Year 4 Accreditation Survey (Survey 4)

Form Approved OMB No. XXXX-XXXX Expiration Date XX/XX/XXXX

Welcome

NORC at the University of Chicago (NORC) is asking health departments that are approaching reaccreditation to participate in a survey about the national public health accreditation program. The survey includes questions about the benefits, short-term outcomes, and other effects of accreditation, as well as your intentions to apply for reaccreditation. NORC is conducting this survey on behalf of the Public Health Accreditation Board (PHAB) and the Centers for Disease Control and Prevention (CDC) to evaluate the outcomes of the national public health accreditation program. The questions and topics in this survey are intended for the Director of your health department, or a designee, if the Director is unable to complete the survey. Thank you for participating in this survey.

Directions

Use your mouse to click on the circle or box to indicate your answer. Click "Next" to advance to the next page, and scroll to the bottom of each page and click "Previous" to return to the previous page. On the last page of the questionnaire, click "Done" to complete the questionnaire. Note: once you click "Done," you will not be able to edit or return to your questionnaire responses.

If you have technical difficulties, contact Megan Heffernan at heffernan-megan@norc.org or 301-634-9412. Thank you again for your participation.

Background

The survey is estimated to take 20 minutes or less to complete. Your open and honest feedback is appreciated. Findings from this assessment will be included in a report to PHAB and CDC and may be publicly available. All data will be presented in the aggregate. Report findings will not be linked to the organization that completed the survey. For more information about this assessment, please contact Project Director Michael Meit at <a href="meith-

CDC estimates the average public reporting burden for this collection of information as 20 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE MS H21-8, Atlanta GA 30333 (ATTN: PRA (0920-xxxx)).

Year 4 Accreditation Survey (Survey 4) Information About Your Health Department * 1. Name of Health Department: Note: This information will be used to analyze findings by health department structure, size, and geographic region; responses will not be linked to any specific health department. * 2. Respondent Role: Director of Health Department Accreditation Coordinator Other, please describe:

Year 4 Accreditation Survey (Survey 4)					
Annual Reporting Process					
3. These questions ask you to reflect of Report forms. Please select the appropriate Agree, Disagree, or Strongly Disagree unsure, please select Don't Know.	priate colun	nn to indic	ate whether	you Strong	gly Agree,
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
Completing the Annual Report forms has provided our health department an opportunity to reflect on quality and performance improvement activities.	\bigcirc	\circ			
Completing the Annual Report forms has helped our health department consider how to address emerging public health issues.	\bigcirc		\bigcirc		\bigcirc
4. Please provide additional clarification	on for any c	of your resp	oonses, if de	sired.	
		4			

Year 4 Accreditation Survey (Survey 4)

Benefits and Outcomes

5. For each statement below, consider the benefits or outcomes your health department may have experienced since becoming accredited.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
Accreditation has improved our health department's overall capacity to provide high quality programs and services.	\bigcirc				
Accreditation has increased the extent to which our health department uses evidence-based practices for public health programs and/or business practices.		\bigcirc	\bigcirc		
As a result of accreditation, our health department has applied health equity to internal planning, policies, or processes.	\bigcirc				\bigcirc
Accreditation has improved our health department's ability to identify and address gaps in employee training and workforce development.	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Since becoming accredited, our health department has used the PHAB Standards and Measures for ongoing improvement efforts.					
Accreditation has improved the credibility of our health department within our community and/or state.	\bigcirc	\bigcirc		\bigcirc	\bigcirc
Accreditation has improved our health department's visibility or reputation to external stakeholders.	\bigcirc	\circ			
Since becoming accredited, our health department has had new opportunities for partnerships and/or collaborations.	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Since becoming accredited, our health department has strengthened its relationship with key partners in other sectors (e.g., health care, social services, education).	\circ	\circ	\circ		
Accreditation has helped us to build relationships with new partners across sectors (e.g., health care, social services, education).		\bigcirc	\bigcirc	\bigcirc	
Accreditation has led to increased collaboration with other health departments.			0		
Since becoming accredited, our health department has compared our programs, processes, and/or outcomes against other similar health departments as a benchmark for performance.	\bigcirc	\bigcirc	\circ	\bigcirc	\bigcirc

Accreditation has strengthened the culture of QI in our health department.	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Accreditation has helped our health department use health equity as a lens for identifying and addressing health priorities.	\bigcirc	\bigcirc		\bigcirc	\bigcirc
Health department activities implemented as a result of being accredited have led to improved health outcomes in our community.		\bigcirc	0	0	\circ
5. Please provide additional clarificatio	n for any	of your resp	oonses, if de	esired.	
7. Since becoming accredited, what ha	s been the	most impo	rtant positiv	ve outcome	or benefit
our health department has experience	ed as a res	ult of accre	ditation?		

Year 4 Accreditation Survey (Survey 4)

Quality Improvement and Performance Management

8. Indicate the level of familiarity your health department staff members have with QI.
Have no knowledge of QI
Subset of staff have familiarity with QI
Majority of staff have familiarity with QI
Subset of staff are knowledgeable and practice QI
Majority of staff are knowledgeable and practice QI
Majority of staff routinely practice/use QI
On't know
9. Currently, QI in my agency is
Not practiced anywhere in the agency
Talked about, but not required
Conducted informally; sporadic program efforts
Conducted formally in specific areas
Conducted formally and agency-wide
Our culture
Oon't know
10. Approximately what percentage of staff in your organization have received training in performance management and/or QI?
0-5%
() 6-25%
26-50%
51-75%
○ 76-95%
96-100%
On't Know

Year 4 Accreditation Survey (Survey 4)
Workforce Development and Training
Please answer the following question about your health department's workforce development and training.
11. Select all workforce development and training activities currently implemented by your health department. <i>Select all that apply.</i>
Include education and training objectives in performance reviews
Allow participation in training during working hours
Pay travel/registration fees for trainings
Provide on-site training
Have staff position(s) whose responsibilities include coordinating internal training for employees
Provide employee reward and recognition programs
Other, please describe:

Year 4 Accreditation Survey (Survey 4)							
Financial Status							
12. For each statement below, consider department may have experienced sin				itcomes yo	our health	1	
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	N/A	
Accreditation has improved our health department's competitiveness for funding opportunities.		\bigcirc		\bigcirc			
Accreditation has improved the utilization of resources within our health department.	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
Accreditation has had a positive impact on our health department budget (i.e., helped us demonstrate our value and needs in budget discussions, or protected the health department against budget cuts).		0	0	\circ	0	0	
Our health department leadership team views the PHAB annual services fee as a good value.			\bigcirc	\bigcirc		\bigcirc	
Accreditation has resulted in new funding for our health department.							
13. If you strongly agree or agree with any of the previous statements about financial status, please provide specific examples.							

Year 4 Accreditation Survey (Survey 4)
Reaccreditation
Please answer the following questions regarding your agency's intent to apply for reaccreditation through PHAB.
14. Does your health department intend to apply for reaccreditation?
Yes, we intend to apply for reaccreditation
No, we do not intend to apply for reaccreditation
Undecided

Year 4 Accreditation Survey (Survey 4)				
Reaccreditation				
Please answer the following questions about why your agency has decided to apply for reaccreditation.				
* 15. What are the reasons your health department has decided to apply for reaccreditation? <i>Please select up to five reasons.</i>				
Maintain our status as an accredited health department				
Maintain our visibility or reputation within the community as a high-performing health department				
Continue to demonstrate conformity with PHAB Standards and Measures				
Engage in continuous QI				
Support and/or to meet expectations from health department leadership				
Support and/or to meet expectations from elected officials				
Support and/or to meet expectations from partners				
Potential for future funding opportunities to be tied to accreditation status				
New opportunity to complete a self-study for improvement				
Improve the health of our population served				
Other, please describe:				

calculated that apply. Leadership changes Staff turnover or loss of key staff Limited staff time or other schedule limitations Reduced funding available to support accreditation activities Decreased perceived value or benefit of accreditation Decreased priority for our health department Decreased support from board of health or governing entity Decreased support from other elected leaders Decreased support from health department leadership team None Other, please describe: 7. Please provide additional clarification for your response, if desired.		
Leadership changes Staff turnover or loss of key staff Limited staff time or other schedule limitations Reduced funding available to support accreditation activities Decreased perceived value or benefit of accreditation Decreased priority for our health department Decreased support from board of health or governing entity Decreased support from other elected leaders Decreased support from health department leadership team None Other, please describe:	eiec	t all that apply
Staff turnover or loss of key staff Limited staff time or other schedule limitations Reduced funding available to support accreditation activities Decreased perceived value or benefit of accreditation Decreased priority for our health department Decreased support from board of health or governing entity Decreased support from other elected leaders Decreased support from health department leadership team None Other, please describe:	т т	
Limited staff time or other schedule limitations Reduced funding available to support accreditation activities Decreased perceived value or benefit of accreditation Decreased priority for our health department Decreased support from board of health or governing entity Decreased support from other elected leaders Decreased support from health department leadership team None Other, please describe:	_	
Reduced funding available to support accreditation activities Decreased perceived value or benefit of accreditation Decreased priority for our health department Decreased support from board of health or governing entity Decreased support from other elected leaders Decreased support from health department leadership team None Other, please describe:	_	
Decreased perceived value or benefit of accreditation Decreased priority for our health department Decreased support from board of health or governing entity Decreased support from other elected leaders Decreased support from health department leadership team None Other, please describe:	_	
Decreased priority for our health department Decreased support from board of health or governing entity Decreased support from other elected leaders Decreased support from health department leadership team None Other, please describe:	R	educed funding available to support accreditation activities
Decreased support from board of health or governing entity Decreased support from other elected leaders Decreased support from health department leadership team None Other, please describe:	D	ecreased perceived value or benefit of accreditation
Decreased support from other elected leaders Decreased support from health department leadership team None Other, please describe:	D	ecreased priority for our health department
Decreased support from health department leadership team None Other, please describe:	D	ecreased support from board of health or governing entity
None Other, please describe:	D	ecreased support from other elected leaders
Other, please describe:	D	ecreased support from health department leadership team
	N	one
7. Please provide additional clarification for your response, if desired.] o	ther, please describe:
7. Please provide additional clarification for your response, if desired.		

Year 4 Accreditation Survey (Survey 4)	
Thank You	
Thank you for your participation!	
Thank you for your participation:	

Year 4 Accreditation Survey (Survey 4)
Reaccreditation
Please answer the following questions regarding the reasons your agency has decided not to apply for reaccreditation.
18. What factors contributed to your decision to not apply for reaccreditation? Select all that apply.
Loss of key staff who support accreditation
Limited staff time or other schedule limitations
Reduced funding available to support accreditation activities
Lack of perceived value or benefit of reaccreditation
Limited return on investment of accreditation
Fees for reaccreditation
Low priority for our health department
Limited support from board of health or governing entity
Limited support from other elected leaders
Limited support from health department leadership team
Other, please describe:
19. Do you anticipate any of the following negative effects on your health department as a result of not undergoing reaccreditation? Select all that apply.
We do not anticipate any negative effects
Decreased emphasis on QI and/or performance management
Reduced documentation of public health programs, processes, and policies
Decreased capacity to provide high quality programs and services
Decreased competitiveness for funding opportunities
Decreased visibility or reputation to community stakeholders

Other, please describe:

Year 4 Accreditation Survey (Survey 4)	
Thank You	
Thank you for your participation!	
Thank you for your participation:	

Year 4 Accreditation Survey (Survey 4)
Reaccreditation
20. Please describe the factors that will influence your health department's decision to participate in reaccreditation.

Year 4 Accreditation Survey (Survey 4)	
Thank You	
Thank you for your participation!	