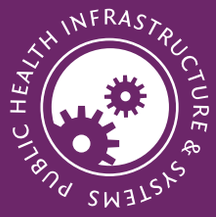
NACCHO
National Association of County & City Health Officials

[RESEARCH BRIEF]
December 2014

Benefits of National Accreditation for Local Health Departments



Introduction

In 2011, the Public Health Accreditation Board (PHAB) launched its voluntary national accreditation program for public health departments with the goal of improving and protecting the public's health by advancing performance improvement. As of October 2014, 54 health departments had earned the designation of accredited, which means the agencies satisfied a set of practice-focused and evidence-based standards.

In April 2014, the National Association of County and City Health Officials (NACCHO) conducted a survey of accredited local health departments (LHDs). The objectives were to develop a preliminary list of benefits from pursuing and achieving accreditation, to determine the technical assistance needs of accredited LHDs, and to verify anecdotal information from the field.

Methods

When the survey was fielded, there were 29 accredited LHDs. NACCHO sent the survey to a total of 52 individuals at these 29 agencies, including 28 local health officials (LHOs) and 24 accreditation coordinators (ACs). Thirty-seven individuals (16 LHOs and 21 ACs) from 26 LHDs completed the survey, resulting in an individual response rate of 71% and an agency response rate of 90%.

The survey included questions about agency characteristics; staff qualifications, roles, and responsibilities; use of NACCHO tools; benefits of the accreditation process and status; challenges of the accreditation process; influences of accreditation on agency practices and policies; and technical assistance needs.

FIGURE 1: Percent of Respondents Who Report Experiencing Benefits of the Accreditation Process

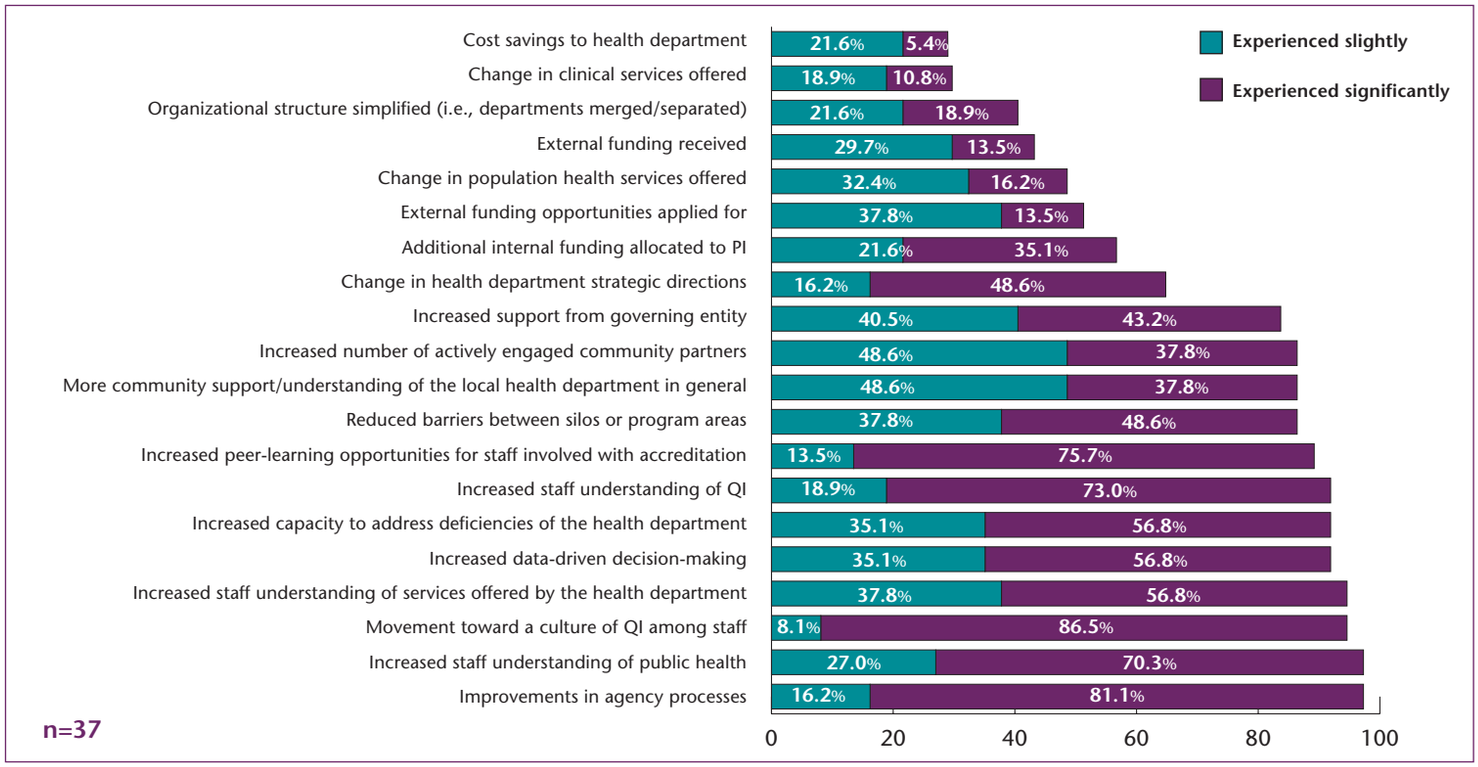


FIGURE 2: Process Benefits: Staff Knowledge and Understanding

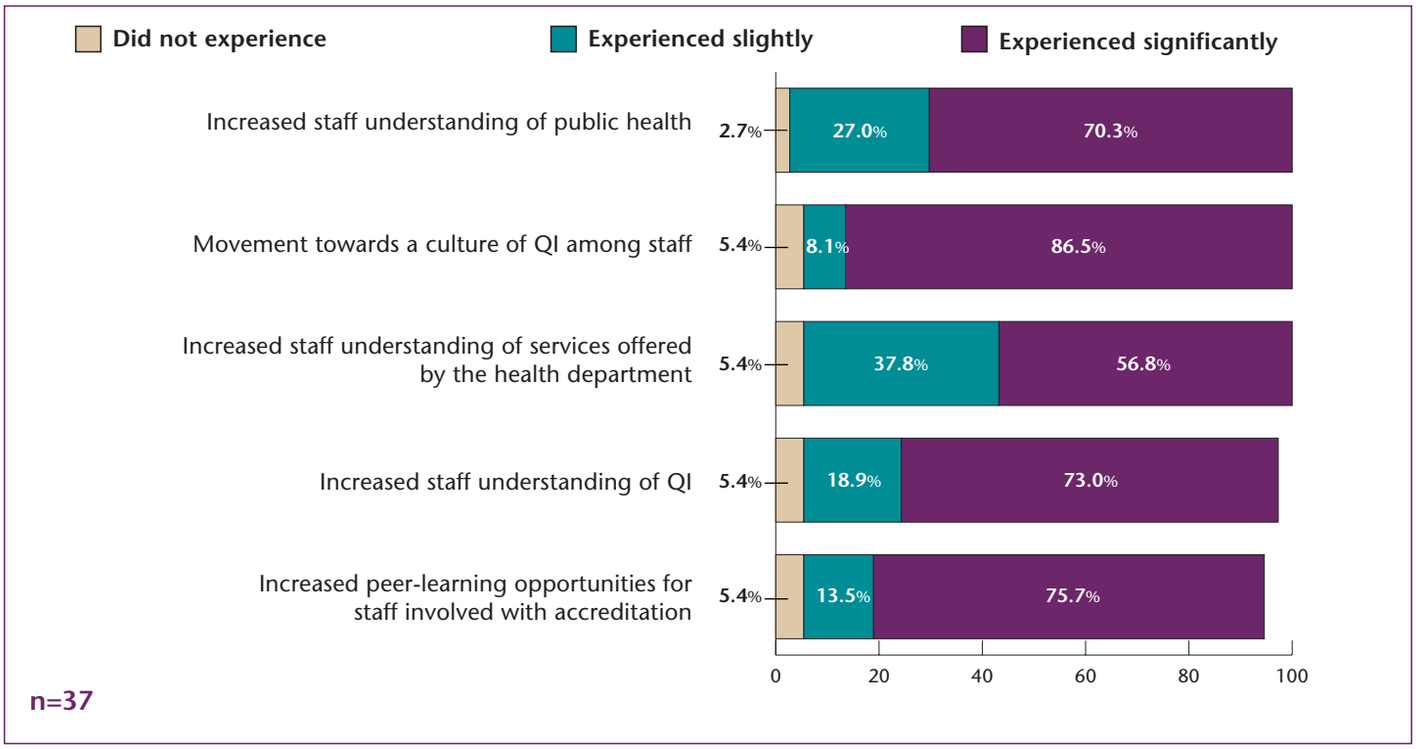
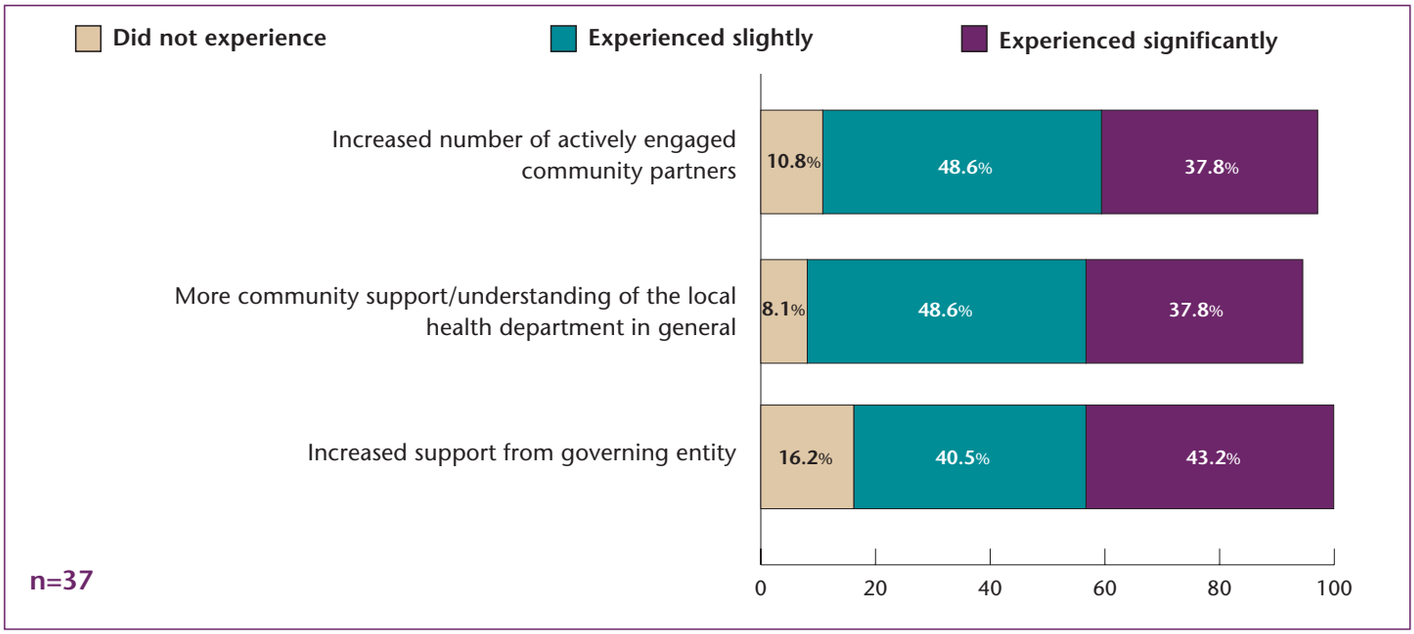


FIGURE 3: Process Benefit: External Support



Results

Staff Involved in Accreditation Efforts

ACs at respondent LHDs were typically full-time employees (81%; n=26) and were hired or appointed internally rather than from an external candidate pool (81%). Fifty-eight percent of respondent LHDs indicated that no external funding was used for the salaries of ACs, and 69% of ACs at these LHDs had job responsibilities outside those of accreditation and performance improvement. Survey respondents were asked about the number of staff involved in accreditation activities at their agencies. Due to the small sample size, NACCHO did not conduct formal correlation analysis, but preliminary data suggest that the percentage of staff involved in accreditation efforts (directly and peripherally) tends to decrease as the size of the LHD increases.

NACCHO Tools Used during Accreditation Process

Over the past several years, NACCHO has developed several tools and resources to support LHDs as they prepare for national accreditation. These resources were informed by the field and promoted to all LHDs through NACCHO's communication channels.

Respondents were asked about their use of NACCHO tools during the accreditation process. The level of use ranged from 1 (unfamiliar with tool) to 6 (extensive use). The most popular NACCHO resources used during LHDs' accreditation process were the Accreditation Coordinators Learning Community (with M=4.86), the QI Roadmap (M=4.19), and the customizable presentation slides for staff/local governing entity (M=4.14).[1] No more than three respondents per tool were unfamiliar with each tool. The data indicate that NACCHO was able to effectively reach this group of LHDs when advertising available tools.

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Benefits Related to Accreditation Process and Status

Prior to survey distribution, NACCHO compiled a list of possible benefits related to the accreditation process and the accredited status, respectively, based on NACCHO's interactions with LHDs pursuing accreditation. Respondents indicated if they had experienced each benefit significantly, slightly, or not at all. The data were linked to some variables (e.g., total number of employees) in NACCHO's 2013 National Profile of Local Health Departments study.[2]

Figure 1 indicates the proportion of participants who reported experiencing benefits of the accreditation process slightly or significantly. In the category of staff knowledge and understanding, benefits most frequently reported as experienced significantly are movement toward a culture of quality improvement (QI) among staff (87%), increased peer-learning opportunities for staff involved with accreditation (76%), and increased staff understanding of QI (73%) (Figure 2). The most frequently significantly experienced benefit related to external support is increased support from governing entity (43%) (Figure 3). Relatively smaller proportions of participants reported experiencing significant benefits in the funding category,

FIGURE 4: Process Benefits: Funding

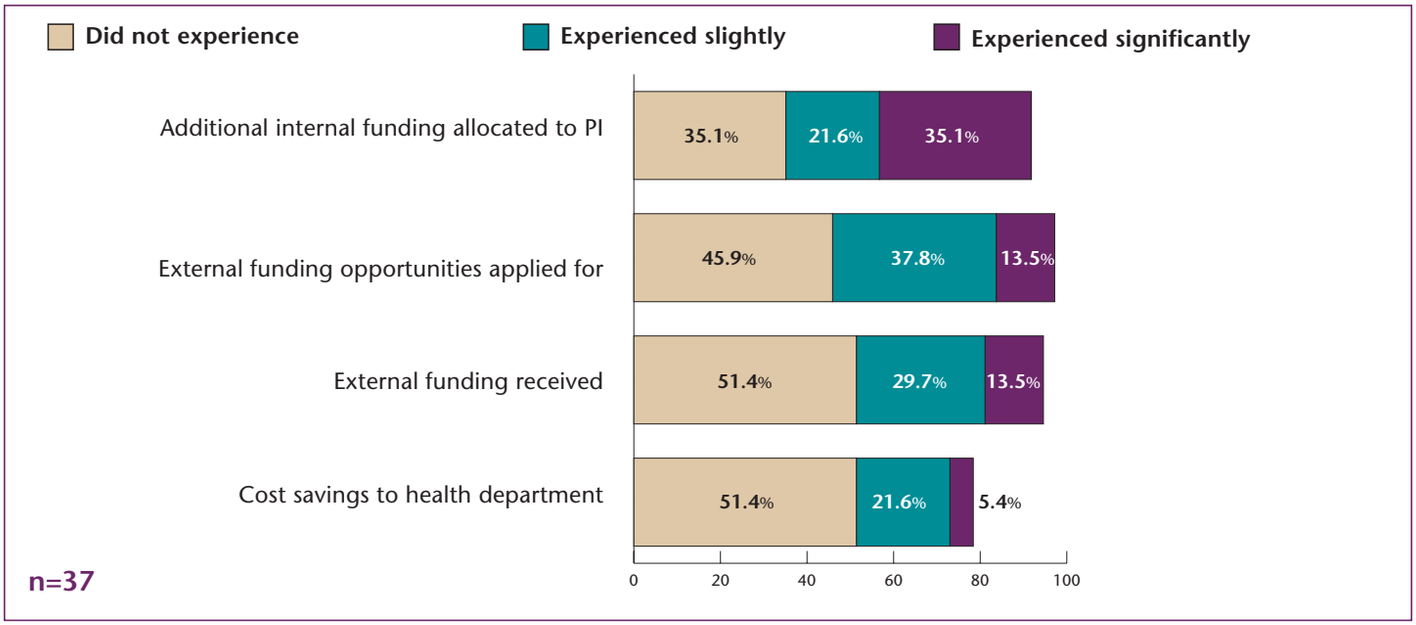
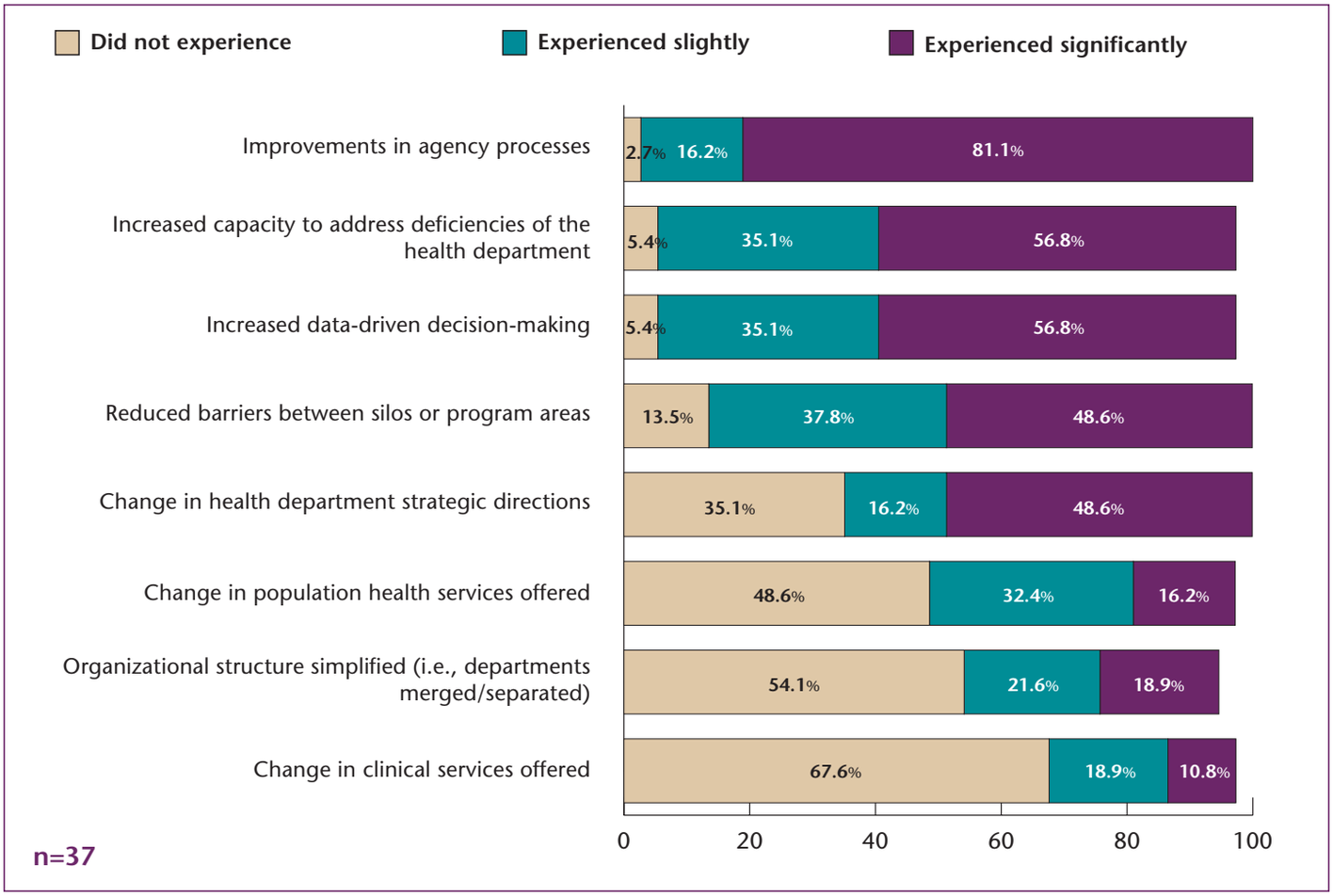


FIGURE 5: Process Benefits: Organizational Structure and Capabilities



Development of a quality improvement (QI) culture was most frequently reported as a top benefit.

with additional internal funding allocated to performance improvement as the most frequently noted (35%) (Figure 4). The proportion of reported benefits related to organizational structure and capabilities that were significantly experienced varied substantially, ranging from 11% for change in clinical services offered to 81% for improved agency processes (Figure 5).

Overall, the benefits related to status resemble those related to process, with those relating to finances and organizational structure being less reported than those related to staff. The breakdown of the status benefits is shown in Figure 6.

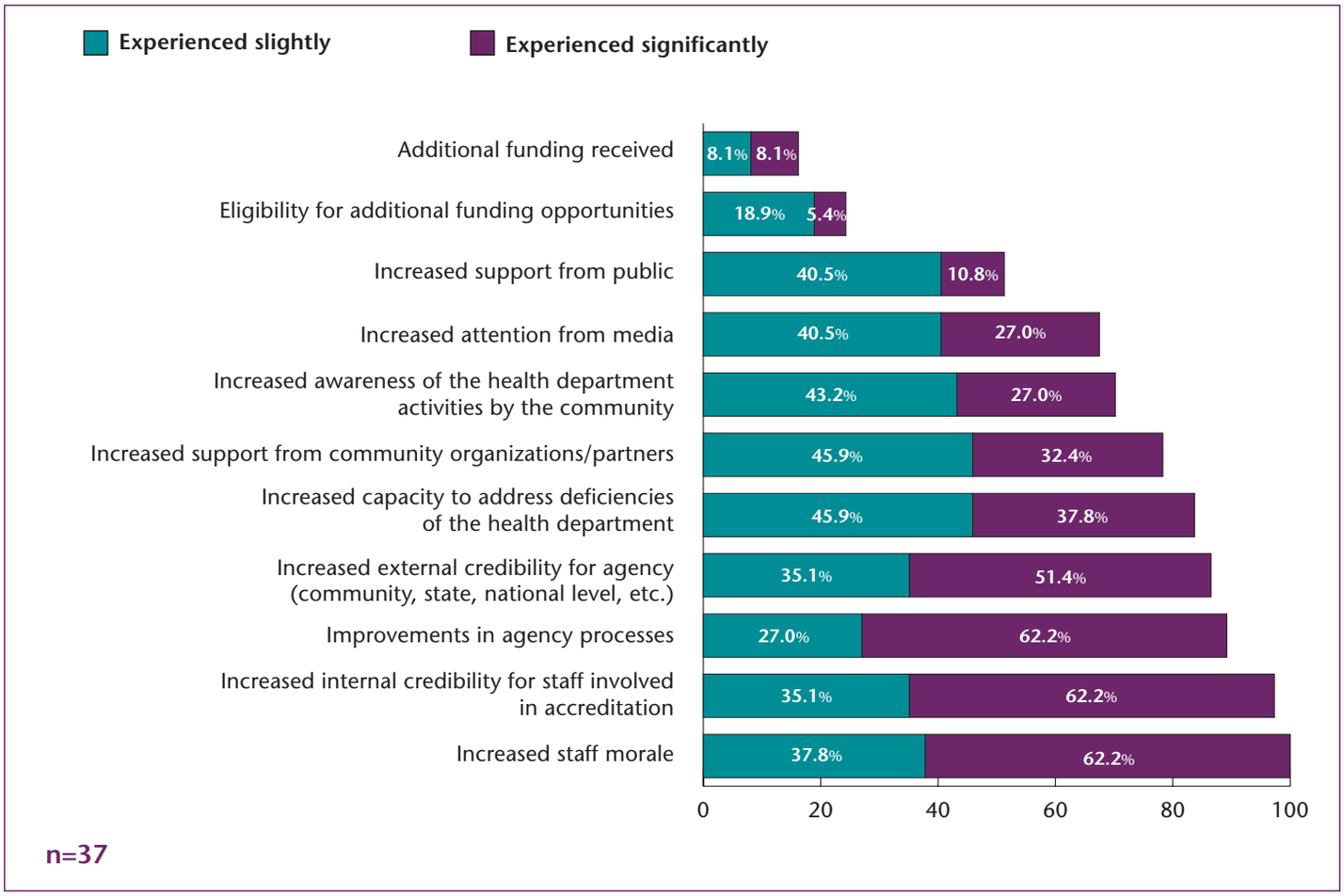
After the conclusion of the survey, respondents were asked to list their top three benefits. Development of a QI culture was most frequently reported as a top benefit (23% of the responses). Increased staff morale/engagement and increased internal collaboration/cohesion were the next most reported.

Analyzing Benefits by Size of LHD

Out of the 37 survey respondents, 22 were from an LHD serving less than 200,000 people, and the remaining 15 were from an LHD serving 200,000 or more people. Because of the small population of accredited LHDs, NACCHO could not fully analyze benefits related to different size categories and capabilities. However, NACCHO compared the responses from participants from relatively "small" (<200,000) and relatively "large" LHDs (200,000+) to examine whether the rate at which benefits were experienced "significantly" differed in the two categories.

Large LHD respondents more frequently indicated that they had applied for external funding, received external funding, and experienced increases in staff understanding of public health at higher rates; small LHD respondents more frequently indicated that their LHDs went through a change in population health services offered.

FIGURE 6: Percent of Respondents Who Report Experiencing Benefits of the Accreditation Status



Large LHDs were more likely to indicate that they significantly experienced the following benefits of the accredited status: eligibility for additional funding opportunities, increased external credibility for agency, increased internal credibility for staff involved with accreditation, improvements in agency processes, and increased staff morale.

Barriers and Needs

The most commonly reported barriers were lack of staff engagement (32.4%), lack of funding for the AC position (29.8%), state budget cuts (27%), and LHO turnover (27%) (Figure 7).

The technical assistance needs of respondents from accredited LHDs were greatest in the following areas: performance management system implementation (57.1%), continuing staff morale (51.4%), creating an improvement plan (45.9%), and documentation updates and storage (45.9%).

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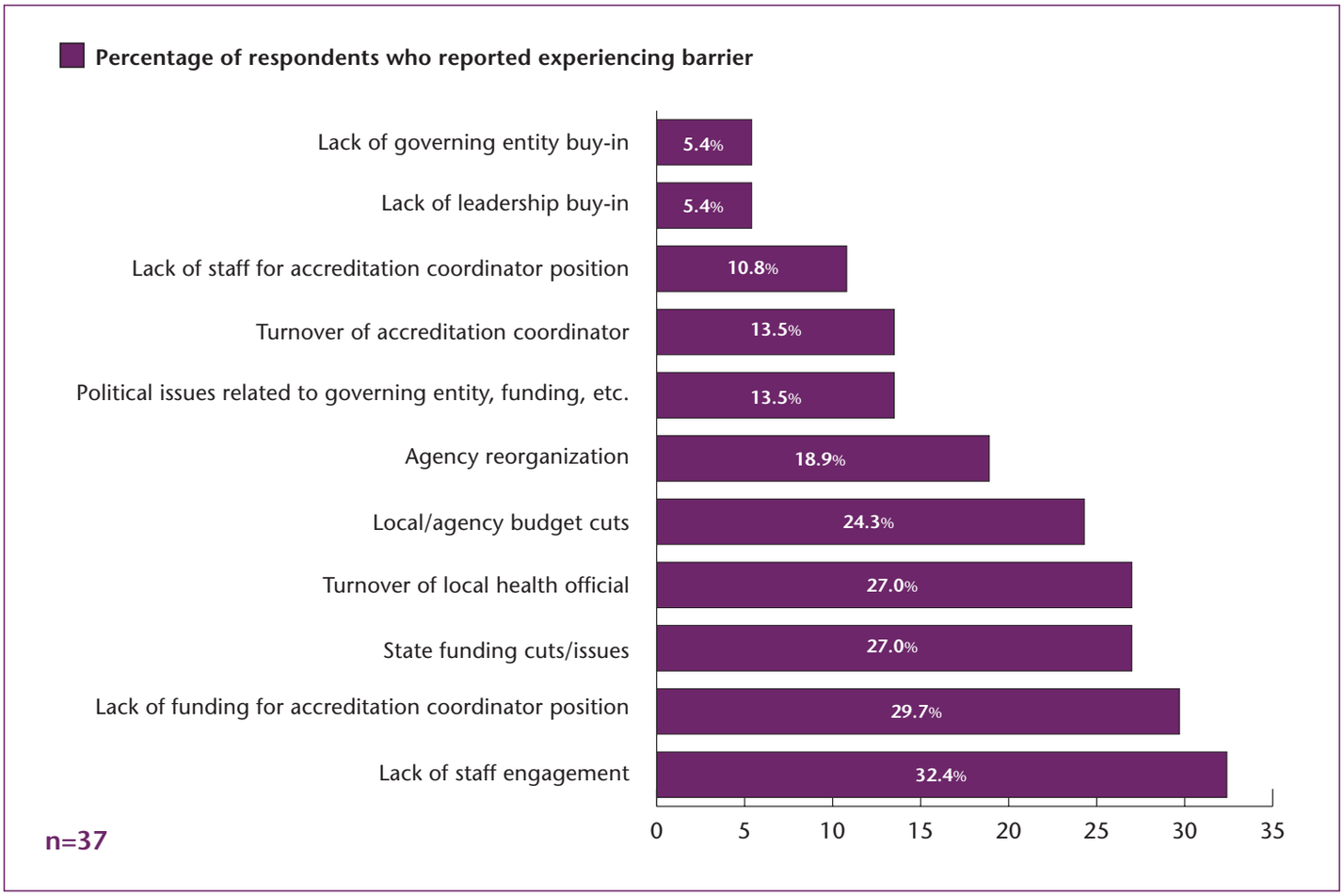
FIGURE 7: Barriers to the Accreditation Process



Limitations

The survey has limitations that relate to the size of the data set. Because there were only 37 respondents, NACCHO could not make any significant generalizations. However, due to the size of the population of accredited LHDs, this survey provides a valuable first look at how the movement toward accreditation is affecting the public health field.

Additionally, the survey has limitations due to the LHDs represented in the data set. Most of the LHDs that made up the population for this survey are referred to by NACCHO and other partners as "early adopters" of the accreditation principles and processes. This group has supported accreditation in public health and, therefore, is likely predisposed to positive feelings about the concept, process, and status. Also, many of the survey population are individuals with whom NACCHO interacts regularly. Therefore, they were perhaps more likely to complete the survey because they wanted to support NACCHO. This could bias the group that ended up comprising the survey sample.

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Conclusion

As PHAB's accreditation program grows, more health departments will seek and gain accredited status. Because of advances in the field, many others will adopt performance improvement practices and principles, even if they do not plan to pursue PHAB's recognition. Therefore, NACCHO will continue to monitor accreditation's value to LHDs.

While this survey has several limitations, the results indicate that LHDs that achieve accreditation find both the process and the status beneficial. The most common benefits relate to staff knowledge and satisfaction. The public health workforce is changing, and LHDs must find ways to retain and develop employees. Accreditation preparation can be a valuable tool for staff engagement and appreciation across the country.

Additionally, this survey indicates that LHDs are experiencing increased levels of support from partners and the public due to accreditation. NACCHO's strategic goal of providing the national voice for LHDs is strengthened by the accreditation movement because it provides a positive platform for highlighting LHDs for their excellence and accountability. NACCHO will continue to support accreditation and share benefits and outcomes as they are discovered. NACCHO and other technical assistance providers can also use the information related to barriers and needs to meet the needs of accredited agencies.

Last, the survey indicates only slight differences in perception of benefits based on size of the LHD. This information is useful because small LHDs have indicated concerns about the workload involved, and these data address some of those concerns. As more small and large LHDs continue to seek accreditation, NACCHO should continue to track the benefits—unique and similar—for both.

As additional LHDs achieve accreditation, NACCHO will continue to catalog the benefits of the process and status. NACCHO will continue to quantify and report on the benefits of accreditation to demonstrate the value it adds to LHDs.

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References

1. NACCHO's accreditation preparation resources are available at http://www.naccho.org/accreditation.
2. National Association of County and City Health Officials. (2014). 2013 national profile of local health departments. Available at http://www.naccho.org/profile.

Acknowledgments

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