

NCLHDA Strategic Work Plan July 2021 – June 2025

Year 1



NORTH CAROLINA
Local Health Department
Accreditation

This is a living document that is updated and reviewed by the NCLHDA Board annually in efforts to transparently communicate the strategic progress of the North Carolina Local Health Department Accreditation Program in alignment with the program's [Strategic Roadmap](#).

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Table of Contents

NCLHDA Strategic Work Plan Terminology.....	3
NCLHDA Strategic Work Plan Overview, July 2021 – June 2025	4
Year 1 Strategic Work Plan, July 2021 – June 2022	10
Priority 1: Evolve NCLHDA standards, benchmarks and activities as state strategy and local capability progresses.....	11
Priority 2: Streamline the NCLHDA program for efficiency, interoperability and relevancy	13
Priority 3: Build quality improvement into the NCLHDA program structure.....	16
Priority 4: Lead efforts to improve diversity, equity and inclusion through the accreditation program	18
Priority 5: Intentionally engage partners, including but not limited to Health Directors, Boards of Health, County Commissioners, DPH, Commission for Public Health and State Legislature, in NCLHDA program impacts and accomplishments to support the capacity of the public health system overall	22

Strategic Work Plan Terminology

PRIORITY	Top areas of focus for the program over the next 4 years, as outlined in the Strategic Roadmap
GOALS	Big-picture desired results over the next 4 years, organized under each priority
4-YEAR MEASURES	Guiding measures to consider every year to see if NCLHDA as a program are moving in the desired direction – track trends over the years
BASELINE MEASURES	Measures from Year 0, whenever applicable, to use in order to compare progress across the 4-year plan. The number of annual survey respondents is notated in the fraction, with missing responses excluded. “Agreement” includes annual survey responses of “strongly agree” and “somewhat agree”
YEAR OBJECTIVES	Specific, measurable, achievable, relevant, time-oriented (SMART) action items to focus on in the active fiscal year of the strategic plan. These objectives are not trying to address the entirety of the priority and goal, rather the direct steps necessary to make progress in the given year
YEAR ACTIVITIES	Specific, concrete action items aligned with each SMART objective, including any partners involved in each step and projected due date
YEAR 1 DELIVERABLES (DELIV.)/METRICS	Tangible end products (deliverables) and measurable outcomes (metrics) to track progress on Year 1 activities, focusing primarily on process outcomes

NCLHDA Strategic Work Plan Overview, July 2021 – June 2025

PRIORITY	GOALS	4-YEAR MEASURES (↑/↓, SOURCE)	BASELINE MEASURE
<p>Priority 1. Evolve NCLHDA standards, benchmarks and activities as state strategy and local capability progresses</p>		<p>Measure. Accreditation program success with overall priority (↑, Annual Survey)</p>	<p>Measure. 79.3% (65/82: 2021, Q51)</p>
	<p>Goal 1.1. Create sustainable methods of implementing changes to NCLHDA program requirements, including updating rules</p>	<p>Measure 1. Procedures reviewed, revised as needed, and carried out for each year (Program Records) Measure 2. Level of progress towards operational guidelines, rules and/or legislation change over the 4-year time period (↑, Program Records)</p>	<p>Measure 1. Not yet calculated Measure 2. 2022 HDSAI updates, 2021 version of operational guidelines</p>
	<p>Goal 1.2. Create systems to evaluate accreditation results over time</p>	<p>Measure 1. Trend data of changes made, activities missed (↓) and accreditation results (↑) (Data Visualization Project) Measure 2. Average number of activities missed by local health departments (↓, Data Visualization Project)</p>	<p>Measure 1. 2019 site visit data Measure 2. 2019 number of activities missed from Data Visualization Project</p>

PRIORITY	GOALS	4-YEAR MEASURES (↑/↓, SOURCE)	BASELINE MEASURE
<p>Priority 2. Streamline the NCLHDA program for efficiency, interoperability and relevancy</p>		<p>Measure. Accreditation Program success with overall priority (↑, Annual Survey)</p>	<p>Measure. 81.4% (66/81: 2021, Q51)</p>
	<p>Goal 2.1. Implement change management best practices as the program evolves</p>	<p>Measure 1. Overall perception of program value with NCLHDA program (↑, Annual Survey) Measure 2. Number of NCLHDA tools/resources distributed related to change management (↑, Program Records) Measure 3. Agreement that NCLHDA program changes are communicated clearly and in a timely manner (↑, Annual Survey) Measure 4. Agreement that trainings offered through NCLHDA adequately meet staff needs (↑, Annual Survey)</p>	<p>Measure 1. 58.5% (55/94: 2021, Q3) Measure 2. 0 tools/resources distributed Measure 3. 91.3% (52/57: 2021, Q23_01 & Q23_02) Measure 4. 65.4% (51/78: 2021, Q17)</p>
	<p>Goal 2.2. Streamline documentation submission processes</p>	<p>Measure 1. The number of duplicative requirements submitted to both DPH and NCLHDA (↓, Program Records) Measure 2. Level of progress towards operational guidelines, rules and/or legislation change over the 4-year time period (↑, Program Records) Measure 3. Number of complementary requirements between NCLHDA, state requirements and national requirements documented in crosswalk (↑, Requirement Crosswalk)</p>	<p>Measure 1. 4 duplicative requirements from public comments Measure 2. 2022 HDSA updates, 2021 version of operational guidelines Measure 3. Not yet calculated</p>

PRIORITY	GOALS	4-YEAR MEASURES (↑/↓, SOURCE)	BASELINE MEASURE
<p>Priority 2 (cont.) Streamline the NCLHDA program for efficiency, interoperability and relevancy</p>	<p>Goal 2.3. Enhance program value with cost-effective strategies</p>	<p>Measure 1. Agreement that program gains are worth the costs (↑, Annual Survey) Measure 2. Cost-benefit analysis on site visit adjustments (Program Records) Measure 3. Budget is reflective of program needs and support requested by LHDs and partners (Informed by cost-benefit analysis)</p>	<p>Measure 1. 52.3% (45/86: 2021, Q5_7) Measure 2. Not available Measure 3. Not available</p>
	<p>Goal 2.4. Expand use of the VMSG dashboard to engage more partners and capture accomplishments</p>	<p>Measure 1. Number of respondents using the VMSG platform for strategic planning, performance management or other LHD projects (↑, Annual Survey) Measure 2. Number of external partners sharing VMSG (↑, Program Records)</p>	<p>Measure 1. 15 (15/94: 2021, Q40) Measure 2. 0 known external partners</p>

PRIORITY	GOALS	4-YEAR MEASURES (↑/↓, SOURCE)	BASELINE MEASURE
<p>Priority 3. Build quality improvement into the NCLHDA program structure</p>		<p>Measure. Accreditation Program success with overall priority (↑, Annual Survey)</p>	<p>Measure. 80.5% (66/82: 2021, Q51)</p>
	<p>Goal 3.1. Create a network of sustainable, continuous quality improvement supports for local health departments</p>	<p>Measure 1. Number of CQI events and offerings supported by NCLHDA (↑, Program Records) Measure 2. Agreement that the Suggestions for Quality Improvement are actionable and attainable (↑, Annual Survey) Measure 3. Number of CQI-related stories from the field shared (↑, Monthly Highlights) Measure 4. Agreement that NCLHDA participation strengthens the culture of QI and stimulates QI and performance improvement within agencies (↑, Annual Survey)</p>	<p>Measure 1. 0 CQI events offered in 2019-2020 Measure 2. 73.2% (63/86: 2021, Q05_06) Measure 3. Not yet calculated Measure 4. 74.4% (70/94: 2021, Q04_08); 70.2% (66/94: 2021, Q04_09)</p>
	<p>Goal 3.2. Emphasize quality improvement standards and measure in Phase 3 revisions</p>	<p>Measure 1. Number of activities with quality improvement-related documentation requirements (↑, Program Records)</p>	<p>Measure 1. Not yet calculated</p>

PRIORITY	GOALS	4-YEAR MEASURES (↑/↓, SOURCE)	BASELINE MEASURE
<p>Priority 4. Lead efforts to improve diversity, equity and inclusion through the accreditation program</p>		<p>Measure. Accreditation Program success with overall priority (↑, Annual Survey)</p>	<p>Measure. 69.2% (56/81: 2021, Q51)</p>
	<p>Goal 4.1 Build relationships with diversity, equity and inclusion experts to provide support across NC LHDs</p>	<p>Measure 1. Number of NCLHDA processes that include DEI expert consultation (↑, Program Records)</p>	<p>Measure 1. 0 NCLHDA processes</p>
	<p>Goal 4.2. Build internal NCLHDA program opportunities on equity and anti-racism training, reflection and action</p>	<p>Measure 1. Percentage of active NCLHDA board, site visitors and staff members participating in equity and anti-racism trainings each year (↑, Self-reported) Measure 2. Number of facilitated opportunities for equity and anti-racism learnings (↑, Program Records)</p>	<p>Measure 1. Not available Measure 2. 1 facilitated opportunity (July 2020 webinar)</p>
	<p>Goal 4.3 Emphasize the importance of and role of health equity in the context of accreditation</p>	<p>Measure 1. Percentage of activities that have a clear relationship to improving health equity (↑, HDSA Interpretation Document)</p>	<p>Measure 1. 60/147 activities</p>
	<p>Goal 4.4. Improve representation within the NCLHDA program</p>	<p>Measure 1. Degree to which accreditation staff and board represent demographics across NC (↑, Program Records)</p>	<p>Measure 1. Not available</p>

PRIORITY	GOALS	4-YEAR MEASURES (↑/↓, SOURCE)	BASELINE MEASURES
<p>Priority 5. Intentionally engage partners, including but not limited to Health Directors, Boards of Health, County Commissioners, DPH, Commission for Public Health and State Legislature, in NCLHDA program impacts and accomplishments to support the capacity of the public health system overall</p>		<p>Measure. Accreditation Program success with overall priority (↑, Annual Survey)</p>	<p>Measure. 81.7% (67/82: 2021, Q51)</p>
	<p>Goal 5.1. Provide communication materials that emphasize the impacts of LHD accreditation</p>	<p>Measure 1. Number of communication material downloads (↑, Website Metrics) Measure 2. Use of and satisfaction with the campaign materials (↑, Annual Survey) Measure 3. Number of audiences that LHDs have shared materials with (↑, Annual Survey)</p>	<p>Measure 1. Not available Measure 2. Not available Measure 3. Not available</p>
	<p>Goal 5.2. Build relationships with accreditation decisionmakers</p>	<p>Measure 1. Number of nodes in a network of relationships with local legislators (↑, Program Records) Measure 2. Presence of accreditation-related topics on NCPHA and NCALHD legislative priority lists (↑, Program Records)</p>	<p>Measure 1. Not available Measure 2. 0 accreditation-related topics</p>

Year 1 Strategic Work Plan, July 2021 – June 2022

Priority 1: Evolve NCLHDA standards, benchmarks and activities as state strategy and local capability progresses

GOALS	YEAR 1 OBJECTIVES	YEAR 1 ACTIVITIES	DATE DUE	YEAR 1 DELIV./METRICS
Goal 1.1. Create sustainable methods of implementing changes to NCLHDA program requirements	Objective 1.1.1. Develop and maintain a collaborative, mutually beneficial relationship with national accreditation programs	Activity 1. Conduct quarterly meetings with national accreditation leadership	Ongoing 6/30/22	Deliverable 1. Notes from at least 3 meetings with the national accreditation program
		Activity 2. Begin exploring opportunities to align changes with national accreditation revisions	10/1/2021	Deliverable 2. A plan to continue a relationship moving forward
	Objective 1.1.2. By Summer 2022, draft Phase 3 revision materials that complements state priorities and national accreditation 2022 standards and measures	Activity 1. Review national accreditation 2022 standards and measures and provide feedback	12/30/2021	Deliverable 1. Complementary Activity summary guide
		Activity 2. Create a guide on the major similarities and differences between national accreditation, state priorities and NCLHDA	2/11/2022	Deliverable 2. Drafted Phase 3 materials
		Activity 3. Draft Phase 3 materials to complement similarities	5/27/2022	

GOALS	YEAR 1 OBJECTIVES	YEAR 1 ACTIVITIES	DATE DUE	YEAR 1 DELIV./METRICS
<p>Goal 1.1 (cont.) Create sustainable methods of implementing changes to NCLHDA program requirements</p>	<p>Objective 1.1.2. (cont.) By Summer 2022, draft Phase 3 revision materials that complements state priorities and national accreditation 2022 standards and measures</p>	<p>Activity 4. Receive input from AAC Advisory Council and the Board</p>	<p>6/24/2022</p>	<p>Deliverable 3. AAC Council and Board minutes discussing Phase 3 revisions</p>
<p>Goal 1.2. Create systems to evaluate accreditation over time</p>	<p>Objective 1.2.1. By Spring 2022, launch a data visualization tool to track accreditation performance by activity, LHD size, governance structure, etc.</p>	<p>Activity 1. Develop method to retrieve data from VMSG to go into a Tableau data visualization</p>	<p>11/1/2021</p>	<p>Deliverable 1. Posted data visualization tool</p>
		<p>Activity 2. Determine key data points for visualization</p>	<p>11/19/2021</p>	
		<p>Activity 3. Build data visualization using Tableau</p>	<p>1/28/2022</p>	
		<p>Activity 4. Incorporate data visualization into NCLHDA website</p>	<p>2/25/2022</p>	

Priority 2: Streamline the NCLHDA program for efficiency, interoperability and relevancy

GOALS	YEAR 1 OBJECTIVES	YEAR 1 ACTIVITIES	DATE DUE	YEAR 1 DELIV./METRICS
Goal 2.1. Implement change management best practices as the program evolves	Objective 2.1.1. By Fall 2021, develop an e-learning module to review changes to the 2022 HDSAI Interpretation document	Activity 1. Design curriculum	Completed Spring 2021	Deliverable 1. E-learning module on website
		Activity 2. Prepare script and slides	Completed Spring 2021	
		Activity 3. Input materials into Articulate	Completed Spring 2021	Metric 2. Percent of e-learning users who are confident about changes to the 2022 HDSAI, as measured in the module evaluation
		Activity 4. Receive input from AAC reviewers	Completed Spring 2021	
		Activity 5. Review & Release	Completed August 2021	
		Activity 6. Evaluate	6/30/2022	
	Objective 2.1.2. By Spring 2022, develop e-learning modules for site visitors to know how to execute programmatic changes	Activity 1. Design curriculum	1/15/2022	Deliverable 1. E-learning module on website
		Activity 2. Prepare script and slides	2/15/2022	
		Activity 3. Input materials into Articulate	3/1/2022	Metric 1. Number of site visitors viewing the training
		Activity 4. Receive input from AAC Advisory Council	3/18/2022	

GOALS	YEAR 1 OBJECTIVES	YEAR 1 ACTIVITIES	DATE DUE	YEAR 1 DELIV./METRICS
Goal 2.1. (cont.) Implement change management best practices as the program evolves	Objective 2.1.2. (cont.) By Spring 2022, develop e-learning modules for site visitors to know how to execute programmatic changes	Activity 5. Review & Release	3/31/2022	Metric 2. Percent of site visitor e-learning users who are confident about how to execute programmatic changes, as measured in the module evaluation
		Activity 6. Evaluate	5/20/2022	
Goal 2.2. Streamline documentation submission processes	Objective 2.2.1. By Spring 2022, determine opportunities for DPH and NCLHDA to jointly use the Accreditation Evidence Dashboard	Activity 1. Meet with DPH representatives to introduce the VMSG dashboard and explore sharing opportunities	7/1/2021, ongoing as needed	Deliverable 1. A drafted roadmap that is ready to discuss with relevant partners
		Activity 2. Draft a roadmap of what joint NCLHDA-DPH submission could look like	4/22/2022	
	Objective 2.2.2. By Summer 2022, draft Phase 3 revisions to address the HDSAI public comments related to program duplication	Activity 1. Review existing HDSAI public comments for duplication indications	11/19/2021	Deliverable 1. Creation of a draft Phase 3 proposal addressing program duplication
		Activity 2. Meet with DPH to discuss and draft plan to address duplications	3/18/2022	
		Activity 3. Receive input from AAC Advisory Council and the Board	6/24/2022	Deliverable 2. AAC Council and Board minutes discussing Phase 3 revisions

GOALS	YEAR 1 OBJECTIVES	YEAR 1 ACTIVITIES	DATE DUE	YEAR 1 DELIV./METRICS
Goal 2.3. Enhance program value with cost-effective strategies	Objective 2.3.1. By Winter 2021, explore options for sustainable remote site visits	Activity 1. Draft remote site visit proposal, incorporating existing feedback	10/22/2021	Deliverable 1. Summary of input from stakeholders
		Activity 2. Receive input from AAC Advisory Council, the Board, and site visitors	11/5/2021	Deliverable 2. Written proposal
		Activity 3. Pitch a proposal to the Board for discussion	11/19/2021	Deliverable 3. Board minutes discussing remote site visit proposal
	Objective 2.3.2. By Spring 2022, identify low-cost strategies to enhance program components that historically have the lowest satisfaction or perceived benefit per NCLHDA annual survey	Activity 1. Review annual accreditation survey data from 2018-2021 to determine areas of focus	2/18/2022	Deliverable 1. Menu of prioritized options for enhancement strategies, as indicated by accreditation stakeholders
		Activity 2. Brainstorm with AAC Advisory Council on strategies to improve areas of focus	4/15/2022	
		Activity 3. Assess feasibility and impact of ideas	4/29/2022	
Goal 2.4. Expand use of the VMSG dashboard to engage more partners and capture accomplishments	Objective 2.4.1. By Spring 2022, build LHD capacity to use VMSG dashboard for strategic planning	Activity 1. Import NCLHDA workplan into VMSG	9/24/2021	Deliverable 1. VMSG dashboard reflective of strategic progress
		Activity 2. Update VMSG with strategic progress	End of each quarter	Deliverable 2. VMSG strategic updates in NCLHDA webinar materials
		Activity 3. Share process and lessons learned with AACs	End of each quarter	

Priority 3: Build quality improvement into the NCLHDA program structure

GOALS	YEAR 1 OBJECTIVES	YEAR 1 ACTIVITIES	DATE DUE	YEAR 1 DELIV./METRICS
<p>Goal 3.1. Create a network of sustainable, continuous quality improvement supports for local health departments</p>	<p>Objective 3.1.1. In 2021-2022, establish a relationship with Population Health Improvement Partners to provide QI support through accreditation</p>	<p>Activity 1. Develop a contract & budget</p>	Completed July 2021	<p>Deliverable 1. Development of plans to continue relationship in Year 2</p>
		<p>Activity 2. Hold regular check-in calls</p>	Began Spring 2021, Ongoing	
	<p>Objective 3.1.2. By January 2022, develop a tested menu of CQI options for the accreditation program and Improvement Partners to offer to LHDs</p>	<p>Activity 1. Conduct QI focus group discussions</p>	Completed June 2021	<p>Deliverable 1. QI Design Team satisfaction with process</p>
		<p>Activity 2. Recruit & select 4 LHDs into a QI design team</p>	Completed June 2021	
		<p>Activity 3. Conduct a design workshop to curate a potential menu of QI supports</p>	Completed 7/23/21	<p>Deliverable 2. Menu of CQI options, ranked by sustainability, impact, and cost-efficiency</p>
		<p>Activity 4. Test possible menu items with design team</p>	10/12/21	
		<p>Activity 5. Rank & refine CQI options based on sustainability, impact and cost-efficiency</p>	12/14/21	
	<p>Metric 1. Percent of Design Team LHDs indicating the use of or plans to use CQI menu items in their practice, as reported in their evaluations by end of Year 1</p>			

GOALS	YEAR 1 OBJECTIVES	YEAR 1 ACTIVITIES	DATE DUE	YEAR 1 DELIV./METRICS
<p>Goal 3.2. Emphasize quality improvement standards and measures in Phase 3 revisions</p>	<p>Objective 3.2.1. By Summer 2022, draft Phase 3 revisions to address the HDSA public comments related to quality improvement</p>	<p>Activity 1. Identify accreditation activities that could include quality improvement components</p>	<p>1/28/2022</p>	<p>Deliverable 1. Creation of a draft Phase 3 proposal that incorporates QI</p>
		<p>Activity 2. Meet with partners, including Improvement Partners, to discuss and draft plan to incorporate QI requirements</p>	<p>2/25/2022</p>	
		<p>Activity 3. Receive input from AAC Advisory Council and the Board</p>	<p>6/24/2022</p>	

Priority 4: Lead efforts to improve diversity, equity and inclusion through the accreditation program

GOALS	YEAR 1 OBJECTIVES	YEAR 1 ACTIVITIES	DATE DUE	YEAR 1 DELIV./METRICS
Goal 4.1. Build relationships with diversity, equity and inclusion experts to provide support across NC LHDs	Objective 4.1.1. By Spring 2022, develop proposal for conducting an equity self-assessment of the NCLHDA program	Activity 1. Explore equity self-assessment tools	12/10/2021	Deliverable 1. Feedback and meeting minutes from AAC Advisory Council and Board
		Activity 2. Develop equity self-assessment plan	3/11/2022	
		Activity 3. Receive feedback from AAC Advisory Council and Board	4/15/2022	Deliverable 2. Completed self-assessment proposal
	Objective 4.1.2. By Summer 2022, pursue funding opportunities for equity consultation services to analyze/address findings of equity assessment	Activity 1. Research equity consultant options and associated costs	4/1/2022	Deliverable 1. Outline of equity-related funding options
		Activity 2. Develop proposed budget for equity consultant	4/15/2022	
		Activity 3. Research funding opportunities	5/2/2022	Deliverable 2. Funding application(s) submitted or budgeted into current contract
		Activity 4. Send in funding applications	6/3/2022	

GOALS	YEAR 1 OBJECTIVES	YEAR 1 ACTIVITIES	DATE DUE	YEAR 1 DELIV./METRICS
<p>Goal 4.2. Build internal NCLHDA program opportunities on equity and anti-racism training, reflection and action</p>	<p>Objective 4.2.1. By Spring 2022, share and create schedule of available equity/anti-racism related training to NCLHDA program staff, site visitors and board members</p>	<p>Activity 1. Identify external equity and anti-racism related trainings</p>	<p>12/3/2021</p>	<p>Deliverable 1. Development of a method of sharing events</p>
		<p>Activity 2. Develop method of sharing opportunities with NCLHDA site visitors and board</p>	<p>2/4/2022</p>	<p>Deliverable 2. Number of opportunities shared, as tracked in record keeping</p>
		<p>Activity 3. Survey site visitors and board with how many events attended in the past year</p>	<p>3/25/2022</p>	
	<p>Objective 4.2.2. By Summer 2022, explore whether to implement training expectations and/or requirements related to anti-racism and equity</p>	<p>Activity 1. Develop draft proposal for NCLHDA board training expectations</p>	<p>5/13/2022</p>	<p>Deliverable 1. Draft proposal for NCLHDA board training expectations</p>
		<p>Activity 2. Receive feedback from Board</p>	<p>6/24/2022</p>	<p>Deliverable 2. Minutes of board subcommittee/ taskforce discussion</p>

GOALS	YEAR 1 OBJECTIVES	YEAR 1 ACTIVITIES	DATE DUE	YEAR 1 DELIV./METRICS	
<p>Goal 4.3. Emphasize the importance of and the role of health equity in the context of accreditation</p>	<p>Objective 4.3.1. By Spring 2022, LHD accreditation team members are familiar with how equity is integrated into the 2022 HDSA I</p>	<p>Activity 1. Design curriculum that addresses health equity integration of 2022 HDSA I</p>	<p>Completed Spring 2021</p>	<p>Deliverable 1. E-learning module on website</p>	
	<p>Activity 2. Prepare script and slides</p>	<p>Completed Spring 2021</p>	<p>Metric 1. Number of people viewing the training (website views)</p>		
	<p>Activity 3. Input materials into Articulate</p>	<p>Completed Spring 2021</p>	<p>Metric 2: Percent of e-learning users who are confident about how health equity is incorporated in the 2022 HDSA I (module evaluation)</p>		
	<p>Activity 4. Receive input from AAC reviewers</p>	<p>Completed Spring 2021</p>			
	<p>Activity 5. Review & Release</p>	<p>Completed August 2021</p>			
	<p>Activity 6. Evaluate</p>	<p>6/30/2022</p>			
	<p>Objective 4.3.2. By Summer 2022, draft Phase 3 revisions such that activities have a clearer tie to improving health equity</p>	<p>Activity 1. Review activities that include equity</p>		<p>2/25/2022</p>	<p>Deliverable 1. Creation of a draft Phase 3 proposal that clearly incorporates health equity</p>
		<p>Activity 2. Meet with equity partners to consider how to clarify accreditation's role in health equity in Phase 3</p>		<p>4/8/2022</p>	<p>Deliverable 2. AAC Council and Board minutes discussing Phase 3 revisions</p>
		<p>Activity 3. Draft materials</p>	<p>5/27/2022</p>		
		<p>Activity 4. Receive input from AAC Advisory Council and the Board</p>	<p>6/24/2022</p>		

GOALS	YEAR 1 OBJECTIVES	YEAR 1 ACTIVITIES	DATE DUE	YEAR 1 DELIV./METRICS
<p>Goal 4.4. Improve representation within the NCLHDA program</p>	<p>Objective 4.4.1. By Summer 2022, establish to what extent the board currently represents NC demographics and set goals accordingly</p>	<p>Activity 1. Research North Carolina demographics and compare against NCLHDA Board</p>	<p>4/1/2022</p>	<p>Deliverable 1. Meeting minutes with Board</p>
		<p>Activity 2. Develop proposal for representation goals</p>	<p>5/6/2022</p>	<p>Deliverable 2. Finalized representation goals</p>
		<p>Activity 3. Present findings to board</p>	<p>6/24/2022</p>	<p>Deliverable 1. Draft proposal</p> <p>Deliverable 2. Board Meeting Notes</p>
	<p>Objective 4.4.2. By Spring 2022, prepare and discuss with Board a proposal to require racial demographic data to be included in site visit supplemental materials in order to assist with goal setting</p>	<p>Activity 1. Develop draft proposal</p>	<p>3/18/2022</p>	

Priority 5: Intentionally engage partners, including but not limited to Health Directors, Boards of Health, County Commissioners, DPH, Commission for Public Health and State Legislature, in NCLHDA program impacts and accomplishments to support the capacity of the public health system overall

GOALS	YEAR 1 OBJECTIVES	YEAR 1 ACTIVITIES	DATE DUE	YEAR 1 DELIV./METRICS
<p>Goal 5.1. Provide communication materials that emphasize the impacts of LHD accreditation</p>	<p>Objective 5.1.1. By Fall 2021, share benefits of accreditation with LHD staff</p>	<p>Activity 1. Develop “Why Accreditation Matters” campaign</p>	<p>Completed Spring 2021</p>	<p>Deliverable 1. Completed folder of campaign materials for AACs and LHD staff</p>
		<p>Activity 2. Receive feedback from AAC Advisory Council and LHD staff</p>	<p>Completed Spring 2021</p>	
		<p>Activity 3. Incorporate feedback</p>	<p>Completed Spring 2021</p>	
		<p>Activity 4. Disseminate materials to AACs via a Monthly Webinar</p>	<p>Completed June 2021</p>	
		<p>Activity 5. Evaluate</p>	<p>6/30/2022</p>	

GOALS	YEAR 1 OBJECTIVES	YEAR 1 ACTIVITIES	DATE DUE	YEAR 1 DELIV./METRICS
Goal 5.1 (Cont.). Provide communication materials that emphasize the impacts of LHD accreditation	Objective 5.1.2. By Summer 2022, prepare materials to communicate value of public health and accreditation to county managers	Activity 1. Conduct listening sessions with county managers	1/28/2022	Deliverable 1. Notes from county manager listening sessions Deliverable 2. Folder of campaign materials for county managers
		Activity 2. Determine key talking points with partners	2/12/2022	
		Activity 3. Design materials	6/12/2022	
Goal 5.2. Build relationships with accreditation decisionmakers	Objective 5.2.1. By Summer 2022, map out existing network of legislative relationships	Activity 1. Survey site visitors, AAC Advisory Council and Board for professional relationships with legislators	4/15/2022	Deliverable 1. Directory of legislative relationships
		Activity 2. Create directory of legislative relationships	6/30/2022	
	Objective 5.2.2. By Summer 2022, have accreditation priorities considered during the priority setting process	Activity 1. Prepare materials explaining key accreditation priorities for review by Board	11/1/2021	Deliverable 1. At least one accreditation priority discussed at both NCALHD and NCPHA meetings
		Activity 2. Share priorities to NCALHD and NCPHA to be included on priority setting agenda	1/30/2022	
			4/29/2022	