

Local Health Departments' Level of Engagement in Accreditation



Background

The national accreditation of public health agencies is a crucial approach for improving public health agencies' administration, governance, and the capacity to provide essential public health services.¹ The Public Health Accreditation Board (PHAB) was established in 2007. The PHAB Accreditation Standards and Measures Version 1.0 was released in July 2011, and the first cohort of accredited health departments was announced in February 2013.² The PHAB accreditation Standards and Measures are organized into 12 domains that represent the 10 Essential Public Health Services and two additional domains (administration and management; governance). Accreditation is a seven-step process that requires local health departments (LHDs) to complete prerequisites, select and submit documentation, and participate in a site visit and application review. The National Association of County and City Health Officials (NACCHO) has produced this research brief to describe the extent to which LHDs engage in accreditation and the barriers to pursuing accreditation.

As of January 14, 2014, a total of 234 LHDs are in PHAB's online information system. Of these LHDs, 164 are applying as individual LHDs, 67 are local units in a centralized state integrated system, and three LHDs are included in a multi-jurisdictional application.³

Methodology

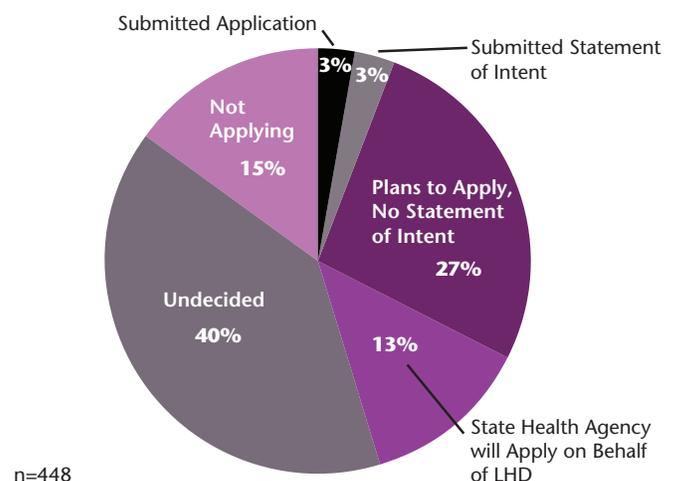
Data for this research brief were drawn from NACCHO's 2013 National Profile of Local Health Departments (Profile) survey, which was administered to 2,532 LHDs across the country. The 2013 Profile survey was administered from January to March 2013 and had an overall response rate of 79 percent. Questions on PHAB accreditation were included in the Profile module, which was sent to a statistical sample of 624 LHDs and completed by 490 LHDs. More information about the methodology for the 2013 Profile study is available in the main report of the study findings at www.nacchoprofilestudy.org.

Results

Local Health Departments' Level of Engagement in PHAB Accreditation

One in three LHDs had submitted an application or statement of intent or planned to apply for the national voluntary accreditation through PHAB. Only 15 percent indicated a decision not to apply for accreditation, 13 percent reported their state health agency will apply on their behalf, and 40 percent were undecided (Figure 1).

Figure 1: Percent of LHDs by Level of Engagement in PHAB Accreditation



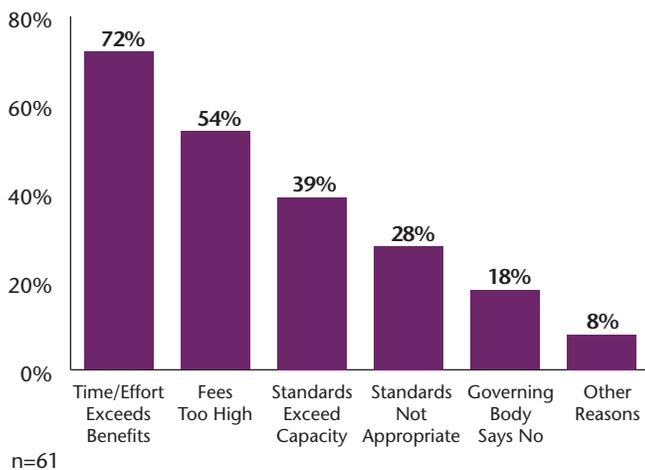
Local Health Departments that Plan to Pursue Accreditation within Next Few Years

Of the 128 LHDs stating they planned to apply for voluntary national accreditation, 39 percent were undecided about the time at which they would submit a statement of intent to pursue accreditation. Roughly one in five anticipated submitting a statement of intent in 2013, one in three in 2014, 10 percent in 2015, and five percent in 2016 or later.

Reasons for Not Pursuing Accreditation

Of the 61 LHDs indicating they were not applying for PHAB accreditation, most frequently reported reasons for not pursuing

Figure 2. Percent of LHDs by Reasons for Not Pursuing PHAB Accreditation



accreditation were time/effort required for accreditation exceeds benefits (72%), fee too high (54%), and standards exceeded the capacity of their LHD (39%) (Figure 2).

Level of Engagement in Accreditation by Type of Governance and Size of Population Served

Significant variation existed in LHDs' level of engagement in PHAB accreditation by type of governance and size of LHD jurisdiction (Figure 3). Approximately seven percent of state-governed LHDs reported having decided not to apply for accreditation, whereas a much greater proportion (19%) of locally governed LHDs decided against pursuing accreditation. Roughly half of locally governed LHDs were undecided, whereas only about 20 percent of LHDs with shared or state governance were undecided about accreditation. LHDs serving medium (50,000–499,999) or large (500,000+) jurisdictions were more likely to have submitted the application or statement than LHDs serving small jurisdictions.

Level of Engagement in PHAB Accreditation and Quality Improvement

Figure 4 shows the association between level of accreditation engagement and quality improvement (QI) activities. Over half of LHDs that had submitted an application or statement of intent were engaged in agency-wide formal QI, whereas only 13 percent of LHDs that had decided not to apply for accreditation were engaged in this level of QI activities. Conversely, much larger proportions of LHDs that were undecided about accreditation application or decided not to apply conducted only informal or ad hoc QI activities or no QI activities at all, when compared to LHDs that had submitted an application or statement or planned to do so.

Figure 3. LHDs' Level of Engagement in PHAB Accreditation by Type of Governance and Size of LHD Jurisdiction

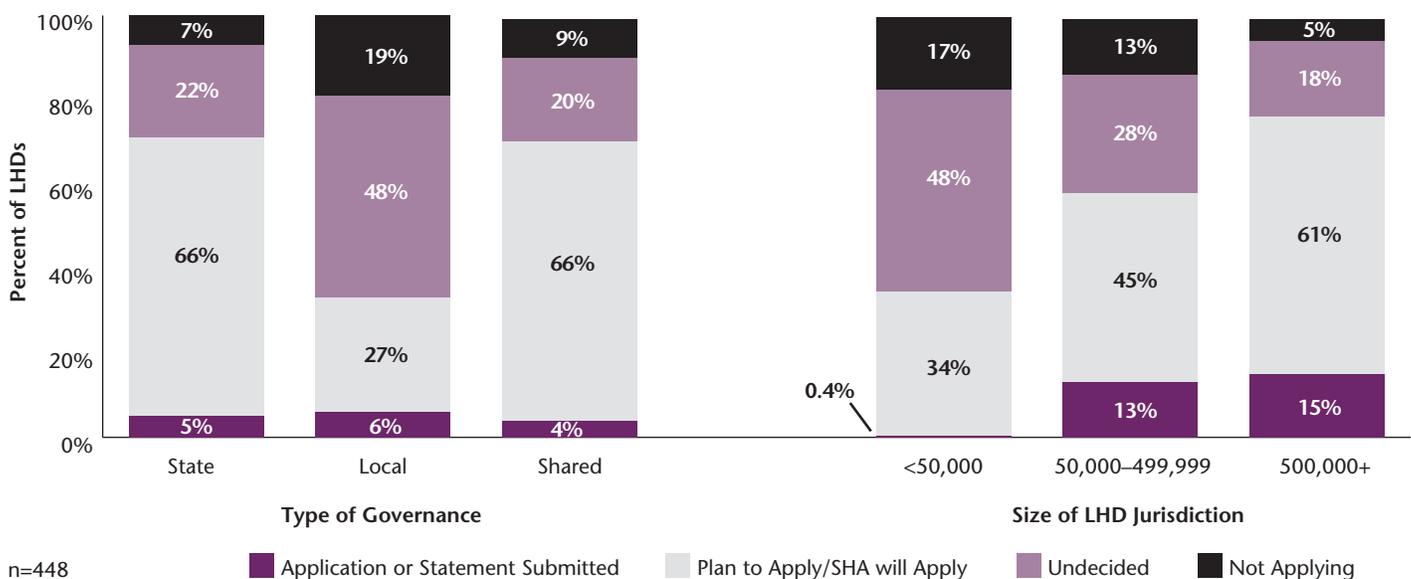
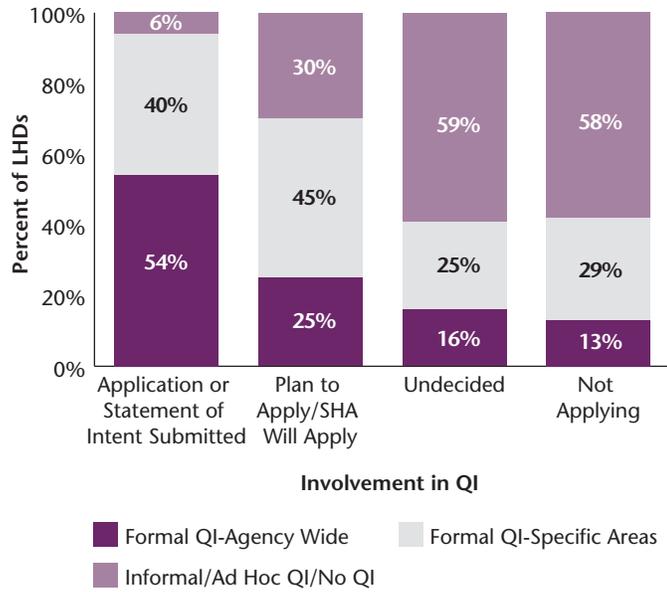
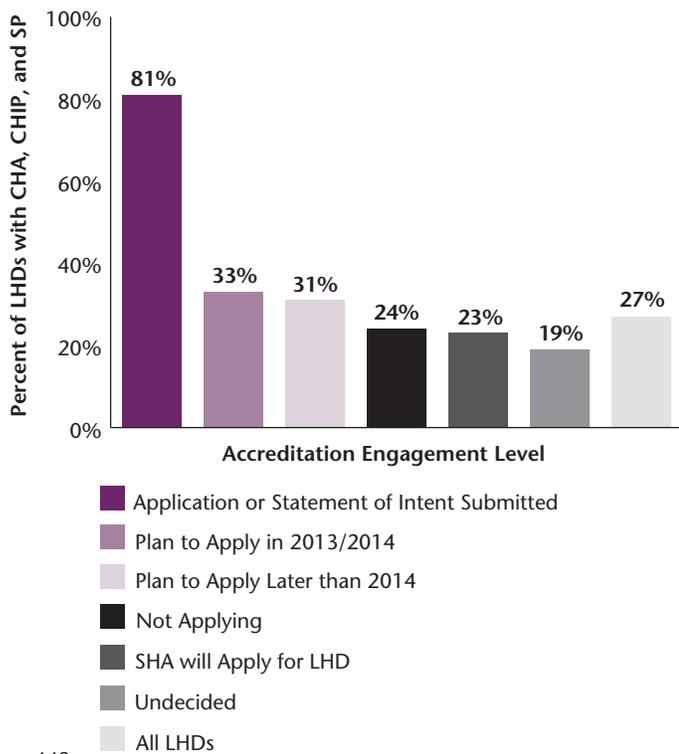


Figure 4. LHDs' Involvement in QI by Level of Engagement in PHAB Accreditation



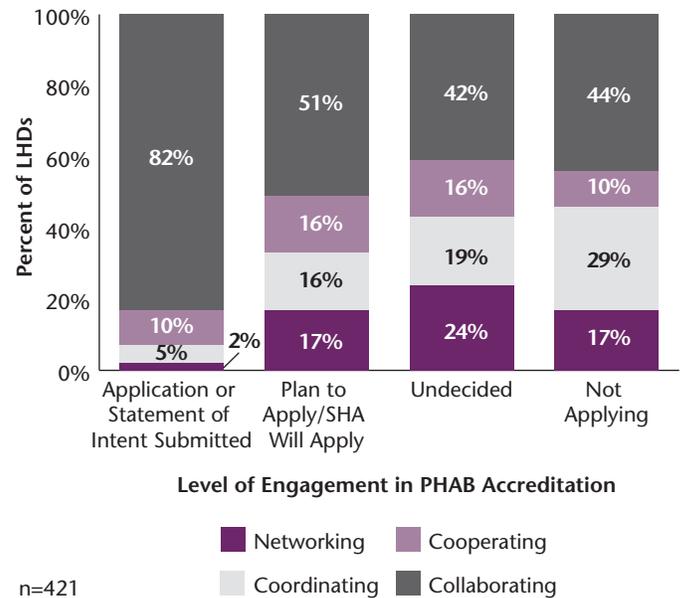
n=443

Figure 5. LHDs' Completion of Three PHAB Prerequisites within Past Five Years by Level of Engagement in PHAB Accreditation



n=448

Figure 6. Extent of Partnerships with Other Organizations for CHA, by Level of Engagement in PHAB Accreditation



n=421

Completion of Three PHAB Prerequisites within Past Five Years

Figure 5 shows the percent of LHDs that recently completed three prerequisites of PHAB accreditation: community health assessment (CHA), community health improvement plan (CHIP), and agency-wide strategic plan (SP). Overall, 27 percent of LHDs had completed all three prerequisites within the past five years. On average, four out of five LHDs that had submitted the application or statement had completed all three prerequisites within the past five years. About one-third of LHDs that planned to apply in 2013/2014 or after 2014 had current CHA, CHIP, and SP. LHDs that remained undecided about accreditation application were least likely to have completed PHAB accreditation prerequisites.

Level of Engagement of PHAB Accreditation and Partnerships with Other Organizations for Community Health Assessment

Figure 6 shows the association between level of engagement in accreditation and partnerships with other organizations in the community. LHDs were asked to characterize their level of partnership with other organizations in conducting a CHA, using a four-category scale. The highest level of partnership in this scale was "collaborating," which means enhancing the capacity of the other partner for mutual benefit and common purpose. LHDs that showed the greatest commitment to accreditation by submitting an application or intent statement were more likely to engage in the highest level of partnerships (i.e., collaborating). LHDs that had decided against pursuing accreditation had the

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highest combined proportion in networking and coordinating, the weakest forms of partnerships. Only eight percent of LHDs that had submitted an application or statement were involved in these two weaker forms of partnerships.

Types of partnership were measured by asking the participants to select one of the four relationships that increase in formality. The first and least formal—networking—includes exchanging ideas and information for mutual benefit, often via newsletter, meetings, conferences, or online. Coordinating involves exchanging information and altering activities for a formal purpose. Cooperating is exchanging information, altering activities, and sharing resources. The last and most formal way is collaborating, enhancing the capacity of the other partner for mutual benefit and a common purpose; collaborating also includes networking, coordinating, and cooperating.

Discussion

Accreditation will provide the pathways to ensure accountability, consistency, better fit between community needs and public health services, and improved performance in health departments.

National strategies targeting rapid diffusion of accreditation among public health agencies should include elements that address the needs of LHDs with varying degrees of intent and readiness to pursue accreditation.

Most of the “innovators”—the approximately six percent of LHDs that had already submitted an application or statement of intent for accreditation by early 2013—demonstrate some important indicators of accreditation readiness. Nearly all of these LHDs had completed a CHA, CHIP, and SP within the past five years and had formal QI programs. Furthermore, most of these LHDs reported that their CHA efforts involved strong partnerships with other community organizations.

The “early adopters”—those LHDs that express intent to seek accreditation in the near future—are much less likely to report these indicators of accreditation than the innovators. These LHDs could benefit from financial support and technical

assistance in completing the prerequisites, strengthening QI activities, and building other capacity needed to meet accreditation standards. The “early majority”—those LHDs that express intent to seek accreditation at some later or unknown date—likely need the same type of support but over a longer timeframe.

The LHDs that will ultimately comprise the “late majority”—some of the LHDs that are currently undecided about accreditation—need to be convinced that accreditation is feasible and beneficial for their agencies. LHDs that serve small populations or are locally governed are most likely to fall into this category. These LHDs could benefit from models for efficient realignment of financial resources and workforce to pursue accreditation, establishing efficient ways to complete PHAB prerequisites, demonstrating benefits of accreditation, and identifying best practices to address the barriers.

References

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- ² Public Health Accreditation Board. *Public health department accreditation background*. Accessed Dec. 18, 2013, from <http://www.phaboard.org/about-phab/public-health-accreditation-background/>
- ³ Public Health Accreditation Board. *Public Health Accreditation Board (PHAB) distribution of health departments*. Accessed Jan. 15, 2014, from http://www.phaboard.org/wp-content/uploads/applicant-map_january-14-2014.pdf

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