Assessing Outcomes from Public Health Accreditation

Updated April 1, 2020

Michael Meit, MA, MPH
Alexa Siegfried, MPH
Megan Heffeman, MPH
Mallory Kennedy, MPH
Since 2013, NORC has conducted several independent evaluations to assess outcomes of the national public health accreditation program. NORC began fielding the surveys through an initial evaluation project sponsored by PHAB, with funding from RWJF and CDC (May 2013 – December 2016); continued the surveys through an evaluation of short-term outcomes sponsored by RWJF (February 2015 – November 2017); and continued to gather data via surveys with funding support from RWJF from February 2017 – February 2020). Currently NORC has a contract with PHAB (with funding from the CDC) to continue the four surveys and launch a new survey of health departments that are reaccredited (2020 – present).

NORC sends surveys to health departments that have met each milestone on an approximately quarterly basis. The Year 4 Accreditation Survey is sent twice a year. The survey launch dates were:

- Applicant Survey: October 2013
- Accredited Survey: December 2013
- Post-Accreditation Survey: April 2014
- Year 4 Accreditation Survey: July 2017
### Survey Response Rates

*Response Rates as of February 2020*

<table>
<thead>
<tr>
<th>Survey Name</th>
<th>Milestone</th>
<th>Survey Population</th>
<th>Response Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant Survey</td>
<td>Registered in e-PHAB</td>
<td>382</td>
<td>338</td>
</tr>
<tr>
<td>Accredited Survey</td>
<td>Achieved accreditation</td>
<td>266</td>
<td>249</td>
</tr>
<tr>
<td>Post-Accreditation Survey</td>
<td>One year after accreditation</td>
<td>245</td>
<td>214</td>
</tr>
<tr>
<td>Year 4 Accreditation Survey</td>
<td>Four years after accreditation</td>
<td>96</td>
<td>87</td>
</tr>
</tbody>
</table>

*Note: Each survey instrument (excluding Year 4 Accreditation Survey) maintained a core set of questions between November 2013 and August 2017. Once in 2015 and once in 2017, each survey was modified slightly to include new questions. As a result, some data in this presentation have a smaller sample size. This is reflective of the fact that fewer respondents were provided the opportunity to respond to those questions.*
Motivators to Apply and Anticipated Benefits

<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>

Applicant Survey respondents are asked to report the internal factors and potential benefits that motivated their health department to pursue accreditation. Data were collected between October 2013 – February 2020.
Post-Accreditation Survey respondents were asked the extent to which they have experienced certain benefits from accreditation (one year after accreditation). These benefits are considered “internal benefits,” such as improvements to the health department’s functioning and processes.
"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." – State Health Department Respondent, Post-Accreditation Survey

“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.” – State Health Department Respondent, Post-Accreditation Survey

Quotes from Post-Accreditation Survey respondents describing the overall value of accreditation to their agencies.
Respondents were asked, across surveys, to report the impact of accreditation on more than 90% QI activities. The percentage of respondents reporting that QI is “conducted formally” in their health department or their “culture” is after accreditation (Accredited Survey, Post-Accreditation Survey and Year 4 Accreditation Survey), compared to 63% while applying for accreditation (Applicant Survey).
Respondents 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). The data on this slide represent health departments that responded to both the Applicant and Accredited Surveys and the dark green portion of the bars indicate an increase in the percentage of respondents that stated they “strongly agreed” with the statements on QI activities.
Post-Accreditation Survey respondents were asked the extent to which they have experienced certain benefits and outcomes as a result of accreditation (one year after accreditation). These outcomes are related to health department’s capacity to provide high quality services, identify and address health priorities, and implement evidence-based practices.
Respondent Quotes

“Accreditation is perceived as a key strategy to improve the functioning of this local health department. It has been critical in our ability improve and protect the health of the public. This system requires our capacity and performance to be measured against benchmarks or standards.”
– LHD Respondent, Post-Accreditation Survey

“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.”
– LHD Respondent, Post-Accreditation Survey

Quotes from Post-Accreditation Survey respondents describing the value of accreditation.
Post-Accreditation Survey respondents were asked the extent to which they have experienced certain benefits and outcomes as a result of accreditation, one year after achieving accreditation. These outcomes are related to workforce development.
Post-Accreditation Survey respondents were asked the extent to which they have experienced certain benefits from accreditation, one year after achieving accreditation. The majority of survey respondents “strongly agreed” or “agreed” that accreditation has improved the credibility of the health department and improved accountability to external stakeholders.
Respondent Quotes

“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.”
– LHD Respondent, Post-Accreditation Survey

“Demonstrates to our stakeholders that we are a **high quality agency**.”
– State Health Department Respondent, Post-Accreditation Survey

Quotes from Post-Accreditation Survey respondents describing the value of accreditation.
Health departments were asked both one year and four years after they were accredited about the extent to which they have experienced certain benefits from accreditation related to partnerships and collaboration. More than half of respondents “strongly agreed” or “agreed” that accreditation has strengthened relationships with key partners and resulted in new opportunities for partnerships.
Approximately half of Post-Accreditation Survey respondents “strongly agreed” or “agreed” that activities implemented by the health department as a result of being accredited have led to improved health outcomes in their community. Many evaluation respondents indicated that it is too soon to measure changes in health outcomes, as demonstrated in the Post-Accreditation Survey respondent quote.

“We strongly believe that the accreditation process has improved our culture of quality improvement throughout the department and strengthened the alignment of our efforts in support of our Strategic Plan, QI Plan, and CHA; however, we feel it is too early in the process to say there is direct linkage to improved health outcomes.”

– LHD Respondent, Post-Accreditation Survey
Over two-thirds of Year 4 Accreditation Survey respondents “strongly agreed” or “agreed” that accreditation has improved the utilization of resources within the health department.
Nearly all Accredited Survey respondents agreed that their health department made the correct decision to apply for national accreditation through PHAB. The majority of Accredited Survey respondents agreed that the PHAB accreditation fees are a good value. Almost all Post-Accreditation Survey respondents agreed that they did not experience any adverse effects due to participation in the accreditation process.
Nearly all health departments reported that they intend to apply for reaccreditation. The most commonly reported reason for deciding to apply for reaccreditation was to maintain status as an accredited health department.