

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

Welcome

NORC at the University of Chicago (NORC) is asking applicant health departments to participate in a survey about the national public health accreditation program. The survey includes questions about your experiences with the accreditation process and the benefits of accreditation. NORC is conducting this survey on behalf of the Public Health Accreditation Board (PHAB) and the Centers for Disease Control and Prevention (CDC) to evaluate the outcomes of the national public health accreditation program. The questions and topics in this survey are intended for the director of your health department, or a designee, if the director is unable to complete the survey. Thank you for participating in this survey.

Directions

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

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

Background

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

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

Information About Your Health Department

* 1. Name of Health Department:

Note: This information will be used to analyze findings by health department structure, size, and geographic region; responses will not be linked to any specific health department.

* 2. Respondent Role:

- Director of Health Department
- Accreditation Coordinator
- Other, please describe:

Applicant Survey (Survey 1)

Preparation for Accreditation

3. Please rate the degree to which each accreditation preparation activity was helpful. For each response option below, please select the appropriate column to indicate whether the items were *Very Helpful*, *Helpful*, *Somewhat Helpful*, or *Not Helpful*. If you did not use one of the preparation items or activities, please select *Not Applicable (N/A)*.

	Very Helpful	Helpful	Somewhat Helpful	Not Helpful	N/A
In-person training led by PHAB	<input type="radio"/>				
Any other in-person workshop led by a PHAB staff member	<input type="radio"/>				
Technical assistance (TA) from a PHAB staff member	<input type="radio"/>				
Training or TA from a national public health partner organization (e.g., APHA, ASTHO, NACCHO, NALBOH, NIHB, NNPPI, PHE, CDC)	<input type="radio"/>				
Training or TA from the state health department	<input type="radio"/>				
Training or TA from state/regional organization (e.g., public health institute, public health training center, state association)	<input type="radio"/>				
Training or TA from a consultant	<input type="radio"/>				
Review of PHAB Standards and Measures to determine areas of strength and areas for improvement	<input type="radio"/>				

4. Other, please describe:

5. Please provide additional clarification for any of your responses, if desired.

Applicant Survey (Survey 1)

Relationship with Stakeholders

6. Please select the appropriate column to indicate whether you *Strongly Agree*, *Agree*, *Disagree*, or *Strongly Disagree*. If you are unsure, please select *Don't Know*.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
Our board of health or governing entity has a working knowledge of our health department's roles and responsibilities.	<input type="radio"/>				
Our local policymakers have a working knowledge of our health department's roles and responsibilities.	<input type="radio"/>				
The public has a working knowledge of our health department's roles and responsibilities.	<input type="radio"/>				
Our key partners in other sectors (e.g., health care, social services, education) have a working knowledge of our health department's roles and responsibilities.	<input type="radio"/>				
Our health department currently collaborates with other health departments.	<input type="radio"/>				

7. Please provide additional clarification for any of your responses, if desired.

Applicant Survey (Survey 1)

Quality Improvement and Performance Management

8. Please rate the extent to which you agree or disagree with the following statements regarding your health department's quality improvement (QI) and performance management activities and culture.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
Currently, our health department compares our programs, processes, and/or outcomes against other similar health departments as a benchmark for performance.	<input type="radio"/>				
Before assessing our health department's readiness for accreditation, our health department had implemented strategies for QI.	<input type="radio"/>				
Our health department currently uses strategies to monitor and evaluate our effectiveness and quality.	<input type="radio"/>				
Our health department currently uses information from our QI processes and/or performance management system to inform decisions.	<input type="radio"/>				

9. Indicate the level of familiarity your health department staff members have with QI.

- Have no knowledge of QI
- Subset of staff have familiarity with QI
- Majority of staff have familiarity with QI
- Subset of staff are knowledgeable and practice QI
- Majority of staff are knowledgeable and practice QI
- Majority of staff routinely practice/use QI
- Don't know

10. Currently, QI in my agency is...

- Not practiced anywhere in the agency
- Talked about, but not required
- Conducted informally; sporadic program efforts
- Conducted formally in specific areas
- Conducted formally and agency-wide
- Our culture
- Don't know

11. Approximately what percentage of staff in your organization have received training in performance management and/or QI?

- 0-5%
- 6-25%
- 26-50%
- 51-75%
- 76-95%
- 96-100%
- Don't know

12. Please provide additional clarification for any of your responses, if desired.

Workforce Development and Training

Please answer the following question about your health department's workforce development and training.

13. Select the workforce development and training activities currently implemented by your health department. *Select all that apply.*

- Include education and training objectives in performance reviews
- Allow participation in training during working hours
- Pay travel/registration fees for trainings
- Provide on-site training
- Have staff position(s) whose responsibilities include coordinating internal training for employees
- Provide employee reward and recognition programs
- Other, please describe:

Additional Feedback

Please provide additional feedback about your health department's experiences preparing for the PHAB accreditation process.

14. Has your health department faced any challenges in the accreditation process thus far?
Select all that apply.

- Leadership changes
- Staff turnover or loss of key staff
- Limited staff time or other schedule limitations
- Lack of perceived value or benefit of accreditation
- Not a priority for our health department
- Lack of support from elected leaders
- Lack of support among health department leadership team
- Lack of support from board of health or other governing entity
- Selected PHAB Standards and Measures are not applicable to our health department
- Difficult for our health department to demonstrate conformity with selected PHAB Standards and Measures
- PHAB application fees
- Unanticipated costs
- Competing priorities
- None
- Other, please describe:

15. For the challenges selected above, please provide any additional details or clarification (e.g., if your health department overcame the obstacle, describe how).

16. Has your health department experienced any unanticipated benefits or outcomes as you prepare to undergo the accreditation process?

- Yes
- No
- Don't know

Additional Feedback

17. Please describe the unanticipated benefits or outcomes you have experienced as you prepare to undergo the accreditation process.

Applicant Survey (Survey 1)

Thank You

Thank you for your participation!