



Telling the story of **Public Health Accreditation in Ohio**

September 2024

TELLING THE STORY OF
**PUBLIC HEALTH
ACCREDITATION
IN OHIO**



health policy institute of ohio 

August 2024



PROJECT TEAM

- Health Policy Institute of Ohio
- Amy Bush Stevens Consulting
- Simone Singh, University of Michigan School of Public Health
- Rob Moore, Scioto Analysis



THANK YOU!

- AOHC
- ODH
- Focus group and key-informant interview participants (you know who you are!)
- PHAB



PHAB
Funding

Current support for this work is provided by the Public Health Accreditation Board (PHAB), through funding from the Centers for Disease Control and Prevention (CDC) under Grant Number NU90TO00000002.

Today

- Overview and methods
- Current landscape
- Impact and systems change
- Equity
- Social return on investment (SROI)
- Lessons learned, key findings and recommendations
- Discussion: Where do we go from here?

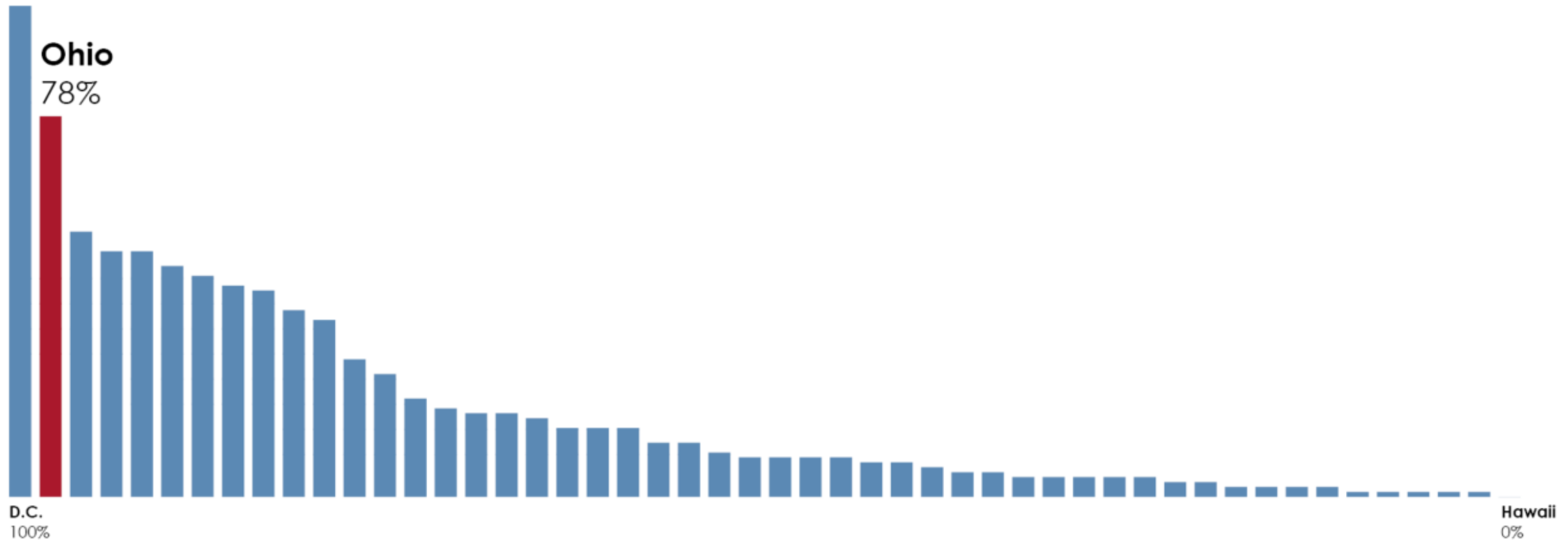
OVERVIEW & METHODS



**ONLY IN
OHIO**

Accreditation of local health departments


By state, As of Oct. 2023



Note: Data for Rhode Island was not available.

Source: Compiled by HPIO for the 2024 Health Value Dashboard, based on October 2023 data from PHAB.

Key findings preview

1. Resources matter
2. Culture matters
3. Performance management/QI= 
4. Standardization, communications and collaboration= also major benefits

Key findings preview, cont.

5. Cost= major challenge
6. Equity, yes and...
7. SHA/SHIP CHA/CHIP, yes and...
8. State policymakers and locals don't always see eye to eye
9. PHAB can improve the process

Methods and data sources

- Focus groups
- Key-informant interviews
- SROI discussion group
- Annual Financial Reports (AFR)
- NACCHO Profile
- NORC Accreditation surveys
- Other secondary quantitative data

Focus groups (2024)

Group	Number of participants
State level (purposive sample)	
1. State government leadership (current and former legislative and executive branch leaders)	8
2. Representatives of statewide public health associations and universities	9
Local level (LHDs) (stratified random sample)	
3. Early adopters of accreditation (and/or reaccreditation) (initial accreditation in 2013-2017)	8
4. Accredited later (initial accreditation in 2018-2023)	7
5. Not currently accredited	9

NORC surveys (2013-2022)

Survey type	Accreditation timing	Number of Ohio respondents
1. Applicant survey	Applicant health departments that have registered their intent to apply for initial accreditation, prior to attending the PHAB accreditation training.	97
2. Accredited survey	Health departments shortly after they achieved initial accreditation.	70
3. Post accreditation survey	Accredited health departments approximately one year after the initial accreditation decision.	49
4. Year 4 accreditation Survey	Accredited health departments approximately four years after the initial accreditation decision, as they approached reaccreditation.	24
5. Reaccreditation survey	Health departments shortly after they achieved reaccreditation.	8

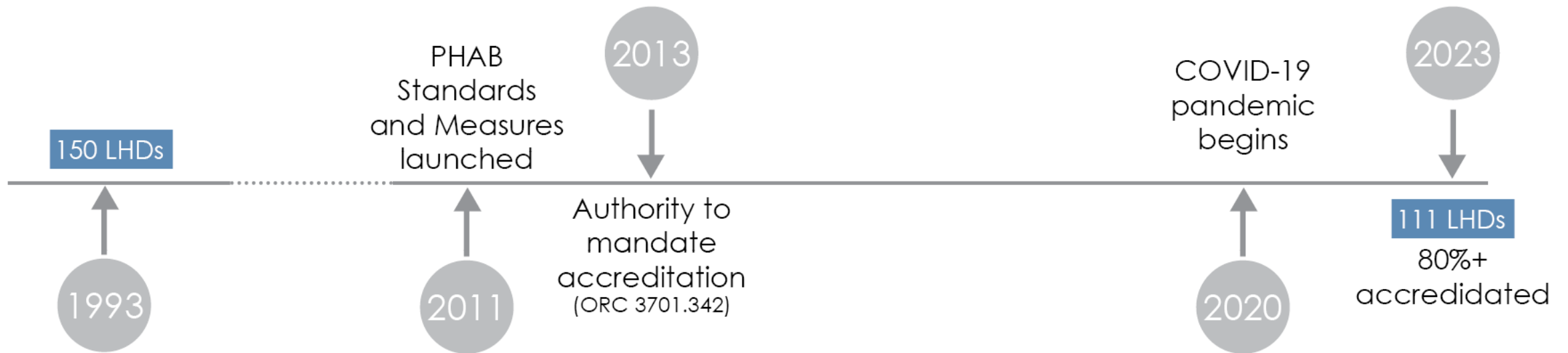
Limitations

- Sampling
- Generalizability to other states

CURRENT LANDSCAPE

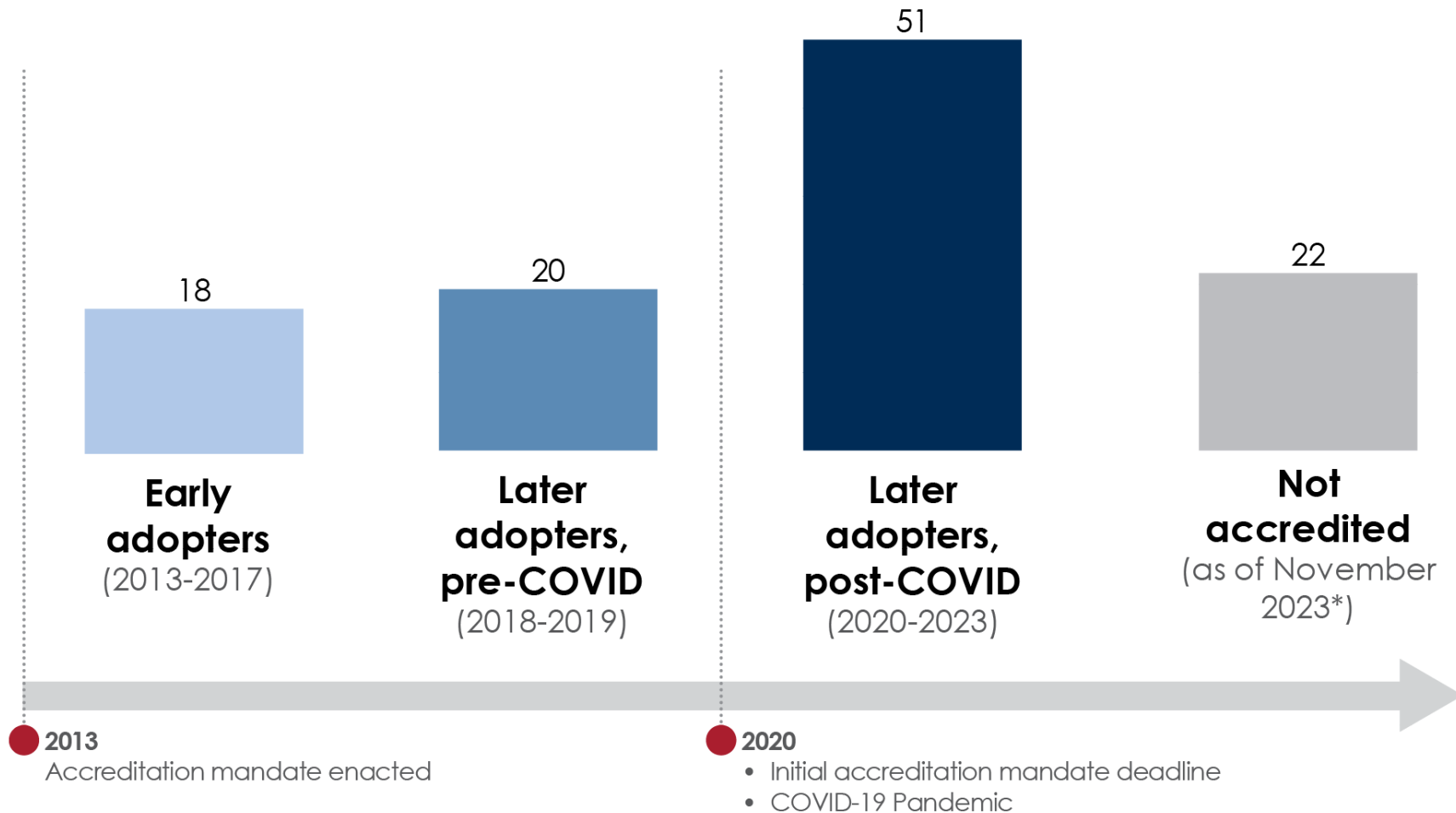


Timeline of accreditation-related activity in Ohio



Accreditation status of Ohio LHDs

Number of health departments (n=111)

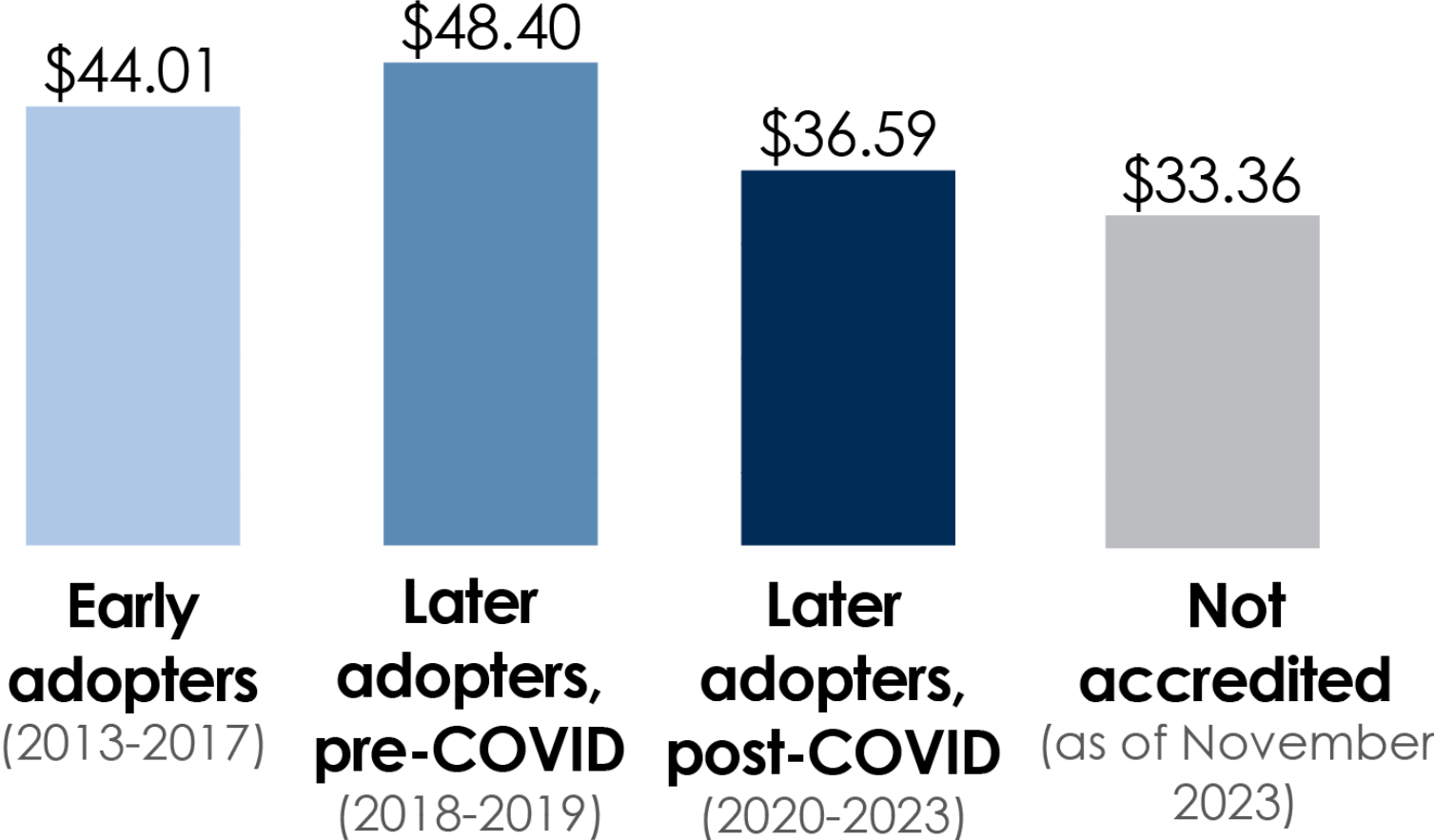


Source: PHAB

Note: Data for the analysis in this study was obtained in November 2023. Since then, at least two more Ohio LHDs have become accredited. As of May 2024, 91 LHDs have been accredited and all but one are in the process of seeking accreditation.

Per-capita spending on all public health activities for Ohio LHDs

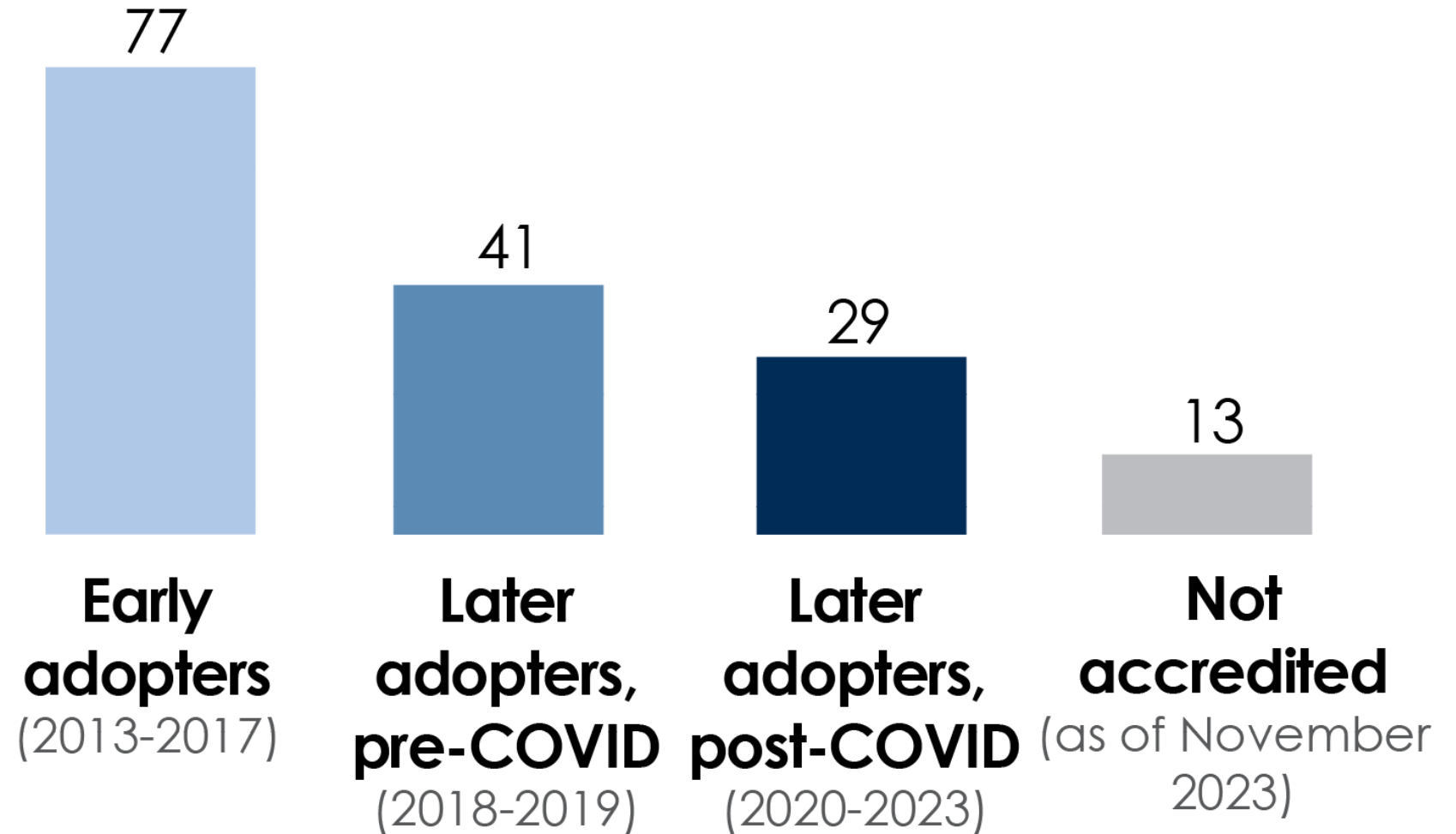
By accreditation status,
SFY 2021 and 2022 (n=98)



Source: SFY 2021 and 2022 Annual Financial Report

Average full-time equivalent (FTE) staff for Ohio LHDs

By accreditation status,
SFY 2021 and 2022 (n=90)



Source: SFY 2021 and 2022 Annual Financial Report

IMPACT

Research question: What impact has accreditation had on individual health departments within Ohio?

Positive impact

PHAB domains (version 2022)

Domain 1	Assess and monitor population health
Domain 2	Investigate, diagnose and address health hazards and root causes
Domain 3	Communicate effectively to inform and educate
Domain 4	Strengthen, support and mobilize communities and partnerships
Domain 5	Create, champion and implement policies, plans and laws
Domain 6	Utilize legal and regulatory actions
Domain 7	Create, champion and implement policies, plans and laws
Domain 8	Build a diverse and skilled workforce
Domain 9	Improve and innovate through evaluation, research and quality improvement
Domain 10	Build and maintain a strong organizational infrastructure for public health

Cross-cutting benefits:

- Collaboration and partner relationships
- Standardization and efficiency
- Funding opportunities
- Staff pride

“I think **we truly do strive for continuous quality improvement, and I think PHAB has really pushed us towards that mindset...** So I think that’s the biggest advantage that we’ve seen come from [accreditation].”

— Early adopters LHD focus group

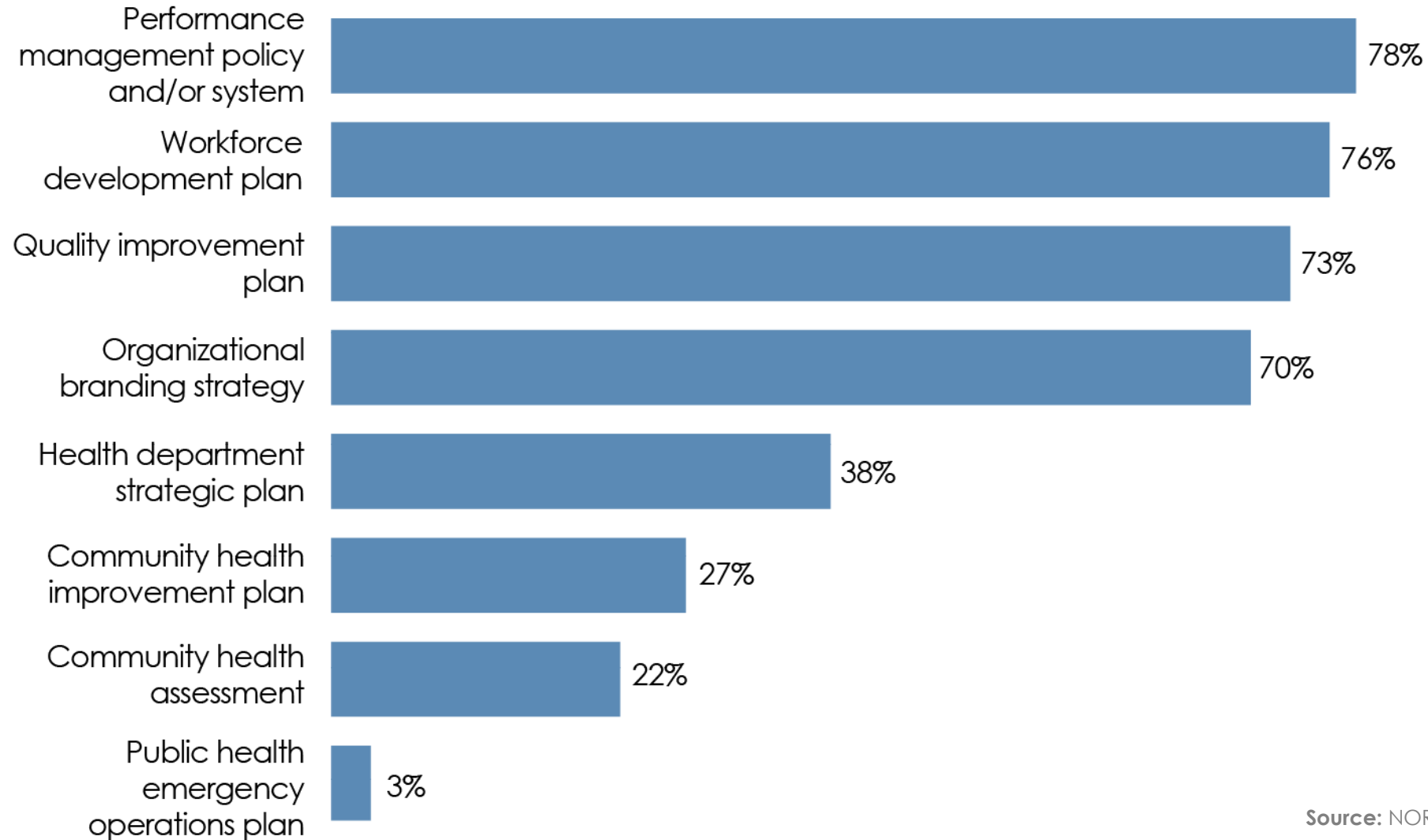
“**We are doing better at communicating who we are,** what we do, why we do the things that we do. ...we’re pushing ourselves to be more visible. So, I think that that’s something that’s a benefit of PHAB.”

— Not currently accredited focus group [in accreditation process]

“[before accreditation] there were a lot of things that you did because somebody knew how to do it, but it wasn’t necessarily written down or part of an onboarding plan or training or anything like that. So I think **it formalized a lot of the work** which actually turned out to be very timely with the turnover that we had post COVID.”

— Statewide public health associations and universities focus group

Percent of respondents who developed documents, plans or systems for the first time to prepare for accreditation (n=36)



Source: NORC Accredited Survey

Negative impact

- Cost
- Staff burden for small LHDs
- Administrative burden
- PHAB performance problems

“The **financial aspect of the process is overwhelming**. The hiring of a person to just do accreditation is what was necessary. I feel like we had to develop a workforce just for doing accreditation, and it can be too much.”

— NORC Applicant LHD Survey

“We have eight [staff] people. And we did the same amount of work that a very large department [did]... **It's not fair that we had to do the same amount** of work with the less number of people. I'm pretty darn proud that we did the same amount of work as departments that have entire staff devoted to accreditation.”

— Not currently accredited focus group [in accreditation process]

“...really emphasizing **the cost of doing the busy work**. ...some of these other elements that you are required to do... have little value beyond the fact it's required for PHAB. That's an expense that I could really live without, **even more so than the cost of the annual fee I could do without in terms of staff time, staff resources, etc.**”

— Early adopter LHD focus group

Other impact themes

- Mixed views on pandemic response
- Too soon for health outcomes
- Group differences and similarities in perceived impact

SYSTEMS CHANGE

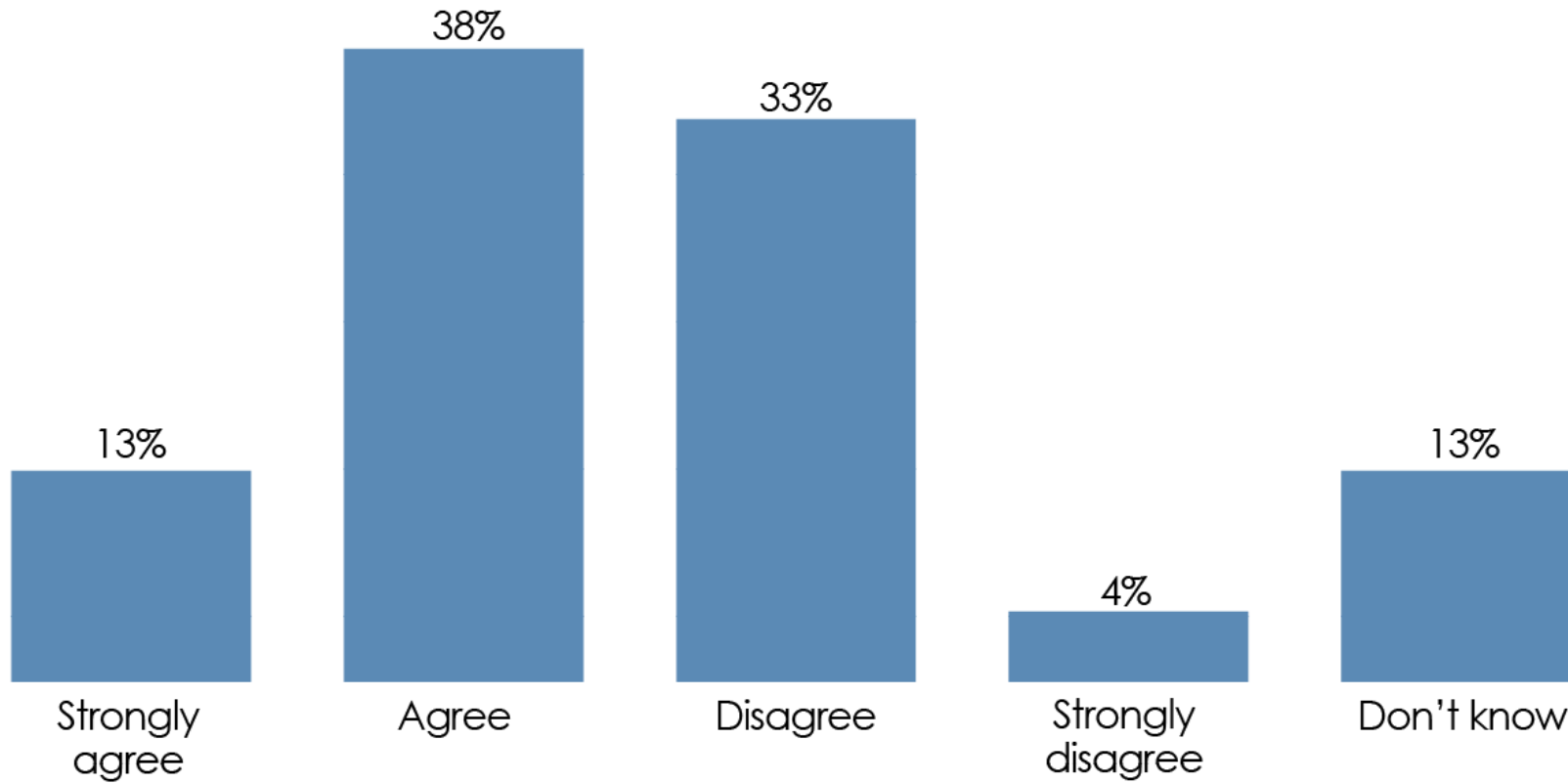
Research question: How has the public health system transformed as a growing proportion of LHDs have achieved accreditation?

Partners beyond public health

- State-local alignment through SHA/SHIP and CHA/CHIP
- Local collaboration with hospitals through CHA/CHIP and CHNA/IS
- Other local partner relationships
- Visibility and credibility
- Strategic thinking

Accreditation has helped us to build relationships with new partners across sectors

(n=24)



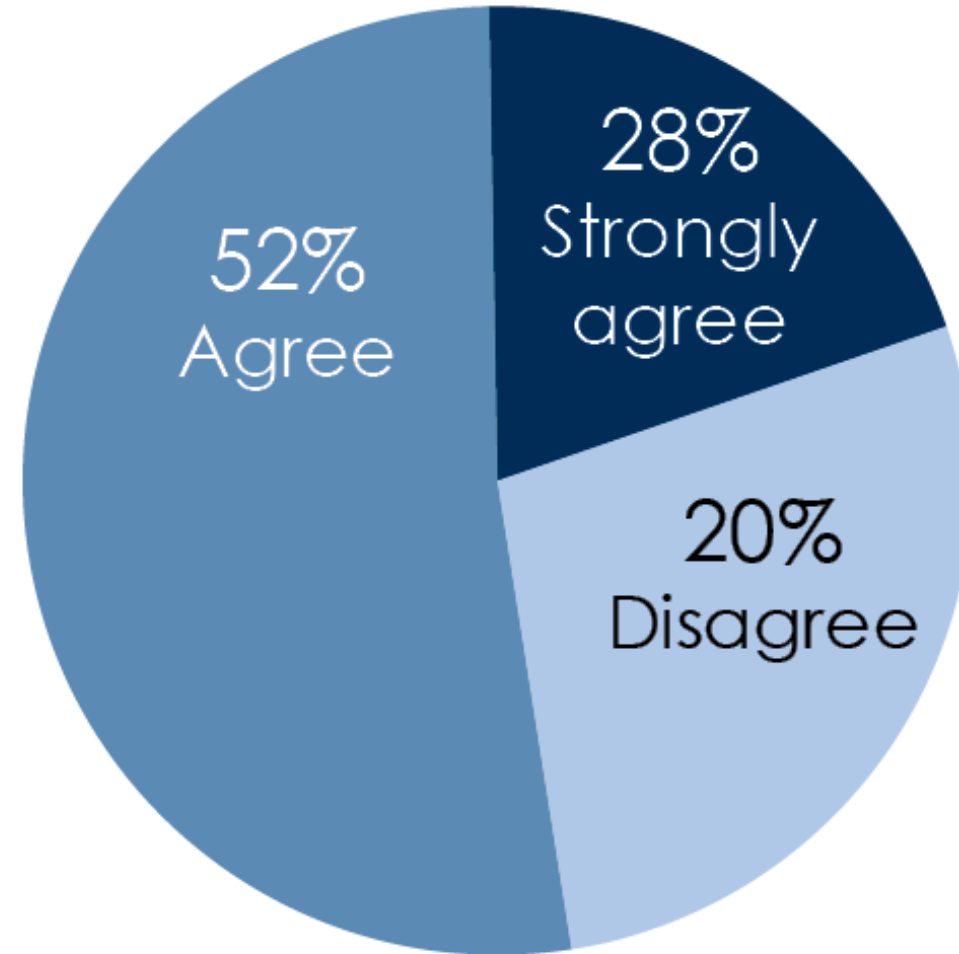
Source: NORC Survey 4

EQUITY

Research questions:

- How do cultural context and historical/structural factors affect participation in accreditation?
- In what ways is accreditation likely to affect equitable distribution of public health resources across the state and disparities in health outcomes?

As a result of accreditation, our health department has applied health equity to internal planning, policies, or processes
(n=25)



Source: NORC post accreditation survey

“I think accreditation really homes in now on equity and it will ensure equity because **you’re going to get similar services and similar resources from your health department no matter where you live in Ohio.**”

— State government leadership focus group

“**Equity as dictated** in the standards is problematic.”

— Early adopter LHD focus group

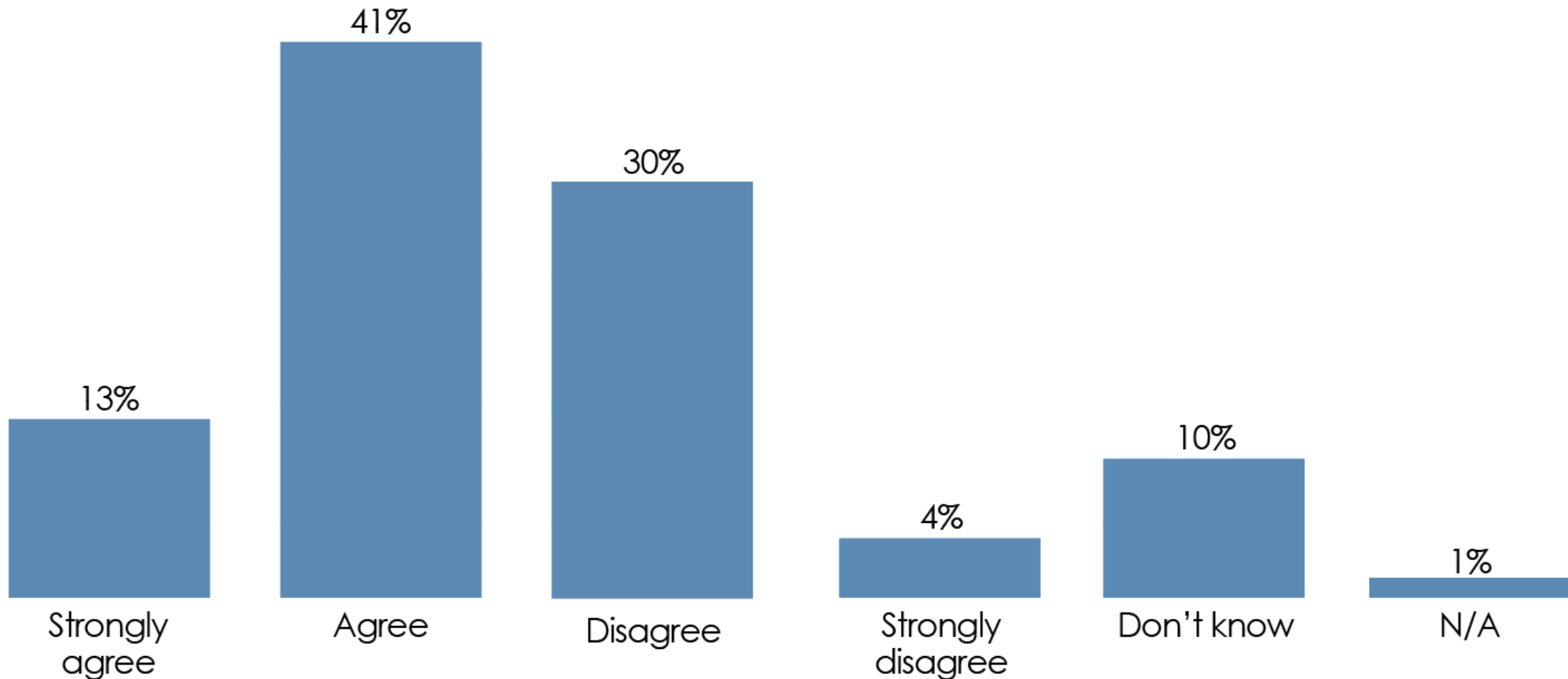
SROI

Research question: What inputs, outputs and outcomes should be measured in order to assess the SROI of accreditation?

Costs

- **Fees:** PHAB application and annual fees
- **Pre-requisites:** CHA, CHIP and Strategic Plan, including the costs of collecting or purchasing data for the CHA, as well as for hiring consultants (if needed or feasible)
- **Coordinator role:** Salary and benefits for the accreditation coordinator and/or accreditation consultant(s)
- **Workforce:** Staff time to create and compile documents and policies, participate in accreditation-related trainings and meetings (mileage and hotel costs, in some cases) and other accreditation-related activities
- **Opportunity cost:** Lost revenue and costs due to staff spending time on accreditation tasks rather than fee-generating direct services and other services and programs

Health department leadership team views PHAB accreditation fees as a good value (n=69)



Source: NORC accredited survey

“...from my personal experience, **I have a very positive ROI.**”

— Statewide public health associations and universities focus group

“I think the more the locals have gotten accredited themselves or gone through the process, I think the more and more have seen the benefits of it, but **still are challenged with the price tag...**”

— Statewide public health associations and universities focus group

“Well, I’ll say that one of the negative things is definitely the amount of staff it took. ...**it took a lot of people off the regular jobs, and it took people out of the public.** [The accreditation process took us] out of the public and onto the paperwork at your desk.”

— Later adopter LHD focus group

LESSONS LEARNED

Research question: What lessons can be learned from the Ohio experience that could be applied to other states?

Lessons learned

Lesson

1

State and local policymakers have different perspectives on actions taken to require accreditation. Trust, clarity of purpose and funding are key to making a mandate effective.

Lesson

2

The accreditation process is a heavy lift. Significant resources for technical assistance and workforce are needed to make it successful.

Lesson

3

Future revisions to the PHAB standards and measures could improve the value of accreditation.

Accreditation impact typology

Impact of accreditation	Accreditation-related activities
Low impact <i>Accreditation does not result in meaningful change</i>	Useful activities the department was already doing and would do regardless of the accreditation process.
High impact <i>Accreditation results in performance improvements</i>	Useful activities the department was not doing consistently or effectively prior to accreditation. The accreditation process pushes the department to strengthen performance and become more accountable.
	Useful activities the department was not doing at all prior to accreditation. The accreditation process pushes the department to add new practices or competencies.
Potentially negative impact <i>Accreditation activities may drain department resources and crowd out more constructive activities</i>	Activities that are not useful that the department is only doing because PHAB requires them. Activities that lack evidence of impact on improving health department performance, equity or community health outcomes.

KEY FINDINGS

Key findings

1. Resources matter
2. Culture matters
3. Performance management is a major benefit
4. Standardization, communications and collaboration are also major benefits

Key findings, cont.

5. Cost is a major challenge
6. Accreditation promotes equity focus, but more guidance is needed
7. SHA/SHIP and CHA/CHIP requirements set the stage
8. State and local policymakers have different perspectives on the value of accreditation
9. PHAB has opportunities improve the process

RECOMMENDATIONS

Other states

- Purpose, trust and transparency
- Jurisdiction population size
- Incentives
- Funding
- Technical assistance
- Workforce
- Equity

PHAB

- Practice-based guidance and language
- Equity
- Revisions to decrease administrative burden and strengthen positive impact
- SROI analysis

Ohio

- Administrative burden
- Population size and funding
- Equity technical assistance

QUESTIONS & DISCUSSION



Discussion:

- Where do we go from here?
- How can Ohio maximize the positive impact of accreditation?
- Which recommendations are most important?



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Amy Bush Stevens

amybushstevens@gmail.com



Connect with **Scioto Analysis** Economics | Public Policy

Rob Moore, Principal, Scioto Analysis

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