



Introduction and Overview

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.

– Michigan Public Health Code, Section 333.2433

The Michigan Department of Health & Human Services provides oversight and funding for the Michigan Local Public Health Accreditation Program.



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2015 Accreditation Tool Contents

The Accreditation Tool consists of three sections: Introduction and Overview, Users' Guide, and MPR Indicator Guide.

Introduction and Overview	This section provides historical information and contains a general overview of the accreditation program.
Users' Guide	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.
MPR Indicator Guide	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 a Self-Assessment and preparing for the On-site Review.

Click [here](#) to go directly to the "What's New for Cycle 5" table.



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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 21st century.¹

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.² 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,³ 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 funding⁴ 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 the American Public Health Association (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 the 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 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,

¹ MI LPHAP 2005 Tool, Introduction & Overview

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

³ NACCHO Operational Definition of an LPHA, April 2005

⁴ "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



Michigan Local Public Health Accreditation Program
Tool 2015

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Agriculture and Rural Development (formally 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/HistoryArchive/tool2005.htm>



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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 Health & Human Services) 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 Health & Human Services to begin the process of designing an accreditation program for Michigan's local health departments. The Michigan Department of Health & Human Services 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 (now Agriculture and Rural Development), Health & Human Services, 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.



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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 local health departments 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 in refining and improving the accreditation process prior to statewide implementation, which began in 1999.



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Overview of the Accreditation Program – 2015

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.



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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. The Michigan Department of Agriculture and Rural Development (MDARD) and the Michigan Department of Environmental Quality (MDEQ) provide evaluations of the food service and on-site wastewater 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 Health & Human Services
- 1 Representative from the Michigan Department of Natural Resources and Environment
- 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, MDARD, 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.



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- **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 and the local health department's local governing entity chairperson, and is 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.



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What's New for Cycle 6

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 5 and implemented beginning with the 2015 Tool.

NEW:	DESCRIPTION OF CHANGE:
Breast and Cervical Cancer Control Program conducts review process off-site	Breast and Cervical Cancer Control Program reviews conducted on-site during previous cycles; reviews will now happen remotely.
Quality Improvement Supplement to the Powers and Duties review revised to better align with the Public Health Accreditation Board (PHAB) standards and measures under Domain 9.	Based on recommendations from the Accreditation Efficiencies Sub-Committee of the Accreditation Commission, the Quality Improvement Supplement to the Powers and Duties review has been revised to better align with the current Domain 9 of the Public Health Accreditation Board's (PHAB) Standards and Measures.
Tool notification and On-site Review Report notification will be sent via email to Health Officer and Accreditation Coordinator	In previous cycles this notification, as well as notification of the On-Site Review Report and other communication, were sent in hard copy through the postal service. For efficiency purposes, during Cycle 6 all communications will be sent via email, with the exception of the final Accreditation Status letters.
New process for online Accreditation Module user names and passwords	Previously, MPHl assigned one account per health department to access the online Accreditation Module and sent the user name and password to the health department in the tool notification letter. To ensure greater security for access to the Module, MPHl will now send a form to the Health Officer with the Tool notification email for them to indicate who within their health department will need access to the module, and each user will have a unique user name and password. Users can also retrieve lost passwords via the online module instead of contacting MPHl staff.



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

<p>Essential Indicators</p>	<p>Essential indicators represent the minimum capacity that a local health department must have in order to be accredited. The local health department <u>must meet all essential indicators</u> in order to be accredited.</p>
<p>Important Indicators</p>	<p>Important indicators represent highly valued ancillary capacity. They demonstrate local health enhanced capacity for program performance.</p>
<p>How to Meet an Indicator</p>	<p>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.</p>



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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 Health & Human Services, Agriculture and Rural Development, and Environmental Quality pursuant to recommendations by the Accreditation Commission. The Commission meets quarterly to examine On-site Review findings. Local health departments can receive one of three accreditation designations: Accredited with Commendation, Accredited, or Not Accredited.

<p>Accredited with Commendation</p>	<p>A local health department is eligible for Accreditation with Commendation when it:</p> <ul style="list-style-type: none"> • Meets 95%, cumulatively, of the Essential Indicators within the Minimum Program Requirements during the on-site reviews for the Powers and Duties and seven (7) mandated services* sections, and • Misses not more than two (2) indicators in each of the included programs, and • Has zero (0) repeat missed indicators from the previous cycle in each of the included programs, and • Meets 80% of the Minimum Program Requirements in the Quality Improvement Supplement within the Powers and Duties Section. <p>*The seven mandated services sections include: Food Service, General Communicable Disease Control, Hearing, Immunization, On-site Wastewater Treatment Management, Sexually Transmitted Disease, and Vision</p>
<p>Accredited</p>	<p>This designation is awarded to local health departments that meet all essential indicators.</p>
<p>Not Accredited</p>	<p>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.</p>



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Accreditation General Timeline of Activity

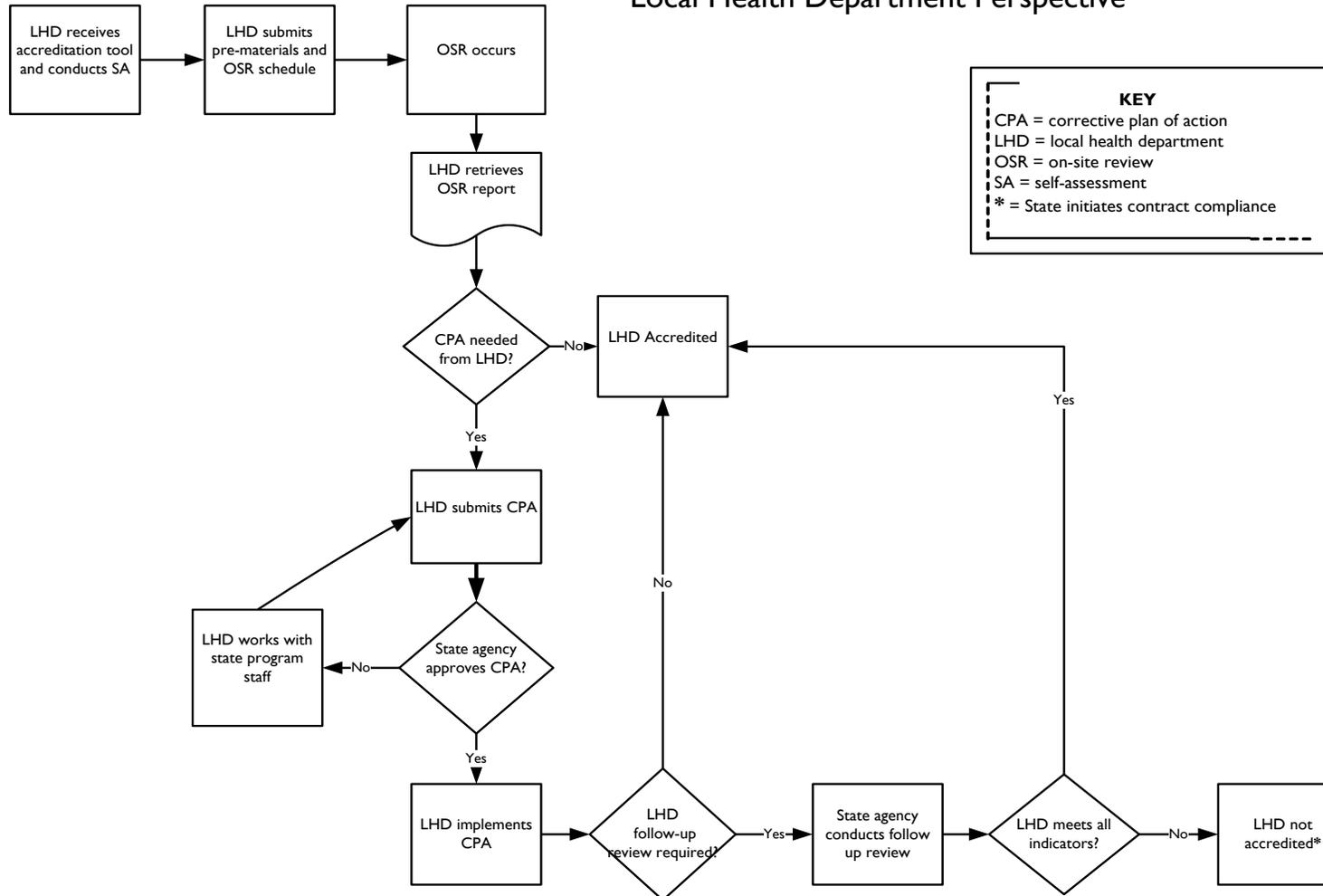
Action	Activity
LHD Receives Accreditation Tool	Mailed to LHD 4 months prior to On-site Review (e.g., if the OSR occurs the week of February 2-6, 2015, MPHI would mail the tool no later than October 2, 2014). During this time, the LHD may elect to conduct their Self-Assessment as described in Self-Assessment section of the Users' Guide.
LHD Returns Pre-materials (schedule, exit conference form, and contact list)	2 months/60 days prior to On-site Review (e.g., if the OSR occurs the week of February 2-7, 2015, MPHI should receive the materials no later than December 2, 2014).
On-site Review	1 week duration.
On-site Review Final Report	Notification of the On-site Review Report's (OSRR) completion is sent within 30 days of the last day of the On-site Review.
CPAs	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.
Quarterly* Accreditation Commission Meeting	Commission examines CPA implementation results and makes accreditation recommendations to MDCH, MDARD, and MDEQ.
*January, March, June, and September	



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Accreditation Summary of Major Steps

Local Health Department Perspective



KEY

- CPA = corrective plan of action
- LHD = local health department
- OSR = on-site review
- SA = self-assessment
- * = State initiates contract compliance



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Glossary of Acronyms and Related Websites

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

MDARD: Michigan Department of Agriculture and Rural Development. www.michigan.gov/mdard

MDHHS: Michigan Department of Health & Human Services. www.michigan.gov/mdhhs

MDEQ: Michigan Department of Environmental Quality. www.michigan.gov/deq

MPHI: Michigan Public Health Institute. www.mphi.org

MPR: Minimum Program Requirement.

OSR: On-site Review.

OSRR: On-site Review Report.