

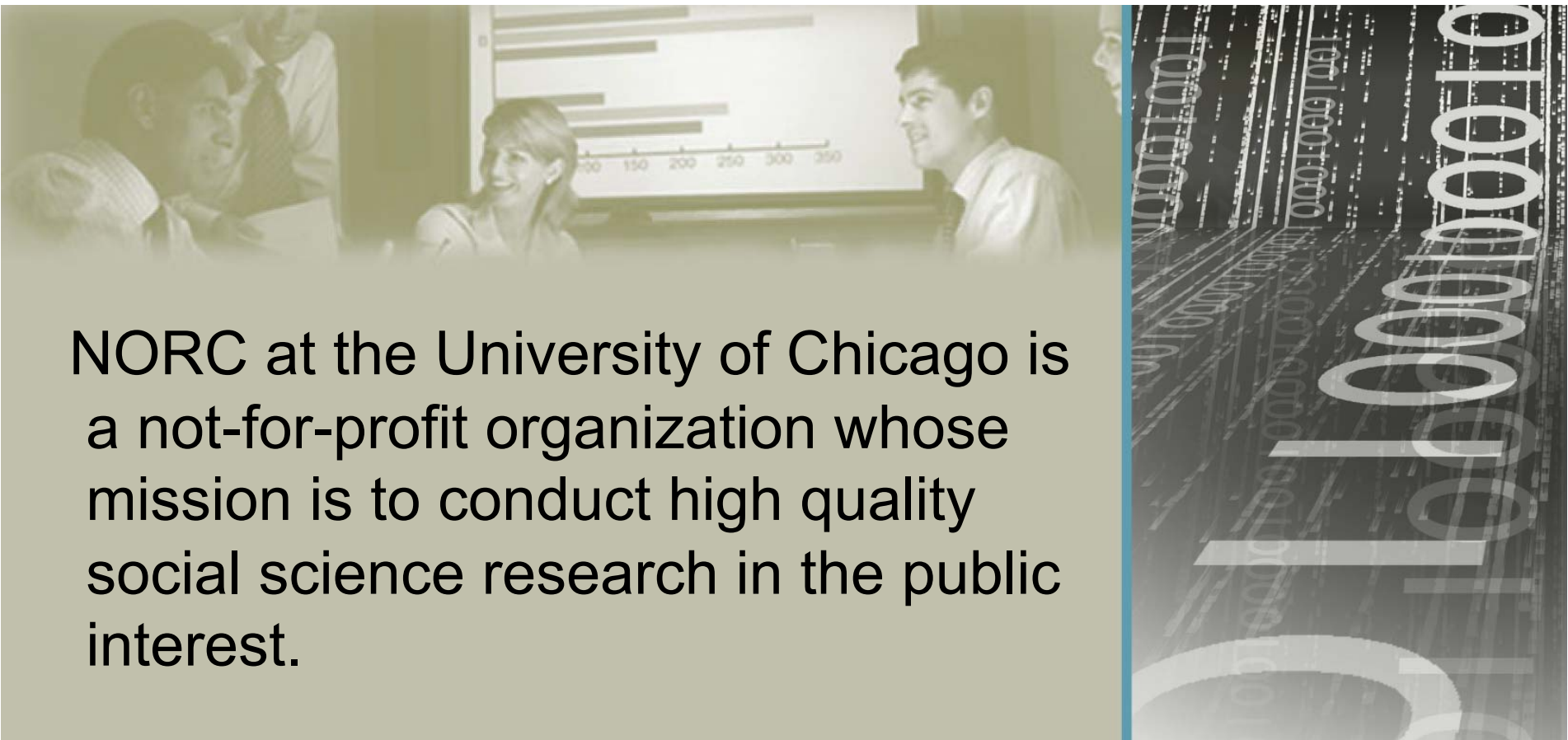


Perspectives on Accreditation Standards: How Size and Rurality of Health Departments Shape Opinions

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Presentation Overview

- Background and Methodology
- Small Health Departments
- Rural Health Departments
- Qualitative Findings

Background

- 2007 – Public Health Accreditation Board (PHAB) is incorporated
- Jan. 2009 – Board releases draft standards and measures
- Feb. 2009-May 2009 – PHAB contracts with NORC to vet standards and measures
- Summer 2009 –Standards and measures are revised
- Fall 2009 – Beta Test begins
- 2011 – Rollout of national accreditation

Methodology

- Three ways to provide feedback:
 - Discussion groups
 - Online survey
 - Paper survey
- Open to all interested individuals/groups
- Approximately 3,690 comments
- Quantitative data on all standards and measures – organized into 11 domains

Survey Responses

Analysis of Health Department Size

Small HDs defined as having fewer than 10 full time equivalent employees OR population of fewer than 50,000 individuals

Small Health Departments	17
Non-Small Health Departments	50

Analysis of Health Department Rurality

Classified based on self-report of whether jurisdiction is rural, as opposed to urban, suburban, or mixed

Rural Health Departments	22
Non-Rural Health Departments	46

Survey Questions on Measure Level

Part A - Standard A1

Part A - Administrative Capacity and Governance

Standard A1: Provide Infrastructure for Public Health Services

Develop and maintain an operational infrastructure to support the performance of public health functions.

Measure A1.1: Implement policies and procedures regarding agency operations, review policies regularly and assure these are accessible to staff

1. If your health department went through an accreditation process today, would it be able to meet Measure A1.1 as it is currently written?

- Definitely
- Probably
- Probably not
- Definitely not

2. Do you think PHAB should keep, modify and keep, or delete Measure A1.1?

- Keep
- Modify and keep
- Delete

3. Please list any comments you have about this measure. In particular, if you indicated that it should be modified, how should it be modified? If you indicated it should be deleted, why do you think it should be deleted?

Quantitative Analysis

- If your health department went through an accreditation process today, would it be able to meet Measure as it is currently written? (Definitely, probably, probably not)
 - For each respondent, we averaged the score of all measures within each domain
 - Lower score = more likely to meet measure
- Do you think PHAB should keep, modify and keep, or delete Measure?
 - Calculated percentage of measures within each domain that respondent would keep, modify, and delete

To Keep In Mind...

- Small sample size
- Not representative sample
- Respondents were evaluating DRAFT measures
 - Measures have since been revised and will be revised further through Beta Test

Small Health Departments

- No significant differences based on size of HD in terms of:
 - Intention to pursue national accreditation
 - Recommendations to delete measures
- For 6 domains, smaller HDs said they were less likely to meet measures; however, those respondents could “probably” meet most measures

Small Health Departments: Ability to Meet Measures

Domain	Non- small	Small	Stat. sig.
Part A: Administrative capacity and governance	1.52	1.81	<.01
Domain 1: Conduct assessment activities focused on population health status and health issues facing the community	1.75	1.90	
Domain 2: Investigate health problems and environmental public health hazards to protect the community	1.57	1.76	
Domain 3: Inform and educate about public health issues and functions	1.63	2.24	<.01
Domain 4: Engage with the community to identify and solve health problems	1.55	2.14	<.05

Small Health Departments: Ability to Meet Measures

(cont.)

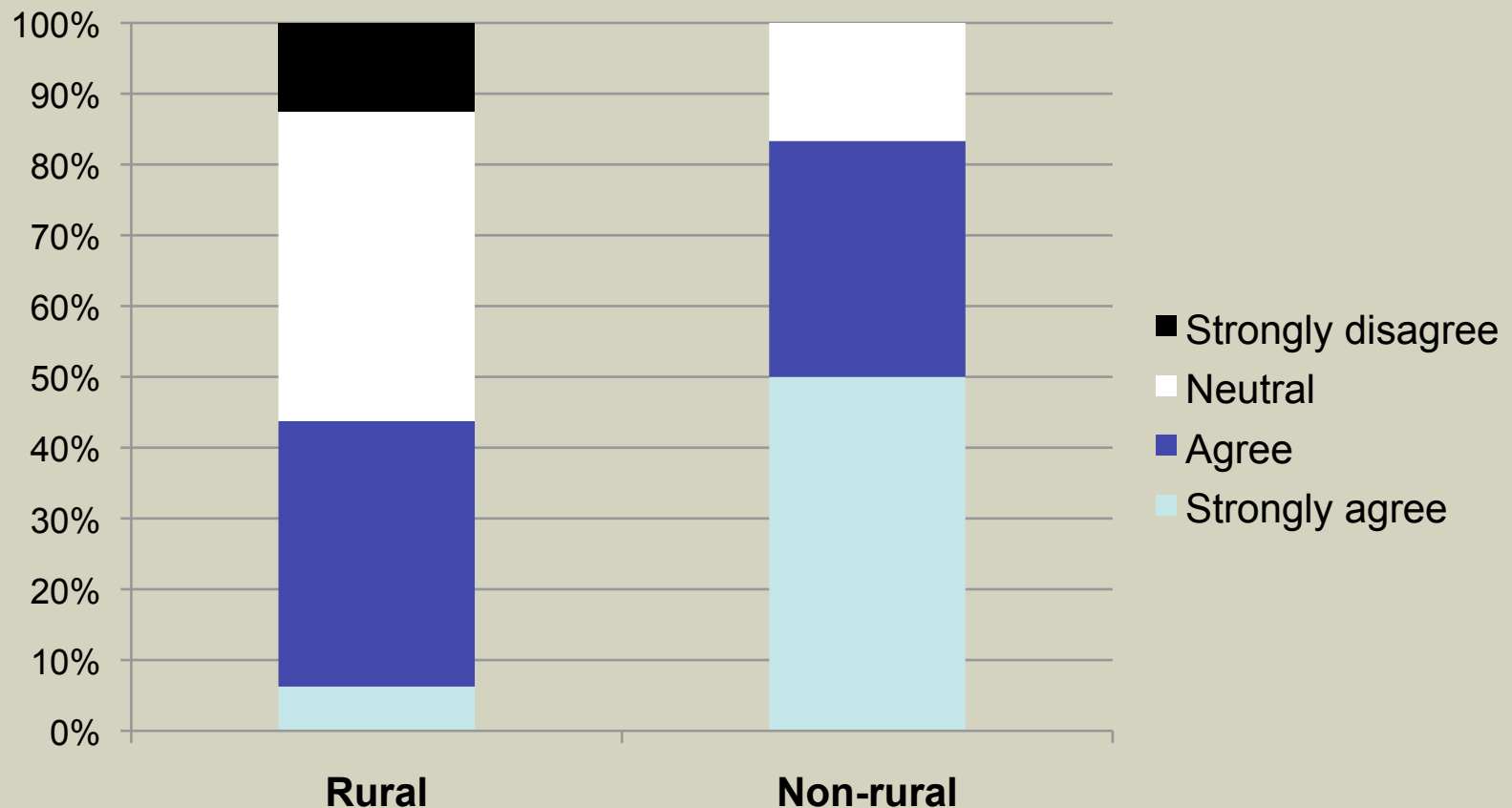
Domain	Non-small	Small	Stat. sig.
Domain 5: Develop public health policies and plans	1.81	2.23	<.01
Domain 6: Enforce public health laws and regulations	1.58	2.08	<.01
Domain 7: Promote strategies to improve access to healthcare services	1.76	1.98	
Domain 8: Maintain a competent public health workforce	1.80	2.05	<.10
Domain 9: Evaluate and continuously improve process, programs, and interventions	2.22	2.44	
Domain 10: Contribute to and apply the evidence base of public health	1.94	2.29	
Overall	1.73	1.97	<.05

Rural Health Departments

- Rural HD respondents were...
 - More likely to recommend measures from Domain 7 (Promote strategies to improve access to healthcare services) be deleted
 - Less likely to agree that they intended to pursue national accreditation
 - Less likely to meet measures in 9 of the domains; however, those respondents could “probably” meet most measures

Rural Health Departments: Intention to Seek Accreditation

Our health department will seek national accreditation once it is available.



Rural Health Departments: Ability to Meet Measures

Domain	Non-rural	Rural	Stat. sig.
Part A: Administrative capacity and governance	1.50	1.77	<.01
Domain 1: Conduct assessment activities focused on population health status and health issues facing the community	1.71	1.93	<.10
Domain 2: Investigate health problems and environmental public health hazards to protect the community	1.55	1.74	<.10
Domain 3: Inform and educate about public health issues and functions	1.63	2.08	<.01
Domain 4: Engage with the community to identify and solve health problems	1.66	1.97	<.10

Rural Health Departments: Ability to Meet Measures

(cont.)

Domain	Non-rural	Rural	Stat. sig.
Domain 5: Develop public health policies and plans	1.81	2.10	<.05
Domain 6: Enforce public health laws and regulations	1.58	1.92	<.05
Domain 7: Promote strategies to improve access to healthcare services	1.73	2.04	<.10
Domain 8: Maintain a competent public health workforce	1.81	1.98	
Domain 9: Evaluate and continuously improve process, programs, and interventions	2.15	2.53	<.10
Domain 10: Contribute to and apply the evidence base of public health	1.90	2.25	
Overall	1.71	1.94	<.10

Qualitative Findings

- More than 400 comments on ability to meet or document a standard or measure
 - Of those, about 20% cited challenges for small /rural HDs
 - Some large/urban HDs mentioned how the measures would affect different HDs differently
- *“In rural areas the priority public health issues may be extremely different than the priorities for the state.”*

Qualitative Findings, cont.

- Challenging measures
 - Written policies regarding confidentiality
 - Socially, culturally & linguistically relevant approaches [may be less relevant in some smaller communities]
 - Evaluation expertise
 - Data analysis and statistical reports [may not have right personnel and small sample sizes may hinder calculations]
- Obstacles
 - Limited staff and resources
 - Difficulty recruiting/retaining skilled workers

Findings in Context

- Consistent with prior NORC research:
 - NACCHO study on Operational Definition of a Functional Local Health Department
 - NNPHI study on Rural Public Health Agency Accreditation
- Although small/rural HDs were concerned about ability to meet measures, they could “probably” meet most measures and were not more likely to suggest measures be deleted
- Partnerships/regional cooperation could help

Questions?

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