



# NORTH CAROLINA

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## Local Health Department Accreditation

### **Summary of Methods for the Revisions to the 2022 HDSAI Interpretation Document**

In 2006, North Carolina became the first state in the country to mandate local health department accreditation. Since that time, the North Carolina Local Health Department (NCLHD) Accreditation program has strived to meet the changing demands of public health. This article provides an overview of how the revisions to the HDSAI Interpretation document were made in recent years.

#### **Background**

The NCLHD Accreditation Program annually reviews the HDSAI Interpretation Document for needed updates to provide clarity and update evidence requirements when needed (for example, Introduction to Public Health Nursing is now Principles and Practices to Public Health Nursing). However, every several years, a more in-depth review is often needed and conducted.

In 2015, changes were made to 10A NCAC 48A due to passage of House Bill 438 in 2012 that allowed counties to change local health department governance structure. Changes were minimal and directed at broadening governance applications, but a need was realized to potentially make more changes to accreditation requirements. Hence, in 2016, an Accreditation 2.0 Stakeholders Group was convened to conduct an in-depth review of current accreditation documentation requirements and interpretation guidance. This effort resulted in an Accreditation 2.0 mid-sized revision to the HDSAI Interpretation Document effective January 1, 2017.

The NCLHD Accreditation Program also takes input from partners in the field about the need for changes. In 2019, the N.C. Association of Local Health Directors established a workgroup to review all 147 NCLHD Accreditation Activities. As a result of their review, they sent a list of recommendations along with comments to the NCLHD Accreditation Program. The Program shared the recommendations with the NCLHD Accreditation Board. The Board directed the Accreditation Program to undertake a three phased approach to making revisions to the HDSAI Interpretation Document: Phase 1) revise the HDSAI Interpretation Document using an extensive participatory process, which would allow

North Carolina public health officials from across the state to have a voice in the revisions; Phase 2) evaluate the changes made in phase one; Phase 3) if necessary, make changes to legislation and rules based on feedback received in phase one and the results of the evaluation in phase two.

The approval of this phased process acknowledged the need to make potentially large-scale changes to the HDSAI Interpretation Document and that consideration needed to be given to what legislative and rules changes were needed to help the accreditation program meet the dynamic challenges and successes of public health.

## **Revision Process**

The initial timeline for Phase One of the revision process was approved by the NCLHD Accreditation Board in November 2019 with the review of HDSAI Interpretation for all activities taking place between November – December 2021 with the revised HDSAI Interpretation document going into effect on January 1, 2022. However, in March 2020, the response to COVID-19 became the overwhelming public health priority. In April 2020, the Board used its sub-delegated authority from the Secretary of Health and Human Services (Executive Order 119) to grant a twelve-month accreditation extension to local health departments. This meant that while health departments were still required to conduct accreditation activities, these activities did not need to be reported or reviewed for an additional twelve-months.

The twelve-month extension provided more time to local health departments to gather and submit accreditation evidence. It also allowed NCLHD Accreditation staff members to put their time towards more strategic projects, a necessary piece of work that ended up being critical to the HDSAI Interpretation Document revision process. As a result, the NCLHD Accreditation Board voted to adjust the timeline for revisions using a more accelerated process to align the release of the revisions with the end of the extension. Therefore, the entire Phase One revision process would take place between April – December 2020, with an effective date of February 28, 2021 for the changes, to align with the extension.

In accordance with NCLHD Accreditation Operational Guidelines, the Board appointed a work group to review the activities and interpretation information. The workgroup was composed of two NCLHD Accreditation Board members (one being the Chair of the Standards and Evidence Committee), two members of the AAC Advisory Council, one local health director and three Site Visit Team members. See Appendix A for a list of workgroup members.

The workgroup met monthly from April 2020-September 2020 to systematically review all of the HDSAI Interpretation Document information for each activity and to suggest recommended revisions.

The workgroup determined that the criteria to guide their recommendations were:

- Continued need/relevance
- Objectivity
- Value add
- Whether the content is assured elsewhere and
- Current professional practice

The 147 activities were organized into topic areas to make it more efficient for subject matter experts to be engaged in the review process. Each topic comprised approximately 30 activities. The workgroup addressed one topic area at each meeting. Additionally, subject matter experts related to the topic of discussion were invited to attend the meetings. See Appendix A for a list of how the topics were covered and the SMEs that were engaged.

In preparation for each meeting, the workgroup members and subject matter experts received:

- Activity Snapshot: a one-page document was created for each activity that showed what the N.C. Association of Local Health Directors recommended for that activity along with any comments they shared; PHAB<sup>1</sup> related requirements, if applicable: if a related activity was in PHAB but not in the NCLHDA program; if the activity was assured somewhere other than the NCLHDA Program; the number of times the activity was missed and number of suggestions for quality improvement since (2011-2020) and any significant differences in suggestions for quality improvement based on size of the population served the by health department, economic tier of the county served, or by consolidated status. See Appendix B for an example of an activity snapshot.
- A link to the Public Health Accreditation Board, *Guide to National Public Health Department Reaccreditation: Process and Requirements*.
- A link to NCLHD Accreditation Health Department Self-Assessment Instrument Interpretation Document.

Workgroup members reviewed all activities and provided feedback for each activity via a Qualtrics survey prior to meetings. During the meetings, recommendations were shared for the group to discuss and then come to consensus on a recommendation for the activity.

After the workgroup members reviewed and made recommendations for all of the activities, NCLHDA program staff incorporated the edits and the proposed changes were made available for public comment. An HDSA Interpretation Document that contained all

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<sup>1</sup> PHAB is the Public Health Accreditation Board, the national accrediting organization for public health departments.

the revisions and a Qualtrics survey were developed to gather feedback. The survey allowed respondents to provide feedback on all activities or to select specific topics/activities to provide feedback on. The two options provided the opportunity for respondents to easily select to provide feedback in specific areas or to all activities.

The public comment period was held from November 5 – December 16, 2020. Twenty-nine respondents reviewed individual activities during the public comment period, over 60% of whom held Agency Accreditation Coordinator (AAC) roles. In total, respondents reviewed individual activities 1,660 times, averaging 57 activities per reviewer, and left 803 written comments. All comments were categorized and reviewed thematically, which resulted in adjustments to documentation requirements in 19 activities, an overall reduction in the number of documentation requirements and clarified text throughout the document. About two-thirds of the comments received related to Phase Three changes, which further emphasized the importance and timeliness of initiating legislative changes.

The plan was to release the HDSAI Revisions on February 28, 2021 with trainings planned to start in March 2021. However, on February 9, Executive Order 193 was signed. This again provided the Board sub-delegated authority to extend accreditation requirements for another twelve-months. As a result, the revised HDSAI Interpretation document was released on April 22, 2021 and will not go into effect until January 1, 2022. Trainings on the revisions will be between May – December 2021 to prepare local health departments for implementation in 2022.

## **Next Steps**

The feedback received during the public comment period underscored the need to move forward with changes to rules and legislation (Phase Three). This feedback coupled with the second accreditation extension highlighted the need and created the opportunity for the NCLHDA Board to move to Phase Three. Updates on this process will be posted on our website [www.NCLHDaccreditation.unc.edu](http://www.NCLHDaccreditation.unc.edu)

## **Appendix A: Accreditation Standards Workgroup Members and Subject Matter Experts by Topic Areas**

### **Accreditation Standards Workgroup Members**

- **Chris Dobbins**, Chair, Standards and Evidence Committee of NCLHDA Board and Gaston County Health and Human Services
- **Rebecca McLeod**, NCLHDA Board and Burke County
- **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

## Subject Matter Experts

| Topic  | Subject Matter Experts   |
|--|--|
| Programs, services, board authorities, and confidentiality | <p><b>Jill Moore</b>, UNC School of Government</p>   |
| Community health   | <p><b>Dorothea Brock</b>, Program Manager, N.C. Office of Rural Health</p> <p><b>Tish Singletary</b>, Branch Head, Community &amp; Clinical Connections for Prevention and Health Branch, N.C. Division of Public Health</p> <p><b>Karen Stanley</b>, Program Manager, Healthy Communities, N.C. Division of Public Health</p> <p><b>Kathy Dail</b>, Director, Community Health Assessment, N.C. Division of Public Health</p>   |
| Environmental health and clinical                          | <p><b>Teresa Davis</b>, Regional Specialist, Division of Environmental health, On-Site Water Protection Branch, N.C. Division of Public Health</p> <p><b>Lauren Howard</b>, Director, North Carolina Office on Disability and Health, N.C. Division of Public Health</p> <p><b>Cornell Wright</b>, Executive Director, Office of Minority Health and Health Disparities, N.C. Division of Public Health</p> <p><b>Susan Sullivan</b>, Vaccine Preventable Disease Nurse Consultant, N.C. Division of Public Health</p> |
| Epidemiology and IT  | <p><b>Ty Adams</b>, Former IT Director, Albemarle Regional Health Services</p> <p><b>Kathleen Brooks</b>, Public Health Administrative and Financial Consultant, N.C. Division of Public Health</p> <p><b>Carol Lynn Rose</b>, CD Program &amp; STD Nurse Consultant, N.C. Division of Public Health</p> <p><b>Catherine Ryan</b>, State Registrar and Director, N.C. Vital Records, N.C. Division of Public Health</p>  |

| Topic                      | Subject Matter Experts   |
|----------------------------|--|
|                            | <p><b>Mary Beth Skarote</b>, Plans, Training and Exercise Officer, Public Health Preparedness and Response, N.C. Division of Public Health</p>   |
| Administration and finance | <p><b>Dominick D’Erasmus</b>, HR Manager, N.C. Office of State Human Resources</p> <p><b>James Harris</b>, HR Consultant I, N.C. Office of State Human Resources</p> <p><b>Sally Herndon</b>, Head, Tobacco Prevention and Control Branch, N.C. Division of Public Health</p> <p><b>Jim Martin</b>, Director of Policy and Programs, Tobacco Prevention and Control Branch, N.C. Division of Public Health</p> |

## Appendix B: Example of Activity Snapshot

### Activity 9.6

#### DISSEMINATION OF INFORMATION

Activity 9.6: The local health department shall assure that information disseminated by the agency reflects the cultural and linguistic character of the local population as required by Title VI of the Civil Rights Act.

#### NCALHD Recommendation

Review

#### NCALHD Comments

Demonstrate this capability, require demonstrable evidence in documentation

#### RELATIONSHIP TO OTHER PROGRAMS

#### PHAB Equivalent Requirement

3.2.1 Communications with the public p. 30  
 3.3.2 Culturally sensitive and/or linguistically appropriate communication p. 30

#### Required in PHAB NOT in NCLHDA

#### Assured Elsewhere

Documentation requirement A can be part of the Title VI compliance plans required by the NCDHHS Office of Civil Rights.

#### METRICS: OVERALL LHD PERFORMANCE

| # Agencies With Site Visits* | # Missed | # SQI | Change in SQI Over Time |
|------------------------------|----------|-------|-------------------------|
| 160                          | 0        | 4     | -                       |

#### METRICS: SIGNIFICANT DIFFERENCE IN # SQI

| LHD Size | Size of Population Served | Economic Tier | Consolidation Status |
|----------|---------------------------|---------------|----------------------|
| -        | -                         | -             | -                    |