



North Carolina

LOCAL HEALTH DEPARTMENT ACCREDITATION

Summary of changes to HDSAI Interpretation Document

Effective Date: 01.1.19

Note: Please see the actual documents for the complete information. Also note that minor grammatical edits are not included in the table below.

HDSAI Interpretation Document		
Page or Activity	Topic	Change
Entire Document		Color scheme added (purple as seen here) to coincide with like changes to other documents for this revision cycle. All changes from last revision (01.1.18) in purple font.
Cover & Footer		Effective date (01.01.19) and version (6.2) updated.
1.3	CHA/SOTCH	The Guidance clarifies that for district health departments, if one Community Health Assessment (CHA)/State of the County Health (SOTCH) report is not conducted for the entire district, then dissemination methods must be shown <i>for each CHA and SOTCH that was conducted</i> .
5.1	Communicable Disease Reports	The Guidance clarifies that the evidence should demonstrate that the notification protocol was <i>proactively</i> distributed to partners.
5.2	Alerts to Medical Community	The Guidance clarifies that the Health Alert communication plan must address how health alerts are <i>distributed to the local medical community</i> . This is not a change as it is addressed directly in the Activity language and Intent, but was further clarified in the Guidance.
7.3	Environmental Health Complaints	The Guidance clarifies that records of <i>all</i> complaints must be included as a part of the evidence- even if some complaints (e.g. food/lodging) are kept in one system and other complaints (e.g. well/septic) in another.
7.5	Communication with Local Emergency Managers	The Documentation clarifies that communication with Local Emergency Managers could be between the Health Director <i>or their designee</i> . This is not a change, but a clarification resulting from removing related language/requirements in a previous year.

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7.7	Epi/ Preparedness Team	The Documentation was clarified to reinforce the Activity language regarding the requirement for a coordinator and an environmental health member to be part of the team.
9.1	Current local issues	The Documentation was clarified to reinforce the Activity and Guidance language regarding the general public/community partner audience.
10.2	Groups Identified as At-Risk	The Guidance clarifies that the health department must clearly describe how the evidence is targeted to groups identified as at-risk in the Community Health Assessment.
14.2	Setting Priorities and Planning	The Guidance clarifies that the presentation of the SOTCH, like the CHA, is not acceptable as a method for sharing information for this activity.
14.4	Drafting Local Rules and Ordinances	The Guidance clarifies that if there has been no work on rules or ordinances, the statement indicating that no local rules/ordinances have been drafted should also include that no rules have been <i>amended</i> . This is not a change, but clarification to make drafted/ <i>amended</i> consistent throughout the Activity guidance.
15.5	Training on policies and procedures	The Documentation and Guidance clarifies that a list of all employees hired <i>within the past 12 months</i> is required documentation. This is not a change, but clarification for consistency of timeframe throughout the Activity guidance and alignment with p. 9.
16.1	Ongoing Training in Current Public Health Law	The Guidance clarifies that if an agency does not have a communicable disease program director then the nursing director or whoever is tasked as such per the NCDPH Communicable Disease Agreement Addendum should receive the required training.
17.1	Inspection and Permitting Activities	The Guidance was made consistent with language in Activity 22.2.
22.1	Community Health Improvement Plans	The term “Community Health Action Plan” was replaced with “Community Health Improvement Plan” to provide consistency with new NCDPH Consolidated Agreement language. Additionally, clarity

HDSAI Interpretation Document		
Page or Activity	Topic	Change
		was provided for what agencies can provide as evidence of implementation if they have new CHIPs.
22.3	Programs and Services	In the Documentation and Guidance, a typo of “23.3” was changed to “22.3.”
23.2	Position Requirements	The Documentation clarifies the number of records assessed for each health department, based on the size of the health department.
24.3	On-going Training and Continuing Education	The Documentation clarifies the number of records assessed for each health department, based on the size of the health department. The Guidance was updated to reflect the current name of the “Principles and Practices of Public Health Nursing” course. FEMA ICS was added to the list of training requirements of designated continuing education as a clarification in the Guidance. This is not a change as it has always been required through NCDPH Agreement Addendum and thus considered applicable to this Activity.
26.1	Non-Discrimination Policy and Training	The Guidance clarifies that a transcript or a certificate qualifies as a training record.
26.3	Cultural Sensitivity and Competency Training	The Guidance clarifies that a transcript or certificate qualifies as a training record.
29.1	Host Research Organization	The Documentation requirements were clarified as specific to <i>host research organization</i> .
29.2	Agency-directed Research	The Documentation requirements were clarified as specific to <i>agency-directed research</i> .
30.9	Tobacco Signage	The Guidance clarifies that co-located facilities are considered full-time and permanent and must have signage. Examples of the occasional use of community facilities was added.

HDSAI Interpretation Document		
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31.4	Position Descriptions and Qualifications	The Documentation clarifies the number of records assessed for each health department, based on the size of the health department.
31.5	Performance Appraisals	The Documentation clarifies the number of records assessed for each health department, based on the size of the health department. The Guidance clarifies that all staff should be evaluated annually.
33.2	Approved Budget	The Intent clarifies that the appropriate authority is also defined by NCGS 130A-35.
33.5	Cost of Services in Setting Fees	The Guidance clarifies that review of cost of services (including data/methodology used to determine costs) for <u>all</u> fees including environmental health and other fees should be conducted by the agency and presented to the board of health (either all fees at one time or different categories of fees at different times is acceptable). Additionally, the timeframe for all required elements was changed from “since the previous site visit” to “ <i>for each year</i> since the previous site visit”.
39.2	Essential Services of Public Health	Documentation and Guidance was clarified to reinforce the Activity language that two (reports is plural) examples of Board of Health minutes are required.
39.3	BOH Approval of LHD Budget	The Guidance clarifies that <u>any</u> health department fees, not only clinic or immunization fees, should be taken to the Board of Health for approval and submitted as evidence. The Guidance clarifies that evidence for Activity language regarding review and approval of the agency budget is covered in Activity 33.2 and not necessary here.
40.1	Community Health Issues	The Documentation, Guidance and Evidence clarify that there are two required pieces of evidence, one directed towards elected officials and one towards community boards. This is a clarification and not a change as the requirement remains the same- it was simply restructured into two separate Documentation requirements instead of having two requirements within one.

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40.2	Communicate Support	The Documentation, Guidance and Evidence clarify that there are two required pieces of evidence, one directed towards elected officials and one towards community boards. This is a clarification and not a change as the requirement remains the same- it was simply restructured into two separate Documentation requirements instead of having two requirements within one.
41.1	Community Input	Documentation and Guidance was clarified to reinforce the Activity language that two (issues is plural) examples of Board of Health action on issues is required.
41.3	Coordination and Collaboration	Documentation and Guidance was clarified to reinforce the Activity language that two (actions is plural) examples of Board of Health actions on fostering coordination is required.