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What We've Learned: Lessons for Locals Preparing for Accreditation

Across the country, local health departments (LHDs) are looking ahead to the launch of the Public Health Accreditation Board's (PHAB) voluntary national accreditation program for public health departments. While there is interest and excitement surrounding the program, there is also at times, a touch of trepidation. This brief article aims to share advice from two sources with accreditation experience, and offers their thoughts on what they have learned along the way.

Tar Heels and Blue Devils in North Carolina

In 2002, the North Carolina Division of Public Health and the North Carolina Association of Local Health Directors undertook an initiative to develop a standards-based system for accrediting local public health departments throughout the state. With legislator buy-in and support of the process, it became mandatory by law in 2005. The focus of North Carolina's Local Health Department Accreditation Program (NCLHDAP), administered by the North Carolina Institute for Public Health (NCIPH) is on the capacity of the LHD to perform at a prescribed, basic level of quality; the three core public health functions of assessment, assurance, and policy development; and the ten essential public health services. The program focuses on a set of minimal standards that must be provided to ensure the protection of the health of the public.[1] Though mandatory, each LHD receives $25,000 from the legislature the first time they go through the process to help offset the costs.[2]

David Stone, MS, is the Administrator for NCLHDAP. In this role, he oversees the program, directs program staff, and serves as the liaison for the partners involved in LHD accreditation. He offers the following suggestions about preparing for and undertaking accreditation, based on his experiences leading LHDs through the North Carolina program:

Stay the Course. Keep the accreditation efforts going! LHDs should not get bogged down with the magnitude of the task but rather should stay the course to maintain momentum. Once stopped, it will be more difficult to get started again than to just keep on working through tough periods.

Seek Answers. NCIPH continually updates a document of questions and answers about the accreditation process. This document has been tremendously helpful for the locals and allows all applicants access to the same information. Note: in the national program, PHAB will answer applicant questions on the accreditation process while NACCHO will assist LHDs in working to achieve the standards and measures.

Use All Available Resources. The orientation and process trainings for accreditation are optional in North Carolina, but LHDs that participate undertake the process more easily. The trainings are designed to provide information, answers and resources, and to educate health department staff about what to expect. LHDs should make the effort to attend any webcast, conference call, and in-person training offered as a means to improve capacity to meet accreditation standards and understand what PHAB's expectations will be. Reviewing PHAB's Web site and materials for accreditation, as well as NACCHO's materials on preparation and QI will, also prove valuable. "If you want to do accreditation and do it well, avail yourself of the resources that exist."

Tag Along. The more information LHDs have, the better the experience. LHDs preparing for accreditation have found it useful to tag along to another LHD site visit during the accreditation process. Though serving as an observer in this capacity dictates silence, a tremendous amount can be learned including how to set up the data for the site visit, logistics, and communication. It is a chance to see the process translated into practice.

Size Doesn't Matter. In North Carolina, the smaller, more rural LHDs may not have resources for vast programmatic outreach, but their size is an advantage in accreditation as it enables them to easily pull materials and staff together. Often it is the larger counties that may find it more difficult to gather documentation because of the amount and variety of activities and staff involved; internal communication can be a struggle. Small LHDs may feel like they are unable to do it, but with Microsoft Word, Excel, and a scanner, *every* size LHD can organize their information, set up file systems, and build in links to documents to show how they meet accreditation standards.

> "If you want to do accreditation and do it well, avail yourself of the resources that exist." –David Stone

It's About Improvement. No accreditation program is perfect, not at inception and not in its continuation. North Carolina, held two pilots before officially launching the program, and as of July 2009, 50 LHDs have been accredited. The program has improved with every single cycle of accreditation to make things better. The national program will improve over time, just as the goal is for LHDs to improve over time. LHDs can continue to offer feedback on what is working and what could be changed with the national program through the mechanisms PHAB established for its own improvement. All accreditation programs evolve over time.

It's About Your Agency. Though LHDs may feel tempted to say "Just give us a template and tell us what you want us to write," in North Carolina, they would hear a resounding "No." The whole point of an agency developing a strategic plan, conducting a community health assessment, and working with community and leaders is to identify and prioritize *your* agency needs. Borrowing a sample and changing the logo will not help the agency improve or move forward strategically. One benefit to accreditation comes from undergoing the process itself. To reap the benefits, undertake the process as it was intended.

For more information on the North Carolina accreditation program, contact David Stone at (919) 843-3141 or david_stone@unc.edu.

No Dustbowls in This Oklahoma Town

In an effort to strengthen public health systems, The Missouri Institute for Community Health (MICH) developed a voluntary, state-based accreditation program for LHDs. This program is unique in that it offers three distinct levels of accreditation based on the number of performance measures an LHD aims to pursue. The levels of accreditation are defined as: (1) Primary (LHDs meeting 230 performance measures); (2) Advanced (LHDs meeting 305 performance measures); and (3) Comprehensive (LHDs meeting 322 performance measures).[3]

In preparation for national accreditation, the Tulsa City-County Health Department (THD) in Oklahoma engaged in a two-year process following the steps of MICH's comprehensive level accreditation. THD decided to take this route for the experience, in hopes that it would serve as a stepping stone for THD to position itself for achieving national accreditation. Gary Cox, JD, then Director of THD,[4] and a past president of NACCHO, and Alicia Plati, MPH, is the Program Development Coordinator for THD. They share some important lessons learned from their process for other LHDs:

Starting From Scratch. It is important for LHDs to conduct an agency self-assessment and identify a starting point before determining where to go next. The fact that Oklahoma has always been on the bottom rung in terms of health outcomes served as the driving force for Dr. Cox to decide THD should become engaged in the accreditation process. Quite frequently, THD staff have found themselves in a paradox as they work in high performing health departments within communities of poor health outcomes. Instead of allowing unfavorable health outcomes to impede the progress of agency functions, LHDs can use this reality as a key motivator for staff to continuously strive for improvement.

Make the Pitch. With the prospect of accreditation and quality improvement (QI) being so new to the public health arena, many public health practitioners are unfamiliar with its application and benefits to the work of LHDs. THD confronted this challenge by frequently communicating with their governing body, management teams, staff, and community stakeholders regarding the needs and benefits of this process. Because this process requires time and resources to attain buy-in, it is important to emphasize the return on investment such as funding opportunities, credibility to funders and tax payers, and accountability to the community served.

Lead Your Leaders. Much of THD's success in the implementation of an accreditation-like process can be attributed to Dr. Cox's leadership and his solicitation of staff buy-in for achieving accreditation goals. Working towards accreditation requires a sturdy commitment from an organization, and it is only executive level management that can ensure staff have the time and resources required for the rigors of this process. It is also essential to involve local governing boards by stressing the benefits of accreditation including potential funding, accountability, and credibility. After securing even one board member to champion this cause, it is likely that the rest will follow.

Empower Your Staff. Because an agency's staff is immersed in the day-to-day functions of an LHD, it is critical for staff at all levels to be involved in the accreditation process. Therefore, all staff members must bridge the connection between accreditation and QI and their individual programs. THD accomplished this by providing several staff trainings on the practicality of QI tools and ample opportunities to apply these tools to program implementation. Once staff become engaged in the accreditation process and realize the programmatic benefits, Dr. Cox expects it will establish a sense of pride and ownership throughout the agency.

It's Not Quantity, It's Quality. There is always room for improvement with the functions of an agency, making it essential to institutionalize QI and integrate it into the organizational culture. The best way to accomplish this is by communicating to staff and management that QI does not equate to more work but rather, better work. Most agencies are already involved in some sort of QI process, whether there is an awareness of it or not. Initiating a formalized QI process not only creates opportunities to gradually tackle bigger problems but it also fosters a sense of accomplishment with the staff. In Tulsa, 5 program areas reported improvements in efficiencies after completing a Plan-Do-Check-Act QI cycle.

> "Once staff become engaged in the accreditation process and realize the programmatic benefits, it will establish a sense of pride and ownership throughout the agency." –Gary Cox

Track Your Steps. THD found that one of the most cumbersome components of the Missouri accreditation process was the documentation of meeting the standards. THD utilized a "divide and conquer" tactic by assigning each staff member, based on their programmatic responsibilities, a specific number of standards to be responsible for documenting. By collecting documentation in an organized and systematic way, an LHD can, at any given time, prove to stakeholders that it is in fact providing the 10 Essential Public Health Services in accordance with established standards.

For more information about the Tulsa City-County Health Department's experiences, contact Gary Cox at (405) 425-4332 or Gary_Cox@occhd.org.

As illustrated by David Stone in North Carolina and Gary Cox in Oklahoma, the idea of an accreditation process can seem relatively overwhelming, particularly upon inception. Yet they all note that even though LHDs have varying levels of experience with accreditation preparation and QI, LHDs have a vast array of experiences and relationships to draw on in moving towards accreditation. By watching peer agencies, taking lessons learned, and pursuing available resources, LHDs can expedite their implementation of quality improvement processes and readiness for national accreditation.

[1] North Carolina Local Health Department Accreditation Web site, available at: http://nciph.sph.unc.edu/accred/about_nclhda/index.htm.

[2] As of July 2009, NCLHDAP is in a year of suspended program activities due to funding cuts, though development work continues. Funding is proposed to be restored July 1, 2010, when all activities will resume.

[3] Missouri Institute for Community Health Web site, available at www.mich.org.

[4] Gary Cox is currently the Director for the Oklahoma City-County Health Department.

The mission of the National Association of County and City Health Officials (NACCHO) is to be a leader, partner, catalyst, and voice for local health departments in order to ensure the conditions that promote health and equity, combat disease, and improve the quality and length of all lives.

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