

Identifying Health Departments' Training Needs for the Reaccreditation Journey – Summary Report

Ohio Public Health Institute

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This report was prepared for the Ohio Public Health Institute by Anne Goon, MS, RD, LD, Executive Director of the Public Health Services Council of Ohio (PHSCO). Questions about this report should be directed to Ms. Goon at director@phsco.org or (419) 553-4316.

The Ohio Public Health Institute (formerly the Ohio Public Health Partnership) is committed to advancing public health practice and making systematic improvements in public health. OPHI is a member of the National Network of Public Health Institutes (NNPHI) and is an affiliate of the Association of Ohio Health Commissioners (AOHC). The long-time work of OPHI focuses on research and innovation as well as training and technical assistance for local health departments. Collaboration among local, state, and national partners is an important component of what we do to bring resources to Ohio and move public health forward. OPHI leads the Ohio Accreditation Learning Community (ALC) and administers the Costing of Foundational Public Health Services (FPHS) assessment to identify gaps in funding for critical public health programs and services.



The Public Health Services Council of Ohio (PHSCO) is the state's only public health Regional Council of Governments. It was established in 2017 after three years of research among interested local health districts in northwest Ohio. Councils of Governments (COGs) are organizations that represent member local governments (like health districts) under the authority of Chapter 167 of the Ohio Revised Code. Services offered are determined by the COG and its members, and they can relate to concerns found in many locations across the state. PHSCO members selected the COG structure because it allows them to retain their own identities while gaining opportunities to expand the provision of foundational public health services to their residents.

PHSCO members share a common desire to provide the best possible public health services in their respective jurisdictions, but resources often limit their ability to provide all foundational public health services. They believe viable solutions can be achieved by collaborating with one another to ensure their residents benefit and are better served. PHSCO's vision, mission, and values are:



Innovating the future of public health

VISION



PHSCO offers solutions for today's public health needs.

MISSION



VALUES

- ◆ *Responsive*
- ◆ *Forward-Thinking*
- ◆ *Working Together*
- ◆ *Flexible*
- ◆ *Eager for Knowledge*
- ◆ *Results-Focused*

Table of Contents

Table of Contents	2
Executive Summary.....	3
Introduction	6
Materials and Methods.....	6
Survey Development	6
Survey Distribution	7
Data Analysis and Summary Methods	7
Results.....	7
Demographics	7
Challenges Faced During the Reaccreditation Journey.....	9
Most Helpful Topics at Past ALC Sessions for Pursuit of Reaccreditation	9
ALC Topics That Would Have Been Helpful Over the Past Five Years.....	10
Suggested ALC Topics for Next Three Years.....	11
Improving ALC in the Future	11
Possible Speakers for Future ALC Sessions	12
Additional Comments About the ALC	12
Interest in Online Accreditation Repository	13
Willingness to Share Examples in an Online Accreditation Repository	13
Documents and Training Resources Desired in an Online Accreditation Repository	14
Interest in Being on Accreditation Coordinator Email List.....	14
Conclusions	14
Recommendations	15
Appendix A: Assessment Instrument.....	18

Executive Summary

The Ohio Public Health Institute (OPHI) conducted a training needs assessment in February 2024, focusing primarily on the needs of reaccredited health departments and those actively working towards reaccreditation, to aid in planning Accreditation Learning Community (ALC) offerings over the next three years. OPHI contracted with the Public Health Services Council of Ohio (PHSCO) to conduct this needs assessment.

Findings:

Individuals from 72 local health departments (LHDs) responded, representing a 65% response rate. 15% of the responding LHDs are reaccredited or awaiting a reaccreditation decision, while 24% have been accredited 5 years and are actively working on reaccreditation. 33% have been accredited 2-4 years.

Most respondents (86%) are Accredited Coordinators (ACs). **Nearly two-thirds (62.5%) have been in their positions 3 years or less**, while 23% have been Accreditation Coordinators for 7 or more years.

Staff turnover and resulting staff shortages, delays in agency processes caused by the COVID-19 pandemic, and an on-going struggle to integrate new ways of doing business (that align with accreditation requirements) are posing the greatest challenges during LHDs' reaccreditation journeys.

Overall, ACs are very appreciative of the training and support provided through the ALC, and many newer ACs expressed eagerness to participate in future ALC sessions. Sessions focused on performance management; PHAB Standards and Measures Version 2022; and tips for meeting the measures that many health departments have found most challenging were cited as the most helpful ALC sessions during the past 5 years.

Topics suggested by survey respondents for ALC offerings during the next 3 years include:

- Interpreting and applying Version 2022 of the Standards & Measures for Reaccreditation (especially in smaller/rural health departments)
- Preparing for the reaccreditation process, focusing especially on documentation interpretation, preparation, and implementation (e.g., writing narratives)
- Effectively using technology to improve reaccreditation workflow (i.e., using software to help them better manage the workflow and the volume of documents), as well as for data analysis
- Health equity, especially in smaller/rural health departments
- Quality Improvement
- Performance management and the use of Clear Impact

Survey respondents also suggested:

- **Enhancing networking opportunities** by:
 - Resuming regular quarterly ALC meetings; while there is a preference for in-person sessions (whether statewide or regional), some are hoping for virtual options
 - Developing a robust virtual networking platform that would allow participants to network despite travel or physical restrictions caused by events like COVID-19
 - Arranging regional breakouts at state-wide gatherings (or offering regional sessions) to build a sense of community amongst ACs, especially since so many are new in their positions
 - Creating an email distribution list for ACs (i.e., a listserv that allows ACs to pose questions, share possible documentation, etc., and network with Ohio peers)

- **Creating an intuitive training platform** where all training resources can be easily found and accessed by ALC participants (i.e., an online accreditation repository)
- **Providing an online platform where unreviewed documents can be submitted** for peer review and feedback from other professionals
- **Facilitating workshops** in a manner that allows LHDs at similar stages of accreditation/reaccreditation to collaborate and receive support tailored to their needs
- **Implementing comprehensive training programs** focused on using technology to improve workflow and data analysis
- **Providing clear guidelines and practical examples for interpreting accreditation standards and measures**

Nearly two-thirds (63%) of survey respondents indicate they are **extremely interested in an online repository of accreditation/reaccreditation documents, examples, and narratives** from Ohio health departments, and training resources that ACs may find helpful. However, **less than one-half (41%) are extremely willing to share**; 39% are very willing to share their agency's documents. **20% indicated they are somewhat or not so willing to share.** The types of items ACs would like included in an online repository include:

- More examples of approved documentation scored as "Fully Demonstrated" under Version 2022 reaccreditation (However, there is only one Ohio health department reaccredited under Version 2022, as of March 2024.)
- Comprehensive training materials covering all aspects of the reaccreditation process- topics of interest include data storytelling and a review of standard format requirements
- A Documentation Organization Guide, where examples and guidance on how to organize digital files in preparation for reaccreditation could be provided

Recommendations:

1. Utilize a Variety of Training Formats and Types.

- Offer a variety of ALC session types annually- for example, 2 virtual sessions, 1 regional series of workshops, and 1 statewide session.
- Provide more workshop-style ALC events that incorporate both learning/didactic and application sessions into the schedule.
- Engage experienced ACs as Subject Matter Experts, peer coaches, or facilitators during future ALC sessions, and incorporate more "Stories from the Field" into ALC sessions to provide examples of how some LHDs are addressing challenging PHAB measures and/or to encourage further innovation, collaboration, etc.

2. Tailor Training Approaches to Where LHDs and Accreditation Coordinators are in the Reaccreditation Process.

- Incorporate breakout sessions, where appropriate, into ALC events to allow health departments at similar stages of the accreditation/reaccreditation process to collaborate.
- Consider offering an ALC event just for reaccredited health departments to discuss challenges, successes, site visit experiences, and the like.
- Continue to offer a virtual Orientation/Refresher Training session for ACs annually. In addition, consider whether an annual training series can be provided to newer Accreditation Coordinators

(similar to New Employee Training, LEHDS, or Health Commissioner University) that complements but does not duplicate PHAB's training courses.

3. Consider Innovative Collaborations with Other Public Health Entities to Support LHDs' Accreditation/Reaccreditation Efforts.

- Explore the creation of an online accreditation repository with AOHC, PHSCO, or other public health partners to create an online platform where health departments can share examples, experiences, solutions, and best practices related to the accreditation/reaccreditation process.
- Collaborate with the Ohio Department of Health, PHSCO, or Clear Impact to provide greater in-depth Clear Impact training and assistance.
- Refer new ACs to PHAB for initial orientation to PHAB Standards and Measures, accreditation process, documentation.
- Create an "Accreditation Strike Team" made up of LHD peers and PHSCO staff to work with smaller LHDs that might need help with accreditation activity development.
- Consider whether OPHI or its partners can provide additional resources like training materials to help health departments better understand the accreditation process. Additionally, consider whether an annual training series can be provided to newer Accreditation Coordinators (similar to New Employee Training, LEHDS, or Health Commissioner University).
- Explore with the Ohio Department of Health possible ways that the accreditation/reaccreditation -related needs of individual health departments might be supported, similar to how this was accomplished through the previous Local Health Department Accreditation Support project.

4. Address Training Topics Identified by Accreditation Coordinators and Agency Leaders, as Resources Allow:

- **Strategic Planning & Health Equity**, especially in rural or smaller health departments
- **Quality Improvement (QI)**
- **Performance Management** and effectively using Clear Impact software
- **Technology Utilization:** Training on various technology programs to better manage the reaccreditation process and workflow; analyze data; create user-friendly data reports; and support operational practices that help achieve compliance with accreditation requirements.
- **Accreditation Process:** Interpreting PHAB Reaccreditation Standards and Measures Version 2022, how to select and prepare the best examples for reaccreditation (e.g., writing narratives), and understanding the reaccreditation process
- **Foundational Capabilities:** Monitoring (and updating) core plans- like the CHIP, strategic plan, workforce development plan, QI Plan, PM system, MAPP- to meet Version 2022 requirements, as well as assessing and addressing workforce competencies and development needs and developing innovation, facilitation, analytical/problem-solving skills (e.g., root cause analyses)

Introduction

The 130th Ohio General Assembly in 2013 codified the authority for the ODH Director of Health to require all local health districts (i.e., local health departments/LHDs) to become accredited by the Public Health Accreditation Board (Ohio Revised Code Section 3701.13).¹ Healthy People 2030 contains an objective to “Increase the proportion of local public health agencies that are accredited (PHI-02).² In addition, many national recommendations for building a strong U.S. public health system include an expectation that local health departments will achieve PHAB accreditation.

While COVID-19 pandemic response efforts extended the amount of time many local health departments needed to achieve accreditation, 90 local health departments in Ohio have been accredited or reaccredited by the Public Health Accreditation Board, as of November 2023. An additional two Ohio health departments achieved initial accreditation and three achieved reaccreditation in March 2024.³

The Ohio Public Health Partnership (OPHP) hosted Ohio's Accreditation Learning Community (ALC) since its beginning in 2013. In 2023, OPHP changed its name to the Ohio Public Health Institute (OPHI) and continues to host the ALC for local health departments.

The Accreditation Learning Community is a networking and technical assistance event designed to help Ohio local health departments pursue national public health accreditation. Initial partners included the Ohio Department of Health, Ohio State University Center for Public Health Practice, and Wright State University. ALC events are offered several times annually, and the training topics are tailored to match the needs reported by local accreditation coordinators.

This report describes the results of the training needs assessment conducted by the Ohio Public Health Institute in February 2024. OPHI contracted with the Public Health Services Council of Ohio (PHSCO) to develop, conduct, analyze, and report on the training needs of local health departments pursuing reaccreditation.

Materials and Methods

Survey Development

PHSCO Executive Director Anne Goon drafted and refined a survey tool with the assistance of Susan Tilgner, Executive Director of the Ohio Public Health Institute, and Accreditation Coordinators at two reaccredited health departments- Kelli Kincaid, Delaware Public Health District, and Curtis Feland, Licking County Health Department.

- Multiple-choice demographic questions mirrored those used in previous ALC learning needs assessments conducted by the Ohio Public Health Partnership (regarding health department accreditation status and tenure of the Accreditation Coordinator).
- A multiple-choice question was also used to collect information about the helpfulness of past

¹ Ohio Legislative Service Commission (2021). Ohio Laws & Administrative Rules- Section 3701.13 | Department of health - powers. Retrieved from <https://codes.ohio.gov/ohio-revised-code/section-3701.13>.

² Centers for Disease Control and Prevention, Center for State, Tribal, Local, and Territorial Support. (2021). Increase the proportion of local public health agencies that are accredited — PHI-02. Retrieved from <https://health.gov/healthypeople/objectives-and-data/browse-objectives/public-health-infrastructure/increase-proportion-local-public-health-agencies-are-accredited-phi-02>.

³ Public Health Accreditation Board (2024). Accreditation Activity. Retrieved from <https://phaboard.org/accreditation-recognition/accreditation-activity/>.

ALC sessions/topics.

- Questions related to challenges encountered during the reaccreditation process, future training topics, ALC improvements, and documents for inclusion in an online accreditation repository were open-ended and required a narrative response.
- Likert scales were used for questions related to health departments' interest in having access to an online accreditation repository and sharing sample documents in such a repository.
- A copy of the survey instrument is located in Appendix A.

Survey Distribution

The online survey was administered anonymously using SurveyMonkey survey software. Using contact information provided by the Ohio Department of Health, an email explaining the purpose of the needs assessment survey and providing a survey link was sent to the accreditation coordinator at each health department on February 8, 2024. A follow-up email was sent on February 20, 2024. Information about the purpose of the training needs assessment was also published twice in the AOHC weekly e-newsletter, and health commissioners were asked to share the information with their accreditation coordinator (in an effort to reach ACs that may not have been on the list provided by the Ohio Department of Health).

Accreditation coordinator contact information was updated after each round of emails, and messages were re-sent to those whose addresses were new or corrected.

Responses were initially due by February 23, 2024; the response deadline was extended to February 29, 2024, to encourage a greater number of responses.

Data Analysis and Summary Methods

Multiple-choice questions were analyzed by SurveyMonkey's built-in data analysis methods to determine the percentage of respondents selecting each response option. Responses to open-ended questions were summarized and analyzed using Notably, an online qualitative data analysis platform. Summaries created by Notably were compared to the actual responses to verify their accuracy and completeness.

Responses were grouped and compared by accreditation status (all respondents vs. those accredited 3+ years/reaccredited) to identify any significant differences.

Results

Representatives of 72 local health departments (LHDs) in Ohio responded to this survey (i.e., a 65% response rate).

Demographics

- **Accreditation Status of Responding Local Health Departments**

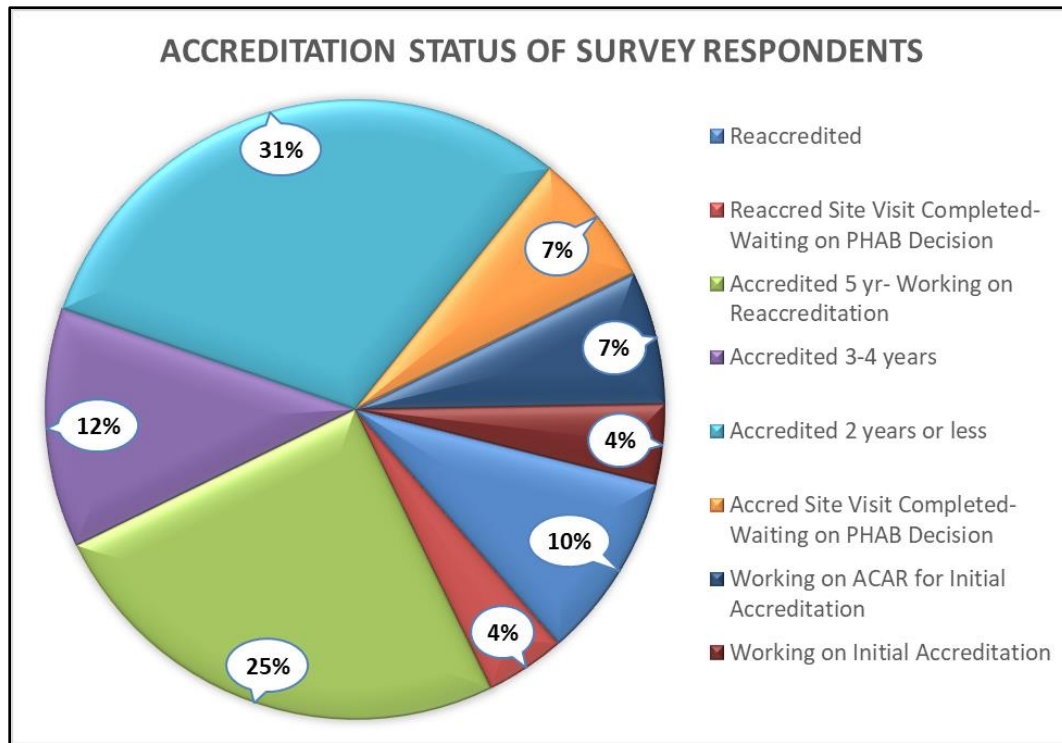
82% of responding LHDs are accredited or reaccredited. This is consistent with data provided by PHAB, indicating 90 LHDs (82%) in Ohio were accredited/reaccredited and 20 (18%) were somewhere in the initial accreditation process in November 2023.⁴

⁴ Personal Communication to Anne Goon, MS, RD, LD, from Emily Frantz, MPH, Public Health Accreditation Board. November 2023.

At the time of survey administration (February 2024),

- 14% are either reaccredited or awaiting a reaccreditation decision from PHAB.
- 25% have been accredited for 5 years and are actively working on reaccreditation.
- 12% have been accredited for 3-4 years, while 31% have been accredited for 2 years or less.
- 14% of the health departments were either working on an ACAR or awaiting an initial accreditation decision from PHAB.
- 4% are working on documentation for initial accreditation.

Figure 1: Accreditation Status of Survey Respondents



• **Tenure of Responding Accreditation Coordinators**

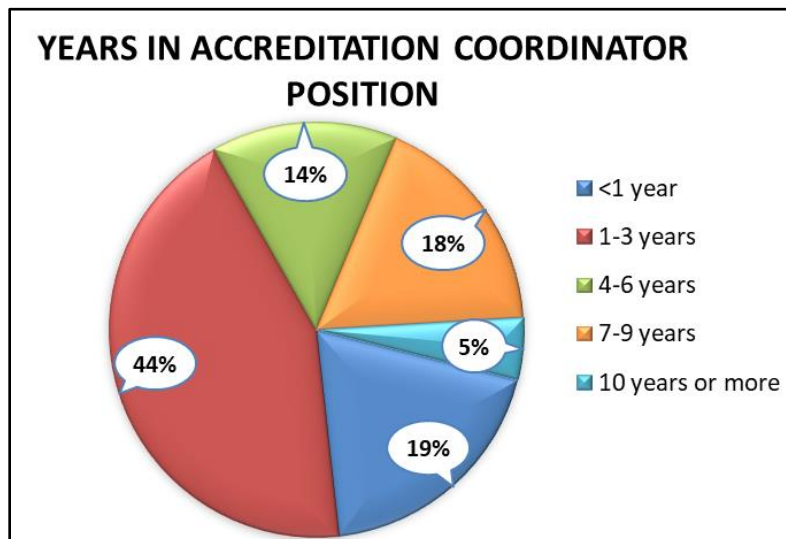
Most survey respondents (86%) are Accreditation Coordinators (ACs) at local health departments. At the time of survey administration (February 2024),

- The majority of these Accreditation Coordinators (62.5%) have been in their position for 3 years or less (i.e., 19% less than 1 year, 43.5% 1-3 years).
- 14.5% have been ACs for 4-6 years.
- 23% have been ACs for 7 years or more.

LHDs accredited for 3+ years (or reaccredited) are more likely to have ACs with greater tenure/experience.

- 64% of ACs with 7+ years of tenure are working in LHDs accredited 3+ years, while 36% are in LHDs accredited for 2 or fewer years (or not yet accredited).
- Similarly, 59% of ACs with less than 3 years of tenure are working in LHDs accredited for 2 or fewer years (or unaccredited), vs. 41% in LHDs accredited for 3+ years.

Figure 2: Tenure of Ohio Accreditation Coordinators



Challenges Faced During the Reaccreditation Journey

Survey respondents were asked to describe the three greatest challenges their health department faced during its reaccreditation journey. 66 respondents shared one challenge, 60 shared two challenges, and 48 respondents shared three challenges, resulting in 174 total responses to this question.

Key themes expressed by respondents, regardless of LHD accreditation status, are:

- **Staffing Challenges:** Many cited staff turnover and related short-staffing as a significant issue affecting their ability to maintain or achieve accreditation/reaccreditation.
- **Pandemic Impact:** COVID-19 caused delays in projects and plans, and disrupted schedules for completing accreditation/reaccreditation-related processes.
- **Integration of New Practices:** Respondents expressed difficulty integrating best practices developed during accreditation into daily practice (e.g., performance management, quality improvement).
- **Funding Issues:** Limited resources for accreditation fees and accreditation-related payroll expenses were mentioned as obstacles.
- **Understanding and meeting PHAB's reaccreditation requirements:** Understanding the reaccreditation requirements, finding appropriate documentation (especially in smaller or rural health districts), and writing narratives were challenges reported by multiple health departments. This was especially true for measures related to health equity.

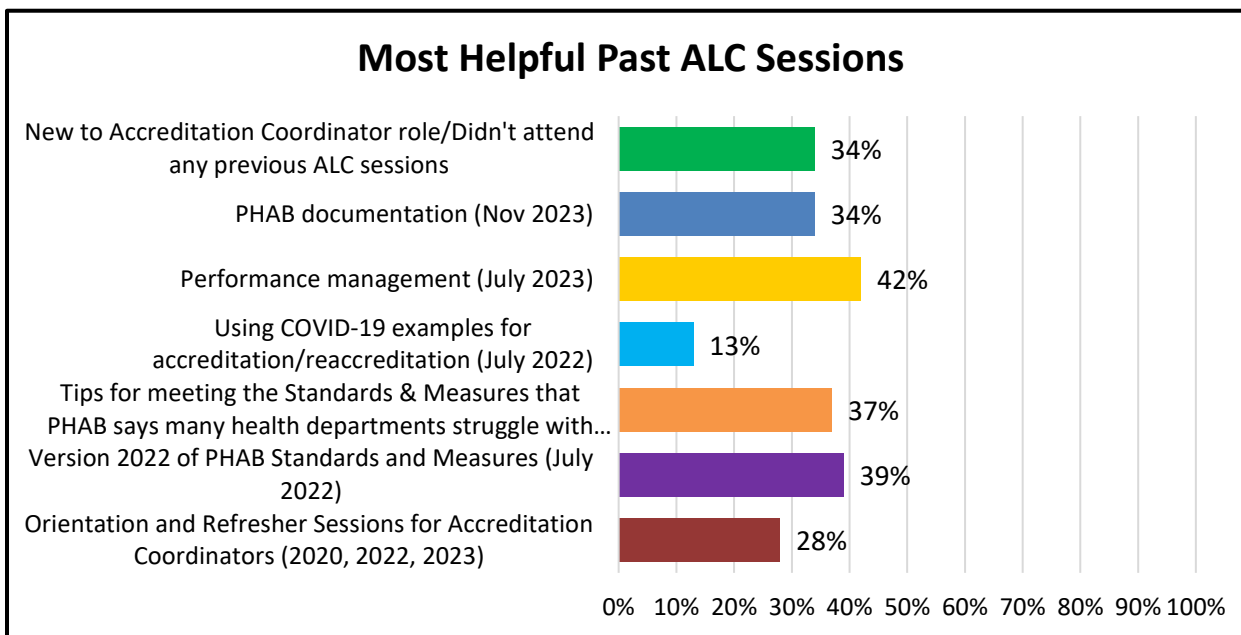
Most Helpful Topics at Past ALC Sessions for Pursuit of Reaccreditation

Respondents were asked to identify the topic(s) that they found most helpful during their health department's pursuit of accreditation from a list of seven topics addressed at ALC sessions between 2019 and 2023. Respondents could choose multiple topics. 71 individuals responded to this question.

- Accreditation coordinators indicated these sessions have been most helpful during their reaccreditation journey:
 1. Performance management
 2. PHAB Standards and Measures Version 2022

3. Tips for meeting the Standards & Measures that PHAB says many health departments struggle with

Figure 3: Accreditation Learning Community Topics of Greatest Help During Reaccreditation Journey



- For ACs at LHDs accredited for 3+ years/reaccredited, these sessions were cited as most helpful:
 1. PHAB Standards and Measures Version 2022 (50%)
 2. Performance management (47%)
 3. PHAB documentation (37.5%)
 4. Tips for meeting the Standards & Measures that PHAB says many health departments struggle with (37.5%)
- One-third (n=24) of all respondents indicated they were new to their role and/or were unable to attend any previous ALC sessions.

ALC Topics That Would Have Been Helpful Over the Past Five Years

Survey respondents were asked to identify training topics or skills-building workshops that they wished the ALC had offered during the past several years to help them during their reaccreditation journey. Fifty-two (52) individuals responded to this question, while 20 skipped it (which is not unexpected, since 24 responded to the previous question that they were new to their position or hadn't attended any previous ALC sessions).

Key themes expressed by respondents are:

- **Health Equity:** Methods for addressing health equity in rural health departments was a need voiced by many, as well as engaging community partners.
- **Quality Improvement (QI) and Performance Management:** QI emerged as a significant theme with respondents indicating a need for staff training in Lean, root cause analysis, and incorporating QI strategies into the infrastructure of health departments.
- **Technology Utilization:** Respondents suggested training on various technology programs/software to improve workflow and data analysis.

- **Accreditation Process:** There was a call for more clarity in interpreting PHAB Standards and Measures Version 2022 alongside practical application tips/examples.

Key themes expressed by respondents at LHDs with 3+ years of accreditation or reaccreditation under their belt are similar, but they focused more heavily on the reaccreditation process. For example, many individuals would have liked more guidance on preparing for reaccreditation, completing the reaccreditation application, using ePHAB, writing meaningful and accurate narratives, identifying alignment between versions 1.5 and 2022 of the Accreditation Standards and Measures, and documenting activities for submission.

Suggested ALC Topics for Next Three Years

Survey respondents were asked to identify training topics or skills-building workshops that the ALC should offer to reaccredited health departments (or health departments preparing for reaccreditation) over the next three years. Fifty-seven (57) individuals responded to this question, while 15 skipped it. Roughly one-half of the suggestions were made by ACs at reaccredited LHDs or those accredited for 3+ years.

Key training themes expressed by respondents are:

- Preparing PHAB Annual Reports
- Interpreting Version 2022 measures and identifying relevant examples
- The reaccreditation process, including site visit preparation
- Documentation interpretation, preparation, and implementation (e.g., writing narratives)
- Monitoring (and updating) core plans- like the CHIP, strategic plan, workforce development plan, QI Plan, PM system, MAPP- to meet Version 2022 requirements
- Assessing and addressing workforce competencies and development needs
- Quality Improvement
- Performance Management, including effective use of Clear Impact
- Developing innovation and facilitation skills
- Using technology to better manage the reaccreditation workflow; analyze data; create user-friendly data reports; support operational practices that help achieve compliance with accreditation requirements

Improving ALC in the Future

Survey respondents were asked to respond to the question, "If you could improve one thing about the Accreditation Learning Community in the future, what would it be?" Fifty-one (51) persons responded to this question, while 21 skipped it.

Respondents' suggestions included:

- Enhance networking opportunities by resuming regular quarterly meetings and creating an email distribution list for accreditation coordinators
- Increase communications with accreditation coordinators through more meetings/outreach, newsletters, website with resources, and an Ohio person that can be contacted for questions or to bounce ideas with
- More interactive sessions (e.g., tabletop exercises, breakout sessions) for kinesthetic learners
- Foster community building by arranging regional breakouts or state-wide gatherings (to build a sense of community amongst coordinators, especially since so many are new to their positions)

- Create an intuitive platform where all training resources can be easily found and accessed by participants
- Develop a robust virtual networking platform that would allow participants to network despite travel or physical restrictions caused by events like COVID-19
- Establish smaller groups based on where each participant is in the accreditation/reaccreditation process, so that support can be tailored to their needs
- Opportunities to collaborate with other health departments at similar stages of the accreditation process
- Sharing examples of how other LHDs are demonstrating compliance with some of the more challenging PHAB domains or measures

Respondents also expressed difficulties with finding and accessing specific trainings, indicating a need for improved searchability and access to trainings. These comments seem to be focused on changes to the PHAB website, since many find it more difficult to find the specific resources they're seeking and cannot access certain trainings without first contacting the PHAB Learning Center.

Possible Speakers for Future ALC Sessions

Survey respondents were asked to provide the names of any specific speakers they'd like to have at future sessions of the ALC. While 36 individuals responded to this question, only 17 actually provided names or speaker types. 36 persons skipped this question.

Respondents' suggestions were:

- PHAB staff, including April Harris and Marita Chilton
- Members of the PHAB Board of Directors
- Volunteer site visitors (to explain the reaccreditation process or give tips on documentation)
- An Accreditation Coordinator at a LHD reaccredited under Version 2022
- Successful Accreditation Coordinators to share "stories from the field"
- Anne Goon
- Alane Sanders of MavenLane LLC
- Marc Adams from Lorain County
- ODH with an overview of counties that are successful and what areas they are

Additional Comments About the ALC

Survey respondents were given the opportunity to provide additional comments about the ALC. to provide the names of any specific speakers they'd like to have at future sessions of the ALC. While 40 individuals responded to this question, only 25 provided comments other than "no" or "N/A". Thirty-two (32) persons skipped this question.

Key themes expressed by respondents were:

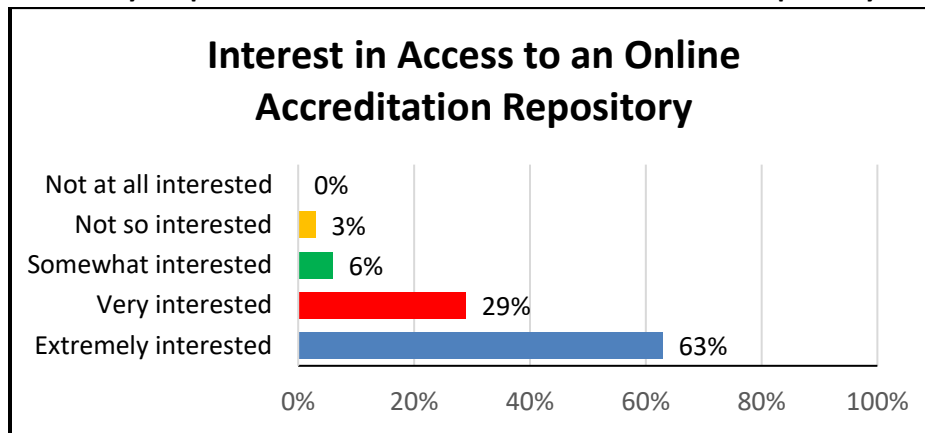
- **Appreciation for ALC:** Multiple persons expressed gratitude for ALC's training and support.
- **Need for More Training:** Some respondents expressed a desire for more frequent and varied training opportunities.
- **Desire for Accessibility:** Suggestions were made for regional or online session to accommodate those unable to travel.

Interest in Online Accreditation Repository

Survey respondents were asked regarding their level of interest in an online repository of accreditation and reaccreditation documents, examples, and narratives from Ohio health departments, as well as training resources that accreditation coordinators may find helpful. Respondents could choose one response from continuum of five, ranging from “extremely interested” to “not at all interested.” . All 72 individuals responded to this question.

- Nearly two-thirds (63%) indicated they are extremely interested, and an additional 29% are very interested, in having access to an online accreditation repository,

Figure 4: Survey Respondents’ Interest in an Online Accreditation Repository

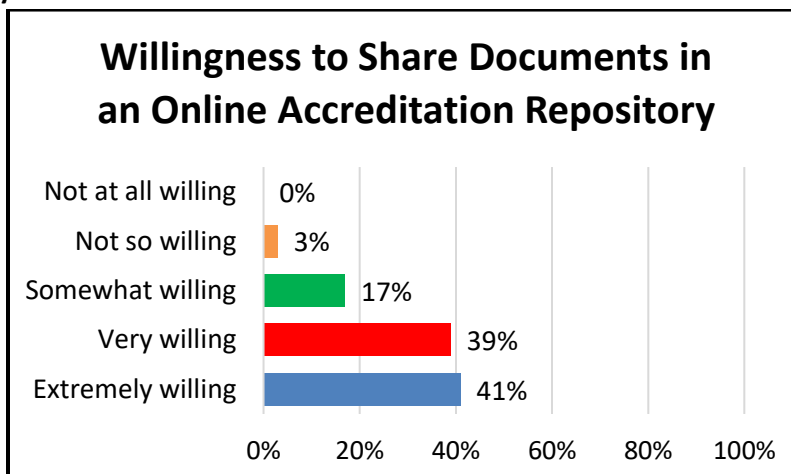


Willingness to Share Examples in an Online Accreditation Repository

Survey respondents were then asked regarding their level of willingness to share their health department’s documents, examples, or narratives through an online accreditation repository, Respondents could choose one response from continuum of five, ranging from “extremely willing” to “not at all willing.” 70 individuals responded to this question.

- Less than one-half (41%) of survey respondents indicated they are extremely willing to share, although an additional 39% are very willing to share, their agency’s documents via an online accreditation repository. 20% indicated they are somewhat or not so willing to share.

Figure 5: Survey Respondents’ Willingness to Share Documents in an Online Accreditation Repository



Documents and Training Resources Desired in an Online Accreditation Repository

Survey respondents were asked to indicate via an open-ended question the types of documents and training resources they would like to be included in an online accreditation repository. 41 individuals provided examples.

- Most respondents agreed on the need for more examples of approved documentation, especially for Version 2022 reaccreditation. However, only one health department in Ohio has been reaccredited under Version 2022, as of March 2024.
 - Respondents generally wanted to see documents that were scored as “Fully Demonstrated.”
- Comprehensive training materials covering all aspects of the reaccreditation process were requested by many respondents. Topics of interest include data storytelling and a review of standard format requirements.
- Interest was expressed in having an online platform where unreviewed documents can be submitted for peer review and feedback from other professionals.
- Another recommendation was providing a Documentation Organization Guide, where examples and guidance on how to organize digital files in preparation for reaccreditation could be provided.

Interest in Being on Accreditation Coordinator Email List

Sixty (60) individuals indicated they wish to be included in an email list of Accreditation Coordinators.

Conclusions

These conclusions are based upon these responses to the “Training Needs for the Reaccreditation Journey” survey and reflect primarily the opinion of the author:

1. The majority of local health departments in Ohio (over 50%) are working towards achieving or maintaining reaccreditation, since they have been accredited three or more years.
2. While the majority of Ohio LHDs are now working toward reaccreditation, their Accreditation Coordinators were probably not involved in the initial accreditation journey at their agency.
3. The majority of Accreditation Coordinators at local health departments have limited accreditation experience; less than 25% have been in their positions more than 6 years.
4. The relative levels of inexperience amongst Accreditation Coordinators in Ohio suggest that it may be beneficial to repeat some topics covered in previous ALC sessions, since the information may be new to many ACs. Due to changes to the PHAB Standards and Measures and documentation requirements, more experienced ACs may also still benefit from some of the more elementary training topics.
5. Many ACs appreciate the opportunity to network and gain additional knowledge and skills with their peers. They like meeting in person, and they also welcome opportunities to receive some training virtually to reduce travel time.
6. Regional trainings provide opportunities to a) reduce travel time (thereby possibly increasing the amount of time spent in ALC training sessions); b) reduce the ratio of attendees to session facilitators (allowing for more personal interactions and assistance); c) increase the number of

persons from an individual health department that are able to attend (possibly increasing team engagement); and d) increase networking with regional peers whose jurisdictions may be similar in size, demographics, or challenges.

7. Virtual trainings eliminate travel time, making them the most ideal from a time commitment perspective. They can be easily recorded for later viewing and sharing with staff within a local health department. They also allow OPHI to involve speakers who are subject matter experts who may be unable to travel to a central meeting location. The primary disadvantages are the lack of face-to-face personal interactions and discussions with peers and opportunities to work in small groups, although some of these limitations can be tackled through small group breakout sessions that can be done through the Zoom platform.

Recommendations

Respondents to the “Training Needs for the Reaccreditation Journey” survey provided many valuable ideas and suggestions, which are reflected in the following recommendations for future ALC offerings:

1. Utilize a Variety of Training Formats and Types.

- Accommodate the needs and desires for both in-person and virtual training methods by offering a variety of ALC session types annually- for example, 2 virtual, 1 regional, and 1 statewide.
- Similar to how the OSU Center for Public Health Practice provided group trainings during the Local Public Health Accreditation Support Project, provide more workshop-style ALC events that incorporate both learning/didactic and application sessions into the schedule.
- Whenever possible, engage experienced ACs as Subject Matter Experts, peer coaches, or facilitators during future ALC sessions.
- Incorporate more “Stories from the Field” into ALC sessions to provide examples of how some LHDs are addressing challenging PHAB measures and/or to encourage further innovation, collaboration, etc.
- Offer breakout sessions that allow similar LHDs (based on their size, demographics, challenges being faced, or stage in the reaccreditation journey) to brainstorm and work more closely together.
- Consider which topics might lend themselves more naturally to in-person or virtual settings. Incorporate small group work or discussions into virtual trainings through the use of Zoom Breakout Rooms.
- Consider offering individual ALC sessions on more than one day to accommodate those with schedule conflicts. For example, offer a session on a Tuesday afternoon, a Wednesday afternoon, and a Thursday morning.

2. Tailor Training Approaches to Where LHDs and Accreditation Coordinators are in the Reaccreditation Process.

- Continue to offer a virtual Orientation/Refresher Training session for ACs annually. In addition, consider whether an annual training series can be provided to newer Accreditation Coordinators (similar to New Employee Training, LEHDS, or Health Commissioner University) that complements but does not duplicate PHAB’s training courses.

- Encourage Accreditation Coordinators and health department accreditation teams to take full advantage of trainings offered by the Public Health Accreditation Board, such as their intensive online trainings sessions on accreditation, reaccreditation, and documentation.
- Incorporate breakout sessions, where appropriate, into ALC events to allow health departments at similar stages of the accreditation/reaccreditation process to collaborate.
- Consider offering an ALC event just for reaccredited health departments to discuss challenges, successes, site visit experiences, and the like. The learnings could then inform other larger ALC events for LHDs actively working toward reaccreditation.

3. Consider Innovative Collaborations with Other Public Health Entities to Support LHDs' Accreditation/Reaccreditation Efforts.

- Engage experienced ACs as Subject Matter Experts (SMEs), peer coaches, or facilitators during future ALC sessions.
- Explore the creation of an online accreditation repository with AOHC, PHSCO, or other public health partners to create an online platform where health departments can share examples, experiences, solutions, and best practices related to the accreditation/reaccreditation process.
- Collaborate with the Ohio Department of Health, PHSCO, or Clear Impact to provide greater in-depth Clear Impact training and assistance.
- Refer new ACs to PHAB for initial orientation to PHAB Standards and Measures, accreditation process, documentation.
- Create an "Accreditation Strike Team" made up of LHD peers and PHSCO staff to work with smaller LHDs that might need help with accreditation activity development.
- Consider whether OPHI or its partners can provide additional resources like training materials to help health departments better understand the accreditation process. Additionally, consider whether an annual training series can be provided to newer Accreditation Coordinators (similar to New Employee Training, LEHDS, or Health Commissioner University).
- Explore with the Ohio Department of Health possible ways that the accreditation/reaccreditation-related needs of individual health departments might be supported, similar to how this was accomplished through the previous Local Health Department Accreditation Support project.

4. Address Training Topics Identified by Accreditation Coordinators and Agency Leaders, as Resources Allow:

- **Strategic Planning & Health Equity:** Respondents stressed the importance of strategic planning and health equity (which was mentioned frequently, especially by smaller or more rural health departments). Health equity has been intentionally incorporated into all reaccreditation domains.
- **Quality Improvement (QI):** QI emerged as a significant theme with respondents indicating needs for both quality improvement and lean training. Interest was also expressed in learning more about how to better incorporate QI strategies into the infrastructure of health departments and in Lean certification (e.g., Lean Six Sigma White, Yellow, Green, and Black Belts).
- **Performance Management:** Performance management continues was again mentioned as an area where more training is needed, including how to effectively use Clear Impact.

- **Technology Utilization:** Respondents suggested training on various technology programs to better manage the reaccreditation process and workflow; analyze data; create user-friendly data reports; and support operational practices that help achieve compliance with accreditation requirements.
- **Accreditation Process:** There was a call for assistance in interpreting PHAB Standards and Measures Version 2022 (possibly domain by domain); understanding how to select and prepare the best examples for reaccreditation (e.g., writing narratives); and understanding the reaccreditation process (including the site visit).
- **Foundational Capabilities:** Topics like monitoring (and updating) core plans- like the CHIP, strategic plan, workforce development plan, QI Plan, PM system, MAPP- to meet Version 2022 requirements, assessing and addressing workforce competencies and development needs, and developing innovation, facilitation, analytical/problem-solving skills (e.g., root cause analyses) were also referenced by survey respondents.

Appendix A: Assessment Instrument



Identifying Health Departments' Training Needs for the Reaccreditation Journey

The Ohio Public Health Partnership has offered many Accreditation Learning Community (ALC) training and networking sessions over the past decade to support local health departments' pursuit of national public health accreditation and continuous improvement.

As we plan strategically for the next three years of ALC offerings, we are seeking your help and input to identify the training needs and interests of health departments during their reaccreditation journeys.

We'd also like to hear your thoughts about building an online accreditation repository, so be sure to complete the entire survey!

Thank you for taking a few minutes to share your thoughts.

1. What is your health department's current accreditation status?

- | | |
|--|---|
| <input type="radio"/> Reaccredited | <input type="radio"/> Accredited for <1 year |
| <input type="radio"/> Accredited for 5 years- working on reaccreditation | <input type="radio"/> Working on ACAR |
| <input type="radio"/> Accredited for 4 years | <input type="radio"/> Site visit completed- waiting for result |
| <input type="radio"/> Accredited for 3 years | <input type="radio"/> Site visit scheduled |
| <input type="radio"/> Accredited for 2 years | <input type="radio"/> Documentation submitted- waiting for site visit |
| <input type="radio"/> Accredited for 1 year | <input type="radio"/> Working on documentation |
| <input type="radio"/> Other (please specify) | |

2. How long have you been serving in the role of Accreditation Coordinator (across all health departments where you've worked)?

- | | |
|--|---|
| <input type="radio"/> 10 years or more | <input type="radio"/> 1-3 years |
| <input type="radio"/> 7-9 years | <input type="radio"/> <1 year |
| <input type="radio"/> 4-6 years | <input type="radio"/> I'm not an Accreditation Coordinator. |
| <input type="radio"/> Other (please specify) | |

3. What are the three greatest challenges your health department has faced during your reaccreditation journey?

1.
2.
3.

4. Which topics at past Accreditation Learning Community sessions did you find most helpful to you and your health department as you pursue(d) reaccreditation? Choose as many as you wish.

- Orientation and Refresher Sessions for Accreditation Coordinators (2020, 2022, 2023)
- Version 2022 of PHAB Standards and Measures (July 2022)
- Tips for meeting the Standards & Measures that PHAB says many health departments struggle with (July 2022)
- Using COVID-19 examples for accreditation/reaccreditation (July 2022)
- Performance management (July 2023)
- PHAB documentation (Nov 2023)
- New to Accreditation Coordinator role/Didn't attend any previous ALC sessions
- Other (please specify)

5. Thinking over your health department's reaccreditation journey, what training topics or skills-building workshops do you wish the ALC had offered in the past several years?

6. What training topics or skills-building workshops do you think the ALC should offer to reaccredited health departments (or health departments preparing for reaccreditation) over the next three years?

7. If you could improve one thing about the Accreditation Learning Community in the future, what would it be?

8. Do you have specific speakers that you'd like to have at future ALCs?

9. Do you have any additional comments you would like to make about ALC?



Identifying Health Departments' Training Needs for the Reaccreditation Journey

One suggestion has been to create an online learning repository of accreditation and reaccreditation documents, examples, and narratives from Ohio health departments, as well as training resources that accreditation coordinators may find helpful.

10. What is your level of interest in having access to an online accreditation repository like this?

- Extremely interested
- Very interested
- Somewhat interested
- Not so interested
- Not at all interested

11. What is your level of willingness to share your health department's documents, examples, or narratives through an online accreditation repository like this?

- Extremely willing
- Very willing
- Somewhat willing
- Not so willing
- Not at all willing

12. What documents and training resources would you like included in an online accreditation repository (i.e., what would be most helpful to you)?



Identifying Health Departments' Training Needs for the Reaccreditation Journey

13. If you would like to be included in the Ohio Accreditation Coordinators' email list, please provide your contact information

Name

Health Department

Title

Email Address