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A Set of Smart Practices for Public Health Department Accreditation by Public Health Accreditation Board

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A Set of Smart Practices for Public Health Department Accreditation by Public Health

Accreditation Board

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Wright State University

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Abstract

Purpose: The purpose of this research is to determine smart practices that could be used by a public health department to have an efficient, productive and successful accreditation by the Public Health Accreditation Board (PHAB).

Methodology: Accreditation coordinators of eight accredited Ohio-based public health departments were interviewed in 2016. A qualitative study was conducted using semi-structured interviews with funneling. Results were generated using a hybrid model of analysis that included a content analysis to make valid inferences from the interview data.

Results: The accreditation coordinators identified a series of smart practices. Six prominent themes that were identified and labeled as smart practices included: Mock Drill, Documentation, Tools, Program & Process Planning, Leadership & Staff Support, and Ask for Help or Reach-out.

Recommendations: The use of the smart practices identified in this research may assist a public health department in efficiently achieving accreditation and in the process help it to better serve the needs of the community.

Keywords: best practices, national accreditation, local health departments, accreditation learning community

A Set of Smart Practices for Public Health Department Accreditation by Public Health
Accreditation Board

The accreditation of local health departments (LHD) benefits both the professionals who contribute to their operations, and the public. Public health professionals are expected to conduct their daily responsibilities at the highest standards, as it benefits the public who utilize those facilities and services. Accreditation signifies that public health departments are managed in accordance with industry-established best practices (Public Health Accreditation Board [PHAB], 2013). Public health department accreditation measures the performance of a public health department within a specific timeframe, against a set of predetermined, nationally recognized standards (PHAB, 2013). The initial process for earning accreditation takes three to five years of preparation, and the maintenance process is equally demanding. Re-accreditation requires the department to incorporate best practices to identify areas for potential improvement. This is achieved through continued professional development, and the enactment of the strategic plan in order to ensure timely updates and appropriate direction. It is critical for leadership to make sure the established policies and procedures are adhered to, and that the individuals charged with specific duties carry out those duties in accordance with expectations.

The comprehensive, dynamic nature of the accreditation process, and its ongoing maintenance, is the focus of this research; specifically, identifying smart practices that will assist a health department in choosing and implementing the appropriate strategies and tools to accomplish and maintain accreditation. To identify smart practices, this study will necessitate examining in-depth the process of becoming accredited.

The accreditation process was established for all state, local, and territorial public health departments in 2012, with the first accreditations granted in 2013 (Centers for Disease Control

and Prevention, 2015). Upon submission of an accreditation application to the Public Health Accreditation Board (PHAB), a public health department is granted one year to develop and submit all the required documentation. After this process is completed, an external team is assembled to review and assess the department's operations. Along with the staff from PHAB, the reviewers then conduct a site visit to validate the documented operations. Their review, along with the submitted documentation from the application, will determine the PHAB decision to grant accreditation. Ongoing efforts to maintain accreditation involve extensive efforts toward improving internal practices that utilize training, tools, resources, and community support to increase efficiencies and develop new infrastructure and systems to enhance the opportunity to support positive public health initiatives (National Association of County and City Officials, 2016).

Literature Review

Through accreditation, effective public health managers develop the ability to ensure best practices across the organization. Smart or best practices, are terms used by management professionals to describe a process that consistently strives for the discovery and use of improved operational practices. According to Bardach (1994), the term best practice is mostly misleading, as best practice is subjective and may be suitable for one organization or situation but may not be acceptable for another. Hence, Bardach (2004) has coined the term "smart practice" that he contends is more appropriate and has a broader definition (p. 206). A smart practice aims to develop, enhance or advance organizational practices by creating value (Bardach, 2004). Best practice is defined as an action that has displayed evidence of effectiveness in a certain situation and can be repeated in similar situations (Ng & de Colombani, 2015). The distinction between smart practice and best practice is that the former is more dynamic in nature being effective and

easily adaptable to current organizational environment. In contrast, best practice is based upon past experience, and might not take into account rapid changes necessitated by variations in policies and practices.

Identification of Smart Practices

Relative to organizational practices and processes, best practice most often refers to adoption of good services, privacy issues, chain of custody for testing results, and overall administrative procedures. According to Dani et al. (2006) there are two reasons for identifying best practices. First, they are a set of powerful tools that should be used to maintain an organization's originality and value. Second, effort should not be invested in simply duplicating an existing method, rather best practices are a gateway to attaining new organizational milestones (Dani et al., 2006). Once a best practice is identified, operational analysis can be used to continue its refinement to further maximize the benefits and results.

Once the foundation of best practice is established, the authors describe that the resulting benefits may continue through the analysis of the successes and weaknesses of established procedures (Dani et al., 2006). They also highlight performance indicators, also known as PIs, as a useful tool to identify and measure best practices in order to determine whether they require modification and meet the desired goals. Performance indicators (PIs) are data points that should reflect the core business objectives and should be measured at multiple stages throughout the entire process (Dani et al., 2006). In addition to the mission and established policies formulated by the department, PIs should specify the goals that the department wants to achieve. These should be ranked by priority, to help decide which will ultimately be measured and how this measurement will be done (Dani et al., 2006).

Often the largest hurdles in revamping a mode of operation is achieving the cooperation of those impacted by the change. Professionals who have established long-term practices can show reluctance to incorporate modifications to their procedures (Kumar & Strehlow, 2004). In these cases, the best means to modify behavior and achieve improvement is through professional development initiatives. Organization-wide directives, coupled with teams and materials that discuss and train professionals on new procedures, have been found to result in more successful transition than simply communicating a new set of rules (Kumar & Strehlow, 2004). This process, known as Business Processes Redesign (BPR), is a management method that has grown substantially over the last decade in response to the dynamic demands of many manufacturing firms. It incorporates streamlining technologies and best practices throughout operations to achieve cost savings, enhanced workplace safety, and risk minimization.

BPR is a comprehensive tool that identifies ways to measure performance and whether the intended results were achieved. BPR is used to analyze process charts based on the organization's goals and can help determine the results (Mansar & Reijers, 2005). It is also an improvement process which can be repeated as demands change, whether those demands are a result of changing technologies, risks, or government compliance mandates. While BPR is often implemented in manufacturing sectors, its benefits translate well to many other areas including the oversight of public health departments which has similar objectives (Kumar & Strehlow, 2004).

Approaches and Implimentation of Samrt Practices

In the article *Best Practices in Business Process Redesign*, Reijers and Liman Mansar (2005) discuss their analysis of the most effective means by which organizations can implement a BPR process. They find that the most robust implementations consider charecteristics such as

cost, adaptability, and quality (Reijers & Liman Mansar, 2005). This enhancement in the means by which organizations can analyze existing practices enables organizations to apply a checklist to further improve its procedures which can even be used at the department-level to maximize the returns from best practices (Reijers & Liman Mansar, 2005). The primary benefit of continually applying BPR is that it allows pre and post analyses to better determine the effect of any changes (Reijers & Liman Mansar, 2005). Updated BPR, because of its use of the checklist, also provides a more detailed analyses that enables the administrator to examine each step in the improvement process (Reijers & Liman Mansar, 2005).

The literature on best practices application to public health operations and accreditation is very sparse. However, as reviewed above, the general management literature which includes research by Elmuti and Kathawala (1997), Brannan (2008), Dani et al. (2006), Kumar and Strehlow (2004), Reijers and Liman Mansar (2005), and Mansar and Reijers (2005) is applicable and capable of similar organizational benefits when specifically applied to public health administration. The accreditation of public health departments is meant to establish processes and procedures that incorporate best practices, but it is a process in and of itself. As PHAB accreditation has become a mandatory requirement by July 1, 2020 for public health departments in Ohio, the employment of smart practices in the accreditation process can present an effective way of completing PHAB's requirements. For the purpose of this research the term 'smart practice' will be used instead of 'best practice'. As discussed above smart practice encompasses and expands upon the concept of best practice. Public health accreditation, being a relatively new subject, does not have one universally accepted set of smart practices, thus creating a purpose and opportunity for this study.

Purpose

The purpose of this research is to identify a set of smart practices that could be used by public health departments to have an efficient, productive and successful accreditation by the Public Health Accreditation Board which has the potential to improve public health service provision in the local community.

Methodology

To gain insight into the topic of accreditation process management by local health departments, a qualitative study was performed utilizing a hybrid model of analysis. The participants of this study are all accreditation coordinators from Ohio local and county health departments that received accreditation by PHAB on or before December 2015. This was a total of eight departments: Columbus Public Health, Delaware General Health District, Erie County Health Department, Huron County Public Health, Licking County Health Department, Mahoning County District Board of Health, Medina County Health Department, and Summit County Combined General Health District. Five out of the eight accredited health departments are single county LHDs, two are a general health district, and one serves a large city. This research is a retrospective case study, which is a common method to gather evidence once an event or act has taken place by collecting facts from the people involved (Stern & Kalof, 1996). The focus of the data collection was the management strategies used by the health departments to complete PHAB accreditation. Specifically, this involved interviewing the accreditation coordinators who led their departments through the accreditation process. A semi-structured interview format was used and utilized funneling. Funneling is a survey technique that involves asking general questions up front to create a solid foundation before asking more specific questions towards the end of the interview (Grbich, 1999). In theory, this technique helps the interviewee to provide

more relevant and detailed information by fostering an interview environment that will allow them better recall (Grbich, 1999).

Each interview lasted between forty and seventy minutes. Due to travel and time constraints, the interviews were conducted by phone and recorded for later transcription. Once the interview data was collected and transcribed, a content analysis was performed to identify valid inferences. In content analysis, the categorization of similar responses, words, or phrases are classified into recording units called themes. These themes were identified using a keyword or phrase (Weber, 1985). The study methodology and the survey questionnaire were reviewed by Wright State University Institutional Review Board and the research was deemed exempt from the purview of human subject research.

Results

The study surveyed all accredited health departments in the state of Ohio and each was asked why the department decided to pursue accreditation. Table 1 lists the reasons provided. A few common themes that could be identified as key reasons included: it was the decision of the department's leadership team, accreditation was focused on quality and customer service, and it was the right thing to do now rather than later since the state of Ohio has mandated all public health departments to be accredited by an accreditation body as a condition to receiving funding from Ohio Department of Health.

Table 1

Reason for Accreditation

Reason for Accreditation
It was the decision made by the Health Commissioner
The leadership team made the decision to get accredited
We are early adopter
Health Commissioner is a progressive thinker
Customer focus
The potential for quality improvements
Better now than later
Right thing to do
Level of credibility

Table 2 provides the results of the accreditation coordinator being asked about the importance of PHAB training. Three-fourths of accreditation coordinators responded that the training provided by PHAB was critical, and the remaining 25% said it was important. PHAB-sponsored training enables accreditation coordinators to gain insight and specific information on what PHAB requires of the department during the accreditation process. Table 3 shows the results of accreditation coordinators responses on how useful it was in the process to have access to support groups. Support groups are non-profit organizations that support health departments in their preparation for accreditation by providing tools, training opportunities, resources, and technical assistance. Some of these support groups charge a membership fee. Fifty percent of the accreditation coordinators suggested that it is important to be involved with a support group, 37.5% thought it was critical, and 12.5% thought it was not important.

Table 2

Accreditation Coordinators Rating of PHAB Training

Option	Number of accreditation coordinators who selected this option	Percent of population surveyed (n=8)
Critical	6	75%
Important	2	25%
Not Important	0	0%
Total	8	100%

Table 3

Accreditation Coordinators Rating of Support Group Involvement

Option	Number of accreditation coordinators who selected this option	Percent of population surveyed (n=8)
Critical	3	37.5%
Important	4	50.0%
Not Important	1	12.5%
Total	8	100%

The accreditation coordinators were asked to identify three specific support groups and to describe their role. The most popular choice was the Ohio-ALC, which stands for Ohio-Accreditation Learning Community. Accreditation Learning Community is part of the Ohio Public Health Partnership (OPHP) and consists of members from the Association of Ohio Health Commissioners (AOHC), Ohio Association of Boards of Health (OABH), Ohio Environmental Health Association (OEHA), Ohio Public Health Association (OPHA), and the Ohio Society for Public Health Education Ohio Chapter (SOPHE). The members meet regularly to share information, concerns, experiences, and to receive updates from the Ohio Department of Health,

other member organizations, and support agencies. This type of forum was reported to be useful, as it provided emotional and material support for accreditation coordinators and their departments throughout the accreditation process. The second most referenced support group was NACCHO (National Association of County and City Officials). This organization was said to provide tools, resources, and training opportunities to local health departments. Other support groups identified by the accreditation coordinators included: the Public Health Foundation (PHF), the National Public Health Institute (NPHI), and the Public Health Accreditation Board (PHAB).

Once the application for intent is submitted and the accreditation fee is paid to PHAB, a specialist is assigned to the health department to answer any questions and provide guidance. In response to the question regarding the importance of overall support from PHAB, 75% of the accreditation coordinators stated that it was critical and 25% considered it important (Table 4).

Table 4

Accreditation Coordinators Rating of PHAB Support

Option	Number of accreditation coordinators who selected this option	Percent of population surveyed (n=8)
Critical	6	75%
Important	2	25%
Not Important	0	0%
Total	8	100%

The interview question of greatest interest to this research study focused on the identification of best practices used in the process of accreditation. All eight coordinators were asked to identify five best practices and based on the content analysis, the following six

prominent themes were identified: Mock Drill, Documentation, Tools, Program & Process planning, Leadership & Staff support, and Ask for Help or Reach-out.

Mock Drill

This is a method of practicing the events that will happen on the real site visit day by the PHAB team. It is a done to check the preparedness of the health department. It can also help to identify gaps in any of the processes of the health department and the documentation submitted to PHAB. The accreditation coordinators recommend conducting a mock site visit or have an outside team evaluate the documentation. Conducting a mock drill also helps partner agencies with what will be expected of them when they undergo an actual site visit for accreditation since they are required to play a role in the actual accreditation.

Documentation

It is the documentation that provides specific examples, data and description of procedures that PHAB will rely on to determine departmental compliance with its guidelines for each specific evaluation criteria. The accreditation coordinators recommend that the documentation process start early and include a selection process to identify needed documents. Health department staff should gather examples and then discuss which will be used. It is also recommended that the staff create a catalog for collected documents and use some form of numbering or identification system that is similar to the e-PHAB repository. They reported that it is critical to meet with your team regularly and to practice how to present documents to the site visit team.

Tools

The accreditation coordinators recommended using tools that assist in gathering, tracking, and monitoring information such as reports or a dashboard. They further suggested utilizing

services of an expert or consulting firm for help with these tools which can result in efficient completion of required elements, such as the Community Health Assessment (CHA), the Community Health Improvement Plan (CHIP), quality improvement initiatives, and strategic planning. They also recommended using specific tools including Strengths-Weakness-Opportunities-Threats analyses (SWOT), Plan-Do-Check-Act (PDCA) initiatives, staff ratings and audits.

Program & Process Planning

The eight accreditation coordinators recommended using programs and processes already existing at the health department. Potential processes that were identified by the coordinators included those involving quality improvement, performance management, Mobilizing for Action through Planning and Partnerships (MAPP), strategic planning, and evidence based practice. The programs identified which could be useful included: nursing, Maximizing Office Based Immunization (MOBI) program, and Hepatitis B.

Leadership & Staff Support

Accreditation coordinators suggested that members of the board of health, managers, and employees need to participate and take ownership. For example, employees should serve as accreditation volunteers representing their departments. To engage employees, management should create teams with elected leaders and assign each team domains that they are responsible for completing. The accreditation coordinators said that people working together and 360-degree staff involvement had a positive impact on the quality of projects and work assigned.

Ask for Help or Reach-out

Lastly, the interviewed accreditation coordinators strongly recommended that local health departments freely share information. Departmental personnel should check with their peers as

to how they approached similar problems. Staff with significant accreditation responsibilities should attend regional meetings and reach out to the most experienced accreditation coordinators.

Discussion

In Ohio it is very critical for a local health department to be on the path to receive its accreditation by 2020, as it is mandated and could end up being a qualification to receive federal and state funding (Ohio Revised Code 3701.13, 2013). During their interviews the respondents replied that there are a number of positive benefits that accredited health departments are already witnessing as a result of accreditation. These include increased camaraderie amongst employees, greater esteem in the health department community, and more respect as a valued community partner. The process also reportedly helps to break down organizational silos within the health department. According to Hamm (2007), other likely benefits of accreditation can be in the form of quality improvement, cost reduction, and enhanced customer satisfaction.

While it is incumbent upon the leadership of the health department to make the decision to undertake accreditation, it requires a major investment in human resources, a significant financial commitment, and a time obligation of between three to five years. Health departments often have no extra resources at their disposal and there is always the potential for unexpected health crisis and other emergencies that can make focusing on accreditation a difficult challenge. Hence, buy-in and support from all the employees, the health commissioner, and the local board of health is very vital.

The preparation for accreditation is extremely time consuming. It requires participation of each employee and support from external, community partner organizations. Health department employees need to work together, and like the leadership team, the employees need

to support the effort. While there will be different learning curves for each employee, accreditation provides an opportunity for professional growth. Much of the work related to accreditation involves self-assessments and the opportunity to question. Conducting research and designing solutions provides staff members a chance to be creative as well as discover, utilize, and showcase their talent. The position of accreditation coordinator is critical and to be successful this individual should possess specific professional characteristics; for example, they should be proficient in the use of modern technology, be well-organized and have strong communication skills. The accreditation coordinator needs to be an effective project manager since multiple activities must be done simultaneously and with attention to detail. Despite its importance, the position of accreditation coordinator might not be full time.

Another finding of this study was that the coordinators reported that working with other health departments in small group settings enabled them to think, discuss and problem-solve, and thereby achieve better results. Some areas where they claimed such collaborations strengthen the process were in the identification of specific standards or in choosing documents to address a particular PHAB measure. Neighboring health departments working towards accreditation will most likely contribute or support accreditation efforts of each other because they are motivated, encouraged, and have the opportunity to learn from the experience. Using the smart practices reported, unaccredited health departments can potentially be efficient and successful in completing accreditation. According to Dani et al. (2005) efforts should not try to reinvent the wheel, instead they should be directed at achieving new milestones. All eight accreditation coordinators successfully used these smart practices and cite them to be useful during their completion of health department accreditation. The accreditation process for the researched LHDs followed similar timelines beginning mid-2009 and completing accreditation by the end of

2015. Most of the accreditation coordinators explained how they shared information and were working with other LHDs throughout the process.

Public Health Implications

Accreditation is a relatively new concept to public health and the process is still evolving compared to accreditation in other industries. Using these identified smart practices will provide a starting point to a health department or can be used as a tool to determine if it is on the right path. Although there is no substantive evidence of any cost saving, using these smart practices could potentially save staff time as personnel are able to work more efficiently. Also, the resulting benefits of many of these smart practices might lead to better delivery of public health services to the communities served by accredited LHDs.

Another critical aspect is that these smart practices can be used to achieve specific objectives; for example, enhancing service quality, lower costs, and apply evidence-based practices. Specifically, the smart practice of ‘Reach out or Ask for help’, might be applied to better understand how other health departments or agencies are working on interoperability across agencies or coordinating services. Application of these smart practices is mostly dependent upon how and where they are applied, but the critical point to remember is that these smart practices may need minor modifications.

Limitations

This study has a number of limitations that should be recognized. Since it is the first study to examine smart practices associated with the public health accreditation process, compiling an informative literature review was challenging. A search of the literature yielded a very limited number of articles related to best practices or public health accreditation. As for the method of data collection, in-person interviews might have yielded better or more detailed

responses from the participants. That said, by relying on telephone-based interviews all accredited health departments in Ohio were able to be included in the survey. As for the identified smart practices referenced by the early adopters, these were in response to PHAB's standards and measures version 1.0. Since then PHAB has made modifications and revised its standards and measures. Accreditation version 1.5 is now currently being used. Lastly, it is also important to recognize that each local health department has unique features based upon the population they serve and its needs, therefore generalizing results from these particular LHDs could introduce an unintended bias.

Conclusion

The accreditation process for a public health department is an interesting, yet challenging experience, and becoming accredited is a significant achievement. Using the smart practices identified in this research may assist a public health department in having an efficient, productive, and successful accreditation process. On average it takes three to five years to complete the PHAB accreditation process. Already stretched thin due to various factors, a health department moving along to achieve accreditation is indicative of the fact that quality improvement, best in class service, and a commitment to population health are the priorities of the people working at any health department. Hence, accreditation should be recognized as one of the top priorities of the organization. Accreditation is a process that necessitates challenging oneself, one's team and the entire health department.

Most LHDs have the fundamental qualities needed for the accreditation: a focus on providing public health mandates distinctive of procedures relative to population needs, the resources for public reporting for protection of the masses, and an organizational structure that holds managers of public health departments accountable for their actions. The acquisition and

maintenance of accreditation depend upon the continued demonstration that management processes are maintained in accordance with the requirements of the accrediting institution.

Identifying smart practices and sharing them with like-organizations is a smart practice useful for any public health department as they continue their evolution. While in many industries, continuing education or professional development campaigns focus on instruction manuals or how-to guidelines; however, in public health, a focus on smart practices can foster an environment of continuous improvement which departments can use to efficiently and effectively deliver population health services in the future.

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Appendix A - Survey Questionnaire

Number	Question
1	Why did your department decide to get Accreditation?
2	Describe the overall time line (milestone) for your HD's accreditation process?
3	Did you utilize services of any consultant or consulting firm? If Yes or No, explain?
4	How early did you identify the need to hire or designate the Accreditation coordinator in the process?
5	How critical is it for the Accreditation coordinator to get trained? Choose one of the following options: Critical, Important, Not Important
6	Name Three Domains that took the most time to complete?
7	Name Three Standards that took the most to complete?
8	Name Three Domains that took the least time to complete?
9	Name Three Standards that took the least time to complete?
10	What special training needs were identified to complete the Accreditation?
11	How critical is it for a HD to be involved with a support group? Choose one of the following options: Critical, Important, Not Important
12	Suggest three support groups and their purpose?
13	Top three support tools and why?
14	Five best practices identified and used in the process of accreditation?
15	If given an opportunity to assist a HD, what would be your top five suggestions?
16	How critical was the support from PHAB? Choose one of the following options: Critical, Important, Not Important
17	Accreditation is the process to identify gaps and bridge those? What Process was used to identify GAPS?
18	What could have been done differently or any suggestion for other HD's?
19	Do we have your permission to identify you (name and position) in the acknowledgement section of this research?
20	If we learn something new from other interviewee, is it ok to come back and ask few follow-up questions, mostly through e-mail or phone?

Appendix B - List of Competencies Met in CE

Tier 1 Core Public Health Competencies

Domain #1: Analytic/Assessment Skills
Applies ethical principles in accessing, collecting, analyzing, using, maintaining, and disseminating data and information
Uses information technology in accessing, collecting, analyzing, using, maintaining, and disseminating data and information
Selects valid and reliable data
Selects comparable data (e.g., data being age-adjusted to the same year, data variables across datasets having similar definitions)
Identifies gaps in data
Collects valid and reliable quantitative and qualitative data
Describes public health applications of quantitative and qualitative data
Uses quantitative and qualitative data
Contributes to assessments of community health status and factors influencing health in a community (e.g., quality, availability, accessibility, and use of health services; access to affordable housing)
Describes how evidence (e.g., data, findings reported in peer-reviewed literature) is used in decision making
Domain #2: Policy Development/Program Planning Skills
Contributes to state/Tribal/community health improvement planning (e.g., providing data to supplement community health assessments, communicating observations from work in the field)
Contributes to development of program goals and objectives
Describes organizational strategic plan (e.g., includes measurable objectives and targets; relationship to community health improvement plan, workforce development plan, quality improvement plan, and other plans)
Contributes to implementation of organizational strategic plan
Describes implications of policies, programs, and services
Gathers information for evaluating policies, programs, and services (e.g., outputs, outcomes, processes, procedures, return on investment)
Domain #3: Communication Skills
Communicates in writing and orally with linguistic and cultural proficiency (e.g., using age-appropriate materials, incorporating images)
Conveys data and information to professionals and the public using a variety of approaches (e.g., reports, presentations, email, letters)
Facilitates communication among individuals, groups, and organizations
Domain #4: Cultural Competency Skills
n.a.
Domain #5: Community Dimensions of Practice Skills
Describes the programs and services provided by governmental and non-governmental organizations to improve the health of a community
Recognizes relationships that are affecting health in a community (e.g., relationships among health departments, hospitals, community health centers, primary care providers, schools, community-based organizations, and other types of organizations)
Supports relationships that improve health in a community
Collaborates with community partners to improve health in a community (e.g., participates in committees, shares data and information, connects people to resources)
Provides input for developing, implementing, evaluating, and improving policies, programs, and services
Domain #6: Public Health Sciences Skills
Identifies prominent events in the history of public health (e.g., smallpox eradication, development of vaccinations, infectious disease control, safe drinking water, emphasis on hygiene and hand washing, access to health care for people with disabilities)
Retrieves evidence (e.g., research findings, case reports, community surveys) from print and electronic sources (e.g., PubMed, Journal of Public Health Management and Practice, Morbidity and Mortality Weekly Report, The World Health Report) to support decision making
Recognizes limitations of evidence (e.g., validity, reliability, sample size, bias, generalizability)
Describes evidence used in developing, implementing, evaluating, and improving policies, programs, and services
Contributes to the public health evidence base (e.g., participating in Public Health Practice-Based Research Networks, community-based participatory research, and academic health departments; authoring articles; making data available to researchers)

Domain #7: Financial Planning and Management Skills
Describes the structures, functions, and authorizations of governmental public health programs and organizations
Describes government agencies with authority to impact the health of a community
Describes public health funding mechanisms (e.g., categorical grants, fees, third-party reimbursement, tobacco taxes)
Provides information for development of contracts and other agreements for programs and services
Motivates colleagues for the purpose of achieving program and organizational goals (e.g., participating in teams, encouraging sharing of ideas, respecting different points of view)
Uses performance management systems for program and organizational improvement (e.g., achieving performance objectives and targets, increasing efficiency, refining processes, meeting Healthy People objectives, sustaining accreditation)
Domain #8: Leadership and Systems Thinking Skills
Describes public health as part of a larger inter-related system of organizations that influence the health of populations at local, national, and global levels
Describes the ways public health, health care, and other organizations can work together or individually to impact the health of a community
Contributes to development of a vision for a healthy community (e.g., emphasis on prevention, health equity for all, excellence and innovation)
Describes needs for professional development (e.g., training, mentoring, peer advising, coaching)
Describes the impact of changes (e.g., social, political, economic, scientific) on organizational practices
Describes ways to improve individual and program performance

Concentration Specific Competencies

Public Health Management
Have a knowledge of strategy and management principles related to public health and health care settings
Be capable of applying communication and group dynamic strategies to individual and group interaction
Have a knowledge of leadership principles
Know change management principles
Have a knowledge of successful program implementation principles
Have a knowledge of systems thinking principles
Have an awareness of strategies for working with stakeholders to determine common and key values to achieve organizational and community goals
Know strategies for promoting teamwork for enhanced efficiency
Be able to use negotiation techniques
A knowledge of ethical principles relative to data collection, usage, and reporting results
An awareness of ethical standards related to management
Detailed knowledge of public health laws and regulations