

**North Carolina Local Health Department Accreditation
Board Meeting
220 Swinburne Rd., Raleigh, N.C.
10 a.m. – 1 p.m.**

Board Members Present

Bertadean Baker
Chris Dobbins
Teresa Ellen
Barbara Ann Hughes
Rebecca McLeod
Larry Michael
Jacqueline Newton
Virginia Niehaus
Jerry Parks
Anna Schenck
David Stanley
Benjamin Tillett

NCIPH Staff Present

Amy Belflower Thomas
Lori Rhew
Jackie McIver

Site Visitors Present

Ann Absher
Tommy Jarrell
Andy Smith
Bill Smith
LeeAnn Whisnant

Board Members Absent

Jim Tillman

Guests – Health Department Directors and Staff

Susan Elmore

Alamance County Health Department

Stacie Saunders
Arianna Lawrence

Welcome

Chris Dobbins, Chair, called the meeting to order at 10 a.m. He welcomed everyone to the meeting and asked to re-order the site visit presentations on the agenda so that Alamance County staff could

Wake County Human Services- Public Health and Environmental Health Divisions

Regina Petteway
Dr. Joseph Threadcraft
Dr. Kim McDonald,
Jane Tallis
Christopher Kippes
Heidi DeMocker

Edgecombe County Health Department

Karen Lachapelle
Leigh Saner

Warren County Health Department

Margaret Brake
Kaye Hall

Halifax County Health Department

Bruce Robistow
Denise Norman

Richmond County Health Department

Tommy Jarrell
Nancy Porter

Swain County Health Department

No representatives present

Surry County Health & Nutrition Center

Samantha Ange
Emily Mayes

go first because they needed to leave early. He also noted that Swain County was unable to attend the meeting. The Board agreed to change the order of the site visit presentations.

Chair Dobbins asked if there were any comments on the meeting minutes from the May 10, 2019 Board meeting minutes. There were none. Board Member David Stanley made a motion to approve the minutes, the motion was seconded by Board Member Dr. Barbara Ann Hughes. The motion passed.

Accreditation Adjudication Process

Administrator Thomas reviewed the Accreditation Adjudication Process and reminded the Board Members to keep in mind conflicts of interest when voting. She explained that Board Members may ask questions, but must state that they are recusing themselves from voting if they have a conflict of interest. She further noted that Board Members who had not completed all their training, are welcome to take part in the discussion, however, they are not able to vote.

Board Member Jackie Newton noted that she had not completed her training and would be abstaining from voting.

Alamance County Health Department

Lead Site Visitor, Ann Absher, provided a summary of the Site Visit Team report. All 147 Activities were designated as met. The Site Visit Team recommends the Alamance County Health Department for Reaccredited with Honors.

The Site Visit Team identified several best practices including, Activity 9.1, for which the health department provides information that is current and uses visual images and infographics throughout the facility on TV monitors, as a way for individuals throughout the building to get information. It addresses low literacy levels, which is something that the health department had identified in their strategic planning process. For Activity 15.1, they used an innovative strategic planning process based on a core values-based approach, incorporating five prioritized core values and using those value drivers to guide their work. For example, the teen friendly focus for their teen clients was highlighted. In this model, the health department analyzed teen services in the health department from the view of the teenager. They implemented a teen friendly waiting room with colorful furniture and device charging stations, as well as colorful examples, updated information that was teen focused, and artwork developed for and by the teens. For Activity 19.1, they are operating a children's dental clinic that is self-sustaining with no county money used to support it. The clinic, with support from the Duke Endowment, will be providing dental services in several schools in the area using a moveable clinic. For Activity 26.2, they are installing water bottle filling stations throughout the health department for their employees.

Stacie Saunders, health director, said that they were one of the first health departments to do the site visit totally electronically; they found it to be very efficient and effective. The site visit was completed in one day, and it felt really good. She explained that they appreciated being able to talk about how they are implementing their values into their work and that it is not just the ten essential services or how we think about a lens of public health 3.0, but rather how they think about the individuals they serve and how they incorporate values into how they hire and evaluate individuals and the programs they put in place. She explained that it is not just about "does this meet the outcome," it is also about "does it meet our value base."

Board Member Jackie Newton asked about the children's dental clinic. Ms. Saunders shared that it has been in place since 1996 and has been self-sustaining since then. The clinic maximizes Medicaid dollars and they have a sliding scale fee; the most a client will pay is \$40 and they also offer private insurance. They also look for external funding. Board Member Jackie Newton asked what percent of the pediatric clientele needed to be subsidized. Ms. Saunders explained the percentage of each type of payment amount.

Ms. Saunders introduced Arianna Lawrence, their AAC, and stated that they could not have done accreditation without her. She has also been providing feedback about how the dashboard is working.

Board Member Jerry Parks made a motion to accept the Site Visit Team's recommendation of Reaccreditation with Honors; it was seconded by Board Member David Stanley. The motion passed and the Alamance County Health Department was Reaccredited with Honors.

Wake County Human Services- Public Health and Environmental Health Divisions

Lead Site Visitor, Ann Absher, provided a summary of the Site Visit Team report. The Site Visit Team recommends Wake County Human Services – Public Health and Environmental Health Divisions for Reaccreditation. The Site Visit Team designated 143 out of 147 Activities as met. The Activities designated as not met were 5.1, 5.2, 7.3, and 30.3.

The Site Visit Team identified several best practices. For Activity 10.3, as a 2017 QI/QA project the department implemented a promising strategy, a health literacy universal precautions toolkit. This ensures systems are in place to ensure better understanding by patients. The agency adopted the plain language communication tools, which is a promising proven strategy for health information and improving health. Another best practice identified was Activity 15.3- in the policy format, the policy history section clearly identifies the review of history, the effective date, version of the policy, the section revised and the author. The Site Visit Team recognizes this as a best practice for keeping a thorough history and timeline of all policies.

Regina Petteway, human services director, introduced her staff leadership: Dr. Joseph Threadcraft, Environmental Services Director and Dr. Kim McDonald, Medical Director and Deputy Director for Public Health. Dr. McDonald introduced Jane Tallis, the Director of Nursing, and Christopher Kippes the new Public Health Division Director. Ms. Petteway introduced Heidi DeMocker, their Executive Assistant.

Ms. Petteway shared that she valued the guidance throughout the site visit process. It was invaluable as a Human Services agency to uplift the public health side of the department. They appreciated how thorough the Site Visitors were in their review of the evidence and in visiting the facilities. She also shared that she values the improvements that have been brought to the process including the electronic dashboard. She acknowledged her Human Services Board and Public Health Committee. She shared that Board Member Dr. Barbara Ann Hughes is on that committee and thanked the committee for making them a stellar public health department.

Chair Dobbins stated that sometimes there are stereotypes with small health departments having challenges meeting with honors or all the requirements of accreditation standards. He noted that health departments the size of Wake County have challenges also.

Board Member Dr. Barbara Ann Hughes noted that the County Commissioners have really listened to their needs and have brought forth funding.

Board Member Dr. Barbara Ann Hughes recused from voting.

Board member David Stanley made a motion to accept the Site Visit Team's Recommendation for Reaccreditation; it was seconded by Board Member Rebecca McLeod. The motion passed and the Wake County Human Services- Public Health and Environmental Health Divisions was Reaccredited.

Edgecombe County Health Department

Lead Site Visitor, Andy Smith, provided a summary of the Site Visit Team report. The Site Visit Team designated 147 of 147 Activities as being met. The Site Visit Team recommended the Edgecombe County Health Department for Reaccreditation with Honors.

Mr. Smith noted that a best practice identified was their environmental health complaint log. It was one of several best practices the team identified. He noted that this health department followed the Suggestions for Quality Improvement Report from the previous site visit to the letter.

Karen Lachapelle, health director, noted that they completed the site visit in one day. She acknowledged the AAC, Leigh Saner. She also acknowledged their director of nursing and their deputy director who could not attend the meeting. It was a good visit and they are excited about their accreditation. Board Member Jerry Parks noted that environmental health log is has been one of the most missed activities. So, if you have a good system, can you please share it with others. Ms. Lachapelle noted they have struggled with keeping environmental health specialists. Board Member Larry Michael noted that both best practices were environmental health; he offered if there is anything they can do help them share their log, please let him know.

Administrator Thomas noted that sharing the best practice is good. One method that the Accreditation Program uses is the annual best practices supplement, where the best practices from all of the site visits are pulled and shared as a supplement to the annual report.

Administrator Thomas asked Ms. Lachapelle if she could explain about their new tobacco policy. Ms. Lachapelle explained that when they took the policy to the Public Health Advisory Board, they supported it one hundred percent. Then it went to the Human Services Board and the Human Services Director voted it down. Forty-five minutes later, the Board asked her what she thought- she read a statement in support of the policy, the Board said we go with the health director, and they voted in support. It then went to the Board of Commissioners; his recommendation was to table it, but it came up again. It came up during the next Commissioners meeting under the Directors report. A council member said they made a motion to pass. It was unanimously voted and passed.

Board Member Rebecca McLeod made a motion to accept the Site Visit Team recommendations for Reaccreditation with Honors; the motion was seconded by Board Member Larry Michael. The motion passed and Edgecombe County Health Department was Reaccredited with Honors.

Warren County Health Department

Tommy Jarrell, Lead Site Visitor, provided a summary of the Site Visit Team report. They have a great Diabetes Self-Management Program. They have an exercise room within the health department that employees and people within the community can use. They work in partnership with some of their neighboring counties to address mental health in jails through the *Stepping Up* program.

Dr. Jarrell reported that the health department met 145 of 147 Activities. The Activities designated as not met were 5.2 and 30.6. The Site Visit Team recommends Reaccreditation with Honors.

Margaret Brake, health director, thanked the Site Visitors. She noted that the site visit was on the day that Dorian hit. She introduced Kaye Hall, the director of nursing and the AAC. It was Ms. Brake's first accreditation site visit; Ms. Hall was the person with the most experience and really led them through the process. She also acknowledged her Board of Health and County Commissioners have been very supportive. She acknowledged that Board Member Bertadean Baker was on their Board of Health and is a strong advocate for public health in Warren County.

Chair Dobbins asked how site visit works during a hurricane. Ms. Brake noted that all the management team members were together in the war room for the visit. The shelter had not been opened yet. Fortunately, they did not have to open.

Board Member Jerry Parks noted that he does not like Reaccreditation with Honors, but that he has based his argument on the fact that it was harder for the smaller counties; he stated that Ms. Brake has proven that smaller counties can be Reaccredited with Honors.

Board Member Bertadean Baker recused herself from voting.

Board Member Jerry Parks made a motion to accept the Site Visit Team's recommendation for Reaccreditation with Honors; the motion was seconded by Board Member Dr. Anna Schenck. The motion passed and the Warren County Health Department was Reaccredited with Honors.

Halifax County Health Department

Tommy Jarrell, Lead Site Visitor, provided a summary of the Site Visit Team report. He stated that this was the first site visit that he has been on with an opening presentation by the historical society, who gave a great overview of the history of Halifax County. Dr. Jarrell reported that the health department works closely with their school district in operating a Coordinated Approach to Child Health (CATCH) and they also have the Halifax County Animal rescue and adoption center. They also serve as the lead county for the Triple P Program. The Site Visit Team designated 143 of 147 Activities as being met. The Activities designated as not met were 7.3, 29.2, 32.4, and 34.3. The County was recommended for Reaccreditation with Honors.

Chair Dobbins asked Bruce Robistow, health director, to explain the Triple P Program. Mr. Robistow explained that it is a positive parenting program that trains caregivers and works with them to learn how to parent differently. It is a well-received program. Board Member Dr. Barbara Ann Hughes asked if it was across North Carolina and Mr. Robistow responded that it was. Board Member David Stanley asked if the program was integrated into social services. Mr. Robistow

replied yes, it is very broadly integrated. Vice Chair Teresa Ellen added that in some places social services takes the lead.

Board Member David Stanley made a motion to approve the Site Visit Team's recommendation for Reaccreditation with Honors; the motion was seconded by Board Member Dr. Barbara Ann Hughes. The motion passed and the Halifax County Health Department was Reaccredited with Honors.

Mr. Robistow recognized and thanked Denise Norman, the AAC.

Richmond County Health Department

Bill Smith, Lead Site Visitor, provided a summary of the Site Visit Team report. He noted that Richmond County also had a best practice with their environmental health log. The Site Visit Team designated 147 of 147 Activities as being met. The Site Visit Team recommends the Richmond County Health Department for Reaccreditation with Honors.

Dr. Tommy Jarrell, health director, said they appreciated the entire Site Visit Team. He introduced Nancy Porter, their Co-AAC. He explained that accreditation is the culture of their department; we bring accreditation into every meeting, every activity. We are always talking continuous quality improvement. The new electronic system is wonderful. It will help all health departments.

Chair Dobbins noted that both have served as site visitors for many years (Mr. Smith and Dr. Jarrell). He encouraged them try to try to recruit more health directors to serve as site visitors. He noted this is a transferrable skill to the health department. He thanked them both for their service.

Board Member Larry Michael asked if the Epicenter Festival was going to be an annual event. Dr. Jarrell stated that it is not, it will be in Charlotte next year. It went very smoothly thanks to the state staff and other counties that sent staff.

Vice Chair Teresa Ellen made a motion to accept the Site Visit Team's Recommendation for Reaccreditation with Honor; the motion was seconded by Board Member Dr. Anna Schenk. The motion passed and the Richmond County Health Department was Reaccredited with Honors.

Swain County Health Department

Chair Dobbins shared that Swain County was not able to attend the meeting because their County Manager did not feel the cost for travel warranted approval. The topic of cost to attend these meetings will be discussed during the business section of this meeting.

Bill Smith, Lead Site Visitor, provided a summary of the Site Visit Team report. He explained that when you drive up to the health department, there is a condom machine. There is also one at the Department of Social Services. They also hold a community baby shower to provide needed supplies to expectant mothers. The Site Visit Team designated 146 out of 147 Activities as met. Activity 24.3 was not met. The Site Visit Team recommended the Swain County Health Department for Reaccreditation with Honors.

Administrator Thomas noted Ms. Cochran, the health director, shared that she was proud of her team, for being a small health department and being Reaccredited with Honors.

Board Member Bertadean Baker made a motion to accept the Site Visit Team’s recommendation for Reaccreditation with Honors; the motion was seconded by Board Member Rebecca McLeod. The motion passed; the Swain County Health Department was Reaccredited with Honors.

Surry County Health & Nutrition Center

LeeAnn Whisnant, Lead Site Visitor, provided a summary of the Site Visit Team report. They met 147 out of 147 Activities. The Site Visit Team recommended the Surry County Health & Nutrition Center for Reaccreditation with Honors.

Samantha Ange, the health director, noted that accreditation is a time for them to shine. Accreditation is in job descriptions, they have a meeting each month, and everyone has a red folder. She acknowledged Emily Mayes, who organizes their process. She noted that she has excellent staff that think outside the box, which is where she encourages them to be. Chair Dobbins asked if they were consolidated and Ms. Ange responded that they are not. The Board and Ms. Ange briefly discussed changes in WIC across the state.

Board Member Larry Michael made a motion to accept the Site Visit Team’s recommendation for Reaccreditation with Honors; the motion was seconded by Board Member David Stanley. The motion passed and the Surry County Health & Nutrition Center was Reaccredited with Honors.

Subcommittee Reports

Standards and Evidence Committee

Chair Dobbins referenced the summary document that was included in the Board Members packet. He provided a brief overview of the Workgroup that had been established by the N.C. Association of Health Directors to review the accreditation activities and required evidence. He explained that the goal of the process is to make accreditation viable, to make sure that our evidence is appropriate, and it is important to the work of public health.

Chair Dobbins briefly outlined the plan described in the summary document. First and foremost, he explained, we want to look at the HDSAI Interpretation Document to make sure the evidence is consistent and appropriate for where we are with public health now. The second phase is to implement the interpretation changes, and the final phase is to identify if there is a need for rule changes. Chair Dobbins noted that Jill Moore, from the UNC School of Government and Board Member Virginia Niehaus, have been providing guidance on the requirements related to rules changes. He noted that the timeline and phased approach are both recommendations. He explained that people want accreditation to be timely, efficient, and woven into the day to day work of public health.

Board Member Virginia Niehaus asked about the timeline.

Administrator Thomas explained that finishing by June/July allows us to present at the Annual Accreditation Skills-Building Workshop in August, and to educate everyone for the new cycle in January. She explained that it is proposed to make the changes within the eighteen-month process but then to have six months to educate people.

Board Member Virginia Niehaus noted that two years is a lot of time. Chair Dobbins noted that the process can be done early, but cannot extend beyond what has been projected.

Administrator Thomas noted the extended timeline is important because we put in time for public comment, which we don't have to do because it's not a rule change. She explained that the extended timeline is important for feedback. Board Member Virginia Niehaus wondered if it would be worth adding the trainings to the timeline.

Administrator Thomas noted that health directors passed the recommendations for changes that came out of their process. She explained that the recommendations will be combined with other information from the accreditation program to drive the process forward. Board Member Jerry Parks asked who would be on the committee. Administrator Thomas explained the composition of the committee is laid out in our Operational Guidelines. The committee will be composed of a member from the N.C. Association of Local Health Directors, and they have nominated John Rouse, the Chair of the Standards and Evidence Committee, representatives from the AAC Advisory Council and a specified number of Site Visitors. Subject matter experts can also attend meetings and inform the process, so we should look at topic areas and group activities based on topics to allow content experts to attend the meetings. Chair Dobbins noted there needs to be a systematic review process.

Board Member David Stanley said it also sets a culture for the people in the field. Chair Dobbins noted the importance of having AACs. Vice Chair Teresa Ellen noted two of the main issues that had been raised through the initial review process were redundancies and things that were already being audited by another programmatic office did not need to be re-reviewed by accreditation. Chair Dobbins noted the electronic dashboard will be helpful.

Board Member Jerry Parks stated that if we are having county managers question if it is important to come and get your plaques, then the next step is to attack the process.

Chair Dobbins noted in the past, there has been fear of making a legislative change. We are removing that fear and Board Member Virginia Niehaus was very helpful in explaining the process. Board Member Niehaus explained that she does not think that we will have to go to legislation and that many changes can be made at rules level and through documentation. We can look at the review process in our operational guidelines.

Board Member David Stanley asked about the representation piece. He suggested that there are many consolidated agencies and their perspective on the governance piece would be important.

Board Member Jerry Parks noted that it could be an AAC from a consolidated county; it does not need to be a health director.

The Board approved the plan proposed by the committee.

Policy and Procedure Committee

Policy and Procedure Committee Chair, Rebecca McLeod, noted that there is a summary that outlines proposed changes to the Operational Guidelines in the Board Member packets. She explained that text about harassment was added to all three of the Operational Guideline documents to align with other national accreditation programs. She further explained there are now guidelines for health departments and site visitors to end site visits due to issues of safety and security.

Committee Chair McLeod explained that the other change made to the Operational Guidelines are related to Site Visitors that are also independent contractors to local health departments for the Accreditation Program. The committee recommends that when Site Visitors are independent contractors, they must make it clear that they are providing their own professional opinion and are not representing the Accreditation Program or the Board at that time.

Administrator Thomas explained that the discrimination/harassment language was added to all three guidelines because there was previously no language. She further noted that there has not been an issue with the Site Visitors serving as independent contractors but felt that it was important to put some text in place. Board member Jerry Parks has a concern about the independent contractor role that Site Visitors can play.

Administrator Thomas explained there are instances where a retired Site Visitor contracts with the health department that they had worked with and another Site Visitor that currently works full-time for a health department that is an active Site Visitor and contracts with other health departments on accreditation.

The Board discussed the issues that could be presented by having an active Site Visitor also serve as an independent contractor.

Chair Dobbins asked for clarification on the context the committee discussed and if they thought the suggested verbiage would solve the issue. Board Member David Stanley explained that the committee was trying to make the situation better. However, the committee confirmed the situation is already here.

Administrator Thomas was asked what would happen if the option to serve as an independent contractor was taken away. She responded that there is only person who is currently doing this. From her standpoint, you don't get paid a lot to be a site visitor, and we would likely lose the person.

Committee Chair McLeod noted that when the committee took up this issue, there was just discussion and there was nothing in writing.

Chair Dobbins asked if the full Board must approve what the committee recommends. Administrator Thomas explained that it does not. Chair Dobbins asked if it should go back to committee or could it be adjusted right now.

Board Member Virginia Niehaus stated that we could add a prohibition to the guidelines. The Board discussed the reasons why a health department may hire a consultant, including the fact that sometimes they lose the AAC far into the accreditation process. They further discussed the fact that

while they may need to hire a consultant, it should not be a currently active Site Visit Team Member.

Administrator Thomas stated that we could add language that prohibits active Site Visitors from serving as independent contractors. Language will be added to the guidelines that prohibits Site Visitors from contracting for compensation related to the NCLHDA Program.

Chair Dobbins asked for a motion to approve the changes presented by the committee, including the revised text related to independent contracting.

The Board Member Jackie Newton made a motion to add text to the guidelines to prohibit active Site Visitors from contracting for compensation to the NCLHDA Program; the motion was seconded by Vice Chair Teresa Ellen. The motion passed.

Lunch (provided for those who RSVP'd)

Chair Dobbins dismissed the Board for lunch.

Other Business

Chair Dobbins called the meeting back to order. He thanked the Accreditation Program staff for all they do to run the program.

Recognition of Board Members

Administrator Thomas recognized the Board Members who are rotating off the Board. Phyllis Rocco, who recently retired, was not able to attend today's meeting. We will get her a plaque in recognition of her service to the Board. Susan Elmore, who was in attendance, is rotating off the board after four years of service. She recently stepped down from her role on the Orange County Board of Health, therefore, she is no longer able to represent the Local Associations of Board of Health on the NCLHDA Board.

Susan Elmore noted that it has been an honor to a part of the NCLHDA Board. She shared the importance of the Board and the work they do. She shared that the individual nominated to replace her on the Accreditation Board is also a veterinarian and will be a great addition. She thanked everyone and acknowledged it has been a pleasure to be a part of the Board.

Board Seat Vacancies

Administrator Thomas reported that we have a nomination for the new local board of health representative. The nomination is currently at the Secretary's Office and will hopefully be approved so that Mr. Jeffers, the nominee, will be in attendance at the May Board meeting. The County Commissioners Association has nominated Kevin Austin, a Commissioner in Yadkin County. His nomination is also pending. We are waiting to hear from the Division of Public Health for Phyllis's nomination.

SEI Statements and Ethics Training

Administrator Thomas reminded the Board Members of their required ethics trainings. She noted that Vice Chair Teresa Ellen is due by May 1, Chair Dobbins is due in December, Board Member

David Stanley expires by March 20 and Board Member Ben Tillett is due May 2. And all Board Member Statements of Economic Interest are due by April 15.

May 8 Board Meeting Date/time Adjustment – Fall Board Meeting Date/Time

Administrator Thomas noted that our next Board meeting is May 8, 2020, in the Cardinal room at the N.C. Division of Public Health. Chair Dobbins noted that the meeting takes place every six months. When possible, we want to make it during the health directors meeting week either before, during or after, to limit the number of additional trips to Raleigh. He noted this was a personal request. The other issue is starting the meeting at 10 a.m.; he asked if we could start at 9 a.m. given that some people drive in for the meeting. He explained that we need a quorum, so if we are doing around the health directors meeting, does it work for the rest of the Board Members? Is the Board okay with a 9 a.m. start for the business meeting and holding the Board meeting the day before, day of, or day after the health directors meeting. If it is the day after, could we start at 9 a.m.? Everyone was okay with holding the NCLHDA Board meeting the day after the health directors meeting. Board Members Jerry Parks and Jackie Newton stated that they can make 9 a.m. work but would prefer a later start date. Administrator Thomas proposed an option; she noted that we are typically done by 1 p.m. Another option could be to meet from 1-5 p.m. on the days of the NC Association of Health Directors meetings, which would put everyone in Raleigh traffic, so that would be a challenge. There was consensus for meeting the day after the Health Directors Meeting with a 9:30 a.m. start time.

Chair Dobbins explained that Swain County staff was not able to receive approval for funding for travel to attend the Board Meeting. He proposed that we revise recognition of accreditation with a press release to the county manager of the county that is being reaccredited, the Chair of the Board, and then the Chair of the Commission. These three individuals would then get the recognition credentials of the counties being reaccredited. This would bring attention to the accomplishment without making that staff drive to physically attend a meeting.

The Board discussed different possibilities for scheduling the meetings, including holding the meetings in different parts of the state. Administrator Thomas explained that there are expiration dates and Board meetings need to be before that date. The possibility of meeting remotely and presenting awards at the NCPHA and Public Health Leaders Conference was discussed along with the possibility of using Skype. The Board did consider the fact that there may be an issue with conditional counties, who may need to attend in person. Administrator Thomas noted that we can look into technology options. It was noted that the Eagle room at the N.C. Division of Public Health has additional technology options.

Board Member Larry Michael asked if this has been an issue beyond Swain. He asked if this been an issue in the past. Chair Dobbins noted that he has been receiving comments, specifically, Cherokee and Dare County.

Board Member Dr. Anna Schenck noted that the meetings happen once every four years for the counties. If our goal is to engender support for the program, while we need to be flexible and meet people where are, we don't want to disappear. Board Member Jackie Newton suggested that health departments could invite other people from their county to Skype with them, so they can see the importance of the program.

Board Member Jerry Parks noted that these meetings happen once every four year. And if the health directors don't value being here, then that is a problem. He suggested that we don't make any changes.

Chair Dobbins synthesized what he was hearing, which is that the board values this part of the process and it sends a message about the importance of accreditation.

Board Member Bertadean Baker shared that they value the process so much, they present the plaque again locally.

Administrator Thomas explained that we send a press release to counties after they are reaccredited to use for their purposes. She suggested that maybe when we send the reminder about the meetings about a month out, we could also send an email to the County Commissioners and County Manager. The Board agreed that this would be a good step to take. The communication would be sent letting them know that their county health department is up for reaccreditation.

Administrator Thomas noted that May 8 at 9:30 a.m. is the next scheduled Board meeting. She noted that we are looking at November 20 at 9:30 a.m. for the fall Board meeting; it is the week of the Health Directors meeting. The Board agreed that November 20 at 9:30 a.m. will be the fall Board meeting date.

Fall Cycle

Administrator Thomas called the Board's attention to the fall cycle report. She shared that seven of eight of the health departments were reaccredited with honors. All counties, except for one, had one day site visits; the health department with a two-day site visit was Wake County. She shared that we conducted after action calls with the site visitors and the health departments. During the calls, we discussed changing the site visit schedule slightly for spring. Normally, we do interviews with community partners and boards of health at the end of the day because we know they are coming from outside of the agency. We have moved these interviews to lunchtime, so that the interviews do not hold up the schedule. Additionally, there are some interviews that we have discussed removing for a couple of years because the Site Visitors don't find them helpful. We have decided to get rid of the community partner interviews. Site Visitors use these interviews to further validate the information from the health departments, however, there is really nothing that comes out of them. We decided that for the Environmental Health Supervisor and the Nursing Director interviews, though they are very helpful, many of the questions get answered during the facility tours. So, we are no longer conducting these interviews, but are asking the Environmental Health Supervisor and Nursing Director to join the facility tours. The visits in the spring will likely be one day. Another change that we have discussed is when to start the site visits to cut down on travel. We will not make any of these changes until the fall cycle, however, we are continuing to consider increased efficiencies for the program.

She explained the reduced time for the site visits is one of the many benefits that we are seeing from the use of the dashboard.

Annual Survey and Report

Ms. Rhew shared that all Board Members have a summary of the annual survey results in their packets. She explained this survey is conducted annually of all health department staff to get information about the NCLHDA Program. We encourage all AACs, health directors, and other accreditation team members to respond to the survey. She provided a brief review of the summary document that the Board Members received.

It was noted that the two statements that received the least agreement were if they felt if the reviews were consistent and if they were fair. It was asked what we are doing about this.

Administrator Thomas explained there are some areas of assessment that are gray. Understandably, there is some subjectivity because our reviewers are peer reviewers and there are different Site Visitors on each team. We work with the Site Visitors every year on activities where she sees concern or where they see concern about consistency of assessment. The natural next step is for the workgroup to look at how the we can make the evidence more objective or less subjective.

Board Member Jackie Newton asked if we dilute the program when health departments that miss activities are awarded with honors.

Administrator Thomas explained that there are 147 activities. And one of the reports that health departments receive that the Board does not see is the SQI report. She explained that Mr. Smith referenced the report earlier during Edgecombe County's adjudication. If there was an activity that the health department met but the evidence was weak, they will receive a suggestion for quality improvement.

Board Member Jackie Newton asked what good are we doing when everyone is with honors.

Chair Dobbins said that what we might need to do is re-tool with honors so that there are varying levels. He believes there is value added by organizations that can distinguish themselves by going above and beyond. Maybe there is something between being reaccredited and reaccredited with honors. This bears review; we need to look at the data. It was noted that there is a need to consider how we are viewed from the outside. Is with honors meeting all activities, all 147 activities? Or if you miss some is there something else? We need to look through both lenses – make reaccreditation with honors clear and distinct. We need to make this an agenda item for future discussion.

Administrator Thomas asked what data is needed for the May meeting. A data analysis would be helpful. Vice Chair Teresa Ellen said that she thinks counties are better at knowing what it takes to meet an activity.

Board Member Ben Tillett asked about the percent of the PHAB activities that are met.

Administrator Thomas explained that PHAB does not have the same system of met and unmet that North Carolina does – they have not met, partially met and fully met. The Board discussed issues around objectivity. Could being accredited with honors be harmful to a health department if they were seen as overdoing it? Going above the minimum?

Board Member Newton explained that because there is no discussion of the activities that are missed, it is hard to know what is being missed. Chair Dobbins noted that all the activities are identified in the report that the Board Members receive.

Chair Dobbins asked if a committee should take up the issue. It was decided that Policy and Procedure Committee will take it up and other people can join the call if they are interested.

Board Member Virginia Niehaus added that in legislation there is only reaccredited, conditionally accredited and unaccredited. The honors designation is something that the Board created.

The Board discussed that fact that they need to decide what constitutes getting with honors. They also discussed reasons that health departments bring on independent consultants to assist with accreditation.

This topic will be added to the agenda for the May meeting.

Pamlico

Administrator Thomas reminded the Board that at last fall's meeting, Pamlico County was awarded Conditional Accreditation status. At that time, the Board asked Pamlico for a corrective action plan, outlining how they are going to address their not met activities. Administrator Thomas went to Pamlico County, and went through the plan item by item with them. Additionally, a number of their staff have attended accreditation trainings; the next step was to have a dashboard review by the NCLHDA program staff. Pamlico has been notified that the desk review will happen January 10. It was reported that at this point, they have not added any information for the dashboard. Board Member Jerry Parks noted that he went and did their training. The next steps are their desk review on January 10 and then they will have a site visit next fall.

Board Member Jerry Parks asked how close they were to the point where the state would need to pull their funding. Administrator Thomas noted that Pamlico will be in front of the board next fall to determine if they will be reaccredited or not. The Board discussed that fact that we do not have a precedence for a county that has not been reaccredited. Administrator Thomas noted that the N.C. Division of Public Health is aware of this issue.

Chair Dobbins noted that we are being proactive and are making this a priority.

Next Meeting

The next meeting is May 8, 2020 the N.C. Division of Public Health, 5506 Six Forks Rd., Raleigh, N.C. in the Cardinal room. The meeting will begin at 9:30 a.m. and adjourn at 1:30 p.m.

Meeting adjourned at 1 p.m.

Respectfully submitted,