

## The evidence for and from accreditation

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### ABSTRACT

**Background:** Public health department accreditation administered by the Public Health Accreditation Board (PHAB) began in 2007 after a series of policy briefs, field demonstration initiatives, and completion of a national feasibility study.

**Methods:** Evidence for accreditation was gathered from both national and state-based standards that had been tested and evaluated. Evidence from accreditation was obtained from surveys and focus groups.

**Results:** Preliminary analyses have indicated that the accreditation program is having its intended impact, although longitudinal analyses are planned for the future when a larger number of health departments can respond to surveys over time.

**Conclusions:** PHAB will continue to utilize long-term evaluation methods to describe the long-term impact of the accreditation process on health department performance.

**Key words:** Public health accreditation; exploring accreditation; public health accreditation board; accreditation evaluation

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### INTRODUCTION

Public health department accreditation was initiated in 2007 after a series of policy briefs, field demonstration initiatives, and completion of a national feasibility study. Evidence for accreditation was gathered from both national and state-based standards that had been tested and evaluated. The results from those tests and evaluation studies informed the development of the current national public health department accreditation program. A multi-year evaluation process has yielded anticipated and realized impacts of accreditation, as well as challenges and opportunities for improvement.

### METHODS

In gathering the evidence for accreditation, studies and evaluation reports, as well as performance standards, were reviewed for their utility in the development of Version 1.0 of the accreditation standards and measures published by the Public Health Accreditation Board in 2011. An external contractor conducted the review, with consultation from the PHAB staff. All records were located in the PHAB office and were archived from the initiation of the Exploring Accreditation project to the launch of the national program. To gather feedback from the accreditation process, an external evaluator, the National Opinion Research Center (NORC) at the University of Chicago, conducted a series of online surveys and focus groups. The focus of the evaluation included process assessment, health department experience, and short-term outcomes. Three web-based surveys of applicant and accredited health departments were

conducted: the first, after the health department submitted its statement of intent; the second, after the health department received its accreditation decision; and the third, one year following the accreditation decision. Surveys were sent to the health department director, but the accreditation coordinator optionally also participated in the response. For this report, data were collected for the first two surveys from six cohorts (n=131; n=39) and for the third survey, from five cohorts (n=28). Because only a small number of health departments have had the opportunity to respond across surveys (given that the first health departments were accredited in 2013), it is premature to conduct longitudinal analyses.

### RESULTS

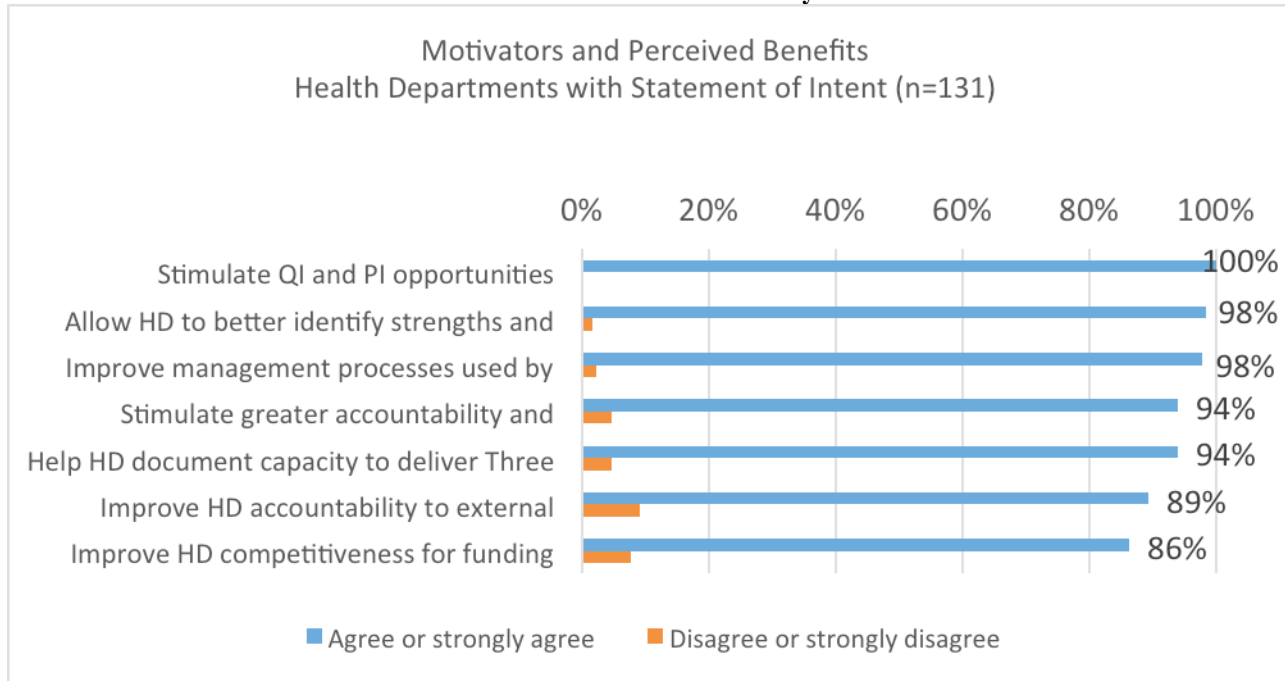
Results from the review of the evidence for accreditation revealed that the accreditation standards and measures were based upon content obtained from the National Public Health Performance Standards; the Operational Definition of a Local Public Health Department; Project Public Health Ready Criteria; North Carolina Accreditation Program; Missouri Public Health Performance Indicators; Washington State Public Health Standards; ISO Standards for Governmental Business Operations; Canadian Public Health Governance Criteria; and selected national program indicators. Face validity was obtained through the review completed by public health practitioners, researchers, and academicians.

Some of the more relevant results from the external evaluation, or evidence obtained to date from the

accreditation program are summarized in Table 1. This report brief does not include all of the evaluation metrics. A

full report of the evaluation is located at [www.phaboard.org](http://www.phaboard.org) under the tab Research and Evaluation.

**Table 1. First Survey**



Results from the second survey (n=39) indicated that health departments (HDs) “strongly agreed” and “agreed” with statements about the PHAB Standards & Measures:

- Standards & Measures allow for accurate measurement of the public health capacities and processes in our HD (97%)
- Standards & Measures accurately reflect the practice of high-performing HDs (92%)
- As currently written, Standards & Measures are sensitive enough to detect meaningful changes in capacities and processes in our HD over time (69%)

Results from the third survey (n=28) indicate that accreditation has, for 96% of the respondents:

- Stimulated quality improvement and performance improvement opportunities within HD
- Improved management processes used by HD leadership
- Stimulated greater accountability and transparency within HD
- Helped HD document capacity to deliver three core functions of public health and Ten Essential Public Health Services
- Allowed HD to better identify strengths and weaknesses.

For 86% of respondents, accreditation has improved the HD’s accountability to external stakeholders. For 61% of respondents, accreditation has improved the HD’s competitiveness for funding opportunities.

In terms of challenges to the accreditation process, respondents to all three surveys listed, in order of response percentage: limited staff time and other schedule limitations; staff turnover; PHAB application fees; lack of perceived value or benefit of accreditation; difficulty in demonstrating conformity with selected standards and measures; and selected standards and measures not applicable to some of the health departments. The latter two comments are primarily reported from the smaller health departments.

**DISCUSSION/CONCLUSIONS**

The Public Health Accreditation Board views the results from the external evaluation of accreditation as early validation that the program, while time-consuming for health departments just getting started, is accomplishing the impact that it was designed to accomplish. The program was built upon principles of quality improvement and performance management, and the majority of health departments perceive those items to be the most relevant impact to date. PHAB plans to continue its work on evaluating the impact so that health departments and others can use the information to communicate the most significant benefits of this voluntary process.

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