



Research Questions for Accreditation

Approved by PHAB Board in June 2017

The Public Health Accreditation Board (PHAB) encourages research to develop the science base for accreditation and systems change in public health. The PHAB Research & Evaluation Committee developed and vetted a preliminary set of research questions, which were approved by the PHAB Board of Directors in 2011. These questions were revised in 2013 and again in 2017, to reflect the evolving nature of the accreditation program. This work complements the development and revision of the logic model for the public health accreditation system (<http://www.phaboard.org/research-and-evaluation/>).

These questions should not be construed to assume that the Research Advisory Council, the PHAB Board of Directors, nor the PHAB staff has questions regarding the potential benefits of accreditation. Rather, this research agenda is being developed to form a framework for research that can strengthen the accreditation process.

The research agenda includes six overarching questions, which are listed below.

- 1) What are the barriers and facilitators to seeking and obtaining accreditation?
- 2) Do the PHAB standards and the review process capture what is most meaningful for evaluating the performance of health departments? How could they be improved?
- 3) What are the benefits and proximate/intermediate outcomes associated with accreditation for the health departments that undergo the process?
- 4) How do accredited health departments differ from non-accredited health departments?
- 5) How does accreditation affect the broader public health system, including health departments that do not apply for accreditation?
- 6) What impact, if any, does health department accreditation have on health outcomes and health equity?

The remainder of this document includes more detailed questions for each of these overarching questions.

In addition to the research questions in this document, which are directly focused on accreditation, PHAB also encourages research that will help build the evidence base in support of the Standards and Measures.

Research Advisory Council Members

Dr. Les Beitsch
Dr. Betty Bekemeier
Dr. Mary Davis
Dr. Paul Erwin
Dr. Richard Ingram
Dr. Brenda Joly
Dr. Kasuma Mademala
Dr. Glen Mays
Dr. Bill Riley

Organizational Representatives

Liza Corso (CDC)
Dr. Elizabeth Harper (ASTHO)
Carolyn Leep (NACCHO)
Dr. Pamela Russo (RWJF)

PHAB Staff

Jessica Kronstadt

Detailed Research Questions

1) What are the barriers and facilitators to seeking and obtaining accreditation?

- a. Which incentives for health departments to participate in the voluntary national accreditation program are most effective for state, tribal, local, and territorial health departments? What are the incentives for pursuing reaccreditation?
- b. What are the barriers to health department participation in accreditation and reaccreditation? Are the barriers to health department participation in accreditation real or perceived? Do they vary by health department characteristics?
- c. What health department preparation activities improve readiness for accreditation and successfully achieving accreditation?
- d. What are the characteristics (knowledge/skills/background) of a successful accreditation coordinator and accreditation team at a health department?
- e. What supports do state, tribal, local, and territorial health departments, as well as other entities such as their governing bodies, need to prepare for accreditation?
- f. What, if any, support is provided to health departments through collaboration with schools of public health (e.g., Academic Health Department programs)?
- g. How can coordination of accreditation activities among health departments (e.g., state, local, and Tribal) be most effective? Are local health departments more likely to seek accreditation if surrounding health departments are seeking it or have attained it? Does this differ based on governance structure/typology of the state?
- h. What are the costs of preparing for accreditation, participating in the accreditation assessment process, maintaining accreditation, and participating in the reaccreditation process? Which costs are specific to the accreditation process vs. activities that health departments conduct to be in conformity with the Standards?
- i. What impact does the existence, or lack, of dedicated “core” or infrastructure funding have on the health department’s likelihood to achieve accreditation?
- j. What is the impact of grants targeted towards accreditation on health department operations and ability to obtain accreditation?
- k. What role do foundations, partner organizations, and other non-governmental sources play in supporting accreditation efforts by health departments?

2) Do the PHAB standards and the review process capture what is most meaningful for evaluating the performance of health departments? How could they be improved?¹

- a. As public health evolves, how should the Standards and Measures change? Are there Standards and Measures that should be added or that could be omitted? Are

¹ PHAB is conducting evaluation activities that will address the specific processes involved in accreditation. PHAB is also investigating questions related to inter-rater reliability. To supplement those efforts, the research community could contribute to the understanding about the validity of the measures and the overall effectiveness of the measures and the review process in identifying high-performing health departments. PHAB is also compiling the evidence related to the content of the Standards and Measures. In that process, additional research questions about particular domains where there are gaps in the available evidence will be identified.

there lessons learned from the Public Health National Center for Innovations that should inform revisions of the Standards and Measures?

- b. To what extent are the Standards and Measures aligned with other current initiatives, including the Culture of Health, comprehensive public health system, and foundational public health services?
- c. What are appropriate metrics to study the criterion validity of the measures?
- d. Does the PHAB accreditation assessment and review process account sufficiently for contextual differences among health departments seeking accreditation (e.g. limited budget, different governance structures, or other factors outside health department control)?
- e. How does the modified self-study model used for reaccreditation provide information to assess an accredited health department's performance?
- f. What is a logical evolution for the mandatory population health outcomes reporting, so that it will continue to advance accredited health departments' ability to monitor health status in their population?
- g. Are there quantifiable metrics about a health department's organizational performance (e.g., budget, workforce, etc.) that could be incorporated in accreditation in the future?

3) What are the benefits and proximate/intermediate outcomes associated with accreditation for the health departments that undergo the process?

- a. Does accreditation enhance progress in achieving the health department strategic plan?
- b. Does accreditation affect progress towards implementing, with community partners, activities described in the state/community health improvement plan? Does it enhance health departments' responsiveness to evolving community needs?
- c. Does accreditation encourage the adoption of evidence-based and best practices?
- d. Does accreditation increase the engagement in quality improvement/ performance management or enhance quality improvement culture? How?
- e. How does accreditation affect the health department workforce? Does accreditation influence morale, productivity, workforce retention/satisfaction, achievement of competencies, intra-organizational collaboration, and seeking advanced degrees?
- f. Do accredited health departments have greater accountability?
- g. Does accreditation influence the collaboration between local health departments and other system partners, including health care, social services organizations, businesses, governing entities? Does it increase participation in or strengthen the operations of multi-sector partnerships?
- h. Does accreditation encourage health departments to address the social determinants of health and to employ systems/policy approaches (e.g., health in all policies)?
- i. Does accreditation increase health departments' community visibility?
- j. Does accreditation demonstrate value to the public and policy makers? Does it result in greater political support for accredited health departments?
- k. What impact does accreditation have on tribal and territorial health departments?

- l. Do accredited health departments strengthen their financial status (including increased competitiveness for resources, maintaining funding levels during financial crises, and improved efficiencies)?
- m. Does accreditation influence or change how health departments use their resources?
- n. Does accreditation influence progress in achieving Healthy People objectives, GPRA, or other federal benchmarks?
- o. To what extent does accreditation have value for programmatic areas within the health department?
- p. Are some essential services more affected by accreditation than others, and if so, why?
- q. Does accreditation catalyze changes in health department activities, responsibilities, or structure at the state and local level (e.g. cross-jurisdictional sharing or shift of responsibilities)?
- r. How does accreditation foster—or hinder—health department innovation?
- s. What are the unintended consequences of health department accreditation? (For example, does accreditation divert attention away from important health department activities?)
- t. Is performance maintained (or improved?) by accredited health departments between cycles of accreditation?

4) How do accredited health departments differ from non-accredited health departments?²

- a. How can researchers isolate the impact of accreditation from the selection effect?
- b. What factors are the strongest predictors for being accredited? For example, do differences in leadership, governance, structure, budget and workforce influence accreditation?
- c. What are the attributes and supports that have enabled accredited small, rural, and Tribal health departments to successfully complete the process (i.e., positive deviance approach)?
- d. To what extent do accredited and non-accredited health departments differ in terms of the proximate and intermediate outcomes?
- e. Are jurisdictions that have engaged in other initiatives (e.g. NPHPSP, MAPP, SHIP, Baldrige, Project Public Health Ready) better positioned to seek and attain accreditation? Are there added benefits for health departments that have engaged in multiple initiatives?

5) How does accreditation affect the broader public health system, including health departments that do not apply for accreditation?

- a. Does accreditation help build the evidence base for public health practice, including quality improvement?

² This question encompasses both the differences between health departments that apply and those that do not apply and the differences between health departments that apply and are accredited and those that apply and are not accredited.

- b. Does accreditation result in improved performance of health departments undertaking accreditation, or extend to all health departments in general?
- c. Does the adoption of national standards for accreditation result in funding changes for public health generally? Does this depend upon where the accreditation bar is set?
- d. Does accreditation increase the consistency of health departments' activities nationally? Does consistency result in higher performing health departments? To what extent does accreditation contribute to greater equity in public health capacity?
- e. Does accreditation enhance public recognition of the value of public health?
- f. To what extent does accreditation have value for federal programmatic initiatives?

6) What impact, if any, does health department accreditation have on health outcomes and health equity?

- a. What are the most appropriate methods to determine the contributions of a high-performing health department to improved health outcomes and/or reduced health disparities?
- b. Are some health outcomes more readily influenced by health department accreditation?
- c. Are the improvements in health from accreditation ethically distributed across the population served by accredited health departments?
- d. If pursuit of accreditation leads to sharing of services between health departments in order to apply for accreditation, what is the impact on health outcomes and health services?