Measuring the Benefits and Impacts of the North Carolina Local Health Department Accreditation (NCLHDA) Program: A Qualitative Analysis

Devin Tyler Osborne, CHES®

School of Health, Exercise, and Sports Science, Lenoir-Rhyne University

Master of Public Health Integrative Learning Experience Capstone

Spring 2025

Committee Members:

Randall Bergman, Ph.D.; Melissa Bracey; Jennifer Greene, MPH

Table of Contents

Abstract

Background: Local health departments (LHDs) are at the core of the public health system. With the first LHD in NC being established in 1912, the state now boasts 86 (with some operating as district/multi-county) departments that cover all 100 counties. To ensure that LHDs in the state are extending their services to all communities in a proper manner, and to hold them accountable, LHD health directors, combined with the state legislature, developed and passed an official accreditation process; Senate Bill 804. As a result, the process of LHD accreditation in NC became law in 2006, making NC the first state to require such. This legislation led to the creation of the North Carolina Local Health Department Accreditation board and program. The NCLHDA program has established 5 standards, 41 benchmarks, and 147 activities that LHDs are expected to meet. According to Subchapter 48A, "Local Public Health Department Accreditation" of Title 10A, "Health and Human Services", of the North Carolina Administrative Code, to achieve the status of accredited, an LHD must satisfy all 5 of the standards and 41 benchmarks, as well as numerous activities within each standard. The purpose of this research was to measure the benefits and impacts of the NCLHDA program.

Methods: *Participants*: The participants in this study included the 106 Local Health Department Health Directors in North Carolina, as well as the 86 NC LHD Agency Accreditation Coordinators (AACs). *Procedures*: This research used a cross-sectional design with a 7-question survey as the instrument of measure. The survey was sent 4 times over a span of 7 weeks to all NC LHD Health Directors and Agency Accreditation Coordinators. *Analysis*: A complete thematic analysis of survey responses was conducted. Keywords and phrases were extracted from survey responses and placed into a Microsoft Excel sheet. These keywords and phrases were assigned to codes and were then read and re-read in order to allow for themes to inductively emerge from the data.

Results: At the end of the data collection period, 67 survey responses were recorded in total. Of the 67 responses, there were 3 LHDs who submitted two responses and one LHD who submitted a blank response for each question. Taking these responses into account, there were 63 unique LHD responses, which represents 73% of all LHDs in NC. The thematic analysis resulted in over 300 codes assigned to responses, with 8 total themes and several counterthemes emerging from the data which highlighted the various benefits and impacts of the NCLHDA program. The most potent of these benefits being an increased ability to recognize internal weaknesses, and an increased accountability to adhere to the 10 EPHS. Analysis of the data also reveals that the accreditation process can be used as a tool to foster better engagement with LHD governing bodies, as well as a tool for the development of essential policies.

Conclusion: The themes that emerged from the survey responses collected clearly identified that there are various benefits of the NCLHDA program, and the process involved with accreditation, as well as potential drawbacks and negative impacts.

Introduction

In North Carolina (NC), and across the United States, local health departments (LHDs) are an essential part of the health system and are at the core of the public health system. Although there are a variety of statewide public health programs and systems in place to provide a variety of services and resources to communities, LHDs specifically are essential for extending those services to all areas of the state. In order to ensure that LHDs in the state are extending their services to all communities in a proper manner, and to hold them accountable, LHD health directors, combined with the state legislature, developed and passed an official accreditation process; Senate Bill 804.

As a result of Senate Bill 804, the process of LHD accreditation in NC became a legislative mandate beginning in the year 2006, making NC the first state in the country to require such (NCLHDA, 2015). This legislation led to the creation of the North Carolina Local Health Department Accreditation board. Since 2006, all 86 LHD agencies have had to undergo rigorous self-assessing, activity implementation, quality improvement, and more in order to gain the required accreditation status.

The status of "accredited" is given to LHDs in NC by, "meeting requirements evidenced by documented completion of prescribed Activities through the completion of the HDSAI [Health Department Self-Assessment Instrument] and Site Visit" (NCLHDA, n.d.).

Background

The public health system in the United States dates to 1798 with the founding of the Marine Hospital Service (MHS) (Centers for Disease Control and Prevention (CDC), 2021). As the United States continued to grow, eventually the health and safety of citizens was left largely to individual states. In North Carolina, lawmakers decided to make the health of citizens a state responsibility by passing a law that created the North Carolina Board of Health (now known as the North Carolina Commission for Public Health) in 1877 (North Carolina Commission for Public Health, n.d.). However, the first LHD in North Carolina was not established until 35 years later in1912 in Robeson County, NC (North Carolina Department of Natural and Cultural Resources, 2024).

As LHDs continued to be established across the state, the 1983 NC General Assembly passed a formal framework for the state's public health system. Included within that framework is NC General Statute § 130A-1.1, which states the mission, purpose, and essential services that all NC LHDs are to provide. The statute states that "the mission of the public health system is to promote and contribute to the highest level of health possible for the people of North Carolina" and that the purpose is "to ensure that all citizens in the State have equal access to essential public health services" (N.C. Gen. Stat. § 130A-1.1, 1983).

Although the "essential public health services" referenced in this bill have been revised several times, particularly the wording of them, since their creation, the services themselves have remained consistent. The ten essential public health services (EPHS) were created by the CDC in 1994 and were most recently revised in 2020. These services are as follows:

1. Assess and monitor population health status, factors that influence health, and community needs and assets.
2. Investigate, diagnose, and address health problems and hazards affecting the population.
3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it.
4. Strengthen, support, and mobilize communities and partnerships to improve health.
5. Create, champion, and implement policies, plans, and laws that impact health.
6. Utilize legal and regulatory actions designed to improve and protect the public's health.
7. Assure an effective system that enables equitable access to the individual services and care needed to be healthy.
8. Build and support a diverse and skilled public health workforce.
9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement.
10. Build and maintain a strong organizational infrastructure for public health (CDC, 2024).

To maintain the effective delivery of these 10 EPHS, LHD health directors across the state came together with one common goal (North Carolina Local Health Department Accreditation, 2015). They deemed it necessary to determine a way to ensure that all LHDs in the state were properly delivering the 10 ESPHS to a centralized standard. This goal was then presented to the state legislature, marking the beginning of the North Carolina Local Health Department Accreditation Program (NCLHDA).

The NCLHDA program established a set of five standards which all LHDs should meet, in addition to various benchmarks that correlate with these standards. These five standards are 1.) assessment, 2.) policy development, 3.) assurance, 4.) facilities and administrative services, and 5.) governance/board of health (NCLHDA, n.d.). Within these five standards there are 41 benchmarks, and within those benchmarks there are dozens of activities (totaling up to 147). According to Subchapter 48A, "Local Public Health Department Accreditation" of Title 10A, "Health and Human Services", of the North Carolina Administrative Code, and the NCLHDA, in order to achieve the status of accredited, a LHD must not only satisfy all 5 of the accreditation standards and benchmarks, but they must also successfully complete the following number of activities (Figure 1).

Figure 1 - Accreditation Scoring Requirements (NCLHDA, n.d.)

Accreditation scoring Requirements

Standard	Minimum Requirement	Total Number of Activities
Assessment	26	29
Policy Development	23	26
Assurance	34	38
Facilities and Administrative Services	24	27
Governance/Board of Health	24	27

As figure one depicts, the process of becoming an accredited LHD in NC is extensive and tedious. The process of gathering documents, evidence, having site visits by the NCLHDA, etc., is only a 90-day process (NCLHDA, n.d.). The process begins with a notification letter from the LHDs NCLHDA Accreditation Administrator (AA) notifying the Health Director that all of their accreditation materials are due within 90 days. Along with the materials is the completed Health Department Self-Assessment, completed by filling out the NCLHDA's Health Department Self-Assessment Instrument (HDSAI). This instrument assists LHDs in gathering proper evidence and ensures that they have implemented all necessary activities for accreditation. This tool also helps LHDs recognize activities they may have missed. Once all materials are sent to the AA, the AA sends them to the NCLHDA Site Visit Team (SVT). The SVT then performs site visits and ensures that all required facilities, systems, etc., are in place. The SVT then compiles two different reports: one being a general report, and the other being a Suggestions for Quality Improvement (SQI) report. After these reports are sent to the LHD's Health Director, the Health Director can then take several steps to request more evidence regarding the findings of the SVT team, they can disagree with a finding, or they can take no action. Following this, the NCLHDA Board meets and determines whether the LHD has received accreditation, accreditation with honors, or conditional accreditation.

Over the past 18 years of LHDs being required to undergo accreditation, the benefits of this program are emerging more and more every year. Just in 2008 alone, the North Carolina Public Health Task Force stated that as a result of the accreditation process, LHDs have made their services more efficient by implementing quality improvement (QI) and performance improvement processes (North Carolina Department of Health and Human Services, 2008). Furthermore, the Task Force found that local Boards of Health and other governing entities not

only better understood their purpose but also gained a higher respect for LHDs and the services they provide.

Purpose

The purpose of this research is to determine how LHDs have benefited from the impacts of the NCLHDA program. This research will also briefly discuss the drawbacks cited of the NCLHDA program.

Research Questions

Based upon the information presented above and to address the purpose of this research, the questions that this research seeks to address are:

1. In what ways has the NCLHDA program influenced the adherence of LHDs to the 10 EPHS?
2. How has the NCLHDA program altered the process in which policies are developed within NC LHDs?
3. How has the NCLHDA program improved LHDs ability to recognize internal weaknesses?
4. What impact has the NCLHDA program had on the relationships between LHDs and their Governing Body?

Methodology

Participants

This research invited participation from 106 LHD Health Directors, as well as the 86 Agency Accreditation Coordinators (AACs). Following the conclusion of the data collection period, responses for 63 of the 84 LHDs in North Carolina were recorded, representing 73% of all LHDs in the state.

Procedures

A cross-sectional design was used to complete this study. A survey (Appendix A) was developed using Microsoft Forms and distributed via email along with an informed consent (Appendix B). To distribute this survey, the email addresses of the identified participants were gathered from public databases provided by the North Carolina Association of Local Health Directors (NCALHD) and the North Carolina Local Health Department Accreditation Board (NCLHDAB). The initial survey was attached to an email requesting participation (Appendix C). Follow up emails (Appendix D) reminding participants of the survey were sent on a structured schedule labeled the “distribution period”, which lasted for 7 weeks in total. These reminder emails were distributed 1-week after the initial email, 2-weeks after the initial email, and then 2 more times on week 5 and week 7. During the distribution period, the survey was monitored for responses on a weekly basis.

Analysis

Responses to survey questions were exported to a Microsoft Excel workbook that contained multiple sheets for a thematic analysis to be conducted. The thematic analysis for this research closely followed the step-by-step guide developed by Naeem et al. (2023) which follows the framework of Braun and Clarke (2006). The first sheet was used for extracting keywords and key phrases from each response. The keywords and phrases for the 5 survey questions were placed into their own respective sheets and were read and reviewed multiple times to establish a comprehensive sense of understanding of the data. With this understanding, codes were then developed and applied to each response, with some responses having multiple codes associated. It is also important to note that few, but some, responses were coded for both positive and negative attributes due to the presence of contradictory statements. The raw data, keywords and codes were read and re-read for a final time to allow themes to emerge directly from the data through an inductive process.

Results

The thematic analysis of all 67 survey question responses resulted in a total of 8 main themes with multiple counterthemes. Each theme and countertheme is a representation of the key elements and main ideas of the data. In this research, a countertheme is defined as a theme that addresses the research question but represents a drawback or disadvantage to the program. With each theme there will be the number (*n*) of responses that fall within that theme. Examples of direct responses that assisted in the development of each theme can be found in the appendix.

Analysis on the ways that the NCLHDA program influenced adherence to the 10 EPHS resulted in 81 codes, two relevant themes and one countertheme. The 81 codes can be divided into 65 codes (80%) that reflected some positive influence as a result of the NCLHDA program and 14 codes (17%) that reflected a negative or neutral influence. The remaining codes (3%) were assigned to blank responses. The first relevant theme identified was "Ensuring Accountability Through Guided and Structured Documentation of Evidence" (*n* = 46/67; 67%). The second relevant theme identified was "Strengthening Adherence Through Policy and Procedure Development and Improvement" (*n* = 10/67; 15%). The counter theme which emerged from the data in response to the first research question was "Redundancy of Extensive Documentation" (*n* = 12/67; 18%).

There were 93 codes, and three themes identified when addressing how the program altered the process in which policies are developed. The 93 total codes were comprised of 62 codes (67%) that represented responses where process alterations were indicated and 5 codes (5%) that represented responses stating no alteration to processes, but still an impact as a result of the program. The remaining 26 codes (28%) represented responses citing no impact. The first theme identified was "Structured and Accountable Policy Development and Maintenance Processes" (*n* = 29/67; 43%). The second theme identified was "The Addition of New Policies and Development of a Policy Framework" (n = 13/67; 19%). The final theme identified was "Department-Specific Impacts Without Alteration of Processes" (*n* = 13/67; 19%).

Results identified from analysis for LHD's ability to recognize internal weakness revealed 73 codes and one theme. Fifty-five codes (75%) represented responses detailing a positive improvement in ability to recognize internal weaknesses, 13 codes (18%) represented responses indicating that there were no improvements on the ability to recognize internal weaknesses, and the remaining 5 (7%) were assigned to blank responses. The only relevant theme identified from the survey responses was "Recognition of Weaknesses Through Self-Assessment, Strategic Planning, and the Ability to Meet Standards" (n = 46/73; 63%).

Analysis on the impact of the NCLHDA program on the relationship between LHDs and their governing body found 78 codes, two themes and one countertheme. The 78 total codes included 38 codes (49%) that indicated a positive impact on the relationship between LHDs and their governing bodies (boards of health, county commissioners, etc.) and 29 codes (37%) that indicated no impact on relationships as a result of the program. The remaining 5 codes (6%) were assigned to blank responses. The first relevant theme that was identified from the data was "Stronger Relationships with Governing Bodies and Improved Support Through Increased Engagement and Communication" (n = 31/78; 40%). The second theme identified was "Increased Understanding of the Role of the LHD" (n = 10/78; 13%). The single countertheme identified from the data was "Bureaucratic Processes Leading to Worsened Relationships" (n = 2/78; 3%).

Discussion

The research questions in this study were strategically designed to address four program standards that previous research and evaluation efforts have identified as potentially impactful on LHDs. Furthermore, the research questions were implemented directly into the instrument of measure specifically to be answered with the themes that were developed through inductive reasoning. The themes that emerged from the survey responses collected have clearly identified that there are numerous benefits and impacts of the NCLHDA program, and the process involved with accreditation.

The first theme emerged from the overwhelming number of LHD responses that cited the NCLHDA program as a resource that is used to structure and guide their departmental operations. Considering that the activities within the program are designed to address the 10 EPHS, a portion of responding LHDs state that the documentation of evidence when going through the accreditation process explicitly shows how they have been maintaining adherence. The use of the program and its activities as a guiding structure for departmental operations makes sense considering that the program requires each department to complete a self-assessment (using the HDSAI). This self-assessment will highlight which of the EPHS the department has addressed through the completion of accreditation activities, and which ones remain to be addressed.

The second theme details the various responses in which LHDs stated that as a direct result of NCLHDA program, they (LHDs) were able to develop new policies and procedures while strengthening and improving existing ones. This has a significant impact, as these additional policies have allowed LHDs to ensure that they are adhering to the 10 EPHS.

Like the second theme, the third theme was developed as a representation of respondents who described that the NCLHDA program provides a framework for the way policies should be developed and implemented, as well as what policies should be implemented based on specific accreditation activities and standards. Responses associated with this theme also described the accountability associated with the program, as LHDs are responsible for updating existing policies frequently to remain compliant with new accreditation activities and standards outlined in the HDSAI. Overall, this theme helps demonstrate the way the NCLHDA program can help LHDs meet certain activities and standards through policy.

The fourth theme displays how the NCLHDA program has altered the process of developing policies by instructing LHDs to develop a specific framework for how policies should be developed and implemented. This framework is often cited as a "policy on policies." The development of this policy within departments is important because it dictates the way in which future policies are designed. This further supports the first theme's idea of the program being used as a structural guide to operations. This theme also highlights a broader policy influence, in the sense that many LHDs stated the practice of creating new policies simply to meet a requirement. This has been viewed as both a positive influence, as well as a drawback.

The fifth theme was important to develop as a result of the number of LHDs that provided evidence of how the NCLHDA program has impacted their department as it relates to policies and procedures without directly altering any processes. A particularly common impact that was cited was the increase in staff training and awareness, especially when a new policy is implemented or amended. This is particularly important as it effectively suggests that the NCLHDA program helps departmental leadership remain transparent and communicative with their staff. Furthermore, responses associated with this theme also discuss how the program

keeps departments accountable in making sure that policies and important documents are readily available for the public.

The sixth theme emerged from the overwhelming responses centered around the idea that the program provides an opportunity for departments to assess themselves (through the HDSAI). The self-assessment allows departments to identify specific areas in which they are internally lacking, particularly through documentation of evidence. The responses also identify that by providing specific and measurable goals for LHDs, this serves as an accountability measure to ensure that proper policies and activities are being implemented. When a goal is not met, this can be used to identify potential weaknesses. This impact is crucial to LHDs, as without the HDSAI assessment tool, there would be no standard method for self-assessment and strategic planning. Without this tool, it could be hypothesized that LHDs would remain stagnant and not engage in quality improvement as often as they should or as often as they are now.

The seventh theme was constructed from the proportion of responses that strengthened relationships with governing bodies through the various activities and standards in the NCLHDA program that require comprehensive communication and collaboration between the two entities. This consistent communication and engagement has also directly led to more support according to the data. Based on the data, many respondents corroborate with the idea that without the NCLHDA program, their departments would likely not communicate with governing bodies. Ensuring communication with governing stakeholders is crucial, as LHD budgets are typically assigned by these bodies. If a governing body lacks a proper understanding of LHDs and what they do, then it is likely that they will not receive adequate funding and resources. However, this constant communication has also been seen as somewhat of a drawback to the program, which will be discussed in the countertheme.

Continuing from the seventh theme, the eighth and final theme of governing bodies gaining a better understanding of the role that LHDs play in their community due to the NCLHDA program became apparent. It can be hypothesized that according to the responses, this increased understanding was likely established as a result of the communication and collaboration that the program nurtures and requires. Thanks to this increased understanding, governing bodies may now know how to better support their LHDs.

Across all eight relevant themes, the most potent were themes one, six, and seven, which discussed the benefits of an increased ability to recognize internal weaknesses, an increased accountability to adhere to the 10 EPHS, as well as the ability to use the program as a tool to foster better engagement with LHD governing bodies. These benefits of the program are synonymous with the existing research that has sought to evaluate this program (Cilenti, 2009 & Public Health Task Force, 2007).

Public Health Implications

Throughout the analysis of the data collected, the variability in survey responses shows that there are many viewpoints on the NCLHDA program. There were responses recorded showing extreme support for the program, and responses recorded showing dissatisfaction for the program, citing that it is purely bureaucratic in nature. Several responses have also indicated that the program overall has only produced a result opposite of its intention. This study has highlighted the necessity for thorough evaluation of state mandated public health requirements. While many responses discussed the internal benefits gained through the completion of such an intense program, some responses explained that the program makes it more difficult for a given LHD to provide services to its community.

Although there have been identified negative impacts as a result of the program, this research and its results overall can be used by stakeholders at the NCLHDAB level and at the state legislator level as an encouraging force to continue with the requirement for LHDs to undergo this accreditation process. Despite the challenges associated with the process itself (such as being time-consuming, at times redundant, etc.), thematic analysis majorly shows that this program aids LHDs in being accountable to addressing key activities and standards aligned with the 10 EPHS. Alignment with these services through meeting accreditation requirements is important to the overall health of the public.

Limitations

Despite the challenges that may be associated with ensuring reliability and validity of qualitative research, the methodology and analysis of this study should suggest adequate measures of both. However, limitations were present during this research. Due to time and human resource constraints, no reliability measures, such as inter-rater or intercoder reliability, were implemented. In order to provide evidence in support of the developed themes, readers of this study have been given correlating quotations pulled directly from survey responses (Appendix H). The quotations provided were critical in the development of the presented themes.

To ensure that the survey questions contained, at a minimum, face validity, they were reviewed by research committee members experienced in the field of public health and were determined to be relevant to the purpose of the research. Had there been no presence of time or resource constraints, other validity measures could have been implemented, such as more intense statistical validity.

Recommendations

Several recommendations for future research on this topic should be addressed. A thematic analysis with a participant pool as large as this one would benefit from multiple individuals conducting the analysis. Furthermore, considering the depth of the responses, the need for extensive reliability and validity measures should be implemented, such as intercoder reliability. Member checking may also provide useful in ensuring that the identified themes accurately represent the thoughts and feelings of participants.

Conclusion

Across all research questions, an overwhelming sense of support for the NCLHDA program and the positive impacts it has resulted in is apparent. With 325 codes in total assigned to survey responses, 225 of them (69%) highlighted that there was some form of positive impact to LHDs due to the program. The themes that emerged from the survey responses collected clearly identified that there are various benefits and positive impacts of the NCLHDA program, and the process involved with accreditation. However, it is also important to address that there are potential negative impacts of having such an intense accreditation process (such as bureaucracy and redundancy, leading to increased difficulty providing services), as mentioned by multiple respondents across all research questions.

References

About the NCLHDA Program | NC Local Health Department Accreditation. (2015, December 4). Nclhdaccreditation.unc.edu. https://nclhdaccreditation.unc.edu/about-nclhda/

Accreditation Process. (n.d.). NC Local Health Department Accreditation. Retrieved June 27, 2024, from https://nclhdaccreditation.unc.edu/process/

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

CDC. (2024, May 14). *10 Essential Public Health Services*. Public Health Professionals Gateway. https://www.cdc.gov/public-health-gateway/php/about/index.html

Cilenti, D. (2009). North Carolina public health agency accreditation and performance: The climb from good to extraordinary. *The University of North Carolina at Chapel Hill, ProQuest, UMI Dissertations Publishing*. http://libproxy.lib.unc.edu/login?url=http://search.proquest.com/docview/304965238?accountid=14244

First Rural Health Department (I-67) | NC DNCR. (2024, January 2). Www.dncr.nc.gov. https://www.dncr.nc.gov/blog/2024/01/02/first-rural-health-department-i-67

Flowchart of the Accreditation Process. (n.d.). NC Local Health Department Accreditation. Retrieved June 27, 2024, from https://nclhdaccreditation.unc.edu/process/flowchart/

Naeem, M., Ozuem, W., Howell, K., & Ranfagni, S. (2023). A Step-by-Step Process of Thematic Analysis to Develop a Conceptual Model in Qualitative Research. *International Journal of Qualitative Methods*, *22*, 16094069231205789. https://doi.org/10.1177/16094069231205789

North Carolina General Assembly. (1983). N.C. Gen. Stat. § 130A-1.1. Retrieved from https://www.ncleg.net/gascripts/statutes/statutelookup.pl?statute=130A-1.1

North Carolina Administrative Code. (n.d.). *Title 10A - Health and Human Services, Chapter 48- Local Health Department Accreditation, Subchapter A*. Retrieved from http://reports.oah.state.nc.us/ncac/title%2010a%20-%20health%20and%20human%20services/chapter%2048%20-%20local%20health%20department%20accreditation/subchapter%20a/subchapter%20a%20rules.pdf

NC DPH: North Carolina Commission for Public Health. (n.d.). Cph.dph.ncdhhs.gov. Retrieved June 25, 2024, from https://cph.dph.ncdhhs.gov/

Public Health Task Force. (2007). *North Carolina Public Health Improvement Plan* (pp. 9–10). https://www.dph.ncdhhs.gov/media/748/download?attachment

The Roots of Public Health and CDC | David J. Sencer CDC Museum | CDC. (2021, July 6). Www.cdc.gov. https://www.cdc.gov/museum/online/story-of-cdc/roots/index.html

Appendix

Appendix A – Survey

Those viewing this document digitally can proceed to the following hyperlink:

https://forms.office.com/r/h2xm31UVHt

Title

Benefits and Impacts of the North Carolina Local Health Department Accreditation Program

Description

Health departments across the state have cited numerous benefits as a result of the NCLHDA program. The purpose of this research is to determine how LHDs have benefited from 4 of the most cited impacts of the NCLHDA program.

The information gathered from this research will be used to assist me in the writing of my Master's Thesis.

Biographical Information

1. Health Department/Multi-County Department

Impact 1 – Adherence to the 10 Essential Public Health Services

1. In what ways has the NCLHDA program influenced your health department in the adherence to the 10 Essential Public Health Services?

Impact 2 – Policy Processes and Procedures

1. Has the NCLHDA program altered the process in which policies are developed within your health department?
    a. Yes
    b. No
2. Please elaborate on your answer to the previous question.

Impact 3 – Recognition of Weaknesses

1. How has the NCLHDA Program improved your health department's ability to recognize internal weaknesses?

Impact 4 – Relationship with Board of Health

1. What impact has the NCLHDA program had on the relationships between your health department and your Board of Health?

Additional Feedback

1. What additional feedback do you have regarding the NCLHDA program in which you would like to share?

Appendix B – Informed Consent Form

Informed Consent

PI Name: Devin Osborne, CHES®
Faculty Advisor: Randall Bergman, Ph.D., CHES®
PI Email Address: devin.osborne2@lr.edu
Faculty Advisor Email Address: randall.bergman@lr.edu
PI Phone Number: 336.977.3831
Faculty Advisor Phone Number: 828.328.7788

Purpose:
You are invited to participate in a research study. The purpose of the research is to determine how Local Health Departments (LHDs) in North Carolina have benefited from the impacts of the North Carolina Local Health Department Accreditation (NCLHDA) program.

Procedures:
If you choose to participate, you will be asked to complete a 8-question survey created using the platform Microsoft Forms. Five questions will be related to the research questions of this study. The remaining two questions will be used to identify the health department in which the survey is being submitted from. The purpose of this is to allow the principal investigator to know which departments will need to receive the reminder emails. Any identifying information will remain confidential to the principal investigator.

Completing the survey will last no more than 15 minutes.

Risk:
The study involves no foreseeable risks or harm to you beyond those of everyday life.

Benefits:
Benefits of your participation include allowing the principal investigator to submit their findings to the North Carolina Local Health Department Accreditation Program Board, so that potential important changes may be made to the program.

Right to Ask Questions:
You may ask questions about the research or participation at any time. The PI, Devin Osborne, CHES®, can be contacted at 336.977.3831 and devin.osborne2@lr.edu, the faculty advisor Randall Bergman, Ph.D., CHES®, can be reached at 828.328.7788 and randall.bergman@lr.edu. Should you have questions regarding your rights as a research participant, or wish to obtain information, ask questions, or discuss with someone other than the researcher(s), please contact the IRB Administrator at Lenoir-Rhyne University, Michael McGee, Ed.D., @ Michael.McGee@lr.edu or 828-328-7127.

Confidentiality:
All data collected from the survey will be seen only by the principal investigator. All biographical data will be stored for 3 years and then deleted/destroyed.

Right to Withdrawal:
Your participation in this study is voluntary and you may withdraw at any time prior to submission of your data. You may refuse or discontinue participation at any time without consequence or prejudice.

Consent:
I have read the information describing this study. I understand I am free to withdraw from this study at any time without penalty. By completing this survey, I am giving my consent to participate in this research.

Appendix C – Initial Survey to LHD Health Directors and AACs

Dear {Name},

My name is Devin Osborne, and I am a second-year Master of Public Health Student at Lenoir-Rhyne University in Hickory, North Carolina. I am currently working on my Integrated Learning Experience/Capstone project as part of one of the final requirements for my program, and I believe your input would be extremely valuable to my research.

My research is titled, "Measuring the Benefits and Impacts of the North Carolina Local Health Department Accreditation (NCLHDA) Program." The main purpose of this research is to determine how LHDs have benefited from the impacts of the NCLHDA program by answering five short-answer questions via an anonymous survey form. With the information gathered from this survey, I will be able to quantitatively extrapolate data and transpose it into easily digestible visual representations. I will also be able to qualitatively extrapolate data to, along with my quantitative data, succeed in the purpose of this research.

As a {Title}, you have likely worked first-hand with the NCLHDA program. Your experience with the program is crucial for this research. I kindly ask that, if you are willing, to please consider participating in this research. As you can see in the Informed Consent Form (attached to this email), all data is kept anonymous, and will be destroyed within 3 years of collection.

Please do not hesitate to reach out to me or my Integrated Learning Experience Faculty Advisor, Dr. Randall Bergman, if you have any questions, comments, or concerns. Please see below for the link to the Informed Consent Form, as well as the link to the research survey.

Informed Consent Form
Research Survey

Thank you for your consideration,

Devin Osborne, CHES®
Principal Investigator
Master of Public Health Student
Lenoir-Rhyne University
Devin.Osborne2@lr.edu

Randall Bergman, Ph.D., CHES®
Professor of Public Health
Lenoir-Rhyne University
Randall.Bergman@lr.edu

Appendix D – Follow Up Email

Dear {First Name} {Last Name},

I hope this email finds you well. I am writing to you today with a cordial reminder to my invitation to participate in my Master of Public Health Integrated Learning Experience research. I have copied my initial message below for your convenience. Please do not hesitate to contact me or my Integrated Learning Experience Faculty Advisor, Dr. Randall Bergman, if you have any questions, comments, or concerns.

{Insert Initial Message}

Appendix E – Key Responses

1. Ensuring Accountability Through Guided and Structured Documentation of Evidence.
    a. LHD: “The program requires local health departments to provide documentation proving that adherence through multiple activities.”
    b. LHD: “… we document our policies and programs that support the various services.”
2. Strengthening Adherence Through Policy and Procedure Development and Improvement.
    a. LHD: “NCLHDA has strengthened our policies, procedures, and implementation of public health services.”
    b. LHD: “The accreditation process has influenced our adherence to the 10 Essential Public Health Services by strengthening our policies and procedures…”
3. Structured and Accountable Policy Development and Maintenance Processes.
    a. LHD: “… policies are altered based on the latest publication of the HDSAI document…”
    b. LHD: “The NCLHDA program has significantly influenced the policy development process within our health department by emphasizing structure, accountability, and alignment with public health standards.”
4. The Addition of New Policies and Development of a Policy Framework.
    a. LHD: “… when the NCLHDA program was implemented, we developed a robust Policy on Policies. This policy provides specific direction for the development of policies…”
    b. LHD: “If a policy is needed to align with an accreditation activity we develop one or alter one… this should not be seen in a negative light.”
    c. LHD: “We now have policies for EVERYTHING, whereas prior to accreditation even though we had policies, we did not have as much detail nor as many policies.”

5. Department-Specific Impacts Without Alteration of Processes.
    a. LHD: "… all employees are informed of new and updated policies."
    b. LHD: "Due to accreditation, we are accountable to review the policies annually and we share updates with staff via trainings, emails and meetings. Without accreditation I am not confident that we would do this well."
    c. LHD: "I do not believe that the NCLHDA program has altered the process for policy development, but it has influenced how we lay out our policies so that site visitors can easily find the information that the benchmark/activity is looking for."
6. Recognition of Weaknesses Through Self-Assessment, Strategic Planning, and the Ability to Meet Standards.
    a. LHD: "When gathering evidence to meet a NCLHDA standard and activity it is easy to determine your health department strengths by the multitudes of evidence you have or the weaknesses by the lack of readily available evidence."
    b. LHD: "… program standards have provided us with the opportunity to identify areas of weakness... Through our evaluation of these standards, we have recognized certain areas that require additional attention…"
    c. LHD: "Our annual strategic planning process (which is part of the NCLHDA Program) includes conducting a SWOT Analysis, which helps us identify strengths, weaknesses, opportunities, and threats…"
7. Stronger Relationships with Governing Bodies and Improved Support Through Increased Engagement and Communication.
    a. LHD: "Accreditation has engaged the [governing body] in new ways."

   b. LHD: “The program has brought the health department leadership team and the [governing body] closer together by focusing their work on what really counts, bringing a sense of accomplishment to all involved.
   c. LHD: “The NCLHDA Program and the positive outcomes we have seen as a result of it have even increased our credibility with the [governing body]. They respect and appreciate what we do…”

8. Increased Understanding of the Role of the LHD.
   a. LHD: “Strengthened the understanding of our [governing body] when it comes to the role we play in the community and their role in being champions of public health…”
   b. LHD: “NCLHDA program has played a pivotal role in fostering a strong relationship with our [governing body], enabling them to gain a deeper understanding of public health.”
9. Redundancy of Extensive Documentation.
   a. LHD: “… emphasis on completing documentation may inadvertently detract from the essential, hands-on work required to achieve meaningful health outcomes.”
10. Bureaucratic Processes Leading to Worsened Relationships.
   a. LHD: “None. It's viewed as pointless bureaucracy and paper pushing.”
   b. LHD: “In some ways the accred requirements for [governing body] policies, by-laws, procedures, orientation, training, documentation helped the [governing body] become organized in its work. In some ways also though, Accred requirements become tasks and bureaucratic vs. true QI”

Appendix F – MPH Competencies in ILE

Evidence-based Approaches to Public Health

2. Select quantitative and qualitative data collection methods appropriate for a given public health concentration.
    a. This research met this competency through the collection of both qualitative and quantitative data using an open-ended survey instrument.
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate.
    a. This research met this competency by analyzing qualitative and quantitative data using Microsoft Excel. Qualitative data was analyzed using a thematic analysis approach using Excel, and quantitative data, such as percentages and ratios was calculated using Excel.
4. Interpret results of data analysis for public health research, policy or practice.
    a. This research met this competency by analyzing survey data and interpreting how this data demonstrates the benefits and impacts of the NCLHDA program.

Planning & Management to Promote Health

11. Select methods to evaluate public health programs.
    a. This research met this competency by applying an impact evaluation of the NCLHDA program.

Policy in Public Health

15. Evaluate policies for their impact on public health and health equity.
    a. This research met this competency by evaluating the NCLHDA program, which is mandated through North Carolina state policy and law. The evaluation discusses the impact that these laws and policies have on public health.

Community Health Concentration

25. Justify the need for proper evaluation of programs and policies for the allocation of the necessary resources (time, financial, personnel, planning, etc.).
    a. This research met this competency by addressing the gap in current literature regarding evaluation of the NCLHDA program. This research also addressed ways in which the NCLHDA program may impact the resources of LHDs.

Appendix G – MPH Competencies Assessed in MPH Curriculum

Evidence-based Approaches to Public Health

1. Apply epidemiological methods to the breadth of settings and situations in public health practice.
    a. This competency was assessed in MPH 521 through the completion of the descriptive epidemiology project. This project allowed me to apply the epidemiological triangle to Mpox, and to analyze the distribution of the disease across international settings.
2. Select quantitative and qualitative data collection methods appropriate for a given public health context.
    a. This competency was assessed in MPH 540 through the final program evaluation project. This project allowed my group members and I to develop an evaluation plan for a health promotion program. This plan included a method for qualitative data collection through feedback surveys. This plan also included a method for quantitative data collection through the development of a referral tracking system.
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate.
    a. This competency was assessed in MPH 516 through the quantitative analysis mid-term/project, as well as a coding assignment. The quantitative analysis mid-term/project allowed for me to perform a t-test, regression analysis, ANOVA, and skewness and kurtosis analysis to data regarding COVID-19 inhibition/antibody rates. The coding assignment allowed me to practice coding qualitative data collected through survey responses, which I then analyzed.

4. Interpret results of data analysis for public health research, policy or practice.
    a. This competency was assessed in MPH 516 through the final project/exam, which allowed me to interpret the results of a data analysis conducted by researchers seeking to understand how lessons learned from the COVID-19 pandemic could be applied to HIV response.

Health and Health Care Systems

5. Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings.
    a. This competency was assessed in MPH 510 through the executive summary project. This project allowed me to write an executive summary comparing the organization, structure and function of healthcare in the United States, New Zealand and Costa Rica.
6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels.
    a. This competency was assessed in MPH 510 through the project paper written on structural bias, social inequity and racism, where I focused on how the socio-ecological model can be used to address these issues.

Planning and Management to Promote Health

7. Assess population needs, assets and capacities that affect communities' health.
    a. This competency was assessed in MPH 535 through the final project, which allowed my group members and I to assess the need for a backpack meals program in a county in West Virginia, which included a needs and capacity assessment.
8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs.
    a. This competency was assessed in MPH 535 through the final project, which allowed my group members and I to assess the need for a backpack meals program. This project required us to consider different diversity, equity and inclusion principles and perspectives considering the demographic breakdown of the priority population.
9. Design a population-based policy, program, project or intervention.
    a. This competency was assessed in MPH 535 through the final project, which allowed my group members and I to design a backpack meals program for a specific population in West Virginia.
10. Explain basic principles and tools of budget and resource management.
    a. This competency was assessed in MPH 523 through the organizational budget project. This project allowed my group members and I to interview a member of a local organization to understand how they operate their budget and what tools are used for its management.

11. Select methods to evaluate public health programs.
    a. This competency was assessed in MPH 540 through the final program evaluation project. This project allowed my group members and I to develop an evaluation plan for a health promotion program based on formative, process and outcome methods.

Policy in Public Health

12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence.
    a. This competency was assessed in MPH 525 through the third project, which allowed me to describe the dimensions of the policy-making process and the role that ethics and evidence plays in the process. For this project, I focused on the policy-making framework created by the CDC, which includes the collection and use of evidence, as well as the theoretical implications that ethics can have.
13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes.
    a. This competency was assessed in MPH 528 through the engagement reflective assignment, discussion number 8, and discussion number 2. Each of these assignments involve discussing the ways in which community leaders and organizations create community and build coalitions. These assignments allowed me to interview community leaders and personally engage in coalitions to gain a better understanding.
14. Advocate for political, social or economic policies and programs that will improve health in diverse populations.

   a. This competency was assessed in MPH 555 through the advocacy project. This project allowed me to communicate with the North Carolina Board of Nursing and North Carolina Nurses Association to provide advocacy efforts in support of HB218, which would increase access to care in rural and diverse communities.

15. Evaluate policies for their impact on public health and health equity.
    a. This competency was assessed in MPH 525 through the first project, which was a paper evaluating a policy of our choice. For this assignment, my group members and I evaluated the North Carolina Seat Belt Law, making sure to cover the positive and potential negative impacts on public health, as well as the inequities in the fine structure of the policy.

Leadership

16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making.
    a. This competency was assessed in MPH 523 through the Pecha Kucha project in which I discussed different leadership styles and principles using the theory of leadership colors. This assignment discussed how each leadership style makes decisions, works with others, etc.
17. Apply negotiation and mediation skills to address organizational or community challenges.
    a. This competency was assessed in MPH 523 through the peer coaching and conflict mediation project. This project allowed my group members and I to role play different conflict scenarios in which we were tasked with mediating and resolving.

Communication

18. Select communication strategies for different audiences and sectors.
    a. This competency was assessed in MPH 555 through a project on crisis communication. This project allowed me to choose a specific crisis scenario and develop two different messages to be provided to three target populations. I created communication messages to be delivered across a variety of sectors, such as digital and print media, telephone messaging, etc.
19. Communicate audience-appropriate public health content, both in writing and through oral presentation.
    a. This competency was assessed in MPH 555 through two projects where I created a bathroom poster regarding HPV and the HPV vaccine, and an informational PSA on the same topic. Each communication method had its own target audience being mothers.
20. Describe the importance of cultural competence in communicating public health content.
    a. This competency was assessed in MPH 555 through an assignment where I was tasked to explain how I would appropriately address food insecurity within a rural, poverty-dense population. I also completed an assignment where I discussed how I would appropriately communicate natural disaster threats to an Amish community.

Interprofessional Practice

21. Perform effectively on interprofessional teams.
    a. This competency was assessed in MPH 528 through the interprofessional experience project. This project allowed me to work in a group comprised of counseling and leadership program students. We were tasked with solving a case study using each profession's area of expertise.

Systems Thinking

22. Apply systems thinking tools to a public health issue.
    a. This competency was assessed in MPH 521 through the systems thinking project. This project allowed me to discuss a chronic health problem (conversion disorder) in an epidemiological sense while also focusing on a larger systems thinking idea. This project tasked me with identifying bottlenecks, the different influences on the health problem, and leverage points to address it.

Appendix H – Community Health Concentration Competencies

23. Distinguish how the dynamic interactions among social systems within communities facilitate or inhibit healthy behaviors.
    a. This competency was assessed in MPH 528 through the final community engagement project. This project allowed me to hypothetically work within an under-resourced community to develop a plan to solve a systematic issue within public health. This role-play scenario allowed me to explain the different interactions that are needed to address a public health system issue, as well as the different methods for how to organize and enable the community.
24. Evaluate the quality of data (validity, reliability, normalcy, etc.) for proper data management.
    a. This competency was assessed in MPH 516 through an assignment focused on the quality of data, as well as an assignment on coding and transcription. In the quality of data assignment, I was tasked to review the results of a qualitative research study and to explain the methods that can be taken to determine the quality of the findings. The coding assignment tasked me to determine and explain how variability in qualitative data may impact its reliability and validity.
25. Justify the need for proper evaluation of programs and policies for the allocation of the necessary resources (time, financial, personnel, planning, etc.).
    a. This competency was assessed in MPH 540 through the health program evaluation final project, where my group members and I evaluated the Community Health Workers Initiative for Catawba County Public Health.

26. Discuss the application of empowerment theories to facilitate the consensus building process.
    a. This competency was assessed in MPH 528 through the community engagement final project. This project tasked me to apply empowerment theories to a hypothetical setting in which I acted as a consultant for a plan that sought to address a public health system issue.
27. Evaluate community assets and resources that can be used to enable community organizing and improve the health in a community.
    a. This competency was assessed in MPH 528 through the community engagement final project. This project tasked me to evaluate the existing community capacity and assets in order to determine how these resources can be built upon to organize and mobilize a community to address their health.