

# Local Public Health Accreditation Support Project – Evaluation

April 2020

---

## Contents

---

Project Background.....	3
Evaluation Overview .....	4
Evaluation Purpose .....	4
Evaluation Questions .....	4
Evaluation Methods & Limitations.....	4
Findings .....	6
Conclusions & Recommendations .....	13

*This work was made possible through funding provided by The Ohio Department of Higher Education.*

## Project Background

---

In 2012, the Ohio General Assembly created the Legislative Committee on Public Health Futures to examine the local public health delivery system in Ohio. There was collective acknowledgement that Ohio's performance on population health outcomes was less than optimal and that local health departments' (LHD) ability to provide core public health services varied significantly.

The Committee on Public Health Futures recommended that all LHDs obtain Public Health Accreditation Board (PHAB) accreditation in order to demonstrate that they can provide core public health services and have the infrastructure in place to improve the quality and efficiency of service delivery. As a result, in 2013 the Director of Health required that all LHDs apply for PHAB status by 2018 and become accredited by 2020. The mission of PHAB is to *"Improve and protect the health of the public by advancing and transforming the quality and performance of governmental public health agencies in the U.S. and abroad."*

To help LHD's achieve PHAB accreditation, the Ohio Local Public Health Accreditation Support Project was established. The project received funding from the Ohio Department of Higher Education and was administered in partnership with the Ohio Department of Health and The Ohio State University Center for Public Health Practice (CPHP).

As part of the support project, the CPHP was charged with conducting PHAB readiness assessments, providing training and technical assistance, monitoring PHAB accreditation workplan implementation, and developing tools and resources for LHDs to utilize in order to meet PHAB requirements. The contract period ran from July 2016 through June 2020.

The CPHP contracted with The Center for Health Outcomes, Policy and Evaluation Studies (HOPES) within The Ohio State University College of Public Health to conduct an internal evaluation of the project. The internal evaluation was conducted over the course of the project, starting in late 2016 with data collection occurring through late fall of 2019.

Staff from CPHP and HOPES developed evaluation questions to provide focus and structure for evaluation planning efforts. The evaluation team utilized a mixed-methods approach to gather necessary information for this summative evaluation.

Common themes across narrative responses were that LHD representatives appreciated the prerequisite document templates and respondents preferred the in-person workshops and one-on-one technical assistance sessions.

Overall, most participants felt that CPH services assisted their agency's progress towards PHAB accreditation. In addition, across the various assessment tools, over 90% (on average) of LHD respondents indicated that their LHD was satisfied with services

received by CPHP or their technical assistance contractors. Over 85% of respondents stated that their agency utilized the product developed or applied the knowledge gained through training or technical assistance services.

The remainder of this report will highlight the evaluation questions posed, the methods used for data collection, evaluation findings and future recommendations.

## Evaluation Overview

---

### Evaluation Purpose

The CPHP contracted with The Center for Health Outcomes, Policy and Evaluation Studies (HOPES) within The Ohio State University College of Public Health to conduct an evaluation of the Local Public Health Accreditation Support Project.

The purpose of the evaluation was to assist CPHP by identifying:

- LHD utilization of knowledge, skills or products acquired from CPHP services
- LHD staff satisfaction with CPHP services and supports
- Areas for program improvement

### Evaluation Questions

Over the course of several months, staff from CPHP and HOPES met to discuss and develop appropriate evaluation questions for the project. These questions help to provide focus and structure for evaluation planning efforts. The four (4) guiding evaluation questions were:

1. Did CPHP services and support contribute towards LHD accreditation progress and achievement?
2. Were LHDs satisfied with the services, resources, and other support provided by CPHP?
3. Are LHDs making progress towards PHAB accreditation?
4. Are LHDs utilizing the knowledge gained and/or product developed through CPHP training and TA sessions?

### Evaluation Methods & Limitations

The evaluation team utilized a mixed-methods approach to gather necessary information for this summative evaluation. These methods ranged from online surveys of LHD leadership and programmatic staff, to key informant interviews with LHD staff involved in accreditation activities, to the review and analysis of LHD accreditation workplan data and CPHP paper-based satisfaction surveys. A delineation of the various tools and associated distribution timelines is provided below.

Method/Data Source	Frequency	Timeframe
Training & technical assistance surveys	➤ Immediately after and six months post project completion	January 2018 through April 2020
Planning series (e.g., WFD, QI) surveys	➤ Immediately after project completion	July 2018 through November 2019
PHAB accreditation readiness assessment	➤ Conducted twice during project period	November 2016 and February 2018
CPHP training session evaluations	➤ Immediately after training session	June 2017 through February 2018
Key informant interviews	➤ One series of interviews	September through October 2019
LHD Workplans	➤ One every 6 months	April 2017 through April 2018

The evaluation was conducted over the course of the project, starting in late 2016 with data collection occurring through late fall of 2019.

When creating performance indicators, the evaluation team followed the SMART model, indicators should be: Specific, Measurable, Achievable, Relevant, and Trackable. The CPHP then provided guidance on benchmarks they felt were challenging yet realistic.

Provided below is a delineation of the evaluation methods as related to each evaluation question, along with the applicable performance indicators, data sources and limitations. The benchmarks or performance targets related to each performance indicators will be reviewed in the Findings section.

1) Did CPHP services and supports contribute towards LHD accreditation progress and achievement?	
Indicator	Data Source(s)
Percentage of LHD's responding that CPHP services supported their progress towards accreditation.	<ul style="list-style-type: none"> <li>➤ Training/TA Surveys</li> <li>➤ Key Informant Interviews</li> </ul>

2) Were LHDs satisfied with the services, resources, and other supported offered by CPHP?	
Indicator	Data Source(s)
Percentage of LHD's responding they were "satisfied" or "very satisfied" with training and technical assistance services or supports.	<ul style="list-style-type: none"> <li>➤ Training/TA Surveys</li> <li>➤ CPHP Evaluations</li> </ul>

3) Are LHDs making progress towards PHAB accreditation?	
Indicators	Data Source(s)
Number of LHDs by accreditation stage (over time)	➤ PHAB Readiness Assessment Surveys
Changes in the number of LHDs by workplan milestone (over time)	➤ PHAB Workplans

4) Are LHDs utilizing the knowledge gained and/or products developed through CPHP training and technical assistance sessions?	
Indicators	Data Source(s)
Percent and number of LHDs responding that they are utilizing the product (e.g., WFD Plan) developed	➤ Training/TA Surveys
Percent and number of LHDs responding that they are applying the knowledge gained	➤ Training/TA Surveys

Limitations included moderate response rates to some surveys and key informant interview requests which may result in data that is not comprehensive or reflective of all LHD audience experiences or outcomes. Data are self-reported and may be subject to incompleteness, bias or error. Progress along the PHAB accreditation continuum can be impacted by a variety of factors. However, this evaluation primarily reviewed progress in relation to CPHP training and technical assistance services, resources, and other supports.

## Findings

Findings will be presented by evaluation question to facilitate ease of review of and interpretation. Where possible, findings will be presented by training or technical assistance type (e.g., Training and Technical Assistance project, QI or WFD Planning Series) or evaluation method (e.g., PHAB readiness assessment surveys, key information interviews, etc.).

The evaluation team in collaboration with CPHP staff developed performance targets based upon the type of service or support provided or based upon the evaluation mode. The performance indicator(s) and the respective performance targets for each evaluation question along with the evaluation mode (e.g., survey or interview) are delineated below.

1

Did CPHP services and supports contribute towards LHD accreditation progress and achievement?

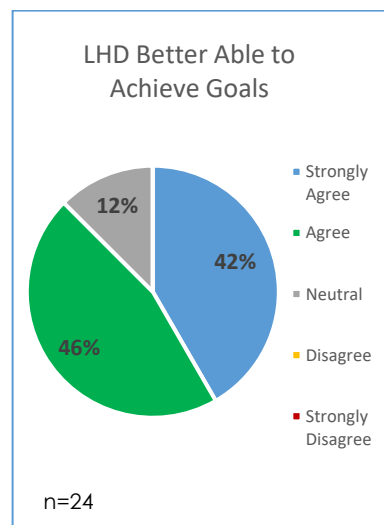
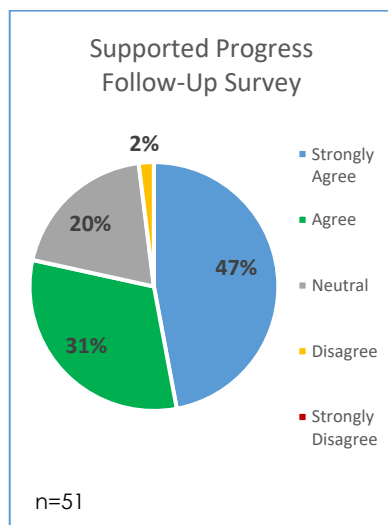
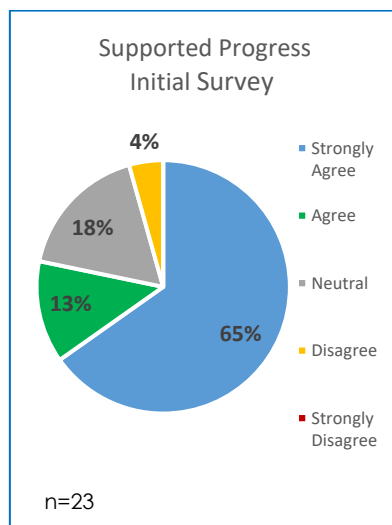
Indicator: Percentage of LHD's responding that CPHP services supported their progress towards accreditation.

Data Source	Performance Target	Results
Training and technical assistance projects (initial survey)	90%	78%
Training and technical assistance projects (6-month survey)	90%	78%
Key informant interviews	90%	100%
Planning series evaluations	85%	88%

As illustrated below, of LHDs responding to the training and technical assistance surveys, **78%** stated that they "Agreed" or "Strongly Agreed" that CPHP services supported their agency's progress towards PHAB accreditation both directly after project completion (n=23) and during the six-month follow-up survey (n=51).

Of the LHDs responding to the Planning Series surveys (n=24), eighty-eight percent (**88%**) stated that their agency was better able to achieve their (PHAB) goals as a result of CPHP service, support, or tools.

Of the individuals participating in the key informant interviews (n=8), all (**100%**) responded that the assistance their agency received supported the LHD's progress towards accreditation.



For those agencies progressing through the initial PHAB accreditation processes, one LHD participant replied, "We would be behind the eight ball if we didn't have this help" and another reported "We would not be nearly as prepared without this assistance."

For LHDs that were already accredited at the time of training or technical assistance receipt, one participant noted *“We were accredited at the time of the project. The project addressed noted opportunities for improvement that will be a benefit for reaccreditation.”*

## 2

## Were LHDs satisfied with the services, resources, and other support provided by CPHP?

Indicator: Percentage of LHD’s responding that they were “satisfied” or “very satisfied” with services, support, and resources.

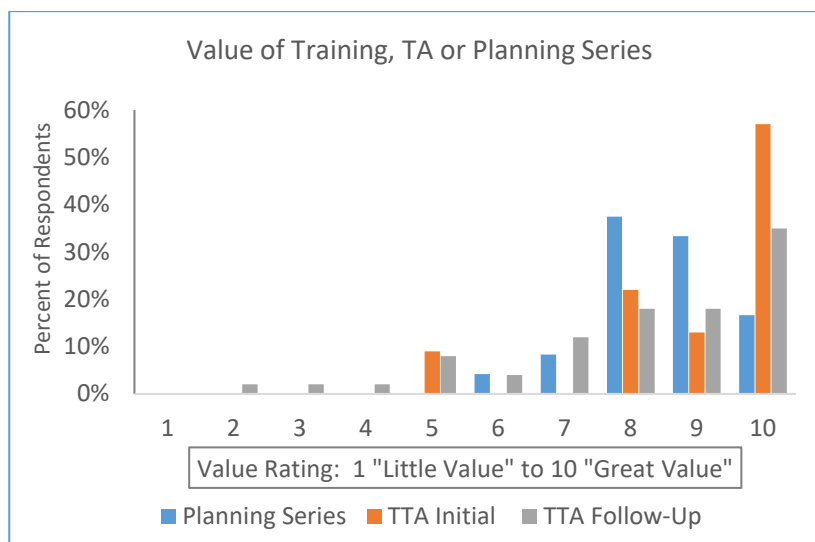
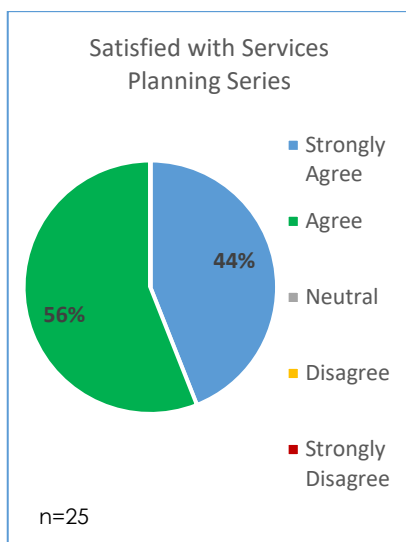
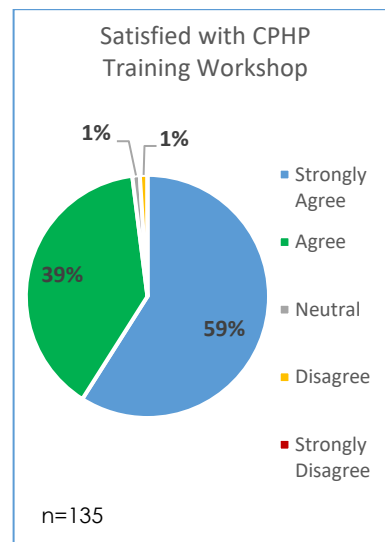
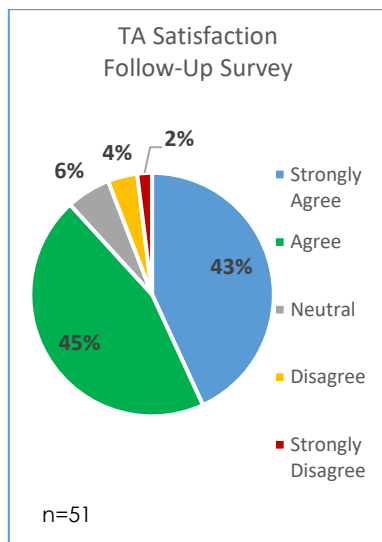
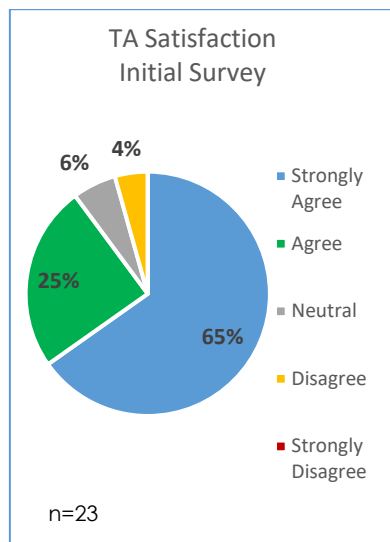
Data Source	Performance Target	Results
Training and technical assistance projects (initial survey)	90%	90%
Training and technical assistance projects (6-month survey)	90%	88%
Planning series evaluations	85%	100%
CPHP training evaluations	85%	98%

As illustrated below, LHDs were satisfied with the services, support and resources received. For the training and technical assistance projects the question wording was slightly different for the initial and follow-up surveys. For the initial survey a composite measure of satisfaction was created: **90%** of respondents stated that they “Agreed” or “Strongly Agreed” that services were responsive to their agency’s needs and were provided in a timely and professional manner. For the six-month follow-up survey, respondents were specifically asked if their agency was satisfied with the services, support, or tools received. Of the 51 respondents, **88%** (n=45) stated they “Agreed” or “Strongly Agreed” with this statement.

Of the LHDs responding to the Planning Series surveys (n=25), one hundred percent (**100%**) stated that their agency was satisfied with the services, support, or resources provided by CPHP or their contracted consultants. When asked if they would recommend that other agencies apply for CPHP services, **100%** also replied “yes”.

Of the individuals participating in CPHP training sessions which covered topics such as Strategic Planning, Quality Improvement, and Performance Management Systems, **98%** (n=132) responded that they were satisfied with the CPHP workshop.





As illustrated above, when asked to rate the value of their training, technical assistance (TA) or planning series experience, most respondents indicated that the services provided were of considerable value (providing a rating of 7 or greater).

Participant comments related to their satisfaction with CPHP services included “We were very pleased with the entire process for this particular project” and “They did a wonderful job & really worked with us on the project.”

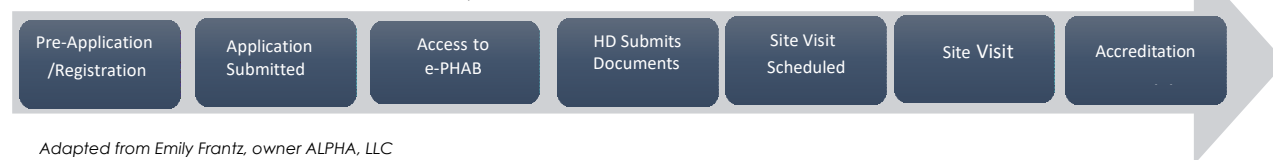
## 3

## Are LHDs making progress towards PHAB accreditation?

Indicator: Number of LHDs by PHAB accreditation stage	
Data Source	Performance Target
Accreditation readiness assessment surveys	N/A
Indicator: Changes in the number of LHDs by workplan milestone over time	
PHAB accreditation workplans	N/A

An initial PHAB accreditation readiness assessment was conducted in the fall of 2016 with a follow-up assessment conducted in early 2018. A total of 106 LHDs completed both surveys. The re-assessment asked LHDs for their current stage of accreditation, with the responses compared to 2016. Response options were the same for both assessments and are reflected in the Accreditation Process figure below.

#### Accreditation Process, based on PHAB's National Guide to



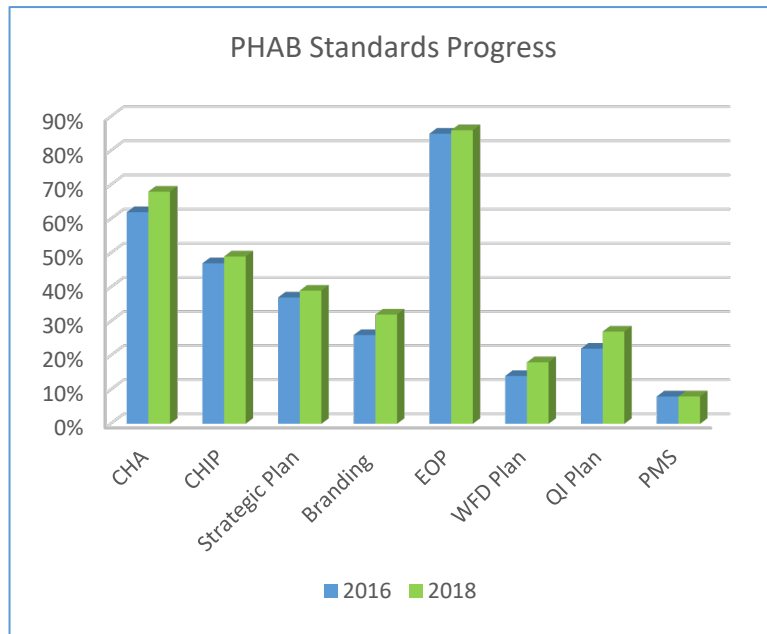
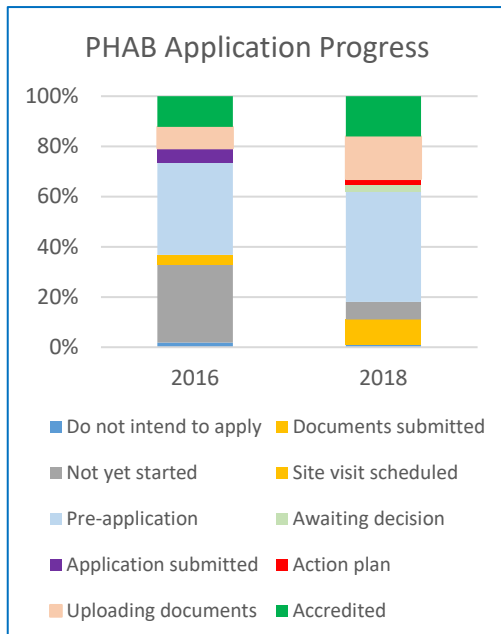
*Adapted from Emily Frantz, owner ALPHA, LLC*

As there are many factors (internal and external to the LHD) that impact their progress along the PHAB accreditation continuum, and as these assessment tools were not specific to the training or technical assistance services provided by CPHP, no specific performance targets were developed. Instead, the indicator of “progress” was movement along the PHAB accreditation continuum over time.

As illustrated below, LHDs made progress along the accreditation continuum between late 2016 and early 2018. The percentage of LHDs that had *not yet started* their application dropped from **31%** (n=33) to **7%** (n=7). In addition, the percentage of LHDs that were in the latter stages of the accreditation process (such as uploading documentation, receiving an action plan, awaiting an accreditation decision, or having received accreditation) increased from **24%** (n=25) to **48%** (n=51) more than double.

Another measurement of progress was the development of necessary PHAB documentation and related systems (e.g., Performance Management System). As part of the readiness project, CPHP developed and disseminated an accreditation workplan template to LHDs. Agencies that reported not having started the accreditation process or as being in the pre-registration phase in the 2016 assessment were required to submit a workplan (n=77).

LHDs reported their progress across several milestones and the status of PHAB required prerequisite documentation. As illustrated below, progress was made across all Standards and Measures except for performance management systems.



4

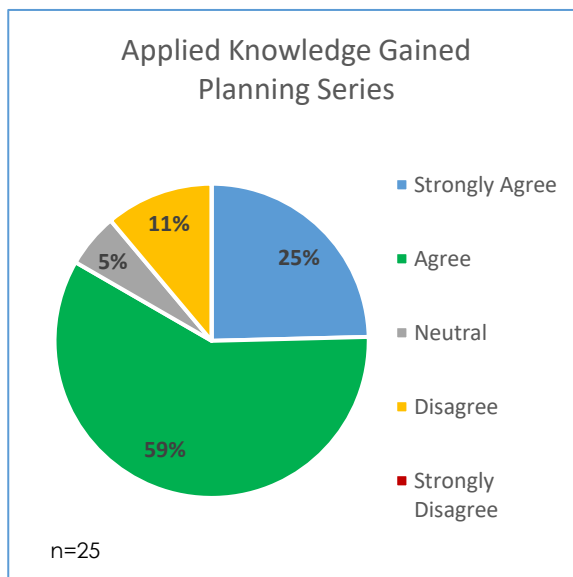
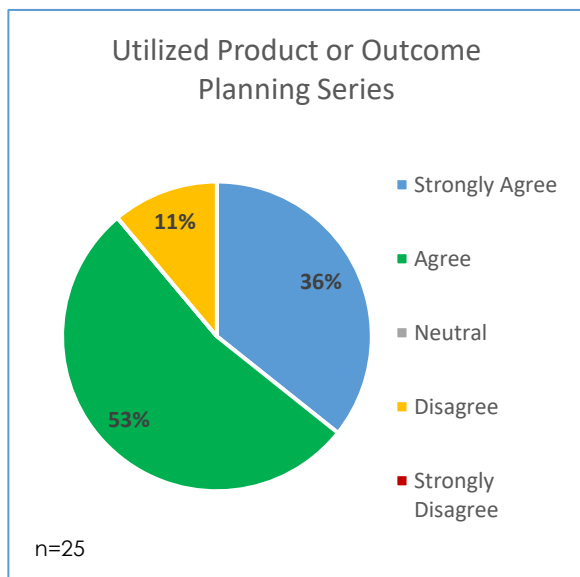
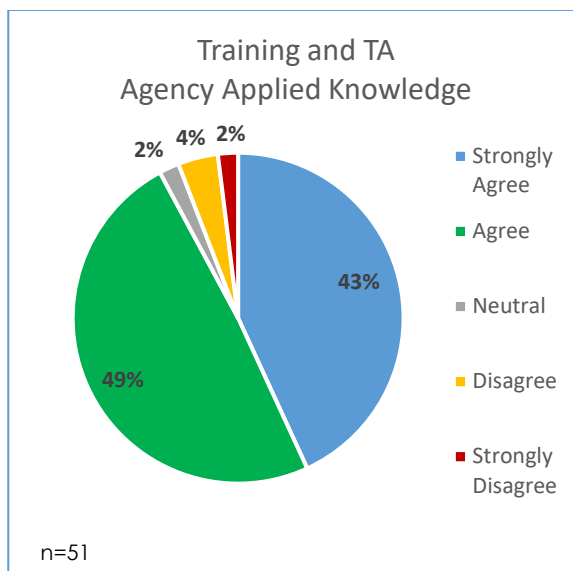
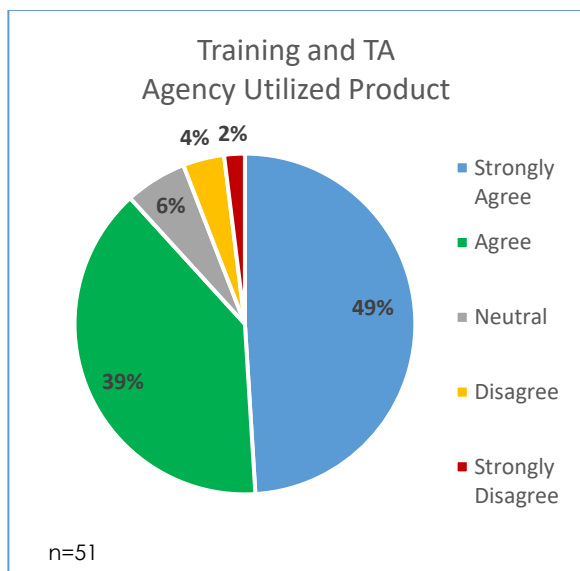
Are LHDs utilizing the knowledge gained and/or product developed through CPHP training and technical assistance sessions?

Indicator: Percent and number of LHDs responding that they are using the product developed		
Data Source	Performance Target	Results
Training and technical assistance projects (6-month survey)	90%	88%
Planning series evaluations	90%	89%
Indicator: Percent and number of LHDs responding that they are applying the knowledge gained		
Training and technical assistance projects (6-month survey)	90%	92%
Planning series evaluations	90%	84%

As illustrated below, the vast majority of LHDs indicated that they utilized the product developed or applied the knowledge they gained during the training and technical assistance projects. A total of **88%** (n=45) responded that they “Agreed” or “Strongly Agreed” with the statement that “My agency has utilized the product (plan, materials, report, etc.) or outcome (improved processes, implementation steps, etc.) of the services/support received.” In addition, a total of **92%** (n=47) indicated that they

“Agreed” or “Strongly Agreed” with the statement that “My agency applied the knowledge gained through services/support provided.”

Of the LHDs responding to the Planning Series surveys (n=25), **89%** (n=22) stated that they were utilizing the product or outcomes of the training and technical assistance services they received. In addition, **84%** (n=22) indicated that their agency was applying the knowledge gained through the sessions.



It is important to note that although the workshops were helpful, some agencies indicated they did not have (or set aside) the time or resources to implement the product or apply the knowledge gained. For example, one respondent stated “We simply did not set aside the staff time to develop the WFD Plan and implement it. The workshop was great, but we did not apply what we learned to finish the project.”

Another respondent stated *“Although we found the in-person workshop valuable, we have not put much of the information into play. It has simply come down to a prioritization problem, with time being the biggest factor.”* On a positive note, one participant stated, *“The updated QI plan template was a great resource for us, it met all the requirements for accreditation.”*

## Conclusions & Recommendations

---

Overall, most participants felt that CPHP services assisted their agency’ progress towards PHAB accreditation. Of those that responded “neutral” or “disagree” to this question (thereby impacting the performance indicator value), several were already accredited or had already submitted their documentation to PHAB. However, they did note that they would either apply or recommend that other LHDs apply for CPHP services. Only two (2) LHDs indicated that they were not satisfied with technical assistance and would not recommend that other LHDs apply for services.

Across the various assessment tools, over 90% (on average) of LHD respondents indicated that their LHD was satisfied with services received by CPHP or their technical assistance contractors. Of the few that were not, one stated that the document template they were offered was too complicated and better suited for a larger health department, and one stated that they would have preferred more one-on-one technical assistance (less remote work) and a higher level of feedback on their documentation.

Common themes across narrative responses were that LHD representatives appreciated the prerequisite document templates that were shared and found them helpful; and, respondents preferred the in-person workshops and one-on-one technical assistance sessions. Several of the LHDs that participated in collaborative projects noted that it could be difficult to develop an application or schedule sessions among various entities and that sessions may have been more productive if they were LHD specific.

The following recommendations were suggested through various evaluation assessment tools. They are not specific to the evaluation questions. However, addressing these recommendations may result in increased LHD satisfaction with services and/or an increase in the utilization of products or outcomes from training and technical assistance workshops which are overall evaluation performance indicators.

### Application or intake process recommendations for technical assistance:

- Make paper-based copies of the technical assistance application available before completing the online version.
- Provide a process overview during intake for new awardees.
- Develop a more streamlined application, narrow the kind of services provided and shorten the length of the application.

Collaborative project recommendations:

- Focus training or technical assistance on a specific LHD's needs.

General recommendations:

- Provide more details and templates.
- Work on specifics during the in-person workshops.
- Allow for technical assistance to be provided until an agency finishes the key component of the accreditation process.
- Provide services when needed (by the agency); offer a more open application process.
- Provide more than one workshop opportunity during planning series.
- Develop a series focused on implementation of the plan (e.g., QI).

In summary, LHDs that had not yet submitted documentation to PHAB were quite satisfied with the services and support they received from CPHP. Of those that were already accredited or had submitted their documentation, several noted that CPHP feedback was still helpful for quality improvement purposes. LHD representatives referenced their appreciation for the PHAB prerequisite documentation templates and the in-person and/or one-on-one sessions. When speaking with LHD representatives through key informant interviews, all (n=8) stated that the assistance their agency received supported the LHD's progress towards accreditation.

This report was prepared by the Ohio State University College of Public Health Center for Health Outcomes, Policy and Evaluation Studies. Questions should be directed to:

- Lauren Phelps, MPA, Research Specialist, The Ohio State University College of Public Health (phelps.109@osu.edu)

Acknowledgement goes to Meredith Cameron, MSW, Program Director, The Ohio State University College of Public Health, for her support on this project.