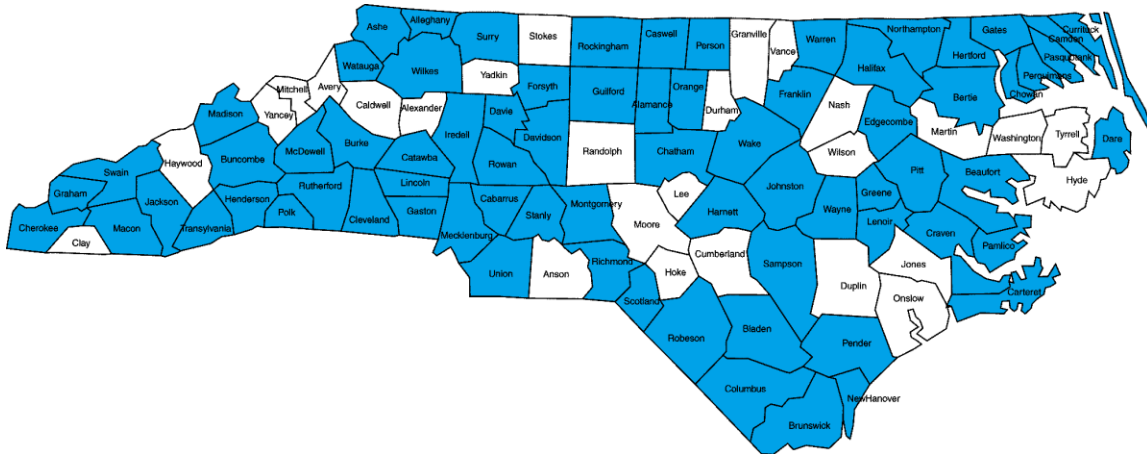


# Legislature Briefing on the NC Local Health Department Accreditation Program

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## *IMPROVING THE CAPACITY, CONSISTENCY AND QUALITY OF NC PUBLIC HEALTH*

The North Carolina Local Health Department Accreditation (NCLHDA) program was created by the General Assembly in 2005 to increase the capacity, accountability, and consistency of practices of all North Carolina local health departments (LHDs) (§ 130A-34.1). As of December 2011, 64 of the 85 NC LHDs had achieved accredited status (75%). These LHDs are highlighted in blue in the NC map.



The program process is adjudicated by an independent entity, the North Carolina Local Health Department Accreditation Board. Its members are appointed by North Carolina's Department of Health and Human Services Secretary. Ten LHDs per state fiscal year participate in initial accreditation review, and all LHDs are required to be reviewed by 2014. Each LHD was allowed to choose the first fiscal year during which it would undergo initial accreditation. Accreditation status is valid for 4 years, after which LHDs must go through a re-accreditation process.

This brief provides information on how well the program is achieving stated objectives. Information is summarized from program and evaluation data, a survey of the first 48 health departments accredited under the final rules, and a research project on accreditation and preparedness standards.

## **Improving LHD Capacity and Consistency**

The NC Local Health Department Accreditation program was developed to respond to growing concerns about the variations in the quality of services provided by all NC LHDs across the state. The focus of North Carolina's Local Health Department Accreditation is on the capacity of the local health department to perform at a prescribed, basic level of quality the three core functions of assessment, assurance, and policy development and the 10 Essential Public Health Services as detailed in the National Association of County and City Health Officials' Operational Definition of a Local Health Department. The program focuses on a set of minimal standards that must be provided to ensure the protection of the health of the public, but does not limit the services or activities an agency may provide to address specific local needs. The program does not create a wholly new accountability system; rather it links basic standards to current state statutes and administrative code, and the many NC Division of Public Health contractual and program monitoring requirements that are already in place. The core public health functions are defined through 41 benchmarks and 148 activities that are based on the 10 Essential Public Health Services in addition to

Facilities/Administrative Services and Governance. To achieve accreditation status, NC LHDs must document compliance with 90% of these activities.

All LHDs that have participated in the process have ultimately been awarded accredited status by the Accreditation Board however; on program evaluations LHD personnel reported that agencies conducted considerable work to meet the NCLHDA program standards. Among 56 agencies for which evaluation data are available, more than 90% reported updating policies and procedures or adopting new policies and most of these agencies reported adopting and updating multiple policies to meet accreditation requirements.

***“The accreditation process has been a very positive experience for us. Our department is much better organized than prior to accreditation with adequate policies and procedures in place.” ~Local Health Director***

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As program standards and interpretation have matured LHDs are experiencing challenges in meeting all activities. The law permits a LHD that initially falls short of some of the standards to be conditionally accredited while it addresses deficiencies. From the 2010-2011 evaluation data, two departments undergoing initial accreditation and three undergoing re-accreditation had deficiencies that they were required to address before being fully accredited.

NC LHDs continue to update and assure continuous implementation of policies and practices after achieving accreditation. Forty-five of 48 (94%) accredited LHDs that were surveyed reported that they had updated policies and practices since achieving accreditation.

## **Improving Performance of NC LHDs**

Along with improved consistency and capacity, accredited LHDs are also working to improve the quality of their services. Among the 48 accredited health departments included in the survey, 50% reported addressing suggestions for quality improvement identified by site visitors and 67% have conducted quality improvement activities since achieving accreditation. These activities have worked to improve service delivery, such as providing streamlined TB testing, and LHD response to epidemics, like H1N1. A research project conducted during the LHD response to the 2009 H1N1 epidemic indicated that accredited LHDs were able to conduct more response activities and conduct these activities faster than non-accredited agencies.

The Accreditation Program is meeting its objectives. Evaluation data demonstrate that accredited LHDs have increased consistency, capacity and quality. Further, these LHDs have demonstrated that they are accountable by meeting the NCLHDA standards. To ensure that the legislation achieves its original intent—that all counties have the capacity to deliver the 10 Essential Public Health Services statewide—it is vital that all 85 LHDs participate in the accreditation process.

For more information about the North Carolina Local Health Department Accreditation program visit [www.sph.unc.edu/nciph/accred](http://www.sph.unc.edu/nciph/accred).

Legislation: <http://www.ncga.state.nc.us/Sessions/2005/Bills/Senate/HTML/S804v3.html>

Rules: [http://nciph.sph.unc.edu/accred/about\\_nclhda/rules.pdf](http://nciph.sph.unc.edu/accred/about_nclhda/rules.pdf)

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*This brief was prepared by the North Carolina Institute for Public Health Evaluation Services at the request of the Accreditation Board and is being sent to the Administrator and the legislature on behalf of the Board.*