

Ohio Accreditation Learning Community Accreditation Documentation Workshops – Evaluation Report

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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), established in 2017 by local health districts in northwest Ohio, is the state's only public health Regional Council of Governments. 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 mission is to offer solutions for today's public health needs, while pursuing a vision of innovating for the future of public health.

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Executive Summary

The Ohio Public Health Institute (OPHI) provided accreditation documentation workshops in June and July 2024, comprised of 1) three Documentation Intensive webinars (one focused on initial accreditation and two focused on reaccreditation) provided by the Public Health Accreditation Board in June 2024, followed by 2) four regional documentation workshops focusing on reaccreditation in July 2024. The in- person workshops were provided in Springfield, Findlay, Athens, and Akron, Ohio. OPHI contracted and collaborated with the Public Health Services Council of Ohio (PHSCO) to plan and facilitate these workshops. Staff at the Public Health Accreditation Board (PHAB) assisted in planning these sessions, provided the Documentation Intensive sessions, and supported the workshops with training resources.

Findings

A total of 142 individuals from 49 different LHDs and nine PHAB site visitors participated in the workshops. Attendance ranged from 28 staff/8 local health departments at the Athens workshop to 46 staff/14 health departments at the Findlay workshop. Seven individuals attended more than one workshop (i.e., five site visitors and two staff of Ohio Department of Health’s Center of Public Health Excellence).

Workshop attendees were a diverse group of individuals involved in public health accreditation in Ohio, including Accreditation Coordinators (ACs) and other local health department staff, PHAB site visitors, and staff from the Ohio Department of Health’s Center of Public Health Excellence. Attendees ranged from accreditation “newcomers” to more seasoned professionals with initial accreditation and reaccreditation experience.

A total of 95 workshop participants responded to this survey, representing a 63% response rate. Response rates for individual workshops ranged from 50% (Springfield) to 68% (Akron).

Overall Satisfaction with the Accreditation Documentation Workshops

Workshops participants were very complimentary and appreciative of these workshops focused on reaccreditation documentation.

The Accreditation Documentation Workshops were highly rated by all attendees (% agreeing or strongly agreeing).



Conclusions & Recommendations

Workshop participants provided valuable feedback about the four Accreditation Documentation workshops, suggestions for making them even better, and other recommendations regarding future Ohio Accreditation Learning Community trainings:

1. Improve future workshops by:

- Incorporating strategies that ensure all LHD teams have adequate time to interact one-on-one with site visitors.
- Working more closely with workshop sites and/or changing presentation methods to eliminate technology issues.
- Grouping LHDs at similar stages of the accreditation/reaccreditation journey and ACs with different levels of experience for some sessions or workshop in order to more closely tailor content, discussion, and assistance to their needs. This could potentially be done via concurrent sessions during a single workshop or separate workshops for LHDs in Years 1-3 or Years 3-5 of their journeys toward reaccreditation.
- Grouping LHDs by the domains they are currently working on or struggling with. This would allow site visitors who are subject matter experts in certain aspects of public health practice or who are most comfortable with particular domains to provide guidance in their areas of expertise.
- Choosing workshop sites that are equidistant to all counties in the region to further reduce travel time for all participants.

2. Continue to offer annual documentation workshops with site visitors. Participants valued the opportunity to interact with both site visitors and peers, and there is a strong preference for direct expert interaction over written guidelines alone.

- Consider convening sessions (whether virtual or in person) for smaller and/or rural LHDs to address their unique needs and challenges.
- Noting that nearly two-thirds have been in their positions 3 years or less and/or may not have been involved in their agency's initial accreditation efforts (per the ALC Training Needs Assessment conducted in Spring 2024), continue to invest in training opportunities (both virtual and in-person) for new ACs, whether their LHD is working on initial accreditation or reaccreditation.
- Explore the viability of establishing formal or informal mentoring opportunities between less experienced and more experienced ACs to provide greater support and encourage retention of newer ACs.

3. Share documents/examples and narratives that fully or largely demonstrated compliance with PHAB Standards and Measures Version 2022 at future documentation workshops. This will become possible once more Ohio LHDs are reaccredited under Version 2022. At the time of the workshops, only one LHD had been reaccredited under Version 2022.

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 (PHAB; 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, 93 local health departments in Ohio have been accredited, with 17 being reaccredited, by PHAB, as of August 21, 2024.³

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

In November 2023, OPHI partnered with PHAB and public health consultant Anne Goon, MS, RD, LD, to provide an in-person Accreditation Documentation workshop in Columbus geared toward LHDs working on initial accreditation. This workshop was attended by ten LHDs (seven not yet accredited, two accredited, one reaccredited).

To address the needs of LHDs pursuing reaccreditation, the OPHI provided multiple accreditation documentation trainings in June and July 2024. OPHI contracted with the Public Health Services Council of Ohio (PHSCO) to assist with the planning, delivery, and evaluation of these workshops. OPHI, PHSCO, and PHAB staff collaboratively planned these two-part sessions, which were comprised of:

- 1) Three Documentation Intensive webinars (one focused on initial accreditation and two focused on reaccreditation) provided by PHAB personnel in June 2024; and
- 2) Four regional documentation workshops focused on reaccreditation in July 2024. These in-person workshops were provided in Springfield, Findlay, Athens, and Akron, Ohio. OPHI contracted with PHSCO to plan and facilitate these workshops. PHAB

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/>.

supported the workshops with training resources. The five-hour workshops began with each LHD sharing what they hoped to gain from the workshop and then moved on to an Accreditation Jeopardy game to review information shared during the Documentation Intensive sessions. This was followed by a short, pre-recorded conversation with PHAB Accreditation Specialist Shelia Hiddleston regarding the document review, site visit, and Accreditation Committee Action Requirements (ACAR) processes. PHAB site visitors living in Ohio then provided practical tips and guidance during a panel presentation/Q&A session. The afternoon session was reserved for LHD teams to work on documentation of their own choosing, with site visitors available to review and provide one-on-one feedback on draft documents, answer questions, and provide other technical assistance.

A total of 142 individuals from 49 different LHDs and nine PHAB site visitors participated in the workshops. Attendance ranged from 28 staff/8 local health departments at the Athens workshop to 46 staff/14 health departments at the Findlay workshop. Seven individuals attended more than one workshop (i.e., five site visitors and two staff of Ohio Department of Health's Center of Public Health Excellence).

Each person (participants and site visitors) received a survey link one day after the regional workshop they attended. Seventy-three (73) persons initially responded, and an additional 22 completed the evaluation after a reminder email was sent to all 151 individuals one week) after the final workshop (on July 22, 2024. It is assumed that individuals present at more than one workshop responded to the survey one time, based on their overall experiences at the workshops.

This report focuses on the evaluation of the four regional accreditation documentation workshops.

MATERIALS AND METHODS

Survey Development and Distribution

An eight-item evaluation survey (provided in Appendix A) was administered anonymously online using SurveyMonkey software.

- Workshop attendees were asked to identify the workshop session they attended.
- Using a five-point "Strongly Agree" to "Strongly Disagree" Likert scale, attendees were asked to indicate their level of agreement with six statements regarding the organization of the workshop, the usefulness of the information shared, the delivery of training and technical assistance, their confidence in applying what they learned at the workshop, whether regional sessions made attendance and team participation easier, and the progress made with their agency's documentation during the workshop.
- Using open-ended questions, workshop attendees were asked to share, in their own words,
 - What they liked most and least about the workshop;
 - One key "lesson learned" or "takeaway";
 - Suggestions that could make the workshop more useful or applicable to their work;

- Desired topics for future training and technical assistance sessions; and
- Any other information they'd like the workshop organizers to know.

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 using Notably, an online qualitative data analysis platform. Summaries created by Notably were compared to the actual responses to verify their accuracy and completeness and modified by the report author as necessary to provide more detail.

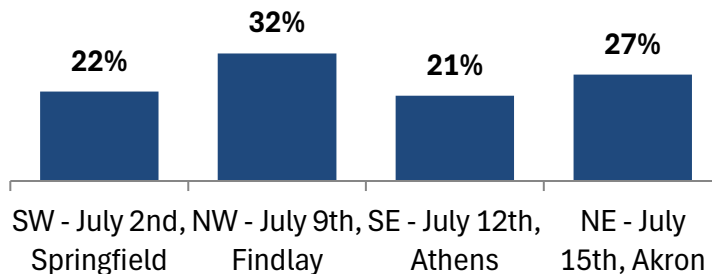
RESULTS

A total of 95 workshop participants responded to this survey, representing a 63% response rate. Response rates for individual workshops ranged from 50% (Springfield) to 68% (Akron).

Workshop attendees were a diverse group of individuals involved in public health accreditation in Ohio, including Accreditation Coordinators (ACs) and other local health department staff,

PHAB site visitors, and staff from the Ohio Department of Health's Center of Public Health Excellence. Attendees ranged from accreditation "newcomers" to more seasoned professionals with initial accreditation and reaccreditation experience.

Evaluation results reflect feedback about all four workshops.



Overall Satisfaction with the Accreditation Documentation Workshops

Participants were asked to indicate their level of agreement with six statements regarding the organization of the workshop, the usefulness of the information shared, the delivery of training and technical assistance, their confidence in applying what they learned at the workshop, whether regional sessions made attendance and team participation easier, and the progress made with their agency's documentation during the workshop.

- Nearly all respondents (n= 92 to 95) completed this section of the evaluation.
- At least 90% of attendees strongly agreed or agreed with all six statements.
- No attendees disagreed or strongly disagreed with any of the statements.
- Although not statistically significant, attendees at the Springfield and Akron workshops tended to "strongly agree" with all six statements more frequently than attendees at the Findlay and Athens workshops.

The Accreditation Documentation Workshops were highly rated by all attendees (% agreeing or strongly agreeing).



Most and Least Liked Workshop Features

Eighty-seven (87) participants shared what they **LIKED MOST** about the workshop; only eight persons skipped this question.

Key themes were:

- **Positive Attitudes Towards Workshops and the Opportunity to Interact with Site Visitors** - Participants expressed positive attitudes toward the workshops, appreciating the opportunity to engage directly with PHAB site visitors and specialists. They highly valued personal interaction with site visitors over written guidelines alone.
- **Value of Practical Advice** - Many highlighted the value of hearing practical advice and tips from experienced site visitors.
- **Opportunity for Uninterrupted Work Time** - There was significant benefit derived from stepping away from daily work environments; this uninterrupted time allowed for deeper focus on complex tasks related to accreditation.
- **Opportunity to Hear from Peers** - Collaborative discussions among different health departments fostered a sense of shared learning and mutual support.

Sixty-nine (69) workshop attendees responded to the question regarding what they **LIKED LEAST**; 24 of these were “nothing/N/A” types of statements. Twenty-six (26) did not.

Key themes were:

- **Travel and Logistics** - Eight participants mentioned travel time and parking as significant pain points. Only Athens workshop attendees mentioned parking issues (although none

expressed travel complaints); workshop organizers were unaware of parking limitations around the facility prior to the workshop. Five individuals attending one of the three other workshops mentioned long drive times, although one person noted that this was due to their decision to attend a workshop outside of their region.

- **Being at Different Stages of the Accreditation Process**
- **Facility Space/Layout** - This was mentioned primarily by Findlay workshop attendees, where the room size, layout, and the number of LHD teams and individuals in attendance resulted in tables being much closer together than desired. Several persons at the Athens workshop mentioned the shared screens as distracting. One individual suggested, *“A possible solution is to share links for individuals to review, then chat at the table and report to the larger group.”*
- **Interaction with Site Visitors** - Limited interaction time with site visitors was a concern expressed by some attendees.
 - *“We had very limited time to interact with site visitors which left us confused about some requirements.”*
 - *“I wish there was more time with a site reviewer. By no fault of anyone, only had 5 minutes with reviewer.”*
 - *“...site visit guests were at times not helpful at all.”*
- **Technical Difficulties** - There were technical difficulties with AV equipment that disrupted the training. The AV challenges varied among facilities, and the length of disruption varied depending upon the availability of AV/IT support for quick resolution.
- **Workshop Structure** - Lengthy sessions without adequate breaks or opportunities for questions were highlighted as needing attention. There was disagreement regarding the value of interactive games like Jeopardy; some found them engaging while others did not find them useful. Some individuals wanted more time in the afternoon to work individually with their LHD team, while others wanted less. This frustration seemed to vary based on where the LHD team was in the reaccreditation process.
 - *“I think the portion walking through our own documentation could have been better spent maybe walking through a guided discussion of how to fill out documentation forms, etc. It was nice to have time to dedicate to our own work, but I almost wonder if a guided discussion would have been better. Regardless, it was all beneficial and I am thankful to have had this workshop opportunity.”*
- **Documentation Guidance** - "Clearer guidance on documentation forms" was a strong desire among participants to improve their understanding and efficiency in meeting accreditation standards.

Improving Future Accreditation Documentation Workshops

Sixty-seven (67) individuals provided suggestions for improvement; more than 20 provided “nothing or N/A” kinds of responses. Twenty-eight (28) persons did not provide suggestions. Many participants agreed that more frequent reaccreditation trainings would be beneficial for ongoing professional development.

Many helpful suggestions for improvement were provided, including:

- **Allow More Time with Site Visitors** - There was a strong desire for more time dedicated to hands-on workshoping and individualized assistance or consultation with site visitors.
- **Capture and Share Site Visitors’ Tips** - *“Collect the PHAB site visitor “tips” into a document that could be shared with all the health departments after all the workshops are done. There were different tips at the different workshops; it would be good if tips from all the workshops were collected.”*
- **Provide Examples of Documents Meeting Version 2022 Standards and Measures** - Many participants highlighted a lack of clear examples of fully compliant documents as a significant pain point. They would like to have reaccredited health departments share documentation examples that fully demonstrated the intent of various Version 2022 measures.
 - One way to do this would be featuring LHDs reaccredited under Version 2022 at future workshops, where they could share *“domain/measure challenges, documentation examples, actual narrative examples, and sharing any PHAB feedback.”*
 - Another method already under consideration by OPHI is the creation of an online repository featuring annotated examples of successful documentation.
- **Focus on Domains/Standards/Measures Commonly Not Met by Ohio LHDs** - Participants want to see examples of documents that meet or largely meet these measures.
- **Focus on a Specific Measure** - A participant suggested *“picking a certain document that everyone brings and we go over has a team and the site visitors tell their opinions.”*
- **Group LHDs by Level of Experience or Stage in the Reaccreditation Process** - Participants suggested multiple ways of doing this: 1) Beginner, Intermediate, and Advanced Level of Experience; 2) LHDs in Years 1 and 2 in one group and Years 4 and 5 in another group (allowing Year 3 LHDs to choose which is best for them).
 - *“I think maybe have year 1-2s together discussing annual report, planning ahead for the coming years, and measures that need attention sooner rather than later. Years 3-5 together to discuss tougher measures, review each others documents, being narratives to critique and learn from.”*
 - In addition to grouping LHDs by experience or stage during training workshops, consider establishing formal peer support networks where LHDs at different

stages of accreditation can share best practices regularly. This collective knowledge sharing would benefit newer or struggling departments.

- **Group LHDs by the Domains, Standards, or Measures They are Working On** - Have a PHAB site visitor work with a similar group of health departments that could learn from all the questions raised.
- **Create Enhanced Training Materials** - Developing more detailed training materials that focus specifically on common pain points like narrative writing would help participants feel more confident and less stressed about meeting reaccreditation requirements.
- **Provide Additional Training on Reaccreditation Requirements** - Many participants expressed uncertainty about reaccreditation requirements. They also indicated that it would be helpful to have advice regarding what documents could be used for specific measures.
 - *"I feel like if we could walk through an example of filling out the documentation form or completing a narrative of some sort could be beneficial. We discussed what could be included in these forms, but it almost would be cool if we could walk through a plan with pre-highlighted sections that "fulfilled" a requirement and show us how to outline it on the documentation form suitable to the requirements or something, for example."*
- **Consider Alternate Ways of Conducting Similar Workshops** -
 - *"Have stations for each domain with a site visitor/expert in that specific domain who can be asked questions about measures/documents."*
 - Pick a few domains and have Group A work on requirements for (example) 9.2.1 RD 1 and Group B work on requirements (example) 2.2.2 RD. Then have a time when each group could share what they came up with for that domain and the overall group could discuss if they hit the requirements.
- **Other Suggestions** -
 - *"Having something geared specifically to new PHAB coordinators doing reaccreditations"*
 - *"Give participants the chance to submit questions for the on-site visitors before the workshop, so they can address them during their time."*
 - *Organize future workshops closer to major population centers or provide virtual attendance options to reduce travel-related stress and increase accessibility for all participants.*
 - *Improve technical support to ensure reliable AV setups can minimize disruptions during presentations and maintain participant engagement throughout the workshop.*

- *"Create a digital platform enabling continuous interaction between LHDs and PHAB site visitors beyond workshops."*
- *"Schedule regular virtual check-ins or Q&A sessions between LHDs and PHAB specialists."*
- *"Introduce peer-review sessions among different LHD teams before document submission."*

Key "Lessons Learned" and "Takeaways"

Seventy-nine (79) attendees shared a key "lesson learned" or "takeaway" from their participation in one of the regional accreditation documentation workshops. Sixteen (16) persons did not respond to this question.

The most commonly cited "takeaways" were:

- **PHAB and its Accreditation Specialists are there to help local health departments. Accreditation coordinators should not hesitate to reach out with questions or to seek clarification; do not struggle in frustration and silence.** Also take advantage of PHAB resources like the Version 2022 FAQs, Scope of Authority policy, and virtual trainings.
- *"LHDs in Ohio are for more prepared than most I've encountered as a site visitor and underestimate just how well they are doing with regard to reaccreditation."*
- **Ohio health departments are at different stages of the accreditation process.** Having a nice variety of peers in different phases can provide a nice overview of the entire process. In addition, *"it's also likely that others are (or have been) in the same situation, and we can continue to learn from and support each other."*
- **Building accreditation into the culture of the agency and capturing examples as they occur helps reduce the time/work burden of reaccreditation.** *"Begin the process early and integrate it in to our everyday work so that at the time of accreditation, we are not trying to organize it all."*
- **It's never too early to get organized and start collecting documentation.** Similar to the story of the tortoise and the hare, "slow and steady" is a better approach than rushing to collect everything during the final 6-12 months.
- **Make sure to really read the question and answer what is being asked.** Remember that "and/or" means just that. Use your documents to tell a story, but be concise. *"Don't over explain- explain how the document meets the measure and then leave it at that."*
- **Narratives can be used instead of examples to tell your agency's story, but you still need to be concise.** *"I have a better idea of instances when to use an example or when to use a narrative and how to streamline narratives." "I learned that a lot of the documentation process is simply weaving the narrative data together in a way that conveys the intent in a simple to understand manner."*

- **Don't waste time creating bookmarks;** they don't work in the new ePHAB system. Eliminate unnecessary signature lines, and be sure to always authenticate and date documentation.
- **When a document has been reopened, you don't always need to edit your documentation to make it fit the measure** - sometimes you just need to provide clarifications or additions on the document form.
- **Similarly, don't be intimidated by site visitors. Answer their questions directly; don't "word vomit" and ramble on.** Since some examples may be subjective based on the site visitor/evaluator, be confident in your examples and define how they show they improve population health vs. individual.
- **An ACAR is NOT the end of the world.** It's a re-do or do-over. You are still accredited while working on an ACAR for reaccreditation.

Suggested Topics for Future Training & Technical Assistance Sessions

Sixty-six (66) responded to the request for future topics, although eight were "nothing/N/A" responses. Twenty-nine (29) persons skipped this question.

Key training topics shared by respondents related to:

- **Specialized Workshops for Experienced Accreditation Coordinators -**
 - Offer more advanced discussions and advanced workshops focusing on complex domains and real-life scenarios faced by seasoned accreditation professionals
- **Advanced Virtual Training Programs -**
 - Develop comprehensive virtual training programs including mock site visits specific to different regions.
- **Interactive Tool Utilization Sessions -**
 - Create interactive sessions focused specifically on utilizing tools like Clear Impact more effectively within LHDs' operational frameworks.
- **Performance Management/Quality Improvement -**
 - Effectively integrating QI/PM into daily operations without overwhelming staff
 - Clearer guidelines on how to integrate CHIP into QI/PM
- **Trainings for New Accreditation Coordinators -**
 - Additional learning opportunities for new ACs were highlighted as necessary.
- **Deeper Dives/More Detailed Guidance for More Complex Domains -**
 - Detailed examples or practical guidance on certain challenging domains and measures
 - Examples of successful narratives and documentation

Respondents' Additional Comments

Survey respondents were given the opportunity to provide additional comments. Fifty (50) individuals responded to this question, while forty-five (45) persons skipped it.

The overwhelming majority expressed **thanks and appreciation** for the:

- **PHAB documentation intensive webinars**
- **In-person regional workshops**
- **Having site visitors present and being able to interact directly with them**
- **Help and support provided at the workshops**
- **Chance to learn from peers and experts alike, and t**
- **Opportunity as a site visitor to participate in the workshop.**

Some of the most notable comments were:

- *"My experience in this workshop has been the most rewarding to date, as I feel I gained more knowledge than I have from anything else I have done so far. People had a way of simplifying and framing things so that they were understandable."*
- *"The format of this workshop was well thought out and it allowed participants to receive much needed feedback and one on one assistance from site visitors. Everyone seemed to enjoy the workshop. The site visitors were well versed in the subject matter and provided helpful details on how to prepare for the reaccreditation process. Kudos!!!"*
- *"This was one of the most beneficial trainings I and my team have attended. Thank you!"*
- *"It was super sweet for the management to pay for coffee drinks at the café". (Note: Thank you, Clark County Commissioner Chris Cook, for doing this at the Springfield workshop!)*

Specific comments were made regarding:

- **Desire for More Frequent Training** - Some respondents expressed a desire for more frequent and varied training opportunities. Increasing the frequency of regional workshops would provide more continuous support throughout the accreditation process.
- **Desire for More Targeted Training** - Some participants indicated a need for more targeted training sessions focusing on specific areas such as Performance Management.
 - *"I would like sessions that focus on Performance Management... Being in a rural county makes it hard to relate to how larger cities do things."*
- **Desire for Accessibility:** Suggestions were made for regional or online sessions to accommodate those unable to travel. Some participants noted that regional workgroups who meet quarterly either virtually or in person would be beneficial. There were differing opinions on whether virtual webinars could effectively replace in-person meeting. Some

participants suggested maintaining an emphasis on personal interaction through periodic in-person meetings despite the convenience of virtual webinars.

- **Challenges Faced by Smaller Departments:** Smaller departments face challenges due to limited staff and funding. Some participants felt that their unique challenges were not adequately addressed.

CONCLUSIONS & RECOMMENDATIONS

These conclusions and recommendations are informed by the feedback provided by participants of the four regional Accreditation Documentation Workshops:

4. Improve future workshops by:

- Incorporating strategies that ensure all LHD teams have adequate time to interact one-on-one with site visitors.
- Including breaks into the meeting agenda and/or encouraging attendees to take breaks as needed.
- Working more closely with workshop sites and/or changing presentation methods to eliminate technology issues.
- Grouping LHDs at similar stages of the accreditation/reaccreditation journey and ACs with different levels of experience for some sessions or workshop in order to more closely tailor content, discussion, and assistance to their needs. This could potentially be done via concurrent sessions during a single workshop or separate workshops for LHDs in Years 1-3 or Years 3-5 of their journeys toward reaccreditation.
- Grouping LHDs by the domains they are currently working on or struggling with. This would allow site visitors who are subject matter experts in certain aspects of public health practice or who are most comfortable with particular domains to provide guidance in their areas of expertise.
- Choosing workshop sites that are equidistant to all counties in the region to further reduce travel time for all participants.

5. Continue to offer annual documentation workshops with site visitors. Participants valued the opportunity to interact with both site visitors and peers, and there is a strong preference for direct expert interaction over written guidelines alone.

- Consider convening sessions (whether virtual or in person) for smaller and/or rural LHDs to address their unique needs and challenges.
- Noting that nearly two-thirds have been in their positions 3 years or less and/or may not have been involved in their agency's initial accreditation efforts (per the ALC Training Needs Assessment conducted in Spring 2024), continue to invest in training opportunities (both virtual and in-person) for new ACs, whether their LHD is working on initial accreditation or reaccreditation.

- Explore the viability of establishing formal or informal mentoring opportunities between less experienced and more experienced ACs to provide greater support and encourage retention of newer ACs.

6. Share documents/examples and narratives that fully or largely demonstrated compliance with PHAB Standards and Measures Version 2022 at future documentation workshops.

(Note This will become possible once more Ohio LHDs are reaccredited under Version 2022. At the time of the workshops, only one LHD had been reaccredited under Version 2022.)

- It would be ideal if these documents could be shared via an online repository that 1) all ACs can access, and 2) is updated after each quarterly PHAB Accreditation Committee meeting (as LHDs achieve reaccreditation).

In addition, readers are encouraged to consider recommendations provided in OPHI's *Identifying Health Departments' Training Needs for the Reaccreditation Journey – Summary Report* issued in March 2024. Those recommendations are repeated below for readers' convenience.

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 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: EVALUATION SURVEY INSTRUMENT

EVALUATION - Regional PHAB Documentation Workshops

Please take a **few minutes** to answer the questions below. Your feedback is our **quality improvement opportunity!** Thank you!

1. Which of the Regional Workshops did you attend?

- SW - July 2nd, Richwood Bank, Springfield
- NW - July 9th, BVH, Findlay
- SE - July 12th, OU, Athens
- NE - July 15th, SCPH, Akron

2. Please check how strongly you AGREE or DISAGREE with the following statements.

| | Strongly Agree | Agree | Undecided | Disagree | Strongly Disagree |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| The workshop was well organized. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The workshop provided useful information to apply to my current accreditation work. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The training/technical assistance was presented clearly and effectively. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel confident applying the knowledge, strategies and tips learned at the workshop to my accreditation work. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The regional location made it easier for attendance and team participation. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My team and I made progress on our PHAB documentation during the workshop. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

3. What did you like **MOST** about the PHAB Documentation Workshop?

4. What did you like LEAST about the PHAB Documentation Workshop?

5. Tell us any improvement that could make this workshop more useful or applicable to your work.

6. What is one key "lesson learned" or "takeaway" you have after participating in this workshop?

7. What topics would you like to see covered in future training & technical assistance sessions?

8. Is there anything else you would like us to know? Tell us here.