



Michigan Local Public Health Accreditation Program
Tool 2014– MPR Indicator Guide
Section I: Powers and Duties

MPR I

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 diseases; 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.

Reference: P.A. 368 of 1978, Section 2433

Indicator I.1

A local health department shall implement and enforce laws for which responsibility is vested in the local health department. (Section 2433 (2) (a))

This indicator may be met by:

- Lists of state and local laws and regulations for which the local health department is responsible in preventing disease, prolonging life, and promoting public health (see Attachment A for state laws that may be applicable).
- Documents setting out the local health department’s policies and procedures for enforcement of those laws and regulations for which it is responsible.

Documentation Required:

Documents setting out the policies and procedures for enforcement, including warning orders and notices, engagement of the court to enforce orders in cases of noncompliance, and the issuance of emergency orders to the mass populace, which may include involuntary detention and treatment.

Evaluation Question:

None

Indicator I.2

A local health department shall utilize vital and health statistics and provide for epidemiological and other research studies for the purpose of protecting the public health. (Section 2433 (2) (b))

This indicator may be met by:

- Demonstrating access to vital and health statistics.

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- Documents that demonstrate analysis and interpretation of vital and health statistics in reports for, at a minimum, the major causes of morbidity, mortality and environmental health hazards within the jurisdiction.

Documentation Required:

See above.

Evaluation Question:

None

Indicator I.3

A local health department shall make investigations and inquiries as to the causes of disease and especially epidemics, the causes of morbidity and mortality, and the causes, prevention, and control of environmental health hazards, nuisances, and sources of illness. (Section 2433 (2) (c)).

This indicator may be met by:

- A written description of the organizational arrangements and capacity to conduct such investigations, including policies and procedures for doing same.
- Documentation of required reports to the State of Michigan related to disease outbreaks and environmental health hazards.
- Documents which demonstrate the investigation of causes of morbidity and mortality and the causes, prevention, and control of environmental health hazards, nuisances, and sources of illness within the jurisdiction.

Documentation Required:

See above.

Evaluation Question:

None

Indicator I.4

A local health department shall plan, implement, and evaluate health education through the provision of expert technical assistance, or financial support, or both. (Section 2433 (2) (d)).

This indicator may be met by:

Documentation which demonstrates involvement in activities to educate the population about the major causes of morbidity, mortality, and environmental health hazards.

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Documentation Required:

See above.

Evaluation Question:

None

Indicator 1.5

A local health department shall provide or demonstrate the provision of required services as set forth in Section 2473(2). (Section 2433 (2) (e)). See Attachment B for required services. Note: A LHD may indicate that it is not providing one or more required services. See Attachment C for excerpt from the Public Health Code (P.A. 368, Sept. 30, 1978).

This indicator may be met by:

Documentation that required services set forth in Attachment B are available in the jurisdiction either by direct delivery or through other community providers.

Documentation Required:

See above.

Evaluation Question:

None

Indicator 1.6

A local health department shall have powers necessary or appropriate to perform the duties and exercise the powers given by law to the local health officer and which are not otherwise prohibited by law. (Section 2433 (2) (f)).

This indicator may be met by:

A [Plan of Organization](#) adopted by the local governing entity and approved by the Director of the Michigan Department of Community Health.

Documentation Required:

See above.

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Evaluation Question:

None

Indicator I.7

A local health department shall plan, implement, and evaluate nutrition services by provision of expert technical assistance or financial support, or both. (Section 2433 (2) (g)).

This indicator may be met by:

Documentation, which demonstrates involvement in activities to provide and/or support Nutrition Services in the jurisdiction.

Documentation Required:

See above.

Evaluation Question:

None



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Attachment A

MATRIX OF SERVICES OF LOCAL PUBLIC HEALTH

Services	Rule or Statutory Citation	Required =	Basic +	Mandated +	LPHO	Allowable	Notes
		I	I.A.	I.B.	I.C.	2	
Immunizations	PA 349 of 2004 – Sec. 218 and 904; MCL 333.9203, R325.176	X	X	X	X		
Infectious/Communicable Disease Control	MCL 333.2433; Parts 51 and 52; PA 349 of 2004 – Sec. 218 and 904; R325.171 et seq.	X	X	X	X		
STD Control	PA 349 of 2004 -- Sec. 218 and 904; R325.177	X	X	X	X		
TB Control	PA 349 of 2004 – Sec. 218	X	X	X			
Emergency Management – Community Health Annex	PA 349 of 2004 – Sec. 218 MCL 30.410	X	X	X			Basic Service under Appropriations Act and Mandated Service, if required, under Emergency Management Act.
Prenatal Care	PA 349 of 2004 – Sec. 218	X	X				
Family planning services for indigent women	MCL 333.9131; R325.151 et seq.	X		X			
Health Education	MCL 333.2433	X		X			
Nutrition Services	MCL 333.2433	X		X			
HIV/AIDS Services; reporting, counseling and partner notification	MCL 333.5114a; MCL 333.5923; MCL 333.5114	X		X			
Care of individuals with serious Communicable disease or infection	MCL 333.5117; Part 53; R325.177	X		X			(4) Financial liability for care rendered under this section shall be determined in accordance with part 53.
Hearing and Vision Screening	MCL 333.9301; PA 349 of 2004 – Sec. 904; R325.3271 et seq.; R325.13091 et seq.	X		X	X		
Public Swimming Pool Inspections	MCL 333.12524; R325.2111 et seq.	X		X			Required, if “designated”
Campground Inspection	MCL 333.12510; R325.1551 et seq.	X		X			Required, if “designated”
Public/Private On-Site Wastewater	MCL 333.12751 to MCL 333.12757 et. seq., R323.2210 and R323.2211	X		X	X		Alternative waste treatment systems regulated by local public health.

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Food Protection	PA 92 of 2000 MCL 289.3105; PA 349 of 2004 – Sec. 904	X		X	X		
Pregnancy test related to informed consent to abortion	MCL 333.17015(18)	X		X			
Public/Private Water Supply	MCL 333.1270 to MCL 333.12715; R325.1601 et. seq.; MCL 325.1001 to MCL 325.1023; R325.10101 et. seq.	X			X		
Allowable Services						X	This category would include all permissive responsibilities in statute or rule that happen to be eligible for cost reimbursement.
Other Responsibilities as delegated and agreed-to	MCL333.2235(1)					X	This category is NOT connected to express responsibilities within statute, but refers entirely to pure delegation by the department as allowed. In addition to general provision, the Code allows delegations for specified functions.

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MATRIX DEFINITIONS

Name	Citation	Description
1. Required Service	MCL 333.2321(2); MCL 333.2408; R325.13053	Means: (A) a basic service designated for delivery through Local Public Health Department (LPH), (B) local health service specifically required pursuant to Part 24 or specifically required elsewhere in state law, or (C) services designated under LPHO.
1.A. Basic Service	MCL 333.2311; MCL 333.2321	A service identified under Part 23 that is funded by appropriations to MDCH or that is made available through other arrangements approved by the legislature. Defined by the current Appropriations Act and could change annually. For FY 2005: immunizations, communicable disease control, STD control, TB control, prevention of gonorrhea eye infection in newborns, screening newborns for 8 conditions, community health annex of the MEMP, and prenatal care.
1.B. Mandated Service	MCL 333.2408	The portion of required services that are not basic services, but are “required pursuant to this part [24] or specifically required elsewhere in state law.”
1.C. LPHO	PA 349 of 2004 – Sec. 904	Funds appropriated in part I of the MDCH Appropriations Act that are to be prospectively allocated to LPH to support immunizations, infectious disease control, STD control and prevention, hearing screening, vision services, food protection, public water supply, private groundwater supply, and on-site sewage management.
2. Allowable Services	MCL 333.2403; R325.13053	“Means a health service delivered [by LPH] which is not a required service but which the department determines is eligible for cost reimbursement”.
PA 349 of 2004		Fiscal year 2005 Appropriations Act for the Department of Community Health.

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Attachment B

LAWS APPLICABLE TO LOCAL PUBLIC HEALTH (LPH)

Public Health Code (PA 368 of 1978)

MCL § 333.1105 – Definition of Local Public Health Department

MCL § 333.1111 – Protection of the health, safety, and welfare

Part 22 (MCL §§ 333.2201 *et seq.*) – State Department

Part 23 (MCL §§ 333.2301 *et seq.*) – Basic Health Services

Part 24 (MCL §§ 333.2401 *et seq.*) – Local Health Departments

Part 51 (MCL §§ 333.5101 *et seq.*) – Prevention and Control of Diseases and Disabilities

Part 52 (MCL §§ 333.5201 *et seq.*) – Hazardous Communicable Diseases

Part 53 (MCL §§ 333.5301 *et seq.*) – Expense of Care

MCL § 333.5923 – HIV Testing and Counseling Costs

MCL § 333.9131 – Family Planning

Part 92 (MCL §§ 333.9201 *et seq.*) – Immunization

Part 93 (MCL §§ 333.9301 *et seq.*) – Hearing and Vision

MCL § 333.11101 – Prohibited Donation or Sale of Blood Products

MCL § 333.12425 – Agricultural Labor Camps

Part 125 (MCL §§ 333.12501 *et seq.*) – Campgrounds, etc.

Part 127 (MCL §§ 333.12701 *et seq.*) – Water Supply and Sewer Systems

Part 138 (MCL §§ 333.13801 *et seq.*) – Medical Waste

(Required to investigate if complaint made and transmit report to MDCH –
13823 and 13825)

MCL § 333.17015 – Informed Consent

Appropriations (Current: PA 349 of 2004)

Sec. 218 – Basic Services

Sec. 904 - LPHO

Michigan Attorney General Opinions

OAG, 1987-1988, No 6415 – Legislative authority to determine appropriations for local health services

OAG, 1987-1988, No 6501 – Reimbursement of local department for required and allowable services

Food Law of 2000 (PA 92 of 2000)

MCL §§ 289.1101 *et seq.*

Specifically:

MCL § 289.1109 – Definition of local health department

MCL § 289.3105 – Enforcement, Delegation to local health department



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Natural Resources and Environmental Protection Act (PA 451 of 1994)

Part 31- Water Resources Protection

Specifically: MCL §§ 324.3103 powers and duties and 324.3106 (establishment of pollution standards)

Part 22 - Groundwater Quality rules (on-site wastewater treatment)

Part 117 - Septage Waste Services

Specifically: MCL §§ 324.11701 - 324.11720

Land Division Act (PA 288 of 1967)

MCL § 560.105(g) - Preliminary Plat Approvals

MCL § 560.109a - Parcels less than 1 acre

MCL § 560.118 - Health Department Approval

Condominium Act (PA 59 of 1978 as amended)

MCL § 559.171a - Approval of Condominiums not served by public sewer and water

Safe Drinking Water Act (PA 399 of 1976 as amended)

MCL § 325.1016 - Public Water Supplies

Agreements with Local health departments to administer

This document may serve as a survey of appropriate laws, but may not be considered exhaustive or as a limit to responsibilities required by law.



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Attachment C

Public Health Code (P.A. 368 of 1978):

333.2475 Reimbursement for costs of services; equitable distribution; schedule; local expenditure in excess of prior appropriation.

Sec. 2475.

(1) The department shall reimburse local governing entities for the reasonable and allowable costs of required and allowable health services delivered by the local governing entity as provided by this section. Subject to the availability of funds actually appropriated, reimbursements shall be made in a manner to provide equitable distribution among the local governing entities and pursuant to the following schedule beginning in the second state fiscal year beginning on or after the effective date of this part:

- (a) First year, 20%.
- (b) Second year, 30%.
- (c) Third year, 40%.
- (d) Fourth year and thereafter, 50%.

(2) Until the 50% level is reached, a local governing entity is not required to provide for required services if the local expenditure necessary to provide the services is greater than those funds appropriated and expended in the full state fiscal year immediately before the effective date of this part.



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Improvement Supplement**

MPR I

Establish a culture of quality improvement (QI)¹ within the local health department.

Indicator I.1

Engage local governing entity (LGE) in establishing organizational policies and direction for implementing QI.

This indicator may be met by:

Agency engagement with LGE to establish QI policies and direction for implementation.

Documentation Required:

LGE meeting agenda and minutes discussing establishment of QI policies and direction for implementation within agency.

Evaluation Questions:

- How does your agency engage the LGE regarding the establishment of organizational QI policies and direction?
- How do you keep QI visible and ongoing?

Indicator I.2

Assure staff involvement in agency's QI activities.

This indicator may be met by:

- Agency QI policy and plan is disseminated and shared with employees.
- Operationalize a QI policy and plan.
- Employee input is sought to identify opportunities for improvement within processes and/or programs.

¹ *Quality improvement* in public health “is the use of a deliberate and defined improvement process, such as Plan-Do-Check [Study]-Act, which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community.”

Robert Wood Johnson Foundation. September 23, 2009. Frequently Asked Questions about Accreditation. Accreditation Coalition Workgroup, Bialek R, Beitsch LM, Cofsky A, Corso L, Moran JW, Riley W, and Russo, P. “*Quality Improvement in Public Health*”. Submitted to the Accreditation Coalition for consideration on June 18, 2009. Available at <http://www.rwjf.org/publichealth/product.jsp?id=48851>

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Documentation Required:

- QI policy and plan available to employees (Examples may include a hardcopy, shared agency intranet drive or employee handbook).
- Copies of ongoing communication to employees indicating leadership commitment to QI.
- Documentation of updates on QI activities at staff meetings (meeting minutes).
- Copy of employee survey and results of input received.
- Evidence of employee involvement in QI process and/or program activities. (An example includes process improvement teams).

Evaluation Questions:

- How do employees learn about your agency's QI policy and plan?
- How are employees included in QI activities?
- How are employees involved when operationalizing the QI plan?

Indicator I.3

Systematic assessment of customer/client satisfaction with agency services and improvements made.

This indicator may be met by:

- A process to assess customer satisfaction.
- Customer satisfaction results and analysis.
- Process and/or program improvement based on customer assessment.

Documentation Required:

- Description of process and tool used for collecting feedback and evaluating results.
- Example(s) of results in collecting and analyzing customer satisfaction data.
- Example of how customer satisfaction results were used for process and/or program improvement.

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Evaluation Questions:

Describe the agency's process to collect customer feedback.

- What types of customers do you survey?
- How does your agency analyze customer satisfaction data?
- How is the feedback shared with staff?
- How does your agency use customer satisfaction data for process and/or program improvement?



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MPR 2

Evaluate the effectiveness of public health processes and/or program goals and performance measures.

Reference: Essential Public Health Service #9

Indicator 2.1

Assure process is in place for the development of process and/or program goals and performance measures.

This indicator may be met by:

Documents and work plans indicating goals and performance measures.

Documentation Required:

Example(s) of process and/or program goals and performance measures updated at least annually.

Evaluation Questions:

- How does your agency develop process and/or program goals and performance measures?
- Describe any tools, mechanisms or approaches your agency uses to develop process and/or program goals.

Indicator 2.2

Monitor progress towards process and/or program goals and performance measures.

This indicator may be met by:

Monitoring process and/or program goals and performance measures and progress toward meeting goals.

Documentation Required:

Materials that demonstrate process and/or program monitoring activities such as reports, data, meeting minutes, etc.

Evaluation Questions:

- What tools, mechanisms or approaches do you use for monitoring progress?
- How is progress monitored?

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Indicator 2.3

Evaluate the effectiveness of processes and/or programs and identify the opportunities for improvement.

This indicator may be met by:

- Collection and use of data or information in a systematic manner.
- Actions taken based upon the evaluation.

Documentation Required:

Copies of documents indicating how opportunities for improvement are identified. (Example includes NACCHO self-assessment results).

Evaluation Questions:

- How does your agency evaluate the effectiveness of processes and/or programs?
- How does your agency identify opportunities for improvement?

Indicator 2.4

Assure evaluation expertise is available.

This indicator may be met by:

Program evaluator on staff or consultant services in place.

Documentation Required:

Position description of agency evaluator or relationship/contract with evaluators.

Evaluation Question:

Describe your agency's mechanism to assure access to evaluation expertise.



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MPR 3

Implement quality improvement of public health processes and/or program goals.

Reference: Essential Public Health Service #9

Indicator 3.1

Establish a QI plan based on organizational policies and direction.

This indicator may be met by:

- Current QI policy to establish agency direction for improving agency processes and/or programs.
- Establishment and implementation of agency QI plan.

Documentation Required:

- Agency QI policy.
- Agency QI plan and how it is implemented.

Evaluation Questions:

- Describe your agency's process in establishing a QI plan.
- How does your agency implement the QI plan?

Indicator 3.2

Establish an ongoing QI process based on recommendations from the evaluation of processes and/or programs.

This indicator may be met by:

Use of a Plan-Do-Study-Act (PDSA) or an alternative method to address evaluation recommendations.

Documentation Required:

Example(s) of using a PDSA or an alternative method to improve a process and/or program as illustrated in the QI Guidebook, pgs. 24-28.

Evaluation Questions:

- How has your agency used evaluation findings to establish process or program improvements?

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- What quality improvement method(s) does your agency use to address evaluation findings and improve programs?
- How does your agency assure that improvement is ongoing?

Indicator 3.3

Assure QI training and technical assistance are available to staff.

This indicator may be met by:

QI training and technical assistance are available for staff and have occurred.

Documentation Required:

- Copies of QI training agenda, training materials and attendance roster.
- Evidence of staff availability for QI projects or an external consultant and how they provide employee QI technical assistance.

Evaluation Questions:

- How does your agency assure that QI training is available to employees?
- How does agency staff access QI technical assistance?
- What types of training has been offered in the past 12-24 months?