



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

**North Carolina Local Public Health Accreditation Program  
Pilot Project  
Evaluation Report**

**September 21, 2004**

**Mary V. Davis, DrPH, MSPH  
North Carolina Institute for Public Health**

# INTRODUCTION

## *Purpose of the Evaluation*

The North Carolina Local Public Health Accreditation Program (NCLPHAP) was designed to assure and enhance the quality of local public health in North Carolina by identifying and promoting the implementation of public health standards for local public health departments, and evaluating and accrediting local health departments on their ability to meet these standards.

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

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

From January through May 2004, NCIPH, as Accreditation Administrator (AA), conducted a pilot project of the NCLPHAP process in six local health agencies. The agencies completed the Self-Assessment Instrument, Site Visit Teams conducted on-site reviews of the agencies, and an Accrediting Board awarded accreditation status to the agencies. NCIPH conducted a thorough evaluation of the pilot project. The evaluation of the pilot project is detailed in this report.

## *Evaluation Questions*

NCIPH evaluator, Mary Davis, DrPH, MSPH worked with DPH and AA staff to identify the purpose of the evaluation and evaluation questions for the pilot project. Together, they identified the following purposes for the evaluation.

- To examine the pilot project process for feasibility of implementation and usability by stakeholders, including local health departments, state agencies, consultants, site visitors, Accreditation Board members, and Accreditation Administrator staff.
- To determine if accreditation will achieve the intended goal: Improve local health department capacity to provide and/or assure services.

From these purposes, Dr. Davis and AA staff identified the following primary and secondary evaluation questions.

1. *Is the accreditation process feasible from an operations perspective?*
  - How did the accreditation process flow, was it logical, could participants understand it?
  - What worked well in the process, what aspects needed improvement?

- How well did various components of the process work, e.g. participant training, site visits?
2. *Is the accreditation process reasonable and fair?*
    - Are accreditation standards clear, how easily can they be interpreted and applied by participants?
    - Are any standards duplicative?
    - Did site visit teams apply standards and reach decisions across teams in the same way?
  3. *General Questions*
    - How well did the AA perform its role?
    - Will process achieve goal to improve capacity of local health departments?
    - How did participants benefit from the process?

## ***NCLPHAP Background***

To provide context to this evaluation, a brief synopsis of the NCLPHAP process, standards, self-assessment, and participants is provided below. A complete explanation of this information can be found in the NCLPHAP Guidance Document for Site Visit Teams.

### **NCLPHAP Process**

The NCLPHAP process was designed to occur in six steps.

- 1. Planning and Preparation**—The public health agency initiates plans and preparations for completing the agency self-assessment.
- 2. Agency Self-Assessment**—A key element of the NCLPHAP is the Agency Self-Assessment Instrument (ASAI), which is completed by a multidisciplinary team of health department staff. One member of the team should be designated as the health department’s accreditation coordinator and liaison to the AA. Components of the ASAI are presented below.
- 3. Site Visit**—A site visit of the local health agency is conducted by a team of site visitors (SVT) who review the documentation provided by the agency in support of its self-assessment and hold interviews with staff and community representatives. The SVT is responsible for preparing a Site Visit Report to be reviewed by the Accrediting Board (AB).
- 4. Board Review**—The AB considers both the agency’s self-assessment and the Site Visit Report in making its determination of accreditation for the local public health agency. For each applicant agency the AB will either award the status “Accredited” or assign “Conditional Status”. The determination is provided in writing to the local public health department and board of health and clearly identifies any standards that need remediation.
- 5. Appeals process**--There will be an appeals process and an appeals body, should a local health department feel that the Accrediting Board’s determination is incorrect. A health

department has up to two weeks after receiving the final accreditation report to file its intent to appeal the decision.

- 6. Remediation**--A local health department assigned Conditional Status must complete and submit a remediation plan to the AB within 30 days after the status is assigned or within 30 days of the denial of an appeal. DPH staff will be available, as necessary, to provide technical assistance for developing and implementing the remediation plan.

*During the pilot project, Steps 1-3 were carried out as designed. Steps 4-6 were carried out as follows. Once Site Visit Reports were reviewed by DPH and AA staff, local health departments were given an opportunity to clarify responses on the ASAI or address deficiencies identified in the SVT report. The AB met in May 2004 and accredited the 6 health departments that participated in the pilot project. This evaluation examines the first 3 steps of the pilot project. During the NCLPHAP pilot project, a team of consultants assigned to each applicant agency by the DPH provided consultation and technical assistance throughout the process.*

## **Standards**

In the NCLPHAP, **standards** are basic requirements of capacity to perform the functions and services of public health in a local agency setting. The standards were developed by state and local public health practitioners in North Carolina to comply with current General Statutes, Administrative Code, and existing contractual and program requirements.

The NCLPHAP standards represent the minimum capacity for performance that a local health department must attain. An agency “meets” a standard by demonstrating that it complies with or carries out certain related activities. **Activities** are specific, documentable actions taken by the local public health agency or its board. There may be only one, or many activities associated with each standard. In order to designate a standard as “met”, the agency must carry out all the activities prescribed for that standard. Local health departments must meet standards at the time of the on-site review in order to be accredited.

The majority of the NCLPHAP standards are organized around the Core Functions and Essential Services of Public Health as described by the National Public Health Performance Standards project. The self-assessment instrument addresses 53 standards and 167 related activities. An agency must meet 85% of the standards overall (85% of 53 = **45**). Additionally, an agency must meet standards in each of four categories.

These formulae assure that an agency cannot be accredited through compliance in only one category. To be accredited, an agency must go beyond the formulae and meet an additional three standards. *At the present time, there are no standards that are universally required.* The choice of which standards to meet within the required number is up to the local agency.

## **The Self-Assessment**

The self-assessment, achieved through completion of the ASAI, is an internal review of the agency’s ability to meet standards for delivery of essential services as indicated by performance

of a set of prescribed activities. The self-assessment verifies the availability and the qualification of core staff and the adequacy of physical facilities and administrative services. The self-assessment also assists the local public health agency to identify deficient areas, and will prepare the agency for the on-site review.

There are four sections to the ASAI:

- **Agency Core Functions and Essential Services Standards**  
These represent minimum standards of capacity to perform the nationally-accepted core functions and essential services for public health and the Mandated Services for Local Health Departments described in North Carolina General Statutes.
- **Agency Facilities and Administrative Services Standards**  
These standards pertain to the agency's general administration and address administrative structures and procedures.
- **Agency Core Staffing and Training Standards**  
General standards for staffing and training are currently being applied in the NCLPHAP.
- **Board of Health Standards**  
The standards applied to the local agency's Board of Health recognize the Board's overall responsibility for the agency.

## **NCLPHAP Participants**

### *Accreditation Administrator*

To support the process, the AA was contracted with and conducted the following activities.

- developed and tested assessment instruments;
- developed guidance documents;
- developed training materials and conducted process training for applicant agencies;
- recruited, selected, and trained volunteer site visitors;
- scheduled and facilitated site visits as a member of each site visit team;
- prepared site visitor reports for Accrediting Board;
- administered selection of Accrediting Board
- convened meeting of Accrediting Board;
- provided continuous evaluation of program process and outcome; and
- revised standards, instruments and process as indicated by evaluation.

More specifically, the AA completed the following tasks to ensure smooth implementation of the project.

**Training**—The AA provided training to agency coordinators, consultants, and site visitors in regards to the accreditation process, preparation of the ASAI, and the site visit process. Training for agency coordinators and consultants occurred during the Planning and Preparation phase of the process, while training for site visitors occurred just prior to the site visits.

**Technical Assistance**—The AA provided consultation and technical assistance to agency coordinators and consultants throughout the ASAI preparation process.

**Report Distribution**—The AA coordinated compilation and distribution of agency ASAI and site visitor reports to appropriate parties.

**Site Visit Logistics**—The AA coordinated logistics for site visits with local health departments, including arranging site visit schedules and travel arrangements for site visitors.

**Site Visit Participation**—An AA staff member attended all site visits and provided support to the local health department as needed during the site visit process.

**Accreditation Board Logistics**—The AA assisted DPH with the logistics arrangements.

### *Site Visit Teams*

The role of the SVT is to conduct an on-site visit of the local health departments participating in accreditation review in order to amplify, clarify and verify the agency's self-assessment. The goal of the SVT is to evaluate the agency's degree of compliance with the standards by gathering information from:

- the Agency Self-Assessment Instrument (ASAI);
- a review of the documents which support the self-assessment; and
- interviews of agency staff members and representatives of local government and community agencies.

## **1. Eligibility Criteria for Site Visitors**

Volunteers to serve on a SVT should meet the following criteria:

- interest in serving in such a role;
- willingness to serve; and
- ability to participate in training (in person or by videoconference, as required), a period of documentation review, three days on-site at each candidate agency, and a one-week period of report writing.

A broad understanding of the scope of programs and services as well as the administrative operations of public health agencies is a prerequisite for serving as a Site Visitor.

Additionally, members of the SVT should demonstrate:

- commitment to the accreditation process;
- ability to work as a group member and willingness to accept shared responsibility;
- effective human relations and communications skills; and
- mature judgment and fairness.

## **2. Composition of Site Visit Teams**

The members of the SVTs are peer practitioners selected to achieve representation of the following disciplines or categories of experience:

- Local Health Director/Administrator
- Nursing/Quality Assurance
- Environmental Health
- Board of Health
- Staff member from the Accreditation Administrator

### *Accrediting Board (AB)*

The purpose of the AB is to contribute to the improvement of public health programs and services throughout North Carolina by defining, endorsing and upholding standards of minimum performance for the state's local public health agencies.

The AB is the official entity that assigns accreditation status to a local health department participating in the NCLPHAP. The AB will have two sub-committees: one to review appeals and make recommendations to the full AB and one to review re-applications for accreditation following remediation.

### **1. Composition of the Accrediting Board**

The composition of the Accrediting Board will demonstrate balanced representation among sectors of the public health community as follows: 3 members from local public health administration, 3 members from state public health administration, 3 members from local government, 2 members from academia, and 4 at large members.

### **2. Eligibility Criteria for Accrediting Board Members**

Candidates to serve on the AB should possess the following characteristics:

- known and recognized by their peers and whose judgment is respected within their disciplines;
- a broad perspective of public health and the ability to knowledgeably address multiple aspects of the field; and
- ability to demonstrate mature judgment, fairness and effective communication skills.

Candidates for nomination to the Board should also meet the following criteria:

- interest in serving in such a role;
- willingness to serve; and
- ability to participate in the following activities: orientation (either in person or by videoconference) and a one-day quarterly meeting to review accreditation documents from applicant agencies.

## **Consultants**

For the purposes of the pilot project, the DPH offered the services of its consultants to support each participating local health department in completing its agency self assessment. The consultants worked in teams of three to assist the agencies in gathering or preparing evidence that standards are met, developing drafts of policies and procedures, conducting surveys and compiling data, and preparing the initial draft of the self-assessment. The consultant teams communicated and coordinated among themselves to assure consistent interpretation of the standards.

## **EVALUATION METHODOLOGY**

### ***Design***

Dr. Davis conducted a utilization-focused evaluation with a natural experiment research design in which the emphasis is identifying, collecting and analyzing data, and reporting results on questions of interest to the primary stakeholders. The AA and DPH were the primary stakeholders of the pilot project evaluation. Dr. Davis met with AA and DPH staff to ascertain the purpose and key questions for the evaluation. Dr. Davis then created data collection instruments, collected data from key participants, analyzed the data, and prepared a presentation for a public forum on June 9, 2004 as well as this report.

A natural experiment research design was used to understand the experience of the six local health departments that participated in the process and examine the evaluation questions identified at the beginning of this report. The intent was to examine the feasibility and usability of NCLPHAP instruments and processes from the aggregated experience of the six health departments, the consultants, site visitors, and AA staff. A critical element of this evaluation was to ensure that participants in all phases of this process had an opportunity to provide feedback on their experience. No attempt was made to conduct case studies of the experience of individual health departments. The evaluation examines the first three steps of the pilot project: Planning and Preparation, Agency Self Assessment, and Site Visit.

### ***Data Collection Methods and Participants***

A variety of data collection methods were used to ensure that all participants had an opportunity to provide feedback on the phases and aspects of accreditation process. The methods and participants are summarized in Table 1. Data collection instruments are presented in Appendix A.

**Training Evaluation Forms** were completed by agency accreditation coordinators and consultants to determine the adequacy of the AA training to prepare these participants to carry out their roles to plan, prepare the ASAI, and plan, prepare for, and conduct the site visits. Twenty four agency accreditation coordinators and other agency staff and nine consultants returned training evaluation forms.

**ASAI Preparation Debriefing Forms** and **Site Visit Debriefing Forms** were completed by agency accreditation coordinators and consultants to understand their experiences with and the feasibility of the ASAI and site visit processes. The **ASAI Preparation Debriefing Form** also asked participants to provide feedback on the clarity of the ASAI instrument, the accreditation standards, and the extent to which standards could be easily applied. Agency accreditation coordinators and consultants were also asked to explain their roles during preparation of the ASAI to understand the agency process and time commitment needed to complete the form. Four agency accreditation coordinators (67%) and 14 consultants (78%) completed ASAI forms. The **Site Visit Debriefing Form** included questions on the site visit logistics and the quality of interaction with site visitors. Three agency accreditation coordinators (50%) and 12 consultants (60%) completed the Site Visit Debriefing form.

The **ASAI Instrument** was designed to provide space for comments on the instrument and standards. Agency Liaisons and other health department staff, consultants, and site visitors provided feedback about the instrument through this mechanism.

Two **Post Site Visit Focus Groups** were conducted with consultants to gain more in-depth understanding regarding their experience working with the agencies during the ASAI and Site Visit processes. Twelve consultants participated in the focus groups.

Site visit team members completed a **Site Visitor Debriefing Survey**. Survey items included questions on the adequacy of training and preparation provided by the AA, the utility of the ASAI, feedback on site visit logistics and process, and information on how the team completed the Site Visit report. Eleven site visitors (55%) completed the site visitor debriefing survey.

The Environmental Health pilot site visitors met on their own accord to discuss their observations about the accreditation process, the ASAI, and the site visit process. This group forwarded a summary of their discussion in the form of a letter to the Accreditation Committee.

Two staff at the AA had primary duties to design and conduct the pilot process. These staff compiled notes and observations about the pilot process. In addition, a staff member from the AA participated in each of the site visits. AA staff notes from the pilot process were summarized for the evaluation.

Health Directors for the six agencies that participated in the pilot process completed a brief survey after all site visits had been completed. The survey included items that asked for general observations about the process and instruments, and the utility of accreditation to improve public health.

**Table 1: Data Collection Methods and Participants**

<b>Instrument</b>	<b>Participants</b>
Training Evaluation Forms	Accreditation Coordinators, Consultants
ASAI Preparation Debriefing Form	Accreditation Coordinators, Consultants
Site Visit Debriefing Forms	Accreditation Coordinators, Consultants
ASAI Instrument Comments	Accreditation Coordinators and other Staff, Consultants, Site Visitors
Post Site Visit Focus Group	Consultants
Site Visitor Debriefing Survey	SVT
Letter from Environmental Health Site Visitors	Environmental Health Site Visitors
Accreditation Administrator Notes and Debriefing	Accreditation Administrator Staff
Health Director Survey	Health Directors at Pilot Agencies

## RESULTS

Participants provided a wealth of information on the pilot accreditation process, instruments, and standards. Results are organized into primary evaluation questions by key findings and areas for improvement.

### *1 Is The Accreditation Process Feasible From An Operations Perspective?*

- How did the accreditation process flow, was it logical, could participants understand it?
- What worked well in the process, what aspects needed improvement?
- How well did various components of the process work, e.g. participant training, site visits?

**Key Findings:** Overall the process from participant training through site visits was feasible from an operations perspective. Participants reported that the process was logical and most participants reported that the process was understandable. Aspects of the process that were particularly helpful or useful included providing resource manuals for agency coordinators and guidance documents for site visitors, having consultants work with agencies to complete the ASAI, and the planning and management of the site visits at agencies. The process, however, was rushed which compromised aspects of the process.

**Areas for Improvement:** Participants made the following recommendations to improve the process.

- Increase the amount of and standardize training of all participants in standards, instruments and site visit process. Trainings should include clear, specific instructions and expectations for the entire process and demonstration of completing ASAI.
- Standardize as much as possible instruments (including submission requirements for the ASAI), training, and site visit processes to minimize differences in application and interpretation of standards.

- Provide adequate resources to the process including adequate clerical support and sufficient pool of site visitors.

## ***2. Is The Accreditation Process Reasonable And Fair?***

- Are accreditation standards clear, how easily can they be interpreted and applied by participants?
- Are any standards duplicative?
- Did site visit teams apply standards and reach decisions across teams in the same way?

Participants reported that a number of aspects of the process were not reasonable and fair. Accreditation standards, ASAI instrument completion and site visits are addressed separately below highlighting specific aspects that were troublesome and warrant improvement.

### ***Accreditation Standards***

**Key Findings:** Agency staff, consultants, and site visitors reported that they found the current accreditation standards difficult to use. Specifically, participants reported through surveys and focus groups that the standards are repetitive, unclear, and difficult to uniformly apply and interpret. For example, although guidance documents specifically indicate the proportion of activities that must be met in categories for an agency to be accredited, participants reported that it was not clear to them whether all standards and activities are equally weighted and whether weight affects review.

Participants considered certain standards to be subjective, e.g. “cleanliness of facilities.” Further, participants reported that, for a number of standards, the supporting documentation needed to demonstrate compliance with the standard was unclear.

**Areas for Improvement:** Participants provided the following recommendations to improve the usability of the accreditation standards.

- Create realistic standards—eliminate use of “all” in standards, list each component required by the standard
- Clearly define standards
- Create clear and consistent criteria for each standard
- Clearly define services contained in standards, e.g. regulatory services, local services
- Set tangible measures for each standard
- Provide time frames or limits for data used to support a standard
- Consider criteria to assess quality in standards

### ***ASAI Instrument***

**Key Findings:** Participants indicated that the ASAI tool was redundant, requiring the same information or documentation in different sections, and that it was difficult to manage the completion of the tool. To address these challenges, health departments created management tools or literally cut up the instrument and divided assignments by program area to complete the tool.

**Areas for Improvement:** Participants provided the following suggestions to improve the ASAI.

- Organize the ASAI by essential services provided by local health departments: general, environmental health, health education, community health, clinical services animal control, boards of health
- Use a format similar to the Women and Children’s Health Green tool
- Provide an ASAI management tool, e.g. check sheet
- Eliminate redundancy in functions, e.g. community health assessment and documentation requirements
- Improve training on how to prepare for and manage tool completion

### *Site Visits*

**Key Findings:** Accreditation coordinators, consultants, and site visitors agreed that overall site visit logistics were well planned and managed. Challenges encountered during site visits by agency staff and consultants included lack of structure and standardization for site visit components such as interviews. These participants reported that site visitors sent inconsistent messages about the documentation they wanted to review and that site visitors had not adequately reviewed the ASAI prior to the visit. Further, participants noted that site visitors applied and interpreted standards and made decisions about whether standards were met using different methods. For example, one SVT made accreditation determinations via consensus while another team assigned individual members to make determinations for specific standards individually. Many of the respondents in these groups agreed that site visits should be longer.

Site visitors also experienced challenges during the site visits. SVT members indicated that time allotted for the following activities was inadequate: document review, conferences among SVT members, and lunch and other breaks. SVT members indicated that, while interviews with most staff, community partners, and Board of Health members were helpful, some community partners were “clueless.”

**Areas for Improvement:** Participant groups expressed concern about selection of site visitors. The groups recommended that site visitor selection criteria and process should be examined. Specific suggestions included the following.

- Create a cadre of site visitors through a rigorous selection, application, and training process
- Develop site visit structure guidance, e.g. interview formats and procedures
- Standardize as much of the site visit process as possible
- Set standard criteria to evaluate ASAI submissions and agency
- Improve training of all participants in SV process.

### **3. General Questions**

- How well did the Accreditation Administrator perform its role?
- Will process achieve goal to improve capacity of local health departments?
- How did participants benefit from the process?

### *Accreditation Administrator*

**Key Finding:** The majority of participants indicated that the AA was a resource throughout the pilot process. Additionally, the majority of health department leadership rated the AA as effective throughout the pilot process.

**Area for Improvement:** Participants consistently indicated that the AA needs to improve the training component of the process. They did, however, acknowledge the fact that the short timeline of the pilot process hindered the AA's ability to adequately prepare the training component.

### *Achieving Vision and Goal*

**Key Findings:** From review of surveys and focus groups, individuals and agencies benefited from involvement in the pilot process. Specific benefits cited include team building, identifying areas for improvement, goal setting, and working in partnership.

**Area for Improvement:** Participants and outside observers noted that agencies were reluctant to acknowledge that they did not meet certain standards. This may reflect a concern about the punitive and political nature of accreditation. The Public Health Task Force, AA, and the state may wish to examine this issue before proceeding with the next steps of accreditation.

## **CONCLUSIONS**

### **SUMMARY**

The NCLPHAP pilot process achieved the goal of creating, implementing, and testing a public health department accreditation process. The process itself was considered reasonable and logical by participants. Components of the process, the accreditation standards, the ASAI, and site visit process were unclear or insufficiently standardized to be acceptable to participants. Nevertheless, participating agencies, consultants, site visitors, and AA staff support the vision and goal of accreditation and indicated that, with sufficient time to implement the process and improvements in components of the process, the NCLPHAP will improve public health in North Carolina.

### **LIMITATIONS**

There are several limitations to the findings of this evaluation. First, the pilot project was conducted using a very compressed schedule. This hampered the AA's ability to fully develop and test instruments and develop adequate training for participants. Thus, the consistent recommendation to improve training by participants should be considered in this context. Along with the compressed schedule, several severe winter weather events occurred during the site visits, resulting in fewer days than allotted for two site visits. With a more realistic schedule for implementation, the feasibility and acceptability of the process will improve.

Second, steps 4-6 of the process did not occur as planned during pilot project. Thus, these steps of the process were not examined in this evaluation. No conclusions on the feasibility and acceptability regarding these steps can be reached at this time.

Finally, not all participants completed surveys or participated in the focus groups. Survey completion rates, however, were 50% or greater. Given that some participant groups were quite small, it is difficult to estimate survey response bias. Participants who did complete surveys provided a diversity of opinions on the survey items. Therefore, positive response bias is probably minimal.

## ***RECOMMENDATIONS***

The NCLPHAP pilot project successfully implemented the first three steps of the accreditation process. This pilot project evaluation identified the successes and areas for improvement in the NCLPHAP. The North Carolina legislature provided funding in the 2004-2005 budget to implement a second pilot project. To ensure the success of the second pilot, DPH and the AA should consider implementing the following recommendations.

- Address areas for improvement: A number of specific recommendations for improving the standards, ASAI, site visit process and training of participants are provided in this report. DPH and the AA should carefully review, prioritize, and implement critical recommendations to improve the NCLPHAP.
- Institutionalize role of consultants: According to agency staff and consultants, consultants provided valuable assistance to agencies in preparing and planning the agency self-assessment. Consultants reported that participation in the NCLPHAP improved the ability to do their job. DPH and the AA should examine whether the role of consultants should be institutionalized as part of the NCLPHAP.
- Create agency champions for process: Given that a variety of participants observed that agencies were reluctant to be found deficient in a standard, even though receiving accreditation is not dependent on meeting all standards, DPH should examine how to create the perception that the NCLPHAP is an improvement-oriented process rather than a punitive process. Agencies should use this process to identify what they do well and what they need to improve. The pilot process itself informed the state, AA, and Public Health Task Force about how to carry out the process.
- Maintain the vision: Participants supported the vision—to improve local health department capacity to provide and/or assure services. This vision should be sustained as NCLPHAP grows.