North Carolina Local Health Department Accreditation

July 2010-June 2011 Stakeholder Evaluation Report

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UNC GILLINGS SCHOOL OF GLOBAL PUBLIC HEALTH

THE NORTH CAROLINA Institute *for* Public Health

ACKNOWLEDGMENTS

This evaluation of the FY 2010-2011 North Carolina Local Health Department Accreditation (NCLHDA) program was conducted by evaluation staff Mary Davis, DrPH, MSPH and Melodi Thrift, 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 Wood, MPH, State Accreditation Coordinator, and David Stone, MS, 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 (DPH), also reviewed a draft of the evaluation report.

NOTE

For the Fiscal Year (FY) 2009-2010 the program received an 86% cut in funding and was "suspended" meaning no activities or actions related to awarding of accreditation status occurred. The NC state budget for FY 2010-2011 resulted in a 50% cut in the NCLHDA program. The FY 2010-2011 accreditation schedule was adjusted so that local health departments that would have gone through initial accreditation in FY 2009-2010 (n = 12) and re-accreditation (n = 10) did so in FY 2010-2011. (Note: 2 agencies that went through the second pilot phase but were not accredited under final rules were included with the pool of agencies going through initial accreditation).

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 (Note: In FY 2012, DEH became a section under DPH).

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.

The NCIPH Evaluation Services conducted an evaluation of the FY 2010-2011 NCLHDA process to provide information to the following parties: 1) the NCLHDA Program 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

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. We reviewed NCLHDA program documents to collect data on LHD performance on HDSAI activities. Table 1 presents evaluation participants and data collection instruments. We collected data from most of these participants after each site visit to ensure better recall by evaluation participants. Health directors participate in a telephone interview after their respective Accreditation Board meeting. Evaluation services provided brief feedback to NCLHDA Program Administrator staff after the first Accreditation Board meeting in the fiscal year so they could address concerns/challenges in a timely manner.

Table 1. Data Collection Methods and Response Rates.

Participant Group	Instrument	Response Rate	
		#	%
Agency Accreditation Coordinator (AAC) (n=22)	On-line Survey	19	86
Site Visitors (n=64) [a]	On-line Survey	58	91
Health Directors (n=22)	Telephone Interviews	19	86
DPH Lead Consultants (n=15)[b]	On-line Survey	12	80
Accreditation Board Members (n=)	On-line Survey	10	59
NCLHDA Program Administrator Staff (n=1)	Discussions		

[a] There were 35 unique site visitors during FY10-11 and 18 of those 35 received the survey multiple times for a total of 64 site visitor observations.
[b] There are 5 Lead consultants, each was assigned to 3 LHDs over the course of the year for 15 unique possible observations.

Data Analysis

Data on LHD performance on HDSAI measures are summarized in two ways: number of LHDs that missed certain activities and number of LHDs awarded accreditation status. Data from agency and site visitor interviews and surveys were organized by evaluation question to summarize key findings. Because of the number of agencies going through initial accreditation and re-accreditation, sub-analyses were conducted on specific items by which process the agency underwent. Data from the Accreditation Board and DPH lead consultants surveys were analyzed and are presented separately in this report. Information collected during discussions with NCLHDA Program Administrator staff is presented at the end of the report. Data from surveys are presented as the percent of respondents choosing the top two positive response choices (i.e., percent of respondents rating a given indicator a 5 or 6). In addition, lists of response themes and comments 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

We analyze agency performance on HDSAI activities in two ways. First we summarize the number of activities that site visitors scored agencies as having 'not met' by agency accreditation type—initial or re-accreditation. This is summarized in the Appendix. The second way in which we analyze agency performance on the accreditation activities is by summarizing how many agencies achieved accreditation

status and for how many activities agencies received a score of 'not met.' For the 2010-11 Fiscal Year, among the 12 agencies applying for initial accreditation under the final rules, all 12 received accreditation status. Two of these agencies were initially recommended for conditional accreditation, but received full accreditation after testing a new protocol for conditional recommendations developed by the Accreditation Board which allowed the departments to submit documentation to correct deficiencies. Among the 10 agencies that applied for re-accreditation, 7 received full accreditation; 1 initially received conditional accreditation but was able to meet requirements by the next Accreditation Board meeting in order to be awarded full accreditation status; and 2 were initially recommended for conditional accreditation, but received full accreditation after submitting documentation to correct deficiencies by testing a new protocol developed by the Accreditation Board.

Table 2 summarizes the number of activities for which agencies received a 'not met' score. In contrast to previous accreditation cycles, no agencies 'met' all activities. Among agencies going through initial accreditation, the majority, missed 3 or fewer activities. Agencies going through re-accreditation, however, were split: most (6) missed 3 or fewer activities, 2 missed 5 activities and 1 each missed 11 and 13 activities.

Table 2 Number of Activities Scored as 'Not Met' by Agency Type

Number of activities 'not met'	Initial	Re-accreditation
1	3	1
2	4	2
3	2	3
4	1	0
5	1	2
8	1	0
11	0	1
13	0	1

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

Satisfaction with Accreditation Output

Among local health directors whose agencies were participating in initial accreditation, 7 of the 11 that participated in the interviews said they were satisfied with the output of the accreditation process given the energy that they and their staff expended on it. Three health directors did not give a "yes" or "no" response to this question, two of these indicated that they were surprised by site visit findings. Among the 7 health directors interviewed whose agencies participated in re-accreditation, 4 indicated that they were satisfied with the output. The other 3 health directors thought there was less return on investment with re-

accreditation than initial accreditation, that re-accreditation was as labor intensive as initial accreditation, and the process was not as focused on improvement as they would have liked.

The 10 AACs whose agencies went through initial accreditation reported that they were satisfied with the output of the accreditation process. Two of these AACs indicated the process supports quality improvement in their agencies. Among AACs whose agencies went through re-accreditation, 4 indicated that they were satisfied with the output as it helps prioritize improvements that might not otherwise occur and reinforces a quality improvement mindset. Among the 5 AACs who indicated that they were not satisfied, several reported that the process was laborious and that "the juice was not worth the squeeze."

Accreditation Aspects that Worked Well/Need Improvement

A specific area of evaluation focus this year was examining how useful the Interpretation Document was to Health Directors, AACs, and site visitors. Health Directors whose agencies were undergoing re-accreditation were specifically asked about the usefulness of this document. Among the 7 health directors interviewed, 3 said it facilitated the agency's preparation for accreditation, 2 said it could be helpful but that it is contingent upon who is using it, 1 recommended that it be more interpretive and 1 recommended that it be more flexible. Several of these health directors noted that the Interpretation Document was relied on to make judgments about whether an agency 'met' an activity rather than the language of the activity itself and, in some cases, the interpretation was more stringent than local ordinance. Sixty three percent of AACs reported that the Interpretation Document was very or extremely useful in helping their agency prepare for accreditation. One AAC reported that while the Interpretation Document was well used, the agency needed assistance from its outside consultant to explain what it meant. Among site visitors 96% reported that the document was very or extremely useful.

Health Directors of both initial and re-accreditation agencies were asked to identify the areas of the program that were working well and those that could be improved. Box 1 summarizes aspects of the process that Health Directors thought worked well. Health Directors in both types of agencies indicated that technical assistance from nurse consultants, program documentation, and communications from staff worked well.

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

- Comments from Health Directors from initial and re-accreditation agencies
    - Technical assistance from nurse consultants -- invaluable.
    - Program documentation—HDSAI and Interpretation Document
    - Communications from Accreditation Administrator staff
- Comments from Health Directors from initial accreditation agencies
    - Site visit team members were courteous and professional
    - Electronic submission of documentation facilitated process

Box 2 summarizes suggestions for program improvement provided by Health Directors from both types of agencies, as well as suggestions specific to the process the agency was undergoing. Common suggestions for improvement included improving communications when program changes are being implemented and reducing duplication in standards and benchmarks.

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

- Health Directors from initial and re-accreditation agencies noted these aspects of the process need to be improved.
    - Accreditation Administrator staff could improve communications when changes are being implemented or program not being implemented as planned.
    - Standards and benchmarks could be improved to reduce duplication, particularly in benchmarks that use same documentation.
- One Health Director from an initial accreditation agencies noted the following aspects of the process that could be improved.
    - Change the Site Visit process to allow for on-site correction of missed activities and allow for direct interaction between site visit team and agency staff.
- Health Directors from re-accreditation agencies noted the following aspects of the process need to be improved.
    - Standards for re-accreditation could be improved to focus on addressing deficiencies found in initial accreditation, emphasize quality improvement, and a better balance toward performance rather than process.

<u>Preparation of Agency Accreditation Coordinators</u>

Seventeen of 18 AACs indicated they received adequate TA to complete the HDSAI. The one AAC who reported that adequate information was not received reported that despite numerous attempts to get TA from the nurse consultant, assistance in reviewing the HDSAI only occurred five days before the site visit which was too late in the process. All 19 AACs reported that they received adequate information to prepare for the site visit.

AACs were asked how useful various components of the accreditation process were to prepare their agency for accreditation. The following percent of AACs rated each aspect as very or extremely useful:

79% for DPH TA and the Accreditation website, 33% for DEH TA, 31% for conference calls, and 24% for annual accreditation training (note: No specific training for LHDs occurred during this cycle, however, a training was conducted the year prior in which these departments could have participated.. The same training was also archived on the accreditation website.). AACs offered the following explanations for their ratings. Several indicated that they did not attend any training. Regarding conference calls, AACs who commented thought information on the calls was vague and did not provide any insights to the process.

Preparation of Site Visitors

Site visitors were also asked how useful various components were in preparing them to serve as a site visitor. The following percent of site visitors rated these components as very or extremely useful: HDSAI Interpretation Document 96%, HDSAI 79%, site visitor training 77%, and Accreditation website 73%. One site visitor commented his/her questions were addressed through contacting administrator staff. Another commented that "the interpretation document is an excellent resource but (may) need some revision to eliminate duplication."

Of the 56 possible site visitor observations, there were 23 instances where site visitors indicated that interpreting documentation as evidence for activities was difficult during the site visit. Most comments indicated that these were general issues of interpretation due to weak documentation, too much documentation that was not relevant to the activity, or that documentation needed to be clarified. These comments were primarily associated with local health departments undergoing initial accreditation. Comments related to specific activities are presented in Box 3.

Box 3. Activities for which Site Visitors Experienced Challenges with Interpretation

- Activities 18. 3 and 18.4 (handling of complaints) could be clearer to site visitors as well as health departments preparing for accreditation. One of these activities should address complaints related to public complaints about public health issues and the other should address complaints about staff or the health dept. in general.
- Activity 30.10 (tobacco use) several site visitors reported challenges with tobacco rules documentation.
- Activity 30.2 (accessibility to persons with physical disabilities) the Guidance document talks about exterior ramps and handicapped accessible restrooms, the document should add specificity as to widths for ramps and doors, slope of the ramp, handrail requirements, insulation on hot water pipes underneath sinks, etc.

Site visitors reported 18 instances where it was difficult to assign a "met" or "not met" status. Several of these were related to general challenges in assigning status, one site visitor reported feeling pressured to

find a "not met" activity. Specific activities for which it was a challenge to assign status are provided in Box 4.

Box 4. Site Visitor Challenges Assigning "Met" or "Not Met" Status

- 9.5—Informing community members of changes in policies
- 24.3—Staff orientation and ongoing training
- 30.1—Clean and safe facilities
- 30.2—Accessibility to persons with disabilities
- 30.4—Security of Medical Records
- 30.10—Tobacco policies

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). Most 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 5).

Box 5. Percent of Agency Accreditation Coordinators who Mostly or Completely Agreed with Statements about the Site Visit Process

- 89% mostly/completely agreed that:
  Preliminary site visit schedule provided the agency with flexibility to arrange required activities.
  Site visitors seemed well prepared for their task
  Site visit exit conference was helpful in learning the results of the site visit
- 84% mostly/completely agreed that site visitors conducted themselves in a professional and collegial manner.
- 79% mostly/completely agreed that site visitors seemed knowledgeable in the subject areas assigned to them.

NCLHDA Program Administrator (NCIPH Staff)

Health directors, agency accreditation coordinators, and site visitors rated the overall effectiveness of the NCLHDA Program Administrator staff (including David Stone and Brittan Wood). Among these three groups, the average rating of overall effectiveness ranged from 5.2 to 5.7 on a scale of 1 (not at all effective) to 6 (very effective). Box 6 presents ratings on specific Accreditation Administrator functions.

Box 6: Percent of Respondents who Rated NCLHDA Program Administrator Staff's Performance on Administration Functions as Very Well or Extremely Well

Site Visitors

- 100%--Pre site visit logistics

- 100%--Serving as a resource during the site visit
- 98%--Overall site visit process
- *Agency Accreditation Coordinators*
- 95% -- Overall site visit process and pre-site visit logistics
- 82% -- Served as a resource during the site visit

Evaluation participants indicated that Accreditation Administrator staff communicate proactively, are highly responsive to questions, help clarify issues, and help keep site visits on track. Suggestions for improvement include improving communications about changes to the process, such as scheduling site visits, as these changes occur; and not changing processes or activities after an agency has initiated accreditation preparation activities.

Funding to Prepare for Accreditation

In previous accreditation cycles, agencies undergoing initial accreditation received $25,000 for accreditation preparation costs. Due to budget cuts, the 10 agencies that went through initial accreditation in this cycle did not receive this funding. Health directors in these agencies were asked to indicate if and how their agencies' ability to prepare for accreditation was impacted by not receiving these funds. Eleven of the 12 interviewed health directors responded affirmatively that their agencies' ability to prepare for accreditation was impacted by not receiving these funds. These agencies spent their own funds to make improvements or did not make needed improvements to prepare for accreditation. One health director indicated that 1 of the activities that the agency did not meet might have been met if they could have made improvements. Other health directors reported that they had to pull staff into accreditation preparation who could have been providing services. One health director reported spending funds to prepare for accreditation expecting that the accreditation preparation funds would be received.

Lead DPH Consultant Feedback

The five DPH consultants responded to the consultant feedback surveys. Four of the five rated their confidence to provide accreditation technical assistance as being highly to completely confident. One consultant indicated that she was not very confident to provide this technical assistance. Four of the five also indicated that they have the necessary resources to provide this assistance and one indicated that she was not sure. Consultants reported needing additional guidance on the Interpretation Document on areas that are currently under program review. Guidance for activities 27.1, 27.2 and 30.8 is also needed as to how to best meet these activities with evidence that produces the most cost effective way to get feedback from the community and makes a difference in outcomes.

Consultants were asked to rate the usefulness of several aspects of the accreditation process to prepare agencies for accreditation. Twelve observations for the 5 consultants over 3 survey opportunities were recorded. Among these there were 12 ratings that the Accreditation website is very or extremely useful, 11 ratings of the HDSAI as being very to extremely useful, and 10 ratings of the Interpretation Document as being very to extremely useful. Ratings for usefulness of the conference calls, annual site visitor training, and annual training ranged over the remaining observations. One consultant suggested eliminating the annual training because the information is provided through conference calls and the website. One consultant suggested eliminating the conference calls as the information is redundant. One consultant reported that for re-accreditation agencies the HDSAI is not descriptive enough as the language is sometimes misleading in that the words used are interpreted differently by the agency. This consultant also noted that since the re-accreditation guidance was published there is now little room for the departments to offer alternative evidence.

Consultant ratings of Accreditation Administrator effectiveness and the ability of staff to manage pre-site visit logistics, the site visit process overall, and site visit processes ranged from 4 to 6 on a scale of 1 (not at all effective) to 6 (extremely effective). Consultants provided the following suggestions to improve Accreditation Administrator performance.

- Discuss "with agencies more specifics about activities and the scoring system particularly for re-accreditation and inform agencies that activities that were considered as met on initial accreditation may not be met with more strict standards based on the interpretive document and more experienced SVTs."
- Double check accuracy of site visit team scoring.

Consultant ratings of site visit team member preparation for the site visit, site visitor knowledge, and site visitor professionalism ranged from 3 to 6 on a scale of 1 to 6. Consultants provided the following specific feedback regarding the site visitors:

- The site visitor group was less collegial than others
- Some SVT used stricter standards than legal requirements
- Site visitors appeared to use their own agency policies as a standard that other agencies should meet.

Consultants reported they experienced difficulty in identifying documentation or that there were documentation challenges for the activities in Box 7. In several cases, documentation challenges were related to updated or clarified requirements in the Interpretation Document.

Box 7. Activities that state nurse consultants identified as challenging.

- 7.3—Response to environmental complaints
- 26.2—Recruitment plan for management team.
- 27.1, 30.8, 30.10 and other activities based on definitions of community.
- 30.1—Clean and safe facilities.
- 36.3- Assuring ongoing training for the Board of Health

Accreditation Board Feedback

Ten of 17 (59%) of the Accreditation Board members completed the survey about the functioning of the program. Board members rated four aspects of the Board process on a scale of 1 (Not at all agree) to 6 (Completely agree). All 10 respondents agreed or strongly agreed that they understand their roles. Nine agreed or strongly agreed that the health director response to the site visit report is useful to the process and that the site visit report includes the right amount of information. Six agreed or strongly agreed that the adjudication process flows smoothly. One Board member commented, "The Site Visit Team does a wonderful job. The report is straight-forward, concise, informative with just the right amount of detail for the Board to make a decision."

Several Board members noted concerns about the NCLHDA process. One commented that it seemed like the Board was just there to agree with the site visitors report and that when the Board disagreed site visitors get defensive. A second Board member identified two concerns. First, the need to continue to monitor the consistency of Site Visitor interpretations; this Board member identified a specific activity that two site visitors were known to have interpreted differently (whether to weigh patients in a hallway). Second, that, "We are becoming accustomed to counties meeting almost every benchmark and activity, a sort of 'grade inflation' seems to be setting in and I hope we can break that pattern."

Board respondents were asked to rate on a scale of 1 (Not at all useful) to 6 (Extremely useful) the usefulness of the three sub-committees: Standards and Evidence, Policy Review, and Appeals. Overall, Board members rated all of these committees as useful to improve the accreditation process. None of the respondents indicated there was a need for additional subcommittees. Board respondents were also asked to rate on a scale of 1 (Not at all useful) to 6 (Extremely useful) the usefulness of two Board procedures and guidelines. Nine Board members rated Adjudication and Appeals Procedures and NCLHDA Board Operational Guidelines as very or extremely useful. One respondent, however, commented that these policies are extremely long and difficult to follow and have unnecessary parts to them and requested that these policies need to be simplified. Respondents did not identify a need for additional policies.

Using the same usefulness scale, Board respondents were asked to rate the usefulness of five accreditation resources (Accreditation Process Handbook, the Accreditation Website, Site Visit Team Operational Guidelines, the HDSAI, and the Interpretation Document) in helping improve the functioning of the Board and the accreditation process. Nine respondents rated these resources as very or extremely useful. One Board member commented, that "These resources are the lifelines of the Accreditation Process. At the present time, I cannot think of additional resources."

Board members were asked if they thought they needed any additional training. Six respondents indicated that they do not need additional training. One Board member suggested having a discussion during Board meetings regarding the Public Health Accreditation Board and its relationship to NCLHDA. Another suggested that Board members attend the Site Visitor training.

All 10 respondents indicated that NCLHDA Administrator staff carry out the following functions related to the Board very or extremely well: preparation of Board agenda; presentation of site visit reports; presentation of other meeting materials; coordination of meeting logistics; and responding to Board requests. Nine of 10 indicated that staff carry out the function of sending meeting materials in a manner very or extremely well. One Board member noted a concern about staff role during the Board meeting and indicated that staff should not participate in Board discussions and not interpret standards 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 going through initial accreditation that made policy changes for each of the HDSAI functions to prepare for accreditation. AACs reported adapting policies from other agencies to prepare for accreditation with 8 AACs reporting adapting policies on policy development, and 7 reporting adapting assurance and facilities and administration policies for this purpose.

Figure 1. Number of Agencies Making Policy Changes for HDSAI Functions (n=10 agencies)

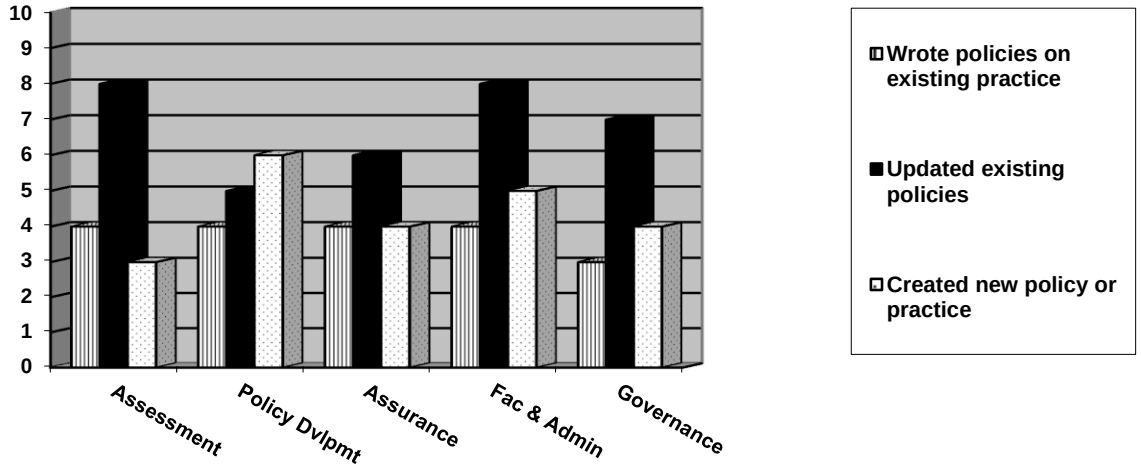

Table 3 presents data from agencies going through initial accreditation on specific practice changes made to prepare for accreditation. Both health directors and AACs were asked to respond to this question. Discrepancies in reporting may be due to the extent to which an AAC was involved with the entire process and the fact that all agencies had a delay in the accreditation timeline. Most agencies reported developing a strategic plan, increasing interaction with the Board of Health, developing a system for policy development, enhancing personnel systems, and improving communication. Additional practice changes include ensuring that all meetings had sign in sheets and minutes.

Table 3. Health Department Practice Changes Made Prior to Initial Accreditation.

Changes	Health Director (n=12)	AAC (n=10)
Developed a strategic plan	11	8
Revised a strategic plan	1	5
Created filing systems for policies and procedures	10	5
Increased interaction with the Board of Health	9	9
Created a quality improvement team or other QI system	7	4
Developed a system for policy development	9	9
Updated licensing	3	3
Enhanced personnel systems	8	10
Improved communications	11	9

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

Ten of 19 health directors (53%) indicated that they believe their agency's participation in the accreditation process will help it be a more effective public health agency. An additional 6 health

directors were supportive of accreditation but did not agree that it would improve their agencies effectiveness. Two health directors said that it helps their agencies be more efficient rather than effective. Health directors reported that accreditation helps improve documentation of what they are doing, improves specific processes, and that it makes all staff think about service delivery in a different way. Two health directors reported that accreditation doesn't affect what services are provided or service delivery, which are monitored by other state systems.

Fifteen of 18 AACs (83%) agreed that they believe their agency's participation in the accreditation process will help it be a more effective public health agency. AACs reported that the process improved documentation of key activities, helped the agency focus on priorities, and was a quality improvement effort in and of itself. Several AACs noted concerns that the standards are too process oriented and prescriptive as exemplified in the following quote.

> *Our Health Director and Department value the opportunity to evaluate our strengths and areas for development or enhancement in delivering the 10 essential services of public health. But on an application level, many of the activities seemed to be heavy on process without regard to outcome and very one size fits all. Yes, we do understand minimum standards but there may be multiple approaches to accomplishing the same goal. Even though it was often stated that the idea was not to change our policies but to see if we followed them, it often felt as if we were being told how we need to conduct our business.*

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. 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 and Accreditation Administrator staff are all NCIPH staff members. However, evaluation staff did not share any individual responses or responses that could be identified with NCLHDA Program Administrator 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.

SUMMARY AND CONCLUSIONS

This is the first cycle of the program where both initial and full final rules re-accreditation processes were implemented. Twelve agencies were awarded initial accreditation (2 after receiving a recommendation for conditional accreditation) and 10 were awarded re-accreditation status (2 after receiving a recommendation for conditional accreditation; one of which was awarded conditional accreditation but

was able to address deficiencies by the next Accreditation Board meeting). In contrast to previous cycles, all LHDs received a 'not met' score for at least 1 activity and several agencies received a 'not met' score for multiple activities. This decrease in LHD performance on HDSAI activities may be attributed to a number of factors, the most important of these is that the NCLHDA program has matured in several ways. Accreditation Administrator staff have conducted multiple trainings for site visitors to improve understanding and consistency of activity interpretation. Staff also created an Interpretation Document to help all participants understand the intent of activities as well as the documentation required to meet the activity.

There were multiple activities for which LHDs received a 'not met' score and site visitors and state nurse consultant indicated there were challenges in scoring or interpreting these activities. These are listed below.

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.
Activity 26.2: The local health department shall develop and implement a plan consistent with the health department's non-discrimination policy to recruit and retain a management team and staff that reflects the population of the service area.
Activity 27.1: The local health department shall have in place a process for assessing consumer and community satisfaction with its services.
Activity 30.1: The local health department shall have facilities that are clean, safe and secure for the specific activities being carried out in the facility or any area of the facility, such as laboratory analyses or patient examinations.
Activity 30.2: The local health department shall have facilities that are accessible to persons with physical disabilities and services that are accessible to persons with limited proficiency in the English language.
Activity 30.8: The local health department's hours of operation shall be based on documented community need.
Activity 30.10: The local health department shall make efforts to prohibit the use of tobacco in all areas and grounds within fifty (50) feet of the health department facility.

As described in the report, these parties indicated a number of reasons as to why these activities were challenging. In some cases, LHDs reported that site visitors relied on the Interpretation Document guidance rather than the actual activity, in other cases LHDs indicated that the activity or the interpretation for it is more stringent than local ordinance. Accreditation Administrator staff created the Interpretation Document and distributed it for review in January 2009. The Accreditation Board approved the document on September 24, 2010 and it was used for all LHD accreditation processes this cycle. Nearly all site visitors reported that the document was helpful to prepare them for their tasks. AACs, health directors, and nurse consultants opinions as to the usefulness of the document, however, varied. Health directors and AACs also commented that program emphasis seems very process heavy.

Program participants (AACs, health directors, site visitors, and consultants) continue to give Accreditation Administrator staff high ratings of effectiveness. Participants indicate that staff communicate proactively with multiple parties, work to solve problems, and prepare all parties for program processes. Although program staff receive much praise for communication efforts, program participants recommended that staff could improve communications regarding program changes by providing updates sooner and that these updates have clearer direction. AACs and consultants reported that conference calls and agency training are not very helpful to LHD staff to prepare for the process and that these activities might be eliminated.

IMPROVEMENTS COMPLETED/UNDERWAY

Accreditation Administrator staff report that the following process have been or will be changed based on feedback they received from the 2010-2011 cycle.

- Added deadline for site visitors to submit questions to AAC on last day of visit
- Reverted back to 2 ½ day site visit schedule versus 2 day schedule to ensure enough time is available to conduct visit. Allows visit to end early if additional time is not needed.
- Revised site visit schedule so that most of document review occurs prior to interviews.
- Requiring entire site visit team to stay for exit conference.
- Developed Conditional Recommendation protocol to be used when departments are recommended for Conditional accreditation.

Accreditation Administrator staff report that guidance is continuously reviewed and updated. Currently all 148 activities and 41 benchmarks are under review. The documentation requirement and guidance for activity 30.10 has been updated and was approved by the Accreditation Board at its May 2011 meeting. Accreditation Administrator staff may consider additional reviews of the guidance for these activities with site visitors, LHD staff, and consultants.

For more information, contact NCIPH Evaluation Services 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.

Appendix. Summary of 'Not Met' Activities for Health Departments participating in Accreditation during FY 2011
(Note shaded items were 'not met' by multiple initial *and* re-accreditation local health departments)

Initial	Re accreditation	
Number	**Number**	'Not Met' Activity
1		**Activity 5.1:** The local health department shall have a system in place to receive reports of communicable diseases or other public health threats on a 24-hour-a-day, 7-day-a-week basis.
	2	**Activity 7.3**: The local health department shall investigate and respond to environmental health complaints or referrals.
3		**Activity 9.5**: The local health department shall inform affected community members of changes in department policies or operations.
1		**Activity 10.3:** The local health department shall employ evidence-based health promotion/disease prevention strategies, when such evidence exists.
	1	**Activity 15.1**: The local health department shall develop or update annually an agency strategic plan that: • includes a review and analysis of factors influencing the health department's ability to improve the community's health, • uses local health status data and information to set goals and objectives, • uses community input where applicable, • states desired outcomes for each element, • sets priorities, and • uses community collaborations to implement activities.
1	**1**	**Activity 15.5**: The local health department shall ensure that new staff is oriented to program policies and procedures and existing staff receives training on any updated or revised program policies and procedures.
	1	**Activity 18.4:** The local health department shall address complaints in accordance with its policies and procedures.
1		**Activity 21.1**: The local health department shall make available to the general public a current, comprehensive list of community health and wellness resources.
	2	**Activity 23.2**: The local health department staff shall meet all registration, certification or licensure requirements for positions held and duties assigned.
2	**4**	**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.
1	**2**	**Activity 26.2**: The local health department shall develop and implement a plan consistent with the health department's non-discrimination policy to recruit and retain a management team and staff that reflects the

		population of the service area.
2	**3**	**Activity 27.1**: The local health department shall have in place a process for assessing consumer and community satisfaction with its services.
2	**2**	**Activity 27.2**: The local health department shall use data from the consumer and community satisfaction assessment to make changes to improve its services.
2	**3**	**Activity 30.1**: The local health department shall have facilities that are clean, safe and secure for the specific activities being carried out in the facility or any area of the facility, such as laboratory analyses or patient examinations.
3	**2**	**Activity 30.2**: The local health department shall have facilities that are accessible to persons with physical disabilities and services that are accessible to persons with limited proficiency in the English language.
2	**4**	**Activity 30.3**: The local health department shall have examination rooms and direct client service areas that are configured in a way that protects client privacy.
1	**4**	**Activity 30.4**: The local health department shall ensure privacy and security of records containing privileged patient medical information or information protected by the federal Health Insurance Portability and Accountability Act.
	3	**Activity 30.6**: The local health department shall ensure cleaning, disinfection and maintenance of clinical and laboratory equipment and service areas and shall document all cleanings, disinfections and maintenance.
1	**1**	**Activity 30.7**: The local health department shall have and comply with policies and procedures for infection control required by law in providing clinical services.
2	**2**	**Activity 30.8**: The local health department's hours of operation shall be based on documented community need.
1	**3**	**Activity 30.9**: The local health department shall prohibit the use of tobacco in its facility.
3	**2**	**Activity 30.10**: The local health department shall make efforts to prohibit the use of tobacco in all areas and grounds within fifty (50) feet of the health department facility.
1	**1**	**Activity 31.4**: The local health department shall have current written position descriptions and qualifications for each staff position.
	1	**Activity 31.5**: The local health department shall implement a performance appraisal system for all staff.
1	**2**	**Activity 31.6**: The local health department shall have an inventory of equipment that includes a plan for replacement.
1		**Activity 33.5**: The local health department shall determine the cost of services in setting fees.
1	**1**	**Activity 36.3**: The local health department shall assure on-going training for board of health members related to the authorities and responsibilities of local boards of health.
1		**Activity 37.1**: The local board of health shall assure that a qualified local health director, in accordance with G.S. 130A-40 or 40.1, is in place to lead the agency.
	1	**Activity 37.4**: The local board of health shall review and approve the job description of the local health director.