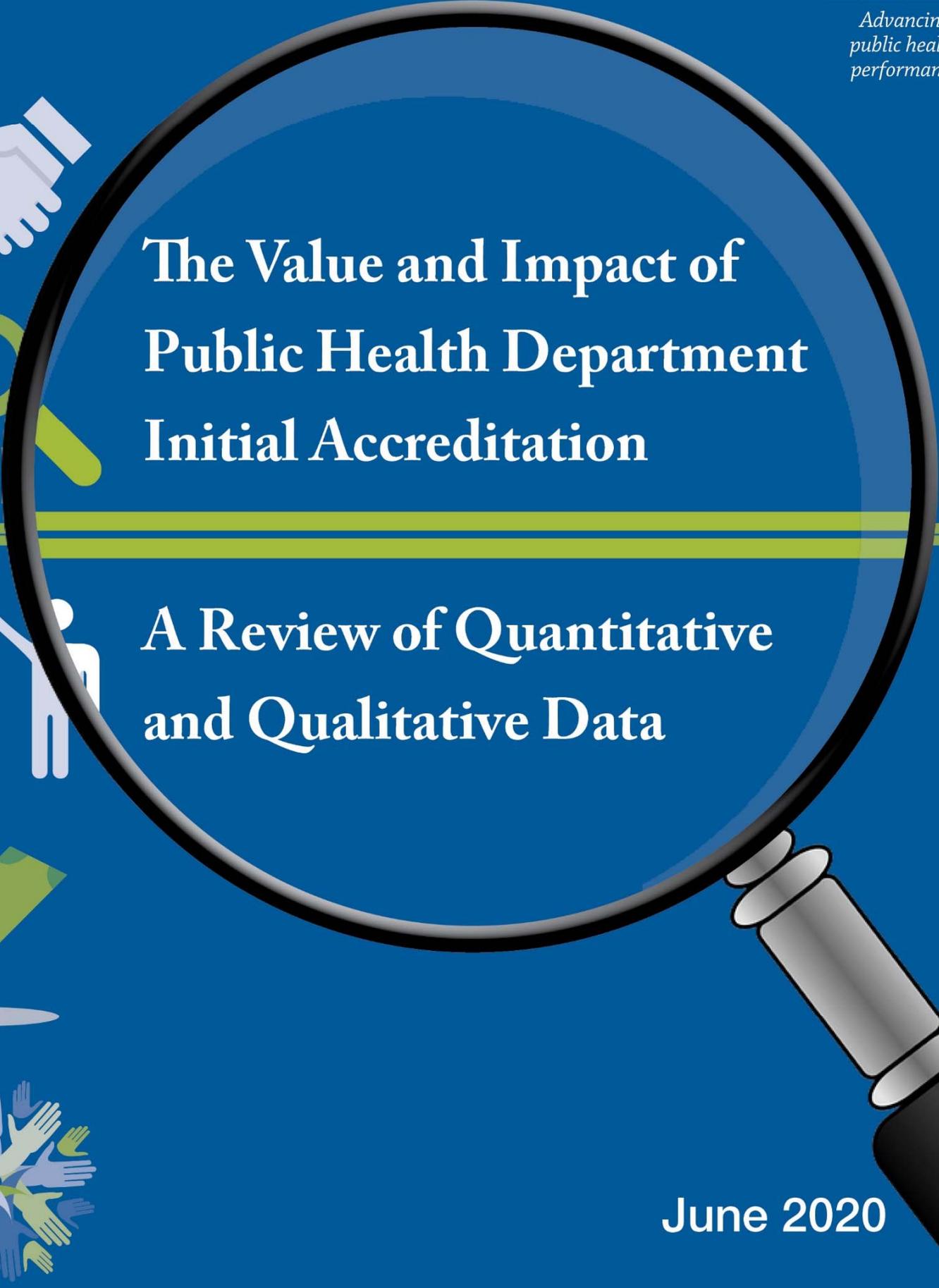




*Advancing
public health
performance*

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The Value and Impact of Public Health Department Initial Accreditation

A Review of Quantitative and Qualitative Data

June 2020

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Executive Summary

Since launching its national accreditation program in 2011, PHAB has amassed a substantial amount of quantitative and qualitative data that collectively provide insight into the value and impact of public health department accreditation. This report presents a summary of the data gathered to date, along with contextual information to highlight why these findings matter to health departments and the communities they serve.

This report was compiled from a variety of data sources, including findings from surveys conducted by NORC at the University of Chicago, research findings from both comparative and longitudinal studies, and numerous case studies and qualitative stories. Key findings are organized into the following six themes.

Quality Improvement:

- 80% of local health departments accredited by June 2017 reported they had implemented a formal quality improvement program. This is a larger percentage than those health departments reported in earlier profiles, and larger than the percentage among non-accredited health departments.
- Numerous studies report that health departments have documented measurable improvements in the efficiency of processes, programs, or services or increased effectiveness because of their engagement in QI.



Partnerships:

- 70% of health departments surveyed four years after they were accredited report that since becoming accredited, their health department has strengthened their relationship with key partners in other sectors.
- A longitudinal study found that jurisdictions with accredited health departments, when compared with non-accredited health departments, offer a broader array of public health services and involve more partners in the delivery of those services, and enjoy a higher percentage of comprehensive public health systems.



Accountability:

- 90% of health departments surveyed one year after becoming accredited said that accreditation has stimulated greater accountability and transparency within the health department.
- 80% of health departments surveyed one year after becoming accredited said that accreditation has improved the health department's accountability to external stakeholders.



Workforce:

- Nearly 90% of health departments surveyed one year after they were accredited reported that accreditation has improved their health department's ability to identify and address gaps in employee training and workforce development.
- In terms of morale, several case studies highlight the effect that accreditation has in boosting staff pride, removing silos, and increasing collaboration within agencies.



Resources:

- More than 70% of health departments accredited for four years indicated that since becoming accredited, there has been improved utilization of resources in their health department.
- 47% of health departments that have been accredited for four years said accreditation has improved their health department's competitiveness for funding opportunities.



Community Health/Equity:

- In a survey of health departments one year after they were accredited, nearly 50% said health department activities implemented as a result of being accredited have led to improved health outcomes in the community.
- An analysis of the community health improvement plans of accredited health departments shows they are tracking health outcomes in many areas. Health departments perceive that accreditation is having a positive impact in their population's health.



Emergency Preparedness: *(added June 2020)*

- The Accreditation Standards & Measures include many requirements related to preparedness. Because of the relevance of accreditation to preparedness efforts, the National Health Security Preparedness Index (NHSPI) includes as an indicator whether the state health department is PHAB-accredited.
- Case studies from Florida and Houston demonstrate how the accreditation process helped prepare those jurisdictions to address Zika. Accredited health departments have been on the frontlines for COVID-19 response.



Progress in quality improvement, partnerships, accountability, workforce, and resources are all too often underemphasized because of issues that are perceived as needing more urgent attention. PHAB accreditation provides a framework to increase the proportion of time and other resources that lead to prioritization of services, initiatives and overall efforts planned and executed by the health department to address their responsibilities in promoting and protecting the health of the jurisdiction they serve.

Introduction

The national public health department accreditation program, administered by the Public Health Accreditation Board (PHAB), was launched in September 2011 and seeks 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.¹

The national accreditation program for health departments was created *by practitioners for practitioners* to address the fragmentation in governmental public health department services that was described in a 2003 Institute of Medicine report, *The Future of the Public's Health in the 21st Century*.² Accreditation Standards & Measures are designed to capture the capacity of a health department to provide population-health services in alignment with the 1994 ten Essential Public Health Services framework. A health department that achieves initial accreditation through PHAB has demonstrated that it has the capacity to carry out the ten Essential Public Health Services, as well as to administer and manage their health department and effectively engage with their governing entity. PHAB's accreditation standards are grouped into the following 12 domains, which reflect the capacities that are assessed in the accreditation process:

1. Conduct and disseminate assessments focused on population health status and public health issues facing the community
2. Investigate health problems and environmental public health hazards to protect the community
3. Inform and educate about public health issues and functions
4. Engage with the community to identify and solve health problems
5. Develop public health policies and plans
6. Enforce public health laws
7. Promote strategies to improve access to health care
8. Maintain a competent public health workforce
9. Evaluate and continuously improve processes, programs, and interventions
10. Contribute to and apply the evidence base of public health
11. Maintain administrative and management capacity
12. Maintain capacity to engage the public health governing entity

As national accreditation of health departments was established, public health joined the thousands of health-related organizations in the United States and abroad that recognize that external peer evaluation, combined with internal self-assessment, can be used to improve the quality and performance of the work they do. Accreditation is also a means by which organizations can assure their public that they have met national performance standards. PHAB accreditation is also organized in a way that organically supports the work that health departments do to foster a Culture of Health (<https://www.rwjf.org/en/how-we-work/building-a-culture-of-health.html>) and to incorporate the elements of Public Health 3.0 (<https://nam.edu/wp-content/uploads/2017/09/Public-Health-3.0.pdf>).

PHAB is often asked about the value and impact of health department accreditation. In looking at other accrediting processes that have been in place much longer than PHAB's, the questions are similar. As with the findings from PHAB evaluations, organizations that are proponents of accreditation describe their interest related to quality and meeting national standards, as assessed by peers. This is consistent among accreditation processes for health services, academic institutions, and other local governmental agencies even though their accreditation may often also be attached to significant incentives such as reimbursement for health-related services or student financial aid. The public health field is asking itself the same questions that are asked of any other accreditation process.^{3,4,5} These questions help all of us to keep sight of the real value of accreditation in our industry. After nearly a decade of public health department accreditation, the Public Health Accreditation Board has both quantitative evaluation and research results and qualitative impact stories which, taken all together, provide information on the value and impact of accreditation. (These different sources of information are described in more detail in the boxes throughout this document.) This document contains a summary of the data gathered to date, as well as contextual information to highlight why these findings matter to health departments and the communities they serve.

It should be noted that this information has been gathered on the value and impact of initial accreditation. It is too early to measure the value and impact of maintaining accreditation (reaccreditation), although it is logical to assume that, given the nature of the findings, results would be similar. Early experiences of health departments going through the reaccreditation process seem to bear this out. Chicago Department of Public Health Acting Commissioner Allison Arwady had this to say about the value of maintaining accreditation: "The reaccreditation process helped us to ensure that the programs and services we provide are as responsive as possible to the needs of our community. With reaccreditation, the Chicago Department of Public Health is demonstrating ongoing accountability and credibility to the public, funders, elected officials and partner organizations with which we work."⁶

For both initial accreditation and reaccreditation PHAB strives to meet its mission of advancing and transforming health department quality and performance. This document highlights the data and the stories about the impact of accreditation.

Data Point: Evaluation

NORC at the University of Chicago, an independent social science research organization, has been conducting an evaluation of the accreditation program since before the first health departments were accredited. NORC surveys health departments at the following points in time:

- When they register with PHAB
- After receiving the accreditation decision
- One year after they are accredited
- Four years after they are accredited

NORC is adding a fifth survey to capture the experiences of health departments after they complete reaccreditation. Response rates for the surveys are high—approaching or exceeding 90%. Findings from these evaluation surveys are featured throughout the document. Evaluation findings in this report were updated in June 2020. For more on this external evaluation, as well as the accreditation logic model that informed the evaluation, see: <https://phaboard.org/r-e-overview/>.

Key Findings from the Evidence on the Impact and Value of Accreditation

Quality Improvement

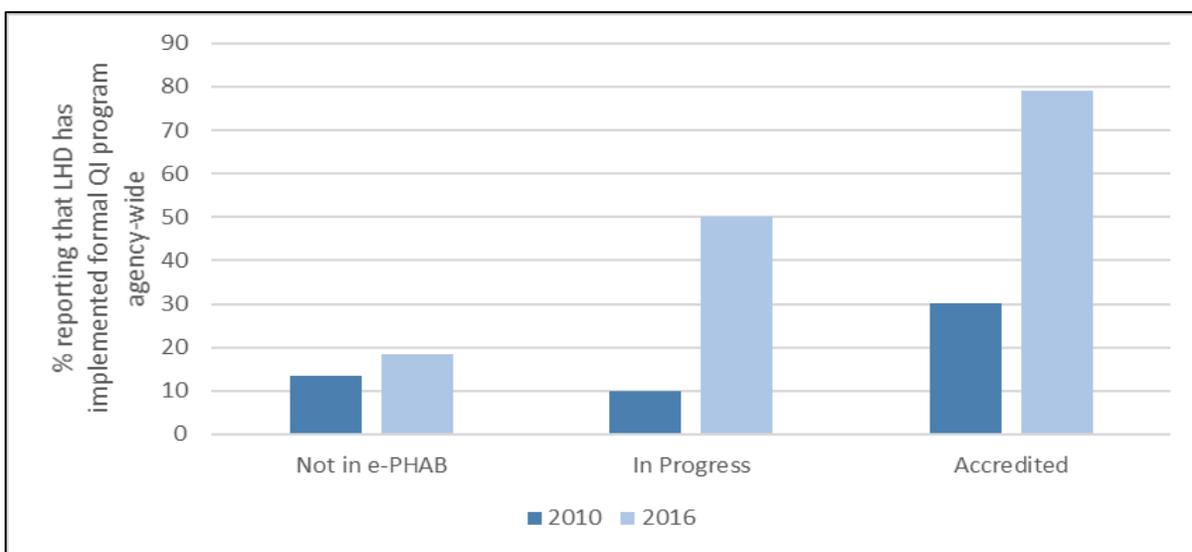
According to evaluation surveys, quality improvement (QI) is consistently one of the top motivators for applying for accreditation and one of the most commonly cited benefits. In addition to having a domain (Domain 9) in the Standards & Measures focused on QI and performance management (PM), health departments are also required to report on their ongoing QI/PM activities in annual reports following achieving accreditation.

What Do We Know?

Below are some key findings about the link between accreditation and QI:

- When surveyed one year after they are accredited more than 96% of respondents agree or strongly agree that accreditation has stimulated QI and PM opportunities within their health departments.⁷
- More than 90% of health departments surveyed after they are accredited report that QI is “conducted formally” or “our culture,” compared to only 63% of health departments surveyed when they first applied for the accreditation program.⁷
- Accredited health departments also identify the following benefits associated with their QI culture:⁸
 - Decreased time/cost or improved process quality (63%); and
 - Improved public health outcomes achieved (32%).
- Local health departments accredited by June 2017 and those in process at that time reported more formal QI activities and showed greater improvements with QI/PM implementation over time than local health departments not undertaking accreditation.⁹ (See graph.)

Among local health departments that were accredited as of June 2017, NACCHO Profile respondents who reported that their health department had implemented a formal quality improvement program agency-wide increased from 30% in 2010 to nearly 80% in 2016. Health departments that are not pursuing accreditation (not in e-PHAB, the electronic accreditation system) saw a much smaller increase between 2010 and 2016. (Beitsch et al.)



Why Does It Matter?

Numerous studies report that health departments have documented measurable improvement in efficiency of processes, programs, or services or increases in effectiveness because of their engagement in QI.^{10,11,12,13}

- For example, one study found that across 35 public health projects that sought to capture the economic impact of their QI work, there was an average return on investment of \$8.56 for every dollar spent.¹⁴
- Another study found that public health workers who self-reported proficiency in applying QI were more likely to report job satisfaction.¹⁵

Partnerships

The accreditation Standards & Measures require that health departments demonstrate active participation on collaborative community health assessment and improvement processes, as well as engagement in community health partnerships or coalitions.

What Do We Know?

Several studies describe the linkages between accreditation and multisector partners:

- A longitudinal study found that jurisdictions with accredited health departments when compared with non-accredited health departments offered a broader array of public health

services and involve more partners in the delivery of those services, and enjoy a higher percentage of comprehensive public health systems.¹⁶

- An analysis of community health assessment and community health improvement plan documents reveals that accredited health departments engage with a broad array of partners in working to improve the health of their communities, including hospitals and health care organizations, nonprofits, education, businesses, and faith-based organizations.¹⁷
- 70% of health departments surveyed four years after they were accredited report that since accreditation their health department has strengthened their relationship with key partners in other sectors.⁷
- In particular, several case studies focus on the collaboration between health departments and health care, which can be enhanced through the accreditation process.^{18,19}

“Public health systems containing PHAB-accredited health departments differ markedly from their unaccredited peers, and this seems to manifest itself to a large degree after PHAB’s accreditation program launched in 2011...By 2016, the PHAB-accredited cohort tended to offer a higher percentage of public health activities, contribute more effort to almost all of those activities, and enjoy higher levels of contribution from most other public health system partners to public health activities.” Ingram et al. 2018, pg S28

In addition to partnering with other sectors, accredited state and local health departments describe strengthened internal and external communications and more formal partnerships with other health departments.²⁰ For example, a survey of accredited state health departments found that 90% report greater collaboration across departments in their agency as a benefit of accreditation.²¹

Why Does It Matter?

As noted above, accreditation has been associated with achieving the tenets of a comprehensive public health system. Other studies have linked this type of multisector population health partnership with reductions in mortality rates for potentially preventable conditions²² and reductions in income-related disparities in life expectancy.²³ A review of the literature found several factors are associated with improved collaborative outcomes, including greater congruence in policy goals, increased diversity and policy expertise, the mix of financial resources, and joint governance to support capacity for collective action.²⁴

Several health departments have commented on how accreditation bolstered their partnerships and the related impact:²⁰

- “The accreditation process enhanced a continually evolving effort between our health department and other government entities by strengthening our relationships and our commitment to population health. We continue to work together through the use of innovative, proactive, and collaborative approaches to ensure conditions in which all people of [the county] can be healthy.”
- “The collaborative efforts that were birthed from the assessment and health improvement planning process have proved to be most beneficial to how we function as a health department, and most importantly to [improving] the health of our communities.”

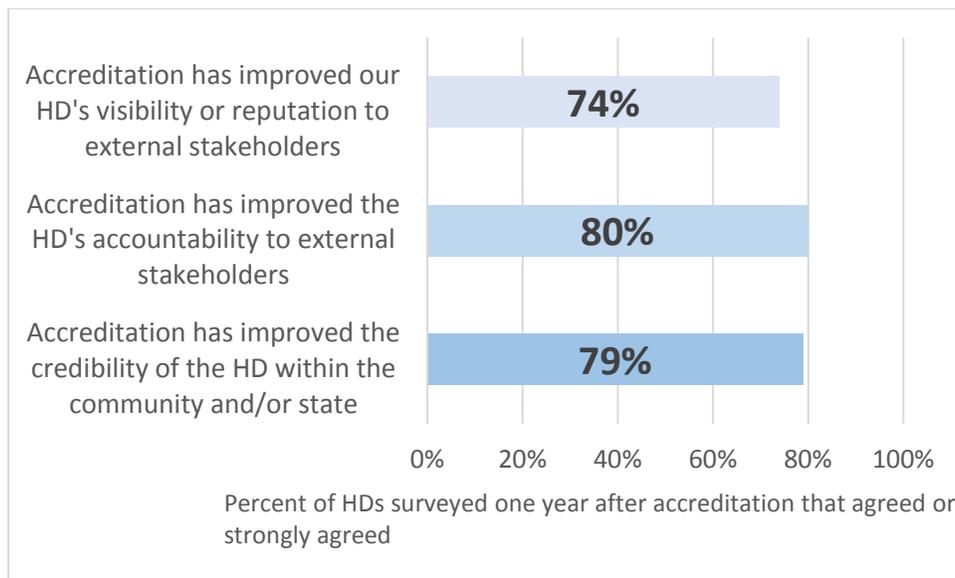
Accountability

From the time the accreditation program was developed, enhancing accountability has been one of its goals. For example, the *Exploring Accreditation* Steering Committee noted that “chief among [the reasons the establishment of a voluntary national accreditation program is desirable] is the opportunity to advance the quality, accountability, and credibility of governmental public health departments.”²⁵

What Do We Know?

Evaluation surveys of health departments that have been accredited for one year indicate strengthened internal and external accountability.⁷ For example:

- 90% of health departments said that accreditation has stimulated greater accountability and transparency within the health department.
- 80% of health departments said that accreditation has improved the health department’s accountability to external stakeholders.
- 79% of health departments stated that accreditation has improved their credibility within their community and/or state.
- 74% of health departments stated that accreditation has improved their visibility and reputation to external stakeholders.



In addition, ASTHO’s Accreditation Leadership Guide (<https://www.astho.org/Accreditation-and-Performance/ASTHO-Accreditation-Leadership-Guide>) describes accreditation as a tool new health officials can use for ensuring that their health department meets national standards and has a process in place to identify performance issues before they become major infrastructure problems.

Why Does It Matter?

The role of an accrediting body in fostering accountability has been noted by stakeholders at the national and local levels. For example, in describing Public Health 3.0, Karen DeSalvo and her colleagues write: “The opportunity that PHAB accreditation brings is a more transparent and accountable public health infrastructure. It also brings assurance that local and state health departments have the foundational capabilities to deliver essential public health services to the people they serve – identifying community health problems and pursuing evidence-based actions driven by a competent workforce.”²⁶ Judith Sartucci, former Chair of the Central Connecticut Health District Board of Health, described it this way:

“What better way to demonstrate accountability than an agency’s efforts to continuously improve the quality of its operations and service to the public, and to be able to demonstrate that it is making a difference in the health of the jurisdiction it serves....In many ways, a board of health could not ask for a better process to meet these obligations of governance. As demonstrated by our agencies, accreditation can significantly improve a department’s overall management, operations, coordination of services, and efficiency. An accredited agency has a clear focus with programs and activities that support its vision and mission and that lead to tangible results.”²⁷

Others have discussed the importance of governing entities knowing that the health departments they oversee meet national standards and the ability to use PHAB accreditation as a “seal of approval.”²⁸

Workforce

A competent workforce is the backbone of a strong public health department. Accreditation has been credited with helping drive the public health field to work to address gaps in workforce competencies.^{29,30,31} The Standards & Measures require a workforce development plan to assess organization-wide competencies and address gaps. It calls on the health department to be responsive in their workforce planning to advances in technology and developments in the public health field.³²

What Do We Know?

In response to an evaluation survey sent to health departments one year after they were accredited:

- 89% reported that accreditation has improved their health department's ability to identify and address gaps in employee training and workforce development; and
- 69% reported that as a result of being accredited, staff competencies have improved.⁷

In addition, analysis of the PH WINS (Public Health Workforce Interests and Needs) survey of health department employees found a few areas where staff at accredited health departments indicated greater familiarity with several concepts, including QI for both state and local employees and health in all policies among state employees.³³

Data Point: Research

From its establishment, PHAB has encouraged research about accreditation. PHAB has released a research agenda (<https://phaboard.org/research-agenda/>) and makes accreditation data available for analysis by other researchers (<https://phaboard.org/data-for-researchers/>). Of particular note, there have been several issues of the *Journal of Public Health Management and Practice* devoted to accreditation. In 2018, a supplement to the *Journal* was focused on the “Impact of Public Health Accreditation.” (Those articles are summarized here: <https://iphmpdirect.com/2018/04/20/fifteen-key-facts-about-phab-accreditation>.) Findings from studies from that volume, as well as other relevant research projects, are included in this report. To find more accreditation-related articles, see <https://phaboard.org/publications-and-reports/>.

In terms of morale, several case studies highlight the effect that accreditation has in boosting staff pride³⁴ and removing silos and increasing collaboration within agencies.³⁵ A survey of local employees in 2014 found that individuals working at local health departments engaged in accreditation reported higher levels of job satisfaction and a more positive work environment.³⁶ While the 2017 PH WINS data did not replicate that result, it also found no significant differences in burnout or intention to leave across accreditation status after controlling for individual and agency characteristics—thus debunking a concern that pursuing accreditation would be seen as a burden.³³

Why Does It Matter?

Focusing health departments’ attention on training is meant to strengthen the competencies needed to serve the community. Several studies have documented the impact of specific training efforts.^{37,38} In addition, one study found that higher scores on a training environment index were associated with higher perceived business competencies.³⁹

In addition, several studies have noted the importance of organizational support for staff development. Among public health employees, support for employee development is associated with higher job satisfaction, which in turn is associated with less intent to leave.^{40,41}

One accredited health department summed it up this way: “Knox County Health Department is proud of our workforce development efforts that ensure a competent public health workforce and allows us to provide the best service possible to our community. Our success starts with our employees and the process of accreditation has encouraged and guided us to make lasting improvements.”⁴²

Resources

There are many ways to understand the return on investment of accreditation. As described throughout this document, there are numerous examples of how accreditation has contributed to QI engagement, strengthening the workforce, building partnerships, and other values associated with 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.” Health departments have also provided examples of cases of perceived financial benefits of accreditation.^{43,44}

Data Point: Stories and Case Studies

Seeking to capture the breadth and depth of accreditation’s impact, PHAB invites accredited health departments to write *Accreditation Works!* stories describing how their health departments have changed as a result of going through the accreditation process. Authors are asked to focus their stories around one of six themes (QI, partnerships, accountability, workforce, resources, and community health/equity). Identifying strengths and weaknesses was also addressed in earlier stories. To date, more than 60 health departments have contributed first-hand stories. Among their comments: “Through our accreditation experience, processes like QI that once seemed impractical for a tiny, rural health department, have become not only beneficial, but routine.” (Preble County General Health District). For more, see <https://phaboard.org/why-become-accredited/>.

Concurrent with *Accreditation Works!*, a special supplement to the May/June 2018 edition of the *Journal of Public Health Management & Practice* focused on the impact of accreditation and shared the experiences of accredited health departments through numerous case studies. Included are case studies on accreditation’s impact on three communities’ efforts to create a culture of health, which include:

- The Kansas City, Missouri Health Department described its collaboration with a community organization on activities related to banking, increasing employment opportunities for people with a criminal history, and increasing the living wage.⁴⁵
- The Florida Department of Health in Miami-Dade County noted that “it was the PHAB Standards and Measures...and best practices learned from participation in accreditation-based learning communities that created a greater emphasis on community/partner ownership over the tracking, measurement, and collective impact of health outcomes in the Miami-Dade community.”⁴⁶
- The Spokane Regional Health District explained that “public health accreditation served to enhance our data center and its capacity to serve the broader community,” which includes an effort to bolster high school graduation rates.⁴⁷

Other case studies highlight how the accreditation process is strengthening the use of QI, strategic planning, and response to disease outbreak. For more, see <https://journals.lww.com/jphmp/toc/2018/05001>.

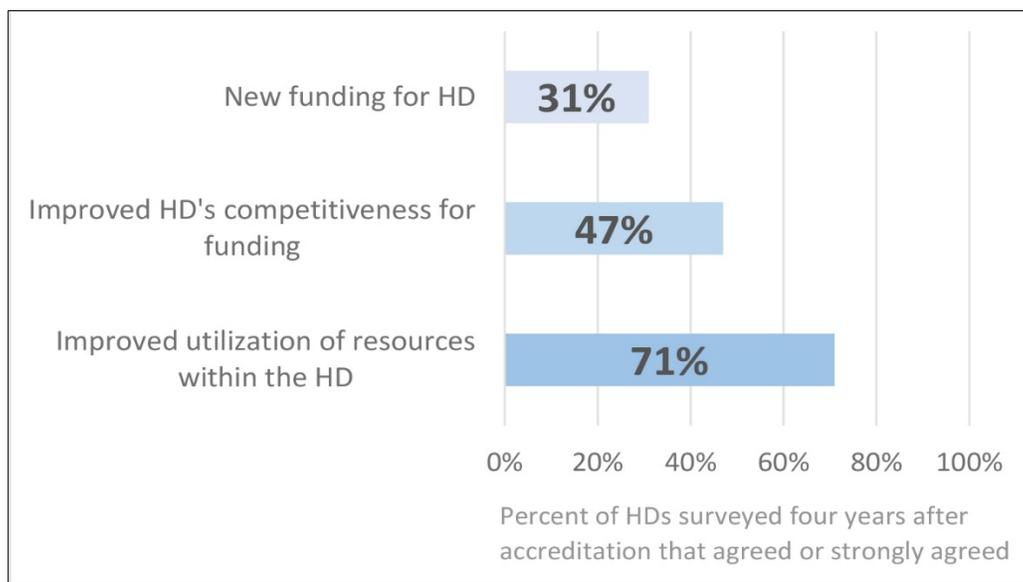
What Do We Know?

There are several pathways by which accreditation can bolster a health department’s financial status. The first is through more efficient use of resources. More than two-thirds of health departments accredited for four years indicated that since becoming accredited, there has been improved utilization of resources within their health department.⁷

Relatedly, in meeting the accreditation requirements, health departments may engage in activities that position them well for funding opportunities. For example, the literature shows that the development of

collaborative community health assessments (CHAs) and community health improvement plans (CHIPs) is linked to seeking new funding⁴⁸ and being more competitive for funds.⁴⁹

In addition, 47% of health departments that have been accredited for four years said accreditation has improved their health department's competitiveness for funding opportunities, and 31% reported new funding for the health department.⁷



Indeed, there are examples of several states, including New York,⁵⁰ Ohio,¹⁸ and Oregon,⁵¹ that have used accreditation status as a consideration in distributing some funding to local health departments. On the federal level, the CDC includes language about accreditation in funding opportunities allowing use of funds to support accreditation efforts and, in limited cases, asks about accreditation status. CDC also operates the Public Health Associate Program, which places associates in health departments for a two-year period to support the agencies with tasks such as accreditation preparation, among others. In addition, the CDC Preventive Health and Health Services Block Grant has been leveraged to support accreditation efforts.⁵² For local health departments that work on economic development with their Chamber of Commerce, achieving a STAR Community Rating (<http://www.starcommunities.org/>) is often helpful. Being an accredited health department gets a community extra points in that rating system. Public Health 3.0 contains a recommendation that the “PHAB criteria and processes for department accreditation should be enhanced and supported to best foster Public Health 3.0 principles, as we strive to ensure that every person in the United States is served by nationally accredited health departments.”⁵³

Finally, a study of a state-based health department accreditation program suggests that accreditation may also have a protective effect in allowing health departments to maintain key capacities in the face of budget cuts.⁵⁴

Why Does It Matter?

Judge Henry Bertram of the Kentucky Association of Local Boards of Health and Pendleton County (Kentucky) Local Board of Health, articulated the overall value of investing in accreditation: “For every dollar spent on accreditation, a higher level of service is provided. Employee production can recoup accreditation expenses in a short amount of time. We must, as public servants, spend every taxpayer dollar provided us as wisely as possible.”²⁷

Community Health/Equity

PHAB is often asked about the relationship between health outcomes and accreditation. PHAB has been cautious about attaching accreditation to health outcomes because PHAB believes strongly in a multiple determinants of health model. However, PHAB’s logic model (<https://phaboard.org/wp-content/uploads/2019/01/Accreditation-LogicModel-201706.pdf>) has always included improvement in health status as a distal outcome of accreditation. The rationale that PHAB has deployed for this assumption is that a health department that works with its community to develop a solid community health improvement plan; that tracks and monitors its ongoing community/stakeholder relationships; and that bases its work on evidence will positively contribute to improving the health of its jurisdiction. To strengthen this link, PHAB has added the monitoring and reporting of health outcomes to the reaccreditation requirements.

What Do We Know?

Based on analysis of the community health improvement plans of accredited health departments, we know they are tracking outcomes in many areas.⁵⁵ Health departments perceive that accreditation is having a positive impact in their population’s health. In a survey of health departments one year after they were accredited:⁷

- 82% agree that accreditation has improved their health department’s overall capacity to provide high quality programs and services.
- 74% agree that accreditation has increased their health department's capacity to identify and address health priorities.
- 48% agree that health department activities implemented as a result of being accredited have led to improved health outcomes in the community.

One mechanism through which accreditation can foster greater community health is through the requirement that health departments demonstrate use of evidence-based or promising practices. Nearly 70% of health departments responding to a survey one year after they were accredited agree that “Accreditation has increased the extent to which our health department uses evidence-based practices for public health programs and/or business practices.”⁷ One study that included interviews with state chronic disease directors found that accreditation was an impetus for evidence-based practice.⁵⁶ Similarly, a survey of local health department chronic disease directors found a significant relationship

between accreditation and having higher capacity for evidence-based decision making.⁵⁷ Another study found that accreditation is associated with increased likelihood of including an evidence-based active transportation strategy in the community health improvement plan.⁵⁸ Local health department engagement in policy work to address obesity is also associated with accreditation.⁵⁹

An important area of focus in the PHAB Standards and Measures is health equity. A report by the Association of State and Territorial Health Officials provides examples of how health departments have integrated health equity into their work through the lens of accreditation.⁶⁰

Why Does It Matter?

Wilma Wooten, Public Health Officer of the County of San Diego Health and Human Services Agency, shares her agency's experience with accreditation: "It was when [Public Health Services] embarked on the accreditation process that the division was able to elevate health equity across [County of San Diego Health and Human Services Agency]." She continues: "Public health demands are constantly expanding with competing mandates, emergencies, and emerging issues. Utilizing PHAB Standards and Measures to ensure there is a health equity focus reinforces a continuing commitment and accountability toward achieving a collective vision."⁶¹

Emergency Preparedness

As has been demonstrated in the COVID-19 pandemic, health departments play a critical role in preparing for, responding to, and recovering from emergencies.⁶² The PHAB Standards & Measures³² include specific preparedness requirements to ensure a health department's ability to appropriately respond during public health emergencies, such as:

- Timely investigations of health problems and environmental public health hazards (Standard 2.1)
- Containment/mitigation of health problems and environmental public health hazards (Standard 2.2)
- Access to laboratory and epidemiological/environmental public health expertise and capacity to investigate and contain/mitigate public health problems and environmental public health hazards (Standard 2.3)
- Urgent and non-urgent communications, including risk communications plan (Standard 2.4 & Measure 3.2.4)
- All hazards emergency operations plan (Standard 5.4)

"We truly believe being accredited is helping our department respond to the COVID-19 outbreak. Our public information and social media work has been fantastic – our Facebook page is reaching tens of thousands of people a week! Our accreditation work in the area of emergency preparedness helped us have more clarity about when and how to activate incident command and implement our continuity of operations plan (COOP). Our disease prevention and control work helped all of us better understand the state's role and our role. We called a meeting of our ethics committee to decide how to distribute our stockpile of expired N-95s and surgical masks." – Goodhue County Health and Human Services, MN

What Do We Know?

The PHAB accreditation standards have been cross-walked with CDC's Public Health Preparedness Capabilities and there is significant overlap.⁶³ Recognizing the relevance of accreditation to preparedness efforts, the National Health Security Preparedness Index (NHSPI) includes as an indicator whether the state health department is PHAB-accredited.⁶⁴ While additional research on how NHSPI assessments correspond with preparedness-related outcomes is ongoing, initial findings suggest that states that have higher assessments on that Index have had lower economic impacts during past disasters.⁶⁵ State health department accreditation is also included as one of the 10 indicators in the Trust For America's Health annual report "Ready or Not."⁶⁶

On the state and local level, there are several examples from health departments about how the accreditation process assisted in their preparedness. As examples:

- A case study about Florida's response to Zika virus showed that "PHAB accreditation bolstered the Department's efforts and actions."⁶⁷ Coordinated state and county preparations for accreditation helped identify opportunities to strengthen an integrated surveillance system. Partnerships with the health care system and other community organizations enabled them to provide health information and testing in hard-to-reach and underserved populations across the state.
- Acting on its accreditation self-assessment, the Houston Department of Health and Human Services ramped up its communications and engagement with culturally diverse communities and launched an initiative that included a partnership with five refugee resettlement organizations working in the city.⁶⁸ The health department worked with those organizations to include Zika education and prevention activities in their services.

In addition, health departments in Connecticut,⁶⁹ Oregon,⁷⁰ and New York⁷¹ noted how accreditation bolstered their QI efforts and led to improvements in such areas as laboratory performance and communicable disease investigations.

A final source of information about the link between accreditation and preparedness comes from prior research related to North Carolina's state-based accreditation program. A 2009 study found that among local health departments in North Carolina, those that were accredited performed a greater scope of activities in response to the H1N1 outbreak and implemented them more rapidly than non-accredited health departments in the state.⁷² Another study compared local health departments accredited in North Carolina with similar health departments in other states. While preparedness capabilities declined for all health departments as funding dried up, there appeared to be a protective effect among the state-accredited health departments and they saw fewer significant decreases in their capacity.⁷³

Why Does It Matter?

Health departments have reflected on some of the ways that accreditation has supported their engagement in emergency preparedness work. For example, one evaluation respondent noted that "As

an emergency response agency, we are now accredited as [are] our fire, police and 911. This allows us to help the public understand public health is part of public safety.”

Pointing specifically to the impact of accreditation during pandemic response, Michele M. Bever, Executive Director of the South Heartland District Health Department in Nebraska, explained that “Through the accreditation process, we leaped forward in our activities around enforcing public health laws and establishing and utilizing an ethics process. Most recently, in responding to the COVID-19 threat, our six full-time and six part-time staff have been working long hours with lots of overtime. In the midst of this, we called an emergency Ethics Committee meeting to deliberate on some emerging issues. We were very glad to have this in place; their input was invaluable to guide our decision-making processes at a critical juncture.”⁷⁴

The work of accredited health departments to keep their communities informed while working to slow the spread of COVID-19 has been noted. As one example, a Columbus, Ohio, retailer launched its “Not All Heroes Wear Capes” T-shirt campaign honoring everyday individuals, and specifically called out the great work of Ohio Department of Health Director Dr. Amy Acton, whom they described as a “voice of reason and a beacon of light for those of us looking for ways to act.”⁷⁵ Similarly, newspapers have spotlighted the important efforts of state and local health departments in Rhode Island;⁷⁶ Louisville, Kentucky;⁷⁷ Washington State;⁷⁸ Tulsa, Oklahoma;⁷⁹ Santa Clara, California;⁸⁰ and La Crosse, Wisconsin;⁸¹ among many others. These examples illustrate the critical role of accredited health departments in emergency response.

Areas of Public Health Department Accreditation Needing Further Study

There will always be areas of accreditation that require further study. PHAB has a research agenda that contains many of the questions that still need additional research. Some of the most compelling questions related to value and impact are:

- Is there a difference in the sustained performance of accredited health departments over time from that of non-accredited health departments?
- Can accredited health department performance be attributed in any way to improvement in the health status of the population served?
- Does accreditation increase health departments’ community visibility?
- Does accreditation demonstrate value to the public and policy makers? Does it result in greater political support for accredited health departments?
- What are the most relevant incentives for health department accreditation to remain viable under a voluntary process?

The vision of ensuring that every community is protected by an accredited health department requires major investment and political will to enhance existing infrastructure. Although research has found accreditation supports health departments in quality improvement and enhancing capacity, Public Health 3.0 also contains a recommendation that calls for ongoing evaluation of the health impact and return on investment for public health accreditation.⁵³

For more details on these and other questions, please see the full public health accreditation research agenda at <https://phaboard.org/research-agenda/>.

Conclusion

This document has provided a summary from PHAB's quantitative evaluation and research findings and qualitative impact stories which, taken all together, provide information on the value and impact of accreditation. PHAB has also attempted to describe why accreditation matters. While the field will continue documenting the evidence about the value and impact of accreditation, the public health community should not be overly critical to hold accreditation accountable for outcomes that haven't been proven in other, more seasoned accreditation processes. It is important to describe the value and impact of accreditation, while being mindful that it may be difficult to prove a direct causal link between accreditation and certain outcomes.⁸²

As with any accreditation process, accreditation means excellence. It engenders public trust. It can also demonstrate the worth and the quality of the organization being accredited. The numbers and stories in this document highlight how accreditation has had meaningful impacts in health departments and the communities they serve.

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