



## 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.*



## Introduction and Overview

### Table of Contents

2026 Accreditation Tool Contents	3
Introduction	4
Overview of the Accreditation Program – 2026	8
Participant Roles	8
Accreditation Process	10
Indicators	11
Accreditation Status	12
Quality Improvement Supplement	13
Accreditation Cycle 9 General Timeline of Activity	14
Glossary of Acronyms and Related Websites	15



## Introduction and Overview

### 2026 Accreditation Tool Contents

The Accreditation Tool consists of three sections: Introduction and Overview, User’s Guide, and MPR Indicator Guide.

<b>Introduction and Overview</b>	This section provides historical information and contains a general overview of the Accreditation program.
<b>User’s 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>MPR Indicator Guide</b>	The MPR Indicator Guide provides detailed information related to how a local health department (LHD) 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 LHD in completing a Self-Assessment and preparing for the On-Site Review.



## Introduction and Overview

### 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>*

From the highly visible response to pandemics, 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.<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 to develop guiding frameworks for public health practice, as well as models for assessing these agencies that will be equally applicable, regardless of funding 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 the 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.”<sup>3</sup> 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.

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



## Introduction and Overview

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 (Act 368 of 1978), specifically Section 24, which begins to define the role of LHDs 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.

Following the pause in Accreditation during 2020 due to the COVID-19 pandemic, and the resulting historic level of public health response, Michigan leveraged Cycle 8 of the Accreditation program to support LHDs as they emerged from pandemic response activities. Cycle 8 of Accreditation was designed with a focus on rebuilding and strengthening Michigan's governmental public health system. Together, we were able to bring both new and experienced local public health professionals through the Accreditation process in a way that built relationships, recognized their strengths, and identified the types of support they needed to be able to effectively meet Accreditation Minimum Program Requirements in the future. Entering into Cycle 9, Accreditation will revert to the typical process with a continued focus on ongoing capacity building and partnership. All health departments will participate in On-Site Reviews and will receive met, met with conditions, not met, or not applicable designations in relation to the Accreditation Minimum Program Requirements (MPRs) and Indicators.

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 2026 Tool at: <https://accreditation.localhealth.net/accreditation-tools-timeline/>.



## Introduction and Overview

### Background

In 1989, many of Michigan's LHDs 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 LHD. 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 LHDs 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 LHDs. Qualification as an LHD 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 an LHD and resulted in inconsistencies in determining what qualified as an LHD. Established Committee II (1992) further addressed the concern that Michigan had no formal mechanism to evaluate the capacity and performance of LHDs 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 LHDs.

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 LHDs. 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 (now Environment, Great Lakes, and Energy), as well as the University of Michigan, the Michigan Association of Counties, and LHDs. 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 LHDs 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-



## **Introduction and Overview**

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.



## Introduction and Overview

### Overview of the Accreditation Program – 2026

The Michigan Local Public Health Accreditation Program is a systematic review of LHD powers and duties, local public health operations, and some of the categorical grant funded services provided by an LHD. 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 LHDs 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 LHD
- Provide to local public health departments improved coordination of On-Site Reviews of state funded programs

### ***Participant Roles***

#### MDHHS Division of Local Health Services:

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



## Introduction and Overview

### 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.

### Local Health Departments:

The LHDs 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 On-Site Reviews of LHD 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 structured so that 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 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 On-Site Review Reports. After reviewing the On-Site Review outcomes, the Commission makes accreditation status recommendations to MDHHS, MDARD, and EGLE. The three departments then make the final accreditation determination. More information regarding the Commission may be found at <http://www.accreditation.localhealth.net/Commission/>.



## Introduction and Overview

### ***Accreditation Process***

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

- **Self-Assessment (SA):** This step serves as an internal review of the LHD'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 LHD in identifying deficient areas and preparing for the On-Site Review.
- **On-Site Review (OSR):** After completion of the self-assessment, the LHD participates in an On-Site Review. State agency reviewers will, through examination of required documentation and discussions with staff, verify that an LHD is meeting all essential Indicators for Accreditation. Reviewers for each program submit their findings to MPH through the web module. Notification of the On-Site Review Report's (OSRR) completion is sent to the LHD and the LHD's local governing entity chairperson, and is presented to the Accreditation Commission at its next quarterly meeting.
- **Corrective Plans of Action (CPA):** LHDs 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.



## Introduction and Overview

### Indicators

The Accreditation process assesses an LHD’s ability to meet requirements for “essential” and “important” Indicators.

<b>Essential Indicators</b>	Essential Indicators represent the minimum capacity that an LHD must have to be Accredited. The LHD <u>must 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 an LHD needs more clarification for any Indicator, the appropriate technical assistance representative should be contacted.



## Introduction and Overview

### Accreditation Status

LHDs accredited during a previous cycle will retain official accredited status during that current cycle until a subsequent decision is affected 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. LHDs can receive one of three accreditation designations: Accredited with Commendation, Accredited, or Not Accredited. When the Accreditation Commission makes Accreditation status recommendations, they make those recommendations based on the following criteria:

<p><b>Accredited with Commendation</b></p>	<p>An LHD is eligible for Accreditation with Commendation when it:</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• Misses not more than two (2) indicators in each of the included programs, and</li> <li>• Has zero (0) repeat missed indicators from the previous cycle in each of the included programs, and</li> <li>• Meets 80% of the Minimum Program Requirements in the Quality Improvement Supplement within the Powers and Duties Section.</li> </ul> <p>*The seven mandated services sections include: Food Service, General Communicable Disease Control, Hearing, Immunization, Onsite Wastewater Treatment Management, HIV/AIDS &amp; Sexually Transmitted Infection, and Vision</p>
<p><b>Accredited</b></p>	<p>This designation is awarded to LHDs that meet all essential indicators.</p>
<p><b>Not Accredited</b></p>	<p>LHDs 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>



## Introduction and Overview

### ***Quality Improvement Supplement***

During each cycle, LHDs have the option to participate in the Quality Improvement Supplement (QIS). The QIS aligns with standards for public health performance set forth by the Public Health Accreditation Board's (PHAB) national public health accreditation program. The program requirements and indicators for the QIS explore performance management, quality improvement, and workforce development efforts within an LHD.

The QIS recognizes an LHD's ongoing efforts to:

- Consistently set performance goals, monitor progress, and continuously improve
- Develop a strong customer focus
- Increase workforce capacity for performance management and quality improvement
- Build and support a diverse and skilled public health workforce

Instructions on how to participate in the QIS are included in the LHD User Guide.



## Introduction and Overview

### Accreditation Cycle 9 General Timeline of Activity

Action	Activity
<b>LHD Receives Accreditation Tool</b>	E-mailed to LHD 4 months prior to On-Site Review (e.g., if the OSR occurs the week of February 2-6, 2026, MPHI would mail the tool no later than September 29, 2025). During this time, the LHD may elect to conduct their Self-Assessment as described in Self-Assessment section of the LHD Users Guide.
<b>LHD Returns Pre-materials (Schedule, Exit Conference form, and contact list)</b>	2 months/60 days prior to On-Site Review (e.g., if the OSR occurs the week of February 2-6, 2026, MPHI should receive the Pre-Materials no later than November 26, 2025).
<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 within 30 days of the last day of the On-Site Review.
<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 MDHHS, MDARD, and EGLE.
*January, March, June, and September	



## Introduction and Overview

### Glossary of Acronyms and Related Websites

**EGLE:** Michigan Department of Environment, Great Lakes, and Energy. [www.michigan.gov/egle](http://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.malph.org](http://www.malph.org)

**MDARD:** Michigan Department of Agriculture and Rural Development. [www.michigan.gov/mdard](http://www.michigan.gov/mdard)

**MDHHS:** Michigan Department of Health & Human Services. [www.michigan.gov/mdhhs](http://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](http://www.mphi.org)

**MPR:** Minimum Program Requirement.