

***North Carolina Local Health Department
Accreditation***

***July 2007 – June 2008
Stakeholder Evaluation Report***

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UNC
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ACKNOWLEDGEMENTS

This evaluation of the FY 2007 – 2008 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 Gillings School of Global 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.”

The evaluation team worked closely with Brittan Williams, MPH, State Accreditation Coordinator, and David Stone, NCLHDA Accreditation Administrator who provided valuable ideas on the overall evaluation design and questions to ask, gave feedback on instruments, reviewed report drafts, and provided assistance in interpretation of the results. 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 the DPH Lead Consultant Survey instrument and 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 Gillings School of Global 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 2007 through June 2008, the NCIPH, as Accreditation Administrator, facilitated the NCLHDA process at thirteen local health agencies. Three of these agencies (Buncombe, New Hanover, and Chatham) had previously been accredited in NCLHDA pilot I when the accreditation process was sufficiently different from the current process. Therefore, these

pilot agencies' re-accreditation used the same process as the other 10 agencies going through the process for the first time.

The NCIPH Evaluation Services conducted an evaluation of the FY 2007 - 2008 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 outcomes of accreditation.

Data Collection Methods and Participants

In Fiscal Year 2007, data collection procedures and instruments were submitted to the Public Health-Nursing Institutional Review Board (IRB) at UNC and determined to be program evaluation and thus not in need of IRB approval. As a result, a determination form was not re-submitted this year to the IRB. Table 1 presents evaluation participants and data collection instruments. The Fiscal Year 2008 evaluation was enhanced to include Accreditation Board member and DPH lead consultant surveys.

Table 1. Data Collection Methods and Response Rates.

Participant Group	Instrument	Response Rate	
		#	%
Agency Accreditation Coordinator (AAC) (n=13)	On-line Survey	12 ^a	92%
Site Visitors (n=41)	On-line Survey	34 ^b	83%
Health Directors (n=13)	Telephone Interviews	13	100%
DPH Lead Consultants (n=5)	On-line Survey	5	100%
Accreditation Board Members (n=16)	On-line Survey	11	69%
Accreditation Administrator Staff (n=2)	Interviews	2	100%

^aThirteen AACs responded from twelve agencies. The response rate was calculated for the number of agencies that responded – 12 AACs from 13 agencies.

^bThere was a total of 41 site visitors but some site visitors were surveyed more than once due to serving on more than one site visit team.

Data Analysis

Data from agency and site visitor interviews and surveys were organized by evaluation question to summarize key findings. Data from the Accreditation Board, DPH lead consultants, and NCIPH Accreditation Administrator staff were analyzed and are presented separately in this report. Data from surveys are presented as means which were calculated for continuous variables and/or top two ratings (i.e., percent of respondents rating a given indicator a 5 or 6). In addition, 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.

RESULTS

Outcome Summary

All thirteen agencies undergoing accreditation in FY 2008 were recommended for accreditation by site visit teams and were awarded accreditation status by the Accreditation Board. Six of the agencies met all of the 148 activities, three agencies met all but one activity, two agencies met all but two activities; and two agencies met all but four activities. Activity 7.3 (the local health department shall investigate and respond to environmental health complaints or referrals) was not met by four agencies. Activity 30.10 (the local health department shall make efforts to prohibit the use of tobacco in all areas and ground within fifty feet of the health department facility) was not met by two agencies. All other activities (8.1, 18.4, 23.2, 24.3, 26.3, 30.1, 30.3, 30.4, and 30.9) were not met by only one agency.

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

Satisfaction with Accreditation Output

Twelve of 13 health directors (92%) and all 12 agency accreditation coordinators 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, health directors indicated that it increased staff understanding of the health department, fostered staff team building, and led to quality improvement initiatives. One health director indicated, "Going through accreditation gave staff an opportunity to step up and share their skills."

While health directors were satisfied with the output of accreditation, several acknowledged the cost – time and resources – of going through the process as evidenced by the following health director's

comment, “Our health department today is a better health department – more in tune with the core services of public health...it was an expensive thing [but] the benefit outweighs the costs.”

Accreditation Aspects that Worked Well/Need Improvement

When asked what worked well in the process (Box 1), nearly all health directors indicated DPH technical assistance. Other aspects reported as working well were the NCLHDA website, site visit team, review of the HDSAI, conference calls, and assistance from NCIPH staff. Site visitors were asked to rate how well five aspects of the accreditation process went, and more than 80% of site visitors thought all five aspects worked very or extremely well.

Box 1. Aspects of the Accreditation Process that Worked Well/Were Useful.

Number of Health Directors Who Described Aspects as Going Well (n=13)

- DPH Technical Assistance (10) – experience, knowledge, assistance with interpretation, “in the trenches”.
- Website (5) – resourceful, Q&A, kept up-to-date.
- Site Visit Team (4) – professional, helpful, “they were active listeners, not dogmatic, reinforcing”.
- HDSAI (4) –the tool helped “guide” staff through the process, self-assessment process.
- Conference Calls (4) – immediate, consistent responses
- Assistance from NCIPH (3) – communication, assistance provided

Percent of Site Visitors who Rated Aspects as Working Very or Extremely Well (n varies)

- Website – 94%
- HDSAI – 91%
- Accreditation Board – 90%
- Site Visit – 85%
- Training – 82%

Health directors and AAC’s were also asked to describe what aspects of the accreditation process needs improvement (Box 2). Five of the 13 health directors indicated that nothing needed improvement. Other health directors indicated that the HDSAI and aspects of the site visit team needed the most improvement. When site visitors were asked to select from a list of accreditation aspects which aspects needed the most improvement, 21 (62%) site visitors skipped this question. Of the 13 who responded, they thought the HDSAI and site visitor training needed the most improvement.

Box 2. Aspects of the Accreditation Process that Need Improvement.

Number of Health Directors Who Described Aspects as Needing Improvement (n=13)

- Nothing (5)
- HDSAI (6) - reduce redundancy in required documentation (e.g., minutes, orientation, communicable disease policy), subjective, difficult understand EH guidelines.
- Site Visit Team (6) – consistency in interpretation of evidence across teams, not looking “beyond” their role, conflict of interest issues.

- Accreditation Board process (4) – clarify appeals process, consistency in how site visit reports are presented.
- Site Visit (3) - composition should always include four individuals, formalize how site visitor questions are asked to AAC's.
- Consultation from DPH (3) – clarify role of lead consultant.
- Training (1)

Number of Site Visitors who Selected Aspects as Needing Improvement (n=13)

- HDSAI – 8
- Training - 6
- Accreditation Board – 2
- Site Visit - 1

Preparation of AAC's

All 13 AAC's indicated they received adequate information to prepare for the HDSAI and site visit and 11 of 13 said they received adequate information to prepare for the Accreditation Board meeting. Two individuals reported that they would have liked information on what to expect at the Board meeting and what is the appeals process.

AAC's were also asked how useful various aspects of the accreditation process were in preparing their agency for accreditation. Seventy-seven percent of respondents rated technical assistance conference calls and the NCIPH website as very or extremely useful, with 85% providing such ratings for DPH Technical Assistance. The least useful aspects were DEH technical assistance (31%) and agency training (46%).

Site Visit Process

AAC's were asked to rate their level of agreement/disagreement with statements regarding the quality of the site visit process, using a scale of 1 (not at all agree) to 6 (completely agree). Nearly all of the AAC's mostly or completely agreed with statements about the quality of the site visit process, indicating that evaluation participants thought the site visit process went well (Box 3).

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

- 100% - The site visitors conducted themselves in a professional and collegial manner
- 92% mostly/completely agreed with the following statements:
 - The preliminary site visit schedule provided the agency adequate flexibility for arranging the required activities.
 - The site visitors seemed well-prepared for their task.
 - The site visit exit conference offered health department staff general impressions of the site visit
- 85% - The site visitors seemed knowledgeable in the subject areas assigned to them.

Accreditation Administration (NCIPH Staff)

Health directors, agency accreditation coordinators, and site visitors rated the overall effectiveness of the Accreditation Administrator staff (including David Stone, Brittan Williams, and for the first set of site visits Monecia Thomas). Among these three groups, the average rating of overall effectiveness ranged from 5.3 to 5.5 on a scale of 1 (not at all effective) to 6 (very effective).

Site Visitors and AACs were also asked to rate Accreditation Administration staff performance of nine administrative functions (Box 4). For all nine functions, 87% of site visitors rated that the staff performed those functions very or extremely well. AAC's ratings of staff performance at the very or extremely well level ranged from 62% to 100%.

Box 4: Percent of Respondents who Rated Accreditation Administrator Staff's Performance on Administration Functions as Very Well or Extremely Well

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

- 100% - Overall site visit process, Pre site visit logistics, Serving as a resource during the site visit, Overall HDSAI Technical Assistance
- 97% - HDSAI guidance document
- 94% - Website
- 91% - Bi-monthly conference calls
- 89% - Accreditation Board process
- 87% - Site Visitor Training

Agency Accreditation Coordinators

- 100% - Overall site visit process
- 92% - Bi-monthly conference calls, Pre site visit logistics
- 85% - Website, Served as a resource during the site visit
- 77% - HDSAI guidance document
- 69% - Accreditation Board process, Agency Training
- 62% - Overall HDSAI technical assistance

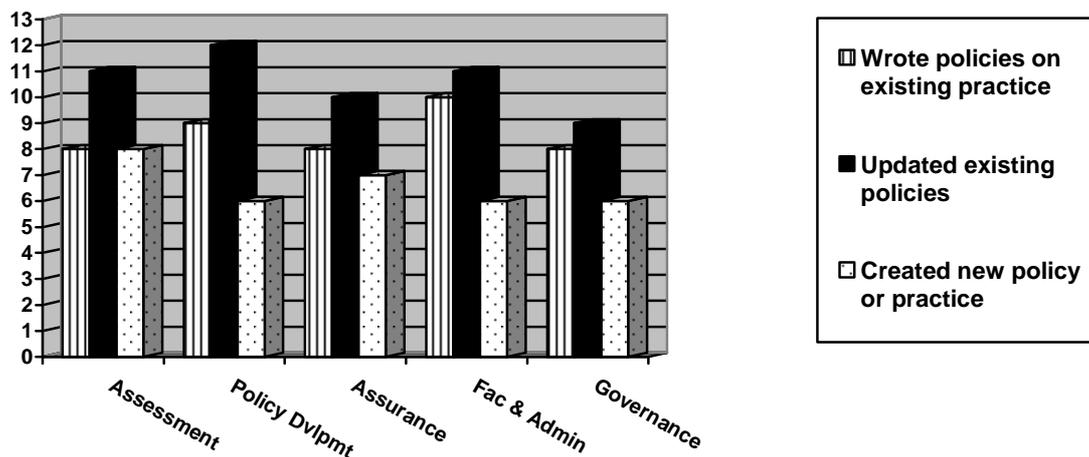
Evaluation participants report that Accreditation Administrator staff communicate well through being responsive, helpful, and professional, and that they coordinate accreditation activities well. However, two improvement themes emerged regarding communication: 1) providing additional information to agencies undergoing accreditation (e.g., list of policies, resources to keep on track, conduct accreditation staff meeting at agencies, provide more examples of acceptable documentation); and 2) enhancing training to help with interpretation of benchmarks and required evidence. Additional suggestions for improvement include: providing assistance to site visit teams (e.g., conference calls with site visit team members,

helping them make decisions regarding met and unmet status), and improving how site visitor questions are asked of AACs during site visits.

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. Twelve of the thirteen 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. The Figure also illustrates that many agencies made policy changes for several HDSAI functions.

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



All thirteen agency accreditation coordinators indicated that they identified and adapted at least one policy from other departments for each of the five HDSAI standards. Eleven indicated that they adapted a policy from another health department for Facilities and Administration, ten did so for Assurance, nine for Assessment, eight for Governance, and seven for Policy Development.

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. Nearly all health directors and AAC’s reported that they either developed or revised a strategic plan, and the majority of both groups also reported that they enhanced personnel systems and improved communications.

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

Changes	Health Director (n=13)	Agency Accreditation Coordinator (n=12)
Developed a strategic plan	4	7
Revised a strategic plan	8	4
Created filing systems for policies and procedures	7	5
Increased interaction with the Board of Health	5	5
Created a quality improvement team or other QI system	4	4
Developed a system for policy development	7	5
Updated licensing	2	1
Enhanced personnel systems	10	8
Improved communications	9	9

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, they reported differently for developed a strategic plan and revised a strategic plan. This difference may have to do with ambiguity regarding a new versus revised plan.

Health directors were asked to specify if any of nine changes related to partnerships and funding have occurred at their health department as a result of accreditation (Table 3).

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

Changes	Health Director n=13
Improved Relationships	
DPH Staff	8
BOH Members	8
General Public	7
County Commissioners	7
Community Partners	4
DEH Staff	3
Increased Health Department Funding	3
Maintained Health Department Funding	1

Ten of the thirteen health departments reported at least one change that occurred as a result of accreditation. At least half of health directors noted improved relationships with DPH staff, Board of Health members, the general public and County Commissioners. While only three individuals reported an increase in health department funding, this is the first time agencies have reported this as a result of

accreditation. One agency was able to leverage five million dollars to upgrade their facility prior to the accreditation process, another received funding to make security changes in the agency, and a third agency was able to obtain new staffing positions. The agency director also indicated that, “accreditation helped motivate staff to write grants.”

Evaluation Purpose 3: What are the preliminary outcomes of accreditation?

Twelve of 13 health directors (92%) and all 12 agency accreditation coordinators indicated that they believed that their agency's participation in the accreditation process will help it be a more effective public health agency. When asked to describe their response, respondents indicated that accreditation: increases accountability of the agency; increases staff understanding of the agency; improves agency organization (e.g., through policies); and focuses on quality improvement. As described by one AAC,

The accreditation process has been a very positive experience for us. Our department is much better organized than prior to accreditation with adequate policies and procedures in place. This structure will benefit all employees but especially new hires. It will also be a great benefit in the next few years as many of our management staff are reaching retirement age and this knowledge base will be preserved for those following in current staffs' footsteps.

AAC's and health directors were also asked what quality or performance improvements their agency will make in follow-up to the accreditation process. Respondents described a variety of changes that they will address including: updating policies and procedures; improving marketing activities; developing a quality improvement (QI) team and list of QI activities; providing additional training opportunities for staff members; improving staff and Board of Health orientations; and improving relationships with partners.

Lead DPH Consultant Feedback

DPH consultants provided all positive ratings when asked how well each of the aspects of Accreditation were implemented. Consultants were also asked to identify aspects of the process are in need of improvement and their responses are consistent with other stakeholders including: improving consistency of the site visit team ratings; developing a ‘companion’ document to the HDSAI and guidance document to help with interpretation; and standardizing some of the Board processes. Consultants also provided all positive ratings for the effectiveness of the Accreditation Administration staff. The consultants indicated that they are very confident in providing accreditation technical assistance to health departments and that they have the necessary resources to provide such assistance. DPH consultants described their role as lead consultant in different ways: as a temporary health department employee during the accreditation process, “a resource to produce the best evidence they have to show their capacity”, and an “advocate”.

Accreditation Board Feedback

Board members who participated in the evaluation indicated that:

- Board members understand their roles (11 of 11)
- The adjudication process flows smoothly (9 of 11)
- The site visit report includes the right amount of information (10 of 11)
- The health director response to the site visit report is useful to the process (11 of 11)
- The three newly formed sub-committees - Standards and Evidence, Policy Review, and Appeals; the seven new policies related to accreditation processes; and the three resources (Basic Framework for Reaccreditation Process, Site Visit Team Operational Guidelines, and Revised HDSAI) are useful in helping improve the functioning of the Board and the accreditation process (range: 10 - 11 of 11)
- Accreditation Administration staff carry out their functions related to the Board (Board respondents rated Accreditation Administration staff as implementing all six of their Board functions (preparation of Board agenda, presentation of site visit reports, presentation of other meeting materials, timeliness of sending meeting materials, coordination of meeting logistics, and responding to Board requests) well (11 of 11)

While evaluation results indicate the Board's satisfaction with the accreditation process, they raised the following concerns: consistency of the site visit team ratings; rigor of accreditation standards given that all agencies so far have been accredited; lack of a distinction system for accredited agencies; and focus of the system on capacity rather than agency improvement.

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 about confidentiality of their responses and the fact that evaluation team members are also NCIPH staff members. However, evaluation staff did not share any individual responses or responses that could be identified with Accreditation Administration staff. Evaluation staff only shared aggregate information to staff and other stakeholders. Health directors and agency accreditation coordinators were the only agency staff interviewed or surveyed and may not reflect the attitudes of all agency representatives. Site visitors and lead DPH consultants were asked to provide ratings and comments for more than one site visit, so their responses may not accurately reflect each site visit.

CONCLUSIONS

The NCLHDA program has now successfully completed three cycles of the legislatively mandated program. In NC, 40 of the 85 health departments are accredited. All ten agencies undergoing accreditation in FY 2007-2008 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 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.

While evaluation participants primarily agreed that the NCLHDA program is working well, they also raised several areas for improvement including: training of agency staff and site visitors; improving site visitor rating consistency; clarifying the role of the DPH consultant; clarifying and reducing the duplication of evidence required for certain benchmarks; and improving Accreditation Board processes.

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. The evaluation also asked about intended quality or performance improvements that will be made following accreditation. Health directors and AAC's described many plans for Q/PI, primarily starting with the development of QI teams and plans for QI.

SUGGESTIONS FOR IMPROVEMENT/IMPROVEMENTS UNDERWAY

NCIPH staff have already made program modifications to address areas for improvement identified in the Fiscal Year 2007 evaluation report and areas for improvement identified in preliminary findings from the FY 2008 evaluation. Actions taken by NCIPH staff are described below.

Training: Increased access to agency training by using web-conference technology; Expanded site visitor training to focus more on reviewing/interpreting documentation.

HDSA I: Updated guidance document as needed; For FY 2009 cycle, clarified documentation required in the HDSA I.

Outreach: Revamped NCLHDA website with specific links for each stakeholder; Reduced the number of conference calls from four to two in a 90-day period; Involved DEH more in conference calls.

Site Visit: Modified site visit schedule to allow for improved flow (e.g., entrance conference starts at 8:30 am instead of 9:00 am, schedule breaks between interviews).

Accreditation Board Process: Created three sub-committees: Appeals, Policy, and Standards and Evidence Review Committee; Held Board training in FY 2009; Developed numerous policies to formalize Board and Accreditation processes (i.e., Adjudication and Appeals Procedures; Comments, Complaints, and Resolution Policy; Conflict of Interest Policy; Disclosure of Conflict of Interest Statement; NCLHDA Board Operational Guidelines; Policy Statement on the Role and Value of Accreditation; and Policy on Policies); Created Board member orientation manuals/handbook.

In discussion with the Accreditation Administration staff, they described additional plans for improving the NCLHDA process.

- Develop interpretation document for all stakeholders.
- Further streamline required documentation – e.g., only require evidence one time rather than for several benchmarks.
- Develop an outreach package for new health directors – to explain accreditation.
- Change method for random selection of personnel records.
- State Accreditation Coordinator review of site visitor comments at the end of day 3 rather than at the end of each day.
- Further develop Board orientation.
- Develop Appeals process and conditional accreditation status.
- Refine Re-accreditation process.

In addition to the items already being addressed, NCIPH evaluation services suggests that the role of the lead DPH consultant be clarified and communicated to all stakeholders, and that an enhanced role for DEH staff be considered.

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 mydavis@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>.