

PUBLIC HEALTH ACCREDITATION BOARD (PHAB): Assessment of Process and Outcomes

OSTLTS Information Collection Request
OMB No. 0920-XXXX

Supporting Statement – Section B

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Section B – Data Collection Procedures

1. Respondent Universe and Sampling Methods

For all 5 surveys, potential respondents will include either the Health Department Director or the Accreditation Coordinator, acting in their official capacities. It will be up to the discretion of the individual health department which one of these two individuals will be the most appropriate to participate in the survey from that particular jurisdiction. The Health Department Director may choose to designate another staff person who has direct knowledge or primary responsibility of accreditation-related activities to complete the survey. Across all surveys in a given year, up to 300 respondents will be invited to participate.

The data collection efforts described concern the entire universe of potential respondents for each data collection instrument. As collecting data from the entire population of respondents is feasible, a sampling strategy will not be employed.

2. Procedures for the Collection of Information

During the lifecycle of the accreditation process, health departments will be invited to participate in surveys based on milestones achieved. As health departments reach each milestone, they will be invited to participate in the corresponding data collection. Each health department will be invited to participate in each survey once (for a total of 5 surveys max per health department). Because health departments register for accreditation and are accredited at various points in the year, the surveys are administered quarterly. In that way a health department will receive a survey invitation shortly after they reach the relevant milestone. As illustrative examples, if a health department registers in April, they might receive Survey 1 in June, whereas a health department registering in November might receive Survey 1 in December. Likewise, health departments that are accredited in March might receive Survey 2 in April, whereas health departments accredited in August might receive Survey 2 in September. This ensures that health departments receive each survey relatively close to hitting each milestone and without a long lag time.

Based on lessons learned from the past 8 years of working to accredit health departments, it is reasonable to expect that in a given year, a total of 60 health departments will reach each milestone. For example, we would expect 60 new health departments to begin the accreditation process. We would expect 60 health departments to reach the milestone of becoming accredited. We would expect 60 health departments to achieve the milestone of being accredited for one year, and so on and so forth. A survey will be distributed after each milestone reached. During the lifecycle of the accreditation process for a particular health department, that health department will be invited to participate in each of the 5 surveys once. However, it is likely that each health department will at most, receive only one survey per year (based on how the accreditation cycle functions).

Data collection procedures are the same for each instrument. Email invitations are sent on a quarterly basis to all health departments that have met the milestone since the previous administration of the survey. For each deployment of the survey, the following steps will be followed:

- A list of all health departments that have met the milestone will be provided by PHAB staff (will include health department name, milestone, name and email address of the health department director and accreditation coordinator).

- The email invitation for the appropriate web-based survey will be sent to each health department director with a cc to the accreditation coordinator. (See attachments O-S.)
- Health departments will have 30 business days to respond to the web-based survey.
- Because the survey is anonymous, up to three reminder emails will be sent prior to the survey close date to all respondents encouraging participation (see Attachments T-X).
- The team will close the survey no more than 40 business days after initial administration.

Data collected will be downloaded into Microsoft Excel for analysis. The Excel file will be stored on the internal NORC secure file server which NORC owns. The data will be stored in this server and will be maintained by NORC and hosted on the NORC network. The server controls rights and permissions to access the data files, and access to the file server is authorized only for designated project staff.

3. Methods to Maximize Response Rates Deal with Nonresponse

Advance notification via the email invitation to the data collection instruments will be utilized to maximize response rates. The email invitation will contain a description of the purpose of the information collections, directions for completing the web-based data collection instruments, and a web link to the data collection instruments. The introduction will emphasize the importance of input. The web-based format is expected to increase the response rate because it will ease administration of the assessment. Additionally reminder emails will be utilized to maximize response rates.

NORC at the University of Chicago has been administering versions of these surveys, starting in 2013. The response rates have been at or above 85%. One reason for this is that the Guide to National Public Health Department Accreditation explains that health departments are expected to participate in assessment activities and this is emphasized when health departments attend training in the PHAB office.¹

4. Test of Procedures or Methods to be Undertaken

NORC has been administering first iterations of these surveys using non-governmental funding since 2012. Since then, surveys have been refined and streamlined to ensure they are collecting the most useful information possible. Based on prior fielding, the estimated time required to complete each survey is no more than 20 minutes. Although Survey 5 is a new data collection instrument, the number and type of questions are similar to those included in the other 4 surveys and thus the time estimate for this data collection is also 20 minutes, based on those surveys' estimates.

5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

The plans for statistical analyses for this assessment were developed by NORC and PHAB staff in consultation with CDC staff in CSTLTS/Division of Performance Improvement and Field Services. Data collection will be supported by CDC, NORC and PHAB staff. The following individuals support this effort.

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References

1. Public Health Accreditation Board. 2015. *Guide to National Public Health Department Initial Accreditation*. Alexandria, VA. https://www.phaboard.org/wp-content/uploads/2019/01/Guide-to-Accreditation-final_printed.pdf

LIST OF ATTACHMENTS – Section B

Attachment O. Survey 1: Invitation Email
Attachment P. Survey 2: Invitation Email
Attachment Q. Survey 3: Invitation Email
Attachment R. Survey 4: Invitation Email
Attachment S. Survey 5: Invitation Email
Attachment T. Survey 1: Reminder Email
Attachment U. Survey 2: Reminder Email
Attachment V. Survey 3: Reminder Email
Attachment W. Survey 4: Reminder Email
Attachment X. Survey 5: Reminder Email