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

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EXECUTIVE SUMMARY

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.

From July 2004 through June 2005, the North Carolina Institute for Public Health (NCIPH), as Accreditation Administrator, conducted a second pilot project of the NCLPHAP process in four 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. The NCIPH Evaluation Services Unit conducted a thorough evaluation of the pilot project. The intent of the evaluation was to examine the feasibility and usability of NCLPHAP instruments and processes from the aggregated experience of the health department employees, state Division of Public Health consultants, site visitors, Division of Public Health staff, and NCIPH staff.

Evaluation respondents reported benefiting from participating in the accreditation process and, overall, participants were satisfied with the process. Participants continue to support accreditation as a process that will improve the capacity of local public health.

Overall, this accreditation process was seen as an improvement from Accreditation Pilot 1; evaluation participants reported that the process was clearer and proceeded more smoothly. Participants reported the following specific improvements 1) clarity, format, and organization of the agency self assessment instrument, 2) site visit training and clarity of the site visit process. Continued strengths of the process are coordination of the process by the Accreditation Administrator (NCIPH) and the contribution of the state Division of Public Health consultants to facilitate agencies undergoing the accreditation process.

Clear and consistent communication within and among participants, clarification of accreditation purpose, guidance on participant roles and interaction, and training of agency staff and other participants are areas that still need improvement. Specific recommendations and issues to improve the process are provided.
INTRODUCTION

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 10 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 July 2004 through June 2005, NCIPH, as Accreditation Administrator, conducted a second pilot project of the NCLPHAP process in four 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 NCLPHAP process and participants are further described in Appendix A. The evaluation of the Accreditation Pilot 2 is detailed in this report.
**Evaluation Questions**

The evaluation purposes of Accreditation Pilot 2 are:

- 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 NCIPH staff.
- To determine if accreditation will achieve the intended goal: Improve local health department capacity to provide and/or assure services.

The primary and secondary evaluation questions are:

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, are any standards duplicative?
   - Can participants easily interpret and apply the standards?
   - Did site visit teams and consultants play similar roles among agencies?
   - Did site visit teams apply standards and reach decisions across teams using similar processes?

3. *General Questions*
   - How well did the Accreditation Administrator perform its role?
   - Will this process achieve goal to improve capacity of local health departments?
   - What agency strengths and areas for improvement were identified through the process?
   - How did participants benefit from the process?
   - Were participants satisfied with the output given the time and effort expended to produce it?
   - What are the challenges of this accreditation process?
   - What issues need to be addressed to create an ongoing accreditation system?
EVALUATION METHODOLOGY

Design

NCIPH evaluator, Mary Davis, DrPH, MSPH conducted a utilization-focused evaluation with a natural experiment research design which emphasizes identifying, collecting and analyzing data, and reporting results on questions of interest to the primary stakeholders. The NC legislature was the primary stakeholder of the pilot project evaluation. Dr. Davis and NCIPH staff created the evaluation approach from the authorizing legislation and to replicate as much as possible the evaluation from Accreditation Pilot 1. Dr. Davis revised Accreditation Pilot 1 data collection instruments, collected data from key participants, and analyzed the data and prepared this report with the assistance of a graduate student. Dr. Davis was minimally involved in the day-to-day implementation of Pilot 2 Accreditation administration.

The intent of the evaluation was to examine the feasibility and usability of NCLPHAP instruments and processes from the aggregated experience of the health department employees, state DPH consultants, site visitors, DPH staff, and NCIPH staff. Dr. Davis reported evaluation results to NCIPH staff for clarification and interpretation. Results highlights were then reported to the Accreditation Board as part of a guided discussion on the challenges to the accreditation process. 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.

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. All data collection procedures were reviewed and approved by the UNC institutional review board for public health. Data collection instruments are presented in Appendix B.

Training Evaluation Forms were completed by agency accreditation coordinators and consultants to determine the adequacy of the NCIPH training to prepare these participants to carry out their roles to plan and prepare the self assessment instrument, and plan, prepare for, and
conduct the site visits. Seven agency accreditation coordinators and other agency staff and 11 consultants returned training evaluation forms.

**Agency Coordinator Survey**—Agency accreditation coordinators completed a survey following the agency site visit. The purpose of the survey was to capture their experience with completing the Agency Self Assessment Instrument (ASAI) and the site visit process. Items regarding ASAI completion included descriptions of coordinator role to complete the ASAI, technical assistance requests of consultants, adequacy of training and technical assistance to prepare for and facilitate completion of the ASAI, clarity of ASAI materials and standards, and suggestions for improving ASAI materials and training. Items regarding the site visit process addressed the coordinator role in the site visit process, adequacy of training and technical assistance regarding the site visit, site visit logistics, conduct of the site visit team, and suggestions for improving the site visit process. Two of 4 agency coordinators completed the entire survey.

**Consultant Survey**—DPH consultants assigned to work with the health departments completed a survey following the agency site visit. The survey was designed to capture consultants’ experience with assisting the health department to complete the ASAI and the site visit process. Items regarding the ASAI included adequacy of training and technical assistance to prepare and facilitate the consultants to assist health departments to complete the ASAI, consultant activities in assisting the health departments to complete the ASAI, clarity of ASAI materials, and suggestions for improving the ASAI materials and process. Items regarding the site visit included consultant role in the site visit process, adequacy of site visit training, and technical assistance and suggestions to improve the site visit process and training. All 13 consultants completed the survey.

**Consultant Focus Groups**—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. Seven consultants participated in the focus groups.
The **ASAI Instrument** provided 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.

**Site Visitors Survey**--Site visit team members completed a site visitor survey following agency site visits. Survey items included questions on the adequacy of training and preparation provided by the NCIPH, the utility and clarity of the *Site Visitor Guidance Document*, clarity of ASAI materials, feedback on site visit logistics and process, and information on how the team completed the Site Visit report. The survey also included items on site visitor suggestions for improvement of the ASAI materials, training for site visitors, and the site visit process. All 12 site visitors completed the site visitor survey.

**Health Director Interviews**--Health Directors from the four agencies that participated in the pilot process completed a brief telephone interview after Accreditation Board and Appeals committee processes had been completed. Interview items included general observations about the accreditation process and instruments, degree to which standards reflect capacity in their health departments, agency strengths and weaknesses discovered through the process, effectiveness of NCIPH throughout process, agency and staff benefits from the process, and intentions to make agency improvements based on accreditation results. Health directors were also asked for any suggestions to improve the process. Finally, health directors were asked if they thought this process will improve public health capacity in the state.

**DPH Interviews**—Two DPH staff members assigned to work on the pilot accreditation process were interviewed regarding their opinions about the process. Both DPH staff served on the Accreditation Board. Interview items included questions about aspects of the process worked well, aspects that need improvement, the extent to which different participants (e.g. agency staff, consultants, etc) could apply standards, how different participants benefited from the process, how well NCIPH performed various functions, and the extent to which this accreditation process achieves the intended goal.
Staff Interview and Notes—One NCIPH staff member, who participated in both pilots, was interviewed regarding the experience with Accreditation Pilot 2. Interview items asked about aspects of the process worked well, aspects that needed improvement, the extent to which different participants (e.g. agency staff, consultants, et) could apply standards, how different participants benefited from the process, how well NCIPH performed various functions, and the extent to which this accreditation process achieves the intended goal. Additionally, staff notes were reviewed as project background and NCIPH staff were available to answer questions regarding the process.

RESULTS

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 need improvement?
- How well did various components of the process work (i.e. training, ASAI completion, site visits)?

Accreditation Process

Key Findings: Overall, participants reported that this process was clearer and proceeded more smoothly when compared to Accreditation Pilot 1. Participants indicated that their own experience with Accreditation Pilot 1 and improvements in the standards and self assessment instrument resulted in a clearer and smoother process.

Recommendations:
- Clarify purpose of accreditation to all participants.
- Communicate to participants why and how standards were chosen.
- Define roles and responsibilities of those involved in the process.

Training

Key Findings: Agency staff and consultants, especially those new to the process, reported that the agency training provided insufficient details on the agency self assessment process, specifically application and interpretation of standards, the site visit and board review processes, and examples from the experience of other health departments. Though site visitors reported that
their training was more adequate and improved from Accreditation Pilot 1, these participants also indicated that they needed more information on application and interpretation of standards.

The AA hosted weekly conference calls to provide agency personnel and consultants with an opportunity to ask necessary clarification questions; the success of these calls in reaching this objective is discussed later in this document.

**Recommendations:**
- Provide an introductory training for *all participants* (including appropriate health department staff) that includes:
  - Description of the purpose of accreditation and origin of the standards
  - Interpretation of difficult standards/language and clarification of participant roles and responsibilities.
  - Outline of steps involved in the accreditation board review process (for board and other participants).
- Consider whether agency staff and consultants should attend the site visitor training.
- Share lessons learned and communicate potential differences in working with various sized agencies.
- Create an accreditation website that includes a section for agencies going through the process and includes a “Frequently asked Questions” section.
- Ensure that all participants have an opportunity to attend training; encourage health directors to bring those who will be involved in the process.

**ASAI Instrument**

**Key Findings:** Clarity, format and organization of the document were seen to be notably improved from Accreditation Pilot 1. Participants reported that the instruction sheet that accompanies the instrument was helpful.

**Recommendations:**
- Continue to eliminate duplication and streamline the ASAI.
- Make instrument available for LHDs prior to beginning the self-assessment process.

**Site Visit**

**Key Findings:** Site visitors identified on-site logistics, organization of documents, pre/post visit site meetings along with responsiveness of staff as strengths of the Accreditation Pilot 2 process. Participants reported that most site visitor teams were prepared and professional. Overall, participants indicated that the site visit process was clearer than in Accreditation Pilot 1.
Recommendations:

- Standardize interaction between the agency staff, consultants, and SVT members during the site visit.
- Clarify, standardize, and communicate to participants what level of documentation request by SV is necessary and appropriate including standardizing when during the site visits documents should be requested by site visitors (e.g., twice daily).
- Consider whether staff interviews should be conducted without managers present.
- Establish realistic and appropriate expectations for smaller health agencies.
- Create time for SVT to meet and draw preliminary conclusions prior to leaving the site.
- Increase the amount of comprehensive and useful information (including agency strengths and weaknesses) shared at exit meetings with agency.

2. Is the accreditation process reasonable and fair?

- Are accreditation standards clear? Are there any that are duplicative?
- Can participants easily interpret and apply the accreditation standards?
- Did site visit teams and consultants play similar roles among agencies?
- Did site visit team apply standards and reach decisions using similar processes?

Clarity of Standards

Key Findings: Participants indicated that standards are clearer than in Accreditation Pilot 1, but there are still duplicated activities and evidence needed to fulfill them.

Recommendations:

- Continue to strive for reducing variability in how participants interpret standards.
- Clarify and communicate interpretation of ambiguous language.
- Include interpretation of less obvious standards in trainings.
- Work with stakeholders to clarify if standards truly conflict with other agency requirements.
- Clarify the appropriate role of the Board of Health and the related standards and activities.

Consistency of roles and processes

Site Visitors. Site visiting teams reached decisions about whether an agency met or did not meet a certain standard in various ways ranging from expert decision making to team discussion and consensus. In all cases, SVT discussed any standards they would recommend as not met.

Consultants. Consultants were seen by other participants as being helpful and valued throughout the process. Consultant involvement in ASAI completion and site visits varied between agencies.

Recommendations:
• Continue to standardize site visitor responsibilities by clarifying the degree to which they should request additional information.
• Strive for consistency among agencies in roles of participants to promote fairness.
• Consider clarifying the appropriate roles of consultants in the ASAI completion process.

3. General Questions

♦ How well did the Accreditation Administrator perform its role?
♦ Will this accreditation process improve the capacity of local health departments?
♦ What agency strengths and areas for improvement were identified?
♦ How did participants benefit from the process?
♦ Were participants satisfied with the output given the time and effort expended to produce it?

Accreditation Administrator

Key Findings: Focus group and survey responses indicate that the Accreditation Administrator (AA), the NCIPH, was helpful throughout the self-assessment process and in the site visit process and logistics. Some felt as though the conference calls the AA facilitated provided helpful clarification.

Recommendations:
• Clarify and clearly communicate leadership roles and responsibilities.
  o Continue to involve stakeholders in discussions regarding source and alteration of standards.
  o Continue to build collaborative partnerships and trust between state and local public health practice.
• Consider developing a web-site for posting all questions and responses to make communication more consistent.

Capacity Assessment

Key Findings: Participants differed in their opinions about the extent to which this accreditation process measures capacity. Some participants indicated that this process was about documenting the existence of policies and procedures which is an indication of capacity, but that the process does not measure the capacity to actually perform functions. One larger agency indicated that the standards do not measure important services that they perform such as providing direct services to meet their counties health care needs. Other agencies felt as though some flexibility was needed to consider how smaller health departments function. For some health departments,
having to provide evidence of how their agency meets the accreditation standards helped document capacity that existed that had not previously been documented.

**Agency Strengths and Areas for Improvement**

**Key Findings:** Health Directors reported that the accreditation process highlighted the following strengths in their health departments: 1) motivated, valued staff; 2) engaged, positive relationships with Boards of Health; 3) active community and agency partnerships; and 4) procedures that are already working well; and 5) commitment to the accreditation process.

A number of changes occurred within local health departments as a result of this process. First, agencies wrote new policies and improved documentation of existing policies. Second, health directors reported that the agency self assessment results identified areas for improvement, including the need to increase documentation of communications, policies and procedures, as well as taking and maintaining detailed meeting minutes. Some health directors also acknowledged that they need to employ quality assurance/quality improvement staff and programs; however, they were unsure of where they would find the funding to support this position. One health director reported the following unanticipated outcome of this process, development of advocates for public health in local politics, such as county commissioners. The process also strengthened agency teamwork and increased staff awareness of other health department functions and staff responsibilities.

**Participant Benefit and Satisfaction with Outcomes**

**Key Findings:** Participants benefited from the process in many ways and overall participants were satisfied with the outcome of the process. A few participants indicated that the process was a learning experience and, for one, it was an opportunity to work with new people and build relationships. Another participant appreciated the opportunity to contribute to improving the process for those who will go through it in the future. Some participants perceived that there was a good deal of pride in being selected to be a site visitor. Agency and DPH staff communicated that the accreditation process allowed LHDs and staff to show how hard they work, with limited resources, to improve the health of the public.
Through their roles in the Accreditation Board, some in local political leadership positions became more aware of the functions and needs of local public health. One state DPH staff reported thinking that this “will only help us in the long run in terms of resources and advocacy and those kinds of things.” This proved to be the case in one county where a LHD budget was not cut due to political advocacy developed through the accreditation process. Health directors specifically benefited from this process in that it 1) identified areas for improvement (e.g. documentation of policies and procedures and addition of quality assurance processes), and 2) demonstrated agency strength to staff and others (e.g. community relationships and motivated, dedicated staff).

**Recommendations:**
- Enhance exit interview as previously recommended
- Clarify that the accreditation process as a positive improvement effort that does not result in failure – reduce stigma of not being fully accredited right away.

**Conclusions**

**Summary.** Overall, this accreditation process was seen as an improvement from Accreditation Pilot 1, specifically in the clarity of the ASAI, site visit training and process, and in the management of logistics. Additional time and experience contributed to improving process feasibility and participant usability. Clear and consistent communication within and among participants, clarification of accreditation purpose, guidance on participant roles and interaction, and agency training are areas that still need improvement. Participants continue to support accreditation as a process that will improve the capacity of local public health.

**Limitations.** The following are limitations of the findings presented in this report. Nearly all data sources are self-reports of participants experiences with the process. Only minimal review of documents, such as self-assessment instruments occurred. Participants’ self-reports may be challenged by recall bias. Some participants may not have been completely forthcoming with their honest opinions because of concerns about the confidentiality of their responses. Due to minimal data collection for Accreditation Board and appeals processes, no conclusions can be drawn about the feasibility or utility of these accreditation process steps.
Recommendations

As of May 2005, the NCLPHAP has accredited 10 NC local public health departments, all across the state, varying in size from 19 to over 300 full time employees. Throughout this process, evaluation data has been collected to gather participant feedback for continuous process improvement. Based on this information, evaluators suggest that the Accreditation Board should consider implementing the following recommendations to ensure the success of the NCLPHAP.

Address areas for improvement. Specific recommendations for improving agency and site visitor training are included in this document as well as details on standards that are ambiguous, duplicative, or otherwise problematic. The Accreditation Board should carefully consider these recommendations, with the assistance of relevant stakeholders, to improve the NCLPHAP.

Continue to build relationships and buy-in. The Accreditation Board should consider who is responsible for gaining and continuing to develop buy-in to the process at all levels, as well as maintaining strong connections to both state and local public health practice. This will be critical in ensuring future NCLPHAP success. Particularly at the leadership level, decision making should be more transparent to improve relationships and trust throughout the process.

Clarify purpose and roles. Given that various participants perceive the goal of accreditation differently, it will be important for the Accreditation Board to collaborate with other leadership to determine the intent of the NCLPHAP as a capacity building process or one that assesses the current status of NC local public health department practice. The procedures and participant roles at all levels of the process should be clearly connected to this goal.

Improve communication. Whether through improving training, participant attendance on conference calls, or posting all questions and responses on a NCLPHAP web-site, the consistent transfer of information is critical to building a fairer process. We recommend that the Accreditation Board consider multiple methods to communicate information about the purpose, standards, and process of NCLPHAP.
Challenges and Future Implications

Throughout the Pilot 2 accreditation evaluation, challenges and tensions surfaced that will be important to both acknowledge and address to further accreditation efforts both in this state and in others. Procedures, policies, politics, and determination of purpose were challenges of the Pilot 2 process. These challenges suggest considerations for future efforts that strive to create a fair and reasonable accreditation process.

Procedures. Procedural challenges involve steps in the accreditation process, including self-assessment, site visit, Accreditation Board, and appeals steps. Continuing to standardize procedures will help contribute to developing a process that is reasonable and fair for the agencies and other participants involved. We identified the following procedural issues in the Pilot 2 process.

Issues to resolve:
* How much documentation can agencies create or introduce throughout the accreditation process, including during the self-assessment, site visit, Accreditation Board, and appeals steps?
* What procedures should SVT follow to request additional documentation or clarification of the self assessment instrument, the resource file, and interview information during the site visit?
* What type of site visit exit meeting is needed to provide agencies with the desired level of feedback?
* Should Accreditation Board and appeals processes be implemented as they were in Pilot 2?
* What are the Accreditation Board policies regarding confidentiality of proceedings and findings?

Policies: Policy challenges encompass the accreditation standards and activities, including what body should be responsible for improving standards and activities. We identified the following policy issues in Pilot 2.

Issues to resolve:
* Should there be different levels of accreditation, e.g. Accreditation with commendation?
* Are there certain standards that should always be met?
* How should Not Applicable category be used, how many standards can a health department indicate as Not Applicable and still become accredited?
* How should perceived conflicts in Boards of Health and community assessment standards and activities be resolved?

Politics: Political challenges are related to the support and buy-in by state and local agencies and bodies for the accreditation process. Due to the nature of local public health agency funding from
both the state and local levels, there are political challenges in developing and requiring a
process state-wide that may increase the cost of service provision at the local level. Many
agencies do not currently have the finances to support the burden of an unfunded mandate if the
state places the responsibility at the local level for becoming and maintaining an accredited
status. We identified the following political issues in Pilot 2.

**Issues to resolve:**
- What happens to health departments that don’t want to make recommended changes or
  participate at all in the self-assessment process?
- Will the state provide funding for building capacity if accreditation is mandatory?
- How should “executive decision making” occur? What group (parties) should be involved in
  making decisions about policy, such as standards revision, intent of the process, formation of
  various boards?

**Purpose:** Though the purpose of the NCLPHAP is clearly to improve the capacity and
consistency of local public health, more specificity is needed on what process outcomes will
achieve this goal. Some feel as though capacity is built through an accreditation (performance
improvement) process that increases the presence of standard policy and procedure, and impacts
how agencies view and address their areas of strength and weakness; others indicate that the
accreditation process should assess current capacity through a more finite (“all or nothing”)
process and involve either additional steps as needed to help reach minimum standards, or result
in the elimination of low performing agencies. We identified the following purpose issues in
Pilot 2.

**Issues to resolve:**
- What is the purpose of the Accreditation process, and has it been communicated similarly to
  all participants?
- Is there an expectation that all participants will eventually become accredited, or that some
  will (and should) go through remediation?
- What are the true intentions of the process compared to what the results have been?