

Setting the standard for health departments

North Carolina is the first state to require health departments to provide at least a basic level of service quality for its citizens. To date, 55 of the state's 85 health departments are accredited. The program has become a model for the country; a nationwide program is expected to begin later in 2011. But unless the N.C. General Assembly provides funding, North Carolina's groundbreaking program will end.

"In a time of shrinking resources, it is especially important that health departments demonstrate their value and accountability by assuring that every person in the state has access to a core set of critical services, regardless of where they live," says Leah Devlin, DDS, MPH, Gillings Visiting Professor and former North Carolina State Health Director. "The accreditation process does just that."

The North Carolina Institute for Public Health (NCIPH), part of the UNC Gillings School of Global Public Health, was instrumental in the early development of the program and now administers it.

NCIPH houses and staffs the accreditation board, conducts training for health depart-



David Stone (left) and Dr. John Graham review accreditation materials for North Carolina health departments.

ments and coordinates the board's site visits to health departments seeking accreditation. Health departments have been able to sign up voluntarily and then spend a year or more preparing. Before accreditation, a department conducts a community health assessment, develops strategic and quality-improvement plans, documents its capacity for essential services (e.g., responding to disease outbreaks), and verifies its community education and communications efforts.

John Graham, PhD, who oversees consulting services for NCIPH, notes that accreditation preparation is a key part of the overall accreditation exercise. "Many of the participating health directors have indicated

that accreditation preparation has played an important role in identifying and remediating gaps in policy and procedure in their health departments," Graham says.

North Carolina's program is a successful model, but its future is uncertain. In 2009, budget cuts temporarily suspended the program, and no new accreditations were awarded. In 2010, the program was funded at half its prior level. Staff members resumed site visits and new accreditations but were unable to award the \$25,000 previously allotted to health departments to help prepare for initial accreditation.

It's not clear how the new state budget, to be passed in July 2011, will affect the program, says David Stone, MS, accreditation administrator at the NCIPH.

– Angela Spivey