

RESEARCH AND PRACTICE

The state of accreditation readiness in Georgia: A case study

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ABSTRACT

Background: Georgia's public health districts first began exploring the idea of national public health accreditation in 2008 when Cobb & Douglas Public Health included accreditation in their strategic plan. In May 2015, Cobb & Douglas Public Health was the first Georgia public health district to achieve national accreditation status. This article discusses the current state of accreditation readiness in Georgia and explores strengths and barriers to accreditation.

Methods: This study utilized a case study approach in order to examine PHAB accreditation efforts in Georgia within a real-life context. Data came from three sources: nine Accreditation Readiness Assessments, a PHAB Pre-Application Technical Assistance Survey, and state-wide Accreditation Readiness Survey.

Results: The Accreditation Readiness Assessments resulted in several lessons learned about common strengths and barriers to accreditation. Strengths included a dedicated staff and supportive Boards of Health. Barriers included accreditation fees and a lack of personnel time. The PHAB Pre-application TA Survey revealed that the majority of those surveyed would recommend TA to other agencies pursuing PHAB accreditation (91%). The Accreditation Readiness Survey revealed that 14 of 18 GA public health districts are either PHAB accredited (1 district), actively pursuing PHAB accreditation (2 districts), or planning to apply (11 districts). This includes 116 of the 159 Georgia counties (73%).

Conclusions: The results of this case study show that 72% of Georgia's public health districts are engaged in accreditation-related activities. This includes activities such as accreditation readiness assessment, community health assessment, QI council and plan development, strategic planning, and policy review.

Key Words: accreditation, PHAB, PHSSR, quality improvement, PBRN, public health districts

INTRODUCTION

The national public health accreditation development process began in 2003 with a recommendation from the Institute of Medicine (IOM) to explore public health accreditation as a way to improve accountability for public health departments (Institute of Medicine [IOM] 2002; Riley, Bender, & Lownik 2012). This process led to creation of the Public Health Accreditation Board (PHAB) in 2007 and to health department beta testing from 2009-2010 (Riley, Bender, & Lownik 2012). In March 2013, the first eleven health departments achieved national public health accreditation status from PHAB. According to a May 2015 press release: "Since the launch of the national accreditation program in 2011, 75 health departments have been awarded national accreditation status, bringing the total population now served by a PHAB-accredited health department to more than 114 million" (PHAB 2015). Georgia's public health districts first began exploring the idea of national public health accreditation in 2008 when Cobb & Douglas Public Health included accreditation in their strategic plan (E. Franz, personal communication, July 8, 2015). In May 2015, Cobb & Douglas Public Health achieved national

accreditation status, bringing the state of Georgia into the prestigious group of states with one or more nationally accredited health departments.

According to PHAB (2014), the goal of accreditation is "to improve and protect the health of the public by advancing the quality and performance of tribal, state, local, and territorial public health departments." This is achieved through (1) the measurement of health department performance against a set of nationally recognized, practice-focused and evidence-based standards; (2) the issuance of recognition of achievement of accreditation within a specified time frame by a nationally recognized entity; and (3) the continual development, revision, and distribution of public health standards (PHAB 2015). The PHAB Standards and Measures document, which guides the entire accreditation process, was developed based on 10 essential public health services (Beitsch, Riley, and Bender 2014; Davis et al 2009).

BACKGROUND

As noted in the goal, Quality Improvement (QI) is a cornerstone of the PHAB accreditation program (Beaudry, Bialek, & Moran 2014; Beitsch, Riley, & Bender 2014; Carman & Timsina 2015). According to Riley et al. (2010), QI in public health is defined as “a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community.” Many Georgia health districts are already engaged in QI activities. From January 2012 to June 2013, the Georgia Public Health Practice-Based Research Network (GA PBRN) provided technical assistance (TA) and QI training to three Georgia health districts to conduct small-scale QI projects utilizing the Plan-Do-Study-Act (PDSA) process (Alexander et al. 2014; Marshall et al. 2014). This work led to nine Accreditation Readiness Assessments with funding from the Georgia Department of Public Health (GA DPH) and the provision of PHAB pre-application TA, funded by the Healthcare Georgia Foundation, to two additional health districts.

During this time, the GA PBRN gathered information to assess the overall accreditation readiness of the state of Georgia. The need for this assessment was evident after data from the National Association for City and County Health Officials (NACCHO) 2013 National Profile revealed that only 5 of the 18 Georgia public health districts reported any data about accreditation-related efforts (National Association for City and County Health Officials [NACCHO] 2013). A case study approach was utilized to examine PHAB accreditation efforts in Georgia within a real-life context. Data came from three sources: nine Accreditation Readiness Assessments, a PHAB Pre-Application TA Survey, and a GA DPH Accreditation Readiness Survey.

METHODS

Three Georgia PBRN teams completed Accreditation Readiness Assessments in 9 Georgia public health districts, encompassing 88 counties—55% of the counties in Georgia. Prior to the assessments, the GA PBRN team created a companion document for the PHAB Readiness Checklists that included four checklists: Initial, Prerequisite, Process Readiness, and Organizational Readiness. The companion document combined these checklists into one document and included supplemental guidance specifically targeted to Georgia public health districts as well as numerous hyperlinks leading to online resources.

The GA PBRN teams completed the assessments in two phases from October 2012 through September 2013. Each assessment phase began with an informational conference call followed by in-person meetings with the district teams to assess accreditation readiness utilizing the companion document. The in-person meetings followed the same agenda and involved a multi-disciplinary district team and two or three GA PBRN team members. The meeting began with a discussion of the district’s approach to accreditation

readiness, followed by a PHAB overview, and concluded with completion of the checklists within the companion document. After each of the nine assessments, the teams collaboratively drafted reports, developed summaries for each of the four checklists, and identified strengths and barriers to accreditation based on qualitative observations and data collected during the meetings. A comparative analysis of these district level reports allowed identification of state-wide strengths and barriers to accreditation.

In addition to the nine Accreditation Readiness Assessments, the GA PBRN provided PHAB Pre-application TA to two Georgia health districts, giving the GA PBRN an additional opportunity to assess accreditation readiness. The GA PBRN team provided TA over 18 months in the form of PHAB Standards and Measures guidance, checklist development, creation of the GA PHAB Learning Community, acting as a PHAB liaison, and conducting site visits. PHAB Standards and Measure guidance most often came in the form of timeframe interpretation, required documentation interpretation, and documentation selection review. As companions to the PHAB Standards and Measures document, the GA PBRN team also developed a QI Program Checklist, a Performance Management Checklist, and a Workforce Development Checklist. At the end of the 18 months of TA support, the GA PBRN sent a 5-question PHAB Pre-application TA Survey to the two district accreditation teams using the survey software, Qualtrics. The district accreditation team leaders distributed those surveys to all team members. Eleven surveys were completed. Qualitative data were recorded, transcribed, verified, and coded thematically. Quantitative data were analyzed by use of SPSS 22 (IBM Corporation, 2013), and descriptive statistics were computed.

Finally, in September 2014, the GA DPH surveyed all 18 Georgia public health districts to assess accreditation readiness. The GA DPH sent a 10-question survey to each district, to which 11 of the 18 districts responded (a response rate of 61%). In the following six months, the GA DPH accreditation coordinator and the GA PBRN coordinator reached out to the non-responsive districts via email, telephone, and in-person, to assess their accreditation-related activities.

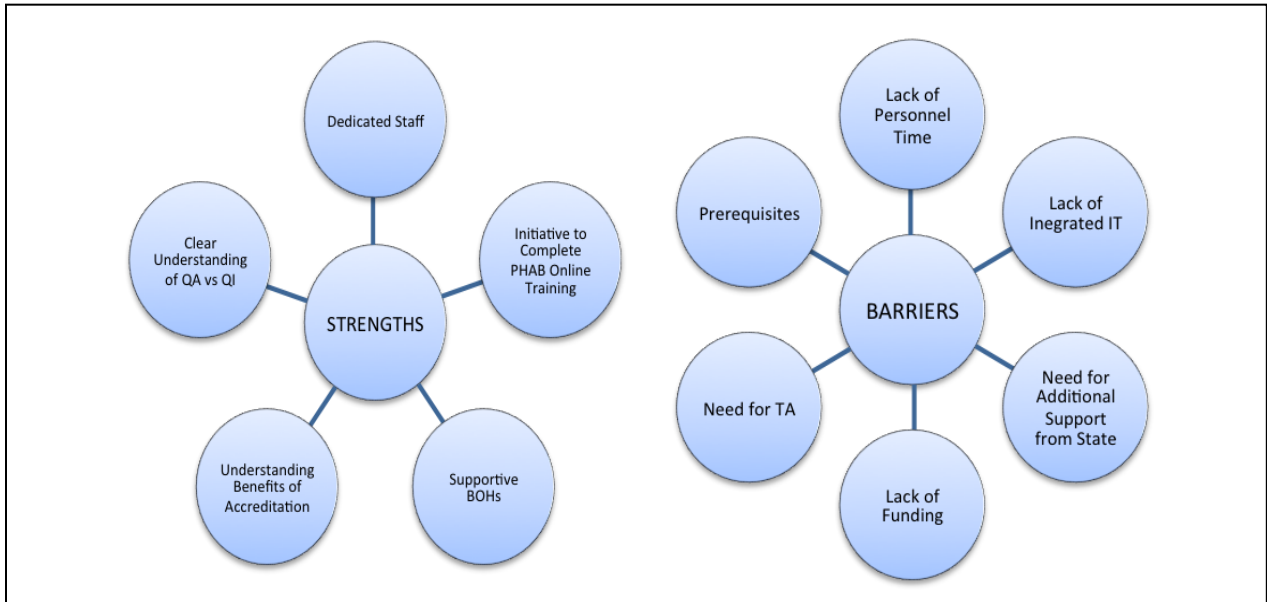
RESULTS

The GA PBRN teams developed Accreditation Readiness Assessment Summaries to outline the results discussed during the completion of each of the checklists within the companion document (Appendix A). The Initial Checklist revealed that seven of the nine districts were in support of seeking accreditation, and the Prerequisite Checklist highlighted the fact that seven districts had a Community Health Assessment (CHA) in progress. The Process Readiness Checklist confirmed that six of the nine districts had established a multi-disciplinary accreditation team, and the Organizational Readiness Checklist indicated that seven districts had QI activities underway. These results were from 2012 and 2013. By the end of this case study, additional progress towards accreditation was reported.

Additionally, the Accreditation Readiness Assessments resulted in several lessons learned about common strengths and barriers to accreditation in Georgia’s public health districts (see Figure 1). Strengths include high levels of motivation and dedication among staff who are interested in accreditation and the promotion of a QI culture in their agencies. Staff also reported an understanding of the difference between quality assurance (QA) and continuous quality improvement (CQI). Leaders at the district level as

well as Board of Health (BOH) members were supportive of the readiness assessment process, even if they did not intend to pursue PHAB accreditation at that time. Accreditation barriers included a lack of funding for accreditation fees, as well as a lack of time and resources to complete the three required prerequisites to accreditation.

Figure 1: Barriers to and Strengths for Accreditation



The PHAB Pre-application TA Survey revealed that 91% of those surveyed would recommend TA to other agencies pursuing PHAB accreditation (see Table 1). According to one survey participant, “The PHAB concepts were new to us, and it has taken a long time for us to try and understand and digest them. I think the TA was important to helping us develop an understanding of an overwhelming set of tasks.” Of the survey respondents, 54% stated that TA in the form of documentation review was the most useful; 45% stated

that they need additional TA for final documentation review. The survey participants viewed PHAB-required documentation and time as barriers to accreditation. One survey participant noted that with “[t]he sheer volume of documentation that must be pulled together/created” and the time commitment, “[h]aving a full-time Accreditation Coordinator has been essential, as well as sharing assignments throughout the agency.

Table 1		
PHAB Pre-Application TA Survey Results (11 responses)	N	Percentage
Most Useful Aspect of TA		
TA Site Visits	4	36%
PHAB Learning Community	4	36%
TA Acting as PHAB Liaison	2	18%
Documentation Review	6	54%
What Kind of Additional TA is Needed		
TA from Trained Site Visitors	5	45%
Final Documentation Review	5	45%
Site Visit Preparation	4	36%
Most Challenging Aspect of Pre-Application Phase		
Multijurisdictional Application	1	9%
Gathering Documentation	4	36%
Lack of Time	2	18%
Buy-In	1	9%
Funding	2	18%
18 Months of TA Adequate		
Yes	5	45%
No	4	36%
N/A	2	18%
Would You Suggest TA to Other National Health Departments Seeking Accreditation		
Yes	10	91%
Maybe	1	9%

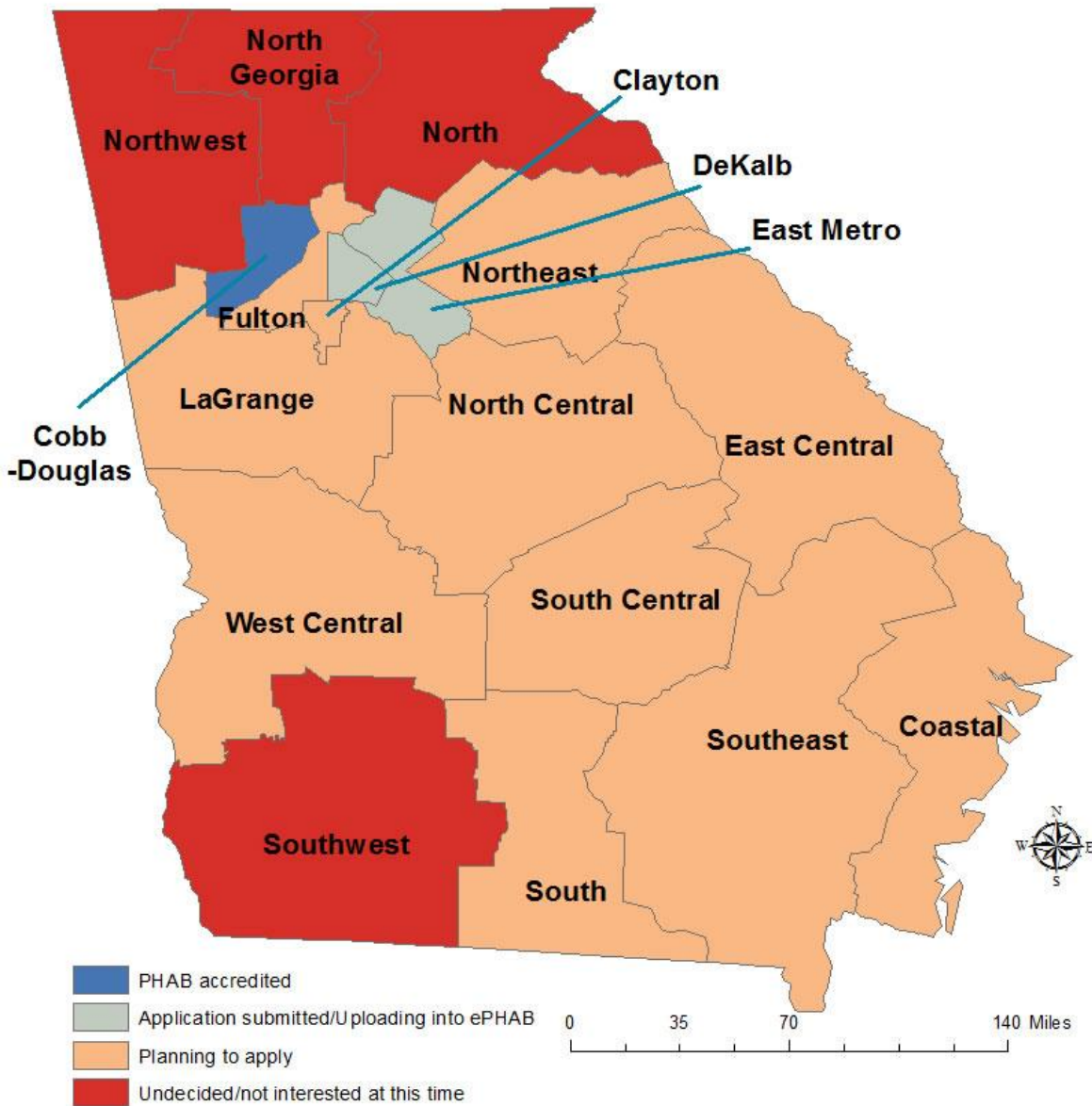
The Accreditation Readiness Survey initially revealed that 8 of the 18 districts were engaged in accreditation-related activities. However, follow-up with the 6 non-responsive districts showed that, 14 of 18 GA public health districts were engaged in a variety of accreditation-related activities albeit at varying stages in the process (see Map 1). This includes 116 of the 159 Georgia counties (73%). One district was PHAB-accredited, and two other districts had applied and were uploading PHAB documentation. The other 11 districts were in various stages of assessing readiness, completing the PHAB prerequisites, and collecting documentation. Three of these districts plan to apply in 2016. Districts are also taking advantage of accreditation-related grant funding opportunities. Six districts applied for accreditation funding through the Healthcare Georgia Foundation; four districts received funding in May 2016 for 18 months of grant support. In addition to the district accreditation activity, in January 2014, the GA DPH announced that the state will pursue PHAB accreditation, for which it plans to apply in 2016.

DISCUSSION/CHALLENGES

Georgia has a unique public health system, with 159 counties grouped into 18 health districts, each containing

from 1-16 counties. Each county has its own governing body in the form of a BOH. Each health district has leadership dedicated to uniting the counties in that district and offering quality public health services through shared services. This places many Georgia health districts within the definition of “District” in the Local Health Department (LHD) PHAB application. While qualifying as a “District” for application purposes offers a better solution for Georgia than having each county BOH apply individually, it also presents challenges. First is that of conducting a comprehensive CHA and Community Health Improvement Plan (CHIP). Districts have reported difficulty gathering community support in small counties and have also experienced “burnout” when dealing with large numbers of counties. Second, due to the governance structure of Georgia’s public health districts, there are unanswered questions about, and difficulty with, identifying acceptable documentation, specifically in those PHAB domains dealing with policies and governance. Finally, as with many public health departments across the nation, some Georgia health districts are focusing on providing public health services and have insufficient funding or personnel to dedicate to achieving national accreditation.

Georgia Health Districts Accreditation Readiness, 2015



Map: Jeff Jones, PhD, May 2015, Georgia Southern University
Data Source: Georgia Division of Public Health, June 2006, and Center for Public Health Practice and Research, Georgia Southern University, 2015

CONCLUSION/IMPLICATIONS

The results of this case study show that 72% of Georgia's public health districts are engaged in accreditation-related activities. This includes activities such as accreditation readiness assessment, community health assessment, QI council and plan development, strategic planning, and policy review. These activities can enhance the culture of quality in the agency as well as lead to PHAB accreditation. In Georgia's public health districts, there is variation concerning their interest in pursuing accreditation and their readiness, implying that policy and intervention efforts can focus on assisting districts lacking interest and engagement in accreditation. Such policies are relevant, since health departments are expected to benefit from accreditation through: (1) standardized practice; (2) proven accountability, (3) improved infrastructure and performance of public health agencies; (4) greater efficiency in the delivery of public health services; (5) enhanced credibility, uniformity, and validity across agencies and jurisdictions; and (6) improvements in administrative practices and the delivery of essential public health services (Riley et al., 2012; CDC 2013). Policy intervention, TA, and funding assistance seem imperative because the accreditation journey is difficult, time consuming, and often resource-intensive, particularly for rural health departments. According to Shah et al. (2014), the top three reasons nationally for not pursuing accreditation are that time/effort exceeds benefits; high fees are required; and standards exceed LHD capacity. Georgia public health districts cited similar barriers. Accreditation TA and organized learning communities, along with accreditation-based funding opportunities, can help address these barriers. The public health districts in Georgia will continue to confront these obstacles, relying on their demonstrated strengths in order to achieve the goal of national accreditation status.

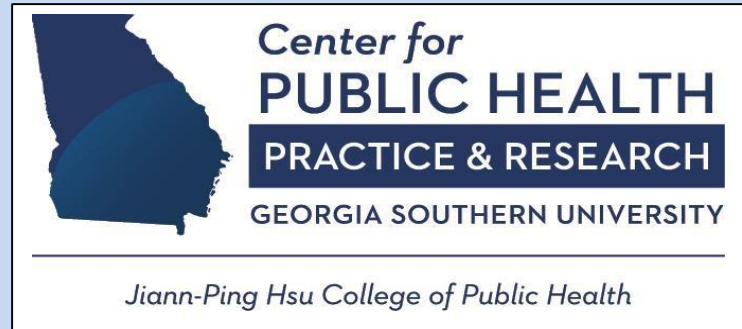
Acknowledgements

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References

- Alexander, D. S., Livingood, W. C., Marshall, N. A., Peden, A., Toal, R., Shah, G. H. & Woodhouse, L. (2013). Assessing a Quality Improvement Project in a Georgia County Health Department. *Frontiers in Public Health Services and Systems Research*, 2(6), 3. Available at: <http://uknowledge.uky.edu/frontiersinphssr/vol2/iss6/3>
- Beaudry, M.L., Bialek, R., & Moran, J.W. Jr. (2014). Using Quality Improvement Tools and Methods throughout the Accreditation Lifecycle. *Journal of Public Health Management and Practice*, 20(1):49-51.
- Beitsch, L. M., Riley, W., & Bender, K. (2014). Embedding Quality Improvement into Accreditation: Evolving From Theory to Practice. *Journal of Public Health Management and Practice*, 20(1), 57-60.
- Carman, A. & Timsina, L. (2015). Public Health Accreditation: Rubber Stamp or Roadmap for Improvement. *American Journal of Public Health*, 105(2), 353-359.
- Centers for Disease Control and Prevention. (2013). National voluntary accreditation for public health departments. Retrieved from <http://www.cdc.gov/stltpublichealth/Accreditation/index.html>
- Davis, M., Cannon, M., Corzo, L., Lenaway, D., & Baker, E. (2009). Incentives to Encourage Participation in the National Public Health Accreditation Model: A Systematic Investigation. *American Journal of Public Health*, 99(9), 1705-1711.
- Institute of Medicine, Board on Health Promotion and Disease Prevention. (2002). *The Future of the Public's Health in the 21st Century: Consensus Report*. Washington, DC: National Academies Press.
- Marshall, N. A., Livingood, W. C., Peden, A., Shah, G. H., Toal, R., Alexander, D., ... & Penix, K. (2013). Evaluating Quality Improvement to Improve HIV Reporting. *Frontiers in Public Health Services and Systems Research*, 2(7), 5. Available at: <http://uknowledge.uky.edu/frontiersinphssr/vol2/iss7/5>
- National Association for City and County Health Officials. (2013). *NACCHO 2013 National Profile of Local Health Departments*. [raw data]. Washington DC: NACCHO.
- Public Health Accreditation Board (PHAB). (2014). What is Public Health Department Accreditation. <http://www.phaboard.org/> (Accessed August 11, 2014).
- Public Health Accreditation Board (PHAB). (2015). Distribution of Health Departments in e-PHAB as of May 15, 2015. <http://www.phaboard.org/> (Accessed May 25, 2015).
- Public Health Accreditation Board (PHAB). (2015). Press Release. <http://www.phaboard.org/wp-content/uploads/PHABPressReleaseFinalMay2015.pdf> (Accessed May 25, 2015).
- Riley, J., Bender, K., & Lownik, E. (2012). Public Health Department Accreditation Implementation: Transforming Public Health Department Performance. *American Journal of Public Health*, 102(2): 237-242.
- Riley, W.J., Moran, J.W., Corso, L.C., Beitsch, L.M., Bialek, R., & Cofsky, A. (2010). Defining Quality Improvement in Public Health. *Journal of Public Health Management and Practice*, 16(1): 5-7.
- Shah, G.H., Leep, C.J., Ye, J., Sellers, K., Liss-Levinson, R., & Williams, K.S. (2014). Public Health Agencies' Level of Engagement in and Perceived Barriers to PHAB National Voluntary Accreditation. *Journal of Public Health Management and Practice*. 2015 Mar-Apr;21(2):107-115

**APPENDICES--Georgia Public Health District Accreditation Readiness
Assessment Summary First Round
December 2012**



SUMMARY

Common Strengths:

- **Supportive BOHs.**
- **Dedicated district and county staff.**
- **Understanding of benefits of accreditation.**
- **Clear understanding of difference between QA and QI.**
- **Have completed Module 1 of PHAB online orientation, familiarized their team with the GA PBRN Accreditation and the PHAB websites.**
- **Understand the intense documentation requirements.**

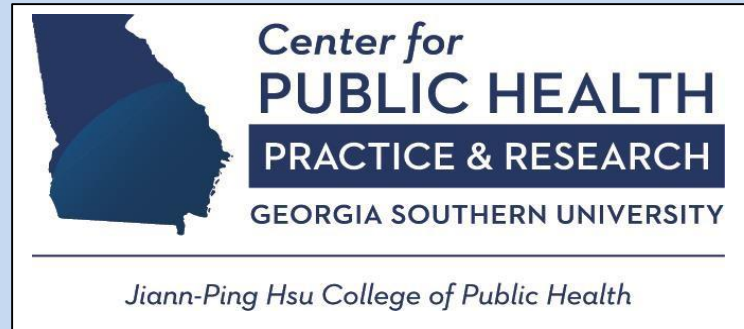
Common Barriers:

- **Lack of funding for accreditation fees or associated costs.**
- **Funding for external technical assistance not available.**
- **Lack of time and resources to complete prerequisites.**
- **Lack of available personnel to dedicate to accreditation.**
- **Lack of integrated health information or EHR systems.**
- **Review of state mandated policies and procedures needed.**

Health District Name	Initial Checklist	Prerequisite Checklist	Process Readiness Checklist	Organizational Readiness Checklist
District A	<ul style="list-style-type: none"> • Undecided in support of accreditation. • Believes BOH's will be supportive if there is a decision to move forward. • Fees have been considered but not identified. 	<ul style="list-style-type: none"> • Community health assessment (CHA) is not underway. • Community health improvement plan (CHIP) is not underway. • District strategic plan (DSP) is not underway. 	<ul style="list-style-type: none"> • Accreditation team leader designated. • Online orientation incomplete. • Multidisciplinary accreditation team establishment underway. • Capable of producing electronic documentation. • Systematic policy and procedure review process underway. 	<ul style="list-style-type: none"> • Team has not begun to meet. • Review of PHAB Standards and Measures and Guide to Accreditation not yet started. • Documentation "self-study" not yet started. • Quality Improvement activities underway. • No identified date for submitting Statement of Intent.
District B	<ul style="list-style-type: none"> • Supportive of seeking accreditation. • Believes BOH's will be supportive if there is a decision to move forward. • Fees have been considered but not identified. 	<ul style="list-style-type: none"> • Community health assessment (CHA) is in progress. • Community health improvement plan (CHIP) is not underway. • District strategic plan (DSP) is not underway. 	<ul style="list-style-type: none"> • Accreditation team leader designated. • Online orientation underway. • Multidisciplinary accreditation team establishment underway. • Capable of producing electronic documentation. • Systematic policy and procedure review process not yet started. 	<ul style="list-style-type: none"> • Team has begun to meet. • Review of PHAB Standards and Measures and Guide to Accreditation is underway. • Documentation "self-study" not yet started. • Quality Improvement activities underway. • No identified date for submitting Statement of intent.
District C	<ul style="list-style-type: none"> • Supportive of seeking accreditation. • Lead county BOH is supportive; currently 	<ul style="list-style-type: none"> • Community health assessment (CHA) is in progress. 	<ul style="list-style-type: none"> • Accreditation team leader designated. • Online orientation underway. 	<ul style="list-style-type: none"> • Team has begun to meet. • Review of PHAB Standards and Measures and Guide to Accreditation is underway.

	<p>seeking support from other counties.</p> <ul style="list-style-type: none"> • Fees have been considered but not identified. 	<ul style="list-style-type: none"> • Community health improvement plan (CHIP) is not underway. • District strategic plan (DSP) is not underway. 	<ul style="list-style-type: none"> • Multidisciplinary accreditation team establishment underway. • Capable of producing electronic documentation. • Systematic policy and procedure review process underway. 	<ul style="list-style-type: none"> • Documentation “self-study” underway. • Quality Improvement activities are underway. • No identified date for submitting Statement of intent.
District D	<ul style="list-style-type: none"> • Supportive of seeking accreditation. • Believes BOH’s will be supportive if there is a decision to move forward. • Fees have been considered but not identified. 	<ul style="list-style-type: none"> • Community health assessment (CHA) is in progress. • Community health improvement plan (CHIP) is not underway. • District strategic plan (DSP) is not underway. 	<ul style="list-style-type: none"> • Accreditation team leader designated. • Online orientation complete. • Multidisciplinary accreditation team complete. • Capable of producing electronic documentation. • Systematic policy and procedure review process not yet started. 	<ul style="list-style-type: none"> • Team has just begun to meet. • Review of PHAB Standards and Measures and Guide to Accreditation is underway. • Documentation “self-study” underway. • Quality Improvement activities underway. • No identified date for submitting Statement of intent.
District E	<ul style="list-style-type: none"> • Supportive of seeking accreditation. • Believes BOH’s will be supportive if there is a decision to move forward. • Fees have been considered but not identified. 	<ul style="list-style-type: none"> • Community health assessment (CHA) is in progress. • Community health improvement plan (CHIP) is not underway. • District strategic plan (DSP) is not underway. 	<ul style="list-style-type: none"> • Accreditation team leader designated. • Online orientation underway. • Multidisciplinary accreditation team complete. • Capable of producing electronic documentation. • Systematic policy and procedure review process underway. 	<ul style="list-style-type: none"> • Team has begun to meet. • Review of PHAB Standards and Measures and Guide to Accreditation is underway. • Documentation “self-study” underway. • Quality Improvement activities underway. • No identified date for submitting Statement of intent.

Georgia Public Health District Accreditation Readiness Assessment Summary
Second Round
September 2013



SUMMARY

Common Strengths:

- **Supportive BOHs.**
- **Dedicated district and county staff.**
- **Understanding of benefits of accreditation.**
- **Clear understanding of difference between QA and QI.**
- **Have completed Module 1 of PHAB online orientation, familiarized their team with the GA PBRN Accreditation and the PHAB websites.**
- **Understand the intense documentation requirements.**

Common Barriers:

- **Lack of funding for accreditation fees or associated costs.**
- **Funding for external technical assistance not available.**
- **Lack of time and resources to complete prerequisites.**
- **Lack of available personnel to dedicate to accreditation.**
- **Lack of integrated health information or EHR systems.**
- **Review of state mandated policies and procedures needed.**

Health District Name	Initial Checklist	Prerequisite Checklist	Process Readiness Checklist	Organizational Readiness Checklist
District F	<ul style="list-style-type: none"> • Supportive of seeking accreditation. • PHAB Accreditation has not been discussed with the Board yet. • Fees have been considered and identified as a potential barrier. 	<ul style="list-style-type: none"> • Community health assessment (CHA) is not underway. • Community health improvement plan (CHIP) is not underway. • District strategic plan (DSP) is not underway. 	<ul style="list-style-type: none"> • Module 1 Online orientation complete. • Multidisciplinary accreditation team establishment complete. • Capable of producing electronic documentation. • Systematic policy and procedure review process underway. 	<ul style="list-style-type: none"> • Team has just begun to meet. • Review of PHAB Standards and Measures and Guide to Accreditation is underway. • Documentation “self-study” not yet started. • Quality Improvement activities underway. • No identified date for submitting Statement of Intent.
District G	<ul style="list-style-type: none"> • Supportive of seeking accreditation. • Efforts to inform Board are underway. • Fees have been considered and not viewed as a barrier. 	<ul style="list-style-type: none"> • Community health assessment (CHA) is in progress. • Community health improvement plan (CHIP) is not underway. • District strategic plan (DSP) is not underway. 	<ul style="list-style-type: none"> • Module 1 Online orientation underway. • Multidisciplinary accreditation team establishment complete. • Capable of producing electronic documentation. • Systematic policy and procedure review process underway. 	<ul style="list-style-type: none"> • Team has just begun to meet. • Review of PHAB Standards and Measures and Guide to Accreditation is underway. • Documentation “self-study” not yet started. • Quality Improvement activities are not yet started. • No identified date for submitting Statement of intent.
District H	<ul style="list-style-type: none"> • Undecided at this time of seeking accreditation. • No plans to discuss accreditation with any of the Boards. • Fees have been considered and viewed as a potential barrier. 	<ul style="list-style-type: none"> • Community health assessment (CHA) is in progress. • Community health improvement plan (CHIP) is not underway. • District strategic plan (DSP) is not underway. 	<ul style="list-style-type: none"> • Module 1 Online orientation underway. • Multidisciplinary accreditation team establishment complete. • Capable of producing electronic documentation. 	<ul style="list-style-type: none"> • Team has just begun to meet. • Review of PHAB Standards and Measures and Guide to Accreditation is underway. • Documentation “self-study” not yet started. • Quality Improvement activities are not yet started.

			<ul style="list-style-type: none"> • Systematic policy and procedure review process underway. 	<ul style="list-style-type: none"> • No identified date for submitting Statement of intent.
District I	<ul style="list-style-type: none"> • Supportive of seeking accreditation. • PHAB Accreditation has not been discussed with the Board yet. • Fees have been considered and identified as a potential barrier. 	<ul style="list-style-type: none"> • Community health assessment (CHA) is in progress. • Community health improvement plan (CHIP) is not underway. • District strategic plan (DSP) is not underway. 	<ul style="list-style-type: none"> • Module 1 Online orientation complete. • Multidisciplinary accreditation team complete. • Capable of producing electronic documentation. • Systematic policy and procedure review process underway. 	<ul style="list-style-type: none"> • Team has just begun to meet. • Review of PHAB Standards and Measures and Guide to Accreditation is not yet started. • Documentation “self-study” not yet started. • Quality Improvement activities underway. • No identified date for submitting Statement of intent.