Local Health Departments’ Plan to Seek Voluntary National Accreditation and Its Association with PHAB Accreditation Prerequisites

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Local Health Departments’ Plan to Seek Voluntary National Accreditation and its Association With PHAB Accreditation Prerequisites

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Faculty Disclosure

• Neither we, nor our spouses or partners have had a financial, professional or personal relationship that might potentially bias and/or impact the content of the educational activity/session.

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Educational Need/Practice Gap

• National voluntary accreditation of LHD accreditation through the Public Health Accreditation Board (PHAB) is associated with numerous benefits for LHDs, including setting LHDs on a path of continuous quality improvement and demonstrating that nationally recognized standards are met.

• There is Lack of evidence about factors that may facilitate or limit LHD engagement in agency accreditation.

• Knowing which type of LHDs are less likely to have plans for accreditation is an essential policy need in order to put in place strategies to encourage accreditation among all LHDs in the near future.
Objectives

Upon completion of this educational activity, participants will be able to:

• Summarize the extent to which LHDs plan to pursue voluntary national accreditation
• Identify nature of association between LHDs’ intentions to seek PHAB accreditation in the future and having completed PHAB pre-requisites within five years.
• Give examples of other LHD characteristics that influence intentions to seek voluntary national accreditation.
Introduction

• The IOM and CDC identified accreditation as a crucial strategy for strengthening the public health infrastructure.
• Public health accreditation provides the pathway to ensure accountability, consistency, and uniformity across health departments.
• It will promote continuous quality improvement and help LHDs in demonstrating that they have met the nationally recognized standards.
In 2004

- *Exploring Accreditation Project* (EAP) began work to examine the desirability and feasibility of national public health accreditation program.

Final Report

- EAP Steering Committee determined a voluntary national public health accreditation program was both feasible and desirable leading to the creation of the Public Health Accreditation Board (PHAB).

In 2011

- PHAB launched the voluntary national public health accreditation program.
Background -2

Feb 28, 2013: PHAB announced that the Public Health Accreditation Board (PHAB) awarded 5-year accreditation to 11 public health departments.
Accreditation status was awarded February 28, 2013, to:

- Comanche County Health Department (Lawton, OK)
- Franklin County Health Department (Frankfort, KY)
- Livingston County Department of Health (Mt. Morris, NY)
- Northern Kentucky Independent District Health Department (Edgewood, KY)
- Oklahoma City-County Health Department (Oklahoma City, OK)
- Oklahoma State Department of Health (Oklahoma City, OK)
- Spokane Regional Health District (Spokane, WA)
- The Public Health Authority of Cabarrus County, Inc. d/b/a Cabarrus Health Alliance (Kannapolis, NC)
- Three Rivers District Health Department (Owenton, KY)
- Washington State Department of Health (Olympia, WA)
- West Allis Health Department (West Allis, WI)
Community health improvement planning underlies the core functions of public health and the 10 essential public health services, upon which PHAB standards and measures are based.

Assessing LHD readiness for accreditation involves many considerations, among which are;

- completion of a community health assessment
- improvement plan and
- agency strategic plan.
Objectives of this Research

– To explore how LHDs’ intentions to seek PHAB accreditation are related to the current level of readiness based on these three PHAB prerequisites.

– Determine which other LHD characteristics are associated with LHDs’ intentions to seek accreditation in future
Methods

Data Source:

- **NACCHO’s 2010** National Profile of Local Health Departments (2010 Profile Study) survey, administered to 2656 LHDs

- The Profile survey contained a module with accreditations and QI questions, sent to a nationally representative stratified random sample of 625 LHDs

- Response rate of 85%.
Methods (Variables Operationalization)

• The question on accreditation was:
  
  “Rate your level of agreement with the following statements:... Our LHD would seek accreditation under a voluntary national accreditation program”

• Five-point Likert Scale of strongly disagree to strongly agree was used

• Recoded into three-point scale by combining the two extreme categories on the either side into one.

• Responses to the question on CHA and CHIP were recoded into two categories
  - “Yes, within last five years”
  - “No or not within last five years”

• (This included the original categories
  - “Yes, five or more years ago”
  - “No, but plan to in the next year”, and "No").
Analysis

• **SPSS/PASW 21**

• *Bivariate* analyses included
  - Somers-D test for the nominal variables
  - *Kendal’s Tau-b* for the ordinal variables
  - *Fisher’s Exact test* for computing *p-values*

• **Multivariate** analysis
  - Multinomial logistic regression for ordinal dependent variable (NOMREG command in PASW).
  - Applied sampling weights

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Results:

Bivariate

Accreditation Plans* By Primary Independent Variables

*LHDs that Strongly Agreed or Agreed to the Statement “Our LHD would seek accreditation under a voluntary national accreditation program”
Bivariate (Chi-square)

Percent of LHDs that Strongly Agreed or Agreed to the statement: “Our LHD would seek accreditation under a voluntary national accreditation program” by CHA, CHIP, and SP completed.

- p-value = 0.027
- p-value = 0.654
- p-value = 0.000
Bivariate (Chi-square)

Percent of LHDs that Strongly Agreed or Agreed to the statement: “Our LHD would seek accreditation under a voluntary national accreditation program” by Type of governance and presence of LBoH

![Bar chart showing the percentage of LHDs that strongly agreed or agreed to the statement for different types of governance and presence of LBoH, with p-values of 0.000 for all categories.](image-url)
Bivariate (Chi-square)

Percent of LHDs that Strongly Agreed or Agreed to the statement: “Our LHD would seek accreditation under a voluntary national accreditation program” by LHDs’ current QI activities

- Implemented a formal QI agency-wide: 62.6%
- Formal QI in specific areas not agency-wide: 60.4%
- QI informal or ad hoc in nature: 46.6%
- Not currently involved in QI activities: 25.7%

p-value = 0.000
Bivariate (Chi-square)

Percent of LHDs that Strongly Agreed or Agreed to the statement: “Our LHD would seek accreditation under a voluntary national accreditation program” by LHDs’ current QI activities

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Bivariate (Chi-square)

Percent of LHDs that Strongly Agreed or Agreed to the statement: “Our LHD would seek accreditation under a voluntary national accreditation program” by whether LHD employs epidemiologist

p-value=0.00
Percent of LHDs that Strongly Agreed or Agreed to the statement: “Our LHD would seek accreditation under a voluntary national accreditation program” by size of population in LHD jurisdiction

p-value=0.000
Results: Multivariate

Accreditation Plans* By Primary Independent Variables (and controls)

*LHDs that Strongly Agreed or Agreed to the Statement “Our LHD would seek accreditation under a voluntary national accreditation program”
Q: “Our LHD would seek accreditation under a voluntary national accreditation program”
Multivariate (Multinomial Logistic Regression)

Adjusted odds ratios for intentions to pursue accreditation in future: Neutral vs. Strongly Disagree or Disagree

Q: “Our LHD would seek accreditation under a voluntary national accreditation program”
Conclusions

Association with intention to seek accreditation:

• Not significant for completion of accreditation prerequisites
• Was negative for recent completion of a CHA/CHIP.
• Not significant for having completed an agency-wide strategic plan
Conclusions

• LHDs that are “most ready” to seek accreditation, as measured by completion of the three prerequisites, may not be the ones most interested in seeking accreditation.

• The “pipeline” of LHDs moving through the accreditation process may be slow to fill.
  • CHIP, which typically informs an agency strategic plan, can take 2+ years,
  • May vary by community needs and how the processes are implemented.
Conclusions

• NACCHO surveys show that reported engagement in community health improvement planning by LHDs has not increased over the past decade.
  • In 1999, a CHA or CHIP within the past three years was reported by 55 and 53 percent of LHDs respectively.
  • In 2010, a CHA or CHIP within the past three years was reported by 43 and 38 percent of LHDs, respectively.
• Will the PHAB requirement of a completed, current, CHA and CHIP result in an increase in the proportion of LHDs that regularly engage in community health improvement planning, which has changed little over the past decade?
Conclusions

• Many factors can influence an LHD’s decision to engage in CHA or CHIP, including perceptions of LHD leadership, governing bodies, and community stakeholders about the importance of CHA and CHIP;
  • presence or absence of human and financial resources needed to complete these processes;
  • requirements of or support from state health agencies.

• The positive association between intent to seek accreditation and plans to complete a strategic plan in the next year:
  • May suggest that the PHAB requirement may be prompting some LHDs to begin strategic planning processes.
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Questions?