North Carolina Local Health Department Accreditation

July 2006 – June 2007
Stakeholder Evaluation Report

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UNC
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NCIPH

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ACKNOWLEDGEMENTS

This evaluation of the FY 2006 – 2007 North Carolina Local Health Department Accreditation (NCLHDA) program was conducted by evaluation staff, Molly Cannon, MPH and Mary Davis, DrPH, MSPH, at the North Carolina Institute for Public Health (NCIPH), the service and outreach arm of the School of Public Health at the University of North Carolina at Chapel Hill. This is the same organization that administers the NCLHDA process, thus the evaluation process should be considered an "internal evaluation."

Dr. Edward Baker, NCIPH Director; Craig Michalak, former NCLHDA Accreditation Administrator; and Dr. Rachel Stevens, Interim Accreditation Administrator, provided valuable ideas on the overall evaluation design and questions to ask. Dr. Stevens also provided assistance in interpretation of the results. The evaluation team worked closely with Brittan Williams, MPH, State Accreditation Coordinator, and Monecia Thomas, MHA, former Senior State Accreditation Coordinator, who gave feedback on instruments, provided contact information for evaluation participants, and reviewed report drafts. Dr. Joy Reed, Head of the Local Technical Assistance & Training Branch and Head, Public Health Nursing and Professional Development Unit, NC Division of Public Health, also reviewed a draft of the evaluation report.

BACKGROUND

The NC Local Health Department Accreditation (NCLHDA) 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 goal of the NCLHDA program is to improve and protect the public's health by assuring the capacity of NC local health departments to perform core functions and essential services**.** The core functions of assessment, policy development and assurance are defined through 41 benchmarks and 148 activities that are based on the 10 Essential Public Health Services plus Facilities and Administrative Services and Governance. These standards are based on NC's

public health statutes and are aligned with the National Association of County and City Health Officials (NACCHO) Operational Definition and the National Public Health Performance Standards Program. From July 2006 through June 2007, the NCIPH, as Accreditation Administrator, facilitated the NCLHDA process at ten local health agencies.

The NCIPH Evaluation Services conducted an evaluation of the FY 2006 - 2007 NCLHDA process to provide information to the following parties: 1) the Accreditation Administrator (to determine how well the program is being administered); 2) the Accreditation Board (to determine how well the program is functioning overall); 3) DPH and DEH (to determine how well DPH and DEH staff are performing and how well the program is achieving its overall intent); and 4) the local health directors (to determine outcomes for local health agencies).

EVALUATION METHODOLOGY

Design

The purpose of the evaluation was to determine: 1) the extent to which NCLHDA is working as intended; 2) the extent to which accreditation improves local health department capacity to provide and/or assure services; and 3) preliminary impacts of accreditation.

Data Collection Methods and Participants

Table 1 presents evaluation participants and data collection instruments. Data collection procedures and instruments were submitted to the Public Health-Nursing Institutional Review Board at UNC and determined to be program evaluation and thus not in need of IRB approval. Data collection activities occurred in August and September 2007.

Table 1. Data Collection Methods and Response Rates.

Participant Group	Instrument	Response Rate
Agency Accreditation Coordinator	On-line Survey	90% (n=9)
Site Visitors	On-line Survey	88% (n=21)
Health Directors	Telephone Interviews	100% (n=10)
DPH, DEH/DENR	Telephone Interviews	100% (n=3)
Accreditation Administrator Staff	Face-to-face Interviews	100% (n=3)

Data Analysis

Data from interviews and surveys were organized by evaluation question to summarize key findings. Data from DPH, DEH, and NCIPH Accreditation Administrator staff were analyzed separately. This brief report presents results from agency personnel and site visitors. Data from surveys are presented as means which were calculated for continuous variables; and/or top two ratings (i.e., percent of respondents that rated a given indicator a 5 or 6); and lists of responses were prepared for all qualitative survey items. Interviews were coded according to evaluation questions and other themes that emerged during analysis. Qualitative comments from survey data were incorporated into this analysis. The only suggestions for improvement included in this report are those that came directly from respondents.

RESULTS

Outcome Summary

All ten agencies undergoing accreditation in 2007 were recommended for accreditation by site visit teams and were awarded accreditation status by the Accreditation Board. In FY 2006-2007, two of the agencies met all of the 148 activities, six agencies met all but one activity, one agency met all but two activities; and another met all but three activities. Activity 31.4 (the local health department shall have current written position descriptions and qualifications for each staff person) was not met by three agencies. Activity 24.3 (the local health department staff shall participate in orientation and on-going training and continuing education activities required by law, rule or contractual obligation) was not met by two agencies, as was Activity 7.3 (the local health department shall investigate and respond to environmental health complaints or referrals).

Evaluation Purpose 1: Is the North Carolina Local Health Department Accreditation program working as intended?

One hundred percent of health directors (n=10) and agency accreditation coordinators (n=9) who responded indicated that they were satisfied with the output of the accreditation process given the time and effort expended by them and their staff. When asked to describe why they were satisfied, respondents described three main reasons: increased understanding of the health department; led to quality improvement initiatives; and provided an opportunity for self-assessment.

Two respondents, one from each category, commented that despite the amount of time preparing for accreditation, it was still worth it. As one agency accreditation coordinator wrote,

> *It was an extreme amount of time for our agency – it amounted to 42 weeks of work for one person when we calculated the time and effort surveys at the end of the process! But we were pleased with the end result.*

Health directors, agency accreditation coordinators, and site visitors were asked to describe what aspects of the accreditation process worked well and what aspects needed improvement. Box 1 provides a summary of their responses.

Box 1: Health Director, Agency Accreditation Coordinator, and Site Visitor Responses to What Worked Well and What Needs Improvement in the NCLHDA

Worked Well

- Technical assistance from DPH consultants – "invaluable", "top notch", "outstanding".
- HDSAI process, primarily for its use as a preparation tool – "it helped us to work through the standards to determine where we may not be ready".
- Site visits – exit conference, organization of visit, and site visitors sharing their experiences.
- Technical assistance from Accreditation Administrator staff – e.g., website, conference calls.
- According to site visitors, site visit training, planning, and the HDSAI worked well noting that the HDSAI provided a framework for reviewing the health department and served as a discussion tool between site visitors and agency staff.

Suggestions for Improvement

- Address inter-rater reliability of site visitors by improving site visitor training and clarifying language of some HDSAI activities and documentation.*
- Clarify Accreditation Board processes (e.g., how to express disagreement with site visit team findings).
- Clarify specific HDSAI activities that are unclear (i.e., 30.9, 30.10, 37.1, 37.3, 7.3) and reduce duplication of required documentation.
- Clarify ambiguous language for required documentation (i.e., "periodic" -33.6; "current" – 31.4, 31.5; "timely")

**Note: inter-rater reliability has not yet been tested - evaluation data represent stakeholders' perceptions that inter-rater reliability is a problem.*

Health directors, agency accreditation coordinators, and site visitors rated the overall effectiveness of the Accreditation Administrator staff (including Craig Michalak, Rachel Stevens, Monecia Thomas, and Brittan Williams). Among these three groups, the average rating of overall effectiveness was 5.1 or higher on a scale of 1 (not at all effective) to 6 (very

effective). One hundred percent of health directors rated the overall effectiveness of the Accreditation Administrator as a 5 (effective) or 6 (very effective).

Agency accreditation coordinators and site visitors rated Accreditation Administrator staff performance of nine administrative functions (Box 2). On eight of the nine functions, more than 70% of agency accreditation coordinators and site visitors rated the Accreditation Administrator staff as performing these functions very well or extremely well on a scale of 1 (not at all well) to 6 (extremely well).

Box 2: Percent of Respondents who Rated Accreditation Administrator Staff's Performance on Administration Functions as Very Well or Extremely Well

Agency Accreditation Coordinators

- 100% - Overall HDSAI technical assistance, Website, Overall site visit process, Serving as a resource during the site visit
- 89% - HDSAI guidance document, Accreditation Board process
- 77% - Bi-weekly conference calls, Pre site visit logistics
- 67% - Training

Site Visitors (ratings were adjusted for site visitors who responded, "not applicable")

- 100% - Overall site visit process
- 95% - Pre site visit logistics, Serving as a resource during the site visit
- 91% - HDSAI guidance document
- 90% - Website
- 85% - Overall HDSAI technical assistance
- 80% - Bi-weekly conference calls, Accreditation Board process
- 62% - Training

Health directors, agency accreditation coordinators, and site visitors report that Accreditation Administrator staff communication (e.g., timely, available, facilitation of conference calls), professionalism (e.g., helpful, responsive, personable), and coordination (e.g., setting up calls and site visits, keeping stakeholders "on track") are skills the staff perform particularly well.

> *The accreditation staff are highly skilled and resourceful. They were very helpful to the site visitors when questions or issues arose…They handled problems immediately and established effective ways for information retrieval. Well organized and accommodating.*

Most respondents indicated they had no suggestions for improvement for Accreditation Administrator staff. The few suggestions for improvement included continuing to provide

resources to agencies undergoing accreditation (e.g., sharing resources, providing templates) and improving training.

Agency accreditation coordinators rated their satisfaction with five aspects of the site visit process, using a scale of 1 (not at all agree) to 6 (completely agree). Nearly all agency accreditation coordinators mostly or completely agreed that they were satisfied with these aspects of the site visit process. Box 3 provides the results for each of these statements.

Box 3: Percent of Agency Accreditation Coordinators who Mostly or Completely Agreed with Statements about the Site Visit Process

- 100% mostly/completely agreed with the following statements:
  - The site visitors seemed knowledgeable in the subject areas assigned to them.
  - The site visitors conducted themselves in a professional and collegial manner.
  - The site visit exit conference offered health department staff general impressions of the site visit.
- 89% - The site visitors seemed well prepared for their task.
- 78% - The preliminary site visit schedule provided the agency adequate flexibility for arranging the required activities.

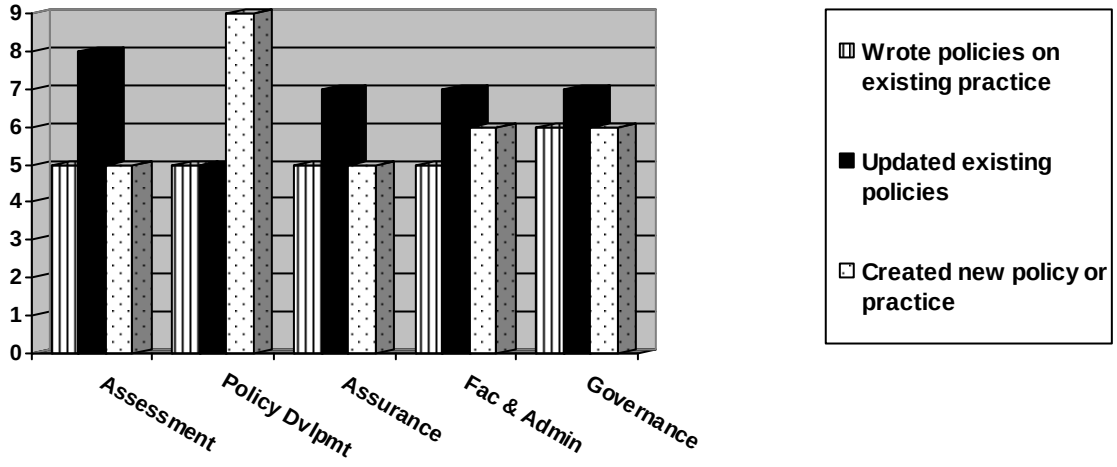
For these aspects, only one agency accreditation coordinator rated that he/she was not satisfied with the site visit schedule. Only one agency accreditation coordinator expressed concern about the focus of the site visit team review.

> *At times the site visitors "recommended" that we provide a service a certain way based on their experience in their counties, not knowing the dynamics of our county and staffing constraints. We felt that at times their questions were programmatic in nature and not something they should have been questioning, especially since we had programmatic letters of compliance in the evidence.*

Evaluation Purpose 2: How does the accreditation process achieve the goal to improve local health department's capacity to provide and/or assure services?

Figure 1 illustrates the number of agencies that made policy changes for each of the HDSAI functions. Nine agency accreditation coordinators indicated that their agencies made policy changes in at least one of the five HDSAI functions (Assessment, Policy Development, Assurance, Facilities and Administration; and Governance) in preparation for accreditation.

Figure 1. Number of Agencies Making Policy Changes for HDSAI Functions



Similarly, eight agency accreditation coordinators [note: just eight responded to this question] indicated that they identified and adapted at least one policy from other departments for each of the five HDSAI standards. All eight indicated that they adapted a policy from another health department for Policy Development, and seven did so for Assessment and Assurance. Six agencies adapted policies for Governance and five did so for Facilities and Administration.

Health directors and agency accreditation coordinators were also asked to select which, if any, of nine changes were made by their health department in preparation for accreditation. Table 2 presents the results for both sets of respondents.

Table 2. Health Department Practice Changes Made Prior to Accreditation.

Changes	Health Director (n=10)	Agency Accreditation Coordinator (n=9)
Developed a strategic plan	5	4
Revised a strategic plan	5	4
Created filing systems for policies and procedures	5	4
Increased interaction with the Board of Health	6	3
Created a quality improvement team or other QI system	5	4
Developed a system for policy development	8	6
Updated licensing	2	1
Enhanced personnel systems	3	6
Improved communications	7	7
Other	6	1

All of the health directors reported at least one change in health department practice that was implemented in preparation for accreditation. For many of the changes, there was overall agreement between health directors and agency accreditation coordinators. However, more health directors reported increased interaction with the Board of Health and developed a system for policy development, and more agency accreditation coordinators reported enhanced personnel systems. The difference in their reporting may have to do with their roles and responsibilities (e.g., the health director may have more interaction with the Board of Health than the agency accreditation coordinator does).

Health directors were asked to specify if any of 11 changes have occurred at their health department as a result of accreditation. Data on eight of these changes regarding improving relationships with state, local, and county partners are presented in Table 3.

Table 3. Health Director Perceptions of Improved Relationships with Stakeholders as a Result of Accreditation.

Changes	Health Director n=10
Regional DPH consultation program	8
Community partners	7
County Commissioners	6
DPH staff	5
General public	5
BOH members	4
DEH staff	3

Nine of the ten health departments reported at least one change that occurred as a result of accreditation. At least half of health directors noted improved relationships with the regional DPH consultation program, community partners, County Commissioners, DPH staff, and the general public. One agency accreditation coordinator summarized these types of changes in his/her health department,

> *We began a process of working more intensely with our Board of Health and community partners and developed rapport/awareness that will be long lasting. We also have developed a new respect for our consultant and how much information and experience she has to share with the counties in her assigned area. Finally, the fact that we are now accredited will give us added credibility in the eyes of the community.*

Three potential changes (eligibility for new grants, increased health department funding, and receipt of new grant funding) that were measured are not presented here, as few health departments reported these changes and there may not have been adequate time for health departments to experience these changes since being accredited.

All evaluation participants were given an opportunity to provide any additional comments they have about the NCLHDA system. Three agency accreditation coordinators, seven health directors, and 11 site visitors wrote in such comments. Most respondents from all three categories had positive things to say about the system, despite the intensity of going through the process. One health director indicated that going through accreditation will "make any department a better department." Another health director commented that accreditation was their, "opportunity to help public health and to help people view public health differently by improving the image of it just helping the indigent."

A few respondents commented that the accreditation process continues to improve and that the system needs to start assessing performance as well as capacity,

> *It [the NCLHDA system] has the potential to improve quality of services to the public and to provide a minimal level of services to all. Actual performance (in addition to capacity) needs to be measured at some point in time. It is fairly easy to have the capacity but fail to deliver.*

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. 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. Health directors and agency accreditation coordinators were the only agency staff interviewed or surveyed; only one Division of Environmental Health and two Division of Public Health representatives were interviewed; and Accreditation Board members were neither surveyed nor interviewed for this evaluation. In contrast to previous evaluations, interviews were not transcribed due to budgetary constraints. Instead, the interviewer took detailed notes, using those for data analysis. When notes were

unclear, the interview listened to the taped interview. Not using interview transcriptions for data analysis may have at times led to incomplete interpretation of the data.

CONCLUSIONS

The NCLHDA program has now successfully completed two cycles of the legislatively mandated program. In NC, 30 of the 85 health departments are accredited. All ten agencies undergoing accreditation in FY 2006-2007 were recommended for accreditation by site visit teams and were awarded accreditation status by the Accreditation Board with most agencies meeting nearly all benchmarks.

Evaluation results indicate that the system is indeed working as intended, with respondents noting a number of aspects of the process that work well. Overall, the Accreditation Administrator staff effectively manage the Accreditation process and agency respondents are satisfied with the site visit process. Most importantly, all agency staff indicated their satisfaction with the output of the accreditation process given the time and effort expended by them and their staff. The primary recommendation for improvement suggested by all respondent groups is to improve the inter-rater reliability of site visitors. However, it is important to note that inter-rater reliability has not yet been tested and evaluation data represent stakeholders' perceptions that inter-rater reliability is a problem. While the NCLHDA system has become a standardized process, several respondents noted that re-accreditation will require further exploration.

The evaluation also examined how the NCLHDA system is achieving its goal of increasing the capacity of health departments/agencies to provide or assure services. All agency respondents reported making policy changes in at least one of the components of the HDSAI standards in preparation for accreditation, as well as identifying and adapting policies from other health departments. Beyond creating/updating policies, agencies reported making at least one change in health department practice in preparation for accreditation.

For more information, contact NCIPH Evaluation Services Research Associate Molly Cannon at mcannon@email.unc.edu or 919-966-9974 or Director Mary Davis at mvdavis@email.unc.edu or 919-843-5558. For a complete description of the NCLHDA process and participants, please visit the program website at: http://www.sph.unc.edu/nciph/accred.