NORTH CAROLINA
Local Health Department Accreditation

Lights, Camera, and Ready for Action

Learn about the Revised 10 Essential Public Health Services and Plans to Roll out the Revised HDSAI Interpretation Document

February 18, 2021

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North Carolina Institute for Public Health

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Today's Presenters

- **Margaret Benson Nemitz**, MPH, Community Assessment Coordinator, NCIPH, UNC Chapel Hill
- **Makala Carrington**, MPH Candidate, Accreditation Graduate Assistant, NCIPH, UNC Chapel Hill
- **Amy Belflower Thomas**, MHA, MSPH, CPH, Accreditation Administrator, NCIPH, UNC Chapel Hill

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Next Webinar

Accreditation: Behind the Scenes
March 18, 2021
10—11:30 a.m.
Registration is now open

Accreditation is a <u>team</u> effort. Not just locally – it takes a team to administer the program from the state's program level as well. Learn who is "behind the scenes" of the accreditation program at the North Carolina Institute for Public Health. From paying the bills, to organizing site visits, to ensuring our annual report is something people will actually want to view, meet the team whose faces you don't typically get to see, but whose work is critical to the success of the program. Participants will be able to ask questions during the webinar and will be able to submit questions ahead of time.

We will also be releasing the results of the *Driving the Future Report* specific to accreditation team members. Learn what the greatest training needs identified by local accreditation teams are and how the accreditation program is planning to meet those needs. There is no cost to attend; however, registration is required. Register.

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Revised 10 Essential Public Health Services

Released September 2020

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A Bit of Background

- 10 Essential Public Health Services originally created in 1994
- Focused around the three core functions of public health
  - Assessment
  - Policy Development
  - Assurance
- Revised in 2020 to reflect current and future public health practice
  - Considering use of technology, data, and the importance of equity

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Retired Version (1994-2020)

Assessment

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

Policy Development

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

Assurance

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

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Revised Version (2020-)

Assessment
1. Assess and monitor population health
2. Investigate, diagnose, and address health hazards and root causes

Policy Development
3. Communicate effectively to inform and educate
4. Strengthen, support, and mobilize communities and partnerships
5. Create, champion, and implement policies, plans, and laws
6. Utilize legal and regulatory actions

Assurance
7. Enable equitable access
8. Build a diverse and skilled workforce
9. Improve and innovate through evaluation, research, and quality improvement
10. Build and maintain a strong organizational infrastructure for public health

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Key Changes related to NCLHDA

- Equity at the center
- Essential Service 6 recategorized under Policy Development
- Research incorporated into Essential Service 9
- Essential Service 10 focused on organizational infrastructure
- Full list of changes

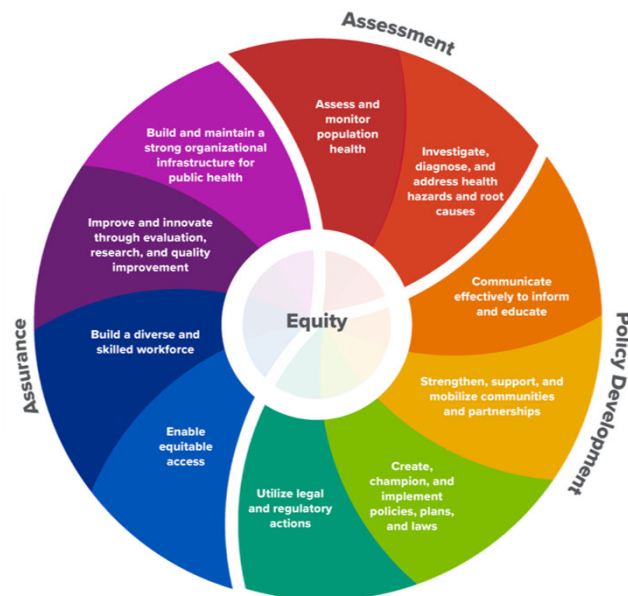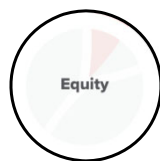NORTH CAROLINA
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What does this mean for you?

What have you been hearing about the new 10EPHS?

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EQUITY AT THE CENTER

+ *Adds a new statement to elevate the importance of equity in public health practice*

+ *Centers concept within the framework itself to highlight the overarching goal of protecting and promoting the health of all people in all communities*

+ *Embeds equity in each essential service statement and corresponding language to*
  • *Address the social, structural, environmental, and political determinants of health*
  • *Emphasize how critical authentic and active community engagement is in identifying and solving community health problems.*
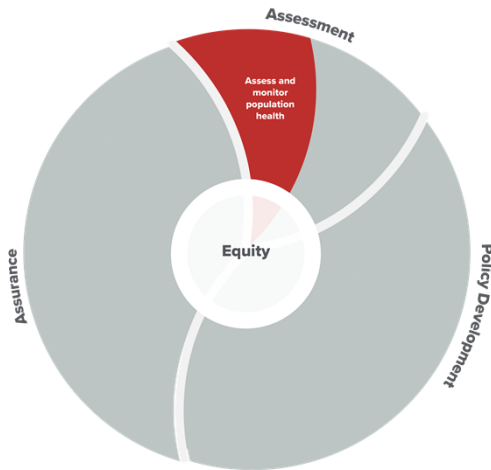
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ESSENTIAL PUBLIC HEALTH SERVICE #1

Assess and monitor population health status, factors that influence health, and community needs and assets

+ *Recognizes root causes of inequities and importance of disaggregated data and community voice*

+ *Expands upon the concept of multi-sector collaboration and use of innovation, technology, and data.*
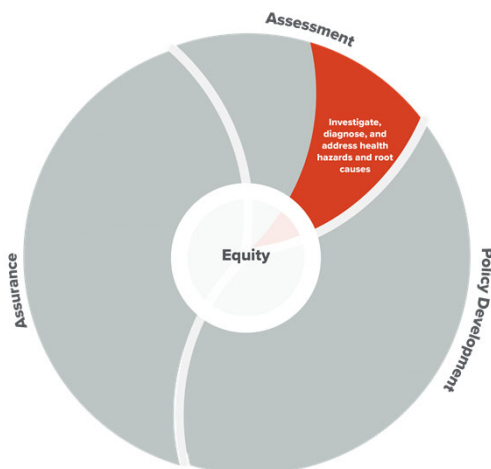
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ESSENTIAL PUBLIC HEALTH SERVICE #2

Investigate, diagnose, and address health problems and hazards affecting the population

+ *Maintains reference to laboratory access, epidemiology, and public health threats and emergencies*

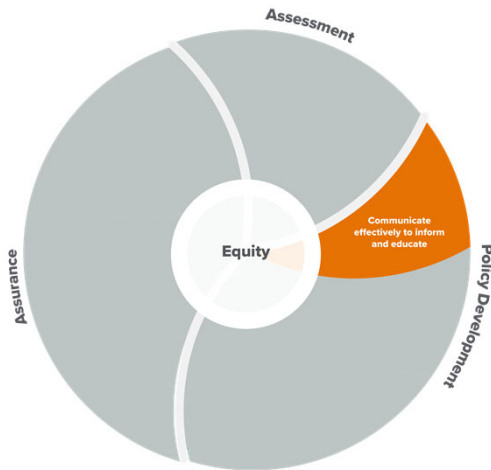+ *Highlights the importance of real-time data, including from other sectors.*

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ESSENTIAL PUBLIC HEALTH SERVICE #3

Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it

+ *Reflects learnings from communication science*

+ *Includes concepts of*
  - *Risk communication*
  - *Deployment of cultural and linguistically appropriate materials*
  - *Multi-sector partnerships for communication*
  - *Use of appropriate channels*
  - *Importance of accuracy, timeliness, and two-way communication*

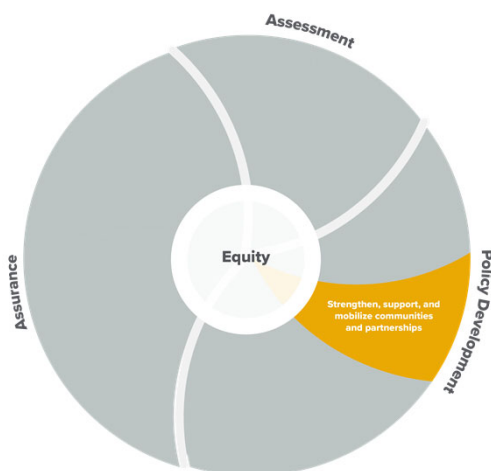+ *Emphasize that efforts be asset-based and address equity*

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ESSENTIAL PUBLIC HEALTH SERVICE #4

Strengthen, support, and mobilize communities and partnerships to improve health

+ *Highlights the importance of authentically engaging communities as partners and working with multi-sector partners*

+ *Emphasizes the role that public health can play in convening, facilitating, and contributing expertise to solutions*
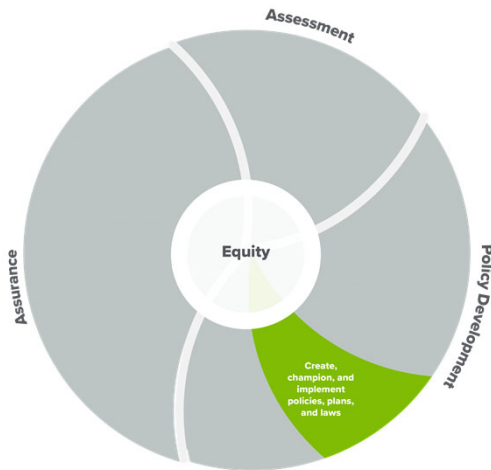
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ESSENTIAL PUBLIC HEALTH SERVICE #5

Create, champion, and implement policies, plans, and laws that **impact health**

+ *Includes mention of the role public health plays in both developing and championing policies, plans, and laws*

+ *References using policies, plans, and laws to correct historical injustices and afford a fair and just opportunity for all people to achieve optimal health*

+ *Acknowledges the importance of including health in all policies*
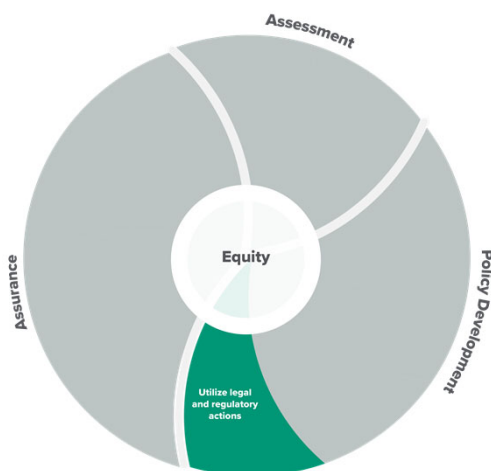
+ *Adds preparedness and community resilience*

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ESSENTIAL PUBLIC HEALTH SERVICE #6

Utilize legal and regulatory actions designed to improve and protect the public's health

+ *Moves activity from Assurance to Policy Development*

+ *Adds the concept of equity*

+ *Expands responsibilities around legal and regulatory functions of the public health system to protect communities from unsafe food and water, hazardous conditions, and exposure related diseases that can cause health crises.*

+ *Moves language about licensing and monitoring the quality of healthcare services (like labs and nursing homes) and licensing and credentialing the healthcare workforce from the original EPHS #8 to here.*
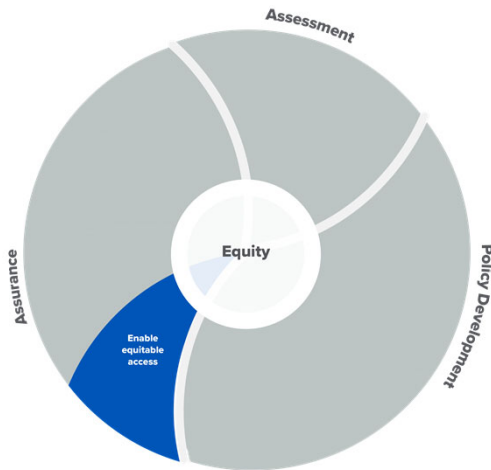
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ESSENTIAL PUBLIC HEALTH SERVICE #7

Assure an effective system that enables equitable access to the individual services and care needed to be healthy

+ *Adds engaging with health delivery systems (including behavioral and mental health services)*
+ *Adds building relationships with payers and healthcare providers*
+ *Moves language about healthcare workforce competency from the original EPHS #8 to here*
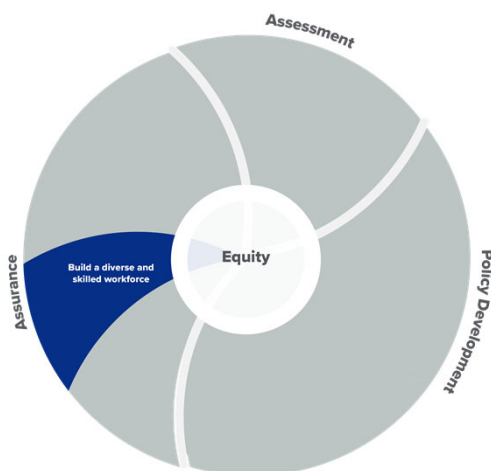
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ESSENTIAL PUBLIC HEALTH SERVICE #8

Build and support a diverse and skilled public health workforce

+ *Clarifies the public health system's role in building and supporting a diverse and skilled workforce that encompasses a spectrum of public health and cultural competencies*
+ *Emphasizes the importance of fostering technical, strategic, and leadership skills at all levels*
− *Moves language about the healthcare workforce competency from here to revised EPHS #7*
− *Moves language about licensing and monitoring the quality of healthcare services (like labs and nursing homes) and licensing and credentialing the healthcare workforce from here to revised EPHS #6*
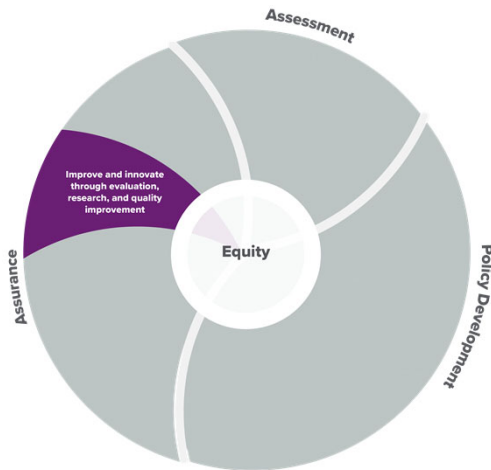
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ESSENTIAL PUBLIC HEALTH SERVICE #9

Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement

- Moves away from evaluating the quality of personal health services
+ Emphasizes the public health system's role in innovating, evaluating, researching, and improving quality and performance of public health functions.
+ Highlights the importance of engaging with the community and utilizing data to inform decision-making processes related to research.
+ Moves the concepts of research, identification and monitoring of innovative solutions, linkages between public health practice and academia, health policy analyses, and public health systems research from the original EPHS #10 to here.
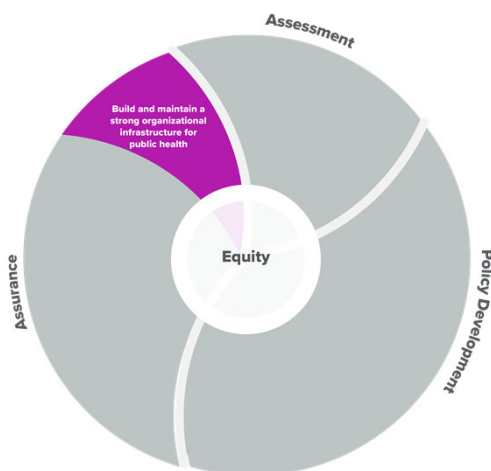
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ESSENTIAL PUBLIC HEALTH SERVICE #10

Build and maintain a strong organizational infrastructure for public health

+ Added as a standalone essential service, building off system management concepts from original language
+ Focuses on critical organizational infrastructure elements such as
  - Strong and ethical leadership, governance, decision-making
  - Communications and planning capacities
  - Strong systems in place
  - Approaching work with accountability, transparency, and inclusiveness
  - Ensuring that resources are equitably allocated
- Moves original concepts to revised EPHS #9.

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Incorporating Edits to HDSAI Interpretation

To be released April 2021

Activity 1.3 — CHA and SOTCH Dissemination

STANDARD
Agency Core Functions & Essential Services

FUNCTION
Assessment

BENCHMARK
1: A local health department shall conduct and disseminate results of regular community health assessments.

ESSENTIAL SERVICES

ACTIVITY
The local health department shall disseminate results of the most recent community health assessment and "State of the County's Health" report to the local health department's stakeholders, community partners and the general population

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Process

Pre-work	•Listed old 10 essential PH services to 147 activities •Does the service still match the old activity or a new one? •Does an activity that didn't match before match now to a new activity?
Incorporated new 10 essential PH services	•Matched new 10 essential PH services to 147 activities based on assigned core function in legislation
Noted activities that exemplified an equity focus	•Incorporated any additional equity-related language into HDSAI "intent" section
Standardized all activities to 1 essential PH service	•Matched each activity to 1 essential PH service within the existing core function in legislation
Addressed challenges from incorporating the new 10 essential PH services	•Realized some activities matched to more than 1 essential PH service and others did not match the existing core function in legislation anymore •Assigned secondary and tertiary services with some deviation to existing core function in legislation (9 "Assurance" activities are now "Policy Development", noted with an *)
All activities mapped onto new 10 essential PH services	•Note: activities 30.1 and later originally did not match the old essential PH services

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Some Activities have Multiple Services

Activity 1.3
CHA and SOTCH Dissemination

STANDARD
Agency Core Functions & Essential Services

FUNCTION
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Intent incorporates Equity Language

Activity 30.8
Hours of Operation

STANDARD
Facilities and Administrative Services

BENCHMARK
30: The local health department shall provide safe and accessible physical facilities and services.

ESSENTIAL SERVICES

ACTIVITY
The local health department's hours of operation shall be based on documented community need.

" … The department must get input in some form from both consumers (users of LHD services) and the community at large (potential users of services, including those whose needs may not be met by current services) to determine what the documented need is. The hours that a department provides services gets at issues of **access and equity**, and the department should determine if its hours prevent the community, or a specified population in the community, from receiving services. "

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All Activities Mapped onto 10EPHS

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Impact of NC Executive Order No. 193

**DHHS Extension
February 9, 2021**

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Impact of NC Executive Order No. 193

DHHS Extension
February 9, 2021

Section 3. Additional Provisions and Delegations of Authority.

C. Additional NCDHHS Flexibilities.

1. Accreditation of local health departments; waiver of other reporting requirements. To meet the goal of protecting the public health during the COVID-19 pandemic, the undersigned in Executive Orders Nos. 119 and 139 delegated certain authority to the Secretary to subdelegate to the Local Health Department Accreditation Board regarding accreditation of local health departments. In accordance with that authority, the Local Health Department Accreditation Board acted to grant fully accredited health departments a one-year extension of accreditation. However, because of the work demand on local health departments, which have been the lead agencies in the state's efforts to combat the COVID-19 virus, it continues to be necessary to waive certain accreditation requirements to reduce workload and provide relief to local health departments on the front lines responding to the COVID-19 pandemic. The undersigned therefore delegates to the Secretary the following authority:

   a. The Secretary may subdelegate her authority to the Local Health Department Accreditation Board so that the Board may, upon finding that a waiver or modification of enforcement will provide necessary relief to local health departments responding to the COVID-19 pandemic and will not endanger public health, waive or modify enforcement of the accreditation scheduling requirements of 10A N.C. Admin. Code 48A .0205 and grant an additional extension of accreditation for a period of up to one year.

   b. The Secretary may subdelegate her authority to the Local Health Department Accreditation Board so that the Board may, upon finding that a waiver or modification of enforcement will provide necessary relief to local health departments responding to the COVID-19 pandemic and will not endanger public health, waive or modify enforcement of the community health assessment and State of the County's Health report requirements in 10A N.C. Admin. Code 48B .0201 that would otherwise be due during this State of Emergency or within sixty (60) days following the end of this State of Emergency.

   c. The authorities delegated by this Subsection are in addition to the authority delegated under Executive Order No. 139, Section 1(B), which are extended as set out in Section 1 of this Executive Order.

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Questions?

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Calling Strategic Thinkers!

Interested in providing input on our draft strategic plan? Email us at **NCLHDaccreditation@unc.edu**

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References

- Public Health National Center for Innovations. 10 Essential Public Health Services Toolkit. September 9, 2020. http://ephs.phnci.org/toolkit
  - *The 10 Essential Public Health Services FAQ.* Public Health National Center for Innovations. 10 Essential Public Health Services Toolkit. September 9, 2020. https://phnci.org/uploads/resource-files/EPHS_FAQ.pdf
  - The Futures Initiative: the 10 Essential Public Health Services. *Changes Made between the Revised Essential Services and the Original Essential Service.* Public Health National Center for Innovations. 10 Essential Public Health Services Toolkit. September 9, 2020. https://phnci.org/uploads/resource-files/EPHS-Alignment-RevisedEssentialServicesvsOriginalEssentialServices.pdf

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Thank you.

Margaret Benson Nemitz
Community Assessment Coordinator
margaret.nemitz@unc.edu

Makala Carrington
Accreditation Graduate Assistant
mcarrin2@email.unc.edu

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

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.

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