



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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2023 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.



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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

From the highly visible activities of pandemic response to the protection against and mitigation of environmental hazards to the epidemic of obesity, today's headlines provide constant reminders of the importance of public health. Public health works every day to promote and protect the public's health and safety from various ongoing threats.

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 to develop guiding frameworks and evaluation models that are broadly applicable to public health practice, regardless of funding amounts or population size.

Over the past twenty years, these frameworks and models have been developed and updated to align with current best practices and desired future directions for public health. Frameworks including [Public Health 3.0](#), the [10 Essential Public Health Services](#), and the [Foundational Public Health Services](#) define both minimal and ideal capabilities and responsibilities of governmental public health organizations. These models help to explain the vital role of governmental public health in assuring health of our communities. Additionally, the [Mobilizing for Action through Planning and Partnership](#) (MAPP) framework aims to develop and strengthen state, local, tribal, and territorial health systems as a whole through an ongoing, participatory strategic planning process for improving the public's health. The [Public Health Accreditation Board](#) (PHAB) and partners from across the nation have also collaborated to develop standards for governmental public health performance in an effort to "advance and transform public health practice by championing performance improvement, strong infrastructure, and innovation."³ With strong alignment between models and frameworks, these efforts serve to help assure and improve the ability of governmental public health agencies to support and enhance the health of their communities.

The work that Michigan has undertaken to achieve these same goals of building capacity and infrastructure development began with the creation of the Public Health Code (Public Act 368 of 1978, as amended), 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.

¹ MI LPHAP 2005 Tool, Introduction & Overview

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

³ PHAB Mission Statement: <https://phaboard.org/>



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Following the pause in Accreditation during 2020 due to the COVID-19 pandemic, and the resulting historic level of public health response, Michigan is using Cycle 8 of the Accreditation program to support local health departments as they emerge from pandemic response activities. Cycle 8 of Accreditation has been designed with a focus on rebuilding and strengthening Michigan’s governmental public health system, including building relationships between state and local program staff, and identifying and developing supports to meet the needs of local health both individually and collectively. As such, Cycle 8 will look different from typical Accreditation cycles. All health departments will participate in site visits but will not receive “met” or “not met” designations in relation to Accreditation Minimum Program Requirements (MPRs) and Indicators. All Michigan local health departments will retain their current Accredited status through Cycle 8.

Continued commitment and collaboration by the Michigan Departments of Health and Human Services; Agriculture and Rural Development; and Environment, Great Lakes, and Energy; 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 2023 Tool at: <https://accreditation.localhealth.net/accreditation-tools-timeline/>.



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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 or MDHHS) 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 and Rural Development, Health & Human Services, and Department of 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 local health



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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 – 2023

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' programs and services
- 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/Michigan Department of Health and Human Services (MDHHS):

The Division of Local Health Services of MDHHS is responsible for providing fiscal and administrative oversight of Accreditation.

Michigan Public Health Institute (MPHI):

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:

MDHHS staff conduct site visits with local health department for 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 Environment, Great Lakes, and Energy (EGLE) conduct site visits for the Food Service and Onsite Wastewater Treatment Management programs, respectively.

Michigan Local Public Health Accreditation Commission:

The Michigan Local Public Health Accreditation Commission is advisory body that comprises a variety of perspectives and health related disciplines are represented. The commission comprises 14 members, including:

- 1 Chair – appointed by the MPHI Board of Directors (This is typically filled by the Senior Deputy Director of the Public Health Administration.)
- 5 Local representatives including:
 - 3 from local public health
 - 2 from Michigan Association of Counties
- 1 Representative from the Michigan Department of Agriculture and Rural Development (MDARD)
- 2 Representatives from the Michigan Department of Health and Human Services (MDHHS)
- 1 Representative from the Michigan Department of Environment, Great Lakes, and Energy (EGLE)
- 2 At-Large Representatives
- 2 Representatives from the Michigan Public Health Institute Board of Directors

The Commission meets quarterly to discuss issues concerning the Accreditation process and to review Site Visit Reports. After reviewing the site visit report summaries and other Accreditation data, the Commissioners make recommendations to the three state departments regarding supports needed to support local health departments in Michigan. More information regarding the Commission may be found at <http://www.accreditation.localhealth.net/Commission/>.



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Accreditation Process

Cycle 8 of Michigan's Local Public Health Accreditation Program (MLPHAP) will look different from previous cycles of Accreditation. The focus of this cycle is rebuilding and strengthening Michigan's governmental public health system. This includes building relationships between state and local program staff, assessing the unique needs for each local health department, providing capacity building assistance, and identifying and developing supports to meet the needs of local health both individually and collectively.

In a typical Accreditation Cycle there are three primary steps that 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 MPH. 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.

Cycle 8 will consist of a self-assessment and site visit to discuss with local health department staff their current capacity in alignment with Minimum Program Requirements (MPRs) and indicators. In addition, the structure and function of the site visits (typically called On-Site Reviews), are different for this cycle, as is the report that will be generated following each site visit. Local Health Departments will not be assessed on whether they meet or do not meet indicators during Cycle 8, so there will not be an option to select Met, Not Met, or Met with Conditions in the web module during this Cycle. Accordingly, there will also not be a process for corrective plans of action (CPAs).



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Indicators

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

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



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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 Environment, Great Lakes, and Energy pursuant to recommendations by the Accreditation Commission. The Commission meets quarterly to examine On-Site Review findings. During a typical Accreditation cycle, local health departments can receive one of three accreditation designations: Accredited with Commendation, Accredited, or Not Accredited. **During Cycle 8, there will be no accreditation determination; all local health departments will keep their current accredited status until their next Accreditation status decision in Cycle 9.**

When the Accreditation Commission makes Accreditation status recommendations, they make those recommendations based on the following criteria:

<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, Onsite 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>

Quality Improvement Supplement

During each cycle, local health departments have the option to participate in the Quality Improvement Supplement (QIS). The QIS aligns with Domain 9 of the Public Health Accreditation Board (PHAB) national public health accreditation program. The program requirements and indicators for the QIS explore performance management and quality improvement within a LHD.

The QIS recognizes LHD's ongoing efforts to:



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- Consistently set performance goals, monitor progress, and continuously improve
- Develop a strong customer focus
- Increase workforce capacity for performance management and quality improvement

Instructions on how to participate in the QIS are included in the Local Health Department User Guide.



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Accreditation Cycle 8 General Timeline of Activity

Action	Activity
LHD Receives Accreditation Tool	MPHI sends an email to each LHD four (4) months prior to their Site Visit. During this time, the LHD may elect to conduct their Self-Assessment as described in the Self-Assessment section of the LHD Users Guide. The Accreditation Tool (also known as the MPR and Indicator Guide) is always available online at this link: https://accreditation.localhealth.net/accreditation-tools-timeline/cycle-8-tool/ .
LHD Submits Pre-materials	Two (2) months/60 days prior to the Site Visit, LHDs submit their pre-materials (schedule, exit conference form, and contact list) via the Accreditation web module.
Site Visit	One week duration.
Site Visit Final Report	MPHI sends notification of the Site Visit Report's completion within 30 days of the last day of the Site Visit.
Quarterly* Accreditation Commission Meeting *January, March, June, and September	Commission examines the Site Visit Report and makes recommendations regarding needed supports for Michigan's local public health system to MDHHS, MDARD, and EGLE.



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Glossary of Acronyms and Related Websites

EGLE: Michigan Department of Environment, Great Lakes, and Energy. www.michigan.gov/egle

LGE: Local Governing Entity.

LHD: Local Health Department.

LHS: Local Health Services (Public Health Administration, MDHHS)

MALPH: Michigan Association for Local Public Health. www.malphp.org

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

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

MLPHAP Website: Michigan Local Public Health Accreditation Programs Website - <https://accreditation.localhealth.net/>

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

MPR: Minimum Program Requirement.