


April 2023

Proposed Revisions to NCLHDA Activities


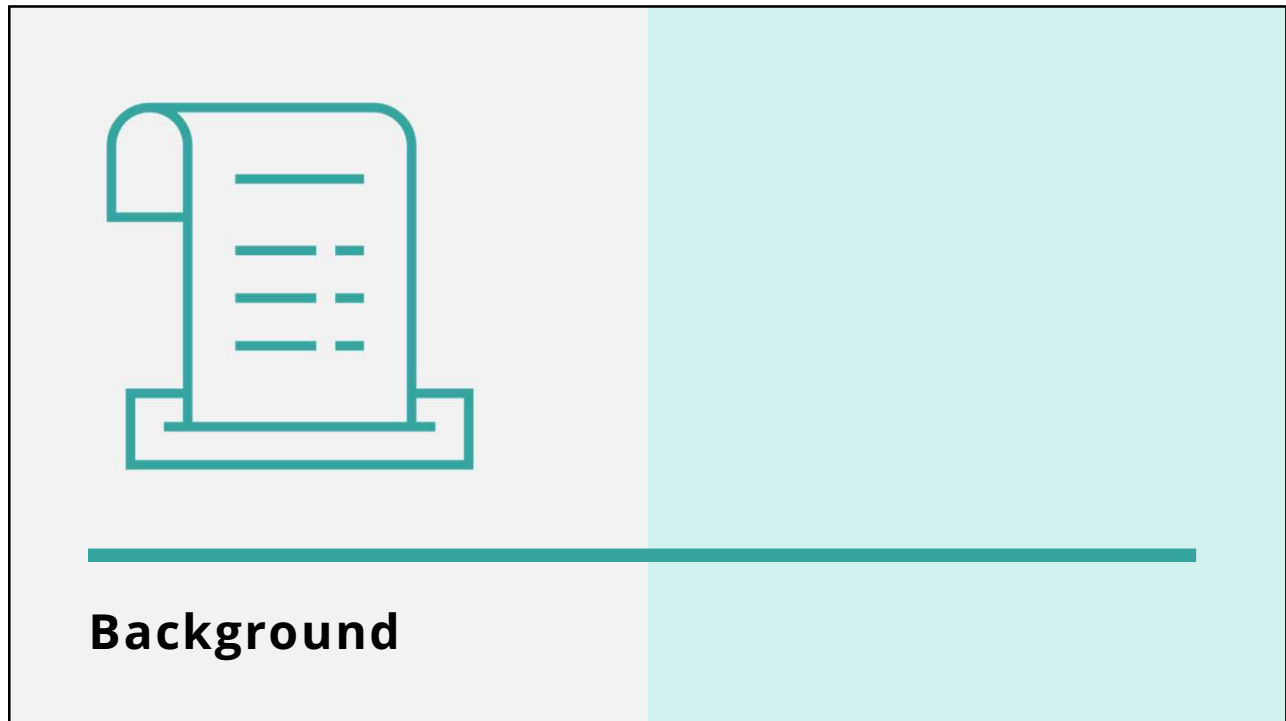


NORTH CAROLINA
Local Health Department
Accreditation

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

NOTES

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Background

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NCALHD-led Accreditation Workgroup

2019	
Accreditation Board	Barbara Beatty, Chris Dobbins, Jerry Parks
NCALHD	Scott Harrelson, Janet Clayton
DPH	Lynn Connor
NCIPH	Amy Belflower Thomas
Accreditation Site Visitor	Tommy Jarrell
Health Directors	Battle Betts, Karen Powell, John Rouse
Advisory Capacity	Virginia Niehaus, Chris Hoke, Jill Moore, Ryan McGhee (PHAB)

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Standards Workgroup Composition

2020	2022
Ashley Stoop - ARHS	Ashley Stoop - ARHS
Emily Mayes - Surry	Emily Mayes - Surry
Rebecca McLeod - Burke	Jennifer Greene - ADHD
Tommy Jarrell - Richmond	Jessica R. Silver - Buncombe
Jo Morgan - Retired	Jo Morgan - Retired
John Rouse - Harnett	John Rouse - Harnett
Susan Little - DPH	Susan Little - DPH
Victoria Hudson - Orange	Victoria Hudson - Orange

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2020: HDSAI Interpretation Review

Standards Workgroup reviewed HDSAI documentation requirements

- Reviewed NCALHD group suggestions
- Scored activities based on continued need, objectivity, value add, and relevancy to current professional practice
- Reviewed revised 10 Essential Services

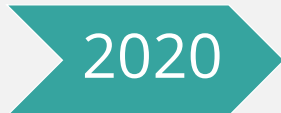
Held Public Comment Process in Fall 2020

Guided implementation of the NCLHDA strategic roadmap



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Public Comment Data



WE HEARD YOU

In 2020, we shared a draft of proposed changes to the Health Department Self-Assessment Instrument (HDSAI) Interpretation Document for feedback from stakeholders across the state. This document provides a summary of the feedback received and highlights how it was incorporated into the 2022 HDSAI Interpretation Document. A special thank-you to everyone who took their time to review the document and provide comments.

WHAT WE HEARD

Public comment on the HDSAI Interpretation Document elicited a wide range of comments from clarifying text to more substantial content changes, which would require rule changes by the Commission of Public Health. Notably, we heard a call to:

- **reduce duplication across the document**
- **reflect changes in the field** by incorporating the revised 10 Essential Public Health Services (10 EPHS) and equity as foundational components.

Individual activities were reviewed 1660 times by 29 respondents, with 803 written comments.

803 comments

- Clarifying Text (5.3%)
- Affirmations or Frustrations (10.6%)
- 10 EPHS (11.8%)
- Would Require Legislative Rules Change (12.4%)

Note: Comments requiring legislative rule changes include those related to revisions with state guidelines, suggestions for activity completion, and suggestions for activity deletion.

WHAT WE DID

10 EPHS & Equity Integration

113 activities were assigned new services based on the 2020 revised 10 EPHS. 60 activities were identified as areas for equity integration.

Document Style & Accessibility

The HDSAI was given a colorful new design and was re-formatted to be visually appealing, easily navigated, and accessible for screen readers.

A Few Notable Activity Changes

1.1. Community Health Assessment only requires a letter from NCDPH confirming the content requirements were met as documentation.

9.1. Current Health Issue Communication no longer requires annual evidence of information dissemination, rather 2 examples for each accreditation cycle.

WHAT WE ARE GOING TO DO

The NCLHD Accreditation Program will incorporate public comment takeaways throughout the program's 2021-2025 strategic plan and the process of reviewing administrative rules.

NCALHD CAROLINA Local Health Department Accreditation

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2021: Revise HDSAI

Incorporated feedback from Public Comment Period

Released the 2022 HDSAI Interpretation Document in Spring 2021 and provided training on new requirements



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2022: Evaluate & Advance "Phase 3"

Based on 2020 public comment and 2021 feedback, advanced the timeline for rules change

In April 2022, reformed the Standards Workgroup to update benchmarks and activities through rules change

- Considered previous public comment data, PHAB revisions, Essential Services of Public Health, FPHS, and existing requirements



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2023: Finalize Proposed Rules Change

Receive feedback and hold optional public comment in Spring 2023

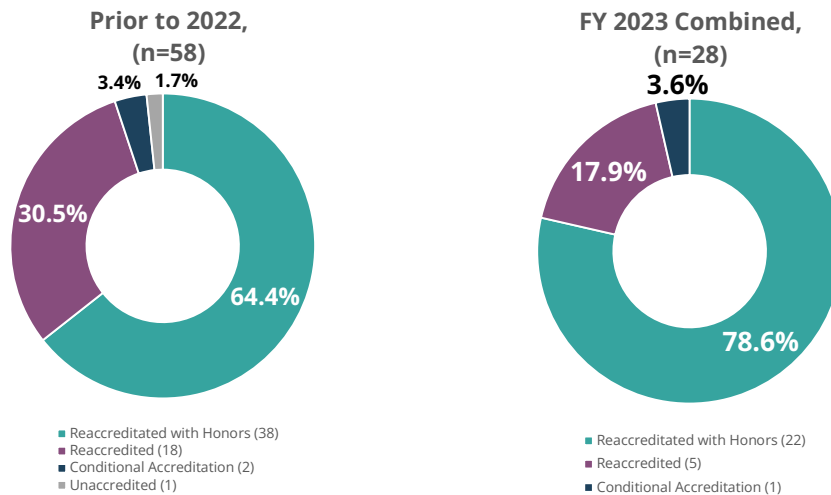
Incorporate feedback

Submit proposed benchmarks and activities to Commission for Public Health for rules review by Fall 2023



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FY 2023: Resumed Site Visits



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2024 and Beyond

- After submitting to rules review, revise HDSAI Interpretation Document with full documentation requirements (*expected Spring-Summer 2024*)
- Thorough education and training on changes (*expected Fall 2024*)
- Roll out of new program (*earliest expected January 2025*)

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Accreditation Infrastructure

Legislation (Statutes: G.S. 130A-34.1; 130A-34.4)

- Requires LHDs to be accredited and makes funding contingent upon accreditation
- Requires CPH to adopt rules addressing process and LHD accreditation standards

Rules (10A NCAC Chapter 48)

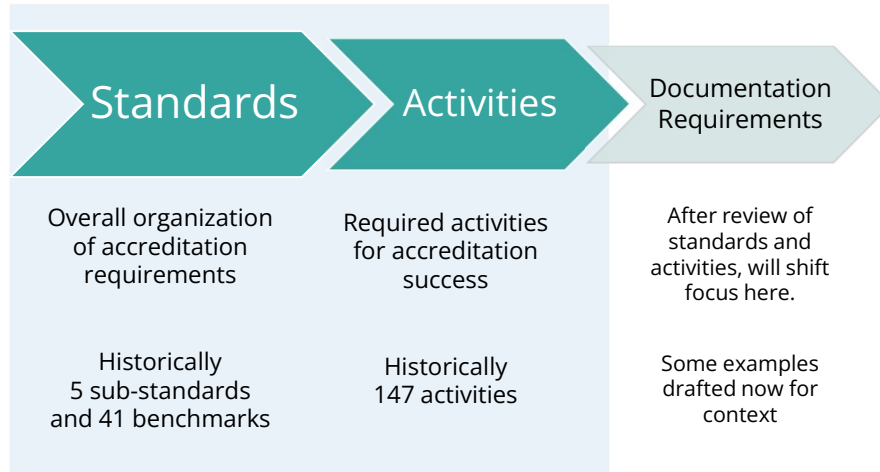
- Establishes the processes required by the legislation
- Establishes benchmarks and activities for the standards required by statute

HDSAI Interpretation Document

- Explains Accreditation Board's interpretation of rules
- Identifies evidence to be used to satisfy the activities specified in the rules
- Integrates other existing program requirements

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Current Focus

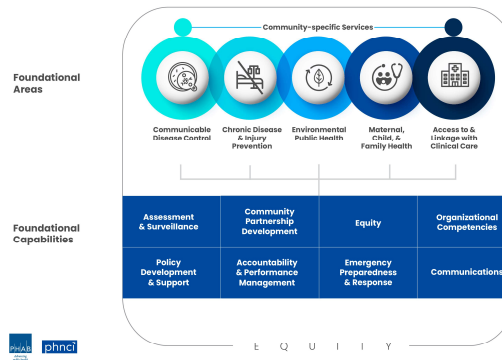


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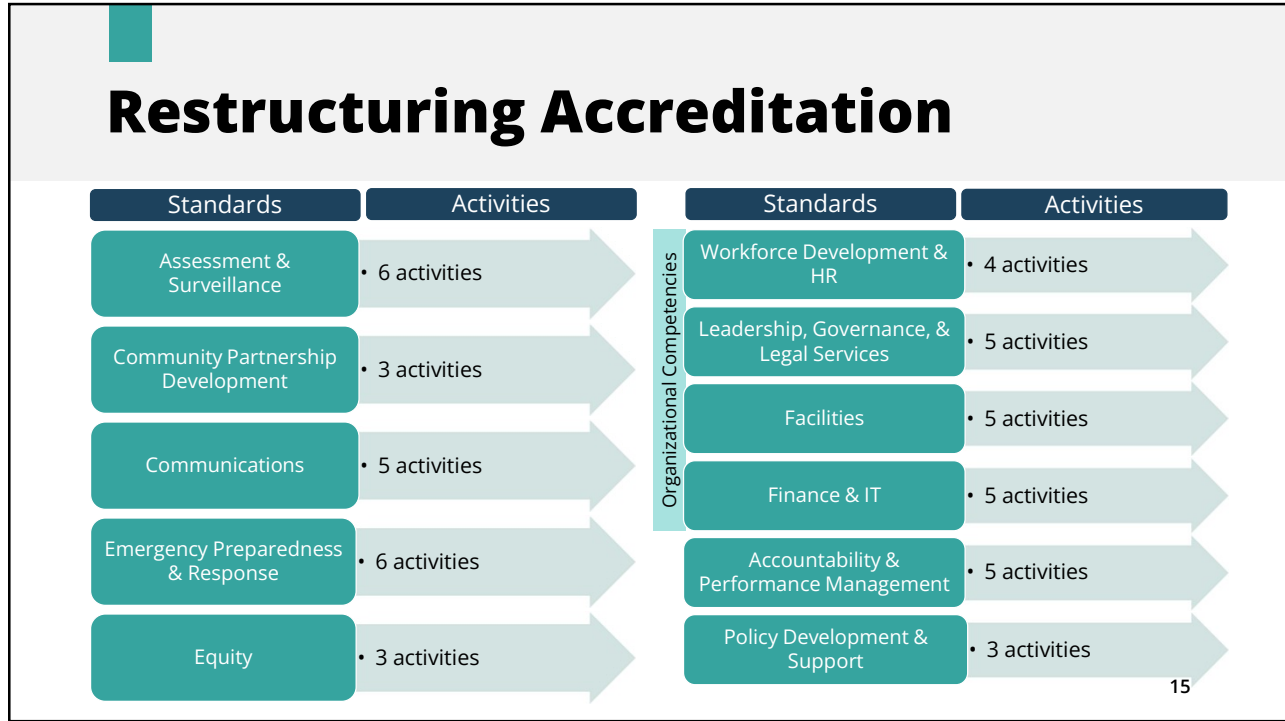
Foundational Capabilities

The Foundational Public Health Services (FPHS) were developed in 2013 to define a minimum package of public health capabilities and programs that no jurisdiction can be without. Almost 10 years and a global pandemic later, it was time to refresh the FPHS framework to assure it continues to reflect the evolving nature and modernization of governmental public health.

Foundational Public Health Services



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Overview of Drafted Activities

11 Standards, 50 Activities

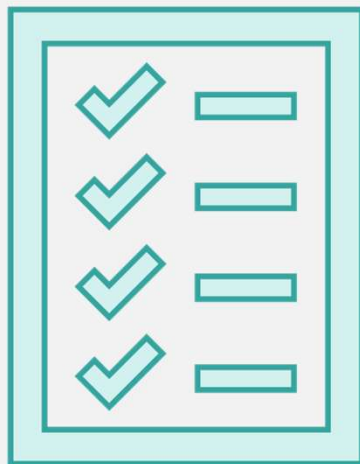
Organizational Competencies										
A. Assessment & Surveillance	B. Community Partnership Development	C. Communications	D. Emergency Preparedness & Response	E. Equity	F. Workforce Dev. & HR	G. Leadership, Gov, Legal	H. Facilities	I. Finance & IT	J. Accountability & Performance Management	K. Policy Development & Support
<ol style="list-style-type: none"> CHA Data collection Secondary data use Data sharing Laboratory services Surveillance systems 	<ol style="list-style-type: none"> Community health coalitions CHIP Maintain trust with community 	<ol style="list-style-type: none"> Communication procedures Communication audiences Communication channels Health communication strategy Public risk communication 	<ol style="list-style-type: none"> Preparedness & response plans Emergency personnel & communications Continuity of operations Community readiness Emergency health orders Event notification 	<ol style="list-style-type: none"> Equity plan Equity training Equity in Foundational Areas 	<ol style="list-style-type: none"> HR functions Workforce diversity Workforce development plan Professional development 	<ol style="list-style-type: none"> Jurisdictional leadership Strategy Governing entities Legal services Ensure diverse representation on boards & councils 	<ol style="list-style-type: none"> Procure space Safety & security Infection control & cleanliness Accessibility Tobacco-free 	<ol style="list-style-type: none"> Financial system Secure funding Leverage funding Electronic health information Data confidentiality 	<ol style="list-style-type: none"> Agency policies Policy & law performance Performance management system Evidence-informed practices Quality improvement 	<ol style="list-style-type: none"> Regulation compliance Local policy contributions State policy contributions

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Intent of the Revised Standards

- Respond to years of LHD feedback
- Make the activities broad enough to stand the test of time
- Create flexible options for health departments to demonstrate activity completion
 - Reduce duplication and 'check the box' activities
 - Increase value of the process

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Review of Each Standard

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Assessment & Surveillance

Standard A

#	Activity Language
A1	Conduct a collaborative process to complete community health assessment
A2	Collect public health and related data that guides planning and decision making
A3	Interpret and use data from a variety of sources to describe the health and well-being of a community
A4	Actively share data and information with the public and community partners
A5	Access and utilize laboratory services capable of meeting routine and emergency diagnostic and surveillance needs
A6	Participate in or support surveillance systems to rapidly detect emerging health issues and threats

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Community Partnership Development

Standard B

#	Activity Language
B1	Participate actively with community partners
B2	Identify and engage populations most impacted by inequities
B3	Engage members of the community and multi-sector partners in a community health improvement process.

Do a
CHIP

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Communications Standard C

#	Activity Language
C1	Provide ongoing, non-emergency communication outside the health department
C2	Tailor communications and communications mechanisms for various audiences
C3	Maintain communication partnerships to promote public health messages
C4	Deliver a proactive health education/health communication strategy to encourage actions to promote health
C5	Develop and implement a risk communication strategy

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Emergency Preparedness & Response Standard D

#	Activity Language
D1	Develop, exercise, and maintain preparedness and response strategies and plans
D2	Activate personnel and communications systems in the event of a public health crisis to coordinate with partners
D3	Maintain continuity of operations
D4	Establish and promote community readiness, resilience, and preparedness
D5	Issue and enforce emergency health orders
D6	Be notified of and respond to events on a 24/7 basis

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Equity Standard E

#	Activity Language
E1	Equity Plan - Create accountability structures and internal and external equity-related metrics to measure the equity impact of an agency's efforts and performance
E2	Provide education to cultivate a culture of equity and drive improvement in equity metrics
E3	Demonstrate how initiatives within the Foundational Areas advanced the agency's equity efforts

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Organizational Workforce Development & Human Resources - Standard F

#	Activity Language
F1	Develop and implement human resource policies
F2	Develop and implement a plan to recruit and hire a workforce that reflects the community served
F3	Develop and implement a workforce development plan
F4	Provide professional development opportunities to staff

Salary
review

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Organizational Leadership, Governance, & Legal Services - Standard G

#	Activity Language
G1	Provide public health expertise throughout jurisdiction
G2	Define a strategic direction for public health initiatives
G3	Maintain and engage with appropriate governing entities about the department's public health legal authorities
G4	Access and use legal services in planning, implementing, and enforcing public health initiatives
G5	Develop and implement a plan to recruit and elect representatives on public health boards and councils that reflects the community served

Strategic Plan

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Organizational Facilities Standard H

#	Activity Language
H1	Procure and adequately maintain space for services, programming, and emergency response
H2	Provide safe and secure physical facilities and services
H3	Have and enforce policies and procedures for infection control and cleanliness
H4	Maintain and improve accessibility of facilities
H5	Require tobacco-free facility and grounds

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Organizational Finance & IT Standard I

#	Activity Language
I1	Establish an accountable budgeting, auditing, billing, and financial system
I2	Seek needed resources to support ongoing and emergent needs according to data
I3	Leverage funding and ensure resources are allocated to address equity and social determinants of health
I4	Procure and maintain the hardware and software needed to access electronic health information to support the department's operations and analysis of health data
I5	Have proper systems and controls in place to keep health and human resources data confidential and maintain security of IT systems

Billing capture

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DRAFT Activity I.2: seek needed resources to support ongoing and emergent needs according to data

Standard: Organizational Finance & IT

Connection to Statute: Governance and fiscal management

Example Documentation 1: Evidence of using financial data to understand funding needs and gaps

Example Documentation 2: Use of evidence from documentation 2 to inform funding requests (grant applications, local appropriations, state agreement addenda, etc.) if and as deemed necessary

- Seeking support from BOH when relevant to above documentation

Crosswalk to former Activities: 33.1 Local Appropriations, 39.1 BOH Support of Securing Funding
Crosswalk to PHAB: 10.2.6 Oversee grants and contracts, 10.2.8 Evaluate finances and seek needed resources to support ongoing and emergent needs.

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Accountability & Performance Management Standard J

#	Activity Language
J1	Establish, maintain, and revise public health agency policies that are grounded in law (when relevant)
J2	Perform according to accepted standards in accordance with policies and laws
J3	Maintain a performance management system
J4	Identify and use applicable research and practice-based information
J5	Maintain organization-wide use of quality improvement tools and methods

EH
complaint
response
time

Customer and
client
satisfaction
surveys

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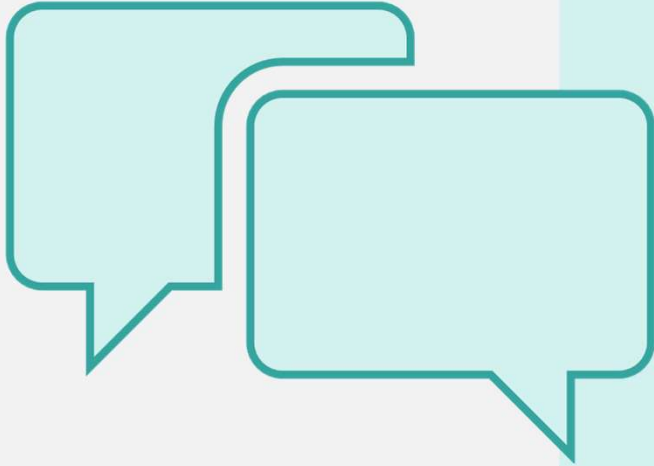
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Policy Development & Support Standard K

#	Activity Language
K1	Enforce compliance with public health regulations
K2	Examine and contribute to local policies, rules, or ordinances that can improve health
K3	Examine and contribute to state-level rules, policies, or laws

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Feedback & Next Steps