



North Carolina  
LOCAL HEALTH DEPARTMENT ACCREDITATION

# Accreditation Process Handbook

A Local Health Department Tool for Accreditation  
Review and Site Visit Preparation

Revised May 2016

Revisions Approved by  
NCLHDA Board  
May 20, 2016



# North Carolina

## LOCAL HEALTH DEPARTMENT ACCREDITATION

### Accreditation Process Handbook

### TABLE OF CONTENTS

<b>BACKGROUND .....</b>	<b>4</b>
<b>PLANNING AND DEVELOPMENT .....</b>	<b>4</b>
<b>PILOTS.....</b>	<b>5</b>
<b>LEGISLATION .....</b>	<b>6</b>
<b>NATIONAL ACCREDITATION EFFORTS .....</b>	<b>6</b>
<b>RECENT EFFORTS.....</b>	<b>6</b>
<b>INTRODUCTION .....</b>	<b>7</b>
<b>FOCUS OF THE PROGRAM .....</b>	<b>7</b>
<b>NCLHDA PROGRAM MISSION .....</b>	<b>8</b>
<b>PROGRAM IMPACTS AND BENEFITS.....</b>	<b>8</b>
<b>PROGRAM ADMINISTRATION.....</b>	<b>9</b>
<b>PROGRAM PRINCIPLES AND PARTICIPANTS .....</b>	<b>10</b>
<b>ACCREDITATION BENCHMARKS AND LEGISLATION .....</b>	<b>11</b>
<b>THE ACCREDITATION RULES AND LAW IN BRIEF.....</b>	<b>12</b>
<b>ACCREDITATION PROCESS OVERVIEW .....</b>	<b>13</b>
<b>PLANNING AND PREPARATION .....</b>	<b>13</b>
<b>PRE-SITE VISIT PREPARATION .....</b>	<b>14</b>
<b>COMPLETING THE HEALTH DEPARTMENT SELF-ASSESSMENT INSTRUMENT (HDSAI) .....</b>	<b>14</b>
<b>SUBMITTING EVIDENCE.....</b>	<b>17</b>
<b>PERSONNEL RECORDS &amp; TRAINING.....</b>	<b>18</b>
<b>PROGRAM MONITORING LETTERS.....</b>	<b>18</b>
<b>OTHER INFORMATION TO SUBMIT ALONG WITH THE HDSAI .....</b>	<b>19</b>

<b>SITE VISIT .....</b>	<b>19</b>
<b>SITE VISIT TEAM .....</b>	<b>20</b>
<b>SITE VISIT COMPONENTS .....</b>	<b>21</b>
<b>ON-SITE COMPONENTS .....</b>	<b>21</b>
<b>ENTRANCE CONFERENCE.....</b>	<b>21</b>
<b>PERSONNEL RECORD REVIEW .....</b>	<b>22</b>
<b>DOCUMENTATION REVIEW .....</b>	<b>23</b>
<b>FACILITY TOUR.....</b>	<b>24</b>
<b>INTERVIEWS .....</b>	<b>24</b>
<b>OTHER SITE VISIT INFORMATION .....</b>	<b>25</b>
<b>EXIT CONFERENCE .....</b>	<b>26</b>
<b>SITE VISIT REPORT .....</b>	<b>27</b>
<b>ACCREDITATION BOARD REVIEW .....</b>	<b>27</b>
<b>LOCAL HEALTH DEPARTMENT ACCREDITATION BOARD .....</b>	<b>28</b>
<b>RESPONSIBILITIES OF THE LOCAL HEALTH DEPARTMENT DIRECTOR AND THE AGENCY ACCREDITATION COORDINATOR DURING THE BOARD'S ADJUDICATION PROCESS .....</b>	<b>28</b>
<b>ACCREDITATION STATUS .....</b>	<b>29</b>
<b>FOUR-YEAR (RE)ACCREDITATION STATUS .....</b>	<b>29</b>
<b>CONDITIONAL (RE)ACCREDITATION STATUS .....</b>	<b>29</b>
<b>UNACCREDITED.....</b>	<b>29</b>
<b>APPEALS PROCESS .....</b>	<b>30</b>
<b>CORRECTIVE ACTION PLAN.....</b>	<b>30</b>
<b>ATTACHMENT 1 – TEN ESSENTIAL SERVICES .....</b>	<b>31</b>
<b>ATTACHMENT 2 – OPERATIONAL DEFINITION .....</b>	<b>32</b>
<b>ATTACHMENT 3 – NC STATUTE &amp; ADMINISTRATIVE CODE .....</b>	<b>37</b>
<b>ATTACHMENT 4 – NCLHDA SCORING REQUIREMENTS .....</b>	<b>42</b>
<b>ATTACHMENT 5 – MATERIALS TO SUBMIT WITH COMPLETED HDSAI.....</b>	<b>43</b>
<b>ATTACHMENT 6 – ACRONYM TABLE .....</b>	<b>43</b>

## BACKGROUND

### PLANNING AND DEVELOPMENT

In 2002, the North Carolina Division of Public Health (DPH) and the North Carolina Association of Local Health Directors (NCALHD) undertook an initiative to develop a mandatory, standards-based system for accrediting local health departments throughout the state. DPH and the NCALHD convened a “blue ribbon” task force to address public health reform and local public health organizational issues. The task force was referred to as the Standards and Efficiencies Task Force and the group was subdivided into three committees: best practices, demonstrations, and local public health accreditation. The best practices committee was to focus on accountability, partnerships with community based organizations, administrative flexibility and effectiveness in addressing health disparities. The demonstrations committee was to identify successful collaborations generated from the functional partnerships concept and recommend strategies for replication. The accreditation committee was to focus on local public health infrastructure and capacity issues.

The NCALHD Accreditation Committee was composed of local health directors from across the state and DPH representatives and was co-chaired by two local health directors and a member of the DPH staff. A staff member of the North Carolina Institute for Public Health (NCIPH) at the UNC Gillings School of Global Public Health (SPH) provided research support to the committee. The committee co-chairs made presentations and distributed written reports on the committee’s work to regional health directors, the Standards and Efficiencies Task Force, the Executive Committee of the NCALHD and the general membership of the NCALHD.

In addition, the NCALHD Accreditation committee, along with the NCIPH, began reviewing both proposed and existing models of accountability from a number of states and one Canadian province. Based on this review, the committee selected the Missouri Local Public Health Agency Accreditation Program as a model framework on which to develop an accreditation system for local health departments in North Carolina. Like North Carolina, Missouri has a large decentralized public health system, with over one-hundred autonomous local level health departments.

The committee developed a basic set of accreditation recommendations based on a trial assessment of the Missouri Local Public Health Agency Accreditation Program Self-Assessment Instrument. These recommendations were discussed at regional NCALHD meetings in early 2003. Based on the reviews, the trial assessment and the committee’s findings, the NCALHD Accreditation Committee presented its final report and recommendations for a North Carolina Local Health Department Accreditation (NCLHDA) Program in June 2003.

Later in 2003, NC Department of Health and Human Services (NCDHHS) Secretary Carmen Hooker Odum convened a group of North Carolina public health system stakeholders known as the Public Health Task Force 2004 (PHTF 2004). Their task was to develop recommendations on how to strengthen the state's public health system, improve the health status of the people and eliminate health disparities. There were six committees established within the PHTF; one of which focused on Accreditation. The Accreditation Committee of PHTF 2004 resumed work on the North Carolina Local Health Department Accreditation process beginning with the recommendations of the NCALHD's June 2003 report.

A key accomplishment of the PHTF 2004 Accreditation Committee was the development of a complete set of accreditation standards for North Carolina's local health departments. These standards are now known as benchmarks.

## **PILOTS**

In January 2004, the proposed North Carolina Local Health Department Accreditation standards and process were piloted in six local health departments that volunteered to participate (Pilot I). Each participating agency tested the self-assessment instrument and proposed accreditation standards and hosted an on-site agency review by a pilot site visit team. The pilot also included a trial of the Accreditation Board process and appeals process. At the conclusion of the pilot, each of the participating departments was awarded the status of "Accredited". The NCIPH served as the administrator of the pilot and conducted a thorough evaluation of the exercise. Evaluation findings were used to revise both the self-assessment instrument and the processes of the proposed system.

Upon conclusion of the pilot, the PHTF 2004 Accreditation Committee put forward its own set of recommendations, incorporating most of the previous committee's agenda and recommending funding from the North Carolina General Assembly to fully implement the program. In June 2004, the General Assembly appropriated funds to implement a continuation of the pilot study in four additional local health departments, again under the administration of the NCIPH (Pilot II). These four additional local health departments received accreditation in May 2005. In total, ten health departments were accredited in 2004 and 2005 during the pilot process. The local health departments represented included rural and urban, large and small health departments, a district which included three counties and a community health alliance.

## LEGISLATION

During the 2005 session, the General Assembly established an accreditation system for local health departments, as recommended by the Public Health Task Force 2004 (Session Law 2005-369). The Commission for Health Services, as required by the accreditation legislation, met and approved the temporary accreditation rules on December 9, 2005. The Rules Commission met on December 15, 2005 and adopted the temporary accreditation rules. Later, the Permanent Accreditation Rules (10A NCAC 48B) were adopted by the Rules Commission on September 21, 2006, with an effective date of October 1, 2006.

As of July 1, 2009, fifty local health departments had been accredited under the standards. Due to the economic downturn and budgetary constraints, the funding by the legislature was greatly reduced and program activities were suspended for the 09-10 fiscal year. During the suspension, the Accreditation Board met to discuss multiple issues surrounding suspension of the system and approved extending the accreditation schedule and accreditation status for one year. Partial funding was restored with the 10-11 fiscal year and the program was resumed.

## NATIONAL ACCREDITATION EFFORTS

A national Exploring Accreditation project started in 2005 with the Public Health Accreditation Board (PHAB) incorporating in May 2007 to implement and coordinate a national public health department accreditation process. PHAB started pilot testing in fall of 2009 and officially launched in September of 2011. In 2013, Cabarrus Health Alliance achieved national accreditation through PHAB, the first NC health department to do so. Burke County participated in a joint PHAB/NCLHDA process in 2013, achieving PHAB national accreditation in 2014.

## RECENT EFFORTS

The Rules Review Commission adopted amendments to the Accreditation rules on April 1, 2015 to respond to passage of HB 438 in June 2012 allowing all counties in NC to consolidate human service agencies. Corresponding changes to the Health Department Self-Assessment Instrument (HDSAI) were approved by the NCLHD Accreditation Board on May 15, 2015 with changes made to Benchmarks 34, 37, 38, 39, 40, and 41.

In 2016, an Accreditation 2.0 Stakeholders Group was convened to conduct an in-depth review of current accreditation documentation requirements and interpretation guidance. Future efforts will include further review of Accreditation rules.

## INTRODUCTION

There are numerous benefits for local health departments as a result of implementing an accreditation system.

Accreditation:

- employs a publicly and professionally accepted mechanism for demonstrating the competence of organizations (“seal of approval”);
- establishes a basic minimum level of uniformity in local public health services;
- provides a framework for quality assurance and quality improvement;
- provides data for benchmarking and best practices;
- serves as an instrument for local decision-making, evaluation and monitoring;
- serves as an index for allocating local resources;
- demonstrates accountability to stakeholders;
- enhances agency credibility among public and private partners;
- enhances relationships with partners and stakeholders;
- enhances agency image and improves community and consumer confidence; and
- provides competitive advantage for procuring funding

North Carolina Local Health Department Accreditation (NCLHDA) seeks to assure and enhance the quality of local public health in North Carolina by identifying and promoting the implementation of public health benchmarks for local public health departments, and evaluating and accrediting local health departments on their ability to meet these benchmarks.

North Carolina Local Health Department Accreditation is a collaborative effort among the North Carolina Association of Local Health Directors (NCALHD), the Association of North Carolina Boards of Health (ANCBH), the North Carolina Association of County Commissioners (NCACC), the Division of Public Health (DPH) in the North Carolina Department of Health and Human Services (NCDHHS), and the North Carolina Institute for Public Health (NCIPH) at the UNC Gillings School of Global Public Health (SPH).

## FOCUS OF THE PROGRAM

The focus of North Carolina Local Health Department Accreditation is on the capacity of the local health department to perform at a quality level the three core functions of assessment, assurance, and policy development and the ten essential services as detailed in the National Public Health Performance Standards Program ([see Attachment 1](#)). The goal of North Carolina Local Health Department Accreditation is to assure the capacity of every local public health agency in North Carolina to perform a standard, basic level of service. Accreditation focuses on a single set of

minimal services that must be provided to ensure the protection of the health of the public, but does not limit the services or activities an agency may provide to address specific local needs.

North Carolina Local Health Department Accreditation does not create a wholly new accountability system; rather it links basic standards to current public health practice, state statutes and administrative code, and the many DPH contractual and program monitoring requirements that already exist.

## **NCLHDA PROGRAM MISSION**

The mission of NCLHDA is to seek to improve the health of all our citizens and enhance the quality of local public health by accrediting local health departments in North Carolina. This is accomplished through the stated goals of using the accreditation process to ensure that all North Carolina local health departments have the capacity to deliver their services to all citizens and to meet the public health demands of their jurisdictions. The program strives to help improve the practice of public health in North Carolina by developing a system that is practical, beneficial and credible.

The NCLHDA program should be transparent in its work and activities and is open to feedback and the willingness to revise and improve the system as indicated. An evaluation system is used to continuously improve the performance of this system.

## **PROGRAM IMPACTS AND BENEFITS**

In 2010, the North Carolina Institute for Public Health Office of Evaluation Services reviewed NCLHDA program evaluation data from previous years and surveyed accredited agencies. The purposes of this review were to examine accreditation program performance and agency performance improvement activities after accreditation as well as benefits of accreditation. At the time of the review, forty-eight agencies were accredited through the NCLHDA final rules. Two additional agencies were accredited through pilot standards.

### **Agency Continuous Improvement Reported During Accreditation Preparation**

Achieving the goal of improving consistency of local health department (LHD) services across the state,

- The process drives the adoption of new or revised policies to meet accreditation standards
- The process is a platform for Performance Improvement activity



- The process provides a teambuilding opportunity for LHD staff and teaches staff about all things an LHD does
- For Boards of Health, the process increases the understanding of what the agency does and promotes understanding of specific board roles

### **Agency Continuous Improvement Following Accreditation**

A survey of the 48 accredited agencies on accreditation preparation activities and post accreditation activities and benefits was conducted during fall 2009/winter 2010. Following is a summary of the results.

- 46% received additional funding from local sources to prepare for accreditation
- 94% continue to update policies after accreditation
- 50% addressed suggestions for quality improvement identified by site visitors
- 67% have conducted quality improvement activities
- 24% report improved relationships with county commissioners
- 54% report improved relationships with community partners and hospitals
- 56% report improved relationships with Boards of Health

A new, comprehensive evaluation program is currently in development, with results expected starting in 2017.

## **PROGRAM ADMINISTRATION**

The Accreditation Administrator (AA) at NCIPH is tasked with overall coordination and administration of the NCLHDA program. Any content-specific questions, questions regarding interpretation of activities, or overall concerns about the program should be directed to the AA. General questions about NCLHDA Board meeting schedules, accreditation cycle dates, AAC contact information updates, etc. should be directed to the Accreditation Program Assistant. Contact information for the Accreditation Administrator and Accreditation Program Assistant can be found on the NCLHDA webpage at <https://nciph.sph.unc.edu/accred/contactus.htm>.

Please note that the NCLHDA program does not provide sample plans, policies or templates to individual health departments. Additionally, the Accreditation Administrator cannot answer individual health department questions regarding the appropriateness of specific pieces of evidence or whether something will “meet” an Activity requirement. Please check with other area health departments or regional groups for assistance with these issues.

## PROGRAM PRINCIPLES AND PARTICIPANTS

North Carolina Local Health Department Accreditation program has the following characteristics:

- The program entails three functional components:
  - A Health Department Self Assessment Instrument (HDSAI),
  - A site visit by a multidisciplinary team of peer volunteers, and
  - The determination of accreditation status by an independent Accreditation Board.
- The program process is managed and facilitated by the Accreditation Administrator and oversight is by an independent entity – the NCLHDA Board. The Board is established within the NC Institute for Public Health.
- Accreditation is achieved or maintained by appropriately meeting a single set of capacity-based benchmarks as evidenced by documented completion of prescribed activities.
- Benchmarks may be met by either direct provision **or** assurance (through contracts, memoranda of understanding, or other arrangements with community providers) of required services and activities.
- The “Accredited” status is awarded for a period of four years to an agency that appropriately meets standards as evidenced by documented completion of prescribed activities.
- “Conditionally Accredited” is awarded to agencies that fail to complete standards as evidenced by documented completion of prescribed activities.
- “Unaccredited” status is granted to agencies that fail to complete standards as evidenced by documented completion of prescribed activities after a period of conditional accreditation.
- The system provides a mechanism for appealing assigned accreditation status.

Key Participants involved in the local health department accreditation process include:

- Local Health Departments
- Boards of Health (BOH) and other governing bodies (including Consolidated Human Services Boards, Boards of County Commissioners, and Health Advisory Committees)
- DPH Staff
- NCIPH
- Site Visit Teams (SVT)
- NCLHDA Board
- NCLHDA Program Staff

## ACCREDITATION BENCHMARKS AND LEGISLATION

According to North Carolina Local Health Department Accreditation, benchmarks are basic requirements of capacity to perform the functions and services of public health in a local agency setting. Local health departments in North Carolina vary in size, organizational structure, scope of authority, resources, population served, governing structure, and geographic region. The benchmarks, activities, and interpretation guidance were developed and have evolved to be applicable to any health department.

The benchmarks were originally developed by representatives from state and local public health agencies in North Carolina to include compliance with the current General Statutes, Administrative Code and existing contractual and program requirements.

In creating the benchmarks, the developers also reviewed and excerpted selected accreditation and performance standards from existing accountability programs, such as those from National Association of County and City Health Officials (NACCHO), the National Association of Local Boards of Health (NALBOH), and the local public health accreditation programs in Michigan, Ontario and Missouri. Sample “standards” were thoroughly tested in Pilot Projects I and II involving ten North Carolina local health departments and subsequently revised to conform with the structure and elements of the NACCHO *Operational Definition of a Functional Local Public Health Agency* ([see Attachment 2](#)).

The North Carolina Local Health Department Accreditation benchmarks represent the *minimum* capacity for performance that a local health department must attain. A health department “meets” an activity by demonstrating that it conforms with or carries out documentation requirements that support the activity. Local health departments must be meeting activities appropriately at the time of the on-site review in order to be accredited.

The majority of the North Carolina Local Health Department Accreditation program benchmarks are organized around the Core Functions and Essential Services of Public Health as described by the National Public Health Performance Standards project. To document conformity with activities, a participating agency completes a Health Department Self-Assessment Instrument. The HDSAI organizes the benchmarks in three standards:

1. Standard #1: Agency Core Functions and Essential Services
2. Standard #2: Facilities and Administrative Services
3. Standard #3: Board of Health /Governance

The Agency Core Functions and Essential Services are further grouped according to the core functions of assessment, policy development and assurance.

In order to be accredited, an agency must attain conformity with activities sufficient to meet a threshold proportion of the activities in each standard. Conformity with activities must be documented with appropriate evidence and examples of appropriate documentation are suggested for each activity. It will be the responsibility of the Site Visit Team to verify, amplify and clarify the evidence provided by the agency to substantiate its conformity.

## **THE ACCREDITATION RULES AND LAW IN BRIEF**

Senate Bill 804 was signed in the fall of 2005 (Session Law 2005-369) creating and funding North Carolina Local Health Department Accreditation, an act to improve the public health infrastructure by establishing an accreditation system for local health departments, as recommended by the Public Health Task Force 2004. The bill was ratified in August and took effect October 1, 2005. The legislation outlined the membership of a governing board to be established within the North Carolina Institute for Public Health. The law amended Article 2 of Chapter 130A of the NC General Statutes by adding a new section 34.1. This section established the board for accreditation of local health departments.

The Commission for Health Services (now Commission for Public Health) proposed rules to implement accreditation as required by Senate Bill 804. Temporary rules were adopted. The Rules Commission met on September 21, 2006 and adopted permanent Accreditation Rules, which were effective October 1, 2006. These Rules were incorporated into the Health Department Self Assessment Instrument serving as the guide for all accreditation site visits occurring after January 1, 2007. The rules became Chapter 48 – Local Health Department Accreditation and SubChapter 48A – Local Health Department Accreditation – Administration of the NC Administrative Code. This code establishes the process for local health departments to become accredited pursuant to G.S. 130A-34.1. The rules require the self-assessment by LHD, defines the parameters of the SVT, and defines the activities that must be met to attain accreditation.

The rules can be amended by adoption of the Rules Review Commission.

See [Attachment 3](#) for the statute and an outline of the rules.

## ACCREDITATION PROCESS OVERVIEW

The following sections present an overview of the three major components of the NC accreditation process:

- health department self-assessment and evidence submission,
- site visit, and
- determination of accreditation status.

## PLANNING AND PREPARATION

It is recommended that each health department assemble a multidisciplinary Accreditation Team to lead the accreditation process. It will be useful for this team to include the health director, the personnel and/or finance officer, a director of a personal health service unit, an environmental health specialist, the staff member responsible for the community assessment and a member of the Board of Health (with the understanding that in small agencies one person may play several of these roles). One member of the team should be designated as the health department's "Agency Accreditation Coordinator" (AAC); this person will serve as the agency's liaison to the AA and to the Site Visit Coordinators (SVC). A backup ACC is also suggested for all departments. It is the responsibility of the department to notify the NCIPH of any changes to who the AAC is and/or contact information- this is imperative to assure that the agency continues to receive important NCLHDA program information and updates.

As accreditation is a continuous quality improvement effort, agencies should stay updated on changes to program requirements/materials throughout their four-year cycle and assure they are prepared to address time-based requirements throughout the cycle. Reaccreditation cannot be achieved without working throughout the entirety of the cycle- the next reaccreditation cycle starts the day after the site visit team leaves. The better an agency integrates accreditation standards into their everyday agency workflow, the less last-minute preparation will be needed at the time of the site visit.

Now that all local health departments in NC have been accredited, all departments are on an established four-year cycle and included in a cohort of counties that are assessed together (two cohorts per year). In accordance with 10A NCAC 48A.0205, the HDSAI must be submitted no later than six months before an agency's accreditation expiration date. Hence, NCIPH sends a 90-day notice to the department before the HDSAI is due to let the agency know that the accreditation process for the department has begun. If a department is unsure about their upcoming accreditation dates, they should contact the NCIPH.

The NCIPH, in its role as AA, will provide an orientation conference call within the month of the 90-day notification to the staff of the participating health departments on how to complete the steps in the accreditation process and how to use the process instruments. Additionally, the AA will provide a set of potential site visit dates to the participating health departments. The health department has five business days from the date of the conference call to send the AA their “top five” date choices. As much as possible, the AA will assign site visit dates within this preference and will notify each health department of their site visit date as soon as the cohort schedule is set.

## **PRE-SITE VISIT PREPARATION**

A number of documents/processes are in place and must be used to prepare for the Site Visit.

### **COMPLETING THE HEALTH DEPARTMENT SELF-ASSESSMENT INSTRUMENT (HDSAI)**

10A NCAC 48A 0201 of Chapter 48 – Local Health Department Accreditation requires that each health department complete a self-assessment based on the benchmarks adopted. The local health department undergoing review shall submit the self-assessment to the NCLHDA within 90 days after notification that the accreditation process for the department has begun.

The health department self-assessment, achieved through completion of the Health Department Self-Assessment Instrument, is an internal review of the agency’s ability to meet benchmarks or delivery of essential services as indicated by the agency’s performance of a set of prescribed activities. The self-assessment will also analyze the availability and the qualification of core staff, the adequacy of physical facilities and administrative services, and the role and involvement of the Board of Health. The self-assessment will assist the local health department in identifying areas for improvement and will prepare the department for the on-site review.

Each applicant agency should make every effort to complete its self-assessment as thoroughly as possible, and to submit the results in a timely manner. The HDSAI should give a clear picture to the department, and to site visitors, of the level of ability of the agency at the time of its completion. The purpose is to use the HDSAI and the findings of the self-assessment as a platform for beginning quality improvement and improving the performance of the department. The HDSAI should be used to get an honest picture of where the department is at in terms of the strengths and weaknesses of the agency and note areas for future improvement. The purpose is not to get 100% of the activities “met” if that is not an honest assessment. To use the HDSAI and the process as simply a checklist to complete does not serve the greater good of the department or the process of accreditation.

There are three sections, each representing a standard for review, in the HDSAI:

- **Standard 1 – Agency Core Functions and Essential Services (CF&ES)**

These benchmarks represent minimum standards of capacity to perform the nationally-accepted core functions and essential services for public health and the Mandated Services for Local Health Departments described in the North Carolina General Statutes.

There are 29 CF&ES benchmarks and 93 accompanying activities and they are divided into three groups, based on the core functions of public health: assessment (8 benchmarks and 29 activities), policy development (7 benchmarks and 26 activities), and assurance (14 benchmarks and 38 activities).

- **Standard 2 – Agency Facilities and Administrative Services (F&AS)**

These benchmarks pertain to the agency’s general administration and address administrative structures and procedures. Local Health Departments in North Carolina are autonomous and demonstrate a wide variety of internal administrative structures, yet all should be able to demonstrate clear lines of responsibility and definitive reporting relationships regardless of structure. There are 4 F&AS benchmarks and 27 accompanying activities.

- **Standard 3 – Board of Health/Governance**

The benchmarks applied to the local agency’s Board of Health recognize the Board’s scope of legal authority and overall responsibility for the agency. There are 8 BOH benchmarks and 27 accompanying activities.

***In order to designate an Activity as “Met”, the agency must carry out all of the documentation requirements prescribed for that Activity.***

The self-assessment instrument addresses a total of 41 benchmarks and 147 related activities. In order to satisfy the Accreditation benchmarks, the local health department must conform to a minimum number of Activities within the standards groups. *At the present time, there are no benchmarks or activities that are universally required.* Thus any combination of the minimum numbers of activities in each standard can be used in the recommendation for accredited status. See [Attachment 4](#) for a summary of the scoring requirements.

Conformity with activities must be documented with appropriate evidence. Conformity refers to the degree by which the health department demonstrates that it has met the intent and requirements of an activity through the listed documentation that must be provided for review. A key concept behind using documentation to assess conformity is that the material exists and is in

use in the agency being reviewed, and not who originated the material. All documentation must be in effect by the time the site visit begins. No documents should be marked as draft. Documents should be dated to allow site visitors to evaluate compliance with timeframes.

An *HDSAI Interpretation Document* is provided by the NCLHDA program to guide local health departments, site visit team members, and the NCLHDA Board and staff in the interpretation of the activities and required documentation for the benchmarks and activities of the NC standards. Local health departments are strongly advised to carefully review the Interpretation for each Activity to guide them in the evidence that they present. Like the HDSAI, this document is subject to frequent change as new interpretation is added and as current interpretation is edited. Health departments should assure they are always using the most current versions of the HDSAI and *HDSAI Interpretation Document*.

Documentation submitted for an activity may be in a single document. Or, several documents together may provide evidence of conformity. Some documents may be used to show conformity with more than one measure. The focus of the required documentation is on “what” is provided, not on “how” it is provided.

The HDSAI is supplied as a Word document and can be used both as a planning document and for submission to the Accreditation Administrator. It can be printed out for use by the department as it collects and creates documentation. When the HDSAI is being completed for submission 90 days after notification, it should be completed electronically and emailed to the AA. An HDSAI completed by hand will not be accepted by the NCLHDA program.

When completing the HDSAI, list the documentation being used to support the activity within the evidence/explanation section in the order it is asked for within the activity. The LHD should add any comment/narrative it desires that will help explain how the evidence selected demonstrates the activity. Explanations or comments are optional but are VERY helpful for the SVT upon review and may help limit questions concerning evidence. The LHD should check either the “Met” box or “Not Met” box under the LHD Self-Assessment heading for each activity.

The HDSAI may be updated as language is clarified, documentation requirements are changed, or actual Activities are evolved over time. Usually, updates will be released and effective in January of each year. Changes from the previous HDSAI version will be clear within the updated HDSAI and a *Summary of Changes* document listing the changes will be available on the NDLHDA website at [https://nciph.sph.unc.edu/accred/health\\_depts/materials/index.htm](https://nciph.sph.unc.edu/accred/health_depts/materials/index.htm). **Unless otherwise notified, local health departments are held to the version of the HDSAI that is in effect when they receive their 90-day notification.**



---

## SUBMITTING EVIDENCE

All evidence is required to be submitted electronically. Within the evidence portion of each activity in the HDSAI Word document, the LHD would list the document name, then create a hyperlink for each item provided as documentation. The evidence items should contain highlighted areas relevant to the particular activity, be in pdf format, and put into electronic folders for each activity. To protect file integrity, file names should not include a “#” and should be less than 200 characters long. No evidence containing PHI such as social security numbers, death certificates, etc. should be submitted.

It is highly recommended that all policies and Board minutes submitted electronically be signed/dated; if not, unsigned copies can be submitted with a note made in the HDSAI narrative that a signed copy will be available on site. Additionally, whenever minutes from meetings are used as evidence, all relevant attachments that are referenced in the minutes or were discussed by the group/Board must be included.

Evidence submitted should be clearly linked to the Documentation requirements provided for the Activity and be able to completely address all required components. More than one example can be provided for each Activity, but everything should be relevant to the Activity. Alternatively, if an agency has multiple examples for a specific Activity, they may be better served to submit one complete example as evidence and hold the others on-site for the actual Site Visit in case a question comes up about that Activity. The clearer and more concise the evidence presented to the SVC for electronic review and on-site review, the easier it is for them to assess the Activity.

When the process is complete, the finalized HDSAI Word document and other electronic documents in folders should be uploaded to a single flash drive. File structure should be maintained and all files/links checked on an external computer (non-networked) before sending to the Accreditation Administrator at NCIPH.

Typically, electronic documentation speeds the review process as Site Visitors become familiar with the agency’s evidence well before the actual site visit; however, if there are lots of technical difficulties or information is missing, the process can be greatly slowed down and the site visit schedule becomes difficult to maintain. Therefore, health departments should assure evidence is presented in a complete and organized manner.

After the local health department submits the completed HDSAI and electronic evidence, information can continue to be added, revised or replaced prior to the site visit, though this should be very limited. Providing as much information as possible in a very well organized way on the flash drive submission allows site visitors to prepare questions ahead of time and have them ready at the onset of the site visit, thereby giving the agency the most amount of time possible to answer the questions. If flash drives are not well organized and site visitors have trouble finding information on them and/or the agency has a lot of evidence only available at the site visit, site

visitors will have to take extra time at the visit to review evidence and draft questions which will delay the questions getting to the agency and therefore give the agency less time to address them.

If information is added or updated, this information should be provided on-site for the site visit team, along with a list of activities which have updates. During a site visit, evidence can be produced (submit documentation that was already in place), but not created, revised, or corrected. Due to the possibility of technical difficulties, the LHD should be prepared to provide the hard copy of any item that is requested by the site visit team while on site.

---

## **PERSONNEL RECORDS & TRAINING**

It is important that the local health departments' personnel meet the requirements for their specific job assignments. The format for the personnel records and Continuing Education requirements may vary by local health department. The information may be kept in logs or personnel files, etc. The number of personnel files selected depends on the size of the agency. Personnel includes permanent staff (even if they only work part-time) and staff contracted directly with the health department/county. Staff provided through contract with another agency (i.e. LabCorp, NC Alliance of Public Health Agencies) do not have to be included.

Certain elements of a personnel record are defined as public record. However, there is no authority for the SVT to see any information that is confidential. The SVT should only be looking at information that is relevant as documentation for the given accreditation activity. The SVT should NOT examine, consider or question any confidential information that may be presented to the team.

The following are specific items that the SVT should seek when reviewing personnel record materials:

- Job description – reviewed for a randomly selected year since the last site visit.
- Annual Evaluation / Performance Appraisal – reviewed for a randomly selected year since the last site visit
- Current Credentials (certification, registration, licensure) – if required by job description or by professional practice
- Required orientations, trainings or continuing education (may be separate agency log)

---

## **PROGRAM MONITORING LETTERS**

Program Letters are involved with five specific activities: Activities 1.1 (CHA), 1.2 (SOTCH), 7.4 (PHP&R), 17.1 (EH), & 22.2 (DPH). DPH is notified of counties up for accreditation site visits and program letters should be received by the health department within 45 days of the HDSAI due date. If the letter indicates a corrective action plan (CAP) is required, then a follow-up letter will be needed stating that the CAP has been accepted.

---

## OTHER INFORMATION TO SUBMIT ALONG WITH THE HDSAI

Additional pre-site visit planning documents and background materials are to be sent electronically to the AA via email along with the HDSAI (see Attachment 5 for a complete list).

## SITE VISIT

After submitting the completed HDSAI and evidence electronically, the agency will host an on-site visit by a Site Visit Team. The primary task of the SVT is to amplify, clarify and verify the health department's self-assessment in order to evaluate the health department's degree of compliance with the benchmarks and associated activities. To accomplish this task, the SVT will

- Review the HDSAI and supporting documentation
- Tour and inspect the local health department facilities, and
- Interview local health department staff, Board of Health members and other persons necessary to evaluate conformity with the benchmarks.

The team may request additional supporting documentation or other evidence as necessary to evaluate conformity with the benchmarks.

Each Site Visit Team will be comprised of not fewer than four individuals with expertise or experience in local public health, including experience or expertise in environmental health, public health nursing, public health administration or policy development/governance. The SVT will include a:

- Local Health Administrator
- Public Health Nurse
- Environmental Health Specialist
- Board of Health Representative
- Accreditation Administrator or Site Visit Coordinator

The AA will designate one person on each SVT to serve as Lead Site Visitor (LSV). The LSV is responsible for coordinating the activities of the SVT when on-site and is the spokesperson for the group.

A Site Visit will last for one and a half days. The duration of the visit may be longer if special circumstances (such as those encountered in very large, complex health departments or in multi-county district health departments) dictate the need for more time, or shorter, in the case of a very

small agency. A sample site visit schedule can be found on the accreditation website at [https://nciph.sph.unc.edu/accred/health\\_depts/materials/index.htm](https://nciph.sph.unc.edu/accred/health_depts/materials/index.htm).

---

## **SITE VISIT TEAM**

For an upcoming cycle of site visits, an availability form is sent to the pool of trained site visitors. This availability form will list the dates of the site visits and visitors note which visits they are able to conduct.

The AA will select teams, including the four disciplines of health administration, nursing, environmental health and governance/BOH. The AA will also do an initial review of conflict of interest and designate a Lead Site Visitor. The LSV is the primary liaison of the group, acts as the spokesperson for the SVT, and prepares and presents the site visit report.

The SVT is first presented to the local health department. This is done before the team members are notified so they may first identify any possible conflict of interest issues. Possible conflicts of interest include:

- Current or former affiliation with the agency being reviewed (including actual employment at any time, having interviewed for a position at the agency within the past five years, or having provided a contracted service to the agency within the past five years);
- Affiliation with an agency or organization in contiguous geographic proximity to the agency being reviewed;
- A recent or current fiscal relationship or other vested interest in the agency or its activities; and
- A close relative in affiliation with the agency being reviewed.

The health department has five business days from notification of their team composition to present a conflict of interest issue to the AA. The AA will change team members if the stated conflict is relevant and suggest a replacement. When the LHD has stated that there are no conflicts with the team, the team members are notified.

Each agency will also be assigned a Site Visit Coordinator. The Coordinator will communicate with the AAC in the weeks leading up to the site visit to make sure all arrangements are made and will ensure the site visit goes smoothly. The Coordinator will also be the main point of contact/liaison at the site visit itself- any communication on-site should go through the Coordinator.

---

## **SITE VISIT COMPONENTS**

A typical site visit is comprised of the following elements:

### **Pre-Visit Document Review by the SVT**

Prior to the Site Visit, the SVT should have reviewed the following:

- HDSAI, Summary Checklist and additional LHD documents,
- Interpretation Document,
- Site Visitor Report templates, and
- NC Public Health Laws, as is applicable.

### **Pre-Visit Meeting by the SVT**

Prior to beginning the visit, the SVT will gather for a mandatory meeting. The meeting may be in person or by conference call. During the meeting, the team will:

- Discuss observations made from their individual study of the HDSAI, evidence and other submitted materials;
- Discuss specifically any deficiencies or ambiguities noted by analysis of the HDSAI;
- Review any new information from the AA about the agency or about interpreting the benchmarks;
- Review the site visit schedule and make any last minute adjustments in SVT assignments for document review or interviews;
- Review the agency's organizational chart and any other basic information that describes the model by which the agency conducts its work; and
- Discuss the methodology for preparing the Site Visit Report.

---

## **ON-SITE COMPONENTS**

For most site visits, a standard schedule for the site visit is followed and can be found at [https://nciph.sph.unc.edu/accred/health\\_depts/materials/index.htm](https://nciph.sph.unc.edu/accred/health_depts/materials/index.htm). The health department should work with their assigned SVC to carefully complete their schedule, especially if the department has a number of off-site facilities to tour.

---

## **ENTRANCE CONFERENCE**

The Entrance Conference is conducted on the day of the Site Visit at the main office of the health agency. Generally, representatives from the senior administration of the agency, including the AAC, will meet with members of the SVT to exchange introductions, to discuss the general schedule of the site visit, and to make note of any recent changes in the organization which may be relevant to

---

the Site Visit. The department will determine who is invited to the entrance conference, but the conference is led by the SVC. A sample entrance conference agenda is located on the accreditation website on the Health Department materials page. The LHD should have all site visitors and the SVC sign a confidentiality agreement assuring that the visitors will keep patient or employee information in strictest confidence.

---

## PERSONNEL RECORD REVIEW

The Site Visit Coordinator will meet with the AAC on Day 1 of the site visit to randomly select personnel records. Once selected, the records need to be brought in to the site visit team at the main facility to review at 8am on the following morning (or at any point on Day 1 if completed).

The site visit team will review the selected personnel records in accordance with the following activities within the HDSAI:

1. Activity 23.2 (registration/licensure/certification requirements),
2. Activity 24.3 (orientation, required CE, required trainings),
3. Activity 26.1 (non-discrimination training),
4. Activity 26.3 (cultural competency training),
5. Activity 31.4 (qualification/position description), and
6. Activity 31.5 (annual performance evaluation).

While the selection process is random, site visitors will need to review at least one individual in each of the following roles:

- public health nursing,
- environmental health,
- health educator, and
- management team.

If randomly selected personnel records do not reflect these roles, additional personnel records may be requested.

There are two options for providing personnel records:

1. Obtain written consent from each employee whose record is selected, stating permission is granted for the site visit team to review their entire personnel record. This does not have to be a specific form – it may simply be a written consent statement.
2. Gather the required items for each employee whose record is selected (i.e. Activities 23.2, 24.3, 26.1, 26.3, 31.4, and 31.5). *This is the most common method and seems to work best for review.*

If personnel records are maintained electronically, they will need to be provided in hard copy for the SVT to review- they must be appropriately signed and dated.

There are specific items that the SVT looks for when reviewing personnel record materials:

1. Position Description: Position descriptions on file that have been signed, dated, and reviewed annually *by both employee and supervisor*, to be verified through observations by Site Visitors. Site Visitors will review the written position descriptions from a randomly selected year since the last site visit. Qualification (candidate qualification form from the Office of State Human Resources (OSHR) or an in-house equivalent form/process that is used to determine that an employee is qualified for the position before hire).
2. Annual Evaluation / Performance Appraisal: To be accepted as valid documentation, the performance appraisal should have been conducted within a randomly selected year since the last site visit, and is to be signed and dated by the employee and the supervisor conducting the appraisal.
3. Credentials (certification, registration, licensure): if required by job description or by practice/discipline
4. Required orientations, trainings or continuing education (may be separate agency log): if certain trainings are required by position description and/or department policy, the SVT will expect to see evidence of such training in each personnel records selected. It greatly assists the SVT (and cuts down on questions) if the agency assures the name of their required trainings are consistent from year-to-year and, optimally, if the name corresponds to the training terminology used in the HDSAI. If the name is not the same, providing a cross-walk would be helpful.

---

## DOCUMENTATION REVIEW

Each Site Visitor will have been assigned a primary responsibility for verifying one or more sections of the HDSAI. If necessary for proper verification of an activity, a Site Visitor may ask questions throughout the two days of the Site Visit about submitted documentation or may request additional information or evidence not already provided by the health department. Questions should be expected- the Site Visit Team usually asks a lot of questions. This doesn't necessarily mean that an item will be considered 'Not Met.' By asking questions, the Site Visit Team is better able to verify the information an agency has provided. The Site Visit Coordinator will serve as the liaison between the Site Visit Team and the health department. Any questions the team may have will be brought to the AAC by the SVC. The AAC then has until 2:00 PM on Day 2 to provide an answer to the question. It is recommended that the agency attempt to answer questions as quickly as possible- this gives the SVT time to review the re-submitted information and pose another clarifying question if needed. It is very important that ALL responses to questions come from the AAC to the SVC. Once an answer has been provided, the SVC will then report back to the Site visit Team. This prohibits the AAC and/or other health department staff from interrupting the team's review of documentation and any confidential discussions that might be held by the team.

---

## FACILITY TOUR

Several activities within the HDSAI require visual observation by the site visit team (an “Activities that Require Visual Observations” document can be found at [https://nciph.sph.unc.edu/accred/health\\_depts/materials/index.htm](https://nciph.sph.unc.edu/accred/health_depts/materials/index.htm)). As such, at a scheduled time during the site visit, the Local Health Director, or designee, will lead the SVT on a general tour of the health agency. This walk-through allows the SVT to become familiar with the environment as well as to note the general lay-out, space provisions and records storage for the agency. A lot of time should not be spent on touring office space. It is important that the SVT tour areas accessed by clients, but depending on the timing, the client areas may be somewhat crowded with a group of six or more people moving through. If this occurs, a SVT member may ask the AAC to provide them with another tour back to a specific area at a later time. If a health department has more than one location within the county or District, the site visit team will need to visit those locations. The typical rule of thumb is, if that location is accessed by clients or community members, the site visit team will need to visit it. If the location is only used for office space or storage, the site visit team will not need to visit that location. Mobile units that provide services to clients need to be observed by the SVT. The LHD will be responsible for providing transportation to all off-site locations.

---

## INTERVIEWS

The SVT will interview staff of the agency, members of the Board of Health (or governing board) and representatives from local government and community agencies to ascertain their understanding of the agency and their role in or with respect to the agency. Interviews also allow for confirmation of evidence provided in the documents.

In a typical, single-county health department, one interview slot will be assigned to each of the following individuals or groups:

- Health Director,
- County Manager (if changed since last site visit),
- Governing Board Chair and 1-2 other Board members,
- Environmental Health Director,
- Nursing Director,
- 2-3 Community Partners, and
- One slot for staff – individual or small group (2-3) – if needed as determined by SVT.

The purpose of the Governing Board interview is to discover the relationship between the governing board and the department and to verify that the governing board is active in the work of public health as required by the accreditation activities. So, in a consolidated model with a Board of

---



County Commissioners (BOCC) assuming powers/duties of the Board of Health, two BOCC representatives should be interviewed during the Governing Board slot. Departments may invite a member of their Health Advisory Committee as a third representative, if desired. Another BOCC member could also be added, but care should be taken that the total number of BOCC members does not constitute a public meeting.

Likewise, if a health department's consolidated model has a Consolidated Human Services Board assuming powers/duties of the BOH, at least two of these members should be interviewed during the Governing Board slot. To further demonstrate their county's support of the health department, many counties include their BOCC representative to their BOH/Consolidated Human Services Board- but, that is not required.

All interviews should take place at the main facility of the health department where the SVT will be for the two day visit. If off-site interviews are necessary, the agency is responsible for providing transportation for the Site Visitors.

Site Visit interviews should conform to the following guidelines:

- It is important that interviewees feel at ease. The agency should provide private interview rooms so that all exchange of information remains confidential. NO observers, program staff, or additional health department staff are allowed to be present during an interview.
- In general, site visitors should not use scripted questions during interviews. It is also not a time for general conversation. The interview time is used to explore questions that arise during the review of documentation. The interview should clarify the site visitor's understanding of the evidence presented by the department and should relate to the various activities that the site visitor is responsible for reviewing. If a scheduled interview is not needed, then the interview can be cancelled. Likewise, the SVT may wish to speak with another staff member about issues, programs or other concerns that develop from review of evidence. While this can be done through written questions, an interview could be set up to replace another that may not be needed.
- Site visitors should use the suggested questions in the interpretation guide during interviews. These can be revised based on the need to clarify information. While it may be helpful to ask the same question during all interviews, it must relate to the standards and the department's ability to conform to the documentation requirements.

---

## **OTHER SITE VISIT INFORMATION**

Break type snacks/drinks may be provided by the health department, but are not required. The SVT will have breakfast at the hotel. The Health Department should provide menus for the team to order lunch on both days of the visit. Menus can come from local restaurants or restaurant chains (i.e. Subway). The health department may not offer to purchase lunch for the SVT. It is very helpful if the

LHD can have a staff person pick up the lunch for the team so they may continue working. The SVT will be responsible for their dinner arrangements. Local health department staff should not join the team for dinner as this could create a conflict of interest. Likewise, gifts may not be provided to SVT members.

A conference room should be available for the SVT to review the documentation. This room should be reserved for the entire two days of the visit for the SVT. The room should have five computers with mice and internet access. In addition, two smaller rooms should also be available. These two rooms should have space for several people to sit for the interview (up to four interviewers and one to two interviewees). Interviews CANNOT be conducted in the documentation review room.

At the end of Day 1 of the Site Visit and prior to the Exit Conference, the SVT will meet in executive session to discuss the outcomes of the day's work, to list general impressions, and to identify questions they would like to ask or additional documentation they would like to review. These meetings are private meetings for the Site Visit Team only.

The NCLHDA program does not routinely allow observers during the site visit. The site visit is a time of examination and validation of the HDSAI and the agency's recommendation on accreditation status is determined by the site visit. The site visit and its activities require concentration and a controlled atmosphere. This is also a stressful time for the agency as they may be required to produce further evidence. In certain special cases (such as when new Site Visit Team members are training), an observer may be allowed. However, the local health director must approve the visitor, and the visitor must schedule through the Accreditation Administrator. The visitor would be there as an observer ONLY and cannot interfere with the SVT, cannot sit in on interviews and cannot question staff. Any questions from observers should be directed to the SVC.

The health director may approve visitors in the health department during the site visit and may approve visitors for the entrance and exit conferences. No visitor or observer is allowed during an interview. No visitors may be in the room while site visitors are reviewing or discussing documentation or during executive sessions unless approved by the SVT and program staff. If observation is allowed, the visitor or observer must also sign the agency confidentiality form.

---

## **EXIT CONFERENCE**

The Exit Conference, led by the SVC and Lead Site Visitor, is scheduled for the end of the site visit and attended by any staff that the Local Health Director chooses to have present. The Lead Site Visitor will NOT present the findings as of the conclusion of the site visit nor will the SVT report be complete by the end of the site visit. The Site Visit Coordinator will also provide information on when the health department can expect to receive their final report (around two weeks following

the last day of the site visit), information about the Accreditation Board meeting, and information on policies that may be of interest to the health department.

---

## **SITE VISIT REPORT**

The Site Visit Report is the document the SVT uses to summarize information gathered from the HDSAI, the review of the agency's assessment-supporting documents and the interviews with staff and community representatives. The Site Visit Report will include the findings of the visit, any not met activities with the SVT's explanation, and the SVT's recommendation for the department's accreditation status. The Suggestion for Quality Improvement report is a separate report that will accompany the Site Visit Report. This report includes suggestions from the SVT on how the department can strengthen evidence for future site visits and is for the department to use as they see fit. This report is not presented to the Accreditation Board. The LSV is responsible for completing the reports and submitting them to the AA within fourteen days (14) of the completion of the site visit. The AA will review the reports prior to sending them to the Health Director and AAC, usually within 1-3 days after receipt of the report.

Accompanying the reports sent to the Health Department will be copies of two policies. The first policy states the protocol for a department to make a written response to the report if they wish to identify any information in their report that they feel was found in error. The second policy will state the protocol for the adjudication process that the Accreditation Board will use in determining an agency's accreditation status. This also includes a protocol that will go through the format for the presentation of the agency's report by the Lead Site Visitor at the board meeting and any response from the local health department.

If the SVT's recommendation is for conditional accreditation, the department will receive an additional protocol explaining the process of addressing not met activities within 10 days of receipt of the Site Visit Report which could potentially allow the SVT to revise their recommendation to full accreditation status prior to the Accreditation Board meeting.

## **ACCREDITATION BOARD REVIEW**

The purpose of the Accreditation Board (Board) is to contribute to the improvement of public health programs and services throughout North Carolina by defining, endorsing and upholding standards of minimum performance for the state's local health departments.

The Board will be the official entity that assigns accreditation status to a local health department participating in the health department accreditation process.

## **LOCAL HEALTH DEPARTMENT ACCREDITATION BOARD**

The NC Local Health Department Accreditation Board is established within the North Carolina Institute for Public Health. By statute, the Board shall be composed of 17 members appointed by the Secretary of the Department of Health and Human Services as follows:

- Four county commissioners as recommended by the North Carolina Association of County Commissioners,
- Four members of a local board of health as recommended by the Association of North Carolina Boards of Health,
- Three local health directors as recommended by the North Carolina Local Health Directors Association,
- Three staff members from the Division of Public Health, North Carolina Department of Health and Human Services, and
- Three at-large members.

Upon receipt of the Site Visit Report, the AA will arrange for the report to be reviewed by the Board. The Board will meet in person at least twice per year to examine and discuss the health department's Site Visit Report and the SVT's recommendation. The LSV of the SVT that reviewed the agency is expected to attend this meeting and has the responsibility of presenting the SVT's recommendation to the Board. The Board will consider each agency's assessment separately and deliberate its decision. In the event the Board grants Conditional Accreditation status, the Board's determination is provided as a written report to the local health department and board of health that clearly identifies any benchmarks/activities that need remediation.

For more information on the Board, see the Board Operational Guidelines located on the accreditation website.

## **RESPONSIBILITIES OF THE LOCAL HEALTH DEPARTMENT DIRECTOR AND THE AGENCY ACCREDITATION COORDINATOR DURING THE BOARD'S ADJUDICATION PROCESS**

At the Board meeting when the LHD site visit report is presented, the Lead Site Visitor (LSV) from the SVT will present the report and the recommendation for accreditation status. The LHD representatives (Health Director and AAC) are given the opportunity to respond to the Lead Site Visitor's presentation and recommendation for accreditation status. Other LHD staff may be present but will not make comments unless invited by the Board Chair or questions are posed by a Board member that is best answered by a staff member present. The following topics may be included in the response of the LHD: overall impressions of the accreditation process, whether or

not the health department concurs with the site visit team's recommendation and any additional information that they would like to present.

## **ACCREDITATION STATUS**

The Board will assign an accreditation status to each local health department that applies for accreditation or relief from conditional accreditation.

### **FOUR-YEAR (RE)ACCREDITATION STATUS**

This rating indicates that the local health department satisfies the accreditation benchmarks adopted by the Accreditation Board and applicable rules adopted by the Commission. The award is presented as a certificate/plaque to be displayed in the agency and viewed by the public. The period of accreditation shall expire four calendar years after accreditation (or reaccreditation) is granted.

### **CONDITIONAL (RE)ACCREDITATION STATUS**

Conditional Accreditation indicates that the local health department has not met the requirements for accreditation and has therefore been granted conditional accreditation subject to conditions specified by the Board. The Board shall provide to the local health department a written statement of the conditions that must be satisfied in order for the local health department to be accredited. A local health department granted Conditional Accreditation status must develop a corrective plan of action, which must be completed within two years, and submit it to the AA within 90 days of notice of the Board's decision.

The period of Conditional Accreditation shall expire two calendar years after Conditional Accreditation is granted. During the Conditional Accreditation period, the local health department may apply again for Accreditation in accordance with the rules adopted by the Commission. If the Board finds that standards have been met, the Board shall change the local health department's status to Accredited with the accreditation period to expire four calendar years after the Conditional Accreditation was initially granted. If the Board finds that the conditions have not been satisfied, the local health department shall continue under its grant of Conditional Accreditation.

### **UNACCREDITED**

This rating indicates that the local health department has failed to meet one or more accreditation benchmarks after a period of conditional accreditation.

## APPEALS PROCESS

There is an appeals process and an appeals body, a committee of the Accreditation Board, should a local health department feel that the Accreditation Board's determination of Conditional Accreditation is incorrect. The local health department may make a written request within ten (10) calendar days (of the Board's determination) for reconsideration of the decision. When an appeal is received, the Appeals Committee of the Board meets with the representatives of the agency to discuss the documentation, supporting evidence and argument for the appeal. Following this joint meeting, the Appeals Committee submits its findings and recommendations to all members of the Board. The Board then meets to prepare its recommendation based on the evidence presented. The appeals decision of the Board is final.

## CORRECTIVE ACTION PLAN

As part of its corrective action plan, a local health department in Conditional Accreditation Status must make a request to the DPH Local Technical Assistance and Training Branch for assistance. DPH will be responsible for providing the requested assistance by on-site, electronic, and/or any other suitable means. One or more assigned consultants will assist the Local Health Director in identifying the barriers to meeting the benchmarks and in developing a specific time-limited corrective action plan, drawing on a variety of resources, for overcoming those barriers.

When the local health department feels that it has met all prescribed conditions of its corrective action plan, the department shall submit to the AA a request for reconsideration of its status. All documentation needed to support the rationale for a change of status must accompany the request. When the documentation is received, the Appeals Committee of the Board will review the evidence and prepare a recommendation to the full Board. The Board then meets to make a determination of accreditation status based on that information. The decision of the Board is final.

For a Table of Acronyms, see [Attachment 6](#).

**The Ten Essential Public Health Services  
Classified by Core Function**

***Assessment***

1. Monitor health status to identify community health problems
2. Diagnose and investigate health problems and health hazards in the community

***Policy Development***

3. Inform, educate, and empower people about health issues
4. Mobilize community partnerships to identify and solve health problems
5. Develop policies and plans that support individual and community health efforts

***Assurance***

6. Enforce laws and regulations that protect health and ensure safety
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable
8. Assure a competent public health and personal health care workforce
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services
10. Research for new insights and innovative solutions to health problems

Source: Institute of Medicine (2003), *The Future of the Public's Health in the 21<sup>st</sup> Century*, p. 99

## **Operational Definition of a Functional Local Health Department**

**(NACCHO, 2005)**

### A FUNCTIONAL LOCAL HEALTH DEPARTMENT:

- Understands the specific health issues confronting the community, and how physical, behavioral, environmental, social, and economic conditions affect them.
- Investigates health problems and health threats.
- Prevents, minimizes, and contains adverse health effects from communicable diseases, disease outbreaks from unsafe food and water, chronic diseases, environmental hazards, injuries, and risky health behaviors.
- Leads planning and response activities for public health emergencies.
- Collaborates with other local responders and with state and federal agencies to intervene in other emergencies with public health significance (e.g., natural disasters).
- Implements health promotion programs.
- Engages the community to address public health issues.
- Develops partnerships with public and private healthcare providers and institutions, community-based organizations, and other government agencies (e.g., housing authority, criminal justice, education) engaged in services that affect health to collectively identify, alleviate, and act on the sources of public health problems.
- Coordinates the public health system's efforts in an intentional, non-competitive, and non-duplicative manner.
- Addresses health disparities.
- Serves as an essential resource for local governing bodies and policymakers on up-to-date public health laws and policies.
- Provides science-based, timely, and culturally competent health information and health alerts to the media and to the community.
- Provides its expertise to others who treat or address issues of public health significance.
- Ensures compliance with public health laws and ordinances, using enforcement authority when appropriate.
- Employs well-trained staff members who have the necessary resources to implement best practices and evidence-based programs and interventions.
- Facilitates research efforts, when approached by researchers, that benefit the community.
- Uses and contributes to the evidence base of public health.
- Strategically plans its services and activities, evaluates performance and outcomes, and makes adjustments as needed to continually improve its effectiveness, enhance the community's health status, and meet the community's expectations.



*These 10 Standards are framed around the Ten Essential Public Health Services, which have been reworded to more accurately reflect the specific LHD roles and responsibilities related to each category. In addition, these standards are consistent with the National Public Health Performance Standards Program (NPHPSP), serving to specify the role of governmental LHDs while the NPHPSP addresses the local public health system as a whole. (www.naccho.org)*

**Standard 1: Monitor health status and understand health issues facing the community.**

- a. Obtain and maintain data that provide information on the community's health (e.g., provider immunization rates; hospital discharge data; environmental health hazard, risk, and exposure data; community-specific data; number of uninsured; and indicators of health disparities such as high levels of poverty, lack of affordable housing, limited or no access to transportation, etc.).
- b. Develop relationships with local providers and others in the community who have information on reportable diseases and other conditions of public health interest and facilitate information exchange.
- c. Conduct or contribute expertise to periodic community health assessments.
- d. Integrate data with health assessment and data collection efforts conducted by others in the public health system.
- e. Analyze data with health assessment and data collection efforts conducted by others in the public health system.
- f. Analyze data to identify trends, health problems, environmental health hazards, and social and economic conditions that adversely affect the public's health.

**Standard 2: Protect people from health problems and health hazards.**

- a. Investigate health problems and environmental health hazards.
- b. Prevent, minimize, and contain adverse health events and conditions resulting from communicable diseases; food-, water-, and vector-borne outbreaks; chronic diseases; environmental hazards; injuries; and health disparities.
- c. Coordinate with other governmental agencies that investigate and respond to health problems, health disparities, or environmental health hazards.
- d. Lead public health emergency planning, exercise, and response activities in the community in accordance with the National Incident Management System, and coordinate with other local, state, and federal agencies.
- e. Fully participate in planning, exercises, and response activities for other emergencies in the community that have public health implications, within the context of state and regional plans and in a manner consistent with the community's best public health interest.
- f. Maintain access to laboratory and biostatistical expertise and capacity to help monitor community health status and diagnose and investigate public health problems and hazards.

- g. Maintain policies and technology required for urgent communications and electronic data exchange.

**Standard 3: Give people information they need to make healthy choices.**

- a. Develop relationships with the media to convey information of public health significance, correct misinformation about public health issues, and serve as an essential resource.
- b. Exchange information and data with individuals, community groups, other agencies, and the general public about physical, behavioral, environmental, social, economic, and other issues affecting the public's health.
- c. Provide targeted, culturally-appropriate information to help individuals understand what decisions they can make to be healthy.
- d. Provide health promotion programs to address identified health problems.

**Standard 4: Engage the community to identify and solve health problems.**

- a. Engage the local public health system in an ongoing, strategic, community-driven, comprehensive planning process to identify, prioritize, and solve public health problems; establish public health goals; and evaluate success in meeting the goals.
- b. Promote the community's understanding of, and advocacy for, policies and activities that will improve the public's health.
- c. Support, implement, and evaluate strategies that address public health goals in partnership with public and private organizations.
- d. Develop partnerships to generate interest in and support for improved community health status, including new and emerging public health issues.
- e. Inform the community, governing bodies, and elected officials about governmental public health services that are being provided, improvements being made in those services, and priority health issues not yet being adequately addressed.

**Standard 5: Develop public health policies and plans.**

- a. Serve as primary resource to governing bodies and policymakers to establish and maintain public health policies, practices, and capacity based on current science and best practices.
- b. Advocate for policies that lesson health disparities and improve physical, behavioral, environmental, social, and economic conditions in the community that affect the public's health.
- c. Engage in LHD strategic planning to develop a vision, mission, and guiding principles that reflect the community's public health needs, and to prioritize services and programs.

**Standard 6: Enforce public health laws and regulations**

- a. Review existing laws and regulations and work with governing bodies and policy-makers to update them as needed.

- b. Understand existing laws, ordinances, and regulations that protect the public's health.
- c. Educate individuals and organization on the meaning, purpose, and benefit of public health laws, regulations, and ordinances and how to comply.
- d. Monitor, and analyze over time, the compliance of regulated organizations, entities, and individuals.
- e. Conduct enforcement activities.
- f. Coordinate notification of violations among other governmental agencies that enforce laws and regulations that protect the public's health.

**Standard 7: Help people receive health services.**

- a. Engage the community to identify gaps in culturally-competent, appropriate, and equitable personal health services, including preventive and health promotion services, and develop strategies to close the gaps.
- b. Support and implement strategies to increase access to care and establish systems of personal health services, including preventive and health promotion services, in partnership with the community.
- c. Link individuals to available, accessible personal healthcare providers (i.e., medical home).

**Standard 8: Maintain a competent public health workforce.**

- a. Recruit, train, develop, and retain a diverse staff.
- b. Evaluate LHD staff members' public health competencies, and address deficiencies through continuing education, training, and leadership development activities.
- c. Provide practice- and competency-based educational experiences for the future public health workforce, and provide expertise in developing and teaching public health curricula, through partnerships with academia.
- d. Promote the use of effective public health practices among other practitioners and agencies engaged in public health interventions.
- e. Provide the public health workforce with adequate resources to do their jobs.

**Standard 9: Evaluate and improve programs and interventions**

- a. Develop evaluation efforts to assess health outcomes to the extent possible.
- b. Apply evidence-based criteria to evaluation activities where possible.
- c. Evaluate the effectiveness and quality of all LHD programs and activities and use the information to improve LHD performance and community health outcomes.
- d. Review the effectiveness of public health interventions provided by other practitioners and agencies for prevention, containment, and/or remediation of problems affecting the public's health, and provide expertise to those interventions that need improvement.

**Standard 10: Contribute to and apply the evidence base of public health.**

- a. When researchers approach the LHD to engage in research activities that benefit the health of the community,
  - a. Identify appropriate populations, geographic areas, and partners;
  - b. Work with them to actively involve the community in all phases of research;
  - c. Provide data and expertise to support research; and,
  - d. Facilitate their efforts to share research findings with the community, governing bodies, and policymakers.
- b. Share results of research, program evaluations, and best practices with other public health practitioners and academics.
- c. Apply evidence-based programs and best practices where possible.

Source: National Association of County & City Health Officials (2005), *Operational Definition of a Functional Local Health Department*.

**§ 130A-34.1. Accreditation of local health departments; board established.**

(a) The Local Health Department Accreditation Board is established within the North Carolina Institute for Public Health. The Board shall be composed of 17 members appointed by the Secretary of the Department of Health and Human Services as follows:

(1) Four shall be county commissioners recommended by the North Carolina Association of County Commissioners, and four shall be members of a local board of health as recommended by the Association of North Carolina Boards of Health.

(2) Three local health directors.

(3) Three staff members from the Division of Public Health, Department of Health and Human Services.

(4) Repealed by Session Laws 2011-145, s. 13.3(zz), effective July 1, 2011.

(5) Three at large.

(b) Members shall serve four-year terms except that initial terms shall be staggered such that three members are appointed for one year, four members are appointed for two years, four members are appointed for three years, and six members are appointed for four years. An appointment to fill a vacancy on the Board created by the resignation, dismissal, ineligibility, death, or disability of any member shall be made for the balance of the unexpired term. The Secretary may remove any member for misfeasance, malfeasance, or nonfeasance. The chair shall be designated by the Secretary and shall designate the times and places at which the Board shall meet. The Board shall meet as often as necessary to carry out its duty to develop and review periodically accreditation standards, to engage in activities necessary to assign accreditation status to local health departments, and to engage in other activities necessary to implement this section.

(c) Members of the Board who are not officers or employees of the State shall receive reimbursement for travel and subsistence expenses at the rates specified in G.S. 138-5. Members of the Board who are officers or employees of the State shall receive reimbursement for travel and subsistence at the rate set out in G.S. 138-6.

(d) The Board shall assign an accreditation status to each local health department that applies for initial accreditation, reaccreditation, or relief from conditional accreditation. The Board shall assign the appropriate accreditation status, as follows:

- (1) Accredited, which means that the local health department has satisfied the accreditation standards adopted by the Board and applicable rules adopted by the Commission.
- (2) Conditionally accredited, which means that the local health department has failed to meet one or more accreditation standards and has therefore been granted short-term accreditation subject to conditions specified by the Board.
- (3) Unaccredited, which means that the local health department has continued to fail to meet one or more accreditation standards after a period of conditional accreditation.

(e) The Commission shall, after reviewing standards developed by and consulting with the Board, adopt rules establishing accreditation standards for local health departments. The accreditation standards shall include at least all of the following:

- (1) An accreditation process that consists of the following components:
  - a. A self-assessment conducted by the local health department seeking accreditation.
  - b. A site visit by a team of experts to clarify, verify, and amplify the information in the self-assessment.
  - c. Final action by the Board on the local health department's accreditation status.
- (2) The local health department's capacity to provide the essential public health services, as follows:
  - a. Monitoring health status to identify community health problems.
  - b. Diagnosing and investigating health hazards in the community.
  - c. Informing, educating, and empowering people about health issues.
  - d. Mobilizing community partnerships to identify and solve health problems.
  - e. Developing policies and plans that support individual and community health efforts.
  - f. Enforcing laws and regulations that protect health and ensure safety.
  - g. Linking people to needed personal health care services and assuring the provision of health care when otherwise unavailable.
  - h. Assuring a competent public health workforce and personal health care workforce.
  - i. Evaluating effectiveness, accessibility, and quality of personal and population-based health services.
  - j. Conducting research.
- (3) The local health department's facilities and administration.
- (4) The local health department's staff competencies and training procedures or programs.
- (5) The local health department's governance and fiscal management; and
- (6) Informal procedures for reviewing Board decisions.

(f) All local health departments shall obtain and maintain accreditation in accordance with this section. The Board shall implement accreditation over a period of eight years, beginning January 1,

2006. The Board shall establish a schedule specifying when each local health department shall apply for initial accreditation and ensuring that all local health departments have applied for initial accreditation by December 1, 2014.

(g) The Board shall assign the following accreditation status, as applicable:

(1) "Accredited" to a local health department that satisfies the accreditation standards. The initial period of accreditation shall expire four calendar years after initial accreditation is granted.

(2) "Conditionally accredited" to a local health department that, in its initial accreditation application, fails to satisfy the accreditation standards. The period of conditional accreditation shall expire two calendar years after conditional accreditation is granted. The Board shall provide to the local health department a written statement of the conditions that must be satisfied in order for the local health department to be accredited. At any time during the two-year period, the local health department may request that its status be reviewed and changed from "conditionally accredited" to "accredited." If the Board finds that the conditions have been met, the Board shall change the local health department's status to "accredited" with the accreditation period to expire four calendar years after the conditional accreditation was initially granted. If the Board finds that the conditions have not been satisfied, the local health department shall continue under its grant of conditional accreditation. During the conditional accreditation period, the local health department may apply again for accreditation in accordance with rules adopted by the Commission.

(h) Each accredited local health department shall apply for reaccreditation in accordance with rules adopted by the Commission.

(i) When the Board assigns the status "unaccredited" to a local health department, the Board shall send written notification of that status to the local health department and to the Secretary.

(j) The Commission shall adopt rules to implement this section. (2005-369, s. 1(b); 2011-145, s. 13.3(z).)

**North Carolina Administrative Code**  
**Chapter 48 - Local Health Department Accreditation**

Subchapter 48a - Local Health Department Accreditation –Administration

Section .0100 - General Provisions

10a NCAC 48a .0101 Purpose

10a NCAC 48a .0102 Definitions

Section .0200 - Accreditation Process

10a NCAC 48a .0201 Self-Assessment

10a NCAC 48a .0202 Site Visit

10a NCAC 48a .0203 Board Action

10a NCAC 48a .0204 Informal Review Procedures

10a NCAC 48a .0205 Re-Accreditation

Subchapter 48b - Local Health Department Accreditation Standards

Section .0100 - General Provisions

10a NCAC 48b .0101 Purpose

10a NCAC 48b .0102 Definitions

10a NCAC 48b .0103 Accreditation Requirements

Section .0200 - Monitor Health Status

10a NCAC 48b .0201 Benchmark 1

10a NCAC 48b .0202 Benchmark 2

10a NCAC 48b .0203 Benchmark 3

Section .0300 - Diagnose And Investigate Health Problems And Health Hazards In The Community

10a NCAC 48b .0301 Benchmark 4

10a NCAC 48b .0302 Benchmark 5

10a NCAC 48b .0303 Benchmark 6

10a NCAC 48b .0304 Benchmark 7

10a NCAC 48b .0305 Benchmark 8

Section .0400 - Inform, Educate, And Empower People About Health Issues

10a NCAC 48b .0401 Benchmark 9

10a NCAC 48b .0402 Benchmark 10

Section .0500 - Mobilize Community Partnerships To Identify And Solve Health Problems

10a NCAC 48b .0501 Benchmark 11

10a NCAC 48b .0502 Benchmark 12

10a NCAC 48b .0503 Benchmark 13

Section .0600 - Develop Policies And Plans That Support Individual And Community Health Efforts



- 10a NCAC 48b .0601 Benchmark 14
- 10a NCAC 48b .0602 Benchmark 15
- Section .0700 - Enforce Laws And Regulations That Protect Health And Ensure Safety
  - 10a NCAC 48b .0701 Benchmark 16
  - 10a NCAC 48b .0702 Benchmark 17
  - 10a NCAC 48b .0703 Benchmark 18
- Section .0800 - Link People To Needed Personal Health Services To Assure The Provision Of Health Care When Otherwise Unavailable
  - 10a NCAC 48b .0801 Benchmark 19
  - 10a NCAC 48b .0802 Benchmark 20
  - 10a NCAC 48b .0803 Benchmark 21
  - 10a NCAC 48b .0804 Benchmark 22
- Section .0900 - Assure A Competent Public Health Workforce And Personal Health Workforce
  - 10a NCAC 48b .0901 Benchmark 23
  - 10a NCAC 48b .0902 Benchmark 24
  - 10a NCAC 48b .0903 Benchmark 25
  - 10a NCAC 48b .0904 Benchmark 26
- Section .1000 - Evaluate Effectiveness, Accessibility And Quality Of Personal And Population-Based Health Services
  - 10a NCAC 48b .1001 Benchmark 27
- Section .1100 - Research For New Insights And Innovative Solutions To Health Problems
  - 10a NCAC 48b .1101 Benchmark 28
  - 10a NCAC 48b .1102 Benchmark 29
- Section .1200 - Provide Facilities And Administrative Services
  - 10a NCAC 48b .1201 Benchmark 30
  - 10a NCAC 48b .1202 Benchmark 31
  - 10a NCAC 48b .1203 Benchmark 32
  - 10a NCAC 48b .1204 Benchmark 33
- Section .1300 – Governance
  - 10a NCAC 48b .1301 Benchmark 34
  - 10a NCAC 48b .1302 Benchmark 35
  - 10a NCAC 48b .1303 Benchmark 36
  - 10a NCAC 48b .1304 Benchmark 37
  - 10a NCAC 48b .1305 Benchmark 38
  - 10a NCAC 48b .1306 Benchmark 39
  - 10a NCAC 48b .1307 Benchmark 40
  - 10a NCAC 48b .1308 Benchmark 41

### HDSAI Standards and Accreditation Requirements

**There are three sections to the Health Department Self-Assessment Instrument (HDSAI):**

- **Standard #1: Agency Core Functions and Essential Services (CF&ES)**  
29 Core Functions and Essential Services Benchmarks & 93 Activities
- **Standard #2: Agency Facilities and Administrative Services (F&AS)**  
4 Facilities and Administrative Services Benchmarks & 27 Activities
- **Standard #3: Board of Health/Governance**  
8 Board of Health Benchmarks & 27 Activities

*Each Activity is measured as “MET” or “NOT MET” after evaluation of the evidence.*

**The HDSAI addresses a total of 41 benchmarks and 147 related activities.**

In order to satisfy the Accreditation benchmarks (and be recommended for Full Accreditation status), the local health department must satisfy activities under the standards according to the following proportions:

- Agency Core Functions and Essential Services
  - Assessment Function = 26 of the 29 activities
  - Policy Development Function = 23 of the 26 activities
  - Assurance Function = 34 of the 38 activities
- Facilities and Administrative Services = 24 of the 27 activities
- Board of Health/Governance = 24 of the 27 activities

A recommendation for Conditional Accreditation would be put forth if an agency achieved “NOT MET” on more than the allowable number of missed activities for each standard.

There are not any required activities that must be met to be recommended for accreditation.

**Materials that must be submitted electronically with the completed HDSAI when it is sent to the Accreditation Administrator’s office (within 90 days of notification date) include:**

- A completed HDSAI
- A completed, signed HDSAI Cover Page
- A completed HDSAI Summary Checklist
- The agency’s Mission Statement
- The agency’s organizational chart
- A roster of the agency’s Management Team, with names, position titles and dates of appointment to the Management Team for each team member
- A roster of the agency’s entire staff, with names, position titles, and hire date (alphabetized by last name)
- A two-page double-spaced narrative related to information about what makes your local health department and the population you serve unique. Please include any special characteristics of the health department and the community (e.g. district structure, administrative/ operations information, unique relationship with county government, presence or loss of major industry, seasonal population surges, socioeconomic status of community, predominance of a particular demographic group, etc.).
- Governing Board roster- with appointment dates
- Budget Summary (actual expenses, revenue, and local allocation) for previous four years
- Biographical snapshot for all local health department staff who are to be interviewed during the site visit (combine all bios into one document)
- Draft Site Visit Schedule

All listed documents (with the exception of the draft Site Visit Schedule which should be in MS Word) must be sent as pdf files. Materials should be emailed to the NCLHDA Accreditation Administrator within NCIPH by the deadline. Templates for many of the listed materials can be found under “Materials for Health Departments” on the NCLHDA website at: [https://nciph.sph.unc.edu/accred/health\\_depts/materials/index.htm](https://nciph.sph.unc.edu/accred/health_depts/materials/index.htm).

## ATTACHMENT 6 – ACRONYM TABLE

Below are common acronyms that are used in the Accreditation Program, in the Health Department Self-Assessment Instrument, the Guidance Document, Training and other supporting documentation.

AA	Accreditation Administrator
AAC	Agency Accreditation Coordinator
ADA	Americans with Disabilities Act
ANCBH	Association of North Carolina Boards of Health
BOCC	Board of County Commissioners
BOH	Board of Health
CAP	Corrective Action Plan
CF&ES	Core Functions & Essential Services
CHA	Community Health Assessment
CHSA	Consolidated Human Services Agency
CLIA	Clinical Laboratories Improvement Amendments
DPH	Division of Public Health
F&AS	Facilities & Administrative Services
HDSAI	Health Department Self-Assessment Instrument
HIPAA	Health Insurance Portability and Accountability Act
IT	Information Technology
NCALHD	North Carolina Association of Local Health Directors
NCDHHS	North Carolina Department of Health & Human Services
NCLHDA	North Carolina Local Health Department Accreditation
NCIPH	North Carolina Institute for Public Health
NOV	Notice Of Violation
LEPC	Local Emergency Planning Committee
LHD	Local Health Department(s)
LSV	Lead Site Visitor
PHAB	Public Health Accreditation Board
PHTF	Public Health Task Force
OSHR	Office of State Human Resources
QI	Quality Improvement
SOTCH	State of the County's Health
SVC	Site Visit Coordinator
SVT	Site Visit Team
UNC SPH	University of North Carolina – Chapel Hill Gillings School of Public Health

