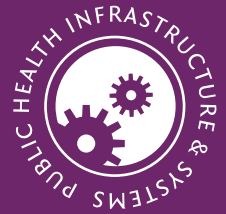


Local Health Department Accreditation: Findings from the 2014 Forces of Change Study



Background

The Public Health Accreditation Board (PHAB) is the national accreditation organization that aids state, local, Tribal, and territorial public health departments by establishing set standards and measures to promote and protect the health of the public. In February 2013, PHAB started announcing the list of accredited health departments and announced that more local health departments (LHDs) were applying for PHAB accreditation.¹ This research brief describes LHDs' level of engagement with PHAB's accreditation program in 2014 and compares the results with findings from the National Association of County and City Health Officials' (NACCHO's) 2013 National Profile of Local Health Departments (Profile) study.

Results

Level of Engagement in PHAB Accreditation

LHDs are at different levels of PHAB accreditation. For the purposes of this research brief, LHDs are classified as "formally engaged" in the PHAB accreditation

process if they have either achieved accreditation, submitted an application, or submitted a Statement of Intent. LHDs are classified as "favorably inclined" to pursue PHAB accreditation if they are formally engaged, plan to apply, or anticipate the state health agency doing so on their behalf.

More LHDs were formally engaged in PHAB accreditation in 2014 compared to 2013. As of 2014, one percent had achieved accreditation and 11 percent of LHDs had submitted either an application or Statement of Intent (Figure 1). Only six percent of LHDs reported formal engagement in 2013. In 2014, a somewhat smaller percentage of LHDs reported that they planned to apply for accreditation but had not submitted a Statement of Intent compared to 2013 (22% in 2014, 27% in 2013). Approximately the same proportion of LHDs reported the state health agency would apply on their behalf, were undecided, or decided not to apply.

While almost half of all LHDs (47%) reported that they were favorably inclined to pursue PHAB accreditation, positive inclinations varied by state (Figure 2). In 19 states, less than half of LHDs were favorably inclined to pursue PHAB

FIGURE 1: Level of Engagement with PHAB Accreditation (2013 and 2014)

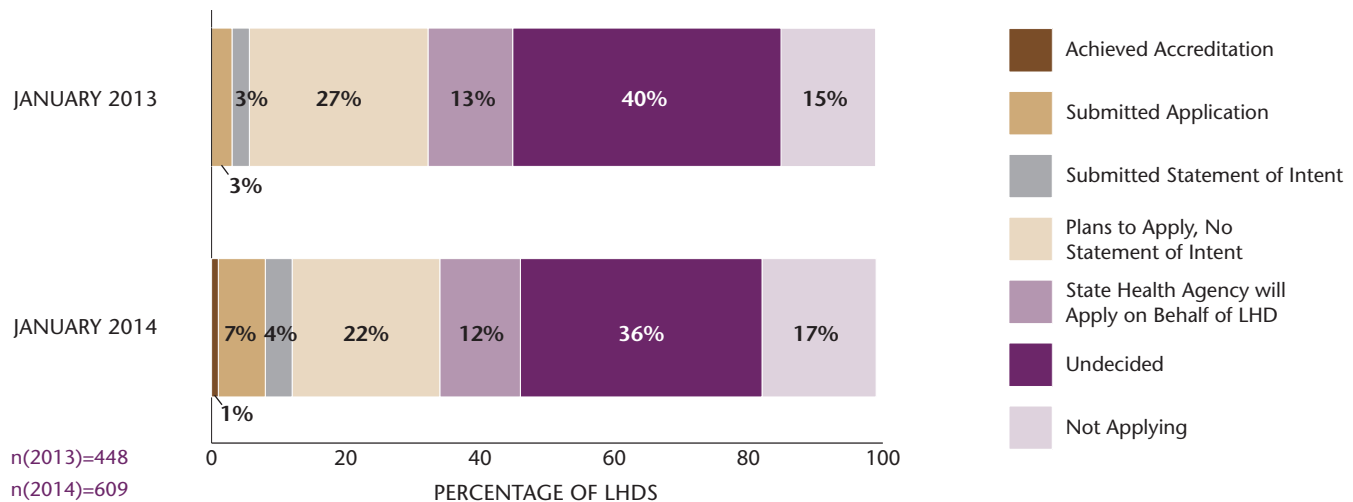
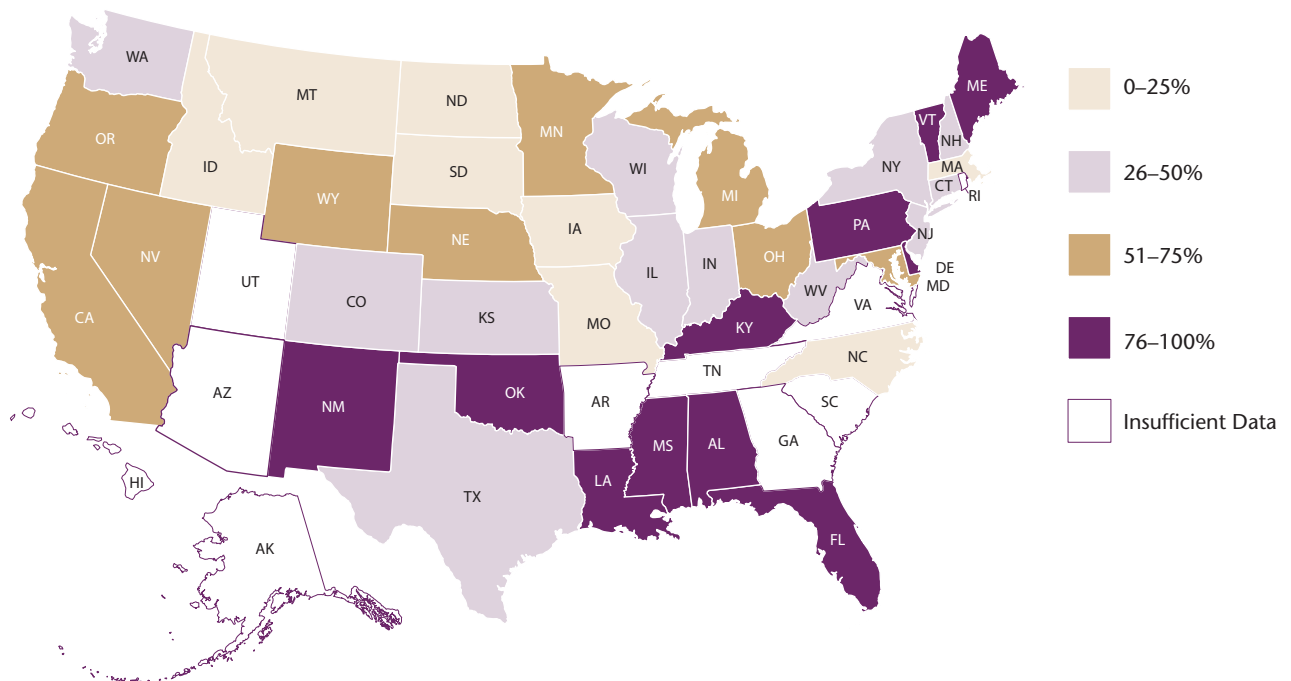


FIGURE 2: LHDs Favorably Inclined to Pursue PHAB Accreditation



n=609

LHDs are classified as favorably inclined to pursue PHAB accreditation if they are formally engaged, plan to apply, or anticipate the state health agency doing so on their behalf.

Levels of Engagement with PHAB Accreditation

LHDs can be at various stages of the PHAB accreditation process. In the 2014 Forces of Change survey, LHDs could indicate the following levels of engagement:

- Achieved PHAB accreditation
- Submitted an application for PHAB accreditation
- Submitted a Statement of Intent to pursue PHAB accreditation
- Planned to apply for PHAB accreditation but had not yet submitted a Statement of Intent
- Had not decided whether or not to apply for PHAB accreditation
- State health agency was pursuing PHAB accreditation on behalf of the LHD (for LHDs governed by the state or with shared state and local governance)

accreditation, while all LHDs in Delaware, Florida, Louisiana, Mississippi, and Vermont were favorably inclined.

One of six LHDs reported it was formally engaged in the accreditation process or planned to submit a Statement of Intent by 2014 (Figure 3). LHDs serving 500,000 or more people and LHDs with shared state and local governance were more likely to report this level of engagement.

FIGURE 3: LHDs Formally Engaged in PHAB Accreditation or Planning to Submit a Statement of Intent by 2014

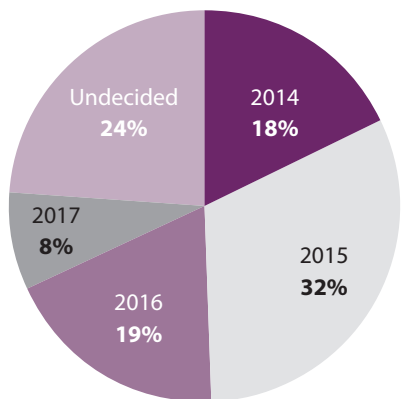
LHD Characteristics	Percentage of LHDs
All LHDs	17%
<i>Size of Population Served</i>	
<50,000	8%
50,000–499,999	25%
500,000+	40%
<i>Type of Governance</i>	
State	14%
Local	15%
Shared	32%

n=609

Planning to Apply for PHAB Accreditation

Among LHDs that planned to apply for PHAB accreditation, most planned to submit a Statement of Intent by 2014 (18%), 2015 (32%), or 2016 (19%) (Figure 4). Almost one-quarter (24%) were undecided about when they planned to submit a Statement of Intent, considerably lower than the 39 percent of LHDs that had reported being undecided when asked the same question in 2013.

FIGURE 4: Year LHDs Plan to Submit a Statement of Intent to Pursue PHAB Accreditation

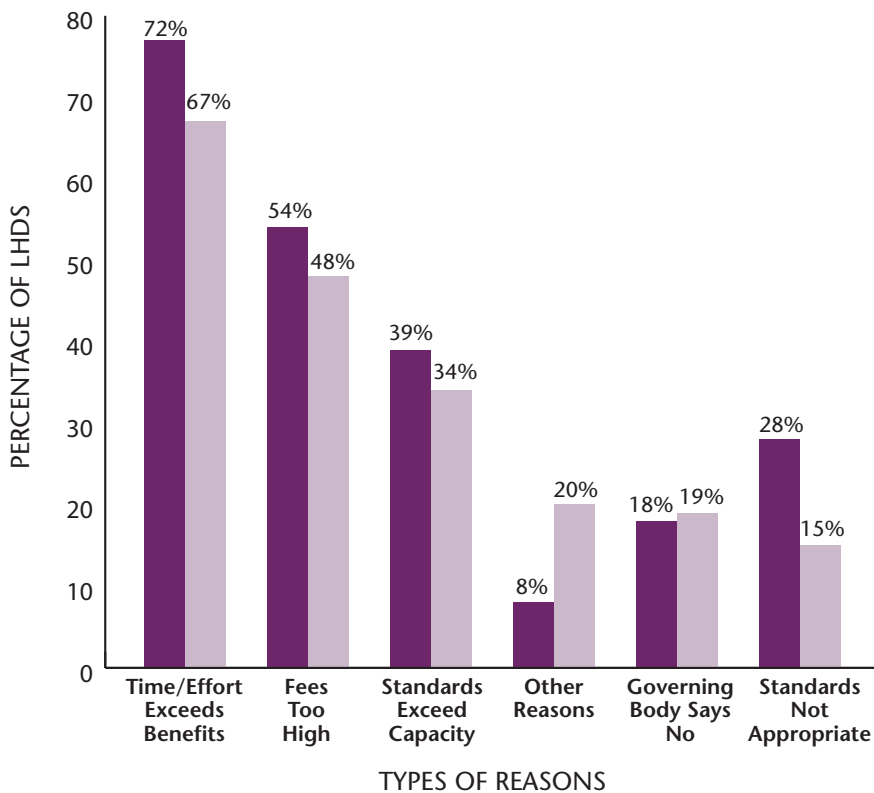


n=134

Reasons for Not Pursuing PHAB Accreditation

In both 2013 and 2014, approximately one in six LHDs reported that it had decided not to apply for accreditation. Most LHDs reported that the time and effort required for accreditation exceeded its benefits (67% in 2014, 72% in 2013) (Figure 5). LHDs also frequently reported that accreditation fees were too high (48% in 2014, 54% in 2013) and PHAB standards

FIGURE 5: Reasons for Not Pursuing PHAB Accreditation (2013 and 2014)



n(2013)=61
n(2014)=103

January 2013 January 2014

exceeded their LHD capacity (34% in 2014, 39% in 2013). The largest difference in reasons for not applying for PHAB accreditation in 2013 and 2014 was the percentage of LHDs reporting that the standards were not appropriate for their LHDs, decreasing from 28 percent in 2013 to 15 percent in 2014.

Discussion

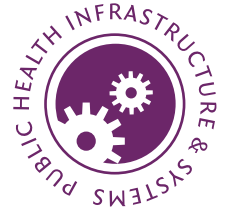
More LHDs reported being formally engaged in PHAB accreditation in 2014 compared to 2013; the proportion of LHDs that had achieved accreditation or submitted an application or Statement of Intent nearly doubled from six percent of LHDs in 2013 to 12 percent of LHDs in 2014. Notably, in 2014 a small number of LHDs had achieved PHAB accreditation. However, fewer LHDs planned to submit a Statement of Intent in 2014 than in 2013. Moreover, the proportions of LHDs that were undecided or had decided not to apply for accreditation remain the same.

These findings suggest that some LHDs that had originally planned to apply for accreditation are now actively engaged in accreditation, but there is little change (positive or negative) in the proportion of LHDs that are not currently planning to pursue accreditation (undecided or decided not to pursue). Time, effort, and fees remain the biggest obstacles to the PHAB accreditation application.

These data confirm that more LHDs have taken steps to pursue PHAB accreditation and are moving toward becoming PHAB accredited. These findings suggest that the support provided to LHDs pursuing accreditation (e.g., by the Centers for Disease Control and Prevention, the Robert Wood Johnson Foundation, state health agencies, and national organizations such as NACCHO) is contributing to the desired outcome: an increase in the number of accredited LHDs. The data also show that little progress is being made with a relatively large group of LHDs that are not planning to pursue accreditation. Changing the opinions of the leaders of these LHDs may be a long-term process that requires strong evidence that the benefits of accreditation exceed the costs.

[RESEARCH BRIEF]

May 2014



Methods

Data for this research brief came from NACCHO's 2013 Profile study and 2014 Forces of Change Survey. NACCHO administered the 2013 Profile survey from January to March 2013 and had an overall response rate of 79 percent. The Profile module included questions on PHAB accreditation and was sent to a statistical sample of 624 LHDs and completed by 490 LHDs (response rate of 79%). More information about the methodology for the 2013 Profile study is available in the main report of the study findings at www.nacchoprofilestudy.org.

NACCHO administered the 2014 Forces of Change Survey to a statistically representative sample of 957 LHDs in the United States from January to February 2014. The survey included questions on PHAB accreditation. A total of 648 LHDs completed the survey (response rate of 68%). NACCHO generated national statistics using estimation weights to account for sampling and non-response. All data were self-reported; NACCHO did not independently verify the data provided by LHDs. A detailed description of survey methodology is available on NACCHO's Forces of Change webpage at www.naccho.org/topics/research/forcesofchange.

References

1. Public Health Accreditation Board. *Public Health Accreditation Board (PHAB) distribution of health departments*. Accessed April 7, 2014, from http://www.phaboard.org/wp-content/uploads/applicant-map_april-7-2014.pdf

Acknowledgments

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For more information, please contact the Research & Evaluation Team at research@naccho.org.

Accreditation Preparation Tools and Resources

Refer to the following resources for more information on LHD accreditation preparation:

- NACCHO's Accreditation Preparation page includes resources organized by stages of the preparation process: www.naccho.org/accreditation
- NACCHO's Resource Center for Community Health Assessments (CHA) and Community Health Improvement Plans (CHIP) features tools, resources, and examples for developing CHAs and CHIPs: www.naccho.org/chachipresources
- NACCHO's Accreditation Support Initiative page shares information about LHDs across country preparing for accreditation: www.naccho.org/asi
- NACCHO's Roadmap to a Culture of Quality provides guidance to LHDs on progressing through six phases or levels of quality improvement (QI) maturity to achieve and sustain a culture of quality: www.qiroadmap.org



The mission of the National Association of County and City Health Officials (NACCHO) is to be a leader, partner, catalyst, and voice for local health departments.

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