



**THE UNIVERSITY**  
*of* **NORTH CAROLINA**  
*at* **CHAPEL HILL**

**North Carolina Local Health Department Accreditation  
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Evaluation Report**

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## EXECUTIVE SUMMARY

The North Carolina Local Health Department Accreditation (NCLHDA) assures and enhances the quality of local public health in North Carolina by identifying and promoting the implementation of public health standards for local public health departments, and evaluating and accrediting local health departments on their ability to meet these standards.

From July 2005 through June 2006, the North Carolina Institute for Public Health (NCIPH), as Accreditation Administrator, facilitated the NCLHDA process in ten local health agencies. The agencies completed the Self-Assessment Instrument, Site Visit Teams conducted on-site reviews of the agencies, and an Accrediting Board awarded accreditation status to the agencies. The NCIPH Evaluation Services Unit conducted a thorough evaluation of the implementation and impact of the 2006 NCLHDA process. The purposes of the evaluation are to: document how well the process works; examine the process for participant perceived ease of use and fairness; examine the effectiveness of the NC Division of Public Health technical assistance; document the benefits of accreditation; and identify impacts of accreditation. Findings are based on the aggregated experience of agency, state Division of Public Health consultants, site visitors, Division of Public Health staff, and NCIPH staff.

The NCLHDA is now a fully operational system. Evaluation participants ( $n = 77$ ) indicated that the system and specific components work well and that the program has continued to improve since the pilots. Nearly all evaluation participants reported that NCIPH performed its role as Accreditation Administrator well and effectively managed the accreditation process. Participants provided recommendations for continuous improvement of system components. Highlights of recommended improvements include clarifying roles and responsibilities of specific participants, ensuring consistency of benchmark interpretation by site visitors, and improving communication to participants about specific aspects of the process.

As part of the evaluation, we examined the impact of NCLHDA on local health departments and the effectiveness of state Division of Public Health consultation. Impact was examined several ways. First, agencies participating in accreditation revise policies, create new policies, and create new processes, such as quality assurance teams, to improve agency structure and functioning.

Second, we examined the benefits that participants experienced or observed throughout the process. All participants reported experiencing a number of benefits. These are organized into community benefits, agency benefits, and other participant benefits (available in Appendix X).

We evaluated the effectiveness of the DPH lead consultant and program consultant technical assistance to agencies during the agency self assessment process. Nearly all health department staff reported that lead consultants completely met their agencies needs for technical assistance and were instrumental in agencies earning accredited status. Health department staff reported that program consultants partially met their needs or did not meet their needs for technical assistance, primarily because the role of these consultants was not clear.

In the first year of operation, the NCLHDA met the performance target of 10 health departments participating in the process. Participants indicate that the system functions well and that the Accreditation Administrator effectively performs its role. All participants report that they experience benefits of participation.

## INTRODUCTION

The North Carolina Local Health Department Accreditation (NCLHDA) assures and enhances the quality of local public health in North Carolina by identifying and promoting the implementation of public health standards for local public health departments, and evaluating and accrediting local health departments on their ability to meet these standards.

The program is a collaborative effort among the North Carolina Association of Local Health Directors, the Association of North Carolina Boards of Health, the Division of Public Health (DPH) in the North Carolina Department of Health and Human Services (NCDHHS), the Division of Environmental Health (DEH) in the North Carolina Department of Environment and Natural Resources (NCDENR), and the North Carolina Institute for Public Health (NCIPH) at the UNC School of Public Health.

The focus of the proposed accreditation system is to increase the capacity of the local health department to perform at a quality level the three core functions of assessment, assurance, and policy development and the 10 essential services as detailed in the Centers for Disease Control and Prevention National Public Health Performance Standards Program. The goal of the accreditation program is to assure that local public health agencies have the capacity to provide a standard set of essential public health services across the state.

The NCLHDA partners implemented several changes between the pilots and the now mandatory program. First, DPH changed how technical assistance is delivered by consultants to agencies during agency preparation for accreditation and completion of the HDSAI. Second, more structured processes for site visit teams requesting additional documentation during the site visit and site visit exit interviews were implemented. Site visitors now request additional documentation in writing through the Accreditation Coordinator. The site visit exit interview now follows a structured protocol.

From July 2005 through June 2006, NCIPH, as Accreditation Administrator, facilitated the NCLHDA process at ten local health agencies. The agencies completed the Self-Assessment

Instrument, Site Visit Teams conducted on-site reviews of the agencies, and an Accrediting Board awarded accreditation status to the agencies. NCIPH conducted a thorough evaluation of the pilot project. For a complete description of the NCLHDA process and participants, please visit the Accreditation website at: <http://www2.sph.unc.edu/nciph/accred/>. The evaluation of the 2006 NCLHDA process is detailed in this report.

The purposes of 2006 NCLDHA evaluation are:

- To determine how well the process works.
- To examine the process for participant perceived ease of use and fairness.
- To examine the effectiveness of the new NC Division of Public Health technical assistance model for agencies.
- To identify benefits and costs of accreditation.
- To examine if health departments that have participated in accreditation conduct performance improvement activities based on accreditation findings.

## EVALUATION METHODOLOGY

### *Design*

NCIPH evaluators, Mary Davis, DrPH, MSPH and Molly Cannon, MPH conducted a utilization-focused evaluation with a natural experiment research design which emphasizes identifying, collecting and analyzing data, and reporting results on questions of interest to the primary stakeholders. The NC legislature was the primary stakeholder of the pilot project evaluation. Dr. Davis and NCIPH staff created the evaluation approach from the authorizing legislation and to replicate as much as possible the evaluation from Accreditation Pilots. Dr. Davis and Ms. Cannon revised Accreditation Pilot 2 data collection instruments, collected data from key participants, and analyzed the data and prepared this report. A critical element of this evaluation was to ensure that participants in all phases of this process had an opportunity to provide feedback on their experience.

### *Data Collection Methods and Participants*

Several data collection methods were used to ensure that all participants had an opportunity to provide feedback on the phases and aspects of the accreditation process. All data collection procedures were reviewed and approved by the UNC institutional review board for public health. For copies of data collection instruments, please contact Molly Cannon at: 919-966-9974 or [mcannon@email.unc.edu](mailto:mcannon@email.unc.edu).

**Agency Coordinator Survey**—Agency Accreditation Coordinators completed a survey via Survey Monkey following Accreditation Board deliberations. The purpose of the survey was to capture their experience with completing the Health Department Agency Self Assessment Instrument (HDSAI) and the site visit process. Items regarding HDSAI completion included descriptions of coordinator role to complete the HDSAI, policy changes made as a result of accreditation, technical assistance requests of consultants and effectiveness of the provision of that assistance, adequacy of training and technical assistance to prepare for and facilitate completion of the HDSAI, clarity of HDSAI materials and standards, and suggestions for improving HDSAI materials and training. Items regarding the site visit process addressed the coordinator role in the site visit process, adequacy of training and technical assistance regarding

the site visit, site visit logistics, conduct of the site visit team, and suggestions for improving the site visit process. Respondents were also asked about the benefits of the accreditation process. All ten agency coordinators completed the survey.

**Consultant Survey**— All accreditation lead and programmatic DPH consultants were invited to complete a survey via Survey Monkey after Accreditation Board deliberations. The survey was designed to capture consultants' experience with assisting the health department to complete the HDSAI and the site visit process. Items regarding the HDSAI included adequacy of training and technical assistance (e.g., resources) to prepare and facilitate the consultants to assist health departments to complete the HDSAI, consultant activities in assisting the health departments to complete the HDSAI, extent to which consultant participation in accreditation had an effect on how they provide consultation and interact with other consultants, clarity of HDSAI materials, and suggestions for improving the HDSAI materials and process. Items regarding the site visit included consultant role in the site visit process, adequacy of site visit training, and technical assistance and suggestions to improve the site visit process and training. Participants were also asked about the benefits of accreditation. Twenty-five programmatic consultants and all five lead consultants completed the survey.

**Site Visitors Survey**--Site visit team members completed a site visitor survey via Survey Monkey following agency site visits. Survey items included questions related to site visitor involvement in accreditation, the adequacy of training and preparation provided by the NCIPH, clarity of HDSAI materials and suggestions for improving the HDSAI materials and process, feedback on site visit logistics and process, information on how the team made determinations as to whether or not an agency met a benchmark, and how the team completed the Site Visit report. The survey also included a question about the benefits of accreditation. Twenty-three of 27 (85%) site visitors completed the site visitor survey.

**Survey Analysis**—Frequencies were conducted for categorical variables, means and standard deviations were conducted for continuous variables, and lists by respondent were prepared for all qualitative comments. DPH consultant survey responses were also stratified by type of consultant (lead vs. programmatic).

**Health Director Interviews**--Health Directors from the ten agencies that participated in the accreditation process completed a telephone interview (approximately 45 minutes) after the Accreditation Board process were complete. Interview items included what aspects of accreditation worked well or needed improvement, the extent and type of policy change made as a result of accreditation, agency strengths and weaknesses discovered through the process, effectiveness of NCIPH throughout process, performance improvements planned or made based on accreditation results, the extent to which participating in accreditation will make the agency more effective, agency and staff benefits from the process, policy enactment and implementation practices, and strategic planning processes.

**DPH Interviews**—One DPH staff member responsible for the 2006 Accreditation was interviewed. Interview items included questions about aspects of the process that worked well, aspects that need improvement, the extent to which different participants (e.g., agency staff, consultants) were able to interpret and apply benchmarks, feedback obtained from agency personnel or DPH consultants regarding the effectiveness of consultant technical assistance, and the benefits of the accreditation process.

**NCIPH Staff**—Three NCIPH staff members were interviewed regarding their experience with 2006 Accreditation. One staff member was involved in both Accreditation pilots. Interview items included questions about aspects of the process that worked well, aspects that need improvement, the extent to which different participants (e.g., agency staff, consultants) were able to interpret and apply benchmarks, feedback obtained from agency personnel or DPH consultants regarding the effectiveness of consultant technical assistance, and the benefits of the accreditation process.

**Data Analysis**—Interviews were transcribed by a transcription service and analyzed using the qualitative analysis program, NVivo. Interviews were coded according to research questions and other themes that emerged from the analysis. Qualitative comments from survey data were also incorporated into this analysis. Descriptive statistics were used to summarize quantitative data from the surveys. Data from interviews and surveys were organized by evaluation question to summarize key findings and recommendations for improvements.

## RESULTS

### 1. How well does the NC Local Health Department Accreditation process work?

#### *a. Did participants and stakeholders understand the process?*

**Key Findings:** Participants understand the accreditation process and report that all aspects worked well during this implementation cycle. Below, specific components of the process are reviewed and recommendations for improvement are provided.

#### *b. How well did various components of the process work?*

**Key Findings:** Overall, participants reported that the process went smoothly, and has improved from the pilots. Participants noted several new accreditation components that worked well, including: formalizing the Agency Accreditation Coordinator position; institutionalizing the plaque ceremony for agency's achieving accreditation; scheduling of the site visits (five in the spring and five in the fall); having a lead DPH consultant; holding conference calls every other Friday; the paperless HDSAI; and the website with frequently asked questions and answers. Findings related to training, the HDSAI, site visits, and site visit teams are organized by subcategories (in italics) below.

#### *Training*

**Key Findings:** Overall, respondents found the trainings to be useful. On a scale of 1 (not at all) to 6 (completely), agency coordinators were asked to rate the extent to which the satellite training prepared them for the self-assessment process and the site visit. Agency coordinators gave an average rating of 3.8 (standard deviation = 1.4) for the HDSAI preparation and 4.0 (standard deviation = 1.2) for the site visit preparation. Using the same 6-point scale, site visitors gave an average 4.7 rating (standard deviation = .7) for the training they received to help prepare them to be a site visitor. Nearly all participants reported that training should include more examples of documentation that serve as evidence for benchmarks. While trainees appreciated being able to participate in distance based trainings, they noted that technical glitches were a challenge. Agency coordinators indicated that they would like more information about what to expect in the accreditation process, including roles and responsibilities of the Agency

coordinator. There was low attendance at the DPH consultant training, particularly by programmatic consultants. Challenges experienced with and by programmatic consultants (e.g., programmatic letters, not meeting all agency needs) demonstrate the need to enhance training with those consultants. Some respondents commented that the site visitor training should work to address inter-rater reliability among site visitors.

## **Recommendations:**

### *General*

- Provide more examples of which documentation serves as evidence for specific benchmarks
- Improve satellite technical glitches and have a back-up plan in case of such glitches
- Explicitly describe roles and responsibilities of all parties (e.g., lead vs. programmatic DPH consultant; lead vs. regular site visitor; NCIPH staff – administrator vs. coordinator; AAC role)
- Ensure that trainees are aware of all training locations

### *AAC*

- Include more information about expectations of the Agency Accreditation coordinator

### *DPH*

- Consider making DPH consultant training mandatory for all DPH program consultants
- For DPH program consultants, consider providing examples of programmatic letters

### *Site Visitors*

- Consider recruiting additional site visitors to try to increase the site visitor pool (e.g., diversity)
- Conduct a staged Site Visitor training – one level for new site visitors and another for experienced site visitors. The advanced training would cover more information about interpretation of benchmarks to try to improve inter-rater reliability
- Consider having an experienced site visitor as a trainer and include role playing

### *HDSAI*

**Key Findings:** Agency respondents found the HDSAI process to be useful and beneficial to the agency and indicated it helped them prepare for the site visit. Many respondents indicated the document was well-organized and liked having the ability to complete it electronically. Several respondents commented that the instrument has improved since the first two pilots. Some suggestions were made to further improve the organization of the document.

## **Recommendations:**

- Make the HDSAI more user-friendly
  - Include a table of contents
  - Add a search or “go to” function
  - Improve ease of data entry

- Include an expanded glossary
- Include more specific instructions about what documentation can be used as evidence (e.g., benchmarks 8.1-8.4)
- Develop a standardized way of updating stakeholders about changes to the instrument

### *Site Visits*

**Key Findings:** Overall, accreditation participants indicated that the site visit process went well, including the logistics, interviews, and activities that occurred during the visit. In 2006, the site visit exit conference was institutionalized as part of the accreditation process. Agency coordinators were asked to rate the extent to which these conferences met their agency's needs on a scale of 1 (not at all) to 6 (completely). The average rating was 4.9 (standard deviation = 1.4), with all but one respondent rating it as a 5 or 6. Some agencies indicated their interest in knowing the site visit team consensus at the exit meeting regarding recommendation on accreditation status to the Accreditation Board. About one third of site visitor respondents commented that more time should be allotted for site visitor meeting time and agency walk through. Some site visitors noted that agency staff were nervous during the visit; others indicated that agency staff perceived the process of asking for additional documentation as adversarial. Some consultants indicated that interviewing them during the site visit could present a conflict of interest.

### **Recommendations:**

- Review the purpose of the exit conference and clearly define that purpose to the Health Director and agency staff to avoid not meeting their expectations (e.g., that they will learn whether or not they 'passed')
- Adequately prepare agencies for what to expect during accreditation
- Develop effective strategies to communicate the purpose of requesting additional documentation during the site visit for site visitors and agency personnel
- Complete documentation review prior to conducting interviews
- Consider eliminating interviews with the lead consultant during the site visit

### *Site Visit Teams*

**Key Findings:** Overall, agency and DPH consultants positively described their interactions with site visit teams noting they were knowledgeable, professional, and helpful. Some respondents commented that site visit teams should remain consistent for inter-rater reliability, while others indicated that site visit teams should be diverse and change over time. There were some instances of an individual site visitor not displaying "professionalism".

**Recommendations:**

- Determine the best model for creating site visit teams to ensure consistency of application of benchmarks
- Consider developing policies and procedures for site visitors
- Consider credentialing site visitors

***c. How well did the Accreditation Administrator perform its role?***

**Key Findings:** Nearly all participants reported that the NCIPH performed its role as the Accreditation Administrator well and effectively managed the accreditation process. Conference calls, the website, assisting with the HDSAI process, and coordination of site visits were seen as helpful. Respondents indicated that NCIPH staff were professional, supportive, organized, and responsive. Participants did note some areas of concern. Several participants reported that NCIPH staff did not always respond to questions in a timely manner and that roles of specific staff are not clear to agency personnel and site visitors. This may be related to lack of clarity regarding roles/responsibilities of NCIPH staff, the fact that the Accreditation Administrator had a chronic illness during this cycle, or that there was a staff shortage. One respondent commented that how additional documentation was requested during site visits varied depending on which NCIPH staff member facilitated the site visit (i.e., one staff member had agency and site visit staff communicating directly and another served as intermediary). Some participants recommended that model policies on the Accreditation website be updated and that a handout preparing health directors and site visitors for Accreditation Board meetings would be helpful.

**Recommendations:**

- Consider establishing a policy regarding timeliness of correspondence
- Clarify roles/responsibilities of NCIPH staff
- Continue to ensure that NCIPH staff persons participating in site visits use a consistent approach to facilitating how additional documentation is requested
- Identify better model policies for the website
- Clarify Accreditation Board procedures to appropriate stakeholders (e.g., lead site visitors, health directors)
- Develop a timeline for agencies to help guide them through the accreditation process

***d. Do local health departments perceive that DPH consultant accreditation technical assistance is effective?***

**Key Findings:** Overall, health departments found lead consultants to be helpful and instrumental in helping local agencies achieve accreditation. On a scale of 1 (not at all) to 6 (completely),

agency coordinators were asked to rate the extent to which consultants met their agency's needs. Agency coordinators gave an average rating of 5.9 (standard deviation = .3) for lead consultants and 3.6 (standard deviation = 1.5) for programmatic consultants. The lower rating of programmatic consultants is likely due to the fact that the role of the programmatic consultants was not clear to the agencies, or in some cases, to the programmatic consultants themselves. The letters of program compliance caused problems for several agencies in that they were difficult to obtain and requesting them resulted in being "inundated" with consultants coming to monitor their programs. One consultant suggested that a team approach to working with an agency be implemented.

### **Recommendations:**

- Clarify purpose of letters of program compliance and consider providing programmatic consultants with guidance on how to complete these letters
- Create a team approach for how consultants can provide assistance to agencies undergoing accreditation
- Consider requiring all DPH consultants to attend accreditation training
- Consider the lead site visitor's role in re-accreditation and possibly expanding the role of the programmatic consultant
- Clarify purpose of DPH lead consultant

## **2. Is the accreditation process reasonable and fair?**

*a. Are benchmarks and activities clear, can health department staff, consultants, and site visitors easily interpret and apply the benchmarks and activities?*

**Key Findings:** In general, the benchmarks and activities are clearer than they were in the two pilots. Participants reported however that not all of the benchmarks are clear, sometimes causing different parties (e.g., AAC and site visitors) to interpret benchmarks differently. Several respondents reported that benchmarks changed during the course of the 2006 Accreditation cycle. The Rules Review Commission adopted temporary rules in December 2005 which were in effect for this entire cycle. Permanent accreditation rules were adopted by the Rules Commission on October 1, 2006. In some cases, documentation needed to demonstrate meeting activities were clarified, but benchmarks did not change. For some of the standards (e.g., Board of Health), respondents indicated that there were inflexible benchmarks with a "one size fits all" approach. One respondent shared that one non-met activity (e.g., public health nursing curricula certificate) could lead to an agency missing a benchmark and not being accredited, even though they provide

excellent services. Many respondents indicated that the documentation needed to support a benchmark did not always match the benchmark (e.g., “the item would say nothing about bylaws and the documentation would say a copy of bylaws”). Two respondents suggested adding benchmarks. Another respondent noted that all health departments should be made aware of updates/changes to benchmarks and accreditation processes so they can be adequately preparing for re-accreditation.

**Recommendations:**

- Review activities that were expressed as unclear (Appendix A)
- Consider tailoring some of the benchmarks for different agencies
- Review the effect that missing a certain activity will have on an agency achieving accreditation
- Ensure that documentation requested matches benchmarks/activities
- Consider adding a benchmark that requires documentation of BOH members’ licensure
- Consider alternative ways to disseminate changes to benchmarks (e.g., email, newsletter)

***b. Are any benchmarks or activities duplicative?***

**Key Findings:** Respondents reported that they had to provide the same documentation for several benchmarks (e.g., minutes, epidemiology reports). Three standards were thought to have some duplication: policy development, laboratory, and governance.

**Recommendations:**

- Streamline documentation required for multiple benchmarks
- Reduce duplication of benchmarks

***c. Did site visit teams consistently clarify, verify, and amplify benchmarks and activities?***

**Key Findings:** Some agency respondents noted that site visitors read more into the “proof” of meeting a benchmark or activity than necessary. For example, these respondents observed that site visitors at their agencies assessed the quality of a policy, instead of verifying whether or not the policy exists. With a large pool of site visitors, it is likely that benchmarks will be interpreted differently. In this cycle, activities had to be judged as “met” or “not met”, and not applicable was no longer an option. Some site visitors indicated, however, that there were situations (e.g.,

activity 17.4) where they were forced to choose “met” or “not met” when not applicable would have been the appropriate response.

**Recommendations:**

- Continue to standardize site visitor responsibilities by clarifying the degree to which they should request additional information
- Consider ways to improve site visitor inter-rater reliability
- Emphasize interpretation of “not applicable” activities in site visitor training and guidance document

**d. *Were site visit teams consistent in their decision making processes regarding agency achievement of a particular benchmark or activity?***

**Key Findings:** Most site visit teams made determinations about whether or not an agency met a benchmark by consensus. When preparing the site visit report, all site visitors had some part in identifying strengths and weaknesses of various benchmarks and then submitting their written comments to the lead site visitor. Site visitors reported that they were concerned about whether or not they were consistent with other site visit teams.

**Recommendations:**

- Consider holding a site visitor “debriefing” or having regular calls with site visitors to ensure that site visit teams are consistent in their decision making processes
- Enhance site visitor training as previously discussed

**e. *Did Accreditation Board deliberations and appeals processes occur as planned?***

**Key Findings:** Overall, respondents reported that the Board process runs smoothly. Participants who were involved in previous pilots indicated that the Board is now more prepared and knowledgeable than before. Some agency staff and lead site visitors indicated they were not clear on their roles during the Board meeting (e.g., lead site visitors weren’t sure on what to report and health directors were uncertain of what to say). While there were no appeals during 2006 Accreditation, one participant indicated that it was unclear how appeals processes would be handled. Another participant reported that Board attendance could be improved.

**Recommendations:**

- Create a one page description of the Board meeting and disseminate to agency staff, indicating what individuals should be prepared to do at the meeting
- Provide guidance to lead site visitors on what to present/highlight at Board meetings

- Ensure all participants are aware of how the Appeals process works
- Provide training to Accreditation Board
- Consider creating a policy regarding Board attendance

### **3. What is the impact of the NC Local HD Accreditation system?**

***a. What policy or practice changes did local health departments enact or implement to prepare for accreditation, for which benchmarks?***

**Key Findings:** All agencies made policy changes in preparation for accreditation. Seven of the ten agencies wrote policies on existing practice, updated existing policies, and created an entirely new policy. Policies were written for all five of the HDSAI sections (Assessment, Policy Development, Assurance, Facilities and Administration; and Governance) equally across all types of policy development. Eight of the ten agencies reported that they identified and adapted policies from other health departments in preparation for accreditation. Policies were adapted for all five of the HDSAI sections. Not all respondents agreed that identifying and adapting policies from other counties was a benefit of accreditation, since such an approach could lead to a replication of policies, but not necessarily translate into improved practice or implementation of such policy.

**Recommendations:**

- Explore the extent to which identifying and adapting policies from other health departments helps to improve capacity
- Update model policies on website as previously discussed

***b. How does the accreditation process achieve the goal to improve capacity of local health departments?***

**Key Findings:** Nearly all health directors indicated that their agency’s participation in the accreditation process has helped it to become a more effective public health agency. Reasons for this varied, including: it focused staff on the purpose of the health department; helped them become more aware of the services they can provide to clients; standardized agency operations; helped legitimize agency activities; and provided an opportunity for self-assessment. Other capacity level improvements, often made prior to the site visit, included establishing/ improving upon strategic planning processes and organizing the agency/having policies and procedures in

place so they are ready to respond when “thrown into crisis resolution.” Some of the procedures that are in place as a result of accreditation include: more structure for the Board of Health; starting a Q&A team; annual/regular policy reviews; enhancing staff orientation; enhancing performance evaluations; updating required/recommended licensing (e.g., CPR); firming up of policies and procedures; realigning strategic plans under the ten essential services; and improving communications systems (e.g., websites, sharing of minutes). A couple of respondents noted that while accreditation may lead to capacity improvement, it does not address/assess quality of service delivery.

**Recommendations:**

- Continue the self-assessment process
- Consider addressing how accreditation can help improve service delivery
- Use capacity improvements as a marketing tool for accreditation

*c. How did participants benefit from the process?*

**Key Findings:** Overall, respondents found the accreditation process to be beneficial in a variety of ways. The most frequently reported benefits overall were: sharing or creating policies, procedures, and best practices among consultants and agency staff; recognition of agency accomplishments given few resources; promoted staff understanding of how their job contributes to an agency’s mission and essential services; and peer site visitors applying what they learn to their own health department. Respondents’ reporting of accreditation benefits varied depending on their involvement in accreditation. Site visit team members most frequently reported that they can apply what they learn to their own health department as a benefit. Benefits related to health department functioning and staff were most often reported by agency staff and health directors. Lead consultants were more likely to report benefits of accreditation than program consultants.

**Recommendations:**

- When marketing accreditation, tailor benefits to stakeholders’ interests.

*d. What performance improvements have accredited health departments made?*

**Key Findings:** Several agencies reported making or planning performance improvements. Two agencies indicated that they had formed quality assurance committees that oversee quality

improvement methods. One of these committees is addressing patient satisfaction by administering satisfaction surveys, developing complaint processes, and assessing/improving clinic flow. Another agency is working to improve patient privacy in the clinic. A couple of agencies indicated that they did not need to make any improvements since they met so many of the benchmarks. Recommendations provided in the site visit report are not required to be implemented by agencies; however, one participated noted that it could be beneficial to the agency if the agency prepared a plan to address such recommendations.

**Recommendations:**

- Clarify purpose of writing recommendations in the site visit report
- Use performance improvements as a marketing tool for accreditation

#### 4. General Questions

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*a. What costs did the health departments incur while participating in the process?*

**Key Findings:** Agency staff reported that accreditation preparation required a lot of time; two agency representatives noted that they spent more than the \$25,000 allocated by the state for accreditation preparation. One respondent suggested that accreditation be as streamlined a process as possible to avoid adding additional costs to the health department. Time and effort forms have been submitted to NCIPH for review, summaries are underway. Eighty percent of agency respondents reported that the actual site visit did not interrupt the agency's normal operations.

**Recommendations:**

- Continue providing funding to agencies undergoing accreditation; consider providing amounts relevant to agency size
- Provide examples of how different agencies used accreditation funding

*b. Were participants satisfied with the output given the time and effort expended to produce it?*

**Key Findings:** Health directors indicated that they were satisfied with the output(s) of accreditation given the time and effort expended. Several agency representatives described that accreditation gave their agencies an opportunity to undergo self-assessment and to learn about

their strengths and weaknesses. One respondent in particular stated that accreditation, “gave us a tool to evaluate ourselves by”, and helped give them a way to compare themselves to other agencies. Other outputs of accreditation reported by respondents include: acknowledgment of their agency’s services; helping the agency “get organized” and develop processes; and team building. One respondent described that there was plenty of time to prepare for accreditation and that benchmarks were reasonable and “made sense.” Another respondent indicated that the first round of accreditation will be the most valuable to agencies, and noted that re-accreditation may not produce such value because agencies will already have had “an opportunity to maximize improvements unless there’s radically changing requirements”.

**Recommendations:**

- Consider ways to implement re-accreditation so that it is beneficial to agencies
- Continue self-assessment process

*c. Does the ongoing accreditation system technical assistance approach change how consultants provide consultation?*

**Key Findings:** Lead consultants indicated that accreditation has changed how they provide consultation more than programmatic consultants did. Ways that consultants described how accreditation has changed provision of consultation include: 1) they now help prepare counties for accreditation (e.g., assist HD’s in matching activities to HDSAI activities, use accreditation tools when providing assistance); 2) it has enhanced their relationships with health departments and helped break down barriers; and 3) according to one individual, it validates consultants’ work by giving them a more technical foundation. Slightly less than half of consultants noted that accreditation has increased their communication with other consultants (e.g., conference calls). While very few consultants indicated that accreditation changed *their* perception of their role as a consultant, approximately half indicated that it improved their perceived value as a consultant to the health departments with which they work (e.g., now viewed as an asset, consultants are more aware of local level needs).

**Recommendations:**

- Require training for program consultants as previously discussed
- Create opportunities for information sharing among consultants

*d. What approval processes do health departments use to enact and implement new policies?*

**Key Findings:** Agencies have a variety of methods they use to enact and implement new policies. Most agencies, however, described that once a policy has been drafted (i.e., by staff, department manager), it goes to the health director or the Board of Health for approval. The Health Director approves policies that are related to the day-to-day operations of the agency, and the Board of Health approves public health policy and global policy. Two agencies have a team or committee responsible for policy review and adoption. Some respondents indicated that accreditation led them to develop a policy on policies that dictates exactly how policies are written and approved. One agency described that some policies (e.g., staff pay) need to be reviewed by county commissioners. Another agency indicated that all policies undergo an annual Board of Health review which serves as an educational opportunity for the Board of Health.

**Recommendations:**

- Share policy development and enactment best practices with other agencies

*e. What processes do health departments use to conduct Strategic Planning processes (how are Strategic Plans developed, updated, and implemented, and who is involved in these processes)?*

**Key Findings:** Prior to accreditation, some agencies had no strategic planning processes while others had detailed processes, involving community and all levels of staff. Agencies that did not have processes prior to accreditation developed them for accreditation. Most agencies have the management team, together with the health director, develop the strategic plan; however, in some cases the Board of Health is involved (e.g., reviewing and approving the plan, going on a retreat to set the plan). Few agencies involve staff other than the management team in developing the plan, and only one agency talked about active community involvement. When asked who is responsible for implementing the plan, there was a range of answers (i.e., staff management team, health director, assistant health director, Board of Health). One participant noted that accreditation requirements regarding strategic planning was unclear.

**Recommendations:**

- Share strategic planning best practices with other agencies
- Clarify accreditation requirements for strategic planning

## CONCLUSIONS

**Summary** The NCLHDA is now a fully operational system. System participants indicated that the program and specific components work well and that the program has improved since the pilots. Participants provided recommendations for continuous improvement which are provided below.

In this evaluation, we examined specific aspects of the NCLHDA process of potential national interest or to meet partner requests. These included benefits of accreditation, agency adoption of new policies to meet accreditation standards, and the effectiveness of a new model of DPH technical assistance. Evaluation results demonstrate that all NCLHDA participants experience one or more benefits from the process. Different participants, e.g. site visitors or agency personnel, reported experiencing some benefits more than others. Most importantly, health directors report that their agencies and their staff experience several benefits and that the process helped their agency become a more effective public health agency. The full list of accreditation benefits is found in Appendix B.

In this accreditation cycle, all agencies reported making policy changes to prepare for accreditation, including writing policies on existing practice, updating policies, and creating entirely new policies. Eight of the 10 health departments reported adapting policies from other agencies. These policy changes occurred in all five HDSAI sections. Beyond policy updating, agencies reported planning or implementing of performance improvements, such as forming quality assurance committees.

With the implementation of the ongoing system accrediting 10 agencies per year, DPH changed the technical assistance process provided by nursing consultants. Previously, lead consultants were assigned to assist one agency per accreditation cycle. Now lead consultants are assigned to assist multiple agencies within a cycle. Additionally, program consultants are now expected to provide letters regarding health department compliance with program monitoring along with program technical assistance. Health department personnel identified DPH consultation as a critical component of the agencies' success during the pilot accreditation cycles. In this accreditation cycle, health department personnel continued to view the DPH nursing consultants

as providing valuable technical assistance; agency personnel, however, expressed challenges working with program consultants. Specific recommendations to improve program consultant technical assistance are provided below.

**Limitations** The following are limitations of the findings presented in this report. Nearly all data sources are self-reports of participants' experiences with the accreditation process. Self-reports may have been challenged by recall bias, as some interviews occurred several months after the agency went through accreditation. No review of documents (e.g., site visit reports, HDSAI) occurred as part of this evaluation. Some participants may not have been completely forthcoming with their opinions of accreditation because of concerns of confidentiality of their responses and the fact that evaluation team members are also NCIPH staff members. There was a low response rate for DPH consultants, particularly for program consultants. Finally, health directors and agency accreditation coordinators were the only staff interviewed or surveyed for this evaluation.

## **RECOMMENDATIONS**

As of December 2006 the NCLHDA has accredited 20 NC local public health agencies. Based on evaluation results presented in this report, evaluators suggest that the Accreditation Board consider implementing the following recommendations for future accreditation cycles.

**Address areas for improvement.** Specific recommendations for improving agency, site visitor, and DPH consultant training are included in this document, as well as details on benchmarks, activities, or supporting documentation that are unclear, duplicative, or otherwise problematic. The Accreditation Board should review these recommendations, with input from other stakeholders, and consider making changes to improve the NCLHDA. Highlights of these recommendations are provided below.

**Clarify roles and responsibilities.** Evaluation participants reported that roles and responsibilities of DPH lead and programmatic consultants and NCIPH accreditation administrator and site visit coordinator were not always clear, making accessing technical assistance or getting questions answered challenging. The role of the Agency Accreditation Coordinator needs to be clarified to facilitate agencies completing the HDSAI and preparing for

the site visit. We recommend that the Accreditation Board ensure that these roles are clarified to all stakeholders.

**Ensure consistency of benchmark application.** Various participants commented that site visit team inter-rater reliability is critical to maintaining the integrity of the Accreditation process. Recommendations regarding enhanced site visitor training, increasing the pool of site visitors, addressing activities that appear to be ‘not applicable’ are addressed in this report. We recommend that the Accreditation Board carefully consider the best model for creating site visit teams to ensure consistency of application of benchmarks and activities while maintaining an adequate pool of site visitors.

**Improve communication.** Some participants recommended that the Accreditation Administrator improve communication to participants about aspects of the process such as: the purpose of site visit exit conferences, the purpose and process of site visitors requesting additional documentation from agency staff, NCIPH response time to questions from agency staff, reporting expectations of Health Director and lead site visitors at Accreditation Board meetings, and accreditation updates and modifications. We recommend that the Accreditation Board work with other stakeholders on improving communication regarding accreditation procedures.

**Develop a plan for re-accreditation.** The Accreditation Board should consider and develop a plan for how the re-accreditation process will occur. Participants would like to know what this process will entail so they can adequately prepare for re-accreditation.

### **Underlying Accreditation Issues**

Although the NCLHDA is now a mandatory system, codified in the NC rules process, participants in the 2006 cycle expressed concerns about aspects of the system. These concerns are provided below.

- *Some participants don't think that borrowing of policies is useful, and that actually it will lead to "cookie cutter" policies that don't mean anything*
- *Some participants still seem to question the purpose of accreditation – while everyone seems to support accreditation and the current standards, some health directors reported*

*that an agency having systems in place, doesn't necessarily mean they " have the services to drive it"*

- *Some participants are not sure what will happen if/when there is an appeal, and that perhaps there should be different levels of accreditation (e.g., with commendation) – this was also raised after Pilot II.*
- *Only one person raised this, but it seems there could be a conflict of interest with lead consultants – is their role to make the agency look good or is it to maintain the integrity of the accreditation process?*