Initial Evaluation of the Public Health Accreditation Program

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Overview

• PHAB Accreditation Overview
• PHAB Logic Model
• NORC Evaluation
• Evaluation Limitations/Challenges
Public Health Accreditation Board (PHAB)

• National accrediting organization for public health departments

• Dedicated to advancing the continuous quality improvement of Tribal, state, local, and territorial public health departments

• **Goal:** Improve and protect the health of the public by advancing the quality and performance of state, local, tribal, and territorial public health departments

• **Vision:** A high-performing governmental public health system that will make us a healthier nation
Accreditation Process

• Accreditation is voluntary
• Process consists of seven steps
  • Pre-application, Application, Documentation Selection and Submission, Site Visit, Accreditation Decision, Reports, and Reaccreditation
• Applicants submit documentation to demonstrate conformity with the PHAB Standards and Measures
• To apply, applicants must submit a community health assessment (CHA), community health improvement plan (CHIP), and department strategic plan
• Three-year initial evaluation of the national public health accreditation program
  • Formative and summative components
• Provide data for PHAB to engage in continuous quality improvement
• Assess PHAB processes, applicant health departments’ experiences, and short-term outcomes
Evaluation Focus

• Process Assessment
  • Standards & Measures
  • Efficiency
  • Consistency
  • Improvement of PHAB Process

• Health Department Experience
  • Satisfaction & Perceived Value
  • Barriers & Facilitators

• Short-term Outcomes
  • QI Processes (Awareness, QI, Benchmarking)
  • Unintended Consequences
  • Perception of PHAB
Short-term Outcomes

• For individual public health agencies:
  • Enhanced internal and external collaboration
  • Increased organizational accountability
  • Increased knowledge of organizational strengths and weaknesses
  • Increased awareness of importance of QI and a supportive culture

• For public health field:
  • Standards adopted as performance measures
  • Increased support for accreditation
  • Increased use of benchmarks for evaluating performance
  • Improved communication about public health

• For PHAB:
  • Strong, credible, and sustainable accreditation program in place
Evaluation Methods

• Quantitative and qualitative data collection
  • Surveys of health departments
    – Fielded 1) after health department submits Statement of Intent (pre-Application); 2) after receipt of accreditation decision; and 3) one year after receipt of accreditation decision
  • Interviews with health department staff
  • Interviews with other stakeholders (e.g., health department partners and governing entities)
  • Focus groups

• Data Analysis
  • Including quantitative analysis, qualitative analysis, and data triangulation
Other Evaluations – North Carolina

• Two studies by the North Carolina Preparedness and Emergency Response Research Center (NCPERRC) at the UNC Gillings School of Global Public Health

• 2012: Study evaluated health department response to the 2009 H1N1 outbreak
  • Matched case comparison study design of 5 accredited and 4 non-accredited local health departments (LHDs) in North Carolina
  • Data collected via closed-form questionnaire and focus groups
  • Conducted factor analysis and controlled for some health department organizational characteristics
2012: Survey to assess preparedness – Local Health Department Preparedness Capacities Survey (P-CAS)

- Collected data in 2010, 2011, & 2012 from all NC LHDs (n=85) and a national matched comparison group (n=247)

Survey presents questions in 8 domains:

- Surveillance & Investigation; Plans & Protocols; Workforce & Volunteers; Communications & Information Dissemination; Incident Command; Legal Infrastructure & Preparedness; Emergency Events & Exercises; and QI Activities

Analysis plans include:

- Regression models to assess differences in preparedness domains (controlling for HD characteristics and accreditation, Project Public Health Ready, or NPHPS participation), for each year of data collected and pooled cross-sectional data
Evaluation Limitations/Challenges

• Assessing outcomes while considering self-selection bias, particularly for early applicants
• Attributing outcomes to the PHAB accreditation program
• Impact of accreditation on population health
• Inability to assess exposure effect – PHAB standards & measures are in the public domain, and could be applied by others
• Controlling for the variance in public health systems
• Increased rigor in evaluation design may be applied once there are greater numbers of participants
Questions?
Thank You!