**Accreditation Board Meeting**
Friday, June 17, 2022
9:30-1:30 p.m.
Zoom

**Board Members Present:**
Ms. Teresa Ellen, Chair
Kevin Austin
Barbara Beatty
Fleming El-Amin
Dr. Saini Raj Kundapati
Dr. Susan Haynes Little
Ms. Virginia Niehaus
John Rouse
Anna Schenck
Mr. David Stanley
Dr. Benjamin W. Tillett

**Board Members Absent:**
Bertadean Baker
Calvert Jeffers
Jerry Parks
Karen Powell
Dr. Rhonda Stephens

**Staff Present:**
Amy Belflower Thomas
David Stone
Faith McHale
Margaret Benson Nemitz
Maggie Carpenter

**Guests Present:**
Beth Lovette, DPH
Yvonne Copeland, DCFW

## Welcome

Board Chair Teresa Ellen introduced approval of the minutes as the first agenda item. Staff Member Margaret Benson Nemitz walked through revisions proposed by Board Member Virginia Niehaus for language clarification.

**Chair Ellen entertained a motion to approve the March 2022 minutes with suggested revisions. Board Member John Rouse made a motion to approve. Board Member Dr. Susan Haynes Little seconded the motion. The motion passed unanimously.**

Chair Ellen introduced the next agenda item as HDSAI Program Letters; however, since Beth Lovette was not yet present, Administrator Belflower Thomas and Chair Ellen decided to rearrange the agenda to discuss an added agenda item for the Yancey County Accreditation Schedule.

## Yancey Accreditation Schedule

Accreditation Administrator Amy Belflower Thomas explained that Yancey County is currently a member of Toe River Health District, but it will become its own entity as of July 1, 2022. She explained that this will create 86 health departments in the state rather than 85. This creates a question of how to proceed with accrediting Yancey County. Administrator Belflower Thomas explained that the Board received a letter this morning detailing precedent for when Polk County separated from the RPM (now Foothills) District in 2019. However, Administrator Belflower Thomas explained that this scenario will not be as easy considering that RPM had recently been reaccredited at the time of Polk's transition, yet Toe River Health District is scheduled for reaccreditation this upcoming Fall. This means that Yancey has not been accredited for six years. The Board needs to consider what their new schedule is going to be. The Board also needs to

consider that the program benchmarks, activities, and HDSAI reflect reaccreditation, not initial accreditation. Applying reaccreditation requirements to a new health department creates challenges as they require annual documentation since the previous site visit.

Chair Ellen asked why they couldn't continue to be a part of the district accreditation in Fall 2022 considering it is taking place just a few months after becoming their own entity. Administrator Belflower Thomas explained that the Board can think about it that way, but to keep in mind that Toe River can continue to create new evidence until their site visit on October 5-6, and that new evidence would not include Yancey post July 1. She mentioned that the Board could consider including Yancey in the Fall assessment and then include Yancey on the same cycle as Toe River in years to come. Administrator Belflower Thomas mentioned that there is nothing specific in legislation or rules that addresses this situation.

Ms. Niehaus stated that this sounds like a case of first impression and clarified that Yancey will be their own separate legal entity by the time of their site visit. She asked if it seems like Yancey would be unable to compile all of their documentation to be accredited on their own in Fall 2022. Administrator Belflower Thomas felt it would be onerous for them to have separate site visit and pull together 147 activities worth of materials within a matter of three months. Ms. Niehaus asked if the Board could provide latitude to use documents that were created while they were a part of the district, and Administrator Belflower Thomas affirmed this idea.

Ms. Beth Lovette, Deputy Director of the Division of Public Health, NCDHHS, reminded the Board that this separation is a "contentious divorce". She provided context that the state did not have counties leaving district models for decades, and this is now the second recent example. She explained that Poke benefitted from good timing and had a health director on board when they split, while Yancey has not yet reviewed health director applications. She emphasized that the Board will need to consider how to deal with this trend and successfully pull new departments into accreditation and reaccreditation, possibly with an adjusted time plan, possibly within their first year. She mentioned that Yancey has made progress on getting environmental health authorized, but they don't yet have policies in place.

Chair Ellen asked if Ms. Lovette was suggesting looking back at the original accreditation standards for entities that had never been accredited prior. Ms. Lovette confirmed that she was, adding that she doesn't see how a health department can be reaccredited that didn't previously exist. Chair Ellen asked how we would do this, and Administrator Belflower Thomas added that it's been so long since those requirements were in place, she's not familiar with what that would look like. Ms. Lovette emphasized that we will need to come up with a plan given there are eight counties where somebody could make a different decision and have a transition of leadership.

Administrator Belflower Thomas wondered if there was a way to hold them accountable without using the old accreditation requirements. She mentioned that one of the major issues with them trying to become accredited this fall is regarding hiring a qualified health director, which they can hopefully do within a year. She wondered if we could take a closer look at reaccreditation requirements such that they could use information from previous years for when they were part of the district for some activities, but for the activities that require "for the past 12 months," they will have to use documents from their health department and put them on a Fall 2023 schedule. Dr. Susan Haynes Little was thinking the same idea.

Board Member Anna Schenck wondered if there was a provisional something that Yancey could be under for a year while they work towards accreditation while the Board revisits the original

standards. John Rouse asked how long original counties had to get accredited, and Administrator Belflower Thomas mentioned that some had three months who were involved in the initial pilots, but after the pilot health departments had at least six to nine months. John Rouse asked, in all fairness, whether Yancey could get up and running within six to nine months. Ms. Lovette said that it would be pretty minimal, thinking that they would have a relationship with a Federally Qualified Health Center for clinical services, a few people hired from Toe River, communicable disease control in place, environmental health, a few policies brought over from Toe River, and school-based health centers live. Rouse asked about the size of the county. Ms. Lovette guessed 13,000, so a smaller Jones, Pamlico County sized situation. Ms. Lovette explained that the Federally Qualified Health Center just opened a new building a mile away, so they aren't planning to staff the health department, but that they did receive ARPA funds which they will probably use to start up the health department.

Ms. Niehaus brought up that there's a longer look back period on accreditation documentation at this time because of the Board's actions, pursuant to sub-delegated authority under COVID-19 executive orders, to waive scheduling requirements and grant a two-year extension of accreditation. For that reason, being able to use documentation that existed before the transition to fill in those requirements makes a lot of sense, and then anything that was supposed to be done post that transition date would require specific documentation from the county. From her perspective, she didn't see flexibility in law to give the county an extra year from their current cycle. She raised the idea of conditional accreditation, which is what provisional would be. If Yancey did not pass their site visit in Fall 2022, they would then receive a two-year conditional window to come back and reapply.

Ms. Lovette thought that might be the best thing that could happen for them because it would identify gaps so long as they were comfortable going into it knowing that they will likely not be able to meet all the standards. She brought up wanting to talk to the county manager about it so they saw it as an opportunity rather than a threat.

Administrator Belflower Thomas mentioned that the Board has an ad hoc committee currently reviewing conditional and unaccredited policies, and they're wanting to make very clear that this is not a punitive process, rather a quality improvement opportunity, that can give them access to support.

Board Member Kevin Austin wondered if there are standards for the evaluation of conditional accreditation that may not fit in this circumstance and, if so, if the Board needs to look at a subset of conditional accreditation or even new terminology such as temporary or initial accreditation that would have its own follow up in order to reach full accreditation. He asked if the Board would have authority to create something like that.

Administrator Belflower Thomas thought creating something like that would require legislative change. Ms. Niehaus confirmed that, from her perspective, legislation would likely be needed. She raised that the Commission for Public Health might be able to add some clarifying language in administrative rule. Administrator Belflower Thomas mentioned that this wouldn't be able to happen in time for Yancey, and Ms. Niehaus mentioned that this would likely be a part of the larger effort to review and update the administrative rules.

Chair Ellen expressed support for granting them conditional accreditation because it gives them two years to gather evidence and gives them some grace on having to go back to collect six years of data. Administrator Belflower Thomas mentioned that if Toe River is willing to be nice, they could

share their information in their dashboard; however, as a program we do not share that information without permission. Ms. Lovette shared that everything they have is public record, but it would be easier if they shared their dashboard versus Yancey having to make a public record request.

Administrator Belflower Thomas confirmed with the Board that an agency would be conditionally accredited whether they missed one standard or all standards. Chair Ellen asked if this would require any action for the Board today. Administrator Belflower Thomas clarified that since what the Board did before with Polk was different, the Board needs to clarify. Board Member Austin wondered if there were 25 or 50 activities that the Board considered crucial to meet evidence today in order to move forward for conditional accreditation, stating that it wouldn't be appropriate to grant conditional accreditation with no evidence of anything. He would want them to meet some basic services for conditional accreditation, but he wondered how we would establish that.

Ms. Niehaus expressed uncertainty on how the Board could establish those criteria, and Chair Ellen wondered what Yancey would be able to pull together by the Fall. Board Member Dr. Saini Raj Kundapati suggested that we could focus on making sure that they have the necessary procedures in place rather than looking at historical tracking.

Chair Ellen asked if the Board was ready to put the discussion in the form of a motion. Administrator Belflower Thomas mentioned that the current discussion overlaps with that of the Polk decision to put Yancey County in the Fall site visit cycle as a new health department and treat them like any other health department, in which case they would be offered a site visit, encouraged to submit information. Chair Ellen clarified that we would let them know that the Board realizes that they may not be able to meet, and that they would then be considered conditional and have an additional two years to meet accreditation requirements. Administrator Belflower Thomas suggested that part of the Board's motion could include meeting with the new health department to explain the process. Austin wondered if this would be 2022 or 2023, and Administrator Belflower Thomas mentioned that this would be Fall 2022.

Dr. Susan Haynes Little asked for clarification of whether the Board was considering using reaccreditation requirements or if the current proposal was to dust off and update the former initial accreditation requirements. Administrator Belflower Thomas mentioned that this would need to be a part of the Board's motion, and that she would advocate that they be allowed to use the reaccreditation standards. Per Ms. Lovette's comments, Yancey could use materials from their previous relationship with Toe River which is available via public record; however, this would be their responsibility. Administrator Belflower Thomas spoke to the administrative challenges of standing up initial accreditation, including retraining site visitors and building out a new electronic documentaiton submission system on the dashboard.

**Board Member Austin clarified the current suggestion and made the motion that Yancey County Health Department would have a site visit sometime in the Fall 2022 that would come before the Board at the November meeting to possibly vote to give Yancey conditional accreditation at this point, and then they would have two years to achieve full accreditation under the reaccreditation standards. During their site visit, they would be allowed to go back and use information during the time that they were under Toe River Health District. Dr. Susan Haynes Little seconded the motion. The motion passed unanimously.**

## HDSAI Program Letters

Chair Ellen thanked Ms. Lovette and Ms. Yvonne Copeland, Director of the Division of Child and Family Well-Being at NCDHHS, for joining the Board meeting to discuss the next agenda item, HDSAI program letters that now fall under the new Division for Child and Family Well-Being (DCFW). Board members Fleming El-Amin and Mr. David Stanley joined the Board meeting during this agenda item discussion.

Administrator Belflower Thomas explained that with reorganization within the Department for Health and Human Services, some programs that used to be under the Division for Public Health (DPH) now fall under DCFW. Accreditation Activity 22.2, which is essentially the programs letters list, specifically says that program letters specifically from DPH are what should be submitted. Yet now, some of those programs historically included in that list fall under DCFW. This raises the question of what letters should be submitted and accepted for accreditation. If the Board requires submission of program letters from DCFW, that would require a change to the HDSAI Interpretation, which is typically only updated once per calendar year, effective January 1. Ms. Lovette added that DHHS's commitment all along has been for the transition to be a painless process for health departments with an expectation that, as sister agencies, their staff would be expected to continue the obligations of program letters and agreement addenda. She explained that the letter she and Ms. Copeland sent to the Board prior to this meeting outlines that DCFW will continue to send letters to the health departments, and they hope that accreditation site visitors will continue to look at those. If the Board chooses not to take action on the HDSAI, she will be disappointed, but it will not change the fact that they will still provide letters to the health departments.

Administrator Belflower Thomas clarified that a lot within accreditation involves NCLHDA backing up what DHHS is doing. We often reinforce each other, but DPH will continue their processes separate from what NCLHDA decides.

Ms. Copeland thanked the Board for entertaining this request. She clarified that this involves the same staff performing the review of the agreement addenda. DCFW has a little over 900 staff, 800 of whom came from DPH, so there hasn't been any change whatsoever in terms of the qualifications, practices, policies, credibility, legitimacy, and integrity of the work and review.

Chair Ellen confirmed with Administrator Belflower Thomas that the question to the Board is whether to make a mid-year language change to the HDSAI or do we request that DPH continues to provide the letters until we can make the change in January, along with the other changes anticipated to the HDSAI at that time. Administrator Belflower Thomas brought up that we make clear in agencies' 90-day notification letters that they are held to the HDSAI in place at the time, so if the Board took action today, it would not affect counties being accredited this Fall because they are under the old HDSAI. It would only affect the agencies who receive August 90-day notifications for Winter 2023 site visits.

Dr. Susan Haynes Little mentioned that the current programs list includes DCFW programs as well, and Administrator Belflower Thomas mentioned that these are separately flagged, since at the time the list was posted, we were not sure how the Board would proceed. Dr. Susan Haynes Little asked that for health departments in the middle of their 90 days, they could receive credit for, but they couldn't be penalized, for any DCFW letters.

Ms. Copeland wondered if there could be a transitional approach to recognize the letters DCFW has issued during the current 90-day period so that health departments can get credit for that work. It was the expectation of Secretary Cohen and Secretary Kinsley and the Governor that there really

not be any adverse impacts to local partners and that they would experience business continuity, so that is what agencies are expecting. She specified that they are experiencing a similar thing when it comes to legislative statute and rule where it currently references DPH and DCFW needs to be added where appropriate. She acknowledged that this transition is a heavy lift, and really wants to make sure that the benefit or value is considered in terms of how health departments that comply get whatever credit they should.

Ms. Niehaus looked back at the Board's operational guidelines to remember what it says about the Board's typical timeline, where it mentions annual or planned revisions, and then in the context of COVID, an additional piece for emergency revisions when they are needed to meet public health needs. It mentions that implementation dates of the versions will vary and will be clearly communicated. She asked if the Board felt that this meets that standard of emergency revision and secondly, is there a way to implement it for folks who are in the middle of the cycle if we were to take an emergency path.

Administrator Belflower Thomas spoke from a program administrative perspective that this activity is perhaps one of the most hated activities. It's a lot of letters that they sometimes have to collect multiple times, so there is already a lot of consternation around this activity. Secondly, we are coming back after a two-year break in site visits with a number of changes coming with the program at the same time, and she wondered if putting another change mid-year onto people on top of all the other changes is going to be worth it for this one cycle of site visits. She mentioned that if an agency does want to submit additional letters, the site visitors will still look at them and check them off. She encouraged the Board to think about the cost benefits of these changes.

Chair Ellen mentioned that the technicality here is that letters need to come from DPH. She wondered if there was a way to have letters be signed off by both DPH and DCFW such that the DCFW programs would still meet the current DPH letter requirement as outlined for this one cycle.

Ms. Lovette mentioned that DPH is happy to do whatever. In hearing how the health departments are feeling about the letters, she feels like they need to do a rapid QI project on the letters at DPH and DCFW anyways if this is one of the more onerous activities. Chair Ellen confirmed that receiving these letters is difficult to receive from the different sections.

Ms. Copeland mentioned that they are looking into implementing some quality improvement around program letters by establishing a portal so that they don't need to worry about when letters are issued or if agencies can find them, so that will hopefully build a number of efficiencies to make the process less onerous for health departments.

Margaret Benson Nemitz mentioned that this activity has been a specific point of conversation during Phase 3 program revision discussions, as was how to better work together with the state throughout strategic planning discussions. She also brought up to Amy's earlier point about change management and how now is a difficult time to create additional changes to the program. She just received annual survey results, and while there is still a lot of support for the program, she's seeing more so than previous years that people are speaking up about onerous process, the time involved, and not having the staff capacity to pull off accreditation. Our data is showing us that now is a hard time to make additional changes.

Ms. Copeland asked if there are any unintended consequences that the Board can think of for health departments related to the lack of transition or continuity. Administrator Belflower Thomas mentioned that if we make a change right now, that will only impact a small subset of counties. We

know from previous changes that no matter how intentionally we communicate that this change only impacts a subset of health departments, we know that we will receive dozens of emails of health departments panicking. One unintentional consequence is simply making a change when health departments are already a bit done with change.

Ms. Copeland affirmed that this is exactly what they are trying to avoid right now. She clarified that they could possibly do what they did with a consolidated agreement, which is a three way, or in this case two-way, letter. To do this, they would need to receive agreement from DPH, but it is something that DCFW would certainly be open to and could still give health departments credit for their compliance. Administrator Belflower Thomas affirmed that this is aligned with Chair Ellen's suggestion from a compliance standpoint, and it would comply with our current activity as written. She explained that this would be a band-aid solution until we make the official change on January 1, 2023, and she doesn't feel like it would be a question that we would make the change at that time.

Ms. Copeland noted that they would need to give notice to health departments where they have already issued letters and inform them that they are issuing joint replacement letters. Administrator Belflower Thomas emphasized that we could communicate this just to the counties coming up for site visits as to not confuse the rest. The program can also send out notifications through our monthly newsletter, but she would prefer to just let the counties who are impacted know so as to not freak anybody else out.

Chair Ellen asked if there was any further comments or discussion before entertaining a motion.

**John Rouse made a motion to ask DPH and DCFW to work together on a co-signed letter that would be accepted until we make official changes to include DCFW in the HDSAI starting January 1, 2023. Fleming El-Amin seconded the motion. The motion passed unanimously.**

## Upcoming CDC RFP Opportunity

Administrator Belflower Thomas explained that the CDC American Rescue Plan Act (ARPA) is coming down with a second set of funding specifically for infrastructure that opened up yesterday, letters of intent are due June 30, the application is due August 15, and awards would come in November 2022. A major part of the award is for state and large local health departments to continue work through ARPA for public health infrastructure, which is great news. Administrator Belflower Thomas wants to make clear that we are not proposing to touch any of the health department funds in any way. There's a second type of awardee that's specifically for national technical assistance providers to also do this supportive work.

As the Board is aware, we've been in discussion with PHAB regarding opportunities for reciprocity. This has also come up on the NCIOM Task Force on the Future of Local Public Health of whether we should move towards PHAB, as it did during strategic planning discussions. With this new emphasis on infrastructure, there could be potential in the future for a CDC grant or something else to require an agency to be PHAB accredited. While we're talking with PHAB about reciprocity, we're not sure what that will look like and we do not want a duplicative process, so we've said no until now. Yet with this funding opportunity, we proposed something to the Health Directors Association in April and received a unanimous vote to support for NCLHDA to go after the technical assistance piece to stand up a center to support small to mid-sized health departments in achieving PHAB accreditation. We know through talks with PHAB and in looking at their data that PHAB struggles to accredit low to mid-sized health department. For some it's mostly a cost issue, but also a capacity issue for some small to mid-sized health departments to get accredited. In talking with them, they

struggle to provide technical assistance as the program administrators, just as we do, and they are frequently approached with small to mid-sized health departments asking for technical assistance and consults to help, and that support really doesn't exist outside of maybe a few independent consultants. Considering NCLHDA has successfully accredited health departments of all sizes, including small health departments for over 20 years and we have a system of supports that seemed to work well for that, we want to propose standing up a center to provide technical assistance, training, coaching, and setting up communities of practice to pilot supporting all 86 health departments in North Carolina to start towards PHAB accreditation. That would include paying for initial PHAB fees, and then we would look into sustainability which may include legislative funding or philanthropic funding in the future, with a goal that after we start the pilot in North Carolina health departments, we could open up as a support center nationally for small to mid-sized health departments. She mentioned that this is a pretty ambitious idea, but it aligns well with the history of North Carolina, where we really started accreditation and we've proved success in accrediting small to mid-sized health departments.

Administrator Belflower Thomas mentioned that she wanted the Board to be aware and also certainly wants the Board's support on this. She mentioned that the Health Directors Association as well as Lisa Macon Harrison, Granville Vance Health Director and current President of NACCHO, are both aware and fully supportive, and we've also discussed the idea with PHAB and they are supportive even to the point of being a subcontractor to support a liaison with their offices to make sure the supports we provide would be consistent with their requirements.

Administrator Belflower Thomas acknowledge that this will be a huge application, and she would certainly appreciate the Board's ideas, feedback, and support going after this.

Mr. Austin thought this was an awesome idea and also wanted to speak to the goal of attaining funding from the state for our accreditation functions and potentially the technical assistance piece and seeking federal legislation as well. His county is prepared to move forward, his association is just starting legislative goals process right now, and he wants to make sure that the goals they submit are aligned with this application and request and that neither leaves a gap that we want to address.

Administrator Belflower Thomas mentioned that there are a lot of moving parts here, and we will need to work with Ms. Niehaus regarding how to mesh this with current statutory requirements and administrative rules. Ms. Niehaus agreed that we will need to look at alignment.

Anna Schenck mentioned that the link talks about Component A in great detail and then has very little information about Component B. Administrator Belflower Thomas mentioned that this is all we've known up until this point, but we have a little more context because PHAB actually knew about this opportunity early on in the Winter and they received information from the CDC that accreditation would be supported through Component B.

Ms. Lovette mentioned that the timing was perfect, as she was at a meeting with PHAB and PHNCI, talking with the CDC when this announcement went live. She mentioned that North Carolina had lunch with Paul at PHAB, and he mentioned that they are entirely supportive of figuring out how to use expertise and leadership in North Carolina, which is promising as we will likely need a letter of support considering PHAB and ASTHO and probably many others will compete for these funds. She also shared that a collaborative approach is huge and really a huge opportunity for the state to build on our history as the first state in the nation with a local public health accreditation program. She also mentioned that the North Carolina General Assembly in budgets for many years has not

put state dollars into local public health departments, so almost all the money that comes from the state is federal and includes some maintenance of effort or some state match as needed. Health departments currently receive about $11 million of non-categorical recurring public health funding, which can be used for accreditation fees, but it is certainly not adequate to address the gaps with state mandates, laws, and roles for local health departments. She shared that in the Governor's budget, there are $10 million new state-recurring dollars which is almost double the current investment of state recurring dollars that would be added.

Mr. Austin also brought up the funding that they were able to get for communicable disease (CD) functions, which for his county was something like $130-some thousand for his county, more for larger counties. He clarified that he does have direct ties to the Association of County Commissioners as a past President, and he is proud of the request for additional CD funding as it was originated by his county two years ago through the legislative goals process. He's really hopeful because he things that through COVID and through their request, there's been a real elevation of consciousness of the importance of the CD function of public health. He thinks a lot of leaders are open and it's the perfect opportunity for all of us to align and seek permanent funding of full CD function. The thing he wanted to ask everyone is if we feel that this CD funding is at risk of going away, what do we feel the future of the CD funding is after ARPA funds are gone? This is something we're going to have to fight for.

Ms. Lovette mentioned her recent trip to Washington, DC on the 21st century public health transformation, thinking about how to break up the silos within public health that create inefficiencies. There's a discussion about the foundational public health services, and an acknowledgement that because funding has been siloed into programmatic functions, health departments are struggling with the capacities. There are conversations about what's the state role versus the local role. The feds are probably going to continue to fund big programs like maternal and child health block grant, for example. States should find foundational public health services and capabilities that every NC resident should be able to count, and communicable disease surveillance and control is top of that list for all of us, and then determine what local health departments need to fill county-specific gaps. She acknowledged that North Carolina is very far from meeting this because, historically, there really hasn't been state dollars to speak of. We're in near 45th spot or worse for North Carolina providing state public health funding. We would need hundreds of millions of dollars to catch up with what other states are doing, so this $10 and $36 million dollars is a step in the right direction, but it needs to be probably closer to $400-500 million more dollars in local public health to have the robust response we need to see in the field.

Mr. Austin asked for anyone else's input on where the Board thinks we're moving as a state.

Ms. Lovette shared one more follow up that while we are 45th or lower in state funding, we are ahead of many states in the way we work collaboratively between the state and local to keep communication open and keep doing things the right way in North Carolina, but that we really don't have a good mechanism to know the county contributions to local health departments. Kentucky, Washington, and Ohio have been doing this for a long time and it's a big lift to figure out a common way to talk about this together. We can talk about it all we want at the state level, but folks at the local level are where the action is and where the differences are really made.

Mr. Austin clarified that Ms. Lovette is saying we really need more beyond the $36 and $10 million currently proposed. He shared that they feel strongly that they can lobby for the $36 of ARPA funding can continue and transition from ARPA funding to state funding next spring. He thinks this could be a great foundation to expand state funding in public health going into the future.

Chair Ellen agreed with Ms. Lovette that the funding we really need is funding that can be used wherever is needed to fill a gap in a particular county or district, and not so much restricted funds. Even with ARPA funds, it's a challenge to spend them because they are so restricted.

**Chair Ellen then brought the Board back to the agenda and entertained a motion to support Amy and the staff in applying for the CDC funds as Amy outlined. Board Member Barbara Beatty made that motion. Fleming El-Amin seconded the motion. The motion passed unanimously.**

## Strategic Updates

Program Staff Margaret Benson Nemitz then presented to the Board strategic workplan updates. She shared that in the year one workplan, the program set out to complete a lot of individual activities. When the program took a look at what we completed in the past year, we completed over half of what we set out to do, and a quarter of those individual activities are in progress. She pointed out that a lot of the activities in progress are continued efforts, things like holding quarterly meetings with PHAB. A lot of systems and structures are now in place that will continue to be in place, so the program feels pretty good about this. 81% of activities that we said we were going to do are completed or ongoing/in progress. The program learned a lot through this process as this was the program's first workplan of this detail, and as the Board know, the program worked through many hurdles this year, so we had to make a lot of decisions and adjustments throughout the year. A lot of what was not completed is either related to relational items like partnering with other folks, which takes time to do well, and some of it was also things that we intentionally decided to adjust with all of the changes that were already in place this year, such as deciding that now was not a good time to adjust supplemental material requirements. Many activities that are flagged for year 2 are related to phase 3 revisions. The program is making progress with the standards workgroup, but it is slow work that takes time to do well.

Benson Nemitz shared that the standards workgroup officially relaunched in May and is meeting twice a month. They were able to bring back many members from 2020 with two new members joining, and she reminded the Board that the composition of this workgroup is outlined in operational guidelines. She introduced Maggie Cremin, who is working full-time with the program over the summer to support the Standards Workgroup along with David Stone who previously worked with PHAB.

Benson Nemitz also introduced Faith McHale, who just joined the team this week and is helping with the program's administrative accreditation items, so the Board will see more emails coming from Faith through the shared email inbox.

Benson Nemitz shared some of the priorities that the Standards Workgroup is considering during Phase 3. The Workgroup is only focusing on rules revisions at this time, working to create a more streamlined structure with less content in rules than currently exists, building on 2020 recommendations, reduce activity duplication, and build strategic overlaps with PHAB.

Benson Nemitz shared that the review process as outlined in Operational Guidelines requires that the recommendations be released for public comment, and then revisions will also go to public comment during the rules change process, so there will be many opportunities for feedback along the way. She noted a few places where the Workgroup has added in additional steps given how large of a revision the group is considering at this moment – revising the overall structure and benchmark changes first, and then drilling down into activity and interpretation revisions.

Benson Nemitz shared the current statute language that the Workgroup is not requesting revisions to at this time, demonstrating how the Workgroup will consider how current changes will still need to meet statute requirements. She also shared that the Workgroup is considering the revised Essential Public Health Services and Foundational Public Health Services as potential models in revising the structure, and they are in the process of thinking through the pros and cons of different structure options. She mentioned that there is a lot of exciting energy around foundational capabilities, but folks are also more accustomed with the Essential Services as that is how the program is currently structured.

Benson Nemitz moved on to share updates on the Equity in Accreditation strategic projects that are supported through NACCHO's training and technical assistance support. The program has held five focus groups over the past few weeks to hear what folks re currently doing related to health equity within their health department, where they see accreditation currently fitting in, and where, if at all, they'd like to see the program go moving forward to support health equity efforts. She explained that the program is still working on summarizing the results, which they expect to release a summary in July and incorporate those results into the standards workgroup for incorporation into recommendations. In addition to the focus groups, the program is completing an internal equity audit through Beloved, who will also provide consultation sessions to think through how to use the results to inform future equity action planning.

Benson Nemitz then shared some survey updates. This year, the program received 130 responses overall, though some were partial completions. Just under half of the respondents were AACs, a quarter were health directors, and a quarter were other members of the accreditation team. 51% saw the NCLHDA process as very or extremely valuable, and 9% reported not at all valuable, which feels notable because in the past three years this has been between 0-1%. It is something for us to be mindful of while analyzing data. The program will release the full interactive report by the end of July.

Benson Nemitz followed up on the Board Demographic Survey that was distributed in between this Board meeting and the previous. She shared that they received 9 responses out of 16 active Board members. She mentioned that Board members who did complete the survey should notice that in recent Board minutes, we've incorporated titles and names that folks wish to use as shared in the survey. For Board members who did not respond to the survey, Benson Nemitz shared that we are not using titles for those individuals at this time because we do not want to make assumptions about how Board members want to be called. She asked that Board members please let staff know if they want to be referred to in a specific way so we can respect that as a program.

She then shared a secondary comparison of Board seats with consolidation governance structure and geographic location that the program is currently finalizing. Across the 10 seats that are representing specific jurisdictions, we compared representation to state consolidation governance status and geographic location.

Finally, Benson Nemitz shared an overview of the year 2 workplan. The program is moving towards a more high-level workplan, recognizing that this work is iterative. We want to be transparent about the work we are doing, but we do not feel prepared to have a detailed action plan yet as we wait on the equity audit process and continue phase 3 revisions. She explained that the program is taking a more flexible approach while also still communicating intentions. The program as created a one-page workplan-at-a-glance to highlight year 1 accomplishments and how that moves into year 2 actions. She emphasized that the program is excited to hear feedback on all of this work.

Chair Ellen asked if there were any questions from the Board. She thanked Benson Nemitz for all the time and leadership with the workgroups.

Dr. Susan Haynes Little shared a quick comment that she was glad to see a year two focus to build relationships with DPH. DPH has lost so much institutional knowledge and building a relationship with DPH and not making assumptions about who does what, and perhaps creating a specific DPH Accreditation point-person. She mentioned that she will do whatever she can to support that.

## Business Updates

Administrator Belflower Thomas shared that the program is resuming site visits this Fall, starting August 31 and the last one is scheduled for October 13. They will now be adding Yancey to the schedule. She reminded the Board that in November, the Board allowed a health department to have a traditional in-person site visit or a partially remote site visit. The program has surveyed all health departments for the next year, and all the Fall counties selected the partially remote option, with three in the Winter selecting traditional in-person. She reminded the Board that partially remote involves the lead site visitor and the site visitor coordinator on site, and then the other three site visit members via Zoom, still participating in interviews in that setting.

Administrator Belflower Thomas gave an update that the program held three-day Site Visit Team training in April, sharing that we lost some of the program's seasoned site visitors, but we also gained a lot of really great new site visitors. This Fall, new site visitors will shadow visits and then will be eligible to do site visits on their own next Winter. She shared that we still struggle a little bit with board of health site visitors, so she's reached out to do some recruitment there. She shared that the training itself ran really well.

Administrator Belflower Thomas then shared an update about the ad hoc committee to review conditional and unaccredited policies and procedures. The group met for a second time last week, and they have another few meetings scheduled looking at current policies and making sure that they are streamlined, clear, consistent, and provide value. It's looking like that will probably be ready to be reviewed and passed by the Board in November, and that the Board should receive more information in September and November Board meetings.

Administrator Belflower Thomas then shared a reminder that the next Board meeting is September 23 from 9:30 to 11:30, remotely via Zoom. However, the November 18 meeting is 9:30-1:30 and will be hybrid, hopefully in the Cardinal Room at DPH in Raleigh. Board members are encouraged to come in person, as it's really important for the Board to be in person a few times a year. She also updated that the Board currently has 16 members and that we are waiting on a Board of Health representative nomination, as they have been going through some transition and are trying to think strategically.

Chair Ellen asked if anyone else had an update for the good of the Board. She thanked everyone for the productive and informative meeting.

**Chair Ellen entertained a motion to adjourn the meeting. Fleming El-Amin made the motion and Kevin Austin seconded the motion. The motion passed unanimously and the meeting adjourned.**

Next Meeting: September 23, 2022 at 9:30-11:30 - remote

Respectfully submitted,

Amy Belflower Thomas, MHA, MSPH, CPH
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