# Graphical user interface, application Description automatically generatedAccreditation Board Meeting Minutes

*March 24, 2023  
9:30-11:30 a.m.   
Zoom*

**Board Members Present:**

Mr. David Stanley, Chair

Anna Schenck

Karen Powell

Kevin Austin

Jerry Parks

Ms. Virginia Niehaus

Dr. Benjamin W. Tillett

Dr. Susan Haynes Little  
John Rouse  
Bertadean Baker

**Board Members Absent:**

Dr. Rhonda Stephens  
Calvert Jeffers

**Staff Present:**

Amy Belflower Thomas

Margaret Benson Nemitz

Faith McHale

**Guests Present:**

*none*

## Welcome

Board Chair David Stanley began the meeting with an acknowledgement of Bill Smith and opened the meeting to anyone who wanted to share a word about him. Administrator Amy Belflower Thomas shared that Bill Smith passed away in December and that he was a former health director and worked for the program as a site visitor. She and Chair Stanley both acknowledged Bill Smith’s positive impact and influence on public health in North Carolina. Board Member Jerry Parks added that Bill Smith, as a veteran, served in public health with the same valor as he did during his time in the military.

Board Chair Stanley asked if anyone had adjustments to make to the agenda. Administrator Belflower Thomas asked to strike “Board Member Introductions” from the agenda since there were none to make and asked that instead they fill the time with updates on board seat vacancies and other business.

**Chair Stanley made a motion to accept the agenda with the amendments made by Administrator Belflower Thomas. Board Member John Rouse made the motion. Board Member Dr. Benjamin W. Tillett seconded the motion. The motion passed unanimously.**

Chair Stanley introduced approval of the minutes as the next agenda item. Board Member Virginia Niehaus walked through revisions to the minutes she had proposed.

**Chair Stanley entertained a motion to approve the November 2022 minutes with suggested revisions. Board Member Kevin Austin made a motion to approve. Board Member Parks seconded the motion. The motion passed unanimously.**

## Review Site Visit Data

Chair Stanley invited Administrator Belflower Thomas to present the next item on the agenda: a review of site visit data.

Administrator Belflower Thomas presented the data. She first addressed the data on the two site visit pilots. The first pilot allowed health departments to choose fully in-person site visits or partially remote site visits, and began with the fall 2022 site visits. The second pilot allowed health departments to choose which HDSAI interpretation to use for their site visit. The standard option allowed health departments to use the HDSAI interpretation which was in effect for the year a piece of evidence was collected. The new option allowed health departments to use the 2020/2021 HDSAI interpretation for pieces of evidence collected in 2020-2021. Administrator Belflower Thomas shared that for fall 2022 and winter 2023 site visits, 89.2% of health departments chose the partially remote site visit. She also noted that 82.1% chose the new option for the HDSAI interpretation. She then shared the impact that these changes may have had on agencies. In fall 2022, 84.6% of health departments received reaccreditation with honors, and during the winter 2023 site visits, 73.3% of health departments were recommended for reaccreditation with honors. Prior to 2022, 65.5% of health departments were reaccredited with honors. With fall 2022 and winter 2023 data combined, 78.6% of health departments have been recommended for reaccreditation with honors. Administrator Belflower Thomas noted the 13% increase in reaccreditation with honors.

Administrator Belflower Thomas then reviewed some of the feedback from local health departments about these two site visit cycles. Health departments mentioned that the site visitors made the staff feel comfortable during the site visit process. Many health departments noted that it was difficult to have a six-year gap between site visit cycles (due to the COVID-19 pandemic). They also noted that using the dashboard was very helpful. Health departments also shared that they have struggled with staff turnover since the pandemic.

Board Member Dr. Haynes Little asked if the program staff had any insight into what sort of evidence health departments provided that allowed them to achieve reaccreditation with honors and if it was related to changes made during the pandemic. Administrator Belflower Thomas noted that she believed it was helpful for health departments to use the 2020/2021 HDSAI because that meant there were two years from which the program could not pull personnel records, training logs, and other related information. Therefore, if a health department fell behind during the pandemic, they were not assessed for that period. She also noted that the program had allowed activities related to facilities to be documented electronically, meaning site visitors did not inspect during the in-person portion of the site visit. Historically, health departments have frequently missed these activities, so she believes that this change made an impact as well. Administrator Belflower Thomas ended by noting that she did not have conclusive data to support her thoughts, but that these factors were her best guess on why more health departments were able to achieve reaccreditation with honors.

Administrator Belflower Thomas then shared the feedback from the site visit team. She noted that many of the site visit team were not excited about doing partially remote site visits, probably because many of them enjoy the travel. Overall, the technology used for the remote site visits worked well. She noted that there were a couple health departments who did not input their evidence into the dashboard until two days before the site visit, which resulted in a stressful site visit. She noted that going forward she would be stressing that health departments must make sure their evidence is submitted earlier. Administrator Belflower Thomas then covered some additional feedback and suggestions from both site visitors and health departments regarding the remote site visits. Administrator Belflower Thomas transitioned to sharing some feedback regarding the HDSAI. She noted that the program staff tried to clarify any potential confusion about using two different HDSAI options, but the program still received many questions from health departments. She noted that overall, using the two versions of the HDSAI was difficult to navigate for program staff. Board Members asked some clarifying questions about the feedback.

Chair Stanley asked if there was any money saved because of doing the partially remote site visits. Administrator Belflower Thomas explained that while there was money saved, the program already runs on a lean budget, and she would therefore recommend not changing the budget because of these savings, but rather continue to return the remaining budget to the Health Directors Association at the end of each fiscal year. Board Member Rouse shared that he believed it was too early to make decisions about changing the budget based on the preliminary savings that have resulted from doing partially remote site visits.

## Future of Pilots

Administrator Belflower Thomas presented three site visit options for which the Board would need to vote. The three options were: to continue with the agency option (agency can choose a fully in person or partially remote site visit), to require fully in-person site visits for all health departments, or to require partially remote site visits for all health departments. Administrator Belflower Thomas offered a suggestion of keeping the agency option, as it did not result in additional work for program staff. She did note that she would like for health departments to continue selecting their site visit option by March of each year so that she could budget accordingly for the next fiscal year.

**Chair Stanley entertained a motion to approve the Agency Option for site visits. Board Member Austin made a motion to approve. Board Member Dr. Tillett seconded the motion. The motion passed unanimously.**

Administrator Belflower Thomas then presented the next decision for which the Board would need to vote. She presented three options for the HDSAI interpretation: the standard option (use the HDSAI interpretation version that was in effect for the year a piece of evidence was collected), the new option (use the 2020/2021 HDSAI interpretation for pieces of evidence collected in 2020-2021 and use the current HDSAI interpretation for all other years), or to continue with the agency option (agency can choose the new or standard option). Administrator Belflower Thomas shared that it has been difficult for program staff to work through two different options for the HDSAI interpretation and suggested that the program go back to using the standard option, noting that she believed this change would not affect the success of health departments. Board Member Rouse asked when these changes would take effect. Administrator Belflower Thomas noted that it would go into effect for fall 2023 site visits. Board Member Rouse shared that his county’s health department had already spent considerable time in preparing for their fall 2023 site visit while using the new option of the HDSAI interpretation, and voiced his disagreement with the change going into effect in fall 2023, noting that it would be unfair to those health departments going through the next site visit cycle. He suggested that if this change is made, that it go into effect no earlier than 2024.

Chair Stanley asked Administrator Belflower Thomas her suggestion on how far out to make this change so that it didn’t negatively impact health departments. Administrator Belflower Thomas explained that it was difficult to answer, because it depends on how much preparation each health department has already completed. She recommended that whatever decision is made, that the Board continue with that option until rules change goes into effect.

**Chair Stanley entertained a motion to approve the Agency Option for HDSAI interpretation. Board Member Austin made a motion to approve. Board Member Rouse seconded the motion. The motion passed unanimously.**

## Phase Three Updates

Administrator Belflower Thomas asked Staff Member Margaret Benson Nemitz to share with the Board an update on the Phase Three process. Staff Member Benson Nemitz explained that she would be walking through the work the Standards Work Group had been doing to pull together recommendations for rules change. She explained that the group is now starting the process of rules change in order to update the activities and standards of the HDSAI. She first reviewed the mission, values, and priorities of the Accreditation program, noting that the values around quality, adaptability, and efficiency highlight why this rules change is being made. Staff Member Benson Nemitz noted that many of the activities are outdated, and it is time to make these changes. The group also considered how to best streamline the program and build quality improvement in the revisions being proposed.

Staff Member Benson Nemitz explained that in 2019 there was a North Carolina Association of Local Health Directors-led Accreditation Work Group which helped inform the Standards Work Group work in 2020 (who completed the 2022 HDSAI Interpretation Document revisions). She noted that what has been called the “Phase One work” began in 2020 with this Standards Work Group which considered the continued need for objectivity, value add, and relevancy in the interpretation document. During this process, the workgroup made notes of things they would like to consider as the process moved closer toward rules change. The group held public comment in the fall of 2020. The comment period happened concurrent with the strategic planning process, and the two processes influenced each other. During the public comment in 2020 most of the feedback was regarding Phase Three changes, which were changes that could not be addressed yet because they required changing activity language in administrative rules. The group incorporated as much as they could from the 2020 public comment period and made note of comments that required Phase Three changes. In 2022, the Standards Workgroup re-formed to advance the timeline of Phase Three. Benson Nemitz noted that due to the advanced timeline, what was originally planned as Phase Two (originally planned as an evaluation phase) was folded into Phase Three work, as it became very apparent during Phase One that the Phase Three rules change process would be necessary. The 2022 Standards Workgroup has met since April 2022 to prepare the recommendations being presented.

She noted that now, in 2023, the group has an initial draft of rules change that has started to circulate and the group is trying to get feedback on. The group plans to incorporate that feedback with the goal of presenting this in front of the Commission for Public Health in fall of 2023. She noted that a lot of work remains, including finalizing the rules and getting them through the rules change process, revising the HDSAI interpretation document and training and educating on the changes. The earliest these changes could take effect is January 2025.

Staff Member Benson Nemitz reviewed the process, explaining that per the Board’s recommendation, the group would not be adjusting what’s in legislation, therefore there are some things the program is still bound by. The group is working to change rules, which outline the specific activities, benchmarks, and standards that guide documentation requirements. She noted that with the rules change process, there will also be the opportunity to change the interpretation document. She noted that the group is first focusing on revising standards and activities. Staff Member Benson Nemitz explained that the recommendations are aligned with the Foundational Capabilities, which outline the baseline requirements for governmental public health. The workgroup felt that the eight buckets within the Foundational Capabilities were better tailored with what health departments are required to do than the ten specific statements within the Ten Essential Public Health Services. She noted that there is a lot of overlap between the two models, and so the group was able to meet the requirements of legislation. Staff Member Benson Nemitz then shared an overview of the draft activities, noting that this new structure would reduce the number of activities, moving from 41 benchmarks and 147 activities to 11 standards and 50 activities. She explained that overall, the group hopes to create rules that will be relevant for years to come. The Board discussed some details about the rules change process and timeline.

Staff Member Benson Nemitz then reviewed the proposed activity language, emphasizing that the language was a draft and would require some revising. She also explained that they expected public comment to be open in May and to incorporate those comments into the language in early summer. Staff Member Benson Nemitz proceeded to walk through each new standard and activity. She then explained that for each activity there is documentation of how each standard connects to the relevant statute, and how it crosswalks both to former activities and to PHAB. Staff Member Benson Nemitz noted that the language for the activities is still in draft form, and that there is further work to be done, especially with incorporating public comment.

Administrator Belflower Thomas noted that change is hard, but that this rules change is necessary. She explained that there will be lots of public comment that goes into these changes. The Board discussed how the details of the language will be important, noting that in the feedback they’re receiving there is anxiety around not having the details of what documentation will be required for each activity. Board Member Austin cautioned against the use of the word “equity” in the activities since it is a buzz word and can have a polarizing effect. Chair Stanley echoed this sentiment. Both Board members highlighted that this is the work health departments already do, but that using buzz words like “equity” can make their work harder to do because it has been polarized. Board Member Dr. Haynes Little offered a suggestion of moving away from using the word “equity” and instead using simple words to describe the intent of the activity and avoiding buzz words.

Administrator Belflower Thomas shared the next steps of the process. She explained that the program would be presenting to the DPH Leadership Team in April and that there would be a webinar in two weeks for AACs to go over the proposed changes. In the last two weeks of May there would be a voluntary, non-rules related, open comment period, and she invited members of the Board to participate in that. In June, the Standards Workgroup would come back together to go through all the feedback and make potential changes and also work on the fiscal note for rules change. In August there may be an informal presentation to the Commission for Public Health to let them know these rule changes are coming. Finally, in November, the changes would hopefully go to the Commission for Public Health for the first time.

## Other Business

Administrator Belflower Thomas walked through the requirements for Board members and explained that everyone is up to date on their ethics education, except for one board member. She noted that all Board members must complete their 2023 SEI Filing by April 17. Chair Stanley asked for there to be a follow up email sent to the Board with that information.

Administrator Belflower Thomas then presented the Fiscal Year 2024 Proposed Budget and Scope of Work. She explained that after running it by the Board, this would be taken to the Health Directors Association (likely for their May meeting). She noted that the core operations of the program would remain the same, with the exception of the continuing Phase Three work. She noted that in FY21-22 the program underspent by $32,000 which was carried over into FY22-23 in order to continue the Phase Three work. She did not have an estimate available for final spending for FY22-23 but noted that the program was likely to underspend. She explained that whatever remains of the budget, they will ask to carry forward into the next year because the program still needs extra staff support for Phase Three work. She explained that the proposed FY23-24 budget would include $279,500 (from fees collected from local health departments), plus whatever they could carry over from the previous fiscal year. Administrator Belflower Thomas proposed that the annual health department accreditation fees to the program remain neutral at $3250 for FY24. She reiterated that she is going to ask for the remaining funds from FY22-23 be rolled over into the next fiscal year, and she also noted that the underspent funds of $10,000 from FY21 would remain with the Health Directors Association in case something came up in the future.

Administrator Belflower Thomas then shared an update on Board vacancies. She noted that there are now two vacancies for Association of North Carolina Boards of Health Representatives. She shared that since the last Board meeting, Dr. Kundapati had resigned from the Board and ANCBH had nominated Marielena Moreno-Garcia from Alamance County. They are still awaiting one more nomination. She then shared that the Health Directors Association has nominated Kim Smith from Columbus County for the vacancy of North Carolina Local Health Director Representatives. She shared that they are struggling to get nominations from the NCACC to fill the vacancies for North Carolina County Commissioner Representatives and asked Board Members Kevin Austin and Bertadean Baker to push for those nominations.

Administrator Belflower Thomas reminded the Board about upcoming meeting dates: May 19, 2023 9:30-1:30 adjudication meeting (in person and virtual) and June 28, 2023 9:00-11:30 a.m. (virtual). She proposed that the May 19 adjudication meeting end early and the program not provide lunch for meeting participants, since at the last adjudication meeting many people left before lunch was served. The Board discussed this and decided to go out to lunch after the meeting instead, with Board members paying for their own lunch (rather than the program paying). She then proposed November 17, 2023 from 9:30-12:00 (in person and virtual) for the next adjudication meeting. There were no objections to the proposed date.

Chair Stanley asked a question regarding appointments on the Board. He asked if Board of Health members in counties where the Commissioners serve as the Board of Health would serve as a Board of Health representative or as a Commissioner representative. Administrator Belflower Thomas shared that in the past that has happened with Advisory Committee members being nominated, and according to statute Advisory Committee members cannot fill a Board of Health seat. Board Member Dr. Tillett offered more insight into the specifics of that event. Regarding Chair Stanley’s specific question, Administrator Belflower Thomas wasn’t sure of the answer and assumed they could fall into either category. Chair Stanley asked Administrator Belflower Thomas to send him the statute so he could include it in his discussions with the legislature.

## Adjourn

Chair Stanley thanked the program staff for their hard work. Administrator Belflower Thomas offered thanks to the Board for their support.

**Chair Stanley entertained a motion to adjourn the meeting. Board Member Dr. Haynes Little made the motion and Board Member Baker seconded the motion. The motion passed unanimously and the meeting adjourned.**

Next Meeting:   
May 19, 2023 at 9:30 a.m. – 1:30 p.m. – hybrid in person and remote

Respectfully submitted,   
  
Jo Morgan, on behalf of Amy Belflower Thomas, former Administrator  
*Interim Administrator* | N.C. Local Health Department Accreditation Program  
UNC Gillings School of Global Public Health  
221-C Rosenau Hall, CB#8165  
Chapel Hill, N.C. 27599-8165