This presentation was developed in June 2021 to provide an update on findings from NORC’s evaluation of the public health accreditation program. The presentation includes an update on initial accreditation outcomes and preliminary data on reaccreditation outcomes.
The findings and conclusions in this presentation 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). 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 from:

- PHAB, through funding from the Robert Wood Johnson Foundation (RWJF) and CDC (2013 to 2016)
- RWJF under Grant Number 72509 (2015 to 2017)
- RWJF under Grant Number 73844 (2017 to 2020)

Current funding support for the evaluation is from PHAB, through funding from the CDC.
This presentation begins with background information about the data collection (slides 4 to 6). Then, we present key findings on initial accreditation outcomes (slides 7 to 24) followed by key findings on reaccreditation outcomes (slides 25 to 32). The final slide (slide 33) includes contact information for the evaluation.
Background

Slides 4 to 6 present background information about the surveys.
Since 2013, NORC has surveyed applicant and accredited health departments that have met certain milestones in the accreditation process. NORC sends the surveys on an approximately quarterly basis. Currently, NORC is fielding five surveys, including:
1. Applicant Survey – sent to health departments following registration in e-PHAB
2. Accredited Survey – sent to health departments following the accreditation decision
3. Post-Accreditation Survey – sent to health departments one year following initial accreditation
4. Year 4 Accreditation Survey – sent to health departments four years following initial accreditation
5. Reaccreditation Survey – sent to health departments following the reaccreditation decision

The surveys were approved by the Office of Management and Budget (OMB No. 0920-1295; expiration 04/30/2023).
The response rate is over 80% for all five surveys.

<table>
<thead>
<tr>
<th>Survey Name</th>
<th>Start Date</th>
<th>Total Number of Responses</th>
<th>Response Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant Survey</td>
<td>October 2013</td>
<td>341</td>
<td>88%</td>
</tr>
<tr>
<td>Accredited Survey</td>
<td>December 2013</td>
<td>278</td>
<td>94%</td>
</tr>
<tr>
<td>Post-Accreditation Survey</td>
<td>April 2014</td>
<td>256</td>
<td>86%</td>
</tr>
<tr>
<td>Year 4 Accreditation Survey</td>
<td>July 2017</td>
<td>149</td>
<td>84%</td>
</tr>
<tr>
<td>Reaccreditation Survey</td>
<td>July 2020</td>
<td>33</td>
<td>83%</td>
</tr>
</tbody>
</table>

For all five surveys, the response rate is over 80%. The survey launch dates were:
- Applicant Survey: October 2013
- Accredited Survey: December 2013
- Post-Accreditation Survey: April 2014
- Year 4 Accreditation Survey: July 2017
- Reaccreditation Survey: July 2020
Findings
Outcomes from Initial Accreditation

Slides 8 to 24 present an update on findings on initial accreditation outcomes.
Applicant health departments report many motivators for applying for accreditation.

<table>
<thead>
<tr>
<th>Motivator</th>
<th>% Strongly Agreed or Agreed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stimulate QI and performance improvement opportunities within HD</td>
<td>98%</td>
</tr>
<tr>
<td>Allow HD to better identify strengths and weaknesses</td>
<td>93%</td>
</tr>
<tr>
<td>Improve management processes used by leadership team</td>
<td>92%</td>
</tr>
<tr>
<td>Stimulate greater accountability and transparency within HD</td>
<td>91%</td>
</tr>
<tr>
<td>Part of strategic plan</td>
<td>90%</td>
</tr>
<tr>
<td>Help document capacity to deliver Three Core Functions of Public Health and Ten Essential Public Health Services</td>
<td>90%</td>
</tr>
<tr>
<td>Improve accountability to external stakeholders</td>
<td>84%</td>
</tr>
<tr>
<td>Improve credibility within community/state</td>
<td>84%</td>
</tr>
<tr>
<td>Improve competitiveness for funding opportunities</td>
<td>79%</td>
</tr>
<tr>
<td>Improve relationship with key partners in other sectors</td>
<td>78%</td>
</tr>
<tr>
<td>Improve communication with Board of Health/governing entity</td>
<td>66%</td>
</tr>
</tbody>
</table>


Health departments completing the Applicant Survey were asked to report the factors and potential benefits that motivated their health department to pursue accreditation. Data were collected between October 2013 and February 2020.
95% of accredited health departments reported they made the correct decision to apply for accreditation.

Source: Accredited Survey, 2013-2021, N=275
Reported = Strongly agreed or agreed with statement

Health departments completing the Accredited Survey are asked whether their health department made the correct decision to apply for national accreditation through PHAB. 95% of respondents strongly agreed or agreed. Data were collected between December 2013 and March 2021.
As a result of accreditation, health departments have experienced numerous short-term benefits.

**One year after accreditation**

- 95% reported accreditation has *stimulated quality* and performance improvement opportunities within the health department.
- 94% reported accreditation has allowed the health department to better *identify strengths and weaknesses*.
- 90% reported accreditation has helped the health department *document capacity* to deliver the three core functions of public health and the Ten Essential Public Health Services.
- 89% reported accreditation has stimulated greater *accountability* and *transparency* within the health department.
- 88% reported accreditation has stimulated greater *collaboration* across departments or units within the health department.*

*Source: Post-Accreditation Survey, 2014-2021, N=256; *N=130
Reported = Strongly agreed or agreed with statement

Health departments completing the Post-Accreditation Survey were asked about the benefits or outcomes the health department may have experienced in the past year as a result of being accredited. This slide shows the percentage of health departments that strongly agreed or agreed. Data were gathered between April 2014 and March 2021.

“We are better internal customers to one another, team to team - silos remain but much lower - and we continue to chisel away at them.”

Source: Post-Accreditation Survey
As a result of accreditation, health departments have experienced numerous short-term benefits.

**One year after accreditation**

- 85% reported accreditation has improved the health department’s overall capacity to *provide high quality programs and services.*
- 85% reported accreditation has improved the *management processes* used by the leadership team in the health department.
- 79% reported accreditation has improved the health department’s *accountability* to external stakeholders.
- 75% reported accreditation has increased the health department’s capacity to *identify and address health priorities.*
- 68% reported accreditation has increased the extent to which the health department uses *evidence-based practices* for public health programs and/or business practices.

“Accreditation led to a standard operating procedure used to gather community input [and] feedback and allows our Health Education Department to provide evidence-based programs that are wanted/needed in our community.”

Source: Post-Accreditation Survey, 2014-2021; N=256; *N=199; ^N=173

Reported = Strongly agreed or agreed with statement

Health departments completing the Post-Accreditation Survey were asked about the benefits or outcomes the health department may have experienced in the past year as a result of being accredited. This slide shows the percentage of health departments that strongly agreed or agreed. Data were gathered between April 2014 and March 2021.
We believe that the overall and most important value that accreditation has brought to our agency is more teamwork among the department. Before we became an accredited health department we worked in silos. During the accreditation process we had to work together in order to achieve accreditation. Since then, we have continued to build and strengthen those relationships across divisions. There is more of a 'team' feeling throughout the department.

Accreditation reinforces the need to focus on many of the basics (e.g., workforce, measurement, training, planning) that are often ignored when trying to prioritize or meet various deliverables from authorities, especially with limited resources. Accreditation now serves as an internal accountability mechanism and an extra reason for other agencies to engage with public health to address identified gaps.

Source: Post-Accreditation Survey

This slide presents two quotes from Post-Accreditation Survey respondents describing the overall value of accreditation to their agencies.
Accreditation has supported workforce development and training and employee pride and engagement.

One year after accreditation

- 89% reported accreditation has improved our health department’s ability to identify and address gaps in employee training and workforce development.
- 69% reported that as a result of being accredited, health department’s staff competencies have improved.*
- 63% of respondents reported that accreditation strengthened employee pride in the agency.*

Other internal benefits mentioned:

- Employment recruitment strategy to attract more highly qualified public health personnel
- Increased employee morale and engagement
- Increased staff confidence

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

Source: Post-Accreditation Survey

Health departments completing the Post-Accreditation Survey were asked about the benefits or outcomes the health department may have experienced in the past year as a result of being accredited. This slide shows outcomes related to workforce development and training, as well as employee pride and engagement. Data were gathered between April 2014 and March 2021.
Accreditation has had a notable impact on QI activities within health departments.

Health departments completing the Applicant Survey and Accredited Survey were asked the extent to which they agreed with several statements about QI activities prior to accreditation (Applicant Survey) and shortly after accreditation (Accredited Survey). This slide shows responses from health departments that completed both the Applicant and Accredited Surveys. The dark blue portion of the columns indicate an increase in the percentage of respondents that stated they “strongly agreed” with the following statements on QI activities:

- Implemented strategies for QI
- Used strategies to monitor and evaluate effectiveness and quality
- Used information from QI processes to inform decisions

Data were gathered between October 2013 and March 2021.
It changed our culture and demonstrated that despite we are a staff of 10, we could accomplish a major feat and be stronger for it, formalizing how we conduct business, how we infuse continued and never ending improvement into our culture and measuring and managing performance—all with improving our community’s health and experience.

Accreditation has helped transform our health department from “good enough” and “this is the way we’ve always done it” to being “great” and “how can we do things better/more efficiently/more effectively?” There is a night and day difference in our agency from when we began our accreditation journey in 2010 to where we are now, one year post-accreditation. We still have many improvements we’d like to make and know we need to make, but achieving accreditation has given us the knowledge and the confidence needed to continue our transformation.

Source: Post-Accreditation Survey

This slide presents two quotes from Post-Accreditation Survey respondents describing the overall value of accreditation to their agencies related specifically to QI.
A key outcome of accreditation is a strengthened QI culture.

In all five surveys, respondents were asked to report on the current QI and performance management culture in the agency. The percentage of respondents reporting that QI is “conducted formally” or the “culture” of the health department is more than 86% after accreditation (Accredited Survey, Post-Accreditation Survey, Year 4 Accreditation Survey, and Reaccreditation Survey), compared to 63% while applying for accreditation (Applicant Survey). Data were gathered between October 2013 and March 2021.
Accredited health departments have reported higher levels of QI and PM training and practice among staff compared to applicant health departments.

In all five surveys, respondents were asked to report the level of familiarity health department staff members have with QI. In a separate question, they were asked what percentage of staff in the organization have received training in performance management and/or QI. Data were gathered between October 2013 and March 2021.
Health departments completing the Year 4 Accreditation Survey were asked about certain benefits or outcomes related to credibility, partnerships, and collaboration they may have experienced since becoming accredited. More than three-quarters (76%) of respondents “strongly agreed” or “agreed” that accreditation has improved the credibility of the health department within the community or state. A slightly smaller percentage (66%) “strongly agreed” or “agreed” that accreditation has improved the health department’s visibility or reputation to external stakeholders, and 64% “strongly agreed” or “agreed” that as a result of being accredited, the health department has had new opportunities for partnerships and collaboration. Data were gathered between 2017 and 2021.
Sample quotes in response to: *What do you perceive as the overall value of accreditation to your agency?*

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- Increased credibility; focus on being a higher performing health department; we are better able to tell our story and better able to communicate the value of public health.

- The overall value of accreditation is that it helps brand the health department, reassuring the community that the services offered and information provided are of high quality, and the health department is dedicated to addressing social and physical determinants of health and justice for all.

**Source:** Post-Accreditation Survey

This slide presents two quotes from Post-Accreditation Survey respondents describing the overall value of accreditation to their agencies related to external partnerships.
Accreditation has resulted in improved relationships between health departments and their partners.

<table>
<thead>
<tr>
<th>Cross-Sector</th>
<th>HD Collaboration</th>
<th>New Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>78%</td>
<td>61%</td>
<td>54%</td>
</tr>
</tbody>
</table>

Accreditation has strengthened the health department’s relationship with key partners in other sectors (e.g., health care, social services, education). Accreditation has led to increased collaboration with other health departments.* Accreditation has helped build relationships with new partners across sectors (e.g., health care, social services, education).

Source: Year 4 Accreditation Survey, 2017-2021, N=149; *N=62

Health departments completing the Year 4 Accreditation Survey were asked about certain benefits or outcomes related to partnerships and collaboration they may have experienced since becoming accredited. More than three-quarters (78%) of respondents “strongly agreed” or “agreed” that accreditation has strengthened the health department’s relationship with key partners in other sectors (e.g., health care, social services, education). A slightly smaller percentage (61%) “strongly agreed” or “agreed” that accreditation has led to increased collaboration with other health departments, and 54% “strongly agreed” or “agreed” that accreditation has helped build relationships with new partners across sectors (e.g., health care, social services, education). Data were gathered between 2017 and 2021.
Accredited health departments experience improved utilization of resources and competitiveness for funding opportunities.

<table>
<thead>
<tr>
<th></th>
<th>Utilization</th>
<th>Competitiveness</th>
<th>Budget</th>
<th>New Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>68%</strong></td>
<td>Accreditation has improved utilization of resources within the health department.</td>
<td><strong>41%</strong></td>
<td>Accreditation has improved the health department’s competitiveness for funding.</td>
<td><strong>39%</strong></td>
</tr>
</tbody>
</table>


Health departments completing the Year 4 Accreditation Survey were asked about certain benefits or outcomes related to the financial benefits or outcomes the health department may have experienced since becoming accredited. For the financial impact outcomes, the percentage reporting “Don’t Know” was greater than most survey questions. For example, 15% said they “Don’t Know” whether accreditation has resulted in new funding for the health department. Data were gathered between 2017 and 2021.
Examples of new funding reported by health departments.

**Four years after accreditation**
- Funding for mentoring other agencies or training
- Performance incentive from state health department
- Funding for health improvement initiatives and plans
- Public health property tax increase
- State subsidy per capita doubled
- Accreditation or data collected through accreditation processes helped make the case for funding requests

“We believe that as an accredited health department, our grant applications are strengthened and this has resulted in new grant funding.”
Source: Year 4 Accreditation Survey

Source: Year 4 Accreditation Survey (2017-2021)

This slide presents examples of how accreditation has resulted in new funding for the health department. Respondents provided these examples in response to an open-ended question in the Year 4 Accreditation Survey. These data were gathered between 2017 and 2021.

For more information regarding the financial impact of accreditation:

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

**Four years after accreditation**
- 73% reported that that accreditation has helped the health department use *health equity as a lens for identifying and addressing health priorities.*
- 68% reported as a result of accreditation, the health department has *applied health equity to internal planning, policies, or processes.*
- 50% reported that health department activities implemented as a result of being accredited have led to *improved health outcomes* in the community.

“Since being accredited, our health department has strengthened and depended more effective partnerships with our community to address health equity and improve the overall wellness of people [in our community].”

Source: Year 4 Accreditation Survey, 2017-2021, N=146; *N=62.*
Reported = Strongly agreed or agreed with statement

Health departments completing the Year 4 Accreditation Survey were asked about the benefits or outcomes the health department may have experienced in the past year as a result of being accredited. This slide shows outcomes related to applying health equity and influencing health outcomes. Data were gathered between April 2014 and March 2021.
While COVID-19 has derailed some of our formal plans, we have carried the QI mindset into our COVID-19 response.

During the COVID-19 crisis community and partners have been very impressed how we have communicated and been open to our county agencies.

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.)

Source: Post-Accreditation Survey
Findings
Outcomes from Reaccreditation

Slides 25 to 32 present preliminary findings on reaccreditation outcomes.
The majority of health departments accredited for four years intend to apply for reaccreditation.

89% of health departments accredited for four years plan to apply for reaccreditation.

Source: Year 4 Accreditation Survey (2017-2021, N=149)

In the Year 4 Accreditation Survey, respondents were asked if the health department intends to apply for reaccreditation, and the reasons the health department has decided to apply for reaccreditation. Nearly all health departments reported “maintain our status as an accredited health department” as a reason the health department had decided to apply for reaccreditation. Data were gathered between 2017 and 2021.
The Reaccreditation Standards and Measures provide an accurate assessment of health department performance.

Reaccreditation Standards and Measures

- 100% Allow for accurate measurement of public health capabilities and performance
- 100% Accurately assess improvements and advancements
- 94% Accurately reflect practice of high-performing health departments

Source: Reaccreditation Survey, 2020-2021, N=33

In the Reaccreditation Survey, health departments were asked about their impressions of and experiences with the PHAB Reaccreditation process. All respondents (100%) “strongly agreed” or “agreed” that the Reaccreditation Standards and Measures allow for accurate measurement of public health capabilities and performance, and that they accurately assess health departments’ improvements and advancements. Slightly fewer (94%) “strongly agreed” or “agreed” that the Reaccreditation Standards and Measures accurately reflect the practice of high-performing health departments. Data were gathered between July 2020 and March 2021.
The process of developing the Measure narratives for reaccreditation benefits health departments.

- 85% of respondents "strongly agreed" or "agreed" that the process of developing the Measure narratives provided insights on how to improve health department performance.
- 81% of respondents "strongly agreed" or "agreed" that the process of developing Measure narratives led them to assess the health department overall (i.e., as a system or cross-departmental, rather than program by program).

Source: Reaccreditation Survey, 2020-2021, N=33

Although the narrative approach was possibly 2-3 times as difficult, we benefited at least 5 times as much as the original accreditation process.

In the Reaccreditation Survey, health departments were asked about their impressions of and experiences with the PHAB Reaccreditation process. The majority of respondents (85%) “strongly agreed” or “agreed” that the process of developing the Measure narratives provided insights on how to improve health department performance. Slightly fewer (81%) “strongly agreed” or “agreed” that the process of developing Measure narratives led them to assess the health department overall (i.e., as a system or cross-departmental, rather than program by program). Data were gathered between July 2020 and March 2021.
As a result of reaccreditation, health departments have experienced benefits including a strengthened culture of QI, greater collaboration, and benchmarking performance.

- **Quality Improvement**: 67%
  - Strengthened the culture of QI in the health department

- **Collaboration**: 61%
  - Stimulated greater collaboration across departments or units within the health department

- **Benchmarking**: 58%
  - Led us to compare health department’s programs, processes, and/or outcomes against other similar health departments as a benchmark for performance

In the Reaccreditation Survey, health departments were asked about the benefits or outcomes they may have experienced because of their preparation for and participation in the reaccreditation process. Respondents reported that reaccreditation strengthened the culture of QI in the health department (67%); stimulated greater collaboration across departments or within units of the health department (61%); and that it led the health department to compare programs, processes, and/or outcomes against other similar health departments as a benchmark for performance (58%). Data were gathered between July 2020 and March 2021.
This slide presents two quotes from Reaccreditation Survey respondents about the benefits of reaccreditation.

Kept us on our toes, brought us more into areas of health equity, workforce development, performance management, and communications. 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.

The reaccreditation process required us to demonstrate how we used the resources/tools that we had and or developed from initial accreditation. The reaccreditation process required us to evaluate our work and efforts and tell the story of how we have advanced and improved upon our work within the community. 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 (i.e. CQI and PM).

Source: Reaccreditation Survey
The reaccreditation process has helped health departments implement practices that advance health equity.*

To date, all reaccredited health departments were initially accredited under Standards & Measures Version 1.0. The evolution of the Standards & Measures may account for the change in its impact.

In the Reaccreditation Survey, health departments indicate for a series of potential benefits or outcomes whether they experienced the benefit 1) since they began the accreditation journal (including preparing for and gaining accreditation status) and/or 2) because of their preparation for and participation in the reaccreditation process. More than half of respondents reported that the reaccreditation process helps health departments implement practices that advance health equity.
Health departments completing the Reaccredited Survey are asked about the benefits of reaccreditation. The majority of respondents (88%) “strongly agreed” or “agreed” that they made the correct decision to apply for reaccreditation. Most respondents (70%) “strongly agreed” or “agreed” that the health department experienced benefits from participating in the reaccreditation process that went beyond the benefits of participating in initial accreditation. Data were collected between July 2020 and March 2021.
For more information from the evaluation of the PHAB accreditation program, please visit the following website or contact NORC or PHAB:

https://www.norc.org/Research/Projects/Pages/assessing-outcomes-from-public-health-accreditation.aspx