July 2008 – June 2009
Stakeholder Evaluation Report

November 2009
ACKNOWLEDGMENTS
This evaluation of the FY 2008 – 2009 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 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 the DPH Lead Consultant Survey instrument and a draft of the evaluation report.

IMPORTANT NOTE
The NC state budget for fiscal year 2009-10 resulted in an 86% cut in the NCLHDA program. As a result, the program is “suspended” meaning no activities or actions related to awarding of accreditation status can occur. Assuming that full funding for the program is restored in FY 2010-2011, the accreditation schedule will be adjusted. All LHDs currently accredited will add one-year to the expiration date. All LHDs scheduled for accreditation will postpone initial site visits for one year.

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.

The North Carolina Institute for Public Health
From July 2008 through June 2009, the NCIPH, as NCLHDA Program Administrator, facilitated the NCLHDA process at fifteen local health agencies. Five of these agencies (Cabarrus Health Alliance, Appalachian District, and Dare, Harnett, and Craven county health departments) had previously been accredited in NCLHDA pilot I and II 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 2008 - 2009 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. Table 1 presents evaluation participants and data collection instruments. In previous years, data were either collected once or twice each year which made it difficult for participants to remember specific aspects of the accreditation process and Evaluation Services did not provide NCLHDA Program Administrator staff with findings until the end of the year. This year, data were collected after each round of site visits to ensure better recall by evaluation participants. Evaluation services provided brief feedback to NCLHDA Program Administrator staff after each round of site visits so they could address concerns/challenges in a timely manner.

Table 1. Data Collection Methods and Response Rates.

<table>
<thead>
<tr>
<th>Participant Group</th>
<th>Instrument</th>
<th>Response Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Accreditation Coordinator (AAC) (n=15)</td>
<td>On-line Survey</td>
<td>13(^a) 87%</td>
</tr>
<tr>
<td>Site Visitors (n=50)(^b)</td>
<td>On-line Survey</td>
<td>46 92%</td>
</tr>
</tbody>
</table>
Participant Group | Instrument | Response Rate
--- | --- | ---
Health Directors (n=15) | Telephone Interviews | 15 | 100%
DPH Lead Consultants (n=5) | On-line Survey | 5 | 100%
Accreditation Board Members (n=18) | On-line Survey | 17 | 94%
NCLHDA Program Administrator Staff (n=2) | Discussions | 2 | 100%

*Sixteen AACs responded from thirteen agencies. The response rate was calculated for the number of agencies that responded – 13 out of 15 agencies.

*There were 35 unique site visitors during FY09 and 15 of those 35 received the link twice for a total of 50 site visitor observations.

**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 and DPH lead consultants 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 means which were calculated for continuous variables and/or percent of respondents choosing the top two 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**

All fifteen agencies undergoing accreditation in FY 2009 were recommended for accreditation by site visit teams and were awarded accreditation status by the Accreditation Board. Two of the agencies met all of the 148 activities, six agencies met all but one activity, four agencies met all but two activities; and three agencies met all but three activities. Ten of the 23 (43%) activities missed were under Benchmark 30 (the local health department shall provide safe and accessible physical facilities and services). Table 1 provides a summary of missed activities.

<table>
<thead>
<tr>
<th># Agencies Missing Activity</th>
<th>Activity Missed</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>7.3 - the local health department shall investigate and respond to environmental health complaints or referrals</td>
</tr>
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</table>

*The North Carolina Institute for Public Health*
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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>30.10</td>
<td>the local health department shall make efforts to prohibit the use of tobacco in all areas and grounds within fifty feet of the health department facility</td>
</tr>
<tr>
<td>30.9</td>
<td>the local health department shall prohibit the use of tobacco in its facility</td>
</tr>
<tr>
<td>31.4</td>
<td>the local health department shall have current written position descriptions and qualifications for each staff person</td>
</tr>
<tr>
<td>30.2</td>
<td>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</td>
</tr>
<tr>
<td>15.5</td>
<td>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</td>
</tr>
<tr>
<td>7.6</td>
<td>the local health department shall annually test or implement the local public health preparedness and response plan</td>
</tr>
<tr>
<td>15.1</td>
<td>the local health department shall develop or update annually an agency strategic plan</td>
</tr>
<tr>
<td>23.2</td>
<td>the local health department staff shall meet all registration, certification, or licensure requirements for positions held and duties assigned.</td>
</tr>
<tr>
<td>24.3</td>
<td>the local health department staff shall participate in an orientation and on-going training and continuing education activities required by law, rule or contractual obligation.</td>
</tr>
<tr>
<td>26.3</td>
<td>the local health department shall assure that agency staff receives training in cultural sensitivity and competency</td>
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<tr>
<td>30.3</td>
<td>the local health department shall have examination rooms and direct client service areas that are configured in a way that protects client privacy</td>
</tr>
<tr>
<td>30.4</td>
<td>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</td>
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<tr>
<td>30.8</td>
<td>the local health department’s hours of operation shall be based on documented community need</td>
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<tr>
<td>39.4</td>
<td>the local board of health shall communicate with the board of county commissioners, units of government and private foundations in support of development, implementation, and evaluation of public health programs and a community health improvement process</td>
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**Evaluation Purpose 1: Is the North Carolina Local Health Department Accreditation program working as intended?**

**Satisfaction with Accreditation Output**

Twelve of 15 health directors (80%) and 15 of 16 agency accreditation coordinators (94%) 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 going through the process:
helped reinforce that they were performing well in their agency; held them to standards; helped garner support of their Board of Health and local government; gave staff a sense of accomplishment and pride; and led to staff being “more in tune” with each other. Two health directors specifically commented on the amount of work involved to prepare for accreditation with one noting that the process can be “overwhelming for a small health department.” Two of the three health directors who indicated they were not satisfied with the output were at health departments that had been through the process before. One of these health directors noted that the second time around the process took longer than it should have and another commented that it required staff making a lot of changes to policies, but that changes were not substantive.

Accreditation Aspects that Worked Well/Need Improvement

When asked what worked well in the process (Box 1), the majority of health directors reported that the DPH technical assistance, completion of the HDSAI, and site visit went well. Other aspects reported as working well were assistance from NCLHDA Program Administrator staff and technical assistance conference calls.

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

*Number of Health Directors Who Described Aspects as Going Well (n=15)*

- DPH Technical Assistance (12) – “key to success of accreditation process is having technical consultant support”, “served as an ally”, provided tips/tricks for preparing for and during site visit.
- HDSAI (11) – well organized, served as a guide and laid out expectations, helped identify gaps in agency.
- Site Visit (11) – went smoothly, site visitors were professional.
- NCLHDA Program Administrator (7) – supportive, responsive, provided information.
- Conference Calls (5) – provided an opportunity for “timely exchange of information”.

Health directors were also asked to describe aspects of the accreditation process that need improvement (Box 2). All 15 health directors provided at least one suggestion for improvement and several provided more than one recommendation. While suggestions for improvement fell into various categories, the greatest room for improvement relates to the standards, in particular reducing the repetitiveness of documentation required.

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

*Number of Health Directors Who Described Aspects as Needing Improvement (n=15)*

- Standards (13) - redundancy in required documentation, particularly in governance and community engagement areas. Other suggestions include clarifying ambiguous language, rectifying the difference between state guidelines and accreditation requirements for tobacco signage, and consider having a quality focus for accreditation rather than just capacity. Another health director indicated that regulation of finances should be included as a standard, “a large part of our budgets is from fees collected, if we are not doing that well, the health department won’t have any money.”
- Exit Conference (5) – in evaluation feedback from LHDs that participated early in the fiscal year, three
health directors suggested that the lead site visitor present preliminary findings at the exit conference rather than the accreditation site visit coordinator. Mid-way through the year, the process changed, and two health directors commented on how well the exit conference went.

- **DPH Consultants (4)** – while technical assistance provided by DPH consultants is applauded by most accreditation participants, four health directors described challenges with their consultants. Two health directors specifically indicated that the consultant’s “expectations were beyond the HDSAI requirements”, and that there was a sense that, “her job performance was on the line as well as ours.”
- **Funding (3)** – unfunded mandate, consultant travel freeze which required the agency to pay for the consultant to come to the health department, and the “Ivory Tower” approach – asking health departments to make changes without considering the financial cost/benefit to making such changes.
- **Subjectivity of Site Visitors (3)**
- **Site Visit (3)** – re-accreditation could be shorter, requests for clarification from site visitors comes quickly and are difficult to accommodate, and concern about having the lead site visitor be from environmental health versus administration or nursing.
- **Board Process (2)** – concern regarding “closed” session for adjudication of health departments as it may not be in compliance with the law, formalize report processes and suggestions for improvement.
- **Environmental Health (2)** – need assistance in environmental health, “accreditation gets EH on the radar and hold them to standards, but there is no help from the state in providing support. Not as much QA going on in EH as in clinical.”

**Preparation of Agency Accreditation Coordinators**

All 16 AAC’s indicated they received adequate information to complete the HDSAI and 15 of 16 indicated they received adequate information to prepare for the site visit and the Accreditation Board process. One individual reported they needed more information on required documentation for some activities and another individual indicated that their agency was still pending Board review.

AAC’s were asked how useful various aspects of the accreditation process were in helping their agency prepare for accreditation. Ninety-four percent of respondents rated DPH technical assistance as very or extremely useful, with specific ratings for the Accreditation website of 88%, Guidance Document 81%, and conference calls 63%. The least useful aspects to aid their work in preparing for accreditation were DEH technical assistance (43%) and agency training (50%). Six of the seven individuals who wrote in comments indicated that they were not aware of or did not have much interaction with DEH. Regarding the Guidance Document, one individual indicated that the, “evidence suggested did not always easily match up well or include enough examples to meet an activity; consultant was definitely needed”.

**Preparation of Site Visitors**

Site visitors were also asked how useful various aspects of the accreditation process were in preparing them to serve as a site visitor. Eighty-eight percent of respondents rated the Guidance Document as very or extremely
useful, with 81% providing such ratings for the HDSAI and site visitor training and 73% providing high ratings for the Accreditation website\(^1\). Lead site visitors were asked to rate how well the Accreditation Board process went. On a rating scale of 1 (Not at all well) to 6 (Extremely well), fourteen of 15 lead site visitors responded with eleven rating the process as “5” or “6”, two gave a “3”, and 1 gave a rating of “2”. Most of the written comments regarding the Board process were positive, but one site visitor had several concerns including: the increasing “competition” between health directors and DPH consultants regarding what constitutes evidence for a given activity, assigning accreditation status to all agencies, and the perception based on Board questions during the adjudication process that the Board is “discrediting” the site visit team when there are “not mets.”

Seventeen of 35 unique site visitors (49%) indicated that interpreting documentation as evidence for some activities was difficult during their site visit (Box 3). Experienced and new site visitors alike reported challenges with interpretation, though the experienced visitors primarily reported it before the existence of the Interpretation Document. Data indicate that challenges interpreting documentation varied depending on the agency visited and the documentation presented at such agencies.

### Box 3. Challenges Interpreting Evidence

- **Weak Documentation versus Intent (6)** – several site visitors indicated that it is challenging to know how to assign status when documentation is available, but it does not represent the “spirit or intent of the benchmark.” Areas where this was mentioned as a concern included administrative, Board of Health, and community-based activities.
- **Human Resources (6)** – site visitors noted that it was sometimes challenging to interpret documentation related to job descriptions, personnel requirements, and attendance rosters for orientation.
- **Tobacco Policy (4)**
- **Strategic Planning (1)**
- **Specific activities listed were 21.2, 21.3, 27.3, and 30.7.**

Fifteen of 44 site visitors (34%) indicated that they had difficulty assigning “met” or “not met” status for some of the benchmarks and activities. Four of the site visitors specifically mentioned the tobacco policy being a challenge, particularly when visual observation of signage was required and there were off-site facilities that they could not visit to verify. Other activities that were challenging to assign status for are included in Box 4.

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\(^1\) Site visitors were only asked this question the first time they completed the survey during FY 2009.
Box 4. Challenges Assigning “Met” or “Not Met” Status

- 23.2, 31.4, 8.2, 8.3 (items involving personnel records - e.g., EH qualifications, the need to look for proper qualifications when the person needed the qualifications to hold the position, job descriptions, lab certification);
- Fiscal policies (note: no activity specifically states fiscal policies – this may be referring to Activity 33.4 (the local health department shall have policies that assure segregation of financial management duties and accountability for funds).
- 26.3 (the local health department shall assure that agency staff receives training in cultural sensitivity and competency).
- 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).
- 7.3 (the local health department shall investigate and respond to environmental health complaints or referrals).
- 7.6 (the local health department shall annually test or implement the local public health preparedness and response plan).
- 39.4 (the local board of health shall communicate with the board of county commissioners, units of government and private foundations in support of development, implementation, and evaluation of public health programs and a community health improvement process).

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 5).

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

- 100% - mostly/completely agreed with the following statements:
  - The site visitors conducted themselves in a professional and collegial manner
  - The site visitors seemed well-prepared for their task.
  - The site visitors seemed knowledgeable in the subject areas assigned to them.
- 94% mostly/completely agreed that the preliminary site visit schedule provided the agency adequate flexibility for arranging the required activities.
- 88% - mostly/completely agreed that the site visit exit conference offered health department staff general impressions of the site visit.

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 Williams Wood). Among these three
groups, the average rating of overall effectiveness ranged from 5.4 to 5.7 on a scale of 1 (not at all effective) to 6 (very effective).

Site Visitors and AACs were also asked to rate how well NCLHDA Program Administrator staff managed specific NCLHDA program functions (Box 6). On five measures, 93% or more of AAC’s and site visitors indicated that the Program Administrator staff function very or extremely well.

<table>
<thead>
<tr>
<th>Box 6: Percent of Respondents who Rated NCLHDA Program Administrator Staff’s Performance on Administration Functions as Very Well or Extremely Well</th>
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</thead>
<tbody>
<tr>
<td><strong>Site Visitors</strong></td>
</tr>
<tr>
<td>▪ 100% - Pre site visit logistics</td>
</tr>
<tr>
<td>▪ 98% - Overall site visit process</td>
</tr>
<tr>
<td>▪ 93% - Serving as a resource during the site visit</td>
</tr>
<tr>
<td><strong>Agency Accreditation Coordinators</strong></td>
</tr>
<tr>
<td>▪ 100% - Overall site visit process, Served as a resource during site visit, Accreditation Board process</td>
</tr>
<tr>
<td>▪ 94% - Pre site visit logistics</td>
</tr>
</tbody>
</table>

Evaluation participants report that NCLHDA Program Administrator staff manage accreditation activities very well. Participants described staff as communicative, responsive, organized, and helpful in handling questions that arise in preparation of and during the site visit. One health director indicated, “the staff is doing a great job listening and applying the process equitably.” While staff ratings were high, there were some suggestions for improvement by various participant groups, including: ensuring consistency of site visit reports; and responding in a timely manner to questions and updating the website.

**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. All thirteen agencies with AACs who responded to this survey 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, but much of the policy work involved updating existing policies. The most new policies were created for Assurance and Policy Development.
All thirteen agencies that responded to this question indicated that they identified and adapted at least one policy from other health departments for each of the five HDSAI standards. Nine agencies reported that they adapted a policy from another health department for Policy Development, eight did so for Facilities and Administration, seven did so for Assessment and Assurance, and six did so for Governance.

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 created filing systems for policies and procedures, developed a system for policy development, enhanced personnel systems and improved communications.

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

<table>
<thead>
<tr>
<th>Changes</th>
<th>Health Director (n=15)</th>
<th>AAC (n=12 agencies)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developed a strategic plan</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Revised a strategic plan</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Created filing systems for policies and procedures</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>Increased interaction with the Board of Health</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>Created a quality improvement team or other QI system</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Developed a system for policy development</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>Updated licensing</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Enhanced personnel systems</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td>Improved communications</td>
<td>8</td>
<td>10</td>
</tr>
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2 Co-AAC’s at three of the agencies provided different responses to this question. Each response was counted one time for the agency.
All of the health directors reported at least one change in health department practice that was implemented in preparation for accreditation. Other changes reported by health directors include: altering staffing patterns; making physical improvements to the agency; and obtaining signage.

For many of the changes, there was overall agreement between health directors and agency accreditation coordinators. However, they reported differently for developed increased interaction with the Board of Health. This difference may have to do with the health director having more direct involvement with the Board of Health than the AAC’s.

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). Thirteen of the fifteen health directors reported at least one change that occurred as a result of accreditation. Nearly half of health directors reported improved/enhanced relationships with their Board of Health members, the general public, and community partners. Regarding improved relationships with Board of Health members, one health director said their Board of Health now, “focuses intensely on services because of accreditation.” Another health director indicated that going through accreditation has led to an increased interest in their agency pursuing partners. One-third of health directors reported an improvement in their relationship with the Division of Public Health staff, primarily with the regional health consultants.

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

<table>
<thead>
<tr>
<th>Changes</th>
<th>Health Director n=15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved Relationships</td>
<td></td>
</tr>
<tr>
<td>BOH Members</td>
<td>7</td>
</tr>
<tr>
<td>General Public</td>
<td>7</td>
</tr>
<tr>
<td>Community Partners</td>
<td>7</td>
</tr>
<tr>
<td>DPH Staff</td>
<td>5</td>
</tr>
<tr>
<td>County Commissioners</td>
<td>2</td>
</tr>
<tr>
<td>DEH Staff</td>
<td>1</td>
</tr>
<tr>
<td>Increased Health Department Funding</td>
<td>1</td>
</tr>
<tr>
<td>Maintained Health Department Funding</td>
<td>2</td>
</tr>
</tbody>
</table>

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

Thirteen of 15 health directors (87%) and 15 of 16 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 noted several reasons. These include that accreditation: helps assess agency infrastructure; leads to increased engagement with the community; increases accountability;
provides opportunities for staff professional development and enhanced awareness of public health functions; increases credibility with the public and county commissioners, and fosters strategic planning processes. As described by one AAC,

We gained a clear picture of what documentation we should keep and ideas on how to organize that documentation. We also learned how to streamline some processes and will use the HDSAI to steer some of our core function activities (e.g., strategic planning).

Health directors were also asked what quality or performance improvements their agency will make in follow-up to the accreditation process. Twelve of 15 health directors plan to improve client satisfaction efforts either by addressing results of satisfaction surveys or improving methods for collecting client satisfaction data. Eight health directors plan to create or enhance quality improvement efforts and create/enhance staff training (e.g., provide cultural diversity training, improve documentation) and five health directors plan to improve program efficiencies primarily in environmental health.

**Lead DPH Consultant Feedback**

DPH 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. There were two requests for additional resources to help provide assistance to agencies: clearer HDSAI documents and more guidance/support from the Division of Environmental Health. DPH consultants were asked to rate how useful aspects of the accreditation process were in helping serve as lead consultant. The most useful aspect was the HDSAI (3/5), followed by the Guidance Document and accreditation website (3/5) and conference calls (2/5). [Note: DPH consultants were not specifically asked about the Interpretation Document - they may have responded to this question thinking about the Interpretation Document rather than the Guidance Document.]

Consultants were also asked to rate the overall effectiveness of the NCLHDA Program Administrator staff. Two consultants provided a rating of “6” (extremely effective), one provided a rating of “5”, and two provided a rating of “4”. Consultants provided the highest ratings for the ability of the staff to manage the pre site visit logistics and the overall site visit process. Consultants offered suggestions for improvement related to staff serving as a resource during the site visit: a staff member should be present at all site visits and staff should “improve consistency in rulings and consultation”. Regarding the Accreditation Board process, one consultant noted that their needs to be further clarification about the site visit report content and presentation.

Consultants reported that they experienced difficulty in indentifying documentation for the following benchmarks/activities: 2.3, 7.3, 23.2, 30.3, 30.9, and those related to hiring a health director: 23.1, 37.1, and 37.3.
The only technical assistance request a consultant could not respond to was in the area of Environmental Health. When asked what barriers they encountered providing technical assistance, one consultant each reported the following: the Guidance Document [likely the Interpretation Document] needs further clarification for required evidence, some agency staff were resistant to consultant assistance, travel restrictions that required agencies to pay for consultant visits, and inconsistent rulings by NCLHDA Program Administrator staff regarding required documentation.

**Accreditation Board Feedback**

Ninety four percent of the Accreditation Board members completed the survey about the functioning of the program. Board members specifically rated four aspects of the Board process on a scale of 1 (Not at all agree) to 6 (Completely agree). Fifteen of seventeen respondents strongly agreed that they understand their roles. Fourteen of 17 respondents strongly agreed that the health director response to the site visit report is useful to the process and that the adjudication process flows smoothly. Thirteen of 17 respondents strongly agreed that the site visit report includes the right amount of information.

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 in helping improve the accreditation process; however, six Board members selected “don’t know” for the Appeals sub-committee. Two individuals saw a need for an additional sub-committee, yet did not provide a specific suggestion as to what that committee should be.

Board respondents were also asked to rate on a scale of 1 (Not at all useful) to 6 (Extremely useful) the usefulness of Board policies and resources. The majority of Board members rated all eight of the policies as very or extremely useful. For each of the policies, one or two Board members indicated that the policy was not useful, but no specifics as to why they were not useful were given. Board members did not provide any suggestions for additional policies.

Using the same usefulness scale, Board respondents were asked to rate the usefulness of the four accreditation resources (Basic Framework for Reaccreditation Process, Site Visit Team Operational Guidelines, Revised HDSAI, and the Interpretation Document) in helping improve the functioning of the Board and the accreditation process. Between 14 and 15 Board members rated the resources as very or extremely useful. No specific additional resources were suggested, yet one Board member commented,

> We seem to still struggle with consistency among site visit teams as evidenced by some of the extremely awkward Board meetings this year - e.g., county x, where the team recommended ‘accredited status’ but said verbally there were so many issues, they did not even do a separate recommendations for improvement letter to the agency.
Nine of seventeen Board members indicated they would like additional training and provided suggestions for additional training including: “Do you know and understand the HDSA?”; the value of accreditation to local health departments; and basic training on public health and local health departments. One Board member suggested having a one-hour update during Board meetings regarding the Public Health Accreditation Board and other accreditation initiatives.

All 17 respondents indicated that NCLHDA Program Administrator staff carry out their functions related to the Board very or extremely well. Board respondents rated NCLHDA Program Administrator staff on six Board functions including: 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. One Board member wrote that the staff are:

Excellent, wonderful, efficient, effective, and productive. They are on top of all Accreditation Board processes and work with the Board when improvements are needed.

While evaluation results indicate that overall, the Board is satisfied with the accreditation process, they raised the following concerns: consistency of the site visit team ratings (n=3); legislative funding for the system (n=2); and passing all agencies even if they may have had signs of not performing well (n=1).

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 are also 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.

CONCLUSIONS
The NCLHDA program has now successfully completed four cycles of the legislatively mandated program. In NC, 50 of the 85 health departments are accredited. All fifteen agencies undergoing accreditation in FY 2008-2009 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 NCLHDA Program Administrator staff effectively manage the
accreditation process and agency respondents are satisfied with the site visit process. Specifically, participants highlighted the value of the NCLHDA Program Administrator providing consistent interpretation of evidence to agencies, DPH consultants, and site visitors. Most importantly, nearly 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: improving site visitor rating consistency; addressing concerns with DPH consultants; obtaining more guidance from DEH; clarifying and reducing the duplication of evidence required for certain benchmarks; and improving some Accreditation Board processes (e.g., site visit reports).

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. While a few participants expressed concern that all agencies “passing” accreditation hurts the credibility of the program, it is important to note that health departments improve many policies and procedures prior to the site visit review. Agencies reported making several changes in health department practice in preparation for accreditation including creating/revising strategic plans, increasing interaction with the Board of Health, creating/enhancing quality improvement initiatives, enhancing personnel systems, improving communication, and creating a system for policy development. The evaluation also asked about intended improvements that will be made following accreditation. Health directors and AACs described several plans for improvement, particularly in the areas of strategic planning, enhancing personnel and communication systems, increasing interaction with their Board of Health, and creating or enhancing quality improvement efforts.

**IMPROVEMENTS COMPLETED/UNDERWAY**

Evaluation has been an important aspect of the accreditation process since its inception. Each year, the evaluation has led to recommendations for improving NCLHDA program processes. NCLHDA Program Administrator staff have used evaluation findings to make numerous improvements to the process. Because data were collected cyclically in Fiscal Year 2008-2009 (after each round of site visits), staff had the opportunity to address concerns/challenges in a more timely fashion. Actions taken by NCIPH staff during FY09 are described below and their plans for other improvements are italicized.

**Training**

- Site Visitor Training – created in-person training that not only covers the accreditation process, but also training on interpretation of documentation. Specifically, trainees are presented with simulated documentation
for commonly missed activities and are asked to review the documentation in teams. NCLHDA Program Administrator staff reviews team findings and provides explanations and clarification.

- **NCLHDA Program Administrator staff plan to further refine the site visitor training in FY11 by conducting a two-day training that includes inter-rater reliability exercises as well as an opportunity for participants to review simulated documentation for all activities. While site visitors would be required to attend this training, agency staff, DPH consultants, and Accreditation Board members would be invited to participate.**

- **Agency Training – revamped format and maintained Webinar delivery to ensure maximum agency participation.**

- **Accreditation Board Training – conducted Board training in October 2008 that provided an overview of Board roles and responsibilities in the Accreditation Board process. Also provided an orientation manual to all new Board members.**

  - **NCLHDA Program Administrator staff plan to enhance Board training in FY11 to include specific details on Board policies, the role of committees, and review of some of the most frequently missed activities.**

**HDSAI, Guidance Document, and Interpretation Document**

- **Rolled out the Interpretation Document in January 2009. Initial feedback on the usefulness of the Interpretation Document has been positive.**

  - **NCLHDA Program Administrator staff think there is confusion between the Guidance and Interpretation Documents. As a result, staff plan to change the name of the Guidance Document to “Accreditation Process Handbook” as that title more accurately describes the content of the document.**

- **Developed and received approval for the Re-accreditation process.**

  - **Staff plan to further refine the Interpretation documentation based on feedback provided and include elements of re-accreditation.**

**Site Visit**

- **To improve the flow of site visit, enhance site visit efficiencies and save program dollars, the NCLHDA Program Administrator implemented the following changes: modified the site visit schedule to have a two rather than three hotel night stay; cut the site visitor honorarium in half (which has the potential to decrease the qualified number of site visitors); and ceased mailing site visit materials to site visitors – materials are now available on a password protected website.**

- **Exit Conference – During the first cycle of site visits, health directors indicated that not having the lead site visitor present at the exit conference posed a challenge. In at least one case, the agency was surprised to hear an unfavorable site visit report because at the exit conference they had the impression that the visit went well.**
NCLHDA Program Administrator staff changed the exit conference process so that the lead site visitor is now present at the conference with the State Accreditation Coordinator and indicates what activities were not met.

Board Process

- At the request of some health directors to maintain privacy of site visit findings, staff conducted the Board meeting with one agency in the room at a time rather than with all agencies in the room.
  - Based on additional feedback, NCLHDA Program Administrator staff do not plan to conduct Board meetings in this way again.
  - NCLHDA Program Administrator staff also plan to develop a one-page handout for Board members at each Board meeting that provides a summary of activities missed and evidence that was required for this activity. Providing more background information to the Board will increase their knowledge of the process and streamline the Board review process.

Obtaining Stakeholder Feedback

- Engaging the North Carolina Local Health Director’s Association in Accreditation decision-making – NCLHDA Program Administrator staff have been keeping the Association abreast of Accreditation updates and policy changes and have actively sought feedback on the Re-accreditation standards and procedures.

RECOMMENDATIONS

- As planned, improve the Interpretation Document and training of site visitors, DPH consultants, and agency staff to aid accreditation participants in interpreting evidence required for standards.
- Create protocols for site visit reporting – NCLHDA Program Administrator staff have made some changes to the site visit report template (i.e., Suggestions for Improvement are not included in the full Board report, but instead are presented to the agency); however, there is a need for further refinement to ensure that all site visitors are providing Suggestions for Improvement to every agency. In addition, to ensure consistency, staff may want to consider providing lead site visitors with a protocol for what/how to present site visit findings when at the Board meeting.
- Provide clarification of the Appeals Process and Written Response to Site Visit Report Policy – When agencies do not agree with the findings (i.e., an activity that was assigned “not met”) and wish to challenge the finding, there seems to be confusion regarding if this requires going through the appeals process or requires a written response. Clarification of these policies and procedures would aid in streamlining Board processes.
- Clarify roles of DPH Consultants - Some agencies and DPH consultants perceive that it is the DPH consultants’ role to ensure that all agencies going through accreditation are awarded accreditation status. This perception may lead to confusion regarding who/what is actually under review – the agency or the DPH
consultants. To ensure the focus of review remains on the agency, it may be helpful to further clarify with all
evaluation participants (AACs, health directors, site visitors, and DPH consultants) the role and expectations
of DPH consultants in providing assistance to agencies on interpretation of documentation required to meet
activities.

- Enhance role of DEH in the accreditation process in one or more of the following ways: have DEH staff
  review the Environmental Health sections in the Interpretation Document to ensure that this section is
described thoroughly and accurately; identify one to two “point” people from DEH who can answer
accreditation related questions by DPH consultants and agency staff; and consider having a DEH
representative conduct a two-hour training session with DPH consultants to review, explain, and answer any
questions related to the Environmental Health activities and required documentation.

For more information, contact NCIPH Evaluation Services Research Associate, Molly Cannon at
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For a complete description of the NCLHDA process and participants, please visit the program website at:
http://www.sph.unc.edu/nciph/accr.