, Siegfried A, Nicolaus T, Bender K, Corso L. Evaluating the Impact of National Public Health Department Accreditation – United States, 2016. *MMWR*. 2016 August; 65(31): 803-806.

Reports

Heffernan M, Siegfried A, Kennedy M, Gonick S, Meit M. Assessing Accreditation Outcomes: Survey Methodology. Published February 2020. Bethesda, MD: NORC at the University of Chicago. https://www.norc.org/content/dam/norc-org/pdfs/NORC_Accreditation_Methods_2020.pdf

Gonick S, Heffernan M, Siegfried A, Kennedy M, Meit M. Assessing Accreditation Outcomes: Quality Improvement and Performance Management Findings. Published February 2020. Bethesda, MD: NORC at the University of Chicago. https://www.norc.org/PDFs/Outcomes%20from%20Public%20Health%20Accreditation/NORC_Accreditation_QI_2020.pdf

Kennedy M, Heffernan M, Siegfried A, Gonick S, Meit M. Assessing Accreditation Outcomes: One Year After Accreditation. Published February 2020. Bethesda, MD: NORC at the University of Chicago. https://www.norc.org/content/dam/norc-org/pdfs/NORC_Accreditation_Outcomes_2020.pdf

Heffernan M, Siegfried A, Kennedy M, Gonick S, Meit M. Assessing accreditation outcomes: Year 4 Accreditation Survey Findings. Published February 2020. Bethesda, MD: NORC at the University of Chicago. https://www.norc.org/content/dam/norc-org/pdfs/NORC_Accreditation_Y4Outcomes_2020.pdf

Beatty KE, Meith M, Luzzi O, Siegfried A, Heffernan M, Nadel T, Searing MC. "The Journey to Accreditation: The Story of Clinton County Health Department." Journal of Public Health Management and Practice's 21 Public Health Case Studies on Policy & Administration. Novick LF, Morrow CB, Novick C. Wolters Kluwer, 2018. 248-58. Print.

Meit MB, Siegfried AL, Heffernan M, Kennedy M, Nadel T. Evaluation of Short-Term Outcomes from Public Health Accreditation: Final Report. November 2017. https://www.norc.org/content/dam/norc-org/pdfs/NORC_RWJF%20Evaluation%20of%20Outcomes%20from%20Accreditation.pdf