

Public Health COVID-19 Impact Assessment: Lessons Learned and Compelling Needs (National Academy of Medicine)

PHAB Accreditation and Beyond

September 28, 2021

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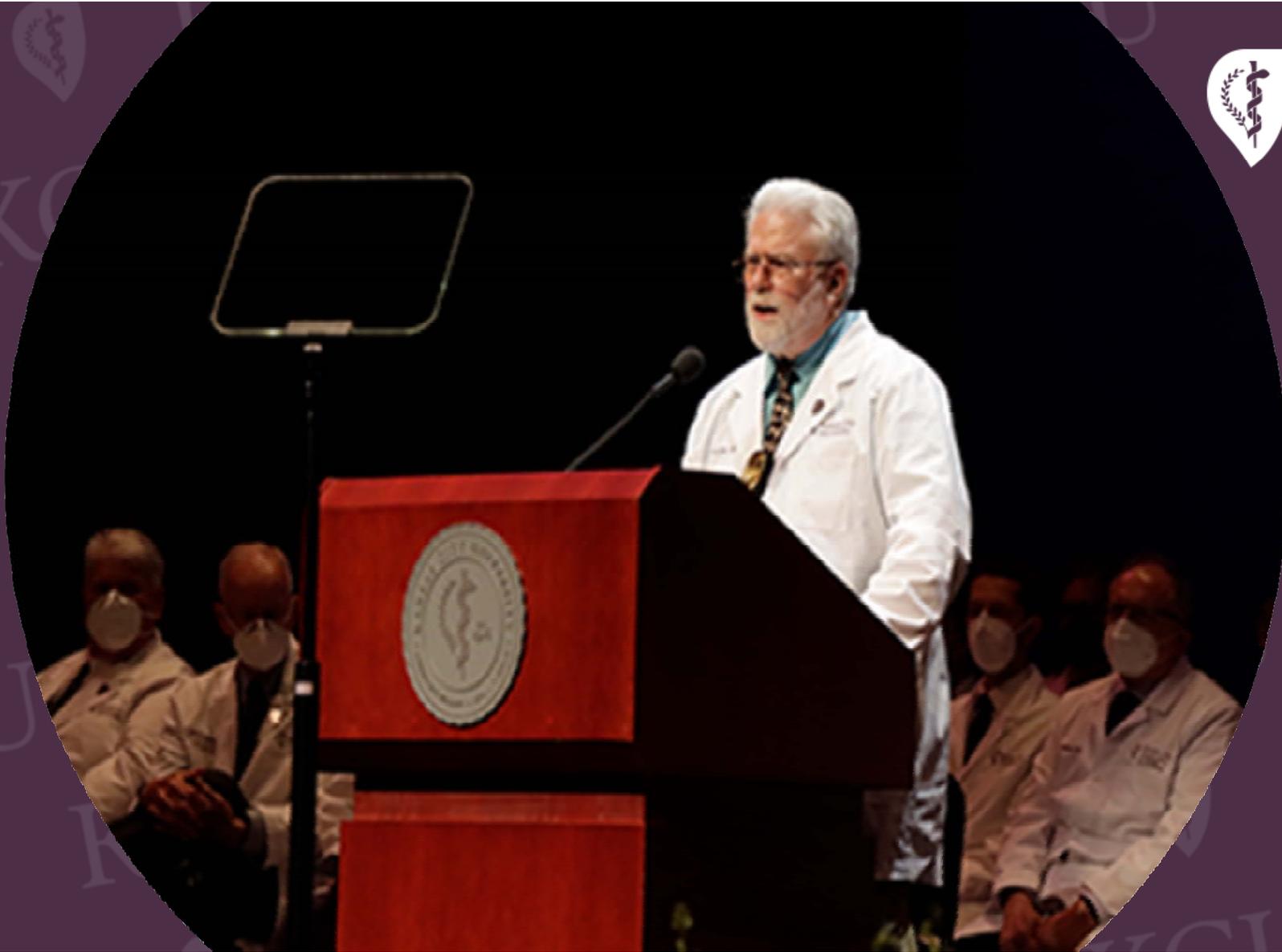
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NAM Priority Actions and Policy Considerations for the Public Health Sector

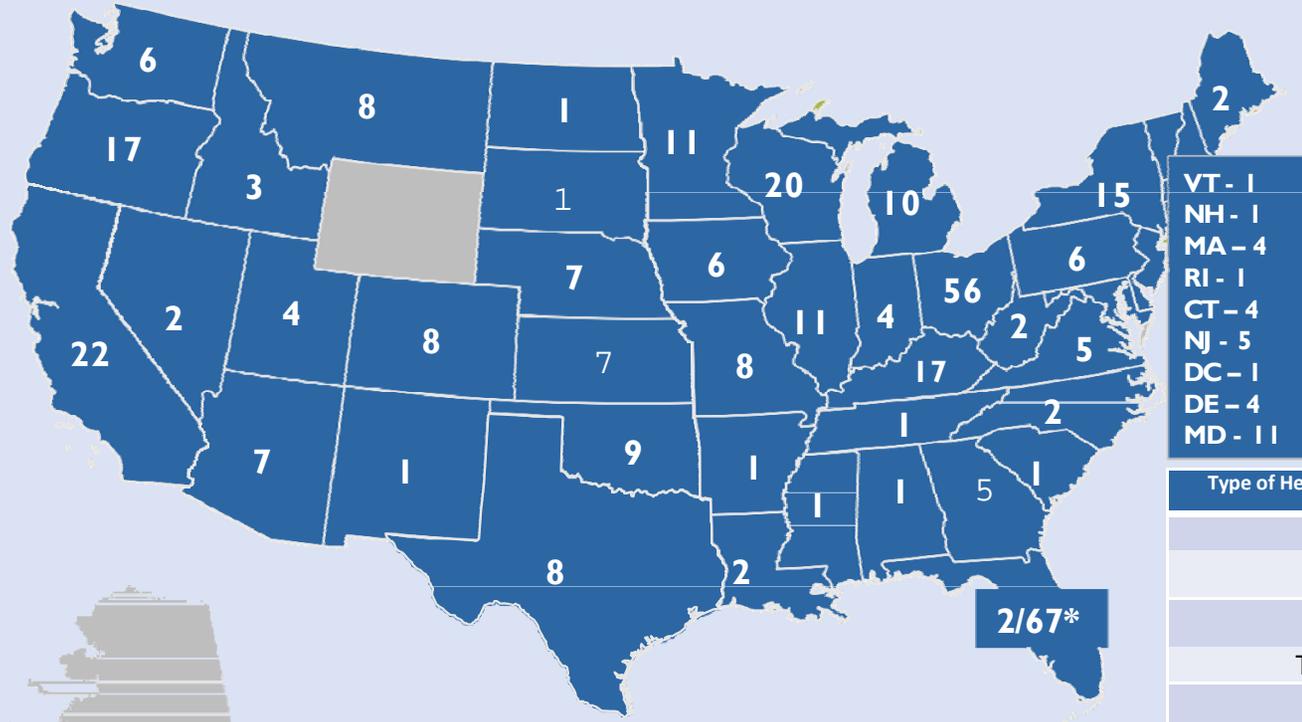
1. Transforming public health funding;
2. Affirming the mandate for public health;
3. Promoting structural alignment across the public health sector;
4. Investing in leadership and workforce development;
5. Modernizing data and IT capabilities; and
6. Supporting partnerships and community engagement.



Is there a common denominator?



Accreditation Activity as of August 24, 2021



Numbers on the map represent the total number of accredited health departments and vital records and health statistics units in each state.

Applicant names are kept confidential

88% of USA residents are covered by a PHAB accredited state and/or local health department!*

Type of Health Department/Unit	Accredited	In Process	Total in e-PHAB
Local	283	99	382
State	39	3	42
Tribal	5	4	9
Territorial	-	1	1
Army	2	3	5
Centralized States Integrated System*	1/67	-	1/67
Number of HDs	330	110	440
Population (Unduplicated)**	273,052,128	18,998,798	292,050,926
VRHS Unit	2	8	10

*Single accreditation for multiple health departments
 **US population based on US Census Bureau 2010 of 308,745,538

NORC conducts **five ongoing surveys** of health departments.
(Survey responses ranges from 83% to 94%)

Surveys

- Applicant Survey (following registration in ePHAB)
- Accredited Survey (following accreditation decision)
- Post-Accreditation Survey (one year following accreditation)
- Year 4 Accreditation Survey (four years following accreditation)
- Reaccreditation Survey (following reaccreditation decision)



“While COVID-19 has derailed some of our formal plans, we have carried the QI mindset into our COVID-19 response.”

“During the COVID-19 crisis community and partners have been very impressed how we have communicated and been open to our county agencies.”

“Accreditation has particularly helped us quantify and address health equity issues in our community.”

“It has also helped us establish stronger working relationships with certain partners that have since proved invaluable in our COVID response (e.g., public and private schools, health care systems, chamber of commerce, etc.)”

Source: Post-Accreditation Survey

As a result of accreditation, health departments have experienced short-term internal benefits related to increased accountability and transparency and improved capacity to provide high quality programs and services.

One year after accreditation

- **89%** reported that accreditation has stimulated greater *accountability* and *transparency* within the health department.
- **85%** reported that accreditation has improved health department's *overall capacity* to *provide high quality programs and services*.*

✧ “We are better internal customers to one another, team to team - silos remain but [they are] much lower - and we continue to chisel away at them.”

Accreditation has supported workforce development and training and employee pride and engagement.

One year after accreditation

- **89%** reported accreditation has improved our health department's ability to identify and address gaps in employee training and workforce development.
- **63%** of respondents reported that accreditation strengthened employee pride in the agency.*

Other internal benefits mentioned:

- Employment recruitment strategy to attract more highly qualified public health personnel
- Increased employee morale and engagement
- Increased staff confidence

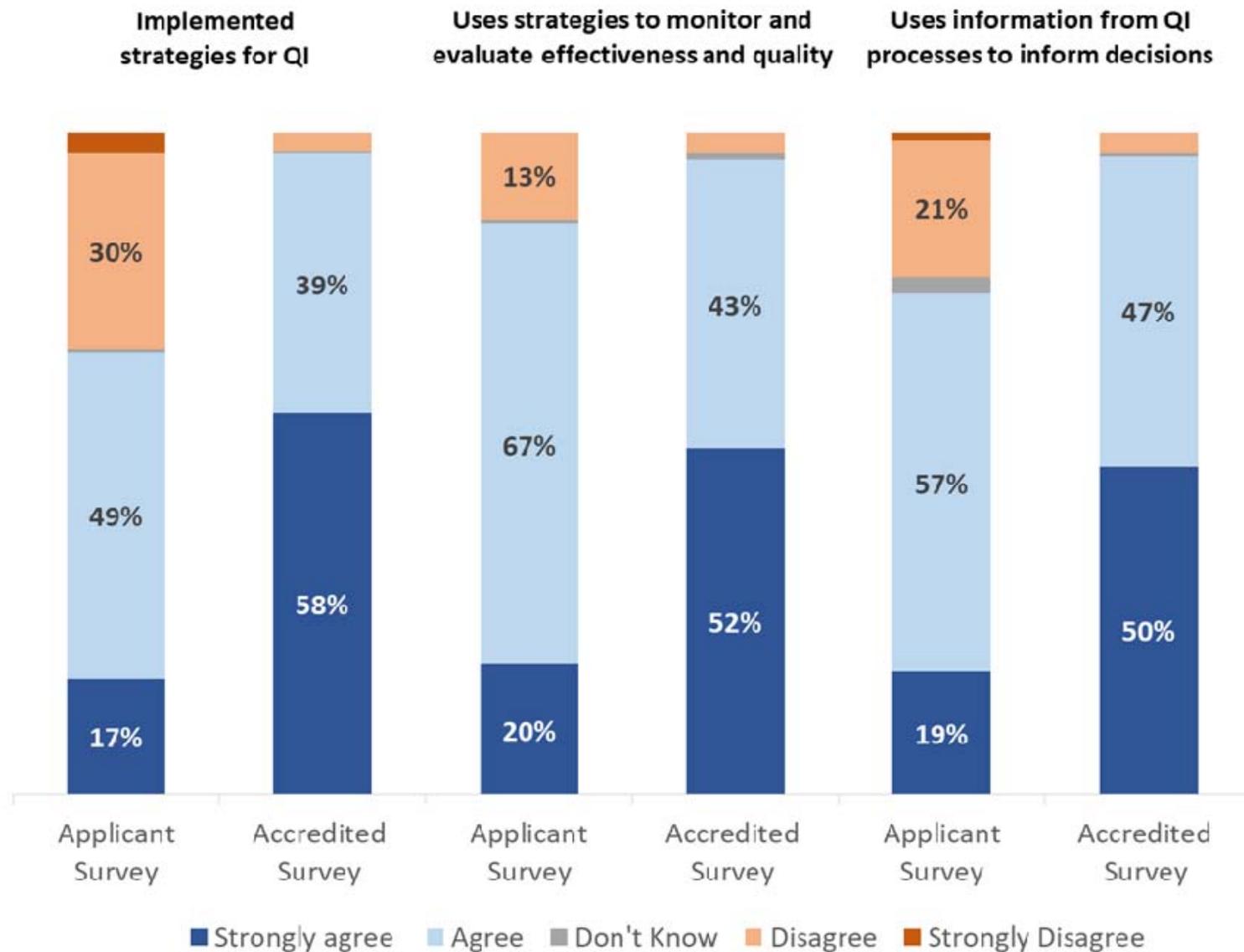
✧ **“Accreditation is of high value to our department. It has improved our self image, enhanced the quality of our work, and proven valuable in developing staff.”**

ACCREDITATION OUTCOMES:
QUALITY IMPROVEMENT

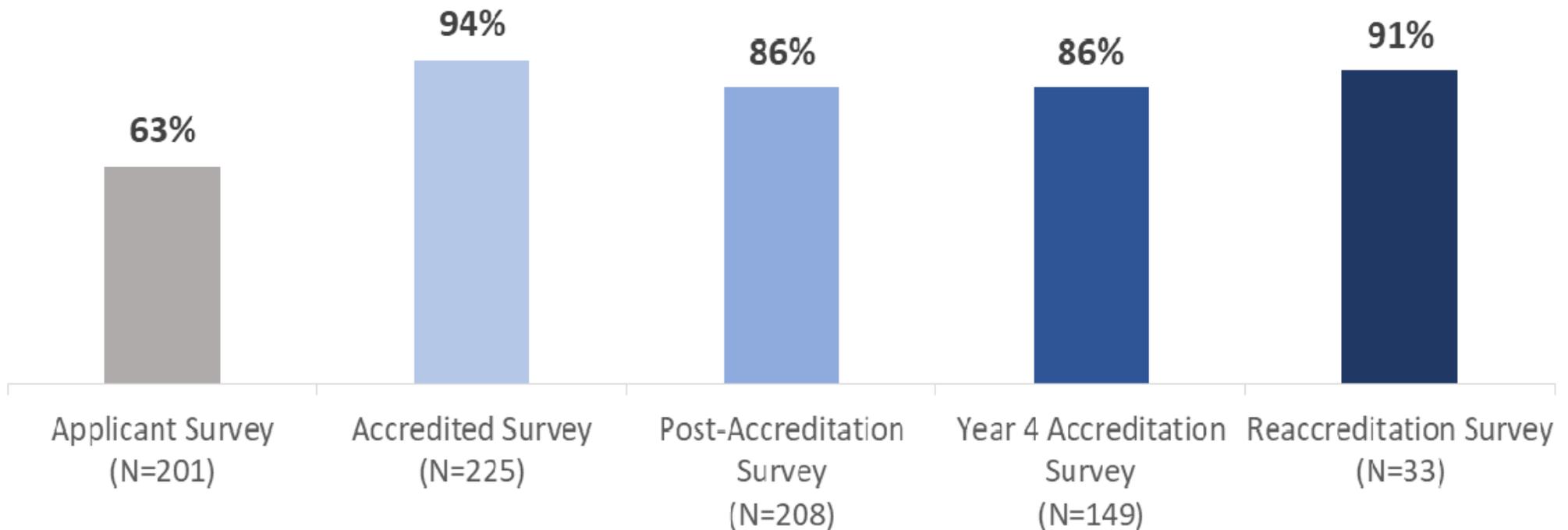
Accreditation has had notable impact on QI activities within health departments.

Longitudinal Analysis of QI Activities among Applicant and Accredited Health Departments.

(Health Departments that Responded to Both the Applicant and Accredited Survey, 2013-2021, N=189).



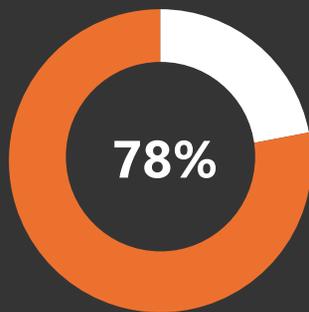
A strengthened QI culture is a key outcome of accreditation.



QI Culture Reported across Surveys, Percent Reporting QI is "Conducted Formally" or "Our Culture." (Applicant Survey, N=201; Accredited Survey, N=225; Post-Accreditation Survey, N=208; Year 4 Accreditation Survey, N=149; Reaccreditation Survey, N=33; 2013-2021).

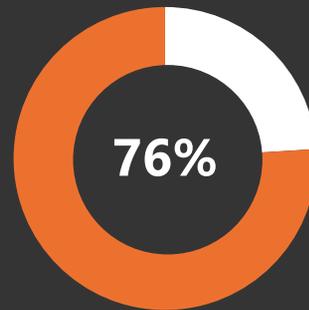
Accreditation has resulted in improved relationships between health departments and stakeholders.

Partnership



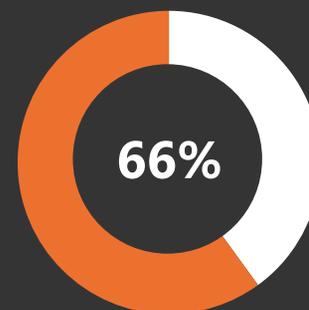
Accreditation has strengthened the health department's relationship with key partners in other sectors (e.g., health care, social services, education)

Credibility



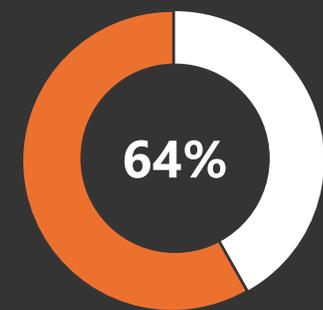
Accreditation has improved the credibility of the health department within the community or state

Reputation



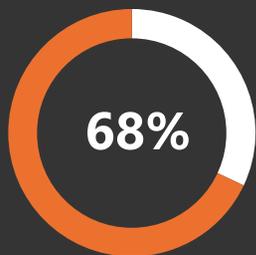
Accreditation has improved the health department's visibility or reputation to external stakeholders

Collaboration

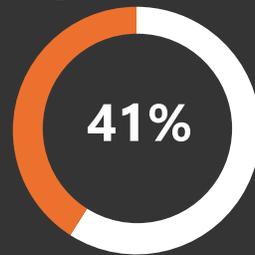


As a result of being accredited, the health department has had new opportunities for partnerships and collaborations

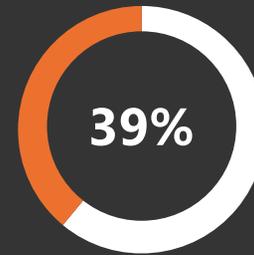
Accredited health departments experience improved utilization of resources and competitiveness for funding opportunities.

Utilization

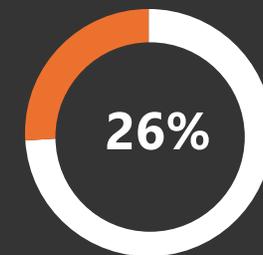
Accreditation has improved the utilization of resources within the health department

Competitiveness

Accreditation has improved the health department's competitiveness for funding*

Budget

Accreditation has had a positive impact on the health department budget (e.g. helped demonstrate value and needs in budget discussions, or protected the health department against budget cuts)

New Funding

Accreditation has resulted in new funding for the health department

Examples of new funding reported by health departments.

Four years after accreditation

- ✓ Funding for mentoring other agencies or training
- ✓ Performance incentive from state health department
- ✓ Funding for health improvement initiatives and plans
- ✓ Public health property tax increase
- ✓ State subsidy per capita doubled
- ✓ Accreditation or data collected through accreditation processes helped make the case for funding requests

 **“We believe that as an accredited health department, our grant applications are strengthened and this has resulted in new grant funding.”**



Meet Objectives

(Accreditation / QI / Business Plan)

Yes

No

High

↑ \$

↑ \$\$\$

**Perceived Value,
Trust/+Reputation,
Community Support
Political Clout**

Low

↓ \$

CEO?
Mission?

Communication: The Art and Science

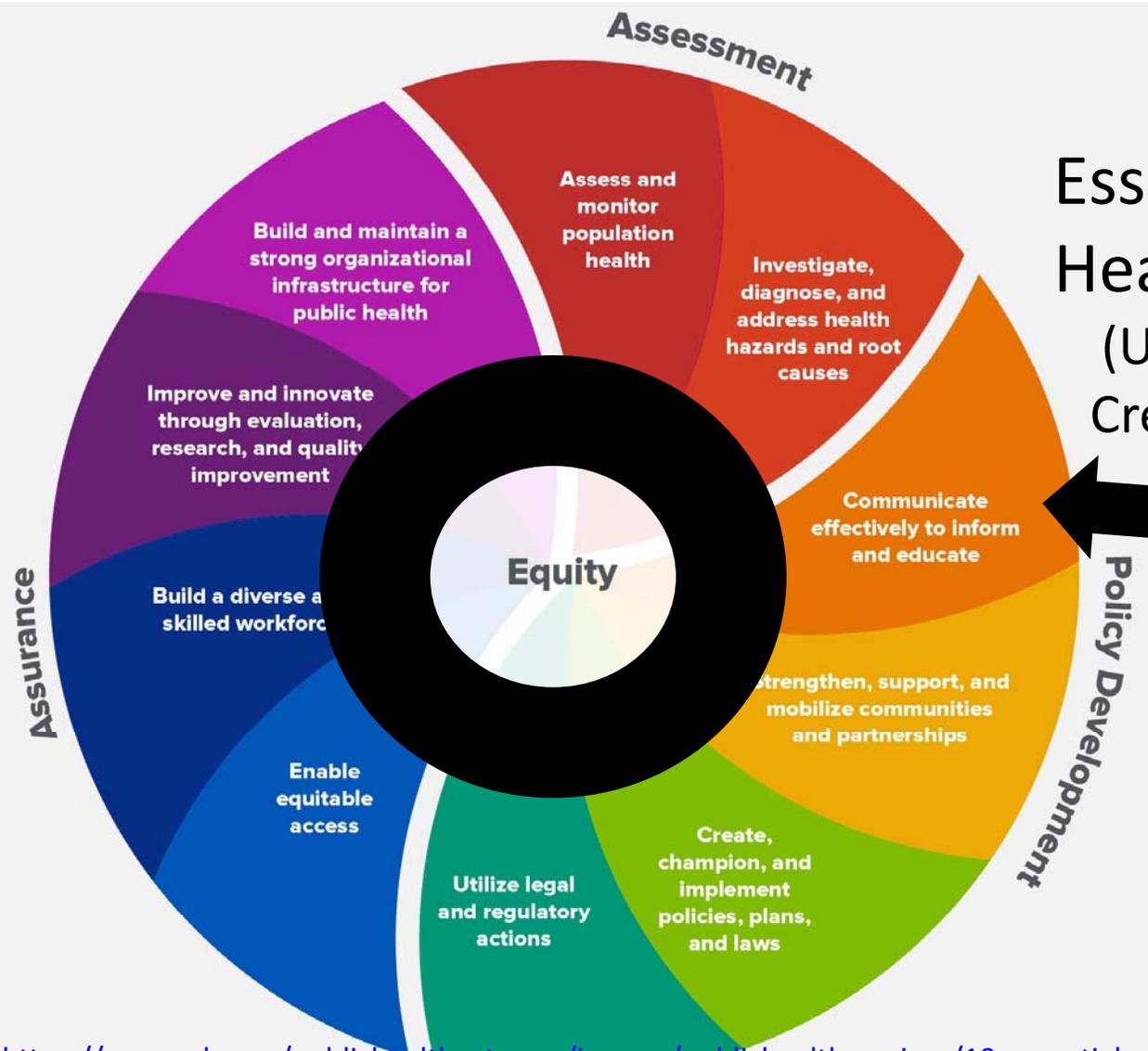
“...the major public health challenges since 9/11
(and I would add COVID) were not just clinical,
epidemiological, technical, issues.

The major challenges were communication.

In fact, as we move into the 21st century,
communication may well become the central science
of public health practice.”

-Edward Baker, MD, MPH,
Former Assistant US Surgeon General

The Ten Essential Public Health Services (Updated 2020, Created in 1994)



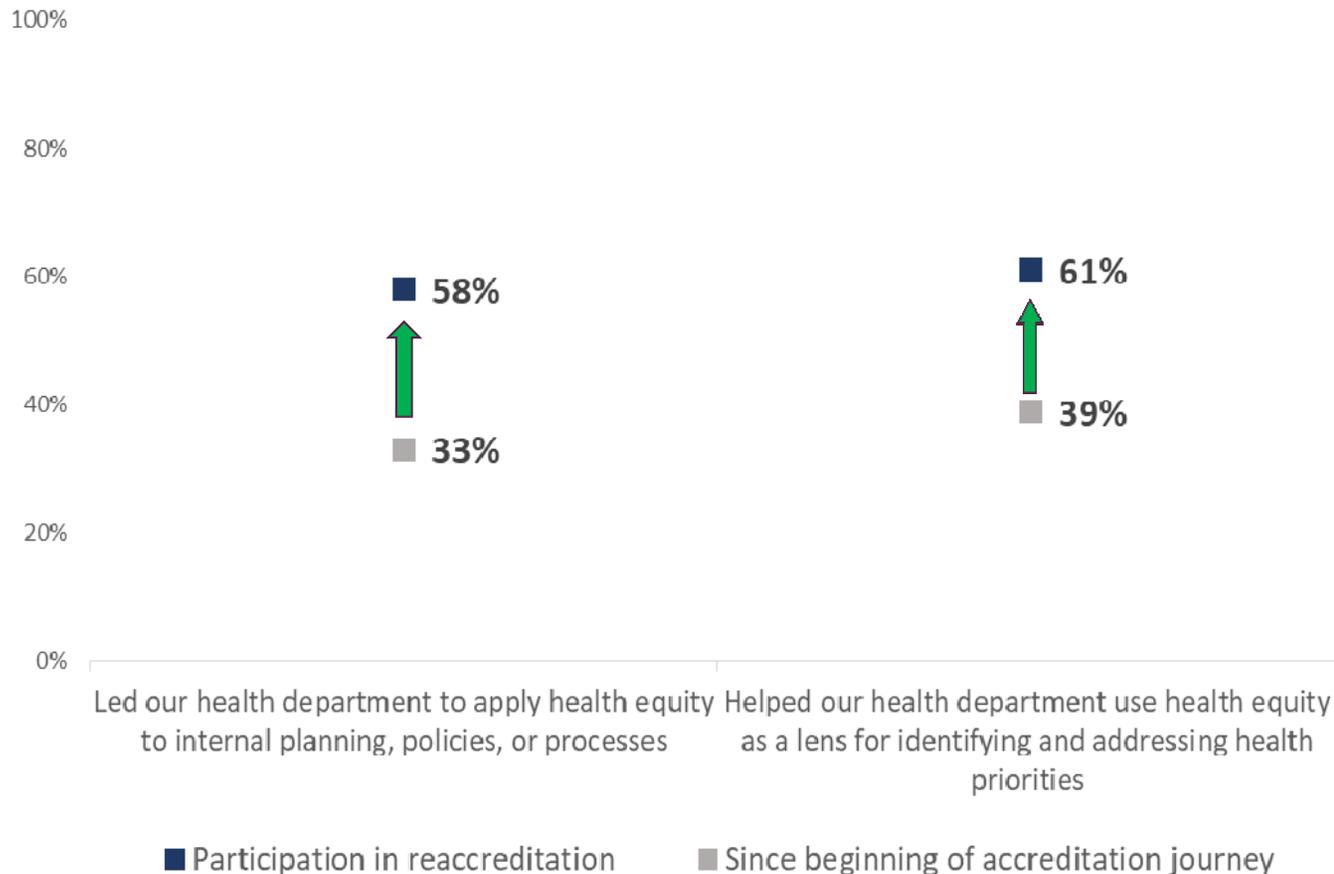
<https://www.cdc.gov/publichealthgateway/images/publichealthservices/10-essential-public-health-services.jpg>

Accreditation helps health departments apply health equity principles and ultimately influence health outcomes.

Four years after accreditation

- **73%** reported that as a result of accreditation, the health department has *applied health equity to internal planning, policies, or processes**
- **68%** reported that accreditation has helped the health department use *health equity as a lens* for identifying and addressing health priorities*
- **50%** reported that health department activities implemented as a result of being accredited have led to *improved health outcomes* in the community

✘ **“Since being accredited, our health department has strengthened and deepened more effective partnerships with our community to address health equity and improve the overall wellness of people [in our community].”**



61% of respondents said reaccreditation helped the health department use health equity as a lens for identifying and addressing health priorities.

Health Equity Outcomes Experienced Because of Participation in Reaccreditation.
(Reaccreditation Survey, 2020-2021, N=33)

“Kept us on our toes, brought us more into areas of health equity, workforce development, performance management, and communications.”

“This was very valuable time to reflect on not only what we are doing, but how we are doing it. Reaccreditation challenged us to not rest on our laurels but to continually evaluate and improve upon our work.”

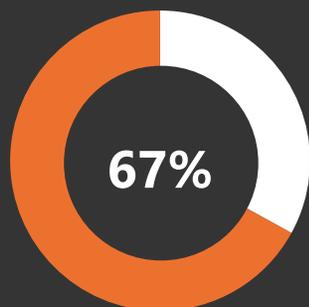
“The reaccreditation process required us to demonstrate how we used the resources/tools that we had and or developed from initial accreditation.”

“The reaccreditation process required us to evaluate our work and efforts and tell the story of how we have advanced and improved upon our work within the community. Reaccreditation does not allow the health department to remain status quo, it definitely requires that the foundation be built upon to continue to excel and grow (i.e. CQI and PM).”

Source: Reaccreditation Survey

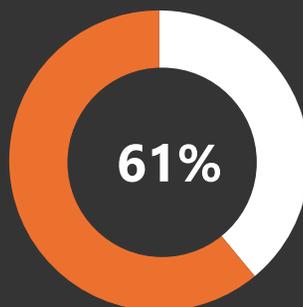
As a result of reaccreditation, health departments have experienced internal benefits including a strengthened culture of QI, greater collaboration, and benchmarking performance.

Quality Improvement



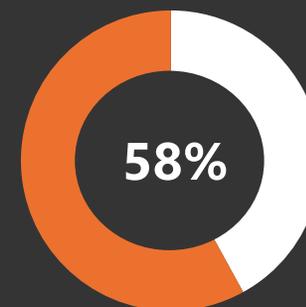
Strengthened the culture of QI in our health department

Collaboration



Stimulated greater collaboration across departments or units within our health department

Benchmarking



Led us to compare our health department's programs, processes, and/or outcomes against other similar health departments as a benchmark for performance

Public Health As A Social Justice Enterprise

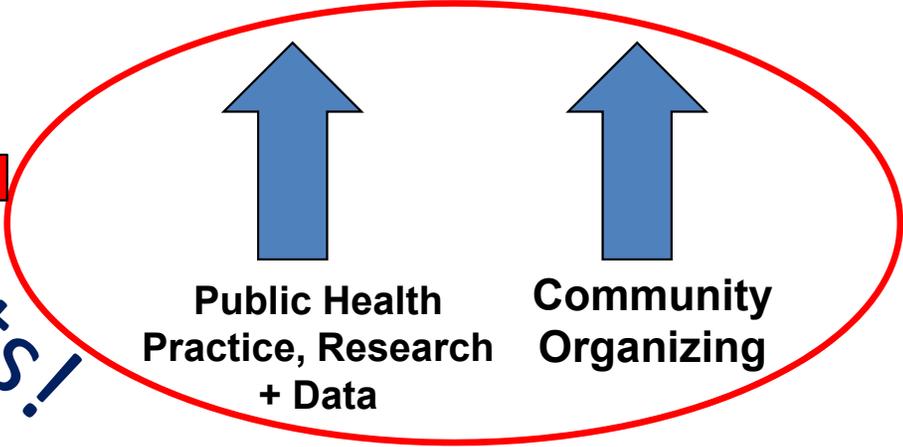


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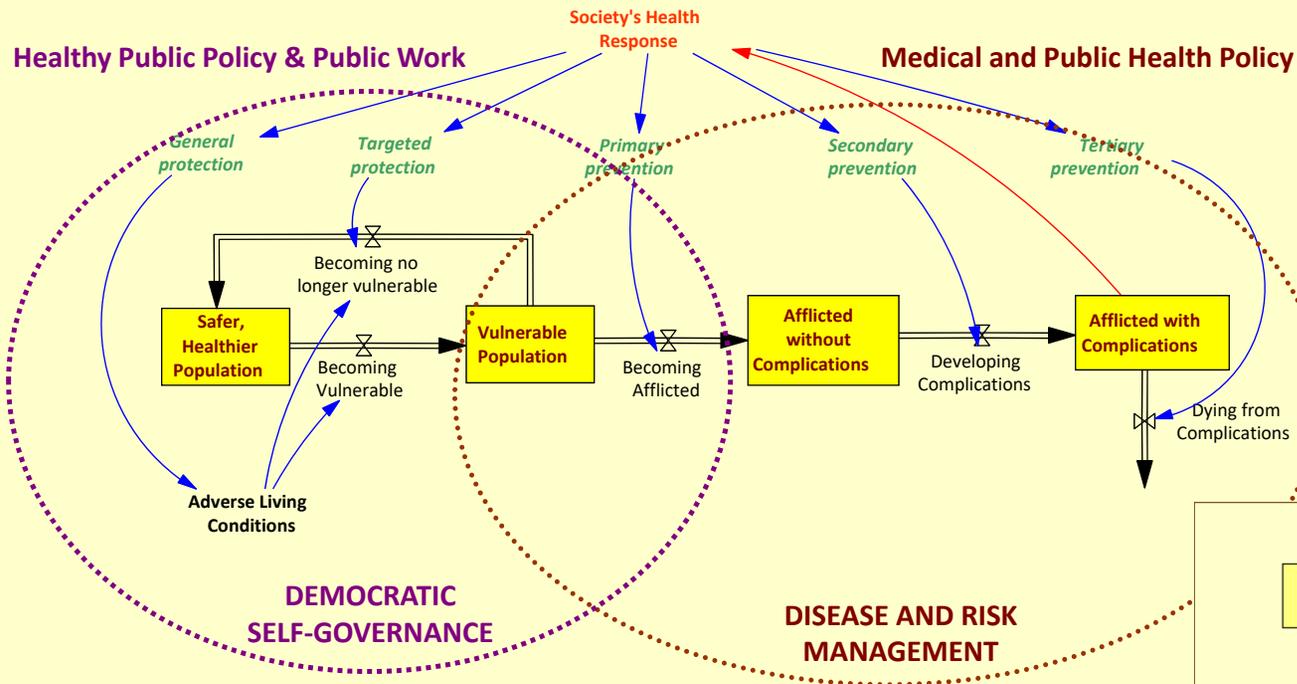


JUSTICE = TRUTH + POWER

Social Movements!



Areas of Emphasis



World of Transforming...

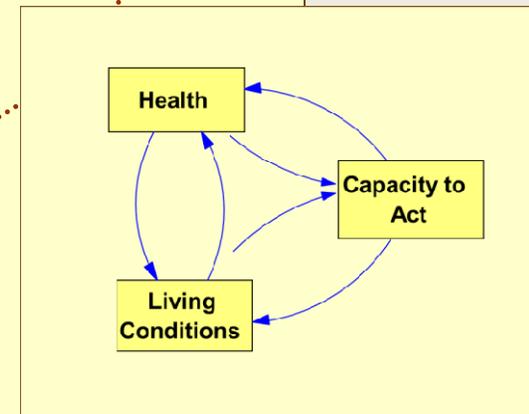
- Deprivation
- Dependency
- Violence
- Disconnection
- Environmental decay
- Stress
- Insecurity
- Etc...

By Strengthening...

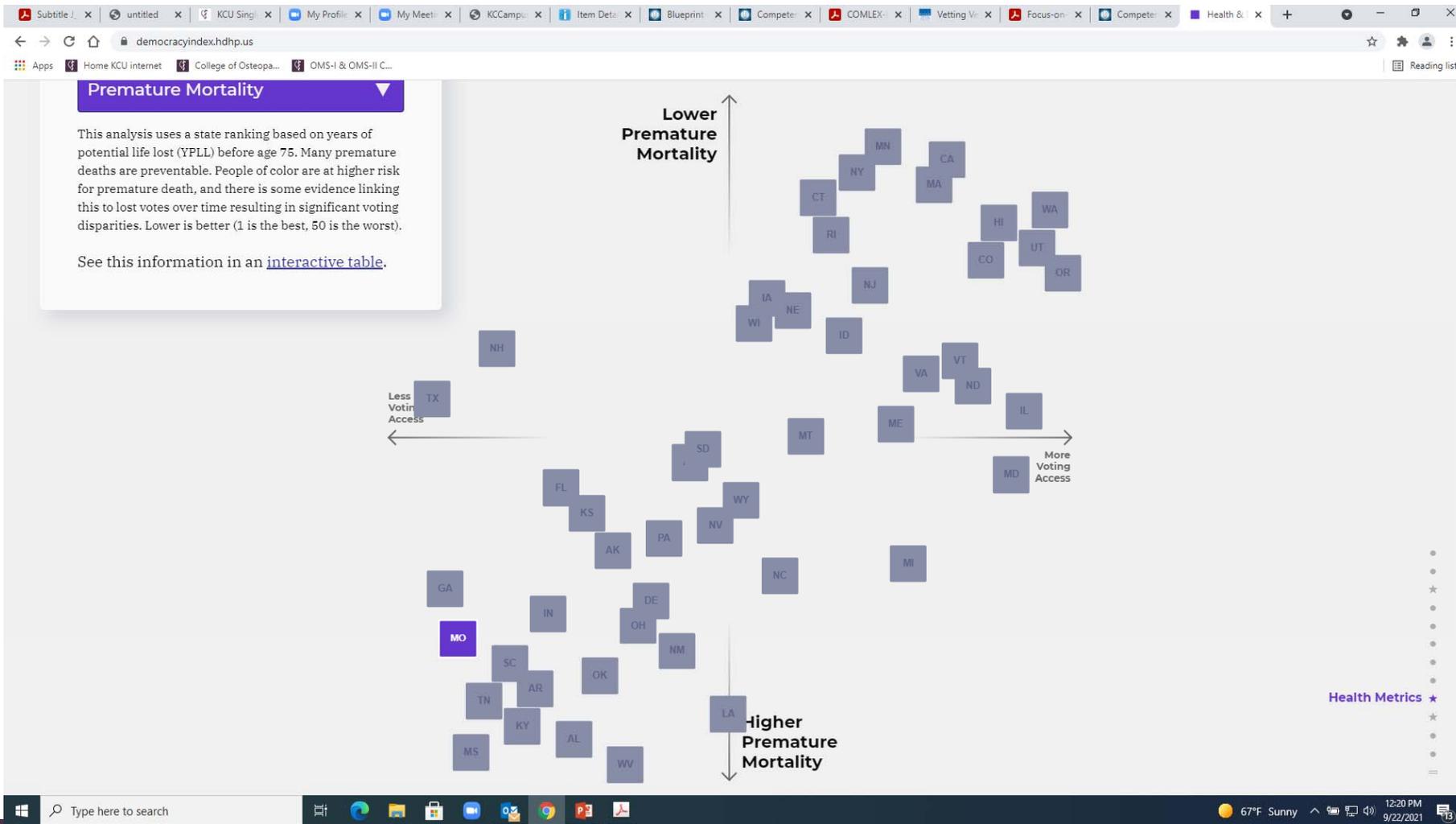
- Leaders and institutions
- Foresight and precaution
- The meaning of work
- Mutual accountability
- Plurality
- Democracy
- Freedom
- Etc...

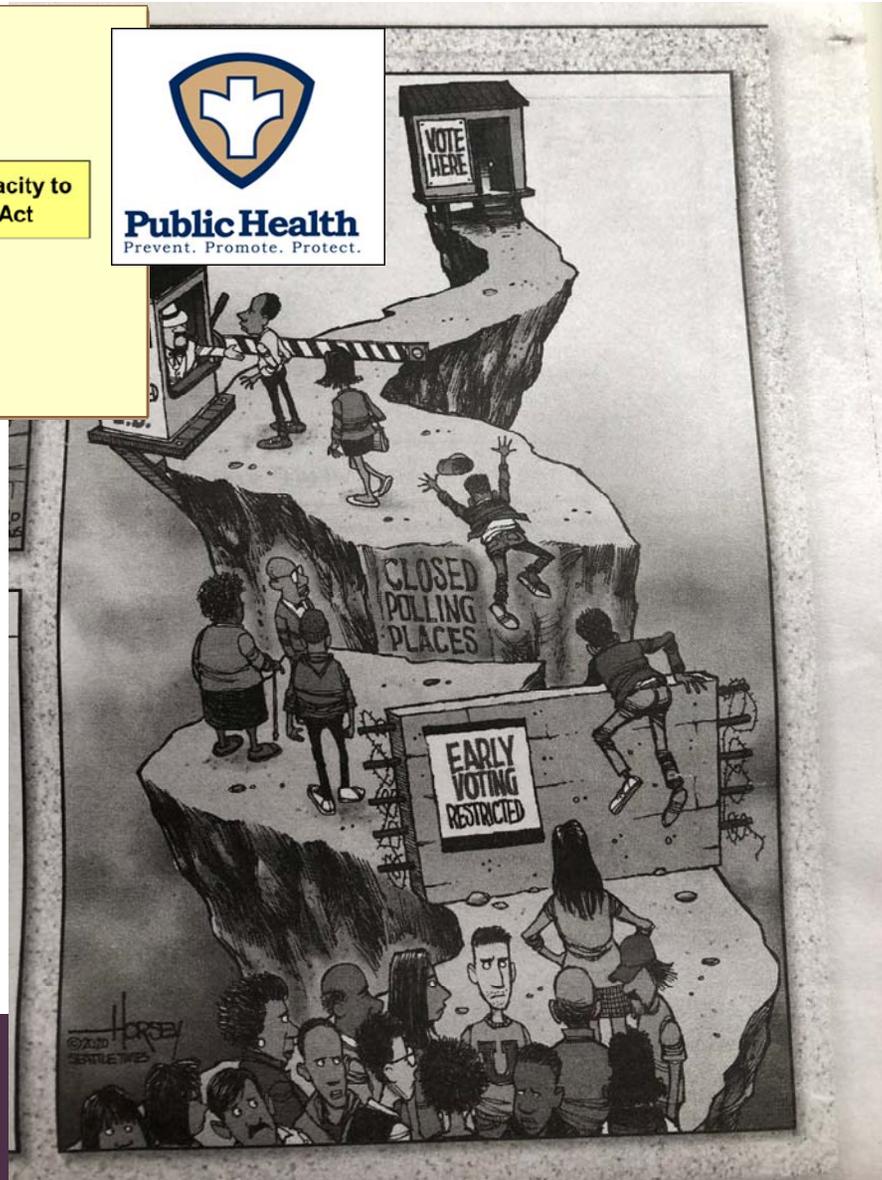
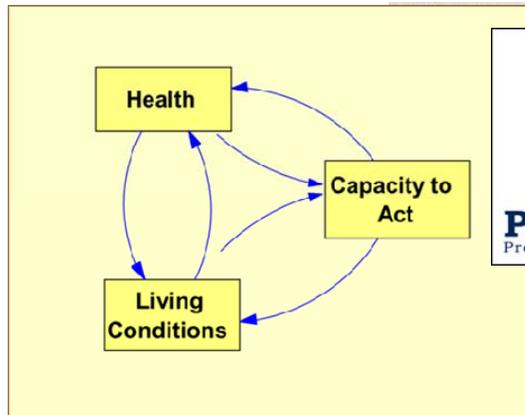
World of Providing...

- Education
- Screening
- Disease management
- Pharmaceuticals
- Clinical services
- Physical and financial access
- Etc...



Presented by: Jeanne F. Ayers, Minnesota Department of Health - Milstein B. Hygeia's constellation: navigating health futures in a dynamic and democratic world. Atlanta, GA: Syndemics Prevention Network, Centers for Disease Control and Prevention; April 15, 2008. Available at: <http://www.cdc.gov/syndemics/monograph/index.htm>





Voter Access:
Possibly the #1
Public Health
Challenge and
Opportunity in
Missouri?

*"My Philosophy is very simple.
When you see something that is
not right, not fair, not just,
say something! Do something!
Get in trouble! Good trouble!
Necessary trouble!"*

John Lewis

Research briefs: Assessing Accreditation Outcomes (February 2020)

- [Survey Methodology](#)
- [One Year After Accreditation](#)
- [Quality Improvement and Performance Management Findings](#)
- [Year 4 Accreditation Survey Findings](#)

Recent Published Literature

- Exploring the Linkage Between Accreditation Outcomes and Public Health Emergency Preparedness and Response (JPHMP, 2021)
- Impact of Accreditation on Health Department Financial Resources (JPHMP, 2020)
- Quality Improvement and Performance Management Benefits of Public Health Accreditation: National Evaluation Findings (JPHMP, 2018)
- Benefits and Perceptions of Public Health Accreditation Among Health Departments Not Yet Applying (JPHMP, 2018)

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**Don't Miss Tomorrow's General Session from 11 -
12:00 noon Public Health Infrastructure
Saves Lives Act**

AMENDMENT IN THE NATURE OF A SUBSTITUTE TO

COMMITTEE Subtitle J—Public Health

PART 1—HEALTH CARE INFRASTRUCTURE AND

**SECTION 31001. FUNDING TO SUPPORT CORE PUBLIC HEALTH INFRASTRUCTURE
FOR STATE, TERRITORIAL, LOCAL, AND TRIBAL HEALTH DEPARTMENTS
AT THE CENTERS FOR DISEASE CONTROL AND PREVENTION.**

September 29, 2021

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