Public Health Superheroes: Protecting and Promoting Health in North Carolina

June 17, 2020

1

Welcome to the Summer Webinar Series

Understanding Your Community's Superpowers
July 14, 2020
10 – 11:30 a.m.

Engaging in positive and effective interactions with diverse cultures is critical to public health practice. Learning how to be more culturally competent is important for all health department staff. Participants on this webinar will learn how to apply at least one new strategy to increase staff cultural competency over the next year.

Your Superhero Utility Belt
August 20, 2020
10 – 11:30 a.m.

Public health professionals have a variety of problem solving and detective tools at their disposal. This webinar will focus on one specific resource, the *Driving the Future: Assessment of the North Carolina Local Public Health Workforce*. Participants will learn how to use the *Driving the Future* report to inform their training policies and plans.

Public Health Superheroes

2

Fall Webinar Series

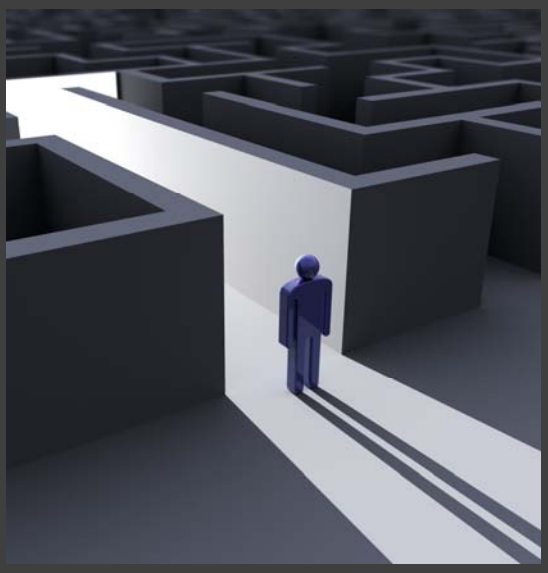
- **September** – Engaging Staff in Accreditation
- **October** – NCLHDA Dashboard Overview
- **November** – Understanding the Accreditation Legislation

More details coming soon…

Public Health Superheroes

3

"I think a hero is an ordinary individual who finds strength to persevere and endure in spite of overwhelming obstacles." –**Superman**



Public Health Superheroes

4

Objectives

Update	• Update on the NCLHDA Standards workgroup
Review	• Review changes in the 2020 Retrospective HDSAI Interpretation Document
Outline	• Outline the changes made to the Operational Guidelines in May 2020
Unveil	• Unveil the COVID-19 Response and the NCLHDA HDSAI: A Guide for Potential Evidence

Public Health Superheroes

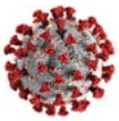
5

Twelve Month Extension

Public Health Superheroes

6

COVID-19

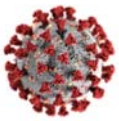


Pursuant to Section 1(3) of Executive Order 119, dated March 20, 2020, and the subdelegation of authority granted by the NCDHHS Secretary, dated March 26, 2020, the NC Local Health Department Accreditation Board ("Board") has authority, upon finding that the waiver will provide necessary relief to local health departments responding to the COVID-19 pandemic and will not endanger public health, to waive the accreditation scheduling requirements of 10A NCAC 48A .0205 and grant an extension of accreditation of no more than twelve (12) months.

Public Health Superheroes

7

COVID-19



On April 8, 2020 the Board voted to waive accreditation scheduling requirements for twelve (12) months, effective May 9, 2020. This effectively grants all fully accredited health departments in North Carolina an accreditation extension of twelve (12) months.

Public Health Superheroes

8

As a Result…

North Carolina
Local Health Department Accreditation

N.C. Local Health Department Accreditation Assessment Cycle

	2021	2022		2023		2024		2025		2026
Site Visit	Fall	Winter	Fall	Winter	Fall	Winter	Fall	Winter	Fall	Winter
90-Day Notification	3.1.21	8.1.21	3.1.22	8.1.22	3.1.23	8.1.23	3.1.24	8.1.24	3.1.25	8.1.26
Program Letter Due	4.15.21	9.15.21	4.15.22	9.15.22	4.15.23	9.15.23	4.15.24	9.15.24	4.15.25	9.15.26
HDSAI Due	6.1.21	11.1.21	6.1.22	11.1.22	6.1.23	11.1.23	6.1.24	11.1.24	6.1.25	11.1.26
	Alexander Buncombe Carteret Chatham Davidson Henderson MTW District New Hanover Pender Toe River District Yadkin	Appalachian District Beaufort Brunswick Burke Cabarrus Caldwell Cleveland Cumberland Dare Davie Durham Hoke Hyde Jones Orange	Anson Catawba Craven Granville Vance District Hamett Lenoir Macon Nash Stanly	Caswell Forsyth Madison Moore Northampton Onslow Randolph Transylvania Wayne	Cherokee Greene Foothills Health District Iredell Johnston Pamlico Polk Union	Albemarle District Bladen Columbus Gaston Graham Guilford Jackson Montgomery Mecklenburg Pitt Robeson Rockingham Sampson Wilkes	Alamance Edgecombe Halifax Richmond Surry Swain Wake Warren	Clay Duplin Franklin Haywood Lee Lincoln Person Rowan Scotland Stokes Wilkson	Alexander Buncombe Carteret Chatham Davidson Henderson MTW District New Hanover Pender Toe River District Yadkin	Appalachian District Beaufort Brunswick Burke Cabarrus Caldwell Cleveland Cumberland Dare Davie Durham Hoke Hyde Jones Orange

On April 6, 2020, the NCLHD Accreditation Board voted to extend all accreditation cycles twelve months in accordance with Executive Order 119, Section 1(3) via authority granted by the NCDHHS Secretary in response to the COVID-19 pandemic. The cycles above reflect this extension.

If you have any questions about the assessment cycle, please email NCLHDaccreditation@unc.edu.

Agencies who originally had Fall 2020 Site Visits now have those in Fall 2021 (and all others shifted by 12 months as well)

ALL agencies' next cycle will cover five, not four years

Public Health Superheroes

9

But…

Extension did not "put a pause" on work to be done in 2020 (especially regarding annual requirements). Because of demands of response, Board wanted to look into potential modifications of HDSAI requirements for 2020.

Public Health Superheroes

10

As a Result…

The timeline and process for review of the Accreditation Standards Workgroup was adjusted to align with the 12-month extension.

Guidance created for how to address the 12-month extension with documentation requirements.

Operational Guidelines Updated.

Public Health Superheroes

11

Accreditation Standards Workgroup

Public Health Superheroes

12

Accreditation Standards Workgroup Members

- **Susan Little**, Standards and Evidence Committee of the NCLHDA Board and N.C. Division of Public Health
- **John Rouse**, N.C. Association of Local Health Directors and Harnett County
- **Emily Mayes**, AAC, Surry County Health and Nutrition Center
- **Ashley Stoop**, AAC, Albemarle Regional Health Services
- **Jo Morgan**, NCLHDA, Site Visit Coordinator
- **Victoria Hudson**, NCLHDA Site Visitor and Orange County
- **Tommy Jarrell**, NCLHDA Site Visitor and Richmond County Health and Human Services

13

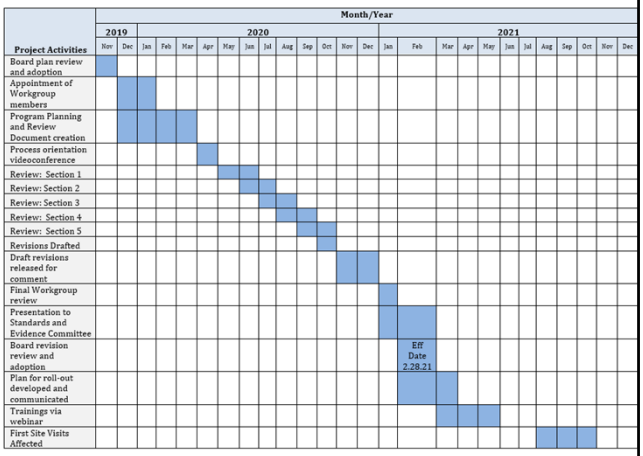
Accreditation Standards Subject Matter Experts (to date)

- **Jill Moore**, UNC School of Government
- **Dorothea Brock,** N.C. Office of Rural Health
- **Tish Singletary**, N.C. Division of Public Health
- **Karen Stanley**, N.C. Division of Public Health

14

Accelerated Workgroup Timeline

- Workgroup meetings held May, June, July, August (TBD September) 2020
- Public comment on the suggested changes November – December 2020
- Plan for roll-out developed and communicated Feb-May 2021
- Effective date for changes – February 2021
- Training via webinar March – May 2021



Public Health Superheroes

15

Key Features of the Plan

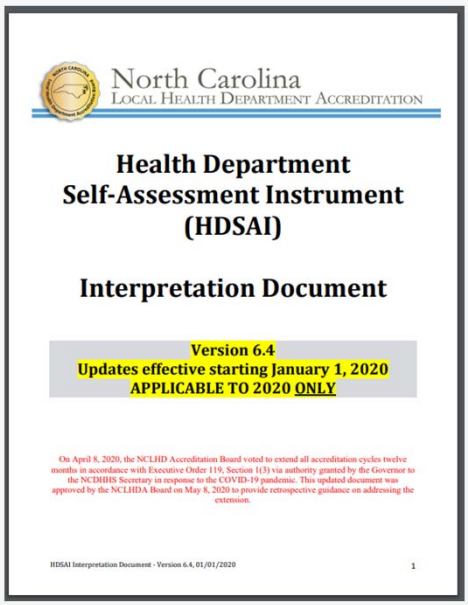
- Allows for changes to go into effect at start of the extension period
- Takes advantage of program staff time during extension period
- Assumes Board will adjust schedule next year during extension (Feb 2021 meeting)
- Assumes workgroup can start working in late May
- Implements changes quickly (effective 2.28.21)
- Implementation date not on January 1 like normal
- Only gives departments with fall 2021 visits~6 months to deal with changes
- Initial training is via webinar, not in-person

Also, allowed group to review 2020 Retrospective HDSAI after orientation in April!

Public Health Superheroes

16

Retrospective 2020 HDSAI Interpretation Document


North Carolina
Local Health Department Accreditation

Health Department Self-Assessment Instrument (HDSAI)

Interpretation Document

Version 6.4
Updates effective starting January 1, 2020
APPLICABLE TO 2020 ONLY

On April 8, 2020, the NCLHD Accreditation Board voted to extend all accreditation cycles twelve months in accordance with Executive Order 119, Section 1(3) via authority granted by the Governor to the NCDHHS Secretary in response to the COVID-19 pandemic. This updated document was approved by the NCLHDA Board on May 8, 2020 to provide retrospective guidance on addressing the extension.

HDSAI Interpretation Document - Version 6.4, 01/01/2020 1

Public Health Superheroes

17

Summary of Changes

On the cover, added a note about the changes made in response to Executive order 119, Section 1(3)

Removed *Pieces of Evidence Required* and *Guiding Questions*

All changes made in track changes in the HDSAI Interpretation Document

Public Health Superheroes

18

Guiding Philosophy for Changes

Focus on annual requirements

Consider whether activity will be done regardless of COVID emergency response

If required annually in Activity language, state still required, but consider guidelines for SVT not selecting the year 2020

Public Health Superheroes

19

Activity 1.1: The local health department shall conduct a comprehensive community health assessment every 48 months. The community health assessment must fulfill each of the following requirements:

Guidance
The required documentation for this activity is to provide copies of any CHAs conducted since the previous site visit (usually one, but may be two depending on the individual cycle). In addition, departments must provide the letter(s) received from NCDPH. The letter(s) will define which of the requirements listed in the activity are contained within the CHA.

NCDPH will review the county's CHA using the standards of the Health Department Self-Assessment Instrument. NCDPH has developed a one-page checklist that has each of the components that are listed in Activity 1.1. If there are areas that were not met, the health department will develop a Corrective Action Plan (CAP) that addresses those unmet areas. If there is a CAP, site visitors will expect to see a follow-up letter from NCDPH stating that the CAP has been accepted and/or closed.

Public Health Superheroes

20

Activity 2.4: The local health department shall analyze and note reportable events occurring within the community and shall report atypical incidence, if any, to the Division and the local board of health.

Guidance

Departments should collect and provide evidence throughout the time since the previous site visit. The department must provide documentation that demonstrates some type of internal process (that is within the department) reflecting annual analysis (except for 2020). There should be some kind of analysis being done, however, the analysis may not indicate any atypical situation.

Another documentation component is to provide evidence that the department has reported any atypical findings to the appropriate state agency. The definition of "atypical" may vary by local health department- for one agency, five cases of gonorrhea may be atypical, whereas in another, that would be "normal." A case of legionellosis would be atypical in any agency. There is no required process or method to do this and it can involve any means of communication- such as emails, phone calls, record of conversations with state consultants, written correspondence, or postings on a list serve or web site. Whatever the means, the documentation should include both what information was sent and how the information was sent. It is expected that an agency will observe an atypical incidence of an event at least once during a four-year period and thus, agencies are required to provide evidence of communication with NCDPH on an atypical event for any time since the previous site visit.

The final piece of documentation is to demonstrate that an annual report is presented or distributed to the board of health on local disease incidence and trends. The report should contain an overall assessment of the disease incidence and trends for either the calendar or fiscal year. The department must provide evidence that it has presented annual data for every year since the previous site visit. This documentation should include the meeting minutes for the BOH meeting at which the report was presented and a copy of the report, summary or presentation that was shared with board members. For~~In~~ 2020, it is understood that different methods of report besides actual in-person meetings may be necessary; reporting can occur in different formats, for example via email communication. This activity does not require any action by the BOH, only that the information is shared with them.

Public Health Superheroes

21

Activity 3.2: The local health department shall conduct an annual evaluation of the agency's data system (hardware and software) and plans for upgrades to improve the accessibility, quality and utilization of health data.

Guidance

The data system evaluation includes looking at both hardware and software in the agency. The overall goal of the evaluation process is to improve the access, quality and use of data. The annual evaluation can look at such things as the numbers of hardware and software, age, models, system compatibility, links to county or state networks, etc.

Another required element is to provide evidence of planning for improvement. This will link to the evaluation findings. The plan may be a part of the department's quality improvement process, part of an inventory replacement plan, part of another agency plan, or may be a stand-alone plan. The plan should be updated at least once since the previous site visit and should demonstrate responsiveness to annual evaluations of the data system. All plans and evaluations of the data system must apply to the health department as a whole, not only to individual divisions/areas or excluding certain divisions/areas.

The department must provide evidence of annual evaluation of the data system conducted for each year since the previous site visit. There should be five evaluations available to site visitors (one for each year since the last site visit). The evaluation does not have to follow any specified process and the plan does not have to follow any specified format.

This activity relates to conditions that are under the control of the LHD, such as purchase of hardware and software, upgrading IT equipment and the ability to access the internet. For any LHD that is linked to a state or county information system, the department is not responsible for needed upgrades or changes that are beyond their local control, but will want to let the state or county know of upgrades or changes they feel are needed based on their evaluation. However, this should still be noted in the evaluation report. There may also be purchasing or programming requirements for the type of computer equipment that must be used that is determined by a county IT office. If the type of equipment used and any approvals for upgrades must go through that county department, that should be noted in the evaluation report and plan.

Public Health Superheroes

22

Activity 7.3: The local health department shall investigate and respond to environmental health complaints or referrals.

Guidance
The log must allow for the following to be recorded: the complaint that is reported (including the name and location of the potential issue), the date the complaint was reported to the health department, what action was taken (including which agency staff responded), dates that action was taken and referral information if the complaint or follow-up was referred to another agency to handle. Other information may be recorded if desired, but the listed elements must be present. Complaints are to be handled and logs are to be kept in accordance with agency policy.

The format of a log for documentation has not been defined. As long as the information required is present, and can be accessed by staff, it is acceptable. The complaint logs kept by the agency may be kept by calendar year or fiscal year. The department should maintain complaint logs with required information for all years since the previous site visit. Logs may be pulled as a report from an electronic system or could be an agency-created spreadsheet. Evidence must include record of all complaints. If complaints are kept in separate systems (such as food/lodging in an electronic system, but well/septic via hardcopy), both complaint logs must be submitted as evidence.

The logs do not have to be submitted with electronic evidence, but must be made available to the site visit team upon request. Depending upon the size of the agency, site visitors will randomly select a monthly or annual log for review at the site visit. This will be selected from the logs compiled since the previous site visit. Though complaint logs with all required elements are expected for 2020, it is

HDSAI Interpretation Document - Version 6.4, 01/01/2020 42

understood that timeframes identified in policy may not be practical and, therefore, more leniency will be given for meeting timeframes in 2020.

Public Health Superheroes

23

Activity 15.1: The local health department shall develop or update annually an agency strategic plan that:

Guidance
The department must provide the current strategic plan along with evidence of implementation of the strategic plan. This evidence shall include a record of annual updates with results achieved for each year since the previous site visit. Effort towards your strategic plan is expected in 2020, however, evidence can include documentation regarding anything around your efforts to update the plan or plans for making adjustments to timeframes. Depending on when the current strategic plan was adopted/approved, some evidence of implementation and yearly results may be from the previous strategic plan. Also, the department must demonstrate integration of the strategic planning process and the community health assessment by showing how CHA results were used in the strategic plan or planning process.

Public Health Superheroes

24

Activity 15.3: The local health department shall have a written procedure providing for annual review, and revision if necessary, of all policies.

Documentation:

A. Current policy on policies

AND

B. Evidence of annual review of all policies (Site Visit Team will select one year since the last site visit, except for 2020, for review when on-site)

AND

C. Evidence of revision, if applicable, of all policies revised during the year selected for review

AND

D. If any policies were revised during the year selected for review, evidence that policy on policies has been followed related to current staff notification

Public Health Superheroes

25

Activity 15.3:

The local health department shall have a written procedure providing for annual review, and revision if necessary, of all policies.

Guidance

The policy on policies is the document that guides the review and revision of, and staff training on agency policies.

The policy on policies should include:

- Guidelines on how the board of health approves agency policies (including which go to the board of health vs. health director)
- Detail on format for policies
- Protocol for establishing a new policy (including resource assessment)
- Detail on where policies are kept and how staff can access them
- Detail on how staff are informed of changes in policies
- Detail on how revisions are tracked.

Once the policy on policies is approved and in place, any new policies developed and adopted must follow the policy guidelines as outlined. When policies that were adopted prior to the policy on policies are reviewed, the new guidelines must be followed. If revised, the document must follow any formatting requirements. If the policy on policies specifies who signs specific types of policies, the site visitors will check to make sure they are appropriately signed and dated. It would be unusual for all policies to be reviewed and signed on the same date unless the agency sets aside one or more days each year for this review. If there are no changes, the policy can remain in its current state. As policies are reviewed, there must be some means to record this, even if there are no changes.

For the year selected for review, the department must provide the corresponding policy on policies (version that was in place at that time) along with all signed, dated policies. If any of these policies were revised, evidence of the revision must be provided- this can be done by keeping previous versions of a policy to show the history of any changes. Additionally, for policies that have been revised, there must be evidence that the policy on policies has been followed in regards to notifying staff about any changes. Notification and implementation of policy changes shall be consistent with the agency's policy

IDSAI Interpretation Document - Version 6.4, 01/01/2020 8

on policies. Annual review (and revision and notification if applicable) is required and expected to be conducted for 2020, but the year 2020 will not be selected for review when on-site.

Public Health Superheroes

26

Activity 15.5: The local health department shall ensure that new staff is oriented to program policies and procedures and existing staff receives training on any updated or revised program policies and procedures

Guidance

The required documentation for this activity includes five elements. First the program orientation policy for new staff must be provided. The policy must include how staff will be oriented on policies of the department. For this activity, orientation to program policies must be addressed. As a means to confirm that the proper orientation/training has been given, the department must provide a listing of any employees who have been hired within the past 12 months. The site visit team will check this list against orientation records to see that these employees have been oriented to the policies and procedures for any programs that they have responsibilities or duties. If this is not evident from the records, the site visitors may ask for staff assignments or areas in which they work. This review is to provide evidence that will indicate each new employee has completed program policy training. This may be within individual orientation records, a log or supervisor records. There is no required format for this information. Leniency will be given for employees hired in 2020 in terms of meeting the agency timeline for orienting new employees in their policy. However, all employees hired in 2020 should fulfill orientation requirements by the end of 2020 (or within the timeline stated in policy).

Public Health Superheroes

27

Activity 16.3: Environmental health staff shall be trained in the implementation of laws, rules and ordinances that they enforce and shall have access to copies of the laws, rules and ordinances.

Guidance

There are three components to include. The first is a listing of all Environmental Health Specialists (EHS) currently employed and/or contracted with, along with the programs they are enforcing rules for.

Along with the list, the department must provide evidence that registered EHS employees and contractors are maintaining training requirements of the RS Board and the programs they are enforcing. The documentation may be through Centralized Intern Training, continuing education sessions, RS hours, public health meetings and internal trainings. This can be through a log or individual records and can be hard copy or electronic. Any changes to training requirements and due dates imposed by temporary rules in 2020 related to 21 NCAC 62. 0407 and .0411 will be honored when assessing training evidence and when noted as such in the training and/or personnel record.

Finally, the health department must demonstrate accessibility to laws, rules and ordinances for environmental health staff. The copies of statues, rules, regulations and ordinances, if any, can be hard copy or electronic. If electronic, such as on a computer hard drive or server, then the staff must have computer access. If web-based, staff must have internet access. The department will determine the best method for access when staff are in the field. For electronic access, the department may demonstrate access for the site visitors during facility tours.

Public Health Superheroes

28

Activity 19.1: The local health department shall assess use of public health programs and health care services by underserved, at-risk and vulnerable populations identified in the community health assessment process.

Documentation:

A. Since the previous site visit, data on utilization of agency services by underserved populations

AND

B. Since the previous site visit, data on utilization of agency services by at-risk populations

AND

C. Since the previous site visit, data on utilization of agency services by vulnerable populations

AND

D. Evidence of annual review, except for 2020, of utilization data

Public Health Superheroes

29

Activity 19.1: The local health department shall assess use of public health programs and health care services by underserved, at-risk and vulnerable populations identified in the community health assessment process.

Guidance

Documentation requires that the agency access the use of its own services and of access to services in the community by populations identified in the community health assessment process. All evidence must identify the population being discussed and should have been identified in the community health assessment process. The intent of the assessment is to show that, through both the LHD and outside providers, access for the identified populations is being met.

The department must provide some type of data or information on the use of department services by three population groups – underserved, at-risk and vulnerable. The data does not have to be created by the department but can be from another source. Also, there is no specific requirement on the content or type of data – only that it show the use of services by one of the three groups. The three examples of data may come from one agency program or different programs.

Though there are not universally accepted definitions of the three groups, here are some basic definitions:

1. *Underserved populations* relate to those who do not access health care either because there is a lack of services or providers available or because of limitations of income, literacy or understanding on how to access services.

!DSAI Interpretation Document - Version 6.4, 01/01/2020 10

2. *At-risk populations* are the members of a particular group who are likely to, or have the potential to, get a specified health condition. This could be from either engaging in behavior (such as pregnant women who smoke) that could cause a specified health condition or having an indicator or precursor (high blood pressure) that could lead to a specified health condition.
3. A *vulnerable population* is one that may be more susceptible than the general population to risk factors that lead to poor health outcomes. Vulnerable populations, a type of at-risk population, can be classified by such factors as race/ethnicity, socio-economic status, cultural factors and age groups.

The other component of the documentation is to provide evidence that utilization data is reviewed by the health department annually, except for 2020, for these populations. The purpose of the review is to assess service use by these populations and what changes could be made to improve access.

Public Health Superheroes

30

Activity 23.2: The local health department staff shall meet all registration, certification or licensure requirements for positions held and duties assigned.

Guidance

This activity is one of several that will require personnel record review by the site visitors for documentation. For each record selected, the site visitors will assess whether the position has any registration, certification or licensure requirements. If so, they will review to determine if the person in the position has the required credentials and that any requirements for those credentials are up to date. This would include any required training or continuing education that is related to the credential held. This type of training or continuing education is considered a requirement for Activity 24.3. See the guidance for that activity when reviewing continuing education or training records.

Generally, credentials required by position will be directed toward providers, nursing and environmental health. Site visitors do not need to review or assess any documentation for licensure when the license is granted by a legal entity such as a professional board. By virtue of the presence of the license, the requirements will have been met by the individual. Site visitors should note whether any licenses or registrations held are current and still in effect and whether the individual has the proper credentials if required by the position. Any legislative or credentialing organization approved changes to credentialing requirements in 2020 will be honored and taken into account when noted as

such in the personnel record. To help health departments in assessing credentialing requirements by position or discipline, use the following guidelines.

Public Health Superheroes

31

Activity 23.2: The local health department staff shall meet all registration, certification or licensure requirements for positions held and duties assigned.

Environmental Health Specialists (EHS), including interns, must be registered through the N.C. State Board of Environmental Health Specialist Examiners. Proper authorizations through NCDPH Environmental Health Section should be evident. To document continuing education and training requirements for Environmental Health staff, the local health departments could provide documentation that the individuals have registered with the N.C. State Board of Environmental Health Specialist Examiners. The health departments can print documentation from www.ncrehs.com. The documentation, either from the Environmental Health Section or the N.C. State Board of Environmental Health Specialist Examiners, will indicate that the individuals have met the credentialing and continuing education requirements. Other documented continuing education credentials information may also be presented to the Site Visit Team. If other continuing education information is provided, any changes to training requirements and due dates imposed by temporary rules in 2020 related to 21 NCAC 62. 0407 and .0411 will be honored when assessing training evidence and noted as such in the training record.

Public Health Superheroes

32

Activity 24.3: The local health department staff shall participate in orientation and on-going training and continuing education activities required by law, rule or contractual obligation.

Guidance

This activity is one of several that will require personnel record review by the site visitors for documentation. For each record selected, the site visitors will assess whether the position has participated in orientation and on-going training and continuing education activities required by law, rule or contractual obligation. If so, they will review to determine if the person in the position has completed the required orientation and on-going training and that any training requirements are up to date. For staff hired before a policy requiring orientation was developed, proof of orientation may not be available; the SVT may count that as met for that person or select another record.

Site Visitors should request this information for the randomly selected staff members. This activity applies to both continuing education specific to a particular license or registration (see Activity 23.2) and for continuing education required by law, rule or contractual agreement related to both discipline-specific positions and general staff. This would include training requirements related to OSHA, HIPAA, Title VI, FEMA ICS and other so designated continuing education. Leniency will be given for agency-required training/continuing education for 2020 as allowed by law, rule, or contractual obligation. If any trainings were not conducted in 2020 per policy, a clear schedule/plan should be provided to

identify which trainings required by policy were/were not conducted and when they will next be conducted.

Public Health Nurses –

For any PHN who does not have a baccalaureate or higher degree in nursing, N.C. Administrative Code requires, within the first year of employment, evidence of successful completion of the "Principles and Practices of Public Health Nursing" should be in the file. Extensions of the due date for this training set by NCDPH via authority granted in Executive Order 119 released on March 20, 2020 will be taken into consideration for newly hired nurses in this situation in 2020. For any PHN who dispenses medications, the Board of Pharmacy requires participation in training approved by the Board;

33

Activity 30.6: The local health department shall ensure cleaning, disinfection and maintenance of clinical and laboratory equipment and service areas and shall document all cleanings, disinfections and maintenance.

Guidance

Cleaning, disinfection, and maintenance of clinical equipment, laboratory equipment, field equipment, and client service areas in accordance with policy is required and expected to be conducted for 2020, but a month in the year 2020 will not be selected for review when on-site.

34

Activity 31.4: The local health department shall have current written position descriptions and qualifications for each staff position.

Documentation:

A. Policy requiring annual review of position descriptions

AND

B. Current position descriptions 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 a written position description for each individual selected for review from one of the previous years since the last site visit, except for 2020..

Public Health Superheroes

35

Activity 31.4: The local health department shall have current written position descriptions and qualifications for each staff position.

Guidance

The documentation for the activity requires current position descriptions. The position descriptions must be signed, dated and reviewed annually by both employee and supervisor. Though signing, dating, and review for each staff member of the agency is expected to be conducted for 2020, the year 2020 will not be selected for review when on-site. Regardless of any substantial equivalency status, health departments are required by the activity to have position descriptions that clearly identify one's individual responsibilities. Written position descriptions must be on file. They can be in individual personnel files or separate. While there can be electronic copies of the position descriptions, these are not acceptable evidence for this activity unless the department has a means to capture an electronic signature and date stamp. If an electronic system is used, copies that are current, dated and signed (i.e. authenticated) must be able to be printed off for site visit personnel record review.

Public Health Superheroes

36

Activity 31.5: The local health department shall implement a performance appraisal system for all staff.

Documentation:

A. Performance appraisal policies and procedures

AND

B. Signed and dated annual (except for 2020) performance appraisal, to be verified through observations by Site Visitors. To be accepted as valid documentation, the performance appraisal should have been conducted within a randomly selected year since the last accreditation site visit, and is to be signed and dated by the employee and the supervisor conducting the appraisal.

Public Health Superheroes

37

Activity 31.5: The local health department shall implement a performance appraisal system for all staff.

Guidance

The documentation for the activity is the policies and procedures that define the performance appraisal or evaluation process. For the personnel records selected, the department must provide a copy of the signed and dated annual performance appraisal. Though performance appraisals are expected to be conducted for 2020, the year 2020 will not be selected for review when on-site. By reviewing this material, the site visitors will verify that a system is in place and in use. The performance appraisal system should also require annual evaluations.

Public Health Superheroes

38

Activity 33.5: The local health department shall determine the cost of services in setting fees.

Documentation:

A. For each year since the previous site visit, except for 2020, minutes of agency meetings where costs of services are determined and fees proposed

AND

B. For each year since the previous site visit, except for 2020, board of health or advisory committee on health minutes reflecting discussion of service costs

AND

C. For each year since the previous site visit, except for 2020, data or methodology used to determine costs

Public Health Superheroes

39

Activity 33.5: The local health department shall determine the cost of services in setting fees.

Guidance

The health department is required to provide minutes of meetings within the department, at least annually (but not in 2020), that record discussion or analysis on the determination of the cost of services. This can be staff workgroups, management team, or other meeting convened by the department. These meetings can include county finance staff or BOH representatives. There is no prescribed method that the department must use to determine costs. An internal cost analysis can be done, cost settlement reports can be used, or another data analysis process that looks at the cost of providing a service or program can be used. While external pricing guides and market surveys can be done, these should be secondary and, if used, should include some accepted guidelines for a cost breakdown versus simply being used for a comparison of fees.

Another piece of documentation required is board of health minutes that record discussion of service costs at least annually (but not in 2020). This should be a board discussion on the information that is provided by the department and will be a guide in setting fees.

The department must also provide the data or methodology used to determine costs. The data would include any reports, statistics, utilization numbers, etc. used in the analysis to determine costs of services. The methodology used refers to the actual process of analysis of the data to arrive at costs of services amounts that will be used to develop proposed fees. There is no data that must be included or methodology that must be used. The department, in collaboration with the BOH, should use a process that helps determine the most accurate and valid numbers for both costs and fees.

The health department maintains many fees within different areas of the agency. Therefore, analysis and presentation of the cost of services in setting fees applies to not just clinic or immunization fees, but also environmental health fees or other agency fees. Though agency fees do not have to be changed if not warranted, review of cost of services (including data/methodology used to determine costs) for all fees should be conducted by the agency and presented to the board of health at least annually (either all fees at one time or different categories of fees at different times is acceptable), but not in 2020.

Public Health Superheroes

40

Activity 36.3: The local health department shall assure on-going training for board of health members related to the authorities and responsibilities of local boards of health.

Guidance

The required documentation for this activity parallels that of activity 36.2. There are three pieces of evidence that must be provided. First, a BOH should have procedures for on-going training for Board members. This may be in the operating procedures of the BOH (Activity 34.1) or may be in a separate policy that the BOH has adopted. The same policy may be used as for 36.2 and new Board member orientation training, but there must be a separate section that addresses on-going member training. This policy/section should specify when and how training is conducted. If training is planned per policy timeline in 2020, but not able to be conducted, the department should provide a memo/plan stating this along with an updated timeline for future training in accordance with policy. Second, the BOH must provide the materials used to train BOH members about their authorities and responsibilities. The third piece of evidence is dated evidence of participation in training by BOH members since the previous site visit.

Public Health Superheroes

41

Activity 38.1: The local board of health shall annually review reports provided by the local health department on the community's health.

Documentation:

A. For each year since the previous site visit, board of health minutes reflecting review of two annual reports related to the community's health. Submission of only one report is required for 2020.

Public Health Superheroes

42

Activity 38.1: The local board of health shall annually review reports provided by the local health department on the community's health.

Guidance

The documentation is a copy of BOH minutes recording the board's review of annual reports related to the community's health. This activity does not refer to the department's annual report that is usually a review of the use of programs and services of the agency. The reference is to reports that contain information and statistics on the health of the communities served by the department.

Note that the documentation states annual reports in the plural. Thus, agencies must provide at least two reports from each year since the previous site visit that are reviewed by the BOH, except for 2020 when only one is required. Additionally, in 2020, format of the report may be different than a typical annual report. Examples could include an environmental health report, an agency annual report if it contains information on the community's health, an annual report on flu incidence or vaccine distribution, an update on county health rankings, etc. An annual report on local disease incidence and trends cannot be submitted as it is covered in Activity 2.4. Likewise, SOTCH and CHA reports cannot be submitted as they are covered in Activity 38.2.

Public Health Superheroes

43

Activity 38.2

The local board of health or the advisory committee on health shall review community health assessment data and citizen input used to plan and monitor progress toward health-related goals.

Documentation:

A. Since the previous site visit, except for 2020, evidence of BOH or advisory committee on health review of SOTCH reports for each year a CHA was not conducted

AND

B. Since the previous site visit, except for 2020, evidence of BOH or advisory committee on health review of specific aspects of CHA data (for each year a CHA was conducted)

INTERPRETATION

Intent

This activity requires BOH or advisory committee on health members to have an active role in setting health-related goals. The previous activity required that the BOH or advisory committee on health annually review reports on the community's health. This activity requires that the BOH or advisory committee on health review data from the Community Health Assessment process. The BOH or advisory committee on health must review the data and hear from residents. The input from residents may be directly given to the board or indirectly through the health assessment process or client surveys. The CHA is conducted once every 3-4 years, however board discussion and citizen input may be, indeed should be, more than a single event. Progress toward goals implies frequent reports and use of data and is an on-going process.

Guidance

There are two documentation requirements for this activity. The first is an annual review of the agency's SOTCH reports by the board of health or advisory committee on health- depending on the agency's CHA cycle, this may include two or three SOTCH reports. The second is review of specific aspects of CHA data by the BOH or advisory committee on health- again, depending on the agency's CHA cycle, this may include one or two CHA reports. The listing of specific aspects is to ensure that specific components of the CHA report are discussed and not just a generic review. The aspects looked at should be focused on data and citizen input specifically.

SOTCH and CHA reports should be reviewed by the board of health or advisory committee on health promptly upon completion- (i.e. 2020 reports are due in March 2021, so review should be conducted during the first half of 2021). If an extension from NCDPH was needed for 2020 CHA and/or SOTCH reports due in March 2021, review is also allowable during the second half of 2021.

Public Health Superheroes

44

Changes to the Operational Guidelines

Board

May 2020

- Protocol for emergency meetings and meeting formats
- Follow open meeting guidelines
- Able to change activities in emergencies mid-year

Process

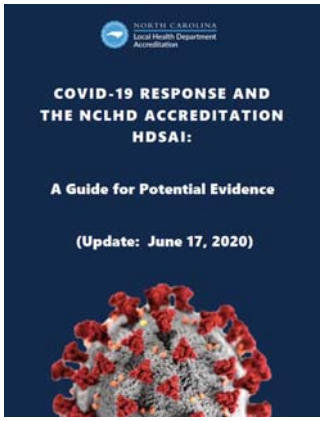
May 2020

Able to change activities in emergencies mid-year

Public Health Superheroes

45

COVID-19 Guide



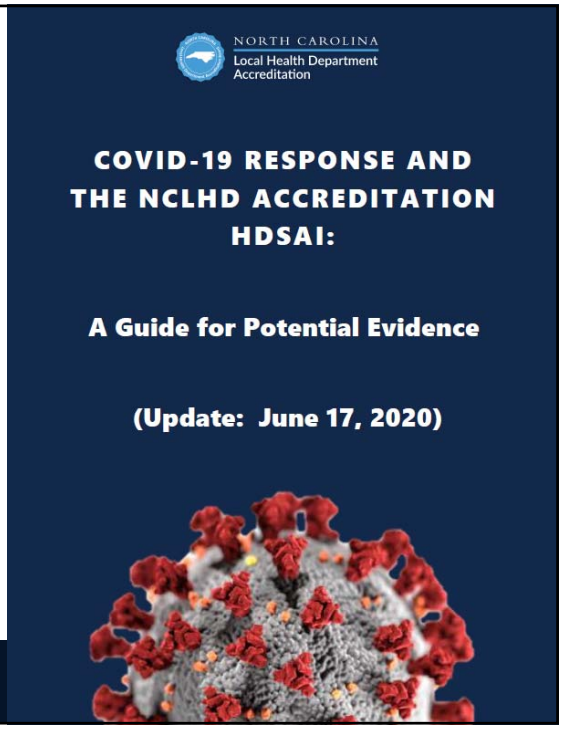
Public Health Superheroes

46

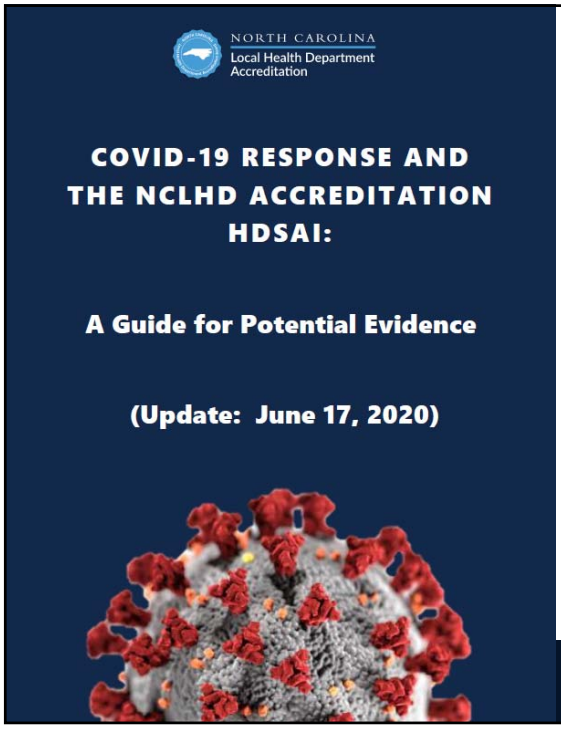
COVID-19 Guide

- COVID-19 Potential Evidence
- Local Health Department Examples (coming soon!)
- Posted on the website
- Updated regularly
- Bookmarks created to make it easy to see where evidence is available

Public Health Superheroes



47



Keep in Mind….

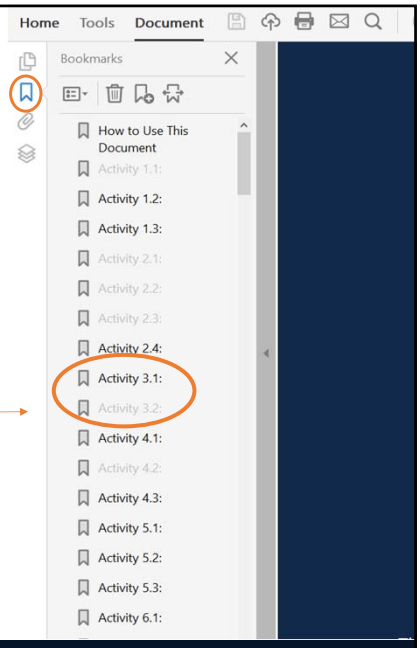
- Highlights potential evidence opportunities- not all things listed will be relevant to all health departments
- Whether an activity is ultimately "Met" will depend on how thoroughly the agency presents their evidence and how applicable the evidence is
- Submission of evidence related to these suggestions is not binding and should not be considered as automatically met
- These suggestions are applicable to the full details in the HDSAI Interpretation guidance

48

Using the Bookmarks

If an activity is in black text, there is potential evidence listed. If the activity is in gray text, there is no potential evidence listed.

Click the bookmark

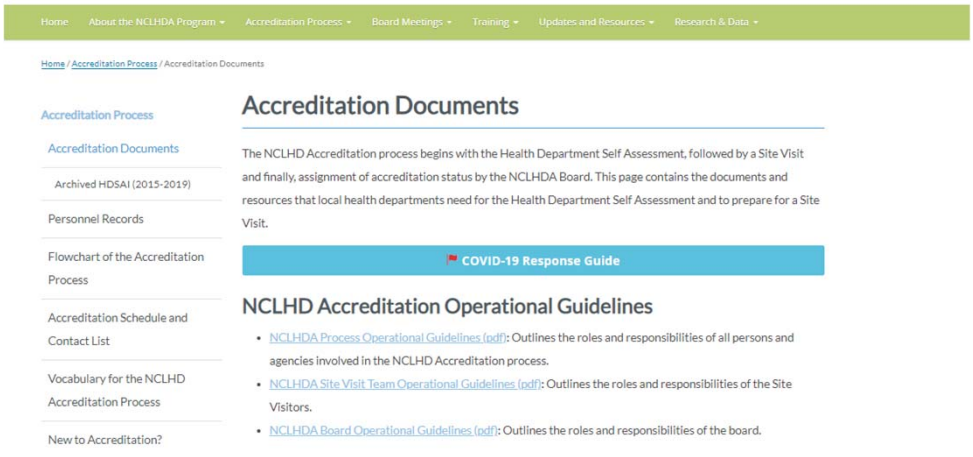


There is evidence for activity 3.1 but not for 3.2

Click the activity to go to that page.

Public Health Superheroes

49



Available at: nclhdaccreditation.unc.edu/process/documents/#hdsai

Public Health Superheroes

50

COVID-19 GUIDE

- We want you hear from YOU:
  - Suggestions for potential evidence
  - What have you seen, heard about or are using?

Email us: NCLHDaccreditation@unc.edu

51

Upcoming Events

Public Health Superheroes

52

Webinar Series

Offered monthly all year. No cost to attend, but registration is required. To learn more and to register visit the training page of our website.

- Cultural competency
- Training needs assessment
- Engaging staff
- Dashboard
- Accreditation Legislation

Public Health Superheroes

53

Annual Survey

July 16-August 6

Why? To learn about local health departments experience with accreditation and ways that we can continue to add value to the accreditation process.

Who? Any staff who are directly involved with the local health department accreditation process (Health Director, Agency Accreditation Coordinators and others with Accreditation responsibilities).

How? Monthly Highlights, email to AACs, Health Directors Listserv.

Public Health Superheroes

54

Accreditation 101: New AAC Training September 15, 2020

Registration will open July 2020

ONE-TIME ONLY (WE THINK): ON-LINE

NO COST TO ATTEND

LIMITED TO THE FIRST 25 PEOPLE TO REGISTER

Public Health Superheroes

55

Public Comment on Accreditation Activities

November – December 2020

More details will be shared in the monthly highlights.

Public Health Superheroes

56

"Because no matter how small an act of kindness or generosity or simple positivity you put out into the world, it *will* make a difference."

- Wonder Woman Comic

Public Health Superheroes

57

With MUCH appreciation….

Accreditation Standards Workgroup AND SME's

COVID-19 Guide Reviewer:

Jeff Sieber, Onslow County Health Department

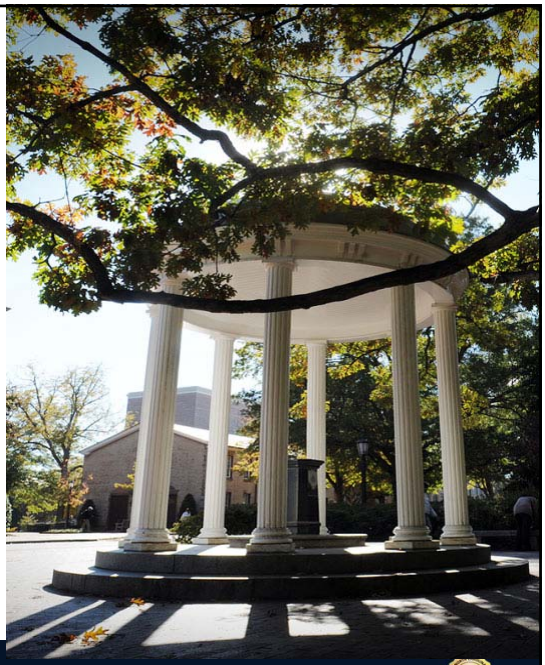
58

Thank you.

Amy Belflower Thomas
NCLHDA Administrator
amy.b.thomas@unc.edu
(919) 843-3973

Lori Rhew
Training and Accreditation Coordinator
lori.rhew@unc.edu
(919) 843-0836

The North Carolina Local Health Department Accreditation Program is part of the North Carolina Institute for Public Health at the Gillings School of Global Public Health at the University of North Carolina at Chapel Hill.



Public Health Superheroes

59