Achieving national public health accreditation status from the Public Health Accreditation Board (PHAB) is becoming increasingly popular among the nation’s public health agencies. According to PHAB, the goal of such accreditation is “to improve and protect the health of the public by advancing the quality and performance of Tribal, state, local, and territorial public health departments.” As of April 1, 2015, there were 26 states (plus the District of Columbia) with accredited public health agencies and 17 states with 1 or more agencies in the application process. Georgia is 1 of the 17 states with multiple public health agencies working towards achieving voluntary, national accreditation.

This work led to nine Accreditation Readiness Assessments and the continued provision of both QA and PHAB pre-application technical assistance (TA).

Throughout this process, the GA PBRN gathered information to assess the overall accreditation readiness of the state of Georgia.

**METHODS**

This study utilized a case study approach in order to examine PHAB accreditation efforts in Georgia (the unit of analysis in the case study) within a real-life context. Data came from three sources: Accreditation Readiness Assessments, PHAB Pre-Application TA, and an Accreditation Readiness Survey distributed to all Georgia public health districts.

Three GA PBRN teams completed Accreditation Readiness Assessments in 9 Georgia public health districts, encompassing 88 counties—55% of the total counties in Georgia.

- October 2012 – September 2013: The GA PBRN provided technical assistance and QA training to three Georgia health districts to conduct small-scale QA projects utilizing the Plan-Do-Study-Act (PDSA) process. This work led to nine Accreditation Readiness Assessments and the continued provision of both QA and PHAB pre-application technical assistance (TA).
- Throughout this process, the GA PBRN gathered information to assess the overall accreditation readiness of the state of Georgia.

**RESULTS**

**Accreditation Readiness Assessments**

**District Strengths:**
- High levels of motivation and dedication among staff who are interested in accreditation and the promotion of a QA culture in their agencies.
- Clear understanding of the difference between quality assurance (QA) and continuous quality improvement (CQI).

**Accreditation Barriers:**
- Lack of funding to support accreditation fees
- Lack of time and resources to complete the three required prerequisites to accreditation.
- Lack of integrated IT services.
- Lack of personnel dedicated 100% to accreditation-related activities.

**Barriers to and Strengths for Accreditation**

<table>
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<tr>
<th>Strengths</th>
<th>Barriers</th>
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**District Strengths:BA**

- One of those districts plans to apply in 2015.
- The other seven districts are in various stages of pre-application.

**Results Cont.**

**GA Public Health PBRN**

**INTRODUCTION**

The State of Accreditation Readiness in Georgia: A Case Study

Peden, A; Shah, G; Toal R; Alexander, D; Wright, A; Anderson, A; Marshall, N; Uhlich, S; Jones, J.

**RESULTS CONT.**

The results of this case study show that 72% of Georgia’s public health districts are engaged in accreditation-related activities. This includes activities such as:

- Accreditation Readiness Assessment
- Community Health Assessment
- Quality Council and QA Plan Development
- Strategic Planning
- Policy Review

These activities can enhance the culture of quality in the agency as well as lead to PHAB accreditation. The accreditation journey, however, is difficult, time consuming, and often expensive for rural health departments. According to Shah et al., nationally the top three reasons for not pursuing accreditation are: (1) that time/effort exceeds benefits; (2) high fees; and (3) that standards exceed LHD capacity. Georgia public health districts cited similar barriers. Accreditation TA and organized learning communities, along with accreditation-based funding opportunities, can help address these barriers. Georgia’s public health districts will continue to tackle these obstacles while relying on their demonstrated strengths in order to achieve the goal of national accreditation status.

**CONCLUSIONS / LESSONS LEARNED**

The work described here was supported by the Healthcare Georgia Foundation and the Georgia Department of Public Health. The authors also wish to thank the members of the GA PBRN as well as the Georgia public health districts. References available upon request.