



*The mission of the Michigan Local Public Health Accreditation Program is to assure and enhance the quality of local public health in Michigan 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.*

**A local health department shall continually and diligently endeavor to prevent disease, prolong life, and promote the public health through organized programs, including prevention and control of environmental health hazards; prevention and control of disease; prevention and control of health problems of particularly vulnerable population groups; development of health care facilities and health services delivery systems; and regulation of health care facilities and health services delivery systems to the extent provided by law.**

*Assuring and enhancing the quality  
of local public health in Michigan*

*-- Michigan Public Health Code, Section 333.2433*

***The Michigan Department of Community Health provides oversight and funding for the Michigan Local Public Health Accreditation Program.***



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## 2007 Accreditation Tool Contents

The Accreditation Tool consists of four sections: Introduction and Overview, Users' Guide, Self-Assessment and MPR Indicator Guide. It may also be viewed in Adobe PDF at <http://www.accreditation.localhealth.net/Tools.htm>.

<b>Introduction and Overview</b>	This section provides historical information and contains a general overview of the program.
<b>Users' Guide</b>	This section is designed to answer questions and provide suggestions regarding the entire accreditation process for a local public health department. All forms needed to complete the process are found in this section as well.
<b>Self-Assessment</b>	This section arranges Minimum Program Requirements (MPR) in a manner that facilitates self-assessment.
<b>MPR Indicator Guide</b>	The Indicator Guide provides detailed information related to how a local health department is expected to fully meet each of the indicators for administrative capacity, local public health operations, and categorical grant-funded services. This document is intended to assist the local health department in completing the Self-Assessment and preparing for the on-site review.

Click [here](#) to go directly to the What's New table for Cycle 3.



## INTRODUCTION

*The accreditation process will help to determine that Michigan's local health departments have the ability to continue to effectively collaborate with community organizations and citizens, function at maximum capacity, and augment their leadership role to address the public and private health challenges of the 21<sup>st</sup> century.<sup>1</sup>*

With the publication of the Institute of Medicine's *The Future of Public Health* in 1988, the local public health community at-large was informally charged with developing and maintaining essential tools intended to promote local accountability and assure the maintenance of adequate and equitable levels of service and qualified personnel.<sup>2</sup> The momentum has since built and the response to this clarion call continues to grow. Multiple states, national organizations and governmental entities have invested their time, expertise and concerted efforts not only to further determine that which defines a local public health agency,<sup>3</sup> but to strive to develop methods of assessing these agencies that will be equally applicable, regardless of funding or population size. The approaches are varied. Tools and methodologies have been developed that reflect diverse processes to meet a common goal of assessing performance and developing standards for public health that include accreditation, credentialing and certification. There is agreement that the existence of public health standards could strengthen public health funding<sup>4</sup> and the efforts of tools whose intent is to develop and solidify public health infrastructure are a vehicle in this regard.

With support from the Centers for Disease Control and Prevention (CDC) in 2001, the National Association of County and City Health Officials (NACCHO) released the Mobilizing for Action through Planning and Partnerships (MAPP) tool, its main purpose being to develop and strengthen local public health systems as a whole. The CDC simultaneously partnered with APHA, the Association of State and Territorial Health Officials (ASTHO), NACCHO, the National Association of Local Boards of Health (NALBOH) and the Public Health Foundation (PHF) to develop an extensive and multi-tiered assessment instrument known as the National Public Health Performance Standards (NPHPS) which were released in 2002. The NPHPS are intended to provide models for the infrastructure capacity needed not only by local public health systems, but also in state public health systems and local public health governance.

The work that has been undertaken in Michigan to achieve these same goals of building capacity and infrastructure development began with the creation of Public Health Code (Act 368 of 1978), specifically Section 24 which begins to define the role of local health departments in Michigan. Based on the Code, work continued in 1980 with the

<sup>1</sup> MI LPHAP 2005 Tool, Introduction & Overview

<sup>2</sup> *The Future of Public Health*. Institute of Medicine, National Academy Press, Washington DC, 1988

<sup>3</sup> NACCHO Operational Definition of an LPHA, April 2005

<sup>4</sup> "Minimum Public Health Standards as a Basis for Secure Public Health Funding." Browning, Peter, et al., *J Public Health Management Practice*, 2004, 10(1), 19-22



establishment of Minimum Program Requirements for services deemed essential to public health. Without this framework, Michigan would have been challenged to establish an Accreditation Program with the depth and breadth present today. Continued commitment and collaboration by the Michigan Departments of Community Health, Agriculture and Environmental Quality; the Michigan Public Health Institute; Michigan's 45 local public health departments; and the Michigan Association for Local Public Health will enhance Michigan's Accreditation Program, improve the quality of local programs and services, and shape the future of public health in Michigan.

*More information may be found in the 2005 Tool at:*  
<http://www.accreditation.localhealth.net/tool2005.htm>.



# MICHIGAN LOCAL PUBLIC HEALTH ACCREDITATION PROGRAM

## Background

In 1989 many of Michigan's local health departments participated in the Assessment Protocol for Excellence in Public Health (APEXPH) process. This evolved into the Community Health Assessment and Improvement (CHAI) program which, while establishing a standard process for identifying health challenges specific to each community, did not include an assessment of the structure or performance of the local health department. In an effort to identify possible models for a local health internal/infrastructure assessment tool, University of Michigan School of Public Health faculty Drs. Pickett and Romani piloted an accreditation model in four of Michigan's local health departments the following year supported by a grant from the Association of Schools of Public Health (ASPH), through a cooperative agreement with the Centers for Disease Control and Prevention (CDC). (*J Public Health Management Practice*, 1998, 4(4), 54-62)

The Michigan Department of Public Health (now the Michigan Department of Community Health) then convened Established Committees I and II as deliberative bodies responsible for examining Section 24 of the Michigan Public Health Code to recommend funding and structural changes to the financing and delivery of local public health services. Established Committee I (1989) determined that a serious weakness in the Public Health Code was the process by which the state recognized qualified local health departments. Qualification as a local health department was based solely on having a "... plan of organization approved by the department." This vague standard allowed a broad interpretation of what attributes and services defined a local health department and resulted in inconsistencies in determining what qualified as a local health department. Established Committee II (1992) further addressed the concern that Michigan had no formal mechanism to evaluate the capacity and performance of local health departments for core capacity and cost-shared services, and the inconsistent, duplicative monitoring of categorically-funded programs. As a result of their deliberations, Established Committee II formally recommended that a single, streamlined accreditation process be developed and implemented as a means to monitor and evaluate local health departments.

Following the recommendation of Established Committee II, an agreement was reached in 1995 between the Michigan Association for Local Public Health and the Michigan Department of Community Health to begin the process of designing an accreditation program for Michigan's local health departments. The Michigan Department of Community Health also began funding the Accreditation Program for fiscal year 1996/1997 via an agreement with the Michigan Public Health Institute at this time. With



administrative support from the Michigan Public Health Institute, the Michigan Association for Local Public Health then convened an 18-member steering committee in 1996 with representation from the state departments of Agriculture, Community Health and Environmental Quality, as well as the University of Michigan, the Michigan Association of Counties, and local health departments. This Accreditation Steering Committee was responsible for identifying the structure of the accreditation process; developing the necessary assessment tools; overseeing pilot testing of the tool; and refining the assessment tools. With this work completed, the Local Public Health Accreditation Program began its pilot phase.

Four local health departments were selected to represent different organizational structures (i.e., district versus single county) and different geographic considerations (i.e., urban versus rural). The LHDs began their Self-Assessment in August, 1997 and completed in November, 1997. The on-site reviews occurred throughout the spring of 1998 and were completed in May, 1998.

The pilot sites played an integral role in assisting the Accreditation Steering Committee refine and improve the accreditation process prior to the statewide implementation, which began in 1999.



## The Accreditation Quality Improvement Process

The Michigan Departments of Community Health (MDCH), Agriculture (MDA), and Environmental Quality (MDEQ) and Michigan's 45 local health departments are committed to providing strong, effective local health programs, services, and care for Michigan citizens. Because an efficient, valuable, and credible accreditation process is fundamental to effecting that commitment, in December 2002, the Michigan Local Public Health Accreditation Commission recommended that the Michigan Departments of Community Health, Agriculture, and Environmental Quality commence a structured process for accreditation quality improvement. In January 2003, the on-site review component of the accreditation program was paused, in part, to enable stakeholders to focus on the improvement initiative.

### AQIP Vision and Principles:

In improving the quality of programs, services, and care provided to the public, stakeholders recognized that improvement options must be congruent with the mission and goals of the Accreditation Program. Additionally, improvement mechanisms should enhance or preserve the gains achieved through the current accreditation process and recognize that law, rule, department policy and professionally accepted methods or practice based Minimum Program Requirements (MPRs) are the crux of the accrediting tool. The improvement process seeks to:

- Increase the real value of accreditation to accredited local health departments
- Increase external customer, local health department staff, and state agency satisfaction
- Respond to local health departments' reduction in state funding levels
- Respond to local health departments' role in reacting to urgent/emergent public health issues

### AQIP Workgroup:

In March 2003, an Accreditation Quality Improvement Process (AQIP) Workgroup was organized and convened in collaboration with the Michigan Association for Local Public Health (MALPH). The locally-driven, 13 member AQIP Workgroup comprises 9 representatives from local health, 3 from state agencies, and 1 from the Michigan Public Health Institute (MPHI). Collectively, their charge is to provide leadership and direction for accreditation quality improvement. Specifically, the workgroup's primary goals are to:

- Ensure that improvement activities engage all key stakeholders
- Identify opportunities for process improvement



- Determine which improvement opportunities will have the most positive impact on stakeholder satisfaction
- Develop recommendations based on priorities
- Develop recommendations for ongoing process improvement



### AQIP Survey:

The AQIP Workgroup recognized that improvement requires an understanding of what to improve and how to improve. To engage stakeholders and listen to the voice of the local health community the workgroup developed a survey focusing on key accreditation process components.

In June 2003, 161 local public health professionals and 19 state agency program reviewers responded to the 60-question on-line survey as coordinated by the MPHI Center for Collaborative Research in Health Outcomes & Policy.

### AQIP Workgroup Recommendations:

In December 2003, the AQIP Workgroup made its final recommendations based upon survey findings to the Michigan Local Public Health Accreditation Commission. With Commission endorsement, the state agencies and local health partners have assessed feasibility and begun implementation of changes to the self-assessment process, enhancement of the accreditation website, improvement of technical assistance, and modifications to the on-site review process. The workgroup also made recommendations regarding increased reviewer training, improved communication, the use of the National Public Health Performance Standards, best practices, networking, and many others.

Michigan's accreditation program serves as a national model and continues to shape public health's future. Continuous improvement is the key to meeting the changing needs and demands of the local public health structure. Continuous improvement requires improving the overall accreditation process by constantly improving the parts—recognizing that improvement requires focus on the interaction and collection of parts that operate interdependently. It also requires an ongoing customer-focused approach. MDCH, MDA, MDEQ, MALPH, and MPHI in collaboration with Michigan's 45 local health departments anticipate improvement beyond this initial effort and will continuously strive to improve the Michigan Local Public Health Accreditation Program.

### AQIP II Workgroup:

Continuation of the Accreditation Quality Improvement Process (AQIP) Workgroup was one of forty-four recommendations submitted to and approved by the Accreditation Commission. The Workgroup focuses on review evaluation, communication and training issues. The ongoing purpose of AQIP II is to monitor and assure accreditation quality improvement. The group meets quarterly and developed two ad hoc workgroups in 2004, described below. The changes in the What's New table found on page 14 are a direct result of the accomplishments of the workgroups.



### Boilerplate Workgroup:

Convened in July of 2004, the Boilerplate Workgroup met its goal to develop and assure a process to fully address state action and/or other consequences in the event of local health department non-accreditation. The workgroup's charge was to:

- Recommend an appropriate course of action by the Michigan Departments of Community Health, Agriculture, and Environmental Quality when a local health department fails to meet the requirements to achieve accredited status.
- Review the current practice of allowing Not Accredited agencies to achieve the designation of accredited following successful contract compliance remedies such as Consent Agreements/Administrative Orders and recommend an alternative practice, if appropriate.
- Recommend a specific time-period for which the state agencies would assist a local health department in moving from the status of Not Accredited to full Accreditation.
- Recommend sanctions, if any, which might be applicable to agencies that are "Not Accredited." Explore the use of incentives for Accreditation.

The group met monthly and completed their work in May 2005. The Workgroup's final report was reviewed and approved by AQIP II and was subsequently endorsed for state agency approval by the Commission. The report is available at <http://www.accreditation.localhealth.net/AQIP/AQIP.htm>.

### A-G Workgroup:

The A-G Workgroup also met its goal to assure that minimum program requirements are defined as objective criteria for meeting requirements of law, rule, department policy, or professionally accepted methods or practices for the purposes of ensuring the quality, availability and effectiveness of services and activities (Michigan Department of Public Health Policy 8000). The A-G Workgroup was charged to comprehensively review, modify, and/or alter (as necessary) the Accreditation standards in sections A-G of the Accreditation Tool. Additionally, the group has reviewed and approved all remaining sections of the Accreditation tool (Sections H-T) for assurance that each section's MPRs meet the revised definition for the Department's Policy 8000. This workgroup met monthly beginning July 2004 and completed its work in May 2005. The Workgroup's final report was reviewed and approved by AQIP II and was subsequently endorsed for state agency approval by the Commission. The report is available at <http://www.accreditation.localhealth.net/AQIP/AQIP.htm>.



## Overview of the Accreditation Program- 2007

The Michigan Local Public Health Accreditation Program is a systematic review of local health department powers and duties, local public health operations, and some of the categorical grant funded services provided by a local health department. The mission of the program is:

- To assure and enhance the quality of local public health in Michigan 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.

Goals of the program are to:

- Assist in continuously improving the quality of local public health departments
- Establish a uniform set of standards that define public health and that serve as a fair measurement for all local public health departments
- Establish a process by which the state can ensure that there is capacity at the local level to address core functions of public health
- Provide a mechanism for accountability, so that public health can demonstrate that financial resources are being effectively used and community needs are being met.

Objectives for the program are to:

- Maintain Michigan local public health departments' ability to remain current and up to date regarding public health practice and science
- Provide state and local governing entities a clear definition of grant-funded services that must be in place in order to qualify as an accredited local health department
- Provide to local public health departments improved coordination of on-site reviews of state funded programs.

### **Participant/Stakeholder Roles**

#### Local Health Services/MDCH:

The Local Health Services office of MDCH is responsible for providing fiscal and administrative oversight of Accreditation.

#### Michigan Public Health Institute:

MPHI supports and maintains the Michigan Local Public Health Accreditation Commission, is responsible for coordinating, reporting and tracking the Accreditation Process and facilitates communication among the Program's stakeholders.



### Local Public Health Departments:

The local public health departments participate in the Accreditation process and assess health needs, promote and protect health, prevent disease and ensure access to appropriate public health services for all citizens.

### State Agency Reviewers:

MDCH staff performs evaluations of local health department powers and duties, local public health operations, and relevant categorical grant funded services. MDA and MDEQ provide evaluations of the food service sanitation and on-site sewage treatment management programs, respectively.

### Michigan Local Public Health Accreditation Commission:

The Michigan Local Public Health Accreditation Commission is an advisory body that provides oversight of the Program. The Commission comprises fourteen (14) members:

- 1 Chair (Appointed by MPHI Board of Directors)
- 5 Local representatives including:
  - 3 from local public health
  - 2 from local governing entities
- 1 Representative from Michigan Department of Agriculture
- 2 Representatives from the Michigan Department of Community Health
- 1 Representative from the Michigan Department of Environmental Quality
- 2 At-Large Representatives
- 2 Representatives from Michigan Public Health Institute Board of Directors

The Commission meets quarterly to discuss issues concerning the accreditation process and to review On-Site Review Reports. After reviewing the on-site review outcomes, the Commission makes accreditation status recommendations to MDCH, MDA, and MDEQ. The three departments then make the final accreditation determination. More information regarding the Commission may be found at <http://www.accreditation.localhealth.net/Commission.htm>.

### **Accreditation Process**

There are three primary steps that typically occur in the Accreditation process:

- **Self-Assessment (SA):** This step serves as an internal review of the department's ability to meet requirements for the delivery of powers and duties, local public health operations, and categorical grant-funded services. The self-assessment assists the local health department in identifying deficient areas and preparing for the On-site Review.



- **On-site Review (OSR):** After completion of the self-assessment, the local health department participates in an On-site Review. State agency reviewers will, through examination of required documentation and discussions with staff, verify that a local health department is meeting all essential indicators for accreditation. The On-site Review team submits their findings to MPHI. Notification of the On-site Review Report's (OSRR) completion is sent to the local health department, the LHD's local governing entity chairperson and presented to the Accreditation Commission.
- **Corrective Plans of Action (CPA):** Local health departments that do not fully meet all requirements for accreditation will develop and submit corrective plans of action for missed indicators. A follow up On-site Review by a state agency may be conducted to verify implementation.



**What's New for Cycle 3**

Beginning with the 2006 Tool, substantial changes to the Tool will be made only on a cycle to cycle basis. The items in the table below mark the major changes made from Cycle 2 and implemented with the 2006 Tool. For specific information regarding MPR changes, please refer to the Standards Review Committee Report found at <http://www.malpb.org/pdf/articles/summaryofchanges.pdf>.

<b>NEW:</b>	<b>REPLACES:</b>
Roman numerals as section/program identifiers (i.e., I=1, II=2, III=3, IV=4, V=5, VI=6, VII=7, VIII=8, IX=9, X=10)	Letters as section/program identifiers
Section I: Local Health Department Powers & Duties	Section A: Health Assessment Section B: Policy Development Section C: Quality Improvement Section D: Health Promotion Section E: Health Protection Section F: Administration Section G: Creating & Maintaining a Competent Workforce
Users' Guide	Policies & Procedures; Technical Assistance & Forms
Review Evaluation (found in Users' Guide)	New for 2006
Tool and OSRR disseminated electronically	Tool and OSRR disseminated in print format
CPA forms: Submission only (see Users' Guide for new process)	Tailored for Cycle 3
Process timeline adjusted	Tailored for Cycle 3



## Indicators

The Accreditation process assesses a local health department’s ability to meet requirements for “essential” and “important” indicators.

<b>Essential Indicators</b>	Essential indicators represent the minimum capacity that a local health department must have in order to be accredited. The local health department must <u>meet all essential indicators</u> in order to be accredited.
<b>Important Indicators</b>	Important indicators represent highly valued ancillary capacity. They demonstrate local health enhanced capacity for program performance.
<b>How to Meet an Indicator</b>	The Indicator Guide provides detailed information on how to meet each of the indicators. If a local health department needs more clarification for any indicator, the appropriate technical assistance representative should be contacted.

## Accreditation Status

Local health departments accredited during a previous cycle will retain official accredited status during that current cycle until a subsequent decision is effected by the Michigan Departments of Community Health, Agriculture, and Environmental Quality pursuant to recommendations by the Accreditation Commission. The Commission meets quarterly to examine On-site Review findings. LHDs can receive one of two accreditation designations: Accredited or Not Accredited. Note: Accreditation with Commendation status is not in use for Cycle 3.

<b>Accredited</b>	This designation awarded to local health departments that meet all essential indicators.
<b>Not Accredited</b>	Local health departments that do not fully meet all essential indicators at the time of the follow-up review or within 365 days of the final day of the On-site Review will receive this designation.

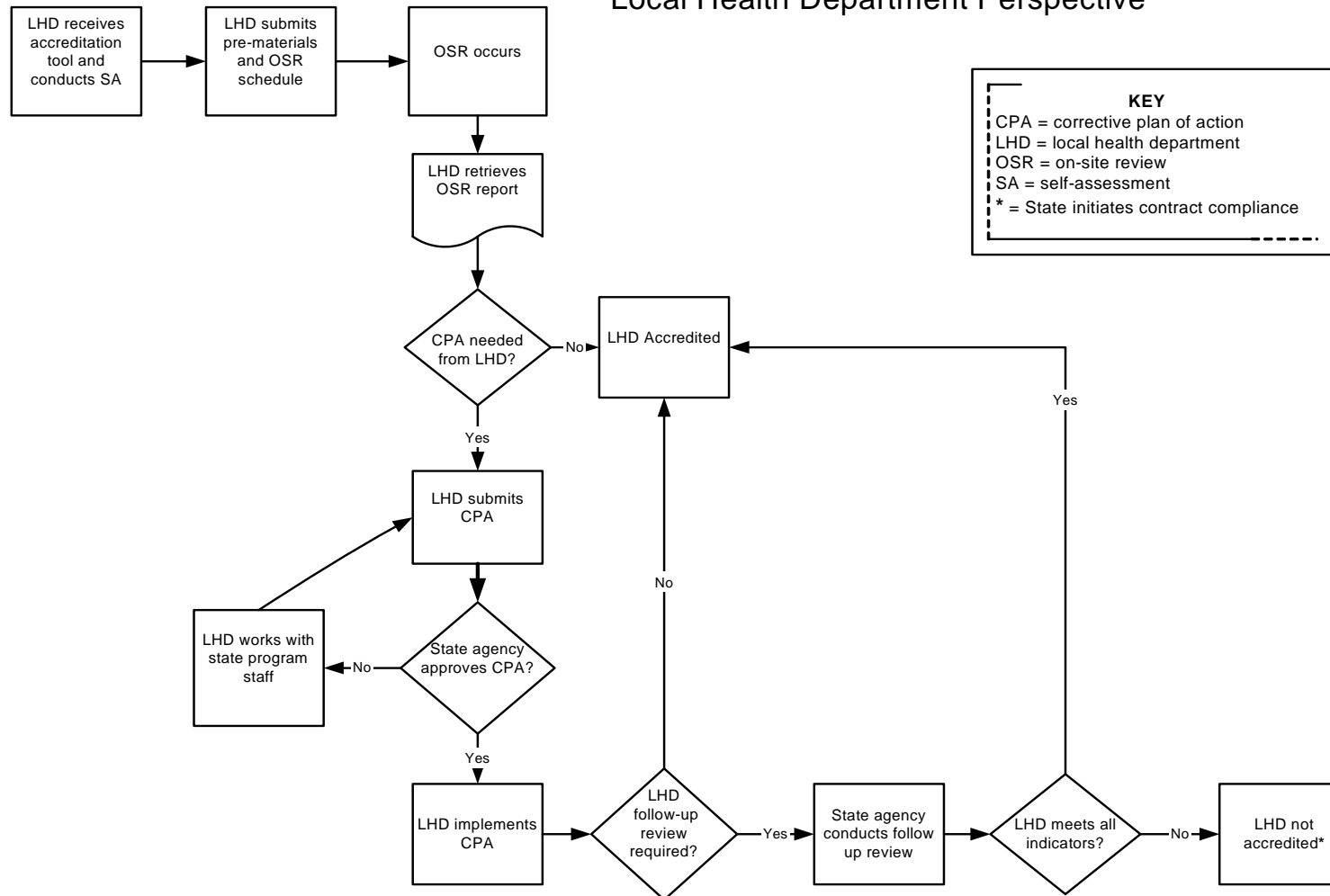


## Accreditation General Timeline of Activity

Action	Activity
<b>LHD Receives Accreditation Tool</b>	Mailed to LHD 4 months/120 days prior to last day of On-site Review (e.g., if the OSR occurs the week of June 19-23, 2005, the LHD would receive the tool no later than February 23, 2005). During this time, the LHD may elect to conduct their Self-Assessment as described in Self-Assessment section of the Users' Guide.
<b>LHD Returns Pre-materials and schedule</b>	2 months/60 days prior to On-site Review (e.g., if the OSR occurs the week of June 19-23, 2005, MPHI should receive the materials no later than April 21, 2005).
<b>On-site Review</b>	1 week duration.
<b>On-site Review Final Report</b>	Notification of the On-site Review Report's (OSRR) completion is sent approximately 30 days after the OSR.
<b>CPAs</b>	The Corrective Plan of Action process typically begins upon LHD receipt of the On-site Review Report; the deadline for CPA submission is within sixty days of the final day of the LHD's On-site Review. CPA implementation must be completed no later than 365 days after the final day of the On-site Review.
<b>Quarterly Accreditation Commission Meeting</b>	Commission examines CPA implementation results and makes accreditation recommendations to MDCH, MDA and MDEQ.

# Accreditation Summary of Major Steps

## Local Health Department Perspective





## GLOSSARY

### Acronyms & Related Website Addresses

**AQIP:** Accreditation Quality Improvement Process.

[www.accreditation.localhealth.net/AQIP/AQIP.htm](http://www.accreditation.localhealth.net/AQIP/AQIP.htm)

**CPA:** Corrective Plan of Action.

**LGE:** Local Governing Entity.

**LHD:** Local Health Department.

**LHS:** Local Health Services (Public Health Administration, MDCH)

**MALPH:** Michigan Association for Local Public Health. [www.malph.org](http://www.malph.org)

**MDA:** Michigan Department of Agriculture. [www.michigan.gov/mda](http://www.michigan.gov/mda)

**MDCH:** Michigan Department of Community Health. [www.michigan.gov/mdch](http://www.michigan.gov/mdch)

**MDEQ:** Michigan Department of Environmental Quality. [www.michigan.gov/deg](http://www.michigan.gov/deg)

**MPHI:** Michigan Public Health Institute. [www.mphi.org](http://www.mphi.org)

**MPR:** Minimum Program Requirement.

**OSR:** On-site Review.

**OSRR:** On-site Review Report.