



*Evaluation of the
Missouri Local Public Health Agency
Voluntary Accreditation Program*

An Evaluation Report
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for the
Missouri Institute for Community Health

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Executive Summary

The Missouri Institute for Community Health (MICH) is a broad-based entity that facilitates dialogue among health care providers, the private sector, community colleges, universities, health and human service associations, and state and local government. The mission is to facilitate and promote excellence in community systems for health and quality of life. Since the mid-1990's, members of Missouri's public health system worked together to define the appropriate role of governmental public health and the core capacity that needs to be in place to improve the health of Missourians. A task force composed of local public health agency administrators, representatives from the Missouri Department of Health and Senior Services, county commissions, and local Boards of Trustees reviewed accreditation at the state and national levels. They developed the Missouri Voluntary Local Public Health Accreditation Model, issued in 2001. The model defines three types of accreditation (primary, advanced, comprehensive) to choose from, for agencies of different size and capacity. Monitoring the public's health is an overwhelming feat for any size of community and requires reflection at a system level. This report is a process and impact evaluation of the first year of the Accreditation Program.

The evaluation is based on interviews with the LPHAs and the On-Site Review Team members (OSRT). The accreditation program not only acts as an evaluation of the LPHAs performance, but has a built-in evaluation of MICH as an organization at every phase. During the first year of the Accreditation Program, 6 LPHAs were interviewed for varying phases of the evaluation. The results consist of 6 Phase 1 evaluations, 6 Phase 2 evaluations, 1 Phase 3 evaluation and 8 OSRT Member interviews. The findings from this evaluation include how MICH can improve this program to how LPHAs can better utilize the self-assessment process to improve their departments. This report provides MICH the direction to facilitate organizational and programmatic improvements that will positively benefit the public health infrastructure in Missouri. The evaluation program benefits MICH, the LPHA, and the Missouri public health infrastructure in many ways, but most importantly, provides a mechanism to collect evidence based practices.

Background

In June 2000, the Center for Public Health Services/Missouri Department of Health and Senior Services (MDHSS), in conjunction with the Robert Wood Johnson Foundation, began year two of a two year "Turning Point" project. The goal was to identify the components and best practices of a model public health agency in a community based public health system. By June 2001, the Missouri Model Agency Project (MOMAP) designed a model for a governmental local public health agency based on Missouri's core function-based definition of public health. Seven local public health agencies, selected from a competitive pool of urban, suburban and rural agencies, participated in MOMAP.

In August 1999, the criteria committee, with representatives from MDOH and local public health agencies, identified ten components for a model agency in a community based public health system: consumer protection (e.g., customer service, workforce issues, health communications, etc.).

Ten teams were formed, one for each component. Each team was co-chaired by local agency and state staff persons. A representative from each model site was included on each team along with MDHSS staff with expertise in the area. Team size averaged about fifteen people, with people from the smaller sites sometimes serving on two teams. Over 130 people worked on the teams, and the resulting strategic conversations were incredible.

The charge for each team was to identify the elements that made up their component in a model local public health agency, producing a written document supported by research and best practices from the agencies. A writing team edited and brought all these components together into one written product about best practices for public health. Monthly meetings, along with on-going research assignments, required each participant to spend approximately ten hours per month on the project.

During the first year, some of the most successful aspects of the project included the opportunity for state and local participants to engage in meaningful dialogue and network, practitioners and policy staff having strategic conversations about public health issues, and public health colleagues with differing responsibilities finding common ground to identify and develop best practices or solutions for complex public health issues.

Many of the team members had never had the opportunity to work together. This project was a venue for breaking down barriers between state and local points of view, developing strong working relationships and creating an atmosphere of mutual trust and respect. Together the group chose as their implementation project the establishment of the Missouri Institute for Community Health.

Today, the Missouri Institute for Community Health (MICH) is a broad-based entity that facilitates dialogue among health care providers, the private sector, community colleges, universities, health and human service associations, and state and local government. Our mission is to facilitate and promote excellence in community systems for health and quality of life.

The LPHA Accreditation Program

Accreditation is a credential given to an agency or institution that meets a defined set of standards. Society requires increased accountability and collaboration from public and private sector organizations in today's world of limited resources. For institutions such as hospitals, schools, home health agencies, universities, etc., accreditation standards are well established. Voluntary accreditation for public health agencies can assist in establishing credibility among public and private partners and provide accountability to the public. Standards will establish recognizable quality markers, and validate and support the use of public and private funding for the public health system.

Since the mid-1990's, members of Missouri's public health system worked together to define the appropriate role of governmental public health and the core capacity that needs to be in place to improve the health of Missourians. A task force composed of local public health agency administrators, representatives from the Missouri Department of Health and Senior Services, county commissions, and local Boards of Trustees reviewed accreditation at the state and national levels. They developed the Missouri Voluntary Local Public Health Accreditation Model, issued in 2001. The model defines three types of accreditation (primary, advanced, comprehensive) to choose from, for agencies of different size and capacity.

The task force behind that objective, third party organization was necessary to implement the voluntary accreditation process. The Missouri Institute of Community Health (MICH) was selected as the nonprofit agency to administer this program. An Advisory Council leads this organization with representatives from local public health agencies, community organizations, professional associations, state agencies, and colleges and universities. The Accreditation Council under the auspices of MICH includes local public health agency representatives: 1 MICH Board Member, 1 Academician, 2 MICH Advisory Council Members, and 1 State Health Department Representative. This body further defined accreditation standards and refined the accreditation tools and process.

MICH believes that accreditation:

- Provides an opportunity for public recognition and celebration of excellence
- Enhances agency's standing when working with other community agencies that are accredited
- Fosters the best use of available personnel and a climate for ongoing self-study and improvement
- Supports and enhances potential for increased local support and grant funding
- Identifies areas where improvement is needed

In order to address timeliness and relevance, two subcommittees were formed to support the Accreditation Council: the Standards Review Committee and the Education and Training Review Committee.

The Role of Evaluation

Evaluating is itself the most valuable treasure
of all that we value. *Friedrich Nietzsche*

Monitoring the public's health is an overwhelming feat for any size of community and requires reflection at a system level. In July of 2004, MICH commissioned an evaluation of the Accreditation Program. The evaluation is based on process and impact findings and includes interviews with the LPHAs and the On-Site Review Team members. The accreditation program not only acts as an evaluation of the LPHAs performance, but has a built-in evaluation of MICH as an organization at every phase. The evaluation program benefits MICH, the LPHA, and the Missouri public health infrastructure in many ways, but most importantly, provides a mechanism to collect evidence based practices.

The MICH Evaluation of the LPHA Accreditation Program examines two levels, process and impact. The LPHA who has participated in this program has told MICH that changes occurred almost immediately after reading the accreditation manual and before their onsite visit (for example, staff sought more education and training, policies were changed, staff morale improved, etc.). Because of this, a three-phase evaluation was designed to capture those changes throughout the process (Figure 1). For a more detailed overview of the timeline of the Accreditation Program, see Figure 2.



Phase 1 Self-Assessment: Assesses key components of the self-assessment, such as timeliness, value of technical assistance, standards feedback, completing and submitting the self-assessment, communicating with MICH.

Phase 2 On-Site Review: Assesses the interaction with the MICH Onsite Review Team and changes documented by LPHA after self-assessment.

Phase 3 One-Year Review: Assesses change one year after accreditation. Includes an analysis of the factors supporting change and barriers to change, methods for LPHA improvement, and best practices.

Figure 1.

Timeline of Local Public Health Agency Accreditation Program with Process and Impact Evaluation

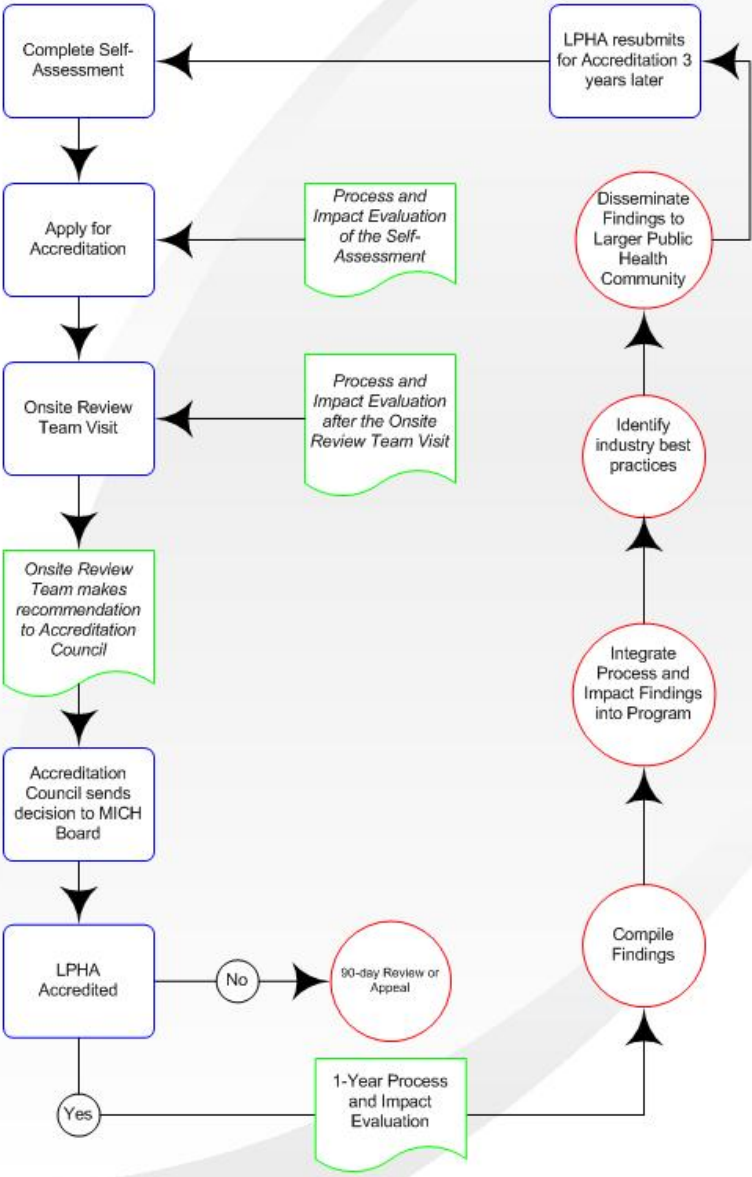


Figure 2

Methodology

The methodology consisted of interviewing both LPHA and Onsite Review Team Members (OSRT) members. OSRT member results are discussed in a later section.

During the first year of the Accreditation Program, 6 LPHAs were interviewed for varying phases of the evaluation. Table 1 identifies the step each LPHA was at when the evaluation began. To recruit participation in the evaluation, an e-mail was sent to all the eligible counties. With this e-mail, an attachment was provided that explained the request and what the administrator would be asked to do.

Table 1. Requested Counties for Evaluation of Accreditation Program			
County/City	Requested Participation in Phase of Evaluation		
	Phase 1	Phase 2	Phase 3
Butler	√	√	
Cole	√	√	
Springfield/Greene	√	√	
Kansas City	√	√	√
Lincoln	√	√	
Mississippi	√	√	
St. Louis County	√	√	

A phone-call meeting was scheduled and the administrator was called. The evaluation usually took no more than 1 hour depending on the number of phases to complete and how much feedback they were willing to provide. The results consist of 6 Phase 1 evaluations, 6 Phase 2 evaluations, and 1 Phase 3 evaluation.

The Instrumentation

The instrumentation used for the evaluation for both LPHA and OSRT members consisted of several parts:

- A series of questions with a Likert-scale response (comments were also gathered on these questions)
- A series of open-ended questions
- An opportunity for the administrator to provide any comments that may have not been addressed in the previous questions.

Results of the Evaluation for LPHA and On-Site Review Team Members

LPHA Accreditation Evaluation

Tables 2 and 3 provide the questions and responses to Phase 1 and 2 of the evaluation. One LPHA completed Phase 3 One-Year Evaluation.

Table 2. Phase 1 Self-Assessment Evaluation Results									
Self-Assessment Questions	Health Department Label						Scaling Format		
	A	B	C	D	E	F			
1. How efficient was the application process as a whole?	1	1	3	1	1	1	1 = efficient	2 = neutral	3 = not efficient
2. How often would you say you use the website?	1	3	1	2	2	1	1 = very often	2 = some	3 = not very often
3. Would you consider the website useful?	1	2	1	1	2	1	1 = very	2 = neutral	3 = not at all
4. Did you find that the website functioned properly?	1	1	2	1	1	1	1 = very well	2 = most of the time	3 = not very well
5. How did you submit your application materials?	1	1	1	1	1	1	1 = internet	2 = e-mail	3 = mail
6. Did the submission of your application materials go smoothly?	2	3	3	1	1	1	1 = yes	2 = neutral	3 = no
7. How difficult was submission of the fee for your health department?	1	1	1	1	1	2	1 = not difficult	2 = neutral	3 = very difficult
8. Are you confident in the level of accreditation for which you are applying?	1	1	2	1	1	1	1 = yes	2 = neutral	3 = no
9. Did you use the technical assistance during the self-assessment process?	1	2	1	2	1	1	1 = yes	2 = no	
10. How effective was the technical assistance for you?	2	NA	1	1	1	1	1 = very effective	2 = neutral	3 = not very effective
11. Overall, were the standards exhaustive and reflective of the current practice of public health?	1	2	3	2	1	1	1 = very	2 = neutral	3 = not at all
12. Did you apply for the appropriate level of accreditation?	1	1	1	1	3	1	1 = yes	2 = neutral	3 = no
13. In 3 years will you reapply for the same level of accreditation?	1	2	1	2	3	1	1 = yes	2 = not sure	3 = no

Phase 1 Self-Assessment Comments from Scaled Questions

- Our main concern was knowing what documentation to use.
- We had to submit the application again.
- Some technical questions couldn't be answered.
- On some standards we had to make sure we had the documentation. We used our computer more. Staff were able to go online more to use the logs created. This helped our organization to show where we were with policies and procedures and where we needed to go. This is one of the best processes we ever went through.
- We will reapply depending on what our governing board does. We need more funding. Will need more staffing positions to be filled or we can apply for comprehensive level.
- Every health department is different. It's difficult to have a tool that is useful for every organization, since structure and governance vary.
- We submitted the application and it didn't go through. I believe this has been corrected.
- The comprehensive has a ½ time Public Information Officer (PIO), but needs to be 1 FTE. A bachelor's level for a PIO is too low unless they've worked in the media. Writing press releases is good, but do you track how many of your press releases get covered. Can you hold a press conference effectively in the time frame that is necessary to do it?
- Look at Performance Standard 15. Need this for media interaction. Do you have a system in place to interact with media? Needs more communication emphasis. There is no requirement at the comprehensive level that you have a PIO; should be full-time at advanced and comprehensive, maybe 1/2 time at advanced.
- The PIO position should not be just information, but aggressively getting the message of prevention out there and promoting the value of public health to media and others. You need more standards on how LPHA is communicating. If your media is not contacting you on a weekly basis, then you are not in touch or on their radar. Can you respond to the media 24/7?
- One glaring problem is lack of accountability. If you have a role in the television market, one standard should be do you know how to change what's gone out in the media. Can you demonstrate that you've done it? Does something said at 6 p.m. get corrected by the 10 p.m. news.
- There is a weakness in the area of nursing health communication in the communication that the public sees in the standards. This is extremely weak and weak at national level.

Phase 1 Self-Assessment Open-Ended Questions

1. Were there any Performance Standards that were difficult to understand? Identify the Number.

- The bar needs to be raised, but may make some not eligible. Very understandable
- We were trying to interpret what they wanted as far as documentation that we did these things. Quality assurance - what is that to you and to me. Once the evaluators explained then the clarity was much better.
- Standard 34 was redundant. Everything was asked over and over for about 3 pages. Seemed very redundant. So many of the standards were met by the same materials. One set of materials would meet several standards.
- On the community health assessment, why did we need to compare county to another county and compare to state level and on a national level. I didn't understand the relevance of that. Trend analysis needed to be done, too. Ordinances weren't relevant in our county, because we are small. We have no planning and zoning board. They wanted you to be active in implementing those. Small populations don't have big city boards or planning and zoning boards. Needs to be reworded for the smaller county. We have worked on some individual cities with planning and zoning, but not at county level.
- We run 50 programs in our department. How do you know if you're doing what you need in all programs? There were a number of instances where something was required (mostly in the PS), does that mean we find one or two programs or does it apply to everything we do?
- We're hoping to get a return for the money.
- Once we went through this process, we wish we had gone for advanced
- Will apply for advanced next time.

2. Were there any Physical Facilities and Administration Standards that were difficult to understand? Identify by Number

- Very understandable.

3. Were there any Staff Competencies and Training Standards that were difficult to understand? Identify by Number.

- All things change. As we progress, hopefully the instrument will improve and make them more comprehensive. In 10 years, the standards shouldn't look the same.
- The requirement for the environmental was hard to understand. The Head of our Environmental Division (large county) wouldn't have qualified. He was the head of the state environmental department. How can you get anyone more experienced?
- If you don't run a WIC program, why do you need a full-time Registered Dietician (RD)? If the RD position is required, then you should also have a fitness expert and tobacco prevention specialist. These are important issues, as well.
- It is a little confusing on the staffing standards; we have 24 employees. We didn't realize they were going to look at "roles" and not talk to the individuals about that role. We did a lot of work that we didn't need to do.
- More clarity as far as the documentation that is needed at the time of the review. For example, the Principles of Public Health course was taken many months ago, but not everyone requested a certificate. We didn't realize that everyone was supposed to do it and then get the certificate. That needs to be clarified.
- We provide a lot of direct services in our health department. There wasn't a lot of that reflected in the self-assessment. With such a small county, we have to provide direct services. We are their only point of services in the county. We may be the only one who does immunizations or pap smears. We are in the business of direct service at this health department.

4. Which online documents were particularly helpful?

- All documents were helpful.
- What was most helpful was calling other agencies, visiting hospitals, and asking their advice.
- Printed the entire materials out. When you apply, MICH should send you the Primary accreditation manual with a cover letter. Picking and choosing links caused me to wonder if I was getting everything.
- Nobody understood that we didn't have to do it on 24 employees and only six.
- We have an environmental complaint log now that can show how something is taken care of and addressed.
- We now have an in-house information technology survey (i.e., age of computers, employees, data system evaluation).

5. Would you add any content or language to the existing standards?
- We're one of the larger health departments with much more comprehensive service and more expertise than others.
 - When other agencies ask about going through accreditation, it's helpful to self-reflect.
6. Did you create any particularly useful resources during your self-assessment process that could be shared with other health departments?
- We had the entire contract monitoring in one notebook before asking for it - in a divider. The online logs were created for staff to access and to use during work to input their own education and training. We entered client complaints and when we worked with the media. However, we must continually remind staff to do it. This allows us to see if we have a pattern in something, a trend, and if we need to change things. We see this as a way to get better.
 - We realized that we were deficient at systemizing the way employees did things, continuing education, logs, and educational credentials. Compiling our standard operating procedures helped to get up to date and look at them and now they are easily found.
 - Logs and documents for tacking were created. We took the self-assessment long form and each of the measures was laid out in a grid. People reported back to the level they were able to document. We also had a document that was delegation checklist for division managers and assigned Program Managers to a specific Division. This allowed that division manager to look at their programs and decided which program would report on that back to the team. Finally, there was a performance measure checklist to track our collection of documentation, for example, what was assigned, received. At anytime we were able to provide tracking of completion. Allowed us to understand if someone couldn't provide the information, then we'd reassign. Division managers and no one can meet it and continued discussion.
 - The process of getting organized was helpful, such as creating the training logs, funeral homes/hospital logs, putting together the team, meeting once a week, list of performance standard and who's in charge, checked if accomplished. We created a file folder for each performance standard.
 - We now have a suggestion box for community/patient input. This has been so successful. Daily we get about three to four. What is innovative is that contact information is given; we call the person to clarify about the problem, correct it, and then let them know it's corrected.

7. What changes were made in your health department from initiation of the process up to the site-visit (policy, training, procedures)? Please relate these to a performance, facility or staffing standard number.

- The logs for staff improved and enhanced CQI in our department. Employees could see that the accreditation was for a purpose and was part of the culture after that. We closed the office for a workday and assigned an area so that employees could answer and provide documentation on that area to incorporate into our document. We now have a filing policy. We can add or change a policy and e-mail staff to update.
- We are more organized as we added appropriate credentials.
- We had been doing employee orientation on a regular basis before staffing changes, but that stopped. This helped us put more energy behind that. This got us kick-started back into doing it. This was listed as a strength. We addressed exposing new employees to the principles of public health video series. Anytime you go through a tool this causes you to ask questions. We weren't doing enough documentation.
- We've always been strong on assessment, but not the finalization of determining priorities and involving the community in that process. We still don't have that, but will by December. The city council is set to approve this
- Anything on training has improved. We have control logs on our equipment (never documented before). I would say we have 50% more documentation than before. If a staff person goes for CEU, we document it now. Before accreditation, we never kept an agenda or sign in sheet, now that's standard. Any time we have outside leaders, quarterly advisors their name is on our sheet. This is good for giving follow-up to community leaders who attended our meeting.

Table 3. Phase 2 On-Site Review Evaluation Results									
On-Site Review Questions	Health Department Label						Scaling Format		
	A	B	C	D	E	F			
1. Was the manager chosen appropriate for this position? If not, why?	1	1	1	1	1	1	1 = yes	2 = neutral	3 = no
2. Did you feel that the reviewers came to your agency prepared? If not, please explain.	1	1	1	1	1	1	1 = yes	2 = neutral	3 = no
3. Did you feel assured that the reviewers were going to keep the information they learned confidential? Please explain.	1	1	1	1	1	1	1 = yes	2 = neutral	3 = no
4. Did the reviewers all arrive on time?	1	1	1	1	1	1	1 = yes	2 = some	3 = no
5. Please rate the overall level of courtesy of the reviewers during the visit and during the delivery of the exit interview (polite and professional).	1	1	1	1	1	1	1 = very courteous	2 = neutral	3 = not courteous
6. Did the reviewers provide an explanation of the process that was about to take place?	1	1	1	1	1	1	1 = yes	2 = neutral	3 = no
7. Did the reviewers stay on task and adhere to the established time schedule?	1	1	1	1	1	1	1 = very much so	2 = neutral	3 = not at all
8. Do you feel that the onsite review team caused significant interruption in the work schedule of your staff?	1	3	1	1	1	2	1 = not at all	2 = neutral	3 = very much so
9. Did the reviewers provide an exit interview to you?	1	1	1	1	1	1	1 = yes	2 = no	

Table 3. Phase 2 On-Site Review Evaluation Results, <i>continued</i>										
10. Was the information given to you in the exit interview sufficient? Were you given adequate information about the review of your agency?			1	2	1	3	1	1 = yes	2 = somewhat	3 = no
11. Did you understand and was it made clear to you that the final decision for accreditation was made by the Accreditation Council and the MICH Board of Directors and not the OSRT?	1	1	1	1	3	1	1 = yes	2 = somewhat	3 = not at all	
12. Do you feel the scoring thresholds for meeting the standards were appropriately placed?	1	1	1	1		1	1 = yes	2 = neutral	3 = no	

Phase 2 On-Site Review Evaluation Comments from Scaled Format Questions:

- At the time of the exit interview, I would say that I got enough information. The report I got recently was not covered that day. This could have been avoided if the final report were given sooner. I don't remember trend analysis being looked for. Said when data is present, there should be period of time. The data inventory wasn't mentioned that day. But, they could have mentioned that. Surveillance activity could be strengthened. I don't know if they covered that. This was maybe a misunderstanding about our funding and other organizations role in surveillance.
- Our commissioners came to the exit interview.
- Our manager was very dedicated; this became her heart and soul
- At first we over-prepared and did too much. We didn't understand it. Just wait until the reviewers get there and see what they want to see.
- It's ideal that one person carries the process through and reports to the Director. It worked with our multiple managers because we had a strong director support. You must make time for this in leadership meetings and it needs to be part of day to day activities. The tools allowed us to have many people involved. We had three different managers.
- Onsite Review team was very good (1+).
- Another thing would have been helpful to give us would be a bio and picture of the reviewers. Also, if each LPHA applying could be sent a hard copy manual so that we know what is expected.
- The Onsite Review Team visit was much shorter than we thought it was going to be.
- I thought the OSRT did make the decision.
- This was a lot of work. The manager needs to be someone who has a high-level person's ear and it needs to be a team of people. Had some experience doing JACCHO and that turned out to be very helpful.
- The staffs interrupted were on the accreditation team and needed to clarify something. Some of it we could have done a better job explaining, however.

- I took notes that day in the exit interview. Some of the things I had written down, but I didn't write down strengths. Later I wish I had when there was no report afterwards. I was glad to get the detailed report.

Phase 2 On-Site Review Team Member Evaluation - Open-Ended Questions

1. Is there anything that could improve the OSRT procedures to make it more effective?
 - There were 20 Best Practices that NACCHO has. They have a competition and 7 of the 20 we had. Does the instrument ask for best practices? Should it. Another source of best practices is the strengths of the agency.
 - The OSRT members were here for such a short time; we were disappointed that they left so quickly. In communicable disease, the individual that does that work was not selected to be reviewed. The nurse does everything with communicable disease, but has no bachelor's degree. We referenced her, but she was not interviewed. We felt slighted that we had worked so hard on that standard. We thought this was unusual. We did so much work and it was over so quickly.
 - No feedback at the exit interview. No clue at all if we did well; no feedback given.
 - The OSRT could interview a nurse or some other staff member about a procedure to find out if this was really carried out. How do they know that they are really doing this? Documentation was on just having the policy. I was just surprised that OSRT didn't ask the staff and actually observe them. If the review team would go around and look at the agency, visually inspect them, you can find out if they practice their policies (e.g., do they shut the door, ask for HIV test in the waiting area). The reviewers could ask the staff how they carry out certain policies.
2. What changes were made in your health department from the completion of the OSRT visit to present (i.e., training, procedures, policies, etc.)? Please relate these to a performance, facility or staffing standard.
 - It really encouraged us to look at other relationships with community organizations and how to expand those and question if they were adequate. The community perception of the department was strengthened. We are more organized now.
 - Administration standards were low in our health department. Our staffing needed more continuing education and training. We now have

the classes we need. We put a new community suggestion box in waiting area.

- We didn't know that some opportunities for continued training existed (e.g., course at St. Louis University Evidence based decision making in public health, Introduction to Epidemiology). I agree now that we should do these things.
 - The biggest thing is the communication piece. More of a focus on customer service now, but also in how we operate internally. Staff meeting always had some communication, but now it's on the agenda and in employee newsletter.
3. What has been the highlight or best benefit to come out of this process for your agency?
- The confirmation that we do many things very well; having people outside evaluate you, confirms that we are doing things well.
 - The residual effects of working with the Standards. This probably made us more aware of what direction to go when planning to meet criteria. Gave us a morale boost and sense of pride understanding that the hard work was finally being acknowledged. From the moment we received word of accreditation, the buzz was there. People walked straighter and it took us up a notch; It's like winning a division championship; It's good when hospital is accredited, then people get services from an accredited health department; This is validation that we're doing good stuff; we graded ourselves harder than OSRT did; We held ourselves to a higher standard. It's a little hard to raise the bar across the nation. Every American should live in a community with an accredited local health department. I saw weaknesses that maybe we didn't engage the community to build advocacy for our priority health issues. This helped us move forward on our community health improvement plan so we can articulate what is being addressed more. One weakness that didn't come through was the documentation of training of our staff. We didn't have a good tracking system as to what training needs to be updated and when. This was a struggle to meet the requirement.
4. How did your agency "mark" the occasion of receiving accreditation? What media were involved?
- Reception on the morning of the ceremony, drawing for employees (\$50), have the day off
 - reception, press release, ceremony, media, newspaper, photo journalism, radio

- press conference, TV news people, flu season interrupted and overshadowed
5. Did you or the onsite reviewers identify any "best practices" during the self-assessment or onsite review visit? Why do you think this is a best practice?
- Our CQI protocol is a best practice. We have a CQI committee with a leader. One person represents each area in the department. CQI Committee visits one department a month and conduct an in-house monitoring and report and what is needed to improve.
 - Our community health assessment process and tracking of environmental complaints is a best practice.
 - How we financed this building is a best practice. We secured 100% through USDA grants.
 - Our process of the suggestion box and the follow-up. Staff can make suggestions about programs. These suggestions are placed on the agenda for meetings. For example, there was too much talking at the front office. We placed this on the agenda. That was about confidentiality and is major concern. We have staff meetings once a month. A form was created for this and we had a report card to show community how we compared to the state in six areas concern.

Phase 3 One-Year Evaluation

Only one LPHA completed the One-Year Evaluation. Their opportunities for improvement are noted in Table 4. The department was posed these questions to stimulate discussion:

1. Has this area improved or become worse since the OSRT visit?
2. What is the root cause of this problem?
3. What strategies and methods were used to improve it?
4. What about the existing agency makes it difficult to improve this area?

Table 4. Opportunities for Improvement for Department Completing Phase 3 Evaluation			
Performance Indicator	Score	Measures not Achieved	Comments
3.2	4	B	The location of environmental hazardous waste sites and any potential threats to health was not identified. This information should be explored within the community health assessment.
8.1	4	A & B	During the review there was found a pattern of the agency having a good set of data/findings on several issues, but not an abundance of analysis of that data. The findings were well documented but detailed analysis to show their importance and to determine strategies to deal with them is less obvious. The number of health care providers and their specialties are shown, but analysis showing accessibility and availability is not clear. Gaps in services are not noted.
34.2	4	C	A mechanism for staff and board to provide suggestions on how to improve policies and procedures that affect quality was not found.
38.1	4	C	There was no documentation found that the LPHA analyzed the adequacy of policy established by schools in the community that promote nutrition, physical activity, and prevention of obesity and chronic disease.
38.3	3	C & D	KCHD was not able to show a plan for community health improvement employing strategies supported by public health science and investigation, nor how that plan would incorporate an evaluation process.

Department Responses to Questions about Performance Indicators

Performance Indicator 3.2

I'm not sure it has improved. Environmental health issues for our community are not a priority; we have a different department within the city that had that responsibility (environmental) and it has been consolidated. The environment is not what's killing or harming the citizens. The problem is tobacco. If you ask the community, they would disagree that environmental issues are a major problem. It is being addressed as we work with other agencies in our city. We don't see it as a big public health challenge. Environmental health issues won't fit our community health improvement plan. We're not New Jersey; it's not politically health wise. The environment is a political problem, not a population health problem.

Performance Indicator 8.1

We are moving toward more effective ways of the data and to communicate what the data mean. We didn't do as well before. We have report cards to share with the community. The challenge is that if you're in a county with two doctors and 10 nurses, it's easy; we exist in an area where 1/3 of the people get their healthcare outside your boundaries.

Performance 34.2

Did have box for this, but didn't work well. This is now a city-wide process. Not by a board, we are run by City Manager. We have been working toward creating an advisory board that meet with us to look at policy procedures. We have public comment places at our meetings. No advocacy group for health. We had to create it. Took a couple of years to get the mayor to address these issues and now we have an advisory health commission.

Performance 38.1

Would agree that a weakness is the relationship with schools and how we interact with them. We have fifteen school districts that overlap our jurisdiction. We do not have a position for a school liaison. We've struggled with that. Not sure how to fix this. It is important but how do you fix or address it. Not a high priority, but we haven't put it to the side. We did a joint application to Healthier U.S., but the funding was not awarded. We just had a meeting about engaging schools. We lost 30% of our positions in the last 4 years. Slow to expand this work. Should you or should not have a school health program and should it be separately accredited. Some programs are separately accredited in Seattle, Washington.

Performance Standard 38.3

Clearly are moving forward with MAPP and CHIP and we'll have those up to standard.

Comments:

We need less than a report card, but more on how to strengthen the infrastructure. Instead of a checklist, what are ways we can improve? There are 39 performance standards; we received feedback on 5 of them. We feel we need to receive feedback on more things. Was it that these were the only ones? How are we going to raise the bar for the next 3 years? If MICH raises the bar on accreditation, then we need to see it now.

Overall Themes from LPHA Evaluation Responses

From this data provided by LPHAs, top themes regarding accreditation and improvement of the process, were identified as follows:

1. LPHA claimed that they were more organized, as the process helped them create internal mechanisms to improve productivity (i.e., logs, surveys, better communication).
2. Knowing what documentation was needed for the self-assessment was challenging. In some instances, the wording was not clear.
3. The staffing standards should be validated. Some positions requirements are not realistic or are not listed and are important (i.e., environmental, public information office).
4. Some LPHAs claimed that the instrument may not measure if the department is actually carrying out these standards in daily practice.
5. The On-Site Review Team visit was too short and key personnel were not interviewed while they were working.
6. The instrument may not be valid for small, medium, and large departments that have varying missions in their communities (i.e., direct services vs. health planning).
8. Some technical problems existed at the beginning, but were thought to have been resolved.
9. Some documentation and standards were redundant (e.g., Standard 34).
10. It was unclear whether a standard applied to one program or all programs.
11. LPHAs felt calling other agencies and talking to them about the process was most helpful.
12. Obtaining the manuals and materials from the website from various links was confusing and it was difficult to know whether you had everything. A suggestion was made that a hard copy manual be prepared for each level of accreditation and sent to the applicant.
13. There, in the future, may exist the situation where a weakness is documented, but because of that LPHAs mission in the community and their own priorities, this is not seen as a weakness.

14. Funding is clearly a challenge for some LPHAs in meeting standards (i.e., staffing).
15. The LPHAs want less of a report card and more feedback on the standards (i.e., more of a Quality Improvement Service).
16. Most LPHAs saw this as a way to self-reflect, be up to date, and it gave them a sense of pride. One respondent said that, "Every American should live in a community with an accredited LPHA!"

On-Site Review Team Member Evaluation

Eight On-Site Review Team Members (OSRT) participated in an evaluation that sought their feedback and expertise about how the process could be improved. The members were all first asked, How was your overall experience as an OSRT Member? All respondents indicated that it was "very positive". The remaining questions with responses are as follows:

1. What additional training does the OSRT Member need in order to perform its charge?

- Initial training was adequate, but never prepares you for the real thing. The key is to be sure that you have an experienced team member, one with reviewing experience and in life. Would be helpful to go back through training after doing reviews (i.e., doing at least one then reviewing). In trainings, going through the exercise Bear Creek Training and emphasize the simulation more. Do several counties as an exercise.
- The Exit Interview Criteria could be improved. I got the feeling that the person giving the exit interview had no script. Needs to be made more structured.
- Not sure there is anymore. Went in hesitant not knowing what to do. Your first experience validates training. Maybe a little more on how to relate the staff's training and their qualifications. Each place we ran into back and forth on verifying training (college) and matching it to requirement. Course names vary. I'm a stickler for education, don't weaken, but somehow we have to be reasonable; it's the training we want not that they used the right title of course.

2. How well did the OSRT function?

- Team functioned very well, but really need the staff person who really knows the background and understands the program and then to run that liaison activity. Get bogged down on one point is a problem; we gave to Janet and she ran it down. This is absolutely critical!
- We didn't know each other at all. I think we did very well. We met several different times and months apart. Did original training, a brush up training, second round and invited previously trained. We talked about things that came up, very helpful to talk with someone who has been onsite. I did very small health department and it went smoothly; a large one may not go that way. Good to get back together.
- We had very solid teams, both of them worked out really well. Very positive experience. The way the team functioned, if one had a question, then the others helped to think out the question and what they wanted. Individual experiences help the team. We decided that all three had to look at every section and it worked very well. If there's a question, the other two can help you. Functioned as a team throughout. Recommend this for all teams. Every LPHA documents differently. If I don't have to notice something, the other two will.

3. What would help the LPHA be better prepared for their visit?

- By and large they are getting there. Most have fairly good preparation. As the experience base builds and they talk to one another, this will improve. The absolute key is that the director has to be 100% sold on this. This needs to be stressed during an application period. Don't do this if you are not absolutely dedicated to this, because you will waste many people's time. Don't do this because you will be the "odd man out or part of the crowd".
- If they talked to other health departments who went through this, it was better. Also, if we as reviewers find a good health department, we need to showcase those who were prepared.
- Kansas City did a wonderful job to match the documents with our review. They pulled their manuals and put them on a table. This helps the review team go faster and complete, but a lot of the strength of this is in the preparation and not the review itself. If they found something in their folder that wasn't right, then they worked on it. Helps review team and the LPHAs. Now they have all of their procedures and they correct the problems. The team should not have to pull it; it should be there for them. A good presentation means they have prepared for us. If I went into a health department and

looked at X standard and found empty folders then they haven't done the ground work for themselves.

4. Is there anything that you need as an OSRT member that would assist you before, during, and/or after a review?

- May feel out of the loop between reviews. Would like to know when a review is coming up like an e-mail update about what's going on with the team, who's on it, when another review is scheduled.
- I had difficult time accessing information I needed ahead of time. I was never able to get the budget of the LPHA, other technical difficulties.
- In addition to the team, Janet was there and it facilitated everything. Question was if we need the 4th person? Do not change this! Keeps the review flowing. Very valid need. Without this, we'd have to stop. This really facilitated us and it would fragment the process if not there.

5. Do you have any other comments?

- For not working in a health department, I understood what I was supposed to do. That says something about the training process. I didn't know what a birth and death record looked like.
- If we could measure their self-image after they did this. Makes them a better department. The process strengthens them and raises their awareness. This has meaning. My only worry is the one day when one LPHA is not approved. It should be that way because it can't be rubberstamp. Somewhere we're going to run into one that can't meet the standards. What is going to happen? It's tough to be objective. We don't want this to get to the point that if you pay for a review you get accredited. Can't buy a certificate for a wall. Somehow that has to be worked in there. We have to keep thinking about how to evaluate how they serve their public. Does our system of public health have these and they are all different. I would be so opposed to legislation; must be voluntary. It cannot be a program of the state health department.

Overall Themes from OSRT Member's Evaluation Responses

From this data provided by the OSRT members, top themes regarding accreditation and improvement of the process, were identified:

- Initial training was adequate, but never prepares you for the real thing. Need at least one experienced team member (one with reviewing experience and in life). Should return to training after reviewing to share and learn from the experience.
- The OSRT must always have “the 4th person”. This really facilitated us and it would fragment the process if not there. This is absolutely critical!
- You must function as a team throughout and use each other as a support. Recommend this for all teams. Every LPHA documents differently. If I don't notice something, the other two will.
- The team should not have to prepare the LPHA for a review during the visit. It should be there for us.
- A good presentation means they have prepared for us and they have done the ground work for themselves. The preparation is just as much a part of the process; it should be thought of as a learning process on their part.
- My only worry is the day when one LPHA is not approved. We don't want this to get to the point that if you pay for a review you get accredited and a certificate for your wall.
- Need more simulation exercises in training.
- Exit Interview Criteria could be improved as it needs more structured and a script provided.
- Need more direction on how to relate the staff's training and their qualifications.
- The absolute key is that the director has to be 100% sold on this.

We have to keep thinking about how to evaluate how they serve their public.

Conclusions

The effort extended through an evaluation program has tremendous value to an organization. The evaluation (i.e., process and impact) serves as documentation of how well programs are changing the attitudes and behaviors, but also the quality with which they are administered. Evaluation should not be seen as some overbearing set of rules and stringent guidelines to follow, but rather as an “undercurrent” in an organization. It is what pushes the agency to be more than it is right now.