PHAB Survey of Health Departments and Site Visitors During Response to COVID-19 Pandemic

July 2020

Introduction

The Public Health Accreditation Board (PHAB) administers the national accreditation program for state, Tribal, local, and territorial health departments. In response to the COVID-19 pandemic in March, 2020, PHAB granted all health departments undergoing the accreditation process a 90-day pause to allow health departments and site visitors (our volunteer peer reviewers) the time of focus on immediate response activities. In May and June of 2020, PHAB fielded a survey of health departments and active site visitors. The survey included questions to inform short-term planning as the end of the 90-day extension of all accreditation activities approached in mid-June. It also asked broader questions to support PHAB's longer term, strategic planning efforts. More than 80% of health departments responded to the survey.

PHAB is very appreciative of the time that health departments and site visitors spent on the survey. PHAB is taking steps to address the concerns raised by survey respondents about completing the accreditation in the midst of a response to a historic pandemic (communicated to health departments and site visitors under separate cover). We believe these findings also provide important insights about health department challenges, needs, and priorities in response to the COVID-19 pandemic.

Key findings:

The following is an overview of the survey findings.

- After the 90-day pause, all health departments that are in the documentation submission phase of the process or later indicated they intend to continue the process (potentially with further extensions). Only 8 accredited health departments (none of the state health departments) indicated that they do not intend to apply for reaccreditation.
- There are significant challenges.
    - Health departments report limited staff time, competing priorities, uncertainty about the course of the pandemic and its impact on their operations and finances, reduced funding, and changes in leadership.
    - Many site visitors face similar constraints on their time.
- Health departments provided suggestions for how PHAB can help address challenges.
    - In the short term, PHAB can provide flexibility with timelines, guidance about a virtual site visit process, communication about the value of accreditation, and guidance about the connection between COVID-19 response activities and accreditation documentation.
    - In the longer term, PHAB may consider, on the one hand, streamlined requirements, and on the other, expanded requirements related to preparedness (including elements related to collaboration and communication) and racial and health equity.

- PHAB may also consider reduced costs and continued efforts to identify additional financial support for accredited and in-progress health departments.
- More than 80% of health departments indicated that overall, accreditation has helped their response to the pandemic.
  - Preparation for accreditation has been particularly helpful in response to the COVID-19 pandemic in the areas of preparedness plans and policies and relationships with other sectors and stakeholders.
- There are opportunities for PHAB to provide resources to support health departments at this time.
  - There is great interest in resources that link accreditation and innovation to COVID-19 response.
  - There is also strong support for PHAB to coordinate with national partner organizations on communicating value of public health and role of accreditation.
  - Additional communication about PHAB and PHNCI products is needed as there is limited awareness of some existing resources.
  - Some respondents expressed concerns about resource overload and PHAB staying in its lane.

Methodology and Response Rates

The surveys were developed in consultation with Davidoff Mission-Driven Business Strategy, a consultant working with PHB on strategic planning. All PHAB staff also had the opportunity to provide feedback about survey questions.

Health departments and Vital Records/Health Statistics Units that have active accounts in PHAB's electronic system (e-PHAB) were surveyed.[1] Health departments received different versions of the survey depending on where they are in the accreditation process. Although, the survey link was sent to accreditation coordinators (PHAB's main point of contact), an email was sent to both health department directors and accreditation coordinators encouraging them to discuss the responses prior to completing the survey.

The site visitor survey also varied depending on whether site visitors were engaged in a current review assignment or not. All site visitors were asked about their ability to resume an assignment or start a new one. They were also given the option of responding to additional questions about PHAB activities and resources. However, because some of those same individuals received the survey as health department representatives, they could skip those questions. (Site Visitors were not given the option to respond to the questions about health departments' challenges and perceptions about accreditation.)

The surveys were in the field for three weeks. PHAB sent one reminder email to all invitees. Health departments that are currently in progress and those who are due to apply for reaccreditation within a year received additional follow up. In that follow-up, it was made clear that the questions about resumption of activities were the highest priority. PHAB also accepted responses via email for those questions about resumption of activities.

As shown in Table 1, the response rate for health departments was 81% and for site visitors, it was 94%. The response rates include all individuals who provided at least a partial response. Responses to individual questions

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[1] Army Installation Departments of Public Health were not included in the survey. In addition, there are a very small number of instances where the same individual is listed as the contact for two health departments. Only one survey was sent in those cases.

varies based on which questions appeared in which version of the survey and whether individuals provided partial or complete responses.

Table 1. Response Rates

	Respondents	Invitees	Response Rate
Health Department Surveys			
Survey of Accredited/Reaccredited HDs	191	257	74.32%
Survey of In-progress HDs	151	152	99.34%
Other HDs (either very early in the process or awaiting an Accreditation Committee decision)	20	37	54.05%
Health Department Total	362	446	81.17%
Site Visitor Survey	284	301	94.35%
Grand Total	**646**	**747**	

The rest of the report contains tables with results from the closed-response questions in the survey. The survey title is the question as it appeared in the survey. The values are the percentages of respondents who selected each response option. PHAB also conducted analyses to compare the responses of:

- State compared to local health departments;
- Small health departments (serving a population of 100,000 or less) compared to non-small health departments;
- Health departments in states that were among the top 20 in COVID-19 cases per 100,000 in mid-June compared to health departments in other states;
- Health department in Ohio compared to health departments in other states;[2] and
- Health department respondents compared to site visitor respondents (for the questions about PHAB resources and activities, which are the only ones asked to both groups).

Differences in the distribution of results based on those characteristics are noted below the tables.[3]

Following each table are summaries of themes from the free-response questions, if applicable. Illustrative quotes are provided in some instances.

[2] There are 100 Ohio health departments that responded to the survey. Because a larger proportion of Ohio health departments are small and because Ohio was considered a low-COVID state, this analysis was conducted, in part, to see if the state's mandate for accreditation might partially drive the results of the analysis by size and COVID prevalence.

[3] The highlighted differences were typically 10 percentage points or greater. For the comparison of state and local health departments, a 15 percentage point threshold was used due to the small sample size of state health departments.

Resumption of Accreditation Activities

Table 2. Does your health department intend to apply for reaccreditation?

	Frequency	Percent
Yes, we intend to apply for reaccreditation and will do so on schedule	72	37.70
Yes, we intend to apply for reaccreditation, but will likely request a 3-month extension	12	6.28
Yes, we intend to apply for reaccreditation, but will likely request a 6-month extension	38	19.90
Yes, we intend to apply for reaccreditation, but we don't know at this time if we will need an extension	39	20.42
No, we do not intend to apply for reaccreditation	8	4.19
Undecided	22	11.52

Differences in responses

- No state health departments indicated that they do not intend to apply for reaccreditation.
- Small HDs were more likely to say undecided, but were also less likely to say they want a 6-month extension.
- Ohio health departments were more likely to say they would apply on schedule.

From the free-text responses

- Among the 22 who selected "undecided:"
    - 5 indicated in the free-text response that they would likely apply for accreditation but that they would need a longer extension.
    - 4 indicated that they had recently been accredited or reaccredited.

Table 3. After the current extension period ends, would you likely request an extension (for your current status or the next status in which you would have to answer questions from PHAB or site visitors)?

	Frequency	Percent
No	59	39.07
Likely request a 1-month extension	13	8.61
Likely request a 3-month extension	24	15.89
Likely request a 6-month or longer extension	35	23.18
Don't know	20	13.25

Differences in responses

- Health departments in high-COVID states were more likely to say a 6-month or longer extension and less likely to say no extension.
- Small health departments were more likely to say no extension.
- Ohio health departments were more likely to say no extension and less likely to say a 6-month or longer extension, which may help account for the two findings above.

From the free-text responses

- Many comments stressed the need for extensions, and indicated that extensions may need to be longer than 6 months in duration.

- Several accredited health departments requested consideration that if reaccreditation is postponed that annual reports be suspended or streamlined.

Table 4. If a virtual site visit were scheduled during 2020 would the individuals invited to the partner and governing entity sessions be able to participate?

	Frequency	Percent
Yes	70	79.55
No	0	0
Don't know	18	20.45

Differences in responses

- Health departments in high-COVID states said "yes" less frequently than those in states with lower prevalence.

Table 5. My health department is comfortable with having our initial accreditation site visit conducted virtually.

	Frequency	Percent
Strongly agree	28	34.57
Agree	39	48.15
Neutral	13	16.05
Disagree	1	1.23
Strongly Disagree	0	0

Table 6. My health department has the technology to conduct a virtual site visit.

	Frequency	Percent
Yes	70	86.42
No	6	7.41
Don't know	5	6.17

From the free-text responses

- Respondents provided specific suggestions for the implementation of virtual site visits, including:
    - Providing technical requirements well in advance;
    - Allowing for a practice run to ensure it is working;
    - Providing guidance on how the "virtual observations" and the walk through will occur; and
    - Providing more information in advance about the types of questions that will be asked and allowing for more time to upload documents requested during the site visit, because many staff who are involved in accreditation are also immersed in COVID-19 response.

Table 7. For site visitors with a current assignment: When do you think you would be able to resume your current site visitor assignment?

	Frequency	Percent
June or July 2020	50	34.97
August/September 2020	33	23.08
October/November/December 2020	27	18.88
I will not be able to resume an assignment in 2020	14	9.79
I don't know	19	13.29

Table 8. For site visitors not on a current assignment: If you were to take on a new site visitor assignment this year, what month would you be able to start?

	Frequency	Percent
June or July 2020	10	7.09
August/September 2020	17	12.06
October/November/December 2020	26	18.44
I will not be able to resume an assignment in 2020	64	45.39
I don't know	24	17.02

From the free-text responses

- While many site visitors explained that their roles in COVID-19 response would constrain their ability to be conduct a site visit review, approximately 50 indicated some flexibility to either take on another assignment soon after this one finishes or to substitute for a site visitor on a current assignment who is no longer available.

Challenges

Table 9. Approximately what proportion of collective staff time is currently engaged in COVID-19 pandemic response related activities?

	Frequency	Percent
Almost none (less than 20%)	4	1.23
Some (20%-40%)	29	8.92
About half (40%-60%)	62	19.08
Most (60-80%)	112	34.46
All or almost all (80%-100%)	118	36.31

Differences in responses

- Small health departments were more likely to say "All or almost all."
- States are less likely to say "All or almost all" and more likely to say "About half."

Table 10. Below is a list of potential challenges related to the COVID-19 pandemic. For each one your health department has encountered or is anticipating in the coming year, please indicate if you believe it will be a major challenge, minor challenge, or no challenge for your department's continued accreditation or reaccreditation activities.

	Major challenge for accreditation activities	Minor challenge for accreditation activities	N/A; department has not encountered and does not anticipate this challenge	No challenge for accreditation activities	N
Competing priorities	76.31	20.62	0.92	2.15	325
Limited staff time	73.46	23.15	1.85	1.54	324
Reduced funding available to support accreditation	30.77	31.08	18.46	19.69	325
Decreased priority for our health department	26.46	33.85	17.85	21.85	325
Staff turnover or loss of key staff	20.31	36.92	24.62	18.15	325
Decreased perceived value or benefit of accreditation	15.79	35.29	22.91	26.01	323
Restructuring of health department	15.69	28.92	35.08	20.31	325
Decreased support for accreditation among health department leadership team	11.38	32.62	28.31	27.69	325
Leadership changes	18.52	21.30	41.36	18.83	324
Decreased support for accreditation from elected leaders	8.64	22.53	37.65	31.17	324
Decreased support for accreditation from board of health or other governing entity	6.15	19.08	42.15	32.62	325

Differences in responses

- Small health departments were more likely to report decreased support for accreditation from elected leaders and less likely to report leadership changes as a major or minor challenge.
- State health departments were more likely to report leadership changes as a major or minor challenge, but less likely to list turnover.
- Ohio health departments were less likely to list turnover as a major or minor challenge.

From the free-text responses

- Staff are extremely busy and working outside of normal roles.
    - "Although accreditation is extremely important, it isn't more important than the response to COVID-19. Plates are currently overflowing with COVID-19 duties."
- There is much uncertainty about when there might be spikes in cases, what it would take to implement a vaccine, and the impact of leadership changes.
- Many described concerns about budgets as well as uncertainty about funding.

    - "Budget cuts due to economic contraction result in lack of funding/support available for accreditation. Accreditation activities will be defunded and discontinued. We are required to cut our budget by 10%. Department Leadership supports accreditation, and pursuit of accreditation is important to us, but our people come first. It's simply a money issue. We had to choose, and we will always choose to keep people over programs."
    - Several suggested explicitly that PHAB consider reducing fees/lowering costs; a larger number spoke of the need for funding to support the accreditation process or as incentives for being accredited.
- Decreases in support for accreditation are often based on competing priorities, but some acknowledged politicized nature of public health as a whole in this time.
- Many health departments requested help articulating the value of accreditation to internal leadership and to governing entities and elected officials, including explaining its relevance in pandemic response.
- In addition to COVID-19 pandemic related concerns, health departments mentioned protests and fires.
- Respondents offered several suggestions to help address challenges:
    - Many asked for "patience," "leniency," or as one HD put it "empathize rather than penalize," particularly with timelines.
    - They also suggested other flexibility including help to ensure that documentation doesn't "expire" if health departments receive extensions.
- Many requested help understanding how COVID-19 examples could meet documentation requirements.
- Several suggested streamlining the process or requirements, particularly for reaccreditation.

Note: PHAB has posted a document outline steps it is taking to address some of these concerns on this site: https://phaboard.org/covid-19-and-public-health-departments/. That page also includes resources related to articulating the value of accreditation in light of preparedness efforts and several resources related to documentation examples that are relevant to COVID-19 response efforts.

Health Departments’ Perceptions about Accreditation in Light of COVID-19 Pandemic

Table 11. How has the work your health department did to prepare for and/or maintain accreditation helped your health department in its response to the COVID-19 pandemic?

	Very helpful	Moderately helpful	A little helpful	Not at all helpful	N
Developing/revising plans and policies specific to emergency response (e.g., all hazards EOP, risk communications plan, surveillance procedures, surge capacity, etc.)	39.94	37.46	17.03	5.57	323
Developing/strengthening partnerships with other sectors and local stakeholders	44.89	30.65	18.89	5.57	323
Developing/strengthening relationships with other public health departments (at the state, local, Tribal, territorial levels)	30.12	36.65	22.67	10.56	322
Developing/revising plans and policies less directly related to emergency response (e.g., CHIP, strategic plan, ethics, QI, etc.)	26.01	33.13	30.34	10.53	323
Strengthening relationships with governing entity	26.01	32.82	26.63	14.55	323
Developing/strengthening health department administrative and financial management structures (e.g., contracting, legal, budgetary)	16.15	31.37	34.47	18.01	322

Differences in responses

- Health departments in high-COVID states were more likely to indicate that each of these components was very or moderately helpful.
- State health departments are less likely to report that strengthening relationships with governing entity was very or moderately helpful.
- Ohio health departments less likely to indicate developing partnerships with other sectors and local stakeholders as very or moderately helpful.

Table 12. Please indicate the extent to which you agree with the following statements.

	Strongly Agree	Agree	Disagree	Strongly Disagree	N
Overall accreditation has helped our health department in its response to the pandemic	19.88	61.49	17.39	1.24	322
PHAB national standards for public health performance are valuable in making decisions about staffing and/or potential organizational restructuring	13.98	59.94	24.53	1.55	322

Differences in responses

- Health departments in high-COVID states were more likely to strongly agree/agree with the first statement.
- Ohio health departments were less likely to strongly agree/agree with the first statement, which may partially explain the above finding.

From the free-text responses

- Among respondents that selected “A Little Helpful” or “Not at All Helpful”:
    - Some explained those were already areas of strength—for example, partnerships were very helpful for pandemic response, but some health departments indicated those partnerships were already well established prior to the accreditation process.
    - Others indicated they are not using their plans either because they were insufficient to address the COVID-19 pandemic or for political reasons.
- Among respondents that indicated accreditation was helpful:
    - Several noted that accreditation was helpful in requiring health departments to revise and keep plans/policies up to date and in increasing staff awareness about the plans/policies.
    - “Preparation for accreditation necessitated leadership discussions and decisions to reorganize department and created specific positions with responsibilities in Preparedness and Public Health Systems. New positions played integral role in COVID-19 pandemic response.”
    - “Our work on CHA/CHIP has helped build community relationships, and working on the SDoH has helped in responding to community needs during the pandemic. This has all built up our credibility as well, which has helped the city trust the health department to lead in emergency response.”
    - “Internally, our leadership team has an established rhythm for planning, problem solving, and implementing in part from Accreditation, that was easily focused on COVID-19. As a result, we've been able to respond as a team collectively, proactively, and intentionally to the threat of COVID.”

PHAB Activities and Resources

Table 13. Please select the column that best describes your familiarity with and the usefulness of the following PHAB/PHNCI resources.

	I have used/ reviewed it & find it helpful	I have used/reviewed it, but I did NOT find it helpful	I am aware of it but have NOT used/reviewed it	I am not aware of it	N
PHNCI work related to Foundational Public Health Services	30.94	2.91	28.70	37.44	446
PHNCI innovation resources	21.03	2.68	33.56	42.73	447
COVID-19 Contact Tracing Program Checklists	13.68	3.59	37.67	45.07	446
Spotlighting accredited HDs' response to the COVID-19 pandemic and the link between accreditation and response	10.74	4.47	26.62	58.17	447

Differences in responses

- Site visitor respondents were more likely to report they were unaware of the Contact Tracing Program Checklists than health department respondents. (Note: an email was sent to all health departments in the system about that resource; no email was sent to site visitors.)

From the free-text responses

- To address lack of awareness, respondents frequently suggested that PHAB email both health departments and site visitors to alert them about new resources.
- Many respondents said there are too many resources and staff do not have enough bandwidth to review them all. Some encouraged PHAB to collaborate with others rather than creating new resources.
- Resources must be concise, usable (e.g., checklists), and written for lay people.
- Several cautioned PHAB to "stay in its lane" and not "compete" with other national partners; when these comments referenced a particular resource, it was usually the contact tracing checklists.
  - "Thank you to PHAB for stepping up to drastic societal changes and thinking through what accreditation means in a dynamic, service-oriented way. This could be a watershed moment for PH accreditation. That said, I would not like to see PHAB stray too far from its lane of accrediting body. That seems more a job for PHNCI, which IMO needs more exposure and support from the PH world as thought and right-practice leader."
- Several respondents recommended additional resources or suggested that PHAB provide "light, peer technical assistance." In particular, several suggested that PHAB develop equity-related resources.

Table 14. Reflecting on PHAB's mission ("to improve and protect the health of the public by advancing and transforming the quality and performance of governmental public health agencies in the U.S. and abroad") and your health department's needs at this time (both COVID-19 pandemic related and other), please indicate the extent to which you agree that PHAB/PHNCI should do each of the following.

	Strongly Agree	Agree	Disagree	Strongly Disagree	N
Provide resources on how COVID-19 pandemic related response efforts can support HD accreditation effort	55.10	39.91	4.76	0.23	441
Coordinate with national partner organizations on communications about the value of public health and the role of accreditation	50.11	40.09	7.97	1.82	439
Provide resources on how innovation can support COVID-19 pandemic response efforts	34.09	54.77	9.55	1.59	440
Provide resources on how work done for accreditation/reaccreditation can help support COVID-19 pandemic response efforts	35.91	52.05	10.91	1.14	440
Collect data and produce findings on the impact of accreditation on health department response to the COVID-19 pandemic	35.31	47.38	15.95	1.37	439
Spotlight the work of accredited health departments	30.39	51.47	16.10	2.04	441
Produce additional resources related to COVID-19 contact tracing	12.44	46.54	35.48	5.53	434

Differences in responses

- Site visitor respondents were more likely to agree/strongly agree that PHAB should spotlight the work of accredited health departments.
- Ohio health departments were less likely to agree/strongly agree that PHAB should spotlight the work of accredited health departments or coordinate with national partner organizations on communications about the value of public health and the role of accreditation.

Table 15. If PHAB were to produce resources on topics related to the COVID-19 pandemic and accreditation or innovation that were of interest to you, please indicate which delivery mechanisms you would be most likely to participate in or use.

	Very Likely	Moderately Likely	A Little Likely	Not at all Likely	N
An on-demand/prerecorded webinar or podcast	49.32	33.56	13.70	3.42	438
Written documents	42.33	40.27	13.73	3.66	437
An ongoing learning community of health departments	30.96	36.93	22.94	9.17	436
A live webinar	21.43	39.86	28.57	10.14	434
A webinar with accredited/in-process health departments to communicate with each other	29.98	30.89	26.54	12.59	437

From the free-text responses

- There was strong interest in showing the linkage between COVID-19 response activities and the Standards & Measures, as well as promoting health departments.
    - "The absolute best thing that PHAB could do is look at the COVID-19 response in general and see what types of documents we could use towards accreditation, and show us the exact measures the documents could be used for. Most Accreditation Coordinators have been moved to COVID-19 efforts (myself included) to offset budget costs, so the more examples we can get from PHAB for what type of documents to submit for applicable measures, the better."
    - "Celebrating local public health in public spaces is important during this time and a role PHAB could play."
- While rare, there was a little pushback about trying to link accreditation and preparedness response, with one respondent suggesting it felt "tone deaf."

Standards & Measures

The survey included one free-text question about considerations for expanding and refining the Standards & Measures. PHAB received nearly 200 comments from health departments and site visitors in response to this question.

- There were many calls to expand/refine preparedness measures, most frequently in the following areas:
    - Collaboration with elected officials/governing entities, and emergency management among others.
    - Communications.
    - Epidemiology and use of data.
    - Workforce and administrative preparedness, including rapidly hiring and onboarding, cross-training staff.
- There were mixed feelings about the extent to which the standards should ***explicitly*** reference pandemics. Those who were opposed often commented on the fact that the standards are already broad enough to allow for examples related to COVID-19 pandemic response. Others stressed that response planning should take into account extended events.
- Equity emerged as common area for expansion/refinement—sometimes, but not always, in the context of preparedness.
- Respondents requested that PHAB look for opportunities to streamline the requirements and documentation. Several suggested that PHAB prioritize requirements, particularly, but not exclusively, for smaller health departments.
    - "Go back to basics, focus in on epidemiology and surveillance. Our strategic plan, community health improvement plan, workforce development plan, QI plan have all been shelved as we deal with COVID-19. Which makes there usefulness questionable by leadership."
- There were several comments about PHAB expanding its scope of authority guidance.