

Introduction

The Public Health Accreditation Board (PHAB) encourages the production of high-caliber research to advance the science base of accreditation and systems change in public health. To promote this goal, the PHAB Board of Directors approved a preliminary set of research questions in 2011 and revised them in 2013 and again in 2017 to reflect the evolving nature of the accreditation program. In 2021, the Research Agenda and Logic Model were revised to further emphasize health equity, innovation, and preparedness and to reflect contextual factors that influence accreditation and the public health system.

PHAB's Logic Model is designed to illustrate the contributions of PHAB; stakeholders and partners, including funders, partner organizations, and researchers; and individual public health departments that participate in the accreditation process. The model presents a logical framework for how resources (i.e., the inputs in the accreditation system) and strategies may lead to outcomes for PHAB, participating health departments, and the public health field as a whole. The public health field encompasses individual health departments—both accredited and not—PHAB, stakeholders, and partners. The proximate outcomes are more directly related to the accreditation process. Intermediate outcomes are built on the success of proximate outcomes and are critical in order to achieve ultimate outcomes. Ultimate outcomes are the results that are anticipated for further in the future and are affected by many other factors. For example, health status is heavily influenced by the social determinants.

The Logic Model is an important tool to help researchers and evaluators understand the goals of accreditation in order to systematically test the links between the work of the accreditation system and the proximate outcomes, intermediate outcomes, and ultimate outcomes. It is also a visual representation of how stakeholders in the accreditation enterprise work together in support of PHAB's mission: "to advance and transform public health practice by championing performance improvement, strong infrastructure, and innovation."

The PHAB Research Agenda tests the theory of change depicted in the PHAB Logic Model; they are designed to be used in conjunction with each other. For example, question 3 from the Research Agenda ("To what extent do health departments experience the proximate/ intermediate outcomes?") relates to each of the outcomes listed in the relevant columns of the Logic Model. To view citations of research that is responsive to these research questions, visit phaboard.org/research-agenda/.

To further foster research related to accreditation, PHAB hosts a data visualization portal at phabdata.org. Researchers and the general public can use the portal to view aggregate data on health departments' conformity with the accreditation Standards & Measures or compare health department data through the use of filters. For researchers interested in additional data, view PHAB's data and use guidelines and data use agreement [here](#).

PHAB is deeply invested in growing the evidence base surrounding accreditation and public health practice, as outlined in our Logic Model and Research Questions.

Resources	Strategies	Proximate Outcomes	Intermediate Outcomes	Ultimate Outcomes
<p>Organization</p> <ul style="list-style-type: none"> • Board, committees, & work groups • Staffing & expertise 	<p>Market and implement accreditation & reaccreditation</p> <ul style="list-style-type: none"> • Draft/revise standards • Train health departments & site visitors 	<p>Strong, credible, & sustainable accreditation program</p>	<p>Standards drive transformation</p>	<p>Increased health equity</p>
<p>Peer site visitors</p>	<p>Evaluate and improve the program to increase impact & equity</p>	<p>National consensus standards for public health agencies</p>	<p>Increased science base for practice</p>	<p>Improved community health indicators</p>
<p>Frameworks for public health practice (eg, FPHS, 10 EPHS)</p>	<p>Make data available & foster research</p>	<p>Standards adopted as performance measures</p>	<p>Improved identification & use of evidence-based practices & policies</p>	<p>Improved conditions to protect and promote the health of all people in all communities</p>
<p>Funders</p>	<p>Conduct & disseminate research (including best practices)</p>	<p>Increased participation in accreditation from diverse agencies nationwide</p>	<p>Increased use of benchmarks for evaluating performance</p>	<p>Strengthened public health agencies & systems</p>
<p>National, Tribal, territorial, state, regional, & local partners</p>	<p>Promote accreditation nationwide</p> <ul style="list-style-type: none"> • Provide funding & incentives 	<p>Improved communication about public health</p>	<p>Increased consistency in practice</p>	<p>Increased parity in public health capacity</p>
<p>Researchers</p>	<p>Provide TA and training</p>	<p>Data from accreditation system informs evidence base</p>	<p>Increased use of QI & performance management resulting in practice improvements</p>	<p>Increased capacity for optimal investment in public health</p>
<p>Interest, buy-in, & commitment to seek & maintain accreditation</p>	<p>Prepare and apply for accreditation</p> <ul style="list-style-type: none"> • Participate in training & TA • Assess readiness • Make improvements to meet standards 	<p>Strengthened community engagement and trust</p>	<p>Increased inter-agency & cross-sector collaboration</p>	<p>Increased capacity for optimal investment in public health</p>
<p>Stability, resources, & readiness to apply for accreditation</p>	<p>Collaborate with partners and promote the use of community voice</p>	<p>Increased organizational accountability</p>	<p>Increased visibility & credibility of public health agencies</p>	<p>Continuous public health innovation</p>
<p>QI, performance management, & assessment experience</p>	<p>Review & share findings</p> <ul style="list-style-type: none"> • Develop & implement improvement plan 	<p>Increased knowledge of organizational strengths & weaknesses</p>	<p>Effective communications on public health role & value, health promotion & emergency response</p>	<p>Increased public recognition of public health role & value</p>
<p>Mentor other agencies</p>	<p>Mentor other agencies</p>	<p>Supportive culture with increased awareness of importance of QI and performance management</p>	<p>More effective & efficient resource use</p>	<p>Public health field is prepared to address emerging & chronic challenges</p>
<p>Community partnerships</p>	<p>Maintain accreditation status</p>	<p>Increased understanding of community needs, assets, & inequities</p>	<p>Strengthened organizational capacity & workforce</p>	<p>Public health field is prepared to address emerging & chronic challenges</p>
<p>Legend</p> <ul style="list-style-type: none"> PHAB Stakeholders and Partners Individual Health Departments Public Health Field (all health departments, stakeholders, PHAB) 		<p>Data routinely used for decision making</p>	<p>Improved responsiveness to community priorities</p>	<p>Robust, continuous community partnerships</p>
		<p>Enhanced internal & external communication and collaboration</p>	<p>Policy changes implemented to promote better health outcomes & health equity</p>	
			<p>Novel processes are adapted & adopted</p>	

Research Questions

PHAB's Research Agenda offers a framework to expand the evidence base and strengthen the accreditation process.

1. How do the inputs and contextual factors in the logic model serve as barriers or facilitators to seeking and attaining accreditation?
 - a. What are the most effective strategies for supporting health departments seeking accreditation?
2. Do the PHAB Standards and Measures, in combination with the review process, capture what is most meaningful for evaluating the performance of health departments?
 - a. Do current findings suggest any changes to the Standards and Measures in order to meet current public health needs and future practice? Are core components of FPHS and 10 EPHS adequately captured?
 - b. Do the PHAB accreditation assessment and review process (including site visitor preparation) account sufficiently for contextual differences among health departments seeking accreditation?
 - c. How can the process of maintaining accreditation (including Annual Reports and reaccreditation) promote continuous improvement?
 - d. Are there quantifiable metrics of organizational performance (i.e., related to budget, human resources, etc.) that could be collected through accreditation to strengthen health department infrastructure?
 - e. How can PHAB accreditation further foster health department innovation?
3. To what extent do health departments experience the proximate/intermediate outcomes in the Logic Model?
 - a. How do outcomes for health departments change from pre-accreditation to post-accreditation? To what extent does accreditation contribute to those changes?
 - b. To what extent do the proximate/intermediate outcomes prepare health departments to respond to chronic and emerging public health challenges?
 - c. Do differences in assessments of conformity with the Measures correlate to differences in the likelihood of experiencing proximate/intermediate Logic Model outcomes?
4. How do accredited and in-process health departments differ from health departments not engaged in accreditation regarding proximate and intermediate outcomes?
 - a. To what extent does undergoing the accreditation process contribute to those differences?
5. How does accreditation affect the public health system, including nonaccredited health departments?
 - a. Does accreditation help build the evidence base for public health practice, including quality improvement, performance management, community partnerships, and innovation?
 - b. What are the mechanisms through which accreditation improves performance among health departments that do not apply for accreditation?
 - c. Does the adoption of national standards for accreditation result in changes for public health funding?
 - d. Does accreditation increase the nationwide consistency of health departments' activities? Does increased consistency result in higher performing health departments? To what extent does accreditation contribute to greater equity in public health capacity?
 - e. Does accreditation enhance public recognition of the value of public health?
6. What is the impact of health department accreditation on health outcomes and health equity?
 - a. What are the most appropriate methods to determine if improved health outcomes and/or reduced health disparities can be attributed to a high-performing health department?
 - b. Has accreditation fostered increased actions and outcomes related to health equity?
 - c. What, if any, health outcomes are more readily influenced by health department accreditation?
 - d. To what extent does accreditation contribute to greater equity in public health capacity? Are the improvements in health from accreditation ethically distributed across the population served?
 - e. If pursuit of accreditation leads to sharing of services between health departments or other systems transformations, how does that impact health outcomes and health services?