

North Carolina

NORTH CAROLINA'S LOCAL HEALTH DEPARTMENT ACCREDITATION PROGRAM

North Carolina (NC) developed a standards-based system for accrediting local public health departments in 2002. The goal of the North Carolina Local Health Department Accreditation program (NCLHDA) is to improve and protect the public's health by assuring the capacity of North Carolina's local health departments (LHDs) to perform core functions and essential services. The core functions of assessment, policy development and assurance – based on the 10 Essential Public Health Services – plus additional benchmarks addressing Facilities and Administrative Services and Governance – are defined as three standards consisting of 41 benchmarks and 148 activities. These standards and benchmarks meet requirements of North Carolina's public health statutes and are aligned with the National Association of County and City Health Officials' (NACCHO) Operational Definition of a Functional Local Health Department. NCLHDA program standards and benchmarks have been codified as Rules under the NC Commission for Public Health. The process to become accredited includes:

- LHD self-assessment
- Site Visit conducted by a multi-disciplinary team of peer reviewers
- Adjudication by Accreditation Board

LHDs that do not fully meet the standards may receive conditional accreditation, and in this case must develop a Corrective Action Plan that is to be completed within two years. As of July 2008, 40 LHDs have been accredited in North Carolina.

Costs/Finances:

The NC legislature funds the NCLHDA program at \$700,000 per year:

- \$25,000 for each health department undergoing initial accreditation
- \$350,000 for administration
- \$100,000 for DPH accreditation consultants

Governance: The NCLHDA program was recommended by the NC Public Health Task Force 2004 and formalized into subsequent state legislation in 2005. The North Carolina Secretary of Health and Human Services appoints members of the Accreditation Board, which in turn implements standards and awards accreditation status. Members include county commissioners, local board of health representatives,

local health directors, North Carolina Division of Public Health (DPH) staff, Department Environmental and Natural Resources staff and three public members. The NC Institute for Public Health serves as the program's administrator and conducts an annual system evaluation for continuous quality improvement (QI) purposes and to examine system impact.

ACCREDITATION STANDARDS

Benchmarks are organized into 3 standards:

1. *Agency Core Functions & Essential Services;*
2. *Facilities and Administrative Services;*
3. *Governance/Board of Health*

PARTICIPATION IN THE MULTI-STATE LEARNING COLLABORATIVE

North Carolina has been a participant in the MLC since its first phase began in 2005. The NC Collaborative includes the following partners: NC DPH, NCIPH and the NC Association of Local Health Directors. Through participation in the MLC, North Carolina has accomplished the following:

- Public Health Improvement Fund – Provided financial support for accredited LHDs to address QI initiatives identified during accreditation process.
- Benefits and Costs of Accreditation – Examined the benefits and costs of accreditation to LHDs.
- Standards Improvement – Improved Governance standards for self assessment instrument
- Technical Assistance
 - Created *Accreditation Road Map*
 - Evaluated DPH Technical Assistance to LHDs during accreditation self assessment process
- Through surveying health departments and assessing available QI trainings, created a tailored two part QI training for LHDs: videoconference (173 participants) and regional workshops (110 participants)
- Provided TA to 6 states to use the *Accreditation Road Map* as they consider accreditation model and processes
- Examined linking accreditation to quality improvement in LHDs—conducted interviews with LHDs to examine QI practices and identified modifications to NCLHDA self assessment instrument to emphasize quality improvement in re-accreditation
- Evaluated the NC DPH state self assessment accreditation process

Through participation in *Lead States in Public Health Quality Improvement*, the third phase of the MLC (which will run from 2008-2011), North Carolina will prepare for accreditation and advance quality improvement in public health through the following work:

Preparing for Accreditation:

State Health Department Preparation:

NC DPH conducted a pilot state self-assessment and accreditation process using a modified version of the NPHSP standards. The self-assessment culminated in a site visit and review by an external site visit team which, while indicating that NC exceeded the 80% benchmark of activities met, also identified gaps in DPH performance. DPH's senior management has prioritized these gaps into performance improvement initiatives. In order to improve the NC DPH's readiness for the national accreditation model, the NC Collaborative will tackle two of these performance improvement initiatives:

- Contribute To and Apply the Evidence Base of Public Health (relates to essential service I0)
- Govern and Manage Health Department Resources (relates to domain II)

Local Health Department Preparation:

The NC Collaborative is well-positioned to prepare LHDs for national voluntary accreditation through communications and equivalency testing. The NC Collaborative will provide valuable information about the process to NC LHDs, including opportunities to provide input into the PHAB process (such as standards vetting) through the NC MLC website, NCIPH and DPH communication avenues such as the NCIPH quarterly newsletter *IMPACT*, and state public health conferences.

Quality Improvement Collaboratives: All states participating in the third phase of the MLC are forming collaboratives to collectively implement quality improvement activities focused on specific target areas. States were asked to choose at least two targets from a menu of five capacity/process target areas and five health outcome target areas.

North Carolina will implement one QI collaborative for a period of 15 months, followed by a second

collaborative that will also run for 15 months. The first collaborative will be comprised of 8 LHDs, with the DPH as the funder/planner. The second collaborative will be comprised of 3-7 LHDs and may include the DPH

Target Areas:

Capacity/Process Target Area:

Assure a Competent Workforce

Sub-target: To be determined

Health Outcome Target Area:

Reduce incidence of vaccine preventable disease

Sub-target: Increase the percentage of children immunized according to ACIP standards

The collaborative that will address *vaccine preventable diseases* will run first, and consists of eight LHDs with the DPH as the funder and planner. This collaborative is using faculty from the UNC School of Medicine, Department of Pediatrics as consultants. DPH regional consultants will provide technical assistance for this collaborative. A toolkit, including a training component, for all regional consultants to use in the next collaborative is being developed. These consultants will also develop future QI work with LHDs. The collaborative that will address *assuring a competent workforce* will include 3-7 LHDs and may include the DPH. Participating agencies in both collaboratives will receive financial incentives. Other supports will include training and technical assistance.

Project Lead and Partners: The **NCIPH** is the grantee for the MLC project. All work on the project is implemented under the direction of the NC Collaborative partners: **NC DPH, NC Association of Local Health Directors**, and NCIPH.

ADDITIONAL RESOURCES

North Carolina Local Health Department Accreditation website: <http://nciph.sph.unc.edu/accred/index.htm>

To see all work produced by North Carolina, please visit www.nnphi.org/ecatalog. Under *Programs* select "The Multi-State Learning Collaborative." Under *States* select "North Carolina." Then click the Search button.