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Who we are



Based at the North Carolina Institute for Public Health

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Mission and Vision

Mission: Support North Carolina Local Health Departments in innovating and advancing public health through accreditation.

Vision: All North Carolina Local Health Departments utilize the accreditation process to continually build their capacity to equitably respond to the unique health needs of their communities.

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Core Values and Practices

Quality: We view accreditation as a dynamic learning process, and we continually assess and revise our program to improve over time.

 $\label{partnership: We engage with partners to share perspective, effectively leverage our resources and maximize our collective impact. \\$

Equity: We work with partners to advance and improve system-level changes to promote and enhance diversity, equity, and inclusion for all.

 $\textbf{Adaptability:} \ \textbf{We respond to changes in the field, balancing clarity, flexibility and consistency}$

 $\textbf{Reliability:} \ \ \textbf{We provide reliable leadership, expectations and resources.}$

 $\textbf{Transparency:} \ \ \text{We communicate clearly and openly share program information and decisions.}$

 $\textbf{Efficiency:} \ \textbf{We streamline efforts to maximize impact and reduce duplication}.$

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10 Essential Public Health Services

10 Essential Public Health Services define:

- what public health is
- what public health professionals do
- · and how they do it



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How did we get here?



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North Carolina General Statute

- Senate Bill 804 GS 130A-34.1
 - Established NCLHDA Board within the North Carolina Institute for Public Health
 - $\bullet \ \, \text{Directs Commission to adopt rule establishing standards for Local Health Departments (LHDs)}$
 - Mandates all LHDs to obtain (by December 1, 2014) and maintain accreditation

- 3-3.1. Accordination of local health departments; based established.

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 Reposited by Senson Laws 2011-145, x 13.5(x), effective July 1, 2011.

 5 These atlangs.

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Funding

Being accredited is tied to funding:

§ 130A-34.4 Strengthening local public health infrastructure

(a) By July 1, 2014, in order for a local health department to be eligible to receive State and federal public health funding from the Division of Public Health, the following criteria shall be met:

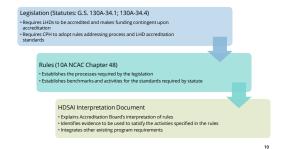
(1) A local health department shall obtain and maintain accreditation pursuant to G.S. 130A-34.1

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North Carolina Administrative Code

- 10A NCAC 48B
 - · Defines scoring requirements by core function
 - Describes Benchmarks and Activities

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Health Department
Self-Assessment
Instrument (HDSAI)
Interpretation
Document 2022

Version 7.0
Update effective javary 1.2022

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12-Month Accreditation Extensions





The NCLHDA Board voted to extend each accredited health department's HDSAI due date by 12 months.

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As a Result ...



ALL agencies' next cycle will cover six, not four years

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Accreditation Process







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Activities and Scoring Requirements

Agency Core	Assessment:	Department must meet 26 of 29 activities
Functions and Essential	Policy Development:	Department must meet 23 of 26 activities
Services	Assurance:	Department must meet 34 of 38 activities
Facilities and Administrative	Department must meet 24 of 27 activities	
Services		

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Board Adjudication

Ultimate responsibility of the board is to assign accreditation status to local health departments.



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NCLHDA Board

- Develop and review Accreditation Standards
 The Commission for Public
 - The Commission for Public Health adopts rules regarding the Standards
- Review the Site Visit Team reports
- Assign Accreditation status to local health



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NCLHDA Board Structure

Local Health Directors (3):

- John Rouse Jr., (Harnetti, Teress Ellen (Wilson), Karen Powell Foothills District)

Boards of Health (4):

- Calvert Jeffers (1997), Berjamin Tillett (Person), Connette McMahon (Cumberland),
Sani Kundapati (Mamance)

Country (Commissionaers (AV):

Barbara Beatty (Catawba), Bertadean Baker (Warren), Kevin Austin (Yadkin), Fleming El-Amin (Forsyth)

 Division of Bublic Health (2):

Virginia Niehaus, Susan Little, Rhonda Stephens

Anna Schenck (UNC-CH), David Stanley (Brunswick Human Services), Jerry Parks (retired ARHS) <u>Chair:</u> Teresa Ellen



<u>Vice-Chair:</u> Jerry Parks



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Strategic Priorities

- 1. Evolve NCLHDA standards, benchmarks and activities as state strategy and local capability progresses.
- $\textbf{2. Streamline the NCLHDA program} \ for \ efficiency, interoperability \ and \ relevancy.$
- ${\bf 3. \, Build \, quality \, improvement \, into \, the \, NCLHDA \, program \, \, structure.}$
- 4. Lead efforts to improve diversity, equity and inclusion through the accreditation program.

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.

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Phase 1

Review of HDSAI Interpretation for all Activities April – January 2021

- Accreditation Standards Workgroup Met April – September 2020
- Public Comment on Revisions November – December 2020
- Final review of revisions January 2021

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Phase 2

- Annual Survey Questions July 2021
- Hot wash calls with Site Visitors and LHDs November 2022, April 2022, November 2023

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Phase 3

- Rules changes TBD

 Starting March 2022

 Will take 18 months 2 years

 Contracting with David Stone, former LHD in NC, staff member with NCLHDA, and PHAB staff member

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Website

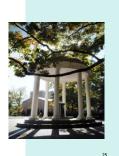


www.NCLHDaccreditation.unc.edu

Thank you.

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The North Carolina Local Health Department Accreditation Program is part of the North Carolina Institute for Public Health at the Gillings School of Global Public Health at the University of North Carolina at Chapel Hill.



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