



GILLINGS SCHOOL OF GLOBAL PUBLIC HEALTH  
North Carolina Institute for Public Health

# DRIVING THE FUTURE

ASSESSMENT OF THE NORTH  
CAROLINA LOCAL PUBLIC  
HEALTH WORKFORCE

2021

ACCREDITATION  
SUPPLEMENT

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# INTRODUCTION

**This report is an accreditation-specific supplement** to the full [Driving the Future: Assessment of the NC Local Public Health Workforce](#) report published in 2019 [1]. The Driving the Future: Accreditation Supplement examines the education, skills, employment and training needs of public health accreditation staff. Accreditation staff often lead quality improvement efforts and coordinate across many local health department service areas, which requires a diverse set of skills. This report compares respondents who hold an accreditation role (“accreditation respondents” or “respondents”) to the broader public health workforce (“overall public health respondents”), pulling from all respondents from the full Driving the Future report [1].

***Driving the Future: Assessment of the NC Local Public Health Workforce*** was developed to identify current and future training needs of North Carolina local health department professionals [1]. The assessment was designed to meet the following goals:

- ▶ *To identify current and future critical training needs of North Carolina local health department professionals in traditional public health skill areas and those skills needed to help address larger and complex system-level issues that extend beyond the bounds of traditional public health disciplines;*
- ▶ *To collect granular and actionable data and information to help inform the development of learning opportunities;*
- ▶ *To aid North Carolina local health departments in identifying staff developmental needs, informing agency training plans and making strategic plans to respond to evolving public health needs; and*
- ▶ *To inform professional development organizations in program and education planning.*

The primary mode of data collection for the Driving the Future assessment was a survey distributed to all North Carolina local health departments. This survey was broken down into four sections: (1) public health organizational roles, (2) strategic skill sets by skill level and importance, (3) technical skills by professional area and Public Health 3.0 and (4) demographic questions. Strategic skills were adapted from [Building Skills for a More Strategic Public Health Workforce: A Call to Action](#) published by the National Consortium for Public Health Workforce Development (See Appendix A: Skills).

Of all 84\* North Carolina local health departments invited to participate in the survey, 2116 public health workforce members who were employed by 82 local health departments responded. A more detailed discussion of methods and limitations is available in Appendix B: Methods and the full report *Driving the Future: Assessment of the NC Local Public Health Workforce* [1].

\*At the time of survey distribution, North Carolina had 84 local health departments. As of July 2019, there are now 85 local health departments in North Carolina.



## THANK YOU TO OUR PARTNERS

This supplement would not be possible without the core group of partners who developed and completed the full Driving the Future assessment [1]. These partners reached out across the state to solicit input into the development of the survey as well as to pilot-test earlier versions of the survey. In addition, the distribution of Driving the Future was supported by numerous organizations and individuals who encouraged participation and served as local champions. We are very grateful for their engagement and efforts.

Sections of this report were pulled from the Driving the Future: Nursing Supplement [2] and adapted for use in this supplement. We would like to thank and acknowledge the contributors to these previous reports for their work and allowing us to adapt language for this supplement.

See *Appendix C: Contributors* for individuals who directly supported this supplement.



GILLINGS SCHOOL OF  
GLOBAL PUBLIC HEALTH

**North Carolina  
Institute for  
Public Health**

NC Institute for Public Health  
Gillings Global School of Public Health  
University of North Carolina at Chapel Hill



Local Technical Assistance and Training Branch  
Division of Public Health  
NC Department of Health and Human Services

with funding and partnership from  
the North Carolina AHEC Program





# A NOTE FROM THE ACCREDITATION ADMINISTRATOR

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On behalf of the NCLHD Accreditation program and the NC Institute for Public Health, we would like to thank all local health department staff who responded to the Driving the Future survey in 2019. The results are already in use across many training programs for governmental public health workers in North Carolina, and we appreciate the opportunity this year to dive deep into the data to see what it means specifically for Agency Accreditation Coordinators. Just as NCLHD Accreditation requirements emphasize data-driven approaches, we as a program do as well. We are committed to use the information in this supplement, coupled with the information that we receive each year through our annual survey, to inform training, strategic planning and program resources. Knowing where local accreditation leaders see gaps in knowledge, skills and attitudes is critical to understand how we can best support local health departments in achieving success through accreditation. You can read updates about how we have used this report to inform our work on our website:

[www.NCLHDaccreditation.unc.edu](http://www.NCLHDaccreditation.unc.edu).



Amy Bellflower Thomas

Accreditation Administrator

# ACCREDITATION STAFF WHO COMPLETED THE SURVEY

These accreditation respondents were currently employed by 69 of the 84 local health departments. The analyses detailed in this report are restricted to participants who provided their role and responded either with (1) a primary accreditation role or (2) a secondary accreditation role.

Of all informative respondents,

**24%**

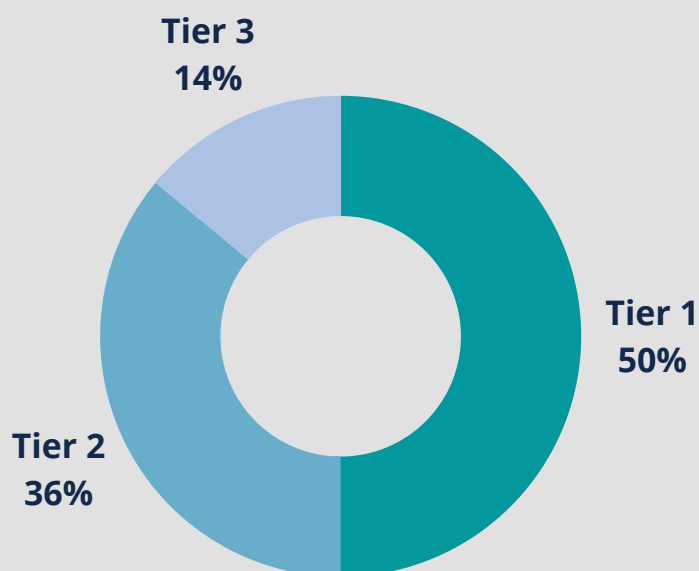
had an accreditation role

**3%**

of whom had a primary role

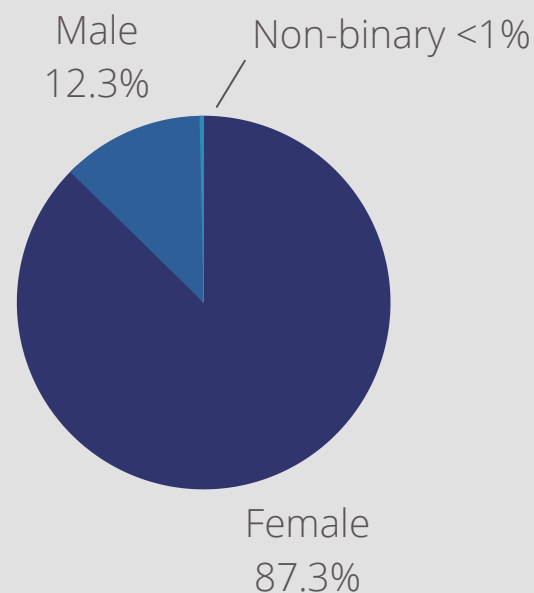
**20%**

with a secondary role



The responses were divided into three Tiers by organizational role: Tier 1 included non-supervisor staff, Tier 2 was made up of supervisory or managerial staff and Tier 3 was senior staff. The distribution of Tier levels was similar for people in primary accreditation roles versus secondary accreditation roles.

Among the accreditation respondents supplying demographic information,\* females made up 87% of all accreditation respondents and 84% of primary accreditation respondents, whereas 91% of the overall public health respondents identified as female. There was a slightly higher percent of males in Tier 3 compared to Tiers 1 and 2.



The majority of respondents identified racially as white (85%) with 12% identifying as Black or African American and 3% as American Indian or Alaska Native. Accreditation respondents skewed slightly less racially diverse than the overall public health respondents, of which 81% identified as white. Overall, 96% of accreditation respondents reported non-Latinx/Hispanic ethnicity.

85%

White

12%

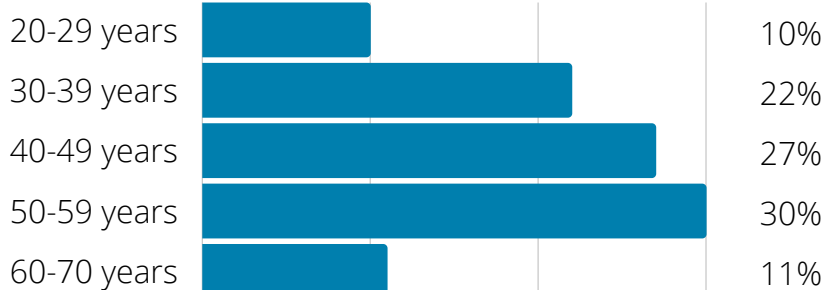
Black

3%

American Indian

The highest percentage of the respondents were in the 50-59 age group (30%) and the 40-49 age group (27%), which is similar to overall workforce respondents. As might be expected, Tier 1 respondents tended to be younger than Tier 3 respondents.

### AGE





# FINDINGS

## EMPLOYMENT, EXPERIENCE AND FUTURE PLANS

Similar to overall workforce respondents, the vast majority of accreditation respondents were employed full-time at their health department (98%). The accreditation respondents that reported part-time employment were all in a Tier 1 position.

Participants were also asked about their time in their current position and agency as well as their future career plans. The average number of years in respondents' current positions across all three Tiers was 6.9 years, with the average years with current agency at 10.6 years and the average years in public health practice at 13.6 years. This is similar to overall public health respondents, where the average years were 6.9, 10.3, 12.6 respectively. Participants were asked about whether they were considering leaving their organization within the next 5 years and if so, why. Forty-six percent of the accreditation respondents said they were not considering leaving their organization in the next 5 years, while 23% were unsure and 31% were considering leaving.

**OF THOSE  
CONSIDERING  
LEAVING THEIR  
ORGANIZATION  
IN THE NEXT  
FIVE YEARS,**

**62%**

**Planned to retire**

**20%**

**Planned to take another  
job in public health**

**18%**

**Planned to take a job  
not in public health**

**TIER 1 EMPLOYEES WERE LESS LIKELY TO BE CONSIDERING  
LEAVING THE ORGANIZATION IN THE NEXT FIVE YEARS. LACK  
OF OPPORTUNITIES FOR ADVANCEMENT, PAY, WORK  
OVERLOAD/BURNOUT AND LACK OF ACKNOWLEDGEMENT/  
RECOGNITION WERE CITED AS REASONS TO LEAVE**

*\*Note that the demographic section of the survey, which also included questions on employment, experience and future plans, had a notably lower response rate. Between 65-68% of accreditation respondents supplied demographic information.*

## ROLES, EDUCATION AND OCCUPATION

Respondents answered questions related to their organizational roles, degrees and certifications earned and their professional occupations. Roles captured specific program areas and responsibilities, whereas professional occupations focused on formal education and professional licensure and certification.

Accreditation staff often hold multiple organizational roles within their agency.

**In addition to accreditation, the most popular roles among accreditation respondents included**

**38%**

ADMIN/  
MANAGEMENT/  
LEADERSHIP

**25%**

CLINICAL SERVICES

**21%**

HEALTH PROMOTION/  
WELLNESS/ EDUCATION

**20%**

ADMINISTRATIVE  
SUPPORT

**17%**

MATERNAL AND  
CHILD HEALTH

**11%**

ENVIRONMENTAL  
HEALTH

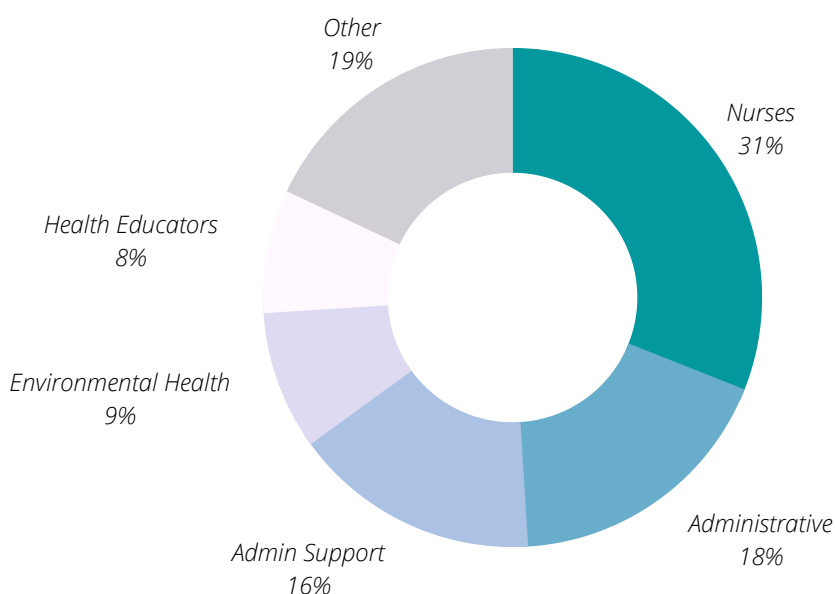
**10%**

CASE MANAGEMENT

Accreditation staff are more likely to hold two roles than overall public health staff. More than 98% of the accreditation respondents reported having at least 2 roles within the health department, as compared to ~ 2/3 of overall public health workforce respondents. 74% of accreditation respondents reported four or more roles. The average number of roles by respondents was 9, with a range from 1-17 (all roles).

Accreditation respondents were more likely to have a graduate degree than the overall public health respondents. Forty five percent of primary accreditation respondents had a master's degree or higher, whereas 32% of secondary accreditation respondents had a master's degree or higher. Among respondents, 34% had a master's degree or higher. As supervisory responsibility increased for public health professionals with an accreditation role, so did the proportion of respondents with graduate degrees with 18% of Tier 1 respondents having a master's degree or higher compared to 80% of Tier 3 respondents having a master's degree or higher.

**Accreditation staff hold a variety of professional occupations, which align well with their organizational roles. The most common professional occupations among accreditation respondents were nurses (31%), administrative - management/leadership personnel (18%), administrative support personnel (16%), environmental health workers (9%) and health educators (8%).**



## STRATEGIC SKILLS DOMAINS

Participants were asked questions about strategic skills (See Appendix A: Skills) including the relevance of skills to their current and future work as well as their current level of skill. Skills were adapted from [Building Skills for a More Strategic Public Health Workforce: A Call to Action](#) published by the National Consortium for Public Health Workforce Development [3]. Data were compared to identify areas with highest skill gaps. Skill gaps were defined as those ranked with high importance but low current skill.

HIGHEST SKILL GAP (HIGH IMPORTANCE + LOW SKILL)				
RANK	TIER 1	TIER 2	TIER 3*	ALL ACCREDITATION
1	Change Management	Resource Management	Data Analytics	Change Management
2	Data Analytics	Change Management	Resource Management	Resource Management
3	Resource Management	Diversity & Inclusion	Policy Engagement	Data Analytics

*\*Tier 3 should be interpreted with caution because of small sample size*



Among accreditation respondents, areas of highest skill gap by Tier were similar to, but not identical with, the main report.

### **Tier 1 Accreditation Staff**

- At least 75% of Tier 1 accreditation respondents thought each of the 8 strategic skill domains were somewhat or very important to day-to-day work now, with similar or greater importance in the next 3-5 years.
- Persuasive Communication and Problem Solving were the most important strategic skills now and in the future. These skill sets were among the top three in terms of current importance in Tier 1 of the overall workforce.
- Resource Management was the area with the lowest current skill. Forty-nine percent reported current skill level as beginner or lower. Resource management was also ranked as the area with the lowest current skill level in Tier 1 of the public health workforce as a whole.

### **Tier 2 Accreditation Staff**

- At least 80% of Tier 2 accreditation respondents thought that each of the strategic skill domains were important to their day-to-day work, with similar or greater importance in the future.
- Persuasive Communication was ranked as the most important skill domain for future work. Thirty percent identified their current skill level as beginner or lower.
- Resource Management and Policy Engagement were the least developed skillsets, with about 44% reporting beginner or lower current skill level. Both of these skillsets were among the lowest three skillsets in Tier 2 of the overall public health workforce.
- Among primary accreditation roles, Change Management was the least developed skillset, with 47% reporting beginner or lower current skill level.

### **Tier 3 Accreditation Staff**

- At least 95% of the Tier 3 accreditation respondents thought that each of the strategic skill domains were important to their day-to-day work.
- Systems Thinking was the most important skillset for future work but also had the highest reported skills, with 93% reporting proficient or expert skill level.
- Similar to Tier 3 respondents in the overall public health workforce, Data Analytics and Resource Management were the least developed skillsets for Tier 3 accreditation respondents. Twenty-six percent of accreditation respondents in Tier 3 reported a current skill level of beginner or lower for Data Analytics.

### **All Accreditation Staff**

- At least 80% of respondents in accreditation roles, regardless of Tier, responded that each of the strategic skill domains were important to their day-to-day work, with similar or greater importance in the future.
- Persuasive communication, problem solving and diversity and inclusion were the most important skill domains for both current and future day-to-day work.
- Resource management and data analytics were the least developed skillsets, with 44% reporting a skill level of beginner or lower for resource management and 40% indicating a skill level of beginner or lower for data analytics.

## INDIVIDUAL STRATEGIC SKILLS

Respondents were also asked about specific skills within each strategic domain. As with the domains, they were asked to rate the current importance, future importance and current ability to perform the skills. All accreditation respondents were asked these questions regardless of Tier. The top 10 skills noted as highly important for current work but currently low in skill level are shown below. The skill gaps draw from across many domains, not only those in the domains of highest need noted earlier.

TOP 10 SKILL GAPS ACROSS ALL STRATEGIC DOMAINS--ACCREDITATION STAFF			
Accred. Rank	Rank Overall	Knowledge, Skill or Attribute	Strategic Domain
1	2	Familiarity with and use of problem-solving models such as design thinking	PROBLEM SOLVING
2	1	Use economic evaluation methods to identify, measure and value costs, quality, and outcomes of public health interventions and programs	CHANGE MANAGEMENT
3	28	Explore alternative financing models (e.g., social impact bonds, pay-for-performance models)	SYSTEMS THINKING
4	27	Assess potential impact of Medicaid reform within NC on agency programs, budgets and staffing	RESOURCE MANAGEMENT
5	23	Identify funders, including unconventional partners, whose missions match with those of your agency/partners	SYSTEMS THINKING
6	12	Engage marginalized and under-resourced communities in decision-making	DIVERSITY AND INCLUSION
7	39	Create and establish data use agreements with other agencies	DATA ANALYTICS
8	43	Identify and use non-traditional data sources beyond public health including consumer data, social media and data from other sectors	DATA ANALYTICS
9	19	Set metrics to benchmark and track progress, including outcome and quality measures	DATA ANALYTICS
10	9	Identify gaps in data	DATA ANALYTICS

It is helpful to compare the top 10 skill gaps among accreditation respondents to those of overall public health respondents. Only three of the top 10 skill gaps for accreditation were also in the top 10 skill gaps for the overall workforce. This may be relevant for developing training programs specifically targeted towards accreditation staff.

## CROSS-CUTTING SKILLS

Additional questions related to cross-cutting public health themes, leadership skills and awareness of the Public Health 3.0 model [4] were asked irrespective of Tier and/or occupation. Similar to the full Driving the Future report findings, the top two cross-cutting skills for accreditation respondents were related to NC Medicaid transformation. The top 5 cross-cutting skills with the largest skill gaps among accreditation respondents were among the top 11 skills with gaps in the overall public health workforce.

TOP 5 SKILLS GAPS - CROSS-CUTTING SKILLS		
ACCREDITATION RANK	RANK OVERALL	CROSS-CUTTING SKILL
1	1	Knowledge and awareness of changes in North Carolina Medicaid policies
2	2	Engaging clients under NC Medicaid transformation
3	8	Developing/implementing successful strategic plans
4	11	Developing and implementing evaluation strategies
5	3	Knowledge and awareness of NC Local Health Department Accreditation program

## LEADERSHIP SKILLS

Much like the overall public health respondents, accreditation respondents thought all of the 10 listed leadership skills were important – over 93% believed all skills were somewhat or very important – and there was high skill proficiency with 78-89% reporting proficient or expert ability to perform these leadership skills.

### THE TWO SKILLS WITH THE LOWEST CURRENT SKILL PROFICIENCY WERE:

Contribute towards and communicate a vision that resonates with others

Model for others how to lead in a way that promotes common goals, garners support and motivates others to act

18% 'unable to perform' or 'beginner' for each skill above



## PUBLIC HEALTH 3.0

The majority of accreditation respondents, much like overall public health respondents, were either unaware or somewhat aware of Public Health 3.0 concepts, but over 70% of the accreditation respondents believed these concepts were important. Below are the top five Public Health 3.0 related items that were listed as high in current importance yet low in awareness.

ACCREDITATION RANK	RANK OVERALL	PUBLIC HEALTH 3.0 SKILLS
1	2	Enhancing policies, rules and standards (e.g., accreditation) to foster Public Health 3.0 principles
2	5	Serving as the community leader in change initiatives (Chief Health Strategist)
3	4	Forming structured, cross-sector partnerships to foster shared funding, services, governance and collective action
4	8	Working with relevant partners to develop and implement initiatives that explicitly address upstream social determinants of health
5	3	Utilizing innovative funding models to support core infrastructure as well as community-level work to address the social determinants of health



# TRAINING SUPPORTS & RESOURCES

One section of the survey asked participants about why, how, and where they accessed training. Respondents indicate the following:

## MOTIVATION

The three highest motivators for receiving training included personal growth/interest (79%), staying current with new developments in their field (77%) and fulfilling an accreditation requirement (58%). The two highest responses were the same as the public health workforce overall.

## OPPORTUNITY

Most accreditation respondents (63%) tended to hear about training opportunities from announcements from the North Carolina Division of Public Health (NCDPH). Other common sources of information about training opportunities include supervisors (59%) and colleagues (45%).

## PROVIDERS

The most familiar providers include local AHECs (86% were somewhat familiar or very familiar), the North Carolina Institute for Public Health (NCIPH) (86%), the North Carolina Public Health Association (NCPHA) (76%) as well as other branches/sections within NCDPH (73%). Accreditation respondents were generally more familiar with these providers than the overall public health workforce.

Accreditation respondents were not only more familiar, but many had engaged in training opportunities at a greater rate than their general public health workforce counterparts.

# 49%

of accreditation respondents reported taking recent trainings from NCIPH in comparison with 38% of the overall workforce.

# 53%

of accreditation respondents had taken a local AHEC training,

# 25%

with the Public Health Nursing and Professional Development Unit\* of NCDPH,

# 38%

with other branches/sections within NCDPH and

# 31%

with NCPHA

\*The Public Health Nursing and Professional Development Unit is now the Nursing Institute for Continuing Excellence.

## DELIVERY

The majority of accreditation respondents preferred training delivered via conferences (68%), followed by webinars and webcasts (56%), online courses (40%), one-to-two day intensive training sessions (37%) and short online modules (31%), findings which closely resemble those of the overall workforce.

## BARRIERS TO ACCESS

Similar to the overall workforce, the most commonly cited barriers to accessing needed training were cost of training programs (59%), difficulties taking time away from work (51%) and lack of adequate staffing to cover an absence for training (35%).

Participants were given the opportunity to share ideas on what would be helpful for them and their agency for supporting upcoming changes. Respondents cited the need for clear and transparent communication from leadership in detailing the reason and evidence for changes. Availability of additional training and development opportunities was also suggested as critical for developing skills during times of change. Some respondents indicated that there may be a disconnect between staff and management in understanding daily activities and providing support. Some survey respondents also noted a need for additional staffing and financial resources.



# CONCLUSION

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This supplemental report specific to accreditation staff in North Carolina describes a work force of strategic, quality improvement thinkers who are committed to broadening their skill set to meet the needs of changing health departments. Similar to what previous Driving the Future reports emphasized, training for the future needs to expand the role of public health in alignment with Public Health 3.0 and focus on upstream social determinants of health. Accreditation staff hold many roles within a health department, and their specific training needs differ from the overall workforce. To best address specific skill gaps identified by accreditation staff, future trainings will require integrating methods to diversify data sources, funders, partners and communities so that staff can better manage data, resources and changes in the field. As current staff transition towards retirement, it will be critical for accreditation staff to continue diversifying and engaging new staff into the accreditation process. Addressing accreditation training needs will help improve the overall public health infrastructure across North Carolina, and existing accreditation supports through the NCLHD Accreditation Program are well-equipped to offer these training options.

# REFERENCES

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# APPENDICES

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## APPENDIX A: SKILLS

Skills were adapted from [Building Skills for a More Strategic Public Health Workforce: A Call to Action](#) published by the National Consortium for Public Health Workforce Development.

**Systems thinking:** Grasp patterns and relationships to understand systems contributing to public health problems and identify high-impact interventions.

**Change management:** Scale programs in response to the changing environments and shape core elements that sustain programs in challenge and crisis.

**Persuasive communication:** Convey resonant, compelling public health messages to broad audiences—the public, partners and policymakers

**Data analytics:** Leverage, synthesize and analyze multiple sources of electronic data, and use informatics to identify and act on health priorities, population impacts, evidence-based approaches and health and cost-related outcomes.

**Problem solving:** Determine the nature of a problem, identify potential solutions, implement an effective solution and monitor and evaluate results.

**Diversity and inclusion:** Understand and respond to the changing demographics of the US population and the public health workforce itself. Seek out, listen to, include and promote under-represented populations in reaching effective health solutions.

**Resource management:** Manage recruitment and career paths of the workforce as well as acquisition, retention and management of fiscal resources.

**Policy engagement:** Address and engage with public health concerns and needs of local, state and federal policymakers and partners

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## APPENDIX B: METHODS

This report details the responses of a subset of participants responding to the Driving the Future survey. The subset reported currently working in an accreditation role and completed at least one question in the strategic skills section (n=424). The survey was conducted over a four-week period between February-March 2019. The online survey was distributed electronically to local health departments through a variety of statewide public health practitioner email listservs and on social media.

The survey was comprised four sections:

1. Organizational role – to categorize respondent role, area of focus and supervisory level;
2. Strategic skill sets – to assess important strategic skills and needs of the public health workforce;
3. Technical skill sets by professional area – to assess technical skills for specific professions or specialties; and
4. Demographics – to characterize respondents and their training preferences.

The Driving the Future survey received responses from roughly 25% of the local health department workforce. While the survey had substantial participation, it is important to keep in mind the non-respondents from the workforce – potentially clinical, field or other agency staff who may have had limited access to the online survey.

Responses came from accreditation staff in 69 local health departments across the 100 N.C. counties. Responses were considered “informative responses” if they answered at least at least one question in the strategic skills section. There were 498 accreditation staff members responded to the survey, but 74 of these responses did not progress to section 2 and were excluded as non-informative responses. A total of 424 public health workforce staff with accreditation roles were included in the analysis. In comparing characteristics of informative and non-informative responses, the non-informative responses were slightly more skewed toward non-supervisors; however, the decision was made to use only the informative responses to be consistent with the analysis methods in the full Driving the Future analysis. Many survey participants did not respond to the demographic questions and the questions regarding training support and resources because these questions were asked late in the survey. The results presented here only reflect the respondents that answered these questions on the survey (approximately 65-68% of the respondents with informative responses).

For the analysis of the accreditation staff subset, results were summarized across all accreditation respondents and by specific Tiers based on supervisory status – Tier 1 (non-supervisory roles), Tier 2 (supervisors and managers) and Tier 3 (senior leaders and agency leads).

For the complete discussion of methods and limitations, please see the full [Driving the Future: Assessment of the North Carolina Local Public Health Workforce](#) report [1].

## APPENDIX C: CONTRIBUTORS

With thanks to those organizations and agencies who helped formulate, pilot and distribute the Driving the Future assessment as well as to the full report and Nursing Supplement authors [1,2]. Please see the full reports for a complete list of contributors.

In addition, special thanks and acknowledgement for those listed below who contributed to the writing and review of this Accreditation Supplement.

### CONTRIBUTORS:

**Alison Singer, PhD, MHS***North Carolina Institute for Public Health*

UNC Gillings School of Global Public Health

**Margaret Benson Nemitz, MPH***North Carolina Institute for Public Health*

UNC Gillings School of Global Public Health

**Lori K. Rhew, MA***North Carolina Institute for Public Health*

UNC Gillings School of Global Public Health

**Amy Belflower Thomas, MHA, MSPH, CPH***North Carolina Institute for Public Health*

UNC Gillings School of Global Public Health

**Joe Dawson, MA***North Carolina Institute for Public Health*

UNC Gillings School of Global Public Health

**Erin Magee, MSW, MPH***North Carolina Institute for Public Health*

UNC Gillings School of Global Public Health