

Case Study Report

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American Public Health Association
Affiliate Accreditation Initiative

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This report provides the results of case studies of the Alabama Public Health Association (AlPHA) and the Utah Public Health Association (UPHA), which were conducted as part of an assessment of the American Public Health Association's (APHA) Affiliate Accreditation Initiative by The Policy & Research Group (PRG). This report provides an in-depth look at two Affiliates' experiences with the Affiliate Accreditation Initiative. In particular, we qualitatively assess two Affiliates' engagement activities and self-reported perceptions of the effectiveness, quality, and impact of partnerships with local, state, and tribal health departments.

Public health departments at any level – state, local, tribal, or territorial – may pursue accreditation. The accreditation process involves documentation of health department activities and impacts, along with a site visit from representatives of the Public Health Accreditation Board (PHAB), the organization which oversees accreditation. Achieving accreditation indicates that a health department's performance meets “nationally recognized, practice-focused and evidence-based standards,” which measure the organization, implementation, and impact of the department's activities.¹

Because it provides a standardized assessment of the health department's strengths and weaknesses, accreditation provides an opportunity for the department to improve the quality of its programs and activities. According to PHAB, achieving accreditation may increase a health department's competitiveness for grants. Health departments that have achieved accreditation report improved partnerships with stakeholders and streamlined internal activities.²

APHA's Affiliate Accreditation Initiative is a five-year project funded by the Centers for Disease Control and Prevention (CDC) with the purpose of advancing national public health accreditation among state, local, tribal, and territorial health departments. CDC awarded APHA the Affiliate Accreditation Initiative grant

in July 2013. Through the Affiliate Accreditation Initiative, APHA offers competitive sub-grants to its Affiliates to work with health departments on accreditation readiness. These grant opportunities are intended to support health departments in completing activities related to accreditation, such as conducting needs assessments or trainings for health department staff.

In each year of the grant, APHA releases a request for proposals to all of its Affiliates, after which proposals are reviewed by APHA staff, partners, Affiliate leaders, Section leaders, and CDC staff. Grants are awarded based on the APHA review process. The project period for each year of the grant lasts approximately nine months. The first round of grants was awarded in December 2013; APHA funded 11 Affiliate projects, including UPHA. The second round of nine grants, awarded in October 2014, funded both AlPHA and UPHA.

In this report, we describe the experiences of two sub-grantees, AlPHA, which recently received its first Affiliate Accreditation Initiative sub-grant, and UPHA, which has received Affiliate Accreditation Initiative sub-grants for the last two years. AlPHA was selected to participate in the case study because of its partnership with a state health department which is in the process of applying for accreditation. AlPHA used its funding to provide leadership training to assist the Alabama Department of Public Health (ADPH) in its pursuit of accreditation. UPHA, which is in its second year of funding, used the Affiliate Accreditation Initiative to support its existing partnerships with state and local health departments and to pursue new relationships with tribal departments. UPHA provided education and resources on national accreditation to its partners, and it offered support for its partners' individual accreditation readiness efforts. UPHA was selected to participate in the case study because of its partnerships with state, local, and tribal health departments with varying levels of interest in accreditation and accreditation readiness.

The information reported in these case studies is based on in-depth phone interviews conducted in July and August 2015 with leaders of ALPHAA and UPHA and representatives from their health department partners. PRG contacted the board president of ALPHAA and the executive director of UPHA, requesting contact information for potential interviewees in the Affiliates' leadership and their partners at state, local, or tribal health departments with whom they worked during the Affiliate Accreditation Initiative. A PRG research analyst and a senior research analyst conducted interviews with four individuals from Alabama and five individuals from Utah.³ The evaluation team also considered documents provided by ALPHAA and UPHA.⁴ PRG sent drafts to selected interviewees to review before distributing this report.

This report provides a brief history of the two organizations, ALPHAA and UPHA, along with details of their current organizational structures and key partnerships. We describe accreditation of public health departments and how it is achieved. We discuss differences in the Utah and Alabama public health systems and in the environments in which the two Affiliates work, and we describe how each Affiliate used the sub-grant to support their partners in working toward accreditation. Finally, we present perspectives of persons who were interviewed on how Affiliates can support health department accreditation in the future.

Affiliate History and Key Relationships

Leaders from both ALPHAA and UPHA report long-lasting, close ties between their organizations and their states' health departments. Both serve as a resource for public health education for health department employees, who make up the majority of members in both organizations, and for the larger public health community in their states. Because of Alabama's centralized public health system, ALPHAA's key relationship is with the state health department, while UPHA works

Affiliates at a Glance:

Alabama Public Health Association

Year founded: 1957

Annual budget: \$250,000

Number of staff: Part-time executive director

Number of board members: 9

Number of members: 310

1st year Accreditation Initiative sub-grantee

Accreditation Initiative activities:

- Leadership training for Alabama Department of Public Health employees

Utah Public Health Association

Year founded: 1916

Annual budget: \$122,000

Number of staff: Executive director (.5 FTE); bookkeeper (.05 FTE)

Number of board members: 19

Number of members: 226

2nd year Accreditation Initiative sub-grantee

Accreditation Initiative activities:

- Pre-Conference Accreditation Symposium
- Funds for local health department accreditation consultation
- Study of tribal readiness to perform community health assessments
- Online Accreditation Resource Center

directly with both the state and local health departments.

Alabama Public Health Association

Health officers and healthcare workers have met regularly in Alabama since the 1920s, and in 1957, ALPHAA was formally founded as an independent organization of public health workers. Today it aims to serve as a “leader and key resource on public health issues and policy in Alabama.”⁵ Its members are primarily ADPH employees; other members include faculty, staff, and students from Alabama universities. The association is led by a board of directors that is responsible for decision-making and for the strategic direction of the organization. Additionally, a part-time executive director works 25 to 30 hours per week on the organization’s business operations and communications with its members. The current executive director has been with the organization for five years.

AIPHA Case Study Sources

Tim Hatch: ALPHAA Immediate Past President

Suzanne Terrell: ALPHAA President

Natalie Quinney: ALPHAA President Elect

Carol Heier: ADPH Performance Improvement Manager and Accreditation Coordinator

Board members with whom we spoke described ALPHAA as an “education organization”; Tim Hatch, ALPHAA’s immediate past president, said that its mission is to provide public health education and to advocate for “common sense public health” through activities such as their annual Public Health Education Conference and the provision of continuing education credits for ADPH employees. Current ALPHAA President Suzanne Terrell said that the association’s primary focus is to provide public health education opportunities for its members.

According to Hatch, the board works closely with ADPH to identify employees’ training gaps and to provide sessions which address those topics at their annual conference.

When asked about ALPHAA’s key relationships, Hatch said that the state health officer is extremely supportive of ALPHAA, and his support facilitates the good working relationship between the ADPH and ALPHAA. ALPHAA also works closely with the University of Alabama at Birmingham, and the university’s representative on their board is key to involving the next generation of public health workers – students – in the organization. Hatch said that ALPHAA’s board is actively working to recruit more student members.

Utah Public Health Association

UPHA will celebrate its 100th anniversary in 2016. According to Executive Director Paul Wightman, it was founded in 1916 by a consortium of religious, business, and health officials to provide an independent voice on public health issues in the state. UPHA is led by a volunteer board of directors, which Wightman described as a “participatory board” of five working groups. These groups are responsible for UPHA’s finances, its policy and advocacy work, management of its membership, its annual conference, communication with its members, and general decision-making. The board oversees Wightman, who is the organization’s first executive director. He works approximately 15-20 paid hours per week, but volunteers extra time as necessary, saying, “I feel it’s a real community responsibility to volunteer my time, since everybody else is volunteering their time.” As the treasurer for approximately 30 years, he was familiar with UPHA’s structure prior to being hired as director. His responsibilities include managing the day-to-day finances of the organization, assisting with communicating with legislators on advocacy issues, communicating with association members and APHA, and completing other duties as determined by the board.

Similar to their counterparts at ALPHAA, UPHA leaders believe that providing and facilitating

educational opportunities for its members are the primary responsibilities of the organization. UPHA leaders described the organization's main activities as providing an annual public health conference for members, advocating for state public health policy, publishing a monthly newsletter, and helping local health departments plan conferences and meetings. Wightman said they also distribute APHA bulletins to their members. UPHA engages in advocacy work through its policy working group, which monitors upcoming legislation and sends information out to the approximately 1,200 constituents on the association's mailing list. According to Wightman, UPHA holds a legislative educational seminar prior to the state legislative session to highlight public health issues that are anticipated during the session.

UPHA Case Study Sources

Paul Wightman: UPHA Executive Director

Audrey Stevenson: UPHA Immediate Past President

Melissa Zito: UDoH American Indian Health Liaison/Health Policy Consultant

Cameron Mitchell: Director, Utah Association of Local Health Departments

Eric Edwards: Director of Health Promotion, Utah County Health Department

UPHA has long-lasting partnerships with both the Utah Department of Health (UDoH) and the 13 county-level health departments in the state. UPHA shares office space with the Utah Association of Local Health Departments (UALHD), whose members are the local health officers from the county health departments. Wightman said that the association supports UDoH by advertising state conferences and events to members and advocating for public health legislation on behalf of the state. He said, "When there's some independent voice needed,

they've [UDoH] asked us to chime in on some bills and try to get some grassroots environments going; grassroots advocacy." UPHA's board members are primarily local health department employees, but the state health department and local universities are also represented.

Public Health Accreditation

The Public Health Accreditation Board (PHAB) was established by the CDC and the Robert Wood Johnson Foundation in 2007 as a non-profit entity to oversee national public health department accreditation.⁶ The CDC and the Robert Wood Johnson Foundation funded the organization in order to achieve "a systematic approach for public health improvement," following recommendations from a national Steering Committee of representatives from APHA and state, territorial, and local health officials.⁷ The PHAB accreditation standards were initially tested in 2010 with 30 state, local, and tribal health departments and were then made broadly available in 2011. The accreditation process for health departments, as established by PHAB, requires a number of community and department-based assessments; extensive documentation of department activities, partnerships, and impacts; site visits from PHAB staff; and a fee. The entire process takes several years to complete. Fees are based on the population served by the applicant and range from \$12,720 to \$95,400.⁸

Current perceptions of and interest in health department accreditation in Alabama and Utah are markedly different. According to the Utah public health leaders interviewed, within Utah's public health community, viewpoints on accreditation and its usefulness vary greatly, while in Alabama, there is more unified support. In part, these perspectives stem from differences in how the public health systems are structured in each state: Alabama has a centralized system while Utah's is decentralized. Centralization allows a unified effort toward accreditation at the state level, while decentralization requires that each local health department make its own decision regarding accreditation and pursue it independently.

Accreditation Environment and Public Health Systems

Alabama Public Health Accreditation

PHAB defines a centralized health department as “a state public health organizational structure that operates all or most of the local health departments.”⁹ While local health departments may operate independently in a centralized system, the majority must be overseen by the state health department. If a state has a centralized system, accreditation occurs at the level of the state health department, though local health departments must meet PHAB local-level standards.

Alabama’s centralized public health system is run by ADPH, which is managed by the Alabama State Board of Health. ADPH administers the funding for the county health departments, which provide services to the public. ADPH manages 65 of the state’s 67 county-level local health departments. Of the two local health departments that operate independently, one is pursuing accreditation.

ADPH’s grant funding for accreditation readiness activities, its supportive leadership, and ongoing internal quality improvement activities contributed to its decision to pursue accreditation. ADPH received a grant from the National Public Health Improvement Initiative (NPHII) in 2010, which provided initial funding for accreditation readiness activities, such as documenting department activities and performing a departmental self-assessment. In 2011, a part-time Accreditation Coordinator was appointed, and, in 2013, a full-time Accreditation Coordinator, Carol Heier, was hired. Heier, ADPH’s Performance Improvement Manager and Accreditation Coordinator, said that the NNPHI grant was a “great incentive for us and provided some funding to us to establish the office of performance management here, and to really begin concentrated efforts to move towards accreditation.”

Heier said that the public health community and leadership have largely been supportive of pursuing accreditation. ADPH’s leaders and the state health officer have encouraged working toward accreditation, recognizing that the quality improvement activities required for accreditation will improve the operations of the department. Other health department employees have made significant contributions to the accreditation process. ADPH employees participated in workgroups to collect PHAB-required documentation, formed a document review panel, and served as “accreditation champions” that kept staff up-to-date on the process and training and conference opportunities. These groups also assisted in completing a community health assessment, strategic planning, a community health improvement plan, and a departmental quality improvement plan, which are all assessments required by PHAB.

While the environment in Alabama is largely supportive of accreditation, Heier acknowledged that pursuing accreditation is a resource-intensive process that can be challenging. The assessments can be costly, and accreditation is an ongoing process that requires updates every five years. Since Heier is the only full-time staff member paid to work on accreditation, all other work is done by employees in addition to their regular responsibilities. She noted, “It’s been a challenge for people to juggle all of those roles and responsibilities, and figure out how to incorporate time for accreditation in their day-to-day work.” However, employees became the backbone of the process, heading leadership teams, organizing trainings, assisting with assessments, and meeting regularly.

After several years of moving through the steps toward accreditation, in June 2015, ADPH submitted its application to PHAB. Heier said it may take up to eight months for PHAB to finalize the process.

Utah Public Health Accreditation

Unlike Alabama, Utah has a decentralized public health system, in which 13 single- or multi-county health departments act independently,

and UDoH acts as an administrator. Federal funding for local health services flows through the state and into the counties. Local health departments provide services and programs for their residents, which are funded with a combination of federal money, local taxes, and grants. Local health departments are independent from UDoH, and each has a board of health responsible for operating the department and determining the services provided.

I think that if you talk to any of the three health departments that are accredited or close to accreditation, all three will tell you the process itself in going through accreditation has made us a better department.

Cameron Mitchell, Director, Utah Association of Local Health Departments

In addition to its state and local health departments, Utah has eight tribal health departments that provide public health services to tribal members in the state. Melissa Zito, American Indian Health Liaison/Health Policy Consultant for UDoH, said that tribal health programs vary in capacity – some receive funding from Indian Health Services (IHS) to manage and operate public health services, and other, smaller tribes receive services directly through IHS. Zito said that UDoH works with tribes through the Utah Indian Health Advisory Board (IHAB), which “is comprised of tribally appointed health representatives that have been given authority to speak on behalf of their tribal governments to address health issues and public health issues.” She stressed that UDoH takes its role in communicating with the tribes as a

“government-to-government relationship” very seriously.

Because Utah’s public health system is decentralized, accreditation of state, local, and tribal health departments occurs separately, and attitudes toward accreditation vary widely. Decentralization allows each health department to work toward accreditation at its own pace, but it also requires individual efforts from disparate health departments with limited resources. The state health department has begun work on accreditation but is still in a very early stage in the process. Accreditation of a local or tribal health department requires the same activities and documentation as accreditation of a centralized state system. Requirements include conducting a self-assessment using PHAB criteria; conducting and disseminating results from a community health assessment; assessing trends in health and in social determinants of health; and developing a strategic plan, a quality improvement plan, and a community health improvement plan.

Several individuals described the accreditation environment in Utah as a “mixed bag.” Health departments vary in their progress toward accreditation and in their attitudes about accreditation and its usefulness. Two local health departments are accredited; three departments are in the process (including two local and UDoH); several local departments are interested; and several are adamantly opposed. None of the tribal health departments are accredited, and there is varying interest in becoming accredited. Cameron Mitchell, director of UALHD, said, “I think that all of the health departments have acknowledged that certain components of accreditation are valuable, such as quality improvement, performance improvement.” However, not all see the benefits outweighing the costs. It is a resource-intensive process – in time, staffing, and money – and some see no direct benefit to achieving the status. Mitchell said, “I would say that probably the largest [problem] is the money, having to pay someone to say, ‘Yes, you are accredited.’ . . . So it’s more or less the concept of paying somebody to tell them what to do, and them not wanting to be told what to do.”

Because Utah's public health community is somewhat divided on the issue of accreditation, UPHA has worked to ensure that their activities support local departments' needs rather than advocating for accreditation. Mitchell said that the Association of Local Boards of Health, of which he is also the director, lost the membership of one department over the association's backing of accreditation.

Wightman, UPHA's executive director, said he was told to be careful using the word "accreditation" if UPHA wanted continued support from local health departments, hearing "the warning, 'Don't ruin your reputation at UPHA, because if you do – if you start talking accreditation – then you become a leader of accreditation; our local health departments aren't going to support you anymore.'" Because of this uncertain atmosphere surrounding accreditation, UHPA was careful to allow local health departments to provide input on activities related to the Affiliate Accreditation Initiative so that these activities would be useful and welcomed.

There is less unified support for accreditation in Utah as compared to Alabama; however, it does have a strong supporter in the form of the Gaining Ground Coalition. This organization served as a valuable partner for UPHA during both years of its Affiliate Accreditation Initiative funding. UDoH's Gaining Ground Coalition was formed in 2010 through funding from NNPHI and the Robert Wood Johnson Foundation.

According to NNPHI, "The purpose of the Gaining Ground Initiative is to leverage existing resources and relationships, amplify them with funding and technical assistance, and create additional momentum and progress towards the pursuit of national accreditation through PHAB at the state, local, and tribal level."¹⁰ In Utah, the coalition assists health departments with assessing accreditation readiness and planning and implementing the steps needed for accreditation. The coalition's Executive Committee includes state, local, and tribal representatives, and UDoH also requested Wightman as a representative from UPHA.

In 2014, Tooele County became Utah's first county health department to obtain accreditation. Partially based on the positive feedback from

Tooele County employees regarding the benefits of accreditation, two other local health departments along with UDoH began work on accreditation. In 2015, Salt Lake County Health Department also became accredited.

APHA Affiliate Accreditation Initiative

Both ALPHA's and UPHA's experience with the Affiliate Accreditation Initiative was shaped by the environment within which the leadership works and by partnerships the associations have developed over years. Because the state health department was already in the accreditation process, ALPHA worked with ADPH, its main partner, to identify the best way to support their accreditation efforts. They eventually provided a desired training on workforce improvement that directly benefited the department's work toward accreditation. Because UPHA was working in a more uncertain environment, it approached partners at several levels to assess how best to support public health quality improvement efforts, even if they were not directly related to accreditation. Although some partners were not willing to pursue accreditation, supporting quality improvement activities can serve to improve public health delivery.

Alabama Affiliate Accreditation Initiative Experience

As president of ALPHA, Hatch received information from APHA about the Affiliate Accreditation Initiative funding opportunity in early 2014. He then forwarded the message to the board of directors, Heier, with whom he works at ADPH, and her immediate supervisor. From there, the board and Heier met to discuss possible uses for the funding in order to complete a grant proposal. Hatch said that prior to partnering with ADPH during the Affiliate Accreditation Initiative, ALPHA had not been directly involved in the state's accreditation process. However, most of ALPHA's board members are ADPH employees and had been involved in accreditation in some respect through their professional roles, and they were, therefore, familiar with the steps.

ALPHA applied for sub-grant funding to provide leadership education for ADPH employees during its annual conference. Heier and the ALPHA board decided to focus on leadership because, according to Heier, “workforce development was one of our weak areas, and we specifically knew that we needed to provide some leadership training.” Ensuring a competent workforce is one of PHAB’s requirements for accreditation, and it specifies that department leaders and managers must participate in leadership or management development training “provided by others, outside of the health department.”¹¹

Once the training topic was established, Quinney, who was in charge of conference planning, worked on identifying speakers and planning sessions. She said that ALPHA’s conference themes often parallel APHA’s theme for National Public Health Week, but, because of the focus on leadership development, along with more widespread changes with national health care reform, the board determined the theme for 2015 would be “The Future Is Now: Are You Ready?” Quinney booked both national and local speakers to provide leadership training sessions. During the annual three-day conference, ALPHA offered six sessions from these speakers.

It [the sub-grant] was just a wonderful blessing to be able to have that assistance to not only make the conference a success – which was a huge thing – but also to help ADPH with their accreditation.

Natalie Quinney, ALPHA President Elect

Participant feedback for these training sessions was overwhelmingly positive. Both Quinney and Hatch said that anecdotal and more formal evaluations, in the form of brief, post-session questionnaires, reported high levels of satisfaction with the speakers. Heier added, “People talking about the conference after it was over just, you know, unsolicited comments about it even, were that it was a very, very good conference, one of the best.” Quinney reported that one session ran long because attendees were involved in conversation related to the session, and she wishes she had scheduled more time for these sessions because of the high level of participant engagement.

By coordinating conference activities with accreditation requirements, ALPHA used its existing relationship with ADPH to address PHAB accreditation standards. ALPHA built on ADPH’s progress toward accreditation and used their previous needs assessments to provide training in an area of need.

Utah Affiliate Accreditation Initiative Experience

While ALPHA partnered with a centralized system that was already pursuing accreditation, UPHA worked with local health departments directly, tailoring their activities to each department’s needs. Wightman, UPHA’s executive director, was careful to stress that “UPHA is not the accreditation leader; we’re just helping.” Wightman said that UPHA has supported specific components of the accreditation process and, through the Affiliate Accreditation Initiative, has worked for two years with UDoH and local and tribal health departments on accreditation readiness.

In the first year of APHA funding, UPHA worked with existing partners at the state and local levels. Like ALPHA, when UPHA heard about the initial funding opportunity from APHA in 2013, the board contacted their partners to see how best to support accreditation readiness. The Gaining Ground Coalition recommended a NNPHI grant-required meeting

on accreditation readiness, which would take place prior to UPHA's annual conference.

In the pre-conference symposium, representatives from the Gaining Ground Coalition discussed accreditation and its benefits. At the time, only one local health department was accredited, and its executive director spoke at the symposium on his department's experience. Wightman said that the speech was effective at promoting accreditation. "They really came across beautifully," he said.

Mitchell agreed that the information provided at the symposium inspired some interest in accreditation. "There are three of our health departments that are not actively pursuing, but they've started to move in that direction. . . I would say based on, at least in part by the guidance and championed by those that are accredited."

In its second sub-grant application in 2014, UPHA proposed several activities in addition to a second pre-conference symposium. They aimed to provide technical assistance for local health departments, to conduct an assessment of tribal health departments' accreditation readiness, and to create an online resource center for Utah public health accreditation. The application was successful; UPHA was awarded more funding than it requested in its second sub-grant.

Again, UPHA approached its partners at the state and local health departments to ask about resources needed for accreditation readiness. Mitchell said, "When UPHA was looking at applying for this money, they approached me and said, 'Is there some area where health departments could use some help, or they would be interested in accreditation? What can we do from a local health department perspective to get them engaged in this process?'" Wightman also reached out to Zito at UDoH to discuss including the tribes in the sub-grant activities; IHAB then decided to use the funding to assess the tribes' readiness to conduct a community health assessment.

UPHA's second pre-conference symposium, held in April 2015, served as a forum on accreditation readiness. Presentations included an introduction to the Gaining Ground Coalition, an update on tribal readiness, and a discussion about an Online Accreditation Resource Center. UPHA hired a consultant to lead a session on overcoming obstacles to beginning the accreditation process. Several individuals involved in planning the symposium said the sessions were well-received. Mitchell described the benefits the symposium provided to his members; he said, "I think it's been really, really good. It's one of the rare opportunities in Utah where we can convene and pull together people interested in public health." While the session was not well-attended by those leaders opposed to accreditation, it provided a forum for those who are interested.

UPHA also provided technical assistance and support to local health departments for accreditation readiness. According to Wightman, even if local health departments were not formally pursuing accreditation, some were already conducting quality improvement activities that were part of the accreditation process, and this support provided an opportunity for expanding these activities. Wightman contacted Eric Edwards, the Director of Health Promotion for the Utah County Health Department (UCHD), to discuss the opportunity to provide assistance, and Edwards applied for funding for a workforce development assessment. Wightman said that they intentionally did not earmark funding for specific activities in order to support work that departments actually needed to accomplish.

With the technical assistance and support, Edwards and another UCHD staff member conducted a workforce survey of all department staff in June 2015 and shared the results with the directors of each division. Edwards reported being very pleased with the results of the assessment, saying that he and several other directors are already using the results to guide their staff training decisions for the upcoming year. Edwards credited UPHA for helping his department complete this step: "I think we still would've done this, but who knows how long it

would take me?" He stated that this assistance "provided the critical mass to get moving on it."

Another component of UPHA's most recent Affiliate Accreditation Initiative activities was an assessment of tribal representatives' perceptions of accreditation. To build on UPHA's relationships with tribal departments, Wightman said that he approached Zito, saying, "'We've got a grant; how could you use this?' And she put forward an RFP and said this is what she wanted to do: the interviews and engage an analyst who can look at the results of the interviews and determine how ready the different tribes are." The interviews focused on the tribes' readiness to conduct a community health assessment. PHAB requires community health assessments for certification, and, according to Zito, IHAB perceived them to be useful regardless of their use for accreditation. Zito used the Affiliate Accreditation Initiative funding to travel around the state and interview representatives from five of the eight tribal health departments and the one urban health department in Salt Lake City, asking about knowledge of community health assessments and of public health in general and about their interest in accreditation.

I believe from here on out if UPHA were to come to the Indian Health Advisory Board for anything, they would be supportive of whatever they needed.

Melissa Zito, Utah Department of Health American Indian Health Liaison/Health Policy Consultant

These interviews provided information about the tribes' attitudes toward accreditation, along with strengthening the relationship between the tribes and UPHA. The tribes' concerns about accreditation activities were similar to those expressed by some other health departments.

Zito said that while the tribes see the value of community health assessments, they want to know about direct benefits before investing the resources required to conduct one. She said, "They have such limited resources, and often times people have more than just one role and one job at the tribal level. It's really, really important to them that they understand or that they get from the work, how will this benefit us?" Zito presented the results of the interviews to IHAB leadership along with UPHA. She said that UPHA's understanding and sensitivity toward tribal relations was key to the success of the assessment and furthering their relationship: "They've been really great to work with, and we've been able to do something that has not been done in Utah before in terms of doing a readiness assessment for accreditation for the tribes. So that was huge, even though it was just, you know, a small amount of money, it was huge in terms of relationship-building with the eight tribes in Utah."

The final component of UPHA's 2014/2015 Affiliate Accreditation Initiative activities was the formation of an Online Accreditation Resource Center. The idea for the resource center grew out of discussions among participants at the first Accreditation Symposium. Several individuals described documents, toolkits, and other resources available from PHAB and health departments nationwide. They described these resources as useful, but stated that there was a need for resources specific to Utah. UPHA's board decided to allocate part of the Affiliate Accreditation Initiative funding to hire a consultant for technical design of the website and to cover the cost of web hosting for one year. Representatives from UPHA, Davis County Health Department, and the Gaining Ground Coalition created the prototype for the site. Wightman said that the site is not yet live; after the one-year contract ends, members of the Gaining Ground Coalition's Performance Improvement Peer Network (PIPN) will be responsible for gathering and posting information on the site. The PIPN group is a network of representatives from county and tribal health departments across the state who advocate for accreditation.

Future Directions for Accreditation Readiness

Leaders at ALPHΑ and UPHA and their partners with whom we spoke noted that accreditation is a resource-intensive process and that additional funding is much needed. Both Affiliates used the small grants from the Affiliate Accreditation Initiative to support accreditation in their states after collaborating with health department representatives to identify useful and appropriate activities. All agree that the efforts were successful and that they would be open to similar collaborations in the future. Leaders at ALPHΑ and UPHA said they would take the same approach of seeking out and identifying partners' needs for future funding opportunities.

When asked how APHA could further support Affiliates' efforts in this area, Wightman was most succinct. "Money," he said, "It's funding." Because of the resources required to undergo the initial accreditation process and to maintain accreditation, additional funding is always needed. Several persons noted that until accreditation status is tied to grant funding, many departments will hesitate to divert limited existing resources to the formal accreditation process. For this reason, outside funding to initiate or support accreditation can provide critical motivation for health departments with limited resources.

ALPHΑ and Future Accreditation Efforts

Hatch said that, in general, ALPHΑ has very good communication with ADPH, and, if ADPH needs training in a specific area, ALPHΑ will always be willing to step in to provide it. ALPHΑ leaders said they are grateful for the funding opportunity provided by APHA, and they would apply again if given the opportunity in the future. Quinney said, "That was just a wonderful blessing to be able to have that assistance to not only make the conference a success – which was a huge thing – but also to help ADPH with their accreditation. That was amazing to receive that help."

Heier reported seeing benefits from the accreditation process even before the department has received official accreditation status. She said that the process has improved the department's infrastructure and workforce development, built relationships between staff in different departments, and enhanced collaboration between communities. After accreditation, she anticipates further benefits, saying, "Of course you think at some point, granters are going to be looking at your accreditation status, when they consider whether or not they want to fund projects or activities, so we want to be accredited so that we can be a player when those funds and resources come available." While ADPH has made much progress toward accreditation, some challenges remain, according to Heier. With limited funding, there are always competing priorities, and accreditation is an ongoing commitment with renewal required every five years.

They (ALPHΑ) always do a great job with their conferences. They are always informative, and you walk away having learned something new.

Carol Heier, Alabama Department of Public Health Performance Improvement Manager and Accreditation Coordinator

Hatch said he was confident that the work ALPHΑ did with the Affiliate Accreditation Initiative funding aligned with the association's primary mission of providing education to its members and the public health community. When asked about applying for future funding opportunities, Quinney returned to the association's initial approach of collaborating closely with their partners at ADPH, saying, "I'd want to find out exactly what they're needing to focus on before applying to something else." Heier also mentioned ALPHΑ's collaborative

approach to working with ADPH and her willingness to partner with them again, saying, “They tend to be very open to trying to know what it is our training needs are and trying to address those. So I think it could definitely be something to consider in future conferences.”

UPHA and Future Accreditation Efforts

UPHA’s partners during the Affiliate Accreditation Initiative welcomed the technical assistance and support and described the sub-grant activities as successful. Edwards noted that the money his department received pushed him to do an assessment that otherwise might have languished. Wightman described the local departments’ effective use of the additional support, saying, “You give somebody \$2,500 – what can they really do with it? Well, look and see. It’s pretty amazing what they’ve done. So, a lot more money needs to be put into this. We’ll try and keep going.” Audrey Stevenson, UPHA’s immediate past president, said that, in the future, she sees an opportunity for UPHA to continue to identify barriers for those who are not interested in accreditation and to reach them with more information and resources when possible. Zito, too, sees an opportunity for

UPHA to continue building its relationship with tribal departments, though she suggested approaching accreditation from a quality improvement perspective – providing education and resources – as tribes are for the most part still a long way from beginning the formal accreditation process.

Wightman was careful to note that he believes that, through the two rounds of Affiliate Accreditation Initiative funding, UPHA “helped push accreditation as a member of the team, not as a leader.” Others also saw the success of the initiative and how it strengthened their partnerships with UPHA. Mitchell said, “UPHA has already approached my office and asked . . . how can we do better? . . . What do you need at your level that we can help provide? So, I would say that the most successful thing has just been the collaboration and UPHA’s willingness to provide what they find is needed in the public health arena.” Zito said of Wightman and UPHA, “They were able to acknowledge that it needs to be done at the tribal level and were willing to do whatever it took to get it done. It was impressive. As far as for the state, I think it provided great relationship-building between all three: the state, UPHA, and the tribes.”

¹ Public Health Accreditation Board. Retrieved September 23, 2015, from <http://www.phaboard.org/accreditation-overview/what-is-accreditation/>.

² Public Health Accreditation Board. Retrieved October 9, 2015, from <http://www.phaboard.org/accreditation-overview/what-are-the-benefits/>.

³ Interviewees from Alabama included the President, Immediate Past President, and President Elect from AIPHA, and the accreditation coordinator for ADPH. Interviewees from Utah included the Executive Director and Immediate Past President of UPHA, the American Indian Health Liaison at UDoH, the Director of the Utah Association of Local Health Departments, and the Director of Health Promotion at Utah County Health Department. Interviews lasted approximately one to one and a half hours.

⁴ AIPHA provided their bylaws, 2009 strategic planning document, and 2015 application for the accreditation sub-grant. UPHA provided their bylaws, 2015 sub-grant application and final report, 2014 sub-grant final report, and documents related to accreditation grant activities.

⁵ Alabama Public Health Association. Retrieved September 9, 2015, from <http://alphassoc.org/about-alpha/history/>.

⁶ Public Health Accreditation Board. Retrieved September 9, 2015, from <http://www.phaboard.org/about-phab/public-health-accreditation-background/>.

⁷ Public Health Accreditation Board. Retrieved September 25, 2015, from <http://www.phaboard.org/about-phab/public-health-accreditation-background/>.

⁸ Public Health Accreditation Board. Retrieved September 9, 2015, from <http://www.phaboard.org/accreditation-overview/what-does-it-cost/>.

⁹ Public Health Accreditation Board. Retrieved September 24, 2015, from <http://www.phaboard.org/accreditation-overview/who-is-eligible/>.

¹⁰ National Network of Public Health Institutes, "Gaining Ground Initiative Participant Manual." Retrieved September 10, 2015, from http://nnphi.org/uploads/media_items/gaining-ground-program-manual.original.pdf.

¹¹ Public Health Accreditation Board, *Standards and Measures Version 1.5*, December 2013. Page 199. Retrieved September 10, 2015, from <http://www.phaboard.org/wp-content/uploads/SM-Version-1.5-Board-adopted-FINAL-01-24-2014.docx.pdf>.