



North Carolina
LOCAL HEALTH DEPARTMENT ACCREDITATION

Local Health Department Accreditation Guidance Document

**Preparing for the Accreditation Site Visit and
Accreditation Review of a Local Health Department**

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North Carolina LOCAL HEALTH DEPARTMENT ACCREDITATION

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Preparing for the Accreditation Site Visit and Accreditation Review of a Local Health Department

I. Background

Throughout the country, health needs are colliding with financial constraints and political realities in a way that demands public accountability of public agencies. Understanding the practical need for and benefits of being able to demonstrate effectiveness, efficiency and value, state-level health departments throughout the United States during the last decade have implemented a variety of custom-designed accountability systems for state and/or local health agencies. These efforts have included contract-specified performance measurement, statutorily-defined performance standards, certification, and accreditation. At the present time almost every state public health system in the US is implementing, developing, or researching some kind of accountability system for use at the state and/or local level. An accountability system can help local health departments determine current performance and capacity, identify areas for system improvement, strengthen state and local partnerships and assure that a strong public health system is in place to respond effectively to both day-to-day public health issues and to public health emergencies. (National Public Health Performance Standards Program, www.cdc.gov/od/ocphp/nphpsp/CallToAction.htm)

In 2002, the North Carolina Division of Public Health (DPH) and the North Carolina Association of Local Health Directors (NCALHD) undertook an initiative to develop a mandatory, standards-based system for accrediting local health departments throughout the state. DPH and the NCALHD convened a "blue ribbon" task force to address public health reform and local public health organizational issues. The task force was referred to as the Standards and Efficiencies Task Force and the group was subdivided into three committees: best practices, demonstrations, and local public health accreditation. The best practices committee was to focus on accountability, partnerships with community based organizations, administrative flexibility and effectiveness in addressing health disparities. The demonstrations committee was to identify successful collaborations generated from the functional partnerships concept and recommend strategies for replication. The accreditation committee was to focus on local public health infrastructure and capacity issues.

The NCALHD Accreditation Committee was composed of local health directors from across the state and DPH representatives and was co-chaired by two local health directors and a member of the DPH staff. A staff member of the North Carolina Institute for Public Health (NCIPH) at the UNC School of Public Health (UNC SPH) provided research support to the committee. The committee co-chairs made presentations and distributed written reports on the committee's work to regional health directors, the Standards and Efficiencies Task Force, the Executive Committee of the NCALHD and the general membership of the NCALHD.

In addition, the NCALHD Accreditation committee, along with the NCIPH, began reviewing both proposed and existing models of accountability from a number of states and one Canadian province. Based on this review, the committee selected the Missouri Local Public Health Agency Accreditation Program as a model framework on which to develop an accreditation system for local health departments in North Carolina. Like North Carolina, Missouri has a large decentralized public health system, with over one-hundred autonomous local level health departments.

The committee developed a basic set of accreditation recommendations based on a trial assessment of the Missouri Local Public Health Agency Accreditation Program Self-Assessment Instrument. These recommendations were discussed at regional NCALHD meetings in early 2003. Based on the reviews, the trial assessment and the committee's findings, the NCALHD Accreditation Committee presented its final report and recommendations for a North Carolina Local Health Department Accreditation Program in June, 2003.

Later in 2003, NC Department of Health and Human Services (NCDHHS) Secretary Carmen Hooker Odum convened a group of North Carolina public health system stakeholders known as the Public Health Task Force 2004 (PHTF 2004). Their task was to develop recommendations on how to strengthen the state's public health system, improve the health status of the people and eliminate health disparities. There were six committees established within the PHTF; one of which focused on Accreditation. The Accreditation Committee of PHTF 2004 resumed work on the North Carolina Local Health Department Accreditation process beginning with the recommendations of the NCALHD's June 2003 report.

A key accomplishment of the PHTF 2004 Accreditation Committee was the development of a complete set of accreditation standards for North Carolina's local health departments. These standards are now known as benchmarks.

In January 2004, the proposed North Carolina Local Health Department Accreditation standards and process were piloted in six local health departments that volunteered to participate (Pilot I). Each participating agency tested the self assessment instrument and proposed accreditation standards and hosted an on-site agency review by a pilot site visit team. The pilot also included a trial of the Accreditation Board process and appeals process. At the conclusion of the pilot, each of the participating departments was awarded the status of "Accredited". The NCIPH served as the administrator of the pilot and conducted a thorough evaluation of the exercise. Evaluation findings were used to revise both the self-assessment instrument and the processes of the proposed system.

Upon conclusion of the pilot, the PHTF 2004 Accreditation Committee put forward its own set of recommendations, incorporating most of the previous committee's agenda and recommending funding from the North Carolina General Assembly to fully implement the program. In June 2004, the General Assembly appropriated funds to implement a continuation of the pilot study in four additional local health departments, again under the administration of the NCIPH (Pilot II).

These four additional local health departments received accreditation in May 2005. In total, ten health departments were accredited in 2004 and 2005. The local health departments represented included rural and urban, large and small health departments, a district which included three counties and a community health alliance.

The General Assembly established an accreditation system for local health departments, as recommended by the Public Health Task Force 2004. The Commission for Health Services, as required by the accreditation legislation, met and approved the temporary accreditation rules on December 9, 2005. The Rules Commission met on December 15, 2005 and adopted the temporary accreditation rules. Later, the Permanent Accreditation Rules were adopted by the Rules Commission on September 21, 2006, with an effective date of October 1, 2006.

II. North Carolina Local Health Department Accreditation

Introduction

Pursuing a new initiative such as a statewide accreditation system for all local health departments implies a need for clear benefit. In fact, there are numerous benefits for local health departments as a result of implementing an accreditation system. Accreditation:

- employs a publicly and professionally accepted mechanism for demonstrating the competence of organizations (“seal of approval”);
- establishes a basic minimum level of uniformity in local public health services;
- provides a framework for quality assurance and quality improvement;
- provides data for benchmarking and best practices;
- serves as an Instrument for local decision-making, evaluation and monitoring;
- serves as an index for allocating local resources;
- demonstrates accountability to stakeholders;
- enhances agency credibility among public and private partners;
- enhances agency image and improves community and consumer confidence; and
- provides competitive advantage for procuring funding

North Carolina Local Health Department Accreditation (NCLHDA) seeks to assure and enhance the quality of local public health in North Carolina by identifying and promoting the implementation of public health benchmarks for local public health departments, and evaluating and accrediting local health departments on their ability to meet these benchmarks.

North Carolina Local Health Department Accreditation is a collaborative effort among the North Carolina Association of Local Health Directors (NCALHD), the Association of North Carolina Boards of Health (ANCBH), the North Carolina Association of County Commissioners (NCACC), the Division of Public Health (DPH) in the North Carolina Department of Health and Human Services (NCDHHS), the Division of Environmental Health (DEH) in the North Carolina Department of Environment and Natural Resources (NCDENR), and the North Carolina Institute for Public Health (NCIPH) at the UNC School of Public Health (UNC SPH).

Focus of the Program

The focus of North Carolina Local Health Department Accreditation is on *the capacity of the local health department to perform at a quality level the three core functions of assessment, assurance, and policy development and the ten essential services* as detailed in the National Public Health Performance Standards Program (*see Attachment 1*). The goal of North Carolina Local Health Department Accreditation is to assure the capacity of every local public health agency in North Carolina to perform a standard, basic level of service. Accreditation focuses on a single set of minimal services that must be provided to ensure the protection of the health of the public, but does not limit the services or activities an agency *may* provide to address specific local needs.

North Carolina Local Health Department Accreditation does not create a wholly new accountability system; rather it links basic standards to current state statutes and administrative code, and the many DPH and DEH contractual and program monitoring requirements that already exist.

Program Principles and Participants

North Carolina Local Health Department Accreditation has the following characteristics:

- The program entails three functional components:
 - A Health Department Self Assessment Instrument (HDSAI),
 - A site visit by a multidisciplinary team of peer volunteers, and
 - The determination of accreditation status by an independent Accreditation Board.
- The program process is managed and facilitated by the Accreditation Administrator and oversight is by an independent organization – NCLHDA Board. The Board is established within the NC Institute for Public Health.
- Accreditation is achieved by appropriately meeting a single set of capacity-based benchmarks as evidenced by documented completion of prescribed activities.
- Benchmarks may be met by either direct provision **or** assurance (through contracts, memoranda of understanding, or other arrangements with community providers) of required services and activities.
- The “Accredited” status is awarded for a period of four years to an agency that appropriately meets standards as evidenced by documented completion of prescribed activities.
- “Conditionally Accredited” is awarded to agencies that fail to complete standards as evidenced by documented completion of prescribed activities.
- “Unaccredited” status is granted to agencies that fail to complete standards as evidenced by documented completion of prescribed activities after a period of conditional accreditation.
- The DPH provides technical assistance for agency remediation efforts.
- The system provides a mechanism for appealing assigned accreditation status.

Key Participants involved in the local health department accreditation process include:

- Local Health Departments
- Boards of Health
- DPH and DEH Consultants
- NCIPH
- Site Visit Teams
- NCLHDA Board
- NCLHDA Program Staff

Accreditation Administration Team:

The North Carolina Institute for Public Health:

- | | |
|--------------------------------------|--------------------------------|
| - State Accreditation Administrator: | David Stone, MS |
| - State Accreditation Coordinator: | Brittan Williams, MPH, CHES |
| - Administrative Support | Mary Fuller |
| - Director: | Dr. Edward Baker, Jr., MD, MPH |
| - Deputy Director: | John W. Graham, PhD |
| - Director, Evaluation Services: | Mary Davis, DrPH, MSPH |

Accreditation Benchmarks and Legislation

According to North Carolina Local Health Department Accreditation, benchmarks (formerly known as standards) are basic requirements of capacity to perform the functions and services of public health in a local agency setting. The benchmarks were originally developed by representatives from state and local public health agencies in North Carolina to comply with the current General Statutes, Administrative Code and existing contractual and program requirements. In creating the benchmarks, the developers also reviewed and excerpted selected accreditation and performance standards from existing accountability programs, such as those from National Association of County and City Health Officials (NACCHO), the National Association of Local Boards of Health (NALBOH), and the local public health accreditation programs in Michigan, Ontario and Missouri. Sample “standards” were thoroughly tested in Pilot Projects I and II involving ten North Carolina local health departments and subsequently revised to conform with the structure and elements of the NACCHO *Operational Definition of a Functional Local Public Health Agency* (2004; draft). (see Attachment 2) The attachment also includes the final version of the Operational Definition dated November, 2005.

The North Carolina Local Health Department Accreditation benchmarks represent the *minimum* capacity for performance that a local health department must attain. A health department “meets” a benchmark by demonstrating that it complies with or carries out certain related activities. Activities are specific, documentable actions taken by the local public health department or its board. There may be only one, or many activities associated with each benchmark. Local health departments must be meeting benchmarks appropriately at the time of the on-site review in order to be accredited.

The majority of the North Carolina Local Health Department Accreditation benchmarks are organized around the Core Functions and Essential Services of Public Health as described by the National Public Health Performance Standards project. To document compliance with benchmarks, a participating agency completes a Health Department Self-Assessment Instrument (HDSAI). The HDSAI organizes the benchmarks in three standards:

1. Standard #1: Agency Core Functions and Essential Services
2. Standard #2: Facilities and Administrative Services
3. Standard #3: Board of Health /Governance

The Agency Core Functions and Essential Services are further grouped according to the core functions of assessment, policy development and assurance.

In order to be accredited, an agency must attain compliance with activities sufficient to meet a threshold percentage of the benchmarks in each standard. Compliance with activities must be documented with appropriate evidence and examples of appropriate documentation are suggested for each activity. A health department participating in accreditation submits some of the documentation with its completed self-assessment instrument and retains the rest on site for examination by the site visitors. It will be the responsibility of the Site Visit Team to verify, amplify and clarify the evidence provided by the agency to substantiate its compliance.

The Accreditation Rules and Law in brief:

Senate Bill 804 was signed in the fall of 2005 (Session Law 2005-369) creating and funding North Carolina Local Health Department Accreditation, an act to improve the public health

infrastructure by establishing an accreditation system for local health departments, as recommended by the Public Health Task Force 2004. The bill was ratified in August and took effect October 1, 2005. The legislation outlined the membership of a governing board to be established within the North Carolina Institute for Public Health. The law amended Article 2 of Chapter 130A of the NC General Statutes by adding a new section 34.1. This section established the board for accreditation of local health departments.

The Commission for Health Services (now Commission for Public Health) proposed rules to implement accreditation as required by Senate Bill 804. Temporary rules were adopted. The Rules Commission met on September 21, 2006 and adopted permanent Accreditation Rules, which were effective October 1, 2006. These Rules were incorporated into the Health Department Self Assessment Instrument (HDSAI) serving as the guide for all accreditation site visits occurring after January 1, 2007. The rules became Chapter 48 – Local Health Department Accreditation and SubChapter 48A – Local Health Department Accreditation – Administration of the NC Administrative Code. This code establishes the process for local health departments to become accredited pursuant to G.S. 130A-34.1. The rules require the self-assessment by LHD, defines the parameters of the SVT, defines the benchmarks that must be met to attain accreditation.

See *Attachment 3* for the statute and an outline of the rules. For complete information regarding the Accreditation Legislation and Rules, see <http://www.sph.unc.edu/nciph/accred/legislation.htm>

Accreditation Process Overview

Planning and Preparation

A local health department initiates plans and preparations for initially undertaking the accreditation process by completing the Accreditation Application and submitting it to the Accreditation Administrator (AA). The DPH will assign a consultant to each applicant agency to provide consultation and technical assistance throughout the process. Regional program consultants from DEH and DPH will also be available for consultation, as needed.

The NCIPH, in its role as AA, will provide training to the staff of the participating health departments on how to complete the steps in the accreditation process and how to use the process instruments. The DPH consultants will also participate in this training.

It is recommended that each health department assemble a multidisciplinary Accreditation Management Team (AMT) to lead the accreditation exercise. It will be useful for this team to include the health director, the personnel and/or finance officer, a director of a personal health service unit, an environmental health specialist, the staff member responsible for the community assessment and a member of the Board of Health (with the understanding that in small agencies one person may play several of these roles). One member of the team should be designated as the health department's "Agency Accreditation Coordinator" (AAC); this person will serve as the primary contact for the consultants and as the agency's liaison to the AA. Please provide the Accreditation Administrator with this individual's complete contact information, including email address, home phone number and cell phone number.

Health Department Self-Assessment

10A NCAC 48A 0201 of Chapter 48 – Local Health Department Accreditation requires that each health department complete a self-assessment based on the benchmarks adopted. The local health department shall submit the self-assessment to the NCLHDA within 90 days after notification that the accreditation process for the department has begun.

The health department self-assessment, achieved through completion of the Health Department Self-Assessment Instrument (HDSAI), is an internal review of the agency's ability to meet benchmarks or delivery of essential services as indicated by the agency's performance of a set of prescribed activities. The self-assessment will also analyze the availability and the qualification of core staff and the adequacy of physical facilities and administrative services. The self-assessment will assist the local health department in identifying areas for improvement and will prepare the department for the on-site review.

There are three sections, each representing a standard for review, in the Health Department Self-Assessment Instrument (HDSAI):

- **Agency Core Functions and Essential Services (CF&ES)**

These benchmarks represent minimum standards of capacity to perform the nationally-accepted core functions and essential services for public health and the Mandated Services for Local Health Departments described in the North Carolina General Statutes.

There are 29 CF&ES benchmarks and 93 accompanying activities and they are divided into three groups, based on the core functions of public health: assessment (8 benchmarks and 29 activities), policy development (7 benchmarks and 26 activities), and assurance (14 benchmarks and 38 activities).

- **Agency Facilities and Administrative Services (F&AS)**

These benchmarks pertain to the agency's general administration and address administrative structures and procedures. Local Health Departments in North Carolina are autonomous and demonstrate a wide variety of internal administrative structures, yet all should be able to demonstrate clear lines of responsibility and definitive reporting relationships regardless of structure. There are 4 F&AS benchmarks and 27 accompanying activities.

- **Board of Health/Governance**

The benchmarks applied to the local agency's Board of Health recognize the Board's scope of legal authority and overall responsibility for the agency. There are 8 BOH benchmarks and 28 accompanying activities.

In order to designate a benchmark as "met", the agency must carry out all of the activities prescribed for that benchmark. Failure to complete any one activity associated with a benchmark means that the benchmark is "not met".

The self-assessment instrument addresses a total of 41 benchmarks and 148 related activities. In order to satisfy the Accreditation benchmarks, the local health department must

satisfy thirty-three (33) of the forty-one (41) benchmarks. Two (2) of the thirty-three (33) benchmarks can come from any of the three (3) standards. Thirty-one (31) of the benchmarks must be met according to the following proportions:

- Agency Core Functions and Essential Services
 - Assessment Function = 6 of 8 benchmarks
 - Policy Development Function = 5 of 7 benchmarks
 - Assurance Function = 11 of 14 benchmarks
- Facilities and Administrative Services = 3 of 4 benchmarks
- Board of Health/Governance = 6 of 8 benchmarks

At the present time, there are no benchmarks that are universally required. The choice of which benchmarks to meet within the required number is up to the local agency. (see Attachment 4 for a summary of the benchmark requirements.)

Compliance with activities must be documented with appropriate evidence. All documentation presented by the health department should be the most recent available. All submitted documentation (meeting minutes, etc.) must be dated within 24 months of the date of the official notification, unless otherwise defined per activity. All documentation presented by the health department should be the most recent available within that 24 month time period. The calculation of the 24 month time period begins two years prior to the official notification date. For example, if a local health department receives official notification of participation in accreditation on July 1, 2008, all documents must be dated on or after July 1, 2006. When an activity states a time, such as 12 months or 48 months, the origination date of the specified time period is the same – the official notification date.

The HDSAI suggests examples and quantities of appropriate documentation. Except where certain documentation is noted to be *specifically required*, a health department may offer alternative/substitute evidence to document compliance with an activity, providing it offers an explanation of its substitution and provides copies of the alternative evidence.

Evidence that must be submitted with the completed HDSAI includes:

- A completed, signed HDSAI Cover Page
- A completed HDSAI Summary Checklist
- The agency's Mission Statement
- A full copy of the agency's current Strategic Plan
- The agency's organizational chart
- A roster of the agency's Management Team, with names and position titles
- A roster of the agency's entire staff, with names and position titles
- A full copy of the most recent comprehensive Community Health Assessment (CHA)
- A full copy of the most recent update of the CHA (State of the County's Health [SOTCH] report or equivalent)
- A two-page double-spaced narrative related to information about what makes your local health department and the population you serve unique. Please include any special characteristics of the health department and the community (e.g. district structure, administrative/operations information, unique relationship with county government, presence or loss of major industry, seasonal population surges, socioeconomic status of community, predominance of a particular demographic group, etc.).

This information will be sent electronically to the AA whenever possible. All further documentation should be retained in a resource file set aside for examination by the Site Visit Team (SVT). There is no page limit for the resource file. All documentation, whether submitted with the HDSAI or held in the on-site resource file, should be clearly labeled with the number of the benchmark and the activity to which it refers. Documents should be submitted, stored or filed in the numerical order of the benchmarks and activities to which they refer. Where specific pages in manuals are referenced in the evidence, these pages will be appropriately marked by the health department for the ready access of the SVT. It is likely that some confidential documents will also be available and their security should be assured at all times. The agency may keep the resource file in notebooks, file folders, or other storage device as long as the information can be accessed easily and quickly by the SVT.

LHDs may choose to develop an electronic HDSAI in which the evidence can be viewed by clicking a link. The links do not have to be working when the HDSAI is submitted, but must be active by the time of the site visit. If a LHD decides to submit electronic evidence, the agency must provide 5 computer work stations for the SVT during the visit. If the evidence is stored on a server, please have a back-up available, such as a CD copy or a flash drive.

The Health Department Self-Assessment Instrument and accompanying documentation is the backbone of North Carolina Local Health Department Accreditation. It is, essentially, an instrument of persuasion, used to convince reviewers of the agency's fitness for its purpose by its compliance with capacity benchmarks. Each applicant agency should make every effort to complete its self-assessment as meticulously as possible, and to submit the results in a timely manner. In order to achieve these goals, an applicant agency should take note of the following recommendations:

- **Dedicate time and staff to the intensive process** - The accreditation review is comprehensive; all aspects of health department operation will be affected. An agency should be prepared to dedicate time and resources to the completion of the process. The DPH consultants will be especially helpful in this regard.
- **Begin immediately** - Do not underestimate the time it will take to satisfactorily complete the self-assessment. Be certain to allow enough time for the process.
- **Identify an Agency Accreditation Coordinator (AAC)** - Designate a coordinator to serve as the agency's liaison with the staff of the AA, and, through the Lead Site Visitor, with the Site Visit Team. The AAC will assure that all necessary documentation is complete and that all deadlines are met. This person will also be the agency's point of contact with the DPH consultants.
- **Schedule regular meetings** - The agency's Accreditation Management Team (AMT) should meet regularly to discuss progress and problems with the accreditation process.
- **Educate and empower all staff to participate in the process** - Keep all agency staff informed about the accreditation process, and seek their direct input where appropriate. Do engage line staff and clerical staff in the process.

- **Confidentiality** - Patient information and protected health information of clients or staff do not have to be removed from any documentation submitted to the Site Visit Team during the Accreditation process. Each local health department should require the Site Visit Team to sign a confidentiality statement prior to the beginning of the visit. Please note that the site visitors will not be observing individual patient records. They will be looking at capacity issues of storage, safety and the access of medical records. If confidential information is a part of the LHD's evidence, do not include it in the submission of the HDSAI – whether electronic or hard copy. List the type of evidence and include a statement that it will be available on-site for the SVT.

Site Visit

A few weeks after submitting the completed HDSAI, the agency will host an on-site visit by a Site Visit Team (SVT). The primary task of the SVT is to amplify, clarify and verify the health department's self-assessment in order to evaluate the health department's degree of compliance with the benchmarks and associated activities. To accomplish this task, the SVT will

- Review the Health Department Self-Assessment Instrument and supporting documentation
- Tour the local health department facilities
- Interview local health department staff, Board of Health members and other persons necessary to evaluate compliance with the benchmarks and
- Inspect the facilities in accordance with the benchmarks.

The team may request additional supporting documentation or other evidence as necessary to evaluate compliance with the benchmarks.

Site Visit Team

Each Site Visit Team will be comprised of not fewer than 4 individuals with expertise or experience in local public health, including experience or expertise in environmental health, public health nursing, public health administration or policy development/governance. The SVT will include:

- Local Health Administrator
- Public Health Nurse
- Environmental Health Specialist
- Board of Health Representative
- State Accreditation Coordinator from the Accreditation Administrator (to assist the Site Visit Team in their efforts and to conduct the Exit Conference)

The AA will designate one person on each SVT to serve as Lead Site Visitor (LSV). The LSV is responsible for coordinating the activities of the SVT when on-site and is the spokesperson for the group.

A "typical" Site Visit will last for three days. The duration of the visit may be longer if special circumstances (such as those encountered in very large, complex health departments or in multi-county district health departments) dictate the need for more time, or shorter, in the

case of a very small agency. A sample three-day schedule is attached (*see Attachment 6*). Each participating agency will tailor the schedule to meet local needs.

Applicant agencies are advised of the proposed composition of the SVT in advance. They then have an opportunity to identify any conflicts of interest that might disqualify a visitor, in which case the AA will provide a replacement. Possible conflicts of interest include:

- Current or former affiliation with the agency being reviewed;
- Affiliation with an agency or organization in geographic proximity to the agency being reviewed;
- A recent or current fiscal relationship or other vested interest in the agency or its activities; and
- A close relative in affiliation with the agency being reviewed.

A typical site visit is comprised of the following elements:

- **Pre-Visit Document Review by the SVT**

Prior to the Site Visit, the SVT should have reviewed the following:

- Completed Health Department Self-Assessment Instrument (HDSAI) and Summary Checklist and additional LHD documents
- Site Visitor Interview Guide
- Site Visitor Report Form and Summary Sheet
- NC Public Health Laws

- **Pre-Visit Meeting by the SVT**

Prior to beginning the visit, the SVT will gather for a mandatory meeting to:

- Discuss observations made from their individual study of the Health Department Self-Assessment Instrument (HDSAI) and other previously circulated material;
- Discuss specifically any deficiencies or ambiguities noted by analysis of the Health Department Self-Assessment Instrument (HDSAI);
- Review any new information from the AA about the agency or about interpreting the benchmarks;
- Review the site visit schedule and make any last minute adjustments in SVT assignments for document review or interviews;
- Review the agency's organizational chart and any other basic information that describes the model by which the agency conducts its work; and
- Discuss the methodology for preparing the Site Visit Report.

- **Entrance Conference**

The Entrance Conference is conducted on the first morning of the Site Visit, at the main office of the health agency. Representatives from the senior administration of the agency, including the AAC, will meet with members of the SVT to exchange introductions, to discuss the general schedule of the site visit, and to make note of any recent changes in the organization which may be relevant to the Site Visit. A sample entrance conference agenda is provided in *Attachment 5*. At this time, the

agency may ask all site visitors to sign a confidentiality agreement assuring that the visitors will keep patient or employee information in strictest confidence.

- **Walk-through of the Agency**

Immediately following the Entrance Conference, the Local Health Director, or designee, will lead the SVT on a general tour of the health agency. This walk-through allows the SVT to become familiar with the environment as well as to note the general lay-out, space provisions and records storage for the agency. One or more pre-planned trips off-site may be required for visits to the agency's satellite facilities; the agency will provide transportation for off-site travel.

- **Review of Documents**

Each Site Visitor will have been assigned a primary responsibility for verifying one or more sections of the HDSAI. This task will require examination of materials that have been set aside by the health department in the on-site Resource File (or Files) that will be available to the SVT for the duration of their visit. If necessary for proper verification of a benchmark or activity, a Site Visitor may request additional information or evidence not presented in the resource file. If the agency fails to present a requested document, the SVT should note this in the Site Visit Team Report.

Site Visitors should adhere to the following guidelines and principles in reviewing the agency's documentation:

- North Carolina Local Health Department Accreditation recognizes that different organizational structures among North Carolina's autonomous health agencies require different operational approaches and therefore, variations in methods for meeting standards are both permissible and expected.
- Examination of minutes from meetings should ascertain that they have been properly dated and completed in a manner that is consistent with written policy and in compliance with any/all applicable legislation.
- Manuals for policies and procedures should be examined for subject matter, review dates, and revision dates.
- By-Laws should be examined for content, review and/or revision dates.
- The SVT will provide the agency a list of personnel whose records will be reviewed for verification of staff credentials, training and continuing education, annual performance appraisals, etc. The agency must provide the requested information, usually the afternoon of day two of the visit. Site visitors may be asked by the agency to sign a confidentiality statement and should comply with this request.
- The Site Visitors should record their document review findings on their copies of the completed HDSAI for later compilation in preparing the Site Visit Team Report.

- **Interviews**

The SVT will interview staff of the agency, members of the Board of Health and representatives from local government and community agencies to ascertain their understanding of the agency and their role in or with respect to the agency. Interviews also allow for confirmation of evidence provided in the documents.

In a typical, single-county health department, one interview slot will be assigned to each of the following individuals or groups:

- Health Director
- County Manager
- Board of Health Representatives
- Leaders from community organizations
- Management Team Member Representatives
- Staff to address services and capacity in personal health
- Staff to address services and capacity in population health
- Staff to address services and capacity in environmental health
- Staff to address other services and capacity (e.g., animal control)
- Staff to address capacity in business/fiscal operations
- Staff to address capacity in personnel and training
- Staff to address capacity in information technology
- The Agency's Accreditation Coordinator (AAC)

Unless otherwise specified, all interviews will take place at the central office of the health department. If off-site interviews are necessary, the agency is responsible for providing transportation for the Site Visitors.

Site Visit interviews should conform to the following guidelines:

- It is important that interviewees feel at ease. The agency should provide private interview rooms so that all exchange of information remains confidential. NO observers are allowed to be present during an interview.
- SVT interview teams may use the Interview Guide prepared for them by the AA as the basis for the interview, and may ask any other questions they deem appropriate and necessary.

- **End-of-Day Conferences**

At the end of each day of the Site Visit, the SVT will meet in executive session to discuss the outcomes of the day's work, to list general impressions, and to identify questions they would like to ask or additional documentation they would like to review. This information is then shared by the State Accreditation Coordinator with the AAC at the End-of-Day conference on day one and day two of the site visit.

- **Site Visit Team Report**

The Site Visit Team Report is the document the SVT uses to summarize information gathered from the HDSAI, the review of the agency's assessment-supporting documents and the interviews with staff and community representatives. The report includes a summary score sheet and a narrative that contains the findings,

recommendations and suggested improvements of the SVT relative to their on-site review of the agency. Time permitting, the SVT will begin to compile its report during the site visit. The LSV is responsible for completing the report and submitting it to the AA within fourteen days (14) of the completion of the site visit. The AA will review the report with the LSV prior to sending it to the Accreditation Board, the LHD, the AAC and the Board of Health chair. NOTE: When the SVT deems that any benchmark has not been met, it should take care to document its findings and recommendations fully. The SVT's verification of the accuracy of the agency's self-assessment will provide the basis for the Accreditation Board's determination of the agency's accreditation status.

- **Exit Conference**

The Exit Conference, led by the State Accreditation Coordinator, is scheduled for the end of the site visit and attended by any staff that the Local Health Director chooses to have present. The SVT report will not have been prepared at the time of the Exit Conference. The purpose of the Exit Conference is to offer general impressions of the site visit.

Observers during site visits

The NCLHDA program does not allow observers during the site visit. The site visit is a time of examination and validation of the HDSAI and the agency's recommendation on accreditation status is determined by the site visit. The site visit and its activities require concentration and a controlled atmosphere. This is also a stressful time for the agency as they may be required to produce further evidence. In certain special cases (such as by a legislator or Centers for Disease Control and Prevention official), an observer may be allowed. However, the local health director must approve the visitor, and the visitor must schedule through the Accreditation Administrator. The visitor is there as an observer ONLY and cannot interfere with the SVT, cannot sit in on interviews and cannot question staff. Any questions from observers should be directed to the SAC.

Additional Guidelines and Notes for Site Visitors

- **Reimbursement for Site Visitor Expenses.** North Carolina Local Health Department Accreditation will reimburse Site Visitors for travel-related expenses and meals at current State of North Carolina *per diem* rates. Visitors should keep all original receipts and submit them to the AA, along with a reimbursement form that is provided to them by the AA. Unless requested otherwise by a Site Visitor, the AA will make lodging reservations on behalf of all members of the SVT. In addition, each Site Visitor will receive an honorarium upon completion of his/her assignment.
- **Evaluation.** NCLHDA will include an extensive evaluation, and members of the Site Visit Teams are expected to participate by responding to any surveys or interviews conducted by the project evaluator.

- **Role of the DPH Consultants in the Site Visit Process.** The Health Director may request that the Lead Consultant who assisted with the Health Department Self-Assessment be present during the Site Visit.
- **Role of the Accreditation Administrator (AA) in the Site Visit Process.** The AA will recruit the SVTs and designate the LSV. The AA will inform the Health Director of the applicant agency of the names of the SVT members in advance of the visit.

The AA will review the HDSA I submitted by each health department for completeness and readiness and will send the assessment and accompanying documents to the SVT for review two weeks prior to the site visit.

In addition to the completed Health Department Self-Assessment Instrument and accompanying documentation, the AA will forward the following documents to the SVT:

- List of Site Visit Team members and contact information
- List of the NC Local Health Department Accreditation Benchmarks
- Site Visit Interview Guide (*Attachment 7*)
- Site Visit Team Report Form (*Attachment 8*)
- Travel Expense Form

In preparation for the site visit, the AA is responsible for:

- Determining categories of health department staff and community agency representatives to be interviewed (with the AAC and health director)
- Developing (with the AAC and health director), the on-site site visit schedule of activities, including document review, interviews and facility tours

The State Accreditation Coordinator (from the Accreditation Administrator) will participate as a member of each SVT but will not take part in the assessment of evidence or of the LHD. It is the responsibility of the State Accreditation Coordinator to address any conflicts arising between SVT members and the health department during the site visit.

The DPH will provide consultation and technical assistance to the applicant agencies in preparation for the site visit. The AA will be available as a resource for both the AAC and the DPH Lead Consultant, as appropriate.

- **Role of the Lead Site Visitor (LSV) in the Site Visit Process.** The LSV is responsible for coordinating the activities of the SVT when on-site and is the spokesperson for the group. The LSV is responsible for achieving consensus among the Site Visitors and for completing the Site Visit Team Report. The LSV is the point-of-contact with the State Accreditation Coordinator, who will convey information or requests for additional documentation to the AAC. The AAC will then provide the additional documentation to the State Accreditation Coordinator. Throughout the Site Visit, the LSV will evaluate the progress of the team and make additional (or revised) assignments.

Pre-Visit Activities. The LSV and the other members of the SVT will receive the completed HDSAI and other pertinent information from the AA. Upon review of the documents, the SVT will have the following responsibilities:

- Review the information and be prepared for review of the evidence.
- Review the site visit schedule.
- Review the list of staff and community representatives to be interviewed.
- Commit to attending all functions of the site visit

Pre-Visit Meeting -On the night prior to the first day of the Site Visit, the State Accreditation Coordinator will convene the members of the SVT for a pre-visit meeting.

Entrance Conference -The LSV serves as the spokesperson for this first activity of the Site Visit.

Document Review - Prior to the Site Visit, the AA will have assigned a section of the HDSAI to each Site Visitor for review. On site, the visitors will examine resource file documents relevant to their assigned sections and record their findings.

Interviews - The LSV participates as an interviewer along with other members of the SVT. It is the LSV's responsibility to work with the SAC to make any necessary changes to the interview schedule.

Site Visit Report - Although each member of the SVT contributes to the final Site Visit Report, the LSV is responsible for collating the information, completing the report and submitting it to the AA.

Accreditation Board Review

The purpose of the Accreditation Board (Board) is to contribute to the improvement of public health programs and services throughout North Carolina by defining, endorsing and upholding standards of minimum performance for the state's local health departments.

The Board will be the official entity that assigns accreditation status to a local health department participating in the health department accreditation process.

Local Health Department Accreditation Board

The Local Health Department Accreditation Board is established within the North Carolina Institute for Public Health. By statute, the Board shall be composed of 17 members appointed by the Secretary of the Department of Health and Human Services as follows:

- Four shall be county commissioners recommended by the North Carolina Association of County Commissioners, and

- Four shall be members of a local board of health as recommended by the Association of North Carolina Boards of Health.
- Three local health directors.
- Two staff members from the Division of Public Health, Department of Health and Human Services.
- One staff member from the Division of Environmental Health, recommended by the Secretary of Environmental and Natural Resources.
- Three at large members.

Upon receipt of the Site Visit Report, the AA will arrange for the agency's assessment to be reviewed by the Board. The Board will meet in person to examine and discuss the health department's self-assessment and supporting evidence, the Site Visit Team Report and the SVT's recommendation. The LSV of the SVT that reviewed the agency is expected to attend this meeting and will have the responsibility of presenting the SVT's recommendation to the Board. The Board will consider each agency's assessment separately and deliberate its decision. In the event, the Board grants Conditional Accreditation status, the Board's determination is provided as a written report to the local health department and board of health that clearly identifies any benchmarks/activities that need remediation.

Responsibilities of the Local Health Department Director and the Agency Accreditation Coordinator during the Board's adjudication process

At the Board meeting when the LHD site visit report is presented, the Lead Site Visitor (LSV) from the SVT will present the report and the recommendation for accreditation status. The LHD representatives (Health Director and AAC) are given the opportunity to respond to the Lead Site Visitor's (LSV) presentation and recommendation for accreditation status. Other LHD staff may be present but will not make comments unless invited by the Board Chair or questions are posed by a Board member that is best answered by a staff member present. The following topics may be included in the response of the LHD: overall impressions of the accreditation process, whether or not the health department concurs with the site visit team's recommendation and any additional information that they would like to present.

Accreditation Status

The Board will assign an accreditation status to each local health department that applies for initial accreditation, reaccreditation or relief from conditional accreditation.

Four-Year Accreditation Status

This rating indicates that the local health department satisfies the accreditation benchmarks adopted by the Accreditation Board and applicable rules adopted by the Commission. The award is presented as a certificate/plaque to be displayed in the agency and viewed by the public. The initial period of accreditation shall expire four calendar years after initial accreditation is granted.

Conditional Accreditation Status

Conditional Accreditation indicates that the local health department has not met the requirements for accreditation and has therefore been granted conditional accreditation subject to conditions specified by the Board. The Board shall provide to the local health department a written statement of the conditions that must be satisfied in order for the local health department to be accredited. A local health department granted Conditional

Accreditation status must develop a corrective plan of action, which must be completed within two years, and submit it to the AA within 90 days of notice of the Board's decision.

The period of Conditional Accreditation shall expire two calendar years after Conditional Accreditation is granted. During the Conditional Accreditation period, the local health department may apply again for Accreditation in accordance with the rules adopted by the Commission. If the Board finds that standards have been met, the Board shall change the local health department's status to Accredited with the accreditation period to expire four calendar years after the Conditional Accreditation was initially granted. If the Board finds that the conditions have not been satisfied, the local health department shall continue under its grant of Conditional Accreditation.

Unaccredited

This rating indicates that the local health department has failed to meet one or more accreditation benchmarks after a period of conditional accreditation.

Appeals Process

There is an appeals process and an appeals body, should a local health department feel that the Accreditation Board's determination of Conditional Accreditation is incorrect. The local health department may make a written request within ten (10) calendar days (of the Board's determination) for reconsideration of the decision. When an appeal is received, the Appeals Committee of the Board meets with the representatives of the agency to discuss the documentation, supporting evidence and argument for the appeal. Following this joint meeting, the Appeals Committee submits its findings and recommendations to all members of the Board. The Board then meets to prepare its recommendation based on the evidence presented. The appeals decision of the Board is final.

Corrective Action Plan

As part of its corrective action plan, a local health department in Conditional Accreditation Status must make a request to the DPH Local Technical Assistance and Training (LTAT) Branch for assistance. The DPH LTAT will be responsible for providing the requested assistance by on-site, electronic, and/or any other suitable means. One or more assigned consultants will assist the Local Health Director in identifying the barriers to meeting the benchmarks and in developing a specific time-limited corrective action plan, drawing on a variety of resources, for overcoming those barriers. Resources for remediation will be expected to include continuing education and technical assistance from specific DPH offices, peers from other health agencies, outside consultants and the UNC School of Public Health.

When the local health department feels that it has met all prescribed conditions of its corrective action plan, the department shall submit to the AA a request for reconsideration of its status. All documentation needed to support the rationale for a change of status must accompany the request. When the documentation is received, the appeals committee of the Board will review the evidence and prepare a recommendation to the full Board. The Board then meets to make a determination of accreditation status based on that information. The decision of the Board is final.

NCLHDA Evaluation

Evaluation of the program and processes are an essential part of the NCLHDA program. Each year, Evaluation Services of the NCIPH conduct web surveys and interviews of Local Health Directors, Agency Accreditation Coordinators, Site Visit Team Members and NLHDA staff. Results of these interviews are used to improve the program. An annual stakeholder report is produced and shared with the Board and is posted on the web for all interested.

For Resources, see *Attachment 9*.

For a flowchart of the Accreditation Process, see *Attachment 10*.

For a table of acronyms, see *Attachment 11*.

ATTACHMENT 1

The Ten Essential Public Health Services

Classified by Core Function

Assessment

1. Monitor health status to identify community health problems
2. Diagnose and investigate health problems and health hazards in the community

Policy Development

3. Inform, educate, and empower people about health issues
4. Mobilize community partnerships to identify and solve health problems
5. Develop policies and plans that support individual and community health efforts

Assurance

6. Enforce laws and regulations that protect health and ensure safety
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable
8. Assure a competent public health and personal health care workforce
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services
10. Research for new insights and innovative solutions to health problems

Source: Institute of Medicine (2003), *The Future of the Public's Health in the 21st Century*, p. 99

ATTACHMENT 2

Operational Definition of a Functional Local Public Health Agency

(NACCHO, 2004)

Essential Service 1: Monitor health status to identify community health problems

1. Conduct and disseminate results of regular community health assessments to monitor progress toward health-related objectives.
2. Maintain skills and capacity to collect, manage, integrate and display health-related data.
3. Work with health care providers in the community to report reportable diseases and events and other health-related events and data.

Essential Service 2: Diagnose and investigate health problems and health hazards in the community.

1. Engage in surveillance activities and assess, investigate and analyze health problems, threats and hazards, maintaining and using appropriate epidemiological expertise.
2. Establish and maintain a system to receive and provide health alerts and appropriate public health responses for health care providers, emergency responders, and communities on a 24/7 basis.
3. Serve as the lead agency for public health emergency response on a 24/7 basis.
4. Maintain and implement epidemiological case investigation protocols providing for rapid detection and containment of communicable disease outbreaks; environmental health hazards; potential biological, chemical, and radiological threats; and large-scale disasters.
5. Access laboratory capacity capable of fulfilling the above responsibilities.

Essential Service 3: Inform, educate and empower people about health issues.

1. Provide the general public and policy leaders with information on health risk, health status, and health needs in the community as well as information on policies and programs that can improve community health.
2. Provide, support, and evaluate health promotion activities that influence the behavior of individuals and/or groups.

Essential Service 4: Mobilize community partnerships to identify and solve health problems.

1. Convene key constituents and community partners through MAPP or a similar community engagement process to:
 - a. assess health-related problems;
 - b. develop solutions;
 - c. describe respective roles in creating conditions in which people can be healthy; and
 - d. identify and leverage community assets and direct them toward resolving health problems.

Essential Service 5: Develop policies and plans that support individual and community health efforts.

1. Work with local, state and federal policymakers to enact policies (laws, regulations, and ordinances) that support individual and community health efforts.
2. Lead efforts to analyze, develop and advocate for policies needed to implement strategies for health improvement, and to address social and environmental determinants of health.
3. Conduct planning activities to guide the work of the local public health agency.

Essential Service 6: Enforce laws and regulations that protect health and ensure safety.

1. Have knowledge of public health law, ordinances, and regulations and an understanding of the relationship between the law and public health practice.
2. Monitor the compliance of regulated organizations and entities.
3. Conduct enforcement activities.
4. Inform and educate individuals and organizations of the meaning and purpose of public health laws, regulations and ordinances.

Essential Service 7: Link people to needed personal health services and assure the provision of health care when otherwise unavailable.

1. Identify populations not receiving health care, including preventive services.
2. Mobilize the community to address health care resource needs.
3. Lead efforts to link individuals with needed services, including preventive and health promotion services, in a culturally competent manner.
3. Serve as a health care provider when local needs and authority exist, and the appropriate local public health agency capacity and adequate additional resources can be secured.

Essential Service 8: Assure a competent public health and personal health care workforce.

1. Regularly evaluate local public health agency workforce on the demonstration of core public health and cultural competencies and provide opportunities for continuing education, training and leadership development.
2. Enhance relationships with academic institutions to enrich public health practice and academic settings.
3. Recruit, train and retain a local public health agency staff and management team that reflects the value of diversity.
4. Work with the community to address workforce gaps in the local public health system.

Essential Service 9: Evaluate effectiveness, accessibility and quality of personal and population-based health services.

1. Evaluate all services, including personal and population-based health services, provided by the local public health agency for effectiveness in achieving desired outcomes in order to modify strategic and operational plans accordingly.
2. Assess performance of the local public health system as a whole in order to develop strategies to improve services and programs.

Essential Service 10. Research for new insights and innovative solutions to health problems.

1. Use research to develop and evaluate evidence-based programs.
2. Partner with institutions of higher learning, other researchers, and/or government agencies to formulate and conduct public health practice research and health-related research activities that involve and benefit the community.
3. Endorse participatory research.

Operational Definition of a Functional Local Public Health Agency

(NACCHO, November 2005)

Essential Service 1: Monitor health status and understand health issues facing the community.

- a. Obtain and maintain data that provide information on the community's health (e.g., provider immunization rates; hospital discharge data; environmental health hazard, risk, and exposure data; community-specific data; number of uninsured; and indicators of health disparities such as high levels of poverty, lack of affordable housing, limited or no access to transportation, etc).
- b. Develop relationships with local providers and others in the community who have information on reportable diseases and other conditions of public health interest and facilitate information exchange.
- c. Conduct or contribute expertise to periodic community health assessments.
- d. Integrate data with health assessment and data collection efforts conducted by others in the public health system.
- e. Analyze data to identify trends, health problems, environmental health hazards, and social and economic conditions that adversely affect the public's health.

Essential Service 2: Protect people from health problems and health hazards.

1. Investigate health problems and environmental health hazards.
2. Prevent, minimize, and contain adverse health events and conditions resulting from communicable diseases; food-, water-, and vector-borne outbreaks; chronic diseases; environmental hazards; injuries; and health disparities.
3. Coordinate with other governmental agencies that investigate and respond to health problems, health disparities, or environmental health hazards.
4. Lead public health emergency planning, exercises, and response activities in the community in accordance with the National Incident Management System, and coordinate with other local, state, and federal agencies.
5. Fully participate in planning, exercises, and response activities for other emergencies in the community that have public health implications, within the context of state and regional plans and in a manner consistent with the community's best public health interest.
6. Maintain access to laboratory and biostatistical expertise and capacity to help monitor community health status and diagnose and investigate public health problems and hazards.
7. Maintain policies and technology required for urgent communications and electronic data exchange.

Essential Service 3: Give people information they need to make healthy choices.

1. Develop relationships with the media to convey information of public health significance, correct misinformation about public health issues, and serve as an essential resource.
2. Exchange information and data with individuals, community groups, other agencies, and the general public about physical, behavioral, environmental, social, economic, and other issues affecting the public's health.
3. Provide targeted, culturally appropriate information to help individuals understand what decisions they can make to be healthy.
4. Provide health promotion programs to address identified health problems.

Essential Service 4: Engage the community to identify and solve health problems.

1. Engage the local public health system in an ongoing, strategic, community-driven, comprehensive planning process to identify, prioritize, and solve public health problems; establish public health goals; and evaluate success in meeting the goals.
2. Promote the community's understanding of, and advocacy for, policies and activities that will improve the public's health.
3. Support, implement, and evaluate strategies that address public health goals in partnership with public and private organizations.
4. Develop partnerships to generate interest in and support for improved community health status, including new and emerging public health issues.
5. Inform the community, governing bodies, and elected officials about governmental public health services that are being provided, improvements being made in those services, and priority health issues not yet being adequately addressed.

Essential Service 5: Develop public health policies and plans.

1. Serve as a primary resource to governing bodies and policymakers to establish and maintain public health policies, practices, and capacity based on current science and best practices.
2. Advocate for policies that lessen health disparities and improve physical, behavioral, environmental, social, and economic conditions in the community that affect the public's health.
3. Engage in LHD strategic planning to develop a vision, mission, and guiding principles that reflect the community's public health needs, and to prioritize services and programs.

Essential Service 6: Enforce public health laws and regulations.

1. Review existing laws and regulations and work with governing bodies and policymakers to update them as needed.

2. Understand existing laws, ordinances, and regulations that protect the public's health.
3. Educate individuals and organizations on the meaning, purpose, and benefit of public health laws, regulations, and ordinances and how to comply.
4. Monitor, and analyze over time, the compliance of regulated organizations, entities, and individuals.
5. Conduct enforcement activities.
6. Coordinate notification of violations among other governmental agencies that enforce laws and regulations that protect the public's health.

Essential Service 7: Help people receive health services.

1. Engage the community to identify gaps in culturally competent, appropriate, and equitable personal health services, including preventive and health promotion services, and develop strategies to close the gaps.
2. Support and implement strategies to increase access to care and establish systems of personal health services, including preventive and health promotion services, in partnership with the community.
3. Link individuals to available, accessible personal healthcare providers (i.e., a medical home).

Essential Service 8: Maintain a competent public health workforce.

1. Recruit, train, develop, and retain a diverse staff.
2. Evaluate LHD staff members' public health competencies,⁷ and address deficiencies through continuing education, training, and leadership development activities.
3. Provide practice- and competency based educational experiences for the future public health workforce, and provide expertise in developing and teaching public health curricula, through partnerships with academia.
4. Promote the use of effective public health practices among other practitioners and agencies engaged in public health interventions.
5. Provide the public health workforce with adequate resources to do their jobs.

Essential Service 9: Evaluate and improve programs and interventions.

1. Develop evaluation efforts to assess health outcomes to the extent possible.
2. Apply evidence-based criteria to evaluation activities where possible.
3. Evaluate the effectiveness and quality of all LHD programs and activities and use the information to improve LHD performance and community health outcomes.
4. Review the effectiveness of public health interventions provided by other practitioners

and agencies for prevention, containment, and/ or remediation of problems affecting the public's health, and provide expertise to those interventions that need improvement.

Essential Service 10: Contribute to and apply the evidence base of public health.

1. When researchers approach the LHD to engage in research activities that benefit the health of the community,
 - i. Identify appropriate populations, geographic areas, and partners;
 - ii. Work with them to actively involve the community in all phases of research;
 - iii. Provide data and expertise to support research; and,
 - iv. Facilitate their efforts to share research findings with the community, governing bodies, and policymakers.
2. Share results of research, program evaluations, and best practices with other public health practitioners and academics.
3. Apply evidence-based programs and best practices where possible.

These 10 Standards are framed around the Ten Essential Public Health Services, which have been reworded to more accurately reflect the specific LHD roles and responsibilities related to each category. In addition, these standards are consistent with the National Public Health Performance Standards Program (NPHPSP), serving to specify the role of governmental LHDs while the NPHPSP addresses the local public health system as a whole. (www.naccho.org)

ATTACHMENT 3

§ 130A-34.1. Accreditation of local health departments; board established.

(a) The Local Health Department Accreditation Board is established within the North Carolina Institute for Public Health. The Board shall be composed of 17 members appointed by the Secretary of the Department of Health and Human Services as follows:

- (1) Four shall be county commissioners recommended by the North Carolina Association of County Commissioners, and four shall be members of a local board of health as recommended by the Association of North Carolina Boards of Health.
- (2) Three local health directors.
- (3) Two staff members from the Division of Public Health, Department of Health and Human Services.
- (4) One staff member from the Division of Environmental Health, recommended by the Secretary of Environment and Natural Resources.
- (5) Three at large.

(b) Members shall serve four-year terms except that initial terms shall be staggered such that three members are appointed for one year, four members are appointed for two years, four members are appointed for three years, and six members are appointed for four years. An appointment to fill a vacancy on the Board created by the resignation, dismissal, ineligibility, death, or disability of any member shall be made for the balance of the unexpired term. The Secretary may remove any member for misfeasance, malfeasance, or nonfeasance. The chair shall be designated by the Secretary and shall designate the times and places at which the Board shall meet. The Board shall meet as often as necessary to carry out its duty to develop and review periodically accreditation standards, to engage in activities necessary to assign accreditation status to local health departments, and to engage in other activities necessary to implement this section.

(c) Members of the Board who are not officers or employees of the State shall receive reimbursement for travel and subsistence expenses at the rates specified in G.S. 138-5. Members of the Board who are officers or employees of the State shall receive reimbursement for travel and subsistence at the rate set out in G.S. 138-6.

(d) The Board shall assign an accreditation status to each local health department that applies for initial accreditation, reaccreditation, or relief from conditional accreditation. The Board shall assign the appropriate accreditation status, as follows:

- (1) Accredited, which means that the local health department has satisfied the accreditation standards adopted by the Board and applicable rules adopted by the Commission.
- (2) Conditionally accredited, which means that the local health department has failed to meet one or more accreditation standards and has therefore been granted short-term accreditation subject to conditions specified by the Board.
- (3) Unaccredited, which means that the local health department has continued to fail to meet one or more accreditation standards after a period of conditional accreditation.

(e) The Commission shall, after reviewing standards developed by and consulting with the Board, adopt rules establishing accreditation standards for local health departments. The accreditation standards shall include at least all of the following:

- (1) An accreditation process that consists of the following components:
 - a. A self-assessment conducted by the local health department seeking accreditation.
 - b. A site visit by a team of experts to clarify, verify, and amplify the information in the self-assessment.
 - c. Final action by the Board on the local health department's accreditation status.

- (2) The local health department's capacity to provide the essential public health services, as follows:
 - a. Monitoring health status to identify community health problems.
 - b. Diagnosing and investigating health hazards in the community.
 - c. Informing, educating, and empowering people about health issues.
 - d. Mobilizing community partnerships to identify and solve health problems.
 - e. Developing policies and plans that support individual and community health efforts.
 - f. Enforcing laws and regulations that protect health and ensure safety.
 - g. Linking people to needed personal health care services and assuring the provision of health care when otherwise unavailable.
 - h. Assuring a competent public health workforce and personal health care workforce.
 - i. Evaluating effectiveness, accessibility, and quality of personal and population-based health services.
 - j. Conducting research.
 - (3) The local health department's facilities and administration.
 - (4) The local health department's staff competencies and training procedures or programs.
 - (5) The local health department's governance and fiscal management; and
 - (6) Informal procedures for reviewing Board decisions.
- (f) All local health departments shall obtain and maintain accreditation in accordance with this section. The Board shall implement accreditation over a period of eight years, beginning January 1, 2006. The Board shall establish a schedule specifying when each local health department shall apply for initial accreditation and ensuring that all local health departments have applied for initial accreditation by December 1, 2014.
- (g) The Board shall assign the following accreditation status, as applicable:
- (1) "Accredited" to a local health department that satisfies the accreditation standards. The initial period of accreditation shall expire four calendar years after initial accreditation is granted.
 - (2) "Conditionally accredited" to a local health department that, in its initial accreditation application, fails to satisfy the accreditation standards. The period of conditional accreditation shall expire two calendar years after conditional accreditation is granted. The Board shall provide to the local health department a written statement of the conditions that must be satisfied in order for the local health department to be accredited. At any time during the two-year period, the local health department may request that its status be reviewed and changed from "conditionally accredited" to "accredited." If the Board finds that the conditions have been met, the Board shall change the local health department's status to "accredited" with the accreditation period to expire four calendar years after the conditional accreditation was initially granted. If the Board finds that the conditions have not been satisfied, the local health department shall continue under its grant of conditional accreditation. During the conditional accreditation period, the local health department may apply again for accreditation in accordance with rules adopted by the Commission.
- (h) Each accredited local health department shall apply for reaccreditation in accordance with rules adopted by the Commission.
- (i) When the Board assigns the status "unaccredited" to a local health department, the Board shall send written notification of that status to the local health department and to the Secretary.
- (j) The Commission shall adopt rules to implement this section. (2005-369, s. 1(b).)

**North Carolina Administrative Code
Chapter 48 - Local Health Department Accreditation**

Subchapter 48a - Local Health Department Accreditation –Administration

- Section .0100 - General Provisions
 - 10a NCAC 48a .0101 Purpose
 - 10a NCAC 48a .0102 Definitions
- Section .0200 - Accreditation Process
 - 10a NCAC 48a .0201 Self-Assessment
 - 10a NCAC 48a .0202 Site Visit
 - 10a NCAC 48a .0203 Board Action
 - 10a NCAC 48a .0204 Informal Review Procedures
 - 10a NCAC 48a .0205 Re-Accreditation

Subchapter 48b - Local Health Department Accreditation Standards

- Section .0100 - General Provisions
 - 10a NCAC 48b .0101 Purpose
 - 10a NCAC 48b .0102 Definitions
 - 10a NCAC 48b .0103 Accreditation Requirements
- Section .0200 - Monitor Health Status
 - 10a NCAC 48b .0201 Benchmark 1
 - 10a NCAC 48b .0202 Benchmark 2
 - 10a NCAC 48b .0203 Benchmark 3
- Section .0300 - Diagnose And Investigate Health Problems And Health Hazards In The Community
 - 10a NCAC 48b .0301 Benchmark 4
 - 10a NCAC 48b .0302 Benchmark 5
 - 10a NCAC 48b .0303 Benchmark 6
 - 10a NCAC 48b .0304 Benchmark 7
 - 10a NCAC 48b .0305 Benchmark 8
- Section .0400 - Inform, Educate, And Empower People About Health Issues
 - 10a NCAC 48b .0401 Benchmark 9
 - 10a NCAC 48b .0402 Benchmark 10
- Section .0500 - Mobilize Community Partnerships To Identify And Solve Health Problems
 - 10a NCAC 48b .0501 Benchmark 11
 - 10a NCAC 48b .0502 Benchmark 12
 - 10a NCAC 48b .0503 Benchmark 13
- Section .0600 - Develop Policies And Plans That Support Individual And Community Health Efforts
 - 10a NCAC 48b .0601 Benchmark 14
 - 10a NCAC 48b .0602 Benchmark 15
- Section .0700 - Enforce Laws And Regulations That Protect Health And Ensure Safety
 - 10a NCAC 48b .0701 Benchmark 16
 - 10a NCAC 48b .0702 Benchmark 17
 - 10a NCAC 48b .0703 Benchmark 18
- Section .0800 - Link People To Needed Personal Health Services To Assure The Provision Of Health Care When Otherwise Unavailable
 - 10a NCAC 48b .0801 Benchmark 19
 - 10a NCAC 48b .0802 Benchmark 20

- 10a NCAC 48b .0803 Benchmark 21
- 10a NCAC 48b .0804 Benchmark 22
- Section .0900 - Assure A Competent Public Health Workforce And Personal Health Workforce
 - 10a NCAC 48b .0901 Benchmark 23
 - 10a NCAC 48b .0902 Benchmark 24
 - 10a NCAC 48b .0903 Benchmark 25
 - 10a NCAC 48b .0904 Benchmark 26
- Section .1000 - Evaluate Effectiveness, Accessibility And Quality Of Personal And Population-Based Health Services
 - 10a NCAC 48b .1001 Benchmark 27
- Section .1100 - Research For New Insights And Innovative Solutions To Health Problems
 - 10a NCAC 48b .1101 Benchmark 28
 - 10a NCAC 48b .1102 Benchmark 29
- Section .1200 - Provide Facilities And Administrative Services
 - 10a NCAC 48b .1201 Benchmark 30
 - 10a NCAC 48b .1202 Benchmark 31
 - 10a NCAC 48b .1203 Benchmark 32
 - 10a NCAC 48b .1204 Benchmark 33
- Section .1300 – Governance
 - 10a NCAC 48b .1301 Benchmark 34
 - 10a NCAC 48b .1302 Benchmark 35
 - 10a NCAC 48b .1303 Benchmark 36
 - 10a NCAC 48b .1304 Benchmark 37
 - 10a NCAC 48b .1305 Benchmark 38
 - 10a NCAC 48b .1306 Benchmark 39
 - 10a NCAC 48b .1307 Benchmark 40
 - 10a NCAC 48b .1308 Benchmark 41

ATTACHMENT 4

HDSAI Standards and Accreditation Requirements

There are three sections to the Health Department Self-Assessment Instrument (HDSAI):

- **Standard #1: Agency Core Functions and Essential Services (CF&ES)**
29 Core Functions and Essential Services Benchmarks & 93 Activities
- **Standard #2: Agency Facilities and Administrative Services (F&AS)**
4 Facilities and Administrative Services Benchmarks & 27 Activities
- **Standard #3: Board of Health/Governance**
8 Board of Health Benchmarks & 28 Activities

In order to designate a benchmark as “MET”, the agency must carry out ALL of the activities prescribed for that benchmark.

Failure to complete any ONE activity associated with a benchmark means that the benchmark is “NOT MET”.

The HDSAI addresses a total of 41 benchmarks and 148 related activities.

In order to satisfy the Accreditation benchmarks, the local health department must satisfy **thirty-three (33) of the forty-one (41) benchmarks.**

Thirty-one (31) of the benchmarks must be met according to the following proportions:

- Agency Core Functions and Essential Services
 - Assessment Function = 6 of 8 benchmarks
 - Policy Development Function = 5 of 7 benchmarks
 - Assurance Function = 11 of 14 benchmarks
- Facilities and Administrative Services = 3 of 4 benchmarks
- Board of Health/Governance = 6 of 8 benchmarks

Two (2) of the thirty-three (33) benchmarks can come from any of the three (3) standards.



North Carolina LOCAL HEALTH DEPARTMENT ACCREDITATION

Accreditation Entrance Conference Agenda

Date

8:30 – 10:00 a.m.

Welcome	Health Director
Introduction of Accreditation Process and Accreditation Site Visit Team	State Accreditation the Coordinator
Introduction of the Health Department Management Team and/or Accreditation Team	Health Director and Staff
Brief Overview of the Health Department's Approach to the completion of the HDSA I	Health Director and/or the Agency Accreditation Coordinator
General Information about the County and the Health Department (video, powerpoint presentation, or simply verbal)	Health Director
Questions from the Site Visit Team (if applicable)	Lead Site Visitor
Other Business -Confidentiality Statement	Health Director and/or the Agency Accreditation Coordinator
Tour of the facility	Health Director and/or the Agency Accreditation Coordinator

**SAMPLE SITE VISIT SCHEDULE FOR LOCAL HEALTH DEPARTMENTS
Day One**

Time Period	Task/Activity	Location	Interviewers
7:00 – 8:00AM	Breakfast (Off-site)		
8:30 – 10:00	Entrance Conference with the Health Dept. Director, the AAC, other members of the Management Team and the Site Visit Team (SVT) Walk – Through of the Health Department		
10:00 – 10:15	Break		
10:15 – 11:00	Interview with the County Manager:		Entire SVT
11:15 – 12:00	Interview with the Health Director:		Entire SVT
12:00 – 1:00	Lunch		
1:00 – 3:30	Document Review / Site Visit to other Health Department Locations, if applicable		
3:30 – 3:45	Break		
3:45 – 4:45	Document Review		
4:45 – 5:00	SVT Meeting (Executive Session – On-site)		
5:00 – 5:15	End-of-Day Meeting (State Accreditation Coordinator and AAC)		
6:00 – 7:00	Dinner (Off-site)		

**SAMPLE SITE VISIT SCHEDULE FOR LOCAL HEALTH DEPARTMENTS
Day Two**

Time Period	Task/Activity	Location	Interviewers
7:30 – 8:00AM	Breakfast (Off-site)		
8:30 – 9:00	Environmental Health:		
8:30 – 9:00	Population Health:		
9:05 – 9:35	Community Partners:		
9:05 – 9:35	Personal Health:		
9:40 – 10:25	Management Team Representatives:		Entire SVT
10:25 – 10:40	Break		
10:40 – 11:10	Other Services:		
10:40 – 11:10	Business/Fiscal:		
11:15 – 11:45	Personnel/Training:		
11:15 – 11:45	Information Technology (IT):		
11:45 – 12:00	Break		
12:00 – 1:00	Lunch		
1:00 – 3:30	Document Review / Review of Personnel Records		
3:30 – 3:45	Break		
3:45 – 4:45	Document Review		

4:45 – 5:00	SVT Meeting (Executive Session – On-site)		
5:00 – 5:15	End-of-Day Meeting (State Accreditation Coordinator and Agency Accreditation Coordinator)		
6:00 – 7:00	Dinner (Off-site)		

**SAMPLE SITE VISIT SCHEDULE FOR LOCAL HEALTH DEPARTMENTS
Day Three**

Time Period	Task/Activity	Location	Interviewers
7:30 – 8:00AM	Breakfast (Off-site)		
8:30 – 9:15	Board of Health Representatives:		Entire SVT
9:20 – 9:50	Agency Accreditation Coordinator (AAC):		Entire SVT
9:50 – 10:00	Break		
10:00 – 12:00	Document Review		
12:00 – 1:00	Lunch		
1:00 – 2:15	Document Review / Report Preparation		
2:15 – 2:45	SVT Meeting (Executive Session – On-site)		
2:45 – 2:55	SVT Departs Health Department		
3:00 – 3:30	Exit Conference (State Accreditation Coordinator and the Health Department)		

Occasional work in social contexts (e.g., a working lunch or dinner) is appropriate, if necessary, but should be minimized)

ATTACHMENT 7

North Carolina Local Health Department Accreditation

Site Visitor Interview Guide Sample Questions

The following lists provide **examples** of questions that may be included in interviews of individuals and groups participating in a health department site visit. Each site visitor should develop a line of questioning appropriate for each interview subject based on information gathered from the HDSAI, documentation offered in support of the HDSAI and other interview subjects. **The goal of the interviews is to clarify, verify and amplify the information from those sources.** In pursuing this goal, Site Visitors may choose to use all, some or none of the questions on these lists.

A. General Questions (for any interviewee)

1. Briefly describe the county.
 - Demographics: population, size, political leadership, diversity, insured vs. uninsured
 - Other health care resources in the county: private, not-for-profit
 - Nearest tertiary hospital and/or referral pattern for the LHD
 - Economy: primary industry and/or employer(s)
 - Geography: urban, rural, mixed; growing, static, declining
2. How long have you resided in this county?
3. How long have you been employed at this health department (or have you served your current organization)?
4. How long have you been in your current position?
5. How long has the Health Director been in his/her position?
6. How many different Health Directors have you worked with/for in this county?
7. Does the Health Director have the support of the County Manager?
8. Does the Health Director have the support of the Board of Health?
9. Does the Health Director have the support of the Board of County Commissioners?
10. What are the Health Department's most significant contributions to the community?
11. What do you think the people of this community understand about the role of the Health Department?
12. Does the Health Department play a leadership role within the local health care community?

B. County Manager

Purpose of the Interview

- Determine how and to what degree the County Manager supports the local health department and the Health Director
- Evaluate the County Manager's knowledge of public health issues and responsibilities
- Explore general financial issues
- Discuss the relationship/partnership the Health Department has with the county.
- Discuss the county's personnel and performance appraisal system

Sample Questions

1. How does the local health department and/or its director interact with other county departments and other department heads? (e.g., Department of Social Services, Board of Education, Economic Development, Planning and Inspections, Human Resources/Personnel, etc.)
2. How are personnel policies established and by whom (i.e., Does the agency have latitude beyond or instead of county policies?)
3. Does the county have a grievance policy for its employees? Is there a separate grievance policy for the health department?
4. What is the county's performance appraisal system? Does the health department have a separate appraisal system? How often is employee performance evaluated?
5. Does the county have a county-wide career development program for its employees?
6. What support does the county give
 - For the continuing education of its health department employees?
 - For professional development of management and/or staff?
 - For employees whose credentials and/or licensure depend upon meeting CE requirements?
7. Are health department staff salaries commensurate with similar job classifications
 - In this county?
 - In comparable counties?
 - In neighboring counties?
 - How does this impact the hiring/retention of qualified staff for the health department?
8. Who participates in the budget projection/preparation process?
9. What percentage of health department revenue is generated by:
 - County funds
 - State funds
 - Medicaid reimbursements
 - Private pay
 - Grants and contracts
10. Is there a county attorney available to the health department? How often and for what purposes is his/her legal advice sought?
11. What are some problems and challenges currently being faced by the health department?

C. Board of Health (BOH) Members

Purpose of the Interview

- Assess the level of involvement with the Health Director and the health department
- Evaluate the board member's knowledge of their role and responsibilities
- Discuss: A) how the BOH functions; B) the legal responsibilities of the BOH; and C) the relationship between the BOH and the Health Director
- Assess the training of the Board of Health members
- Discuss the process of hiring and evaluating a Health Director
- Describe the county's public health priorities and how they are determined

Sample Questions

1. Can the board member articulate the county's health priorities?
2. What is the number and frequency of Board of Health meetings annually?
3. Describe the attendance at Board of Health meetings? How many (if any) meetings have been cancelled due to a lack of quorum?
4. How are Board members appointed? By whom? By what process?
5. Have there been any difficulties in finding interested, capable people to fill discipline-specific seats? Have there been any difficulties in finding interested, capable people to fill the member-at-large seats?
6. Is there an orientation program for Board members?
7. Are Board of Health members trained appropriately regarding their statutory powers and rule-making authority?
8. What is the involvement of the Board in the community?
9. How clearly does the Board differentiate between its policy-making role and the management role of the Health Director and the health department staff?
10. What is the Board's relationship with the Health Director and the senior staff members of the health department (e.g., division directors)?
11. What is the process for hiring the Local Health Director? Who is on the search committee and who determines the composition of the committee?
12. What is the process for appraising the performance of the Local Health Director? How often is the appraisal performed and who is responsible for the appraisal?
13. What percentage of health department revenue is generated by:
 - County funds
 - State funds
 - Medicaid reimbursements
 - Private pay
 - Grants and contracts
14. Are the health department's funding and expenditure patterns in line with the priorities identified in the Community Health Assessment? If not, why not?
15. What local rules or ordinances has the Board enacted in the past 3-4 years?
16. Are there any local rules or ordinances regarding Environmental Health in this county? If so, how are the local rules or ordinances monitored or enforced?
17. Is there a county attorney available to the health department? How often and for what purposes is his/her legal advice sought?
18. What are some problems and challenges currently being faced by the health department?

D. Health Director

Purpose of the Interview

- Discuss the accreditation process
- Discuss and assess the Health Director's view on:
 - the strengths of the agency
 - the weaknesses of the agency
 - the challenges facing the agency
 - the relationship with staff members
 - the relationship with the Board of Health
 - the relationship with county government
- Describe the process used in his/her hiring and evaluation
- Describe opportunities for continuing education
- Discuss the working relationship between the Health Director, the Board of Health and the Board of Health Chair
- Discuss agency challenges and opportunities
- Discuss personal challenges and opportunities

Sample Questions

1. How supportive of public health is the County Manager?
2. How supportive of public health is the County Commissioner on the Board?
3. What role does the Health Director play at Board of Health meetings?
4. How does communication flow up to the Board of Health and down to the agency's staff members?
5. What is the composition of the health department's Management Team?
6. What is the function of the health department's Management Team?
7. Are health department staff salaries commensurate with similar job classifications
 - In this county?
 - In comparable counties?
 - In neighboring counties?
 - How does this impact the hiring/retention of qualified staff for the health department?
8. Describe the process for preparing the health department's annual budget. Who has input? Who recommends it?
9. In the overall county budget process for setting priorities, is public health a high priority? If not, please explain.
10. How frequently is the Health Director's job description reviewed?
11. How frequently is the Health Director's job performance evaluated? Who is responsible for the performance evaluation?
12. What does the Health Director do to keep his/her knowledge and skills current?
13. What is the Health Director's involvement in the community? In state organizations? In national organizations?
14. How prepared is the health department to respond to public health emergencies? Has this level of preparedness improved from a year ago? From two years ago?
15. What are some problems and challenges currently being faced by the health department?

E. Finance Officer

Purpose of the Interview

- Discuss the financial practices of the agency
- Describe the budget process
- Discuss the types and frequency of reports
- Comment on the financial status of the agency
- Describe sources of funding and grantsmanship
- Determine the preparation of the individual for the position
- Comment on personal aspects of the job (training, evaluation, etc.)

Sample Questions

1. What is the Finance Officer's understanding of the agency's organizational chart and where he/she fits into the organization?
2. Does the finance office have its own policy and procedure manuals?
3. Are financial reports submitted on time?
4. How are the health department's budget priorities established?
5. What percentage of health department revenue is generated by:
 - County funds
 - State funds
 - Medicaid reimbursements
 - Private pay
 - Grants and contracts
6. How does the health department manage grants and contracts?
7. Who is responsible for writing grant proposals for the health department?
8. On average, how many grants are sought and how many are won each year?
9. How does the health department's grant success (or lack of success) impact the health department's budget each year?
10. In the overall county budget process for setting priorities, is public health a high priority? If not, please explain.
11. Did the Finance Officer receive orientation training for the position?
12. Has the Finance Officer pursued professional development or continuing education opportunities while at the health department? Why or why not?
13. How frequently is the Finance Officer's job performance evaluated? Is the performance evaluation completed on time?
14. What are some problems and challenges currently being faced by the health department?

F. Personnel Officer

Purpose of the Interview

- Discuss the personnel system at the county and the agency level, including:
 - benefits
 - performance evaluations
 - incentives
 - challenges and concerns
- Describe the individual's relationship to A) State personnel; B) County personnel; C) agency staff and the D) Board of Health

Sample Questions

1. What is the Personnel Officer's understanding of the agency's organizational chart and where he/she fits into the organization?
2. Does the personnel office have its own goals and objectives? How do these goals and objectives fit with the health department's overall goals and objectives?
3. Does the personnel office have its own policy and procedure manuals?
4. How are priorities established regarding new positions requested by the health department?
5. What is the process for hiring the Local Health Director? Who is on the search committee and who determines the composition of the committee?
6. What is the process for appraising the performance of the Local Health Director? How often is the appraisal performed and who is responsible for the appraisal?
7. What is the county's performance appraisal system? Does the health department have a separate appraisal system? How often is employee performance evaluated?
8. What, if any, issues does the health department have with staff turnover? Staff morale?
9. How are personnel policies established and by whom? (i.e., Does the agency have latitude beyond or instead of county policies?)
10. Are there any incentives for advancement at the health department?
11. Are there any incentives that are specifically initiated by or encouraged by the county government?
12. Are health department staff salaries commensurate with similar job classifications
 - In this county?
 - In comparable counties?
 - In neighboring counties?
 - How does this impact the hiring/retention of qualified staff for the health department?
13. Did the Personnel Officer receive orientation training for the position?
14. Has the Personnel Officer pursued professional development or continuing education opportunities while at the health department? Why or why not?
15. Does the Personnel Officer conduct performance evaluations of other staff members? For whom? What is the frequency of the performance evaluations? Are the performance evaluations completed on time?
16. What are some problems or challenges currently being faced by the health department?

G. Members of the Management Team

Purpose of the Interview

- Determine the composition, the role and the responsibilities of the Agency Management Team
- Discuss the relationship of the Management Team to the Health Director and to the Board of Health (if applicable)
- Describe how the Management Team functions: A) how frequently are meetings held; B) what is the governance structure C) how do they conduct evaluations
- Discuss the training of the Management Team
- Assess the Management Team's awareness of the agency's philosophy, mission, goals, objectives, services, etc.

Sample Questions

1. What is the function and role of each member of the Management Team?
2. Who decides who will be a part of the Management Team?
3. Do Management Team members attend Board of Health meetings? When and why?
4. How do Management Team members communicate with the Board of Health members? How do Management Team members communicate with the rest of the agency staff?
5. Do Management Team members conduct meetings among the staff they supervise? When and why?
6. What is the Management Team's understanding of the agency's organizational chart and where they fit into the organization?
7. Are Management Team members familiar with the philosophy, mission, goals, objectives and services of the agency?
8. Does each unit represented by a Management Team member have its own goals and objectives? How do these objectives and goals fit with the health department's overall goals and objectives?
9. Do Management Team members receive financial statements regularly?
10. How does the health department determine IT needs? Who is responsible for maintaining the computer systems/programs?
11. Do Management Team members participate in developing grant proposals? How?
12. Do Management Team members participate in contract negotiations? How?
13. Did the Management Team members receive orientation training for their positions?
14. Do the Management Team members conduct performance evaluations of other staff members? For whom? What is the frequency of the performance evaluations? Are the performance evaluations completed on time?
15. How frequently is the Management Team members job performance evaluated? Are the performance evaluations completed on time?
16. What are some problems or challenges currently being faced by the health department?

H. Supervisory, Professional and Administrative Support Staff

Purpose of the Interview

- Determine if each of the respective groups understand: A) their position within the organization B) their roles and responsibilities
- Describe how each group communicates (interdepartmentally and intradepartmentally) with members and with the agency
- Discuss how each group meets and how issues and concerns are communicated to the Health Director (and the BOH)
- Discuss the individuals preparation for the position:
 - Orientation
 - Continuing Education
 - Performance Evaluation
 - Resource allocations for any/all of the above
- Describe how their unit fits into the overall agency
- Discuss the agency's philosophy, mission, goals, objectives, services, etc.
- Describe the agency's success (and challenges) in working with "groups" and health department personnel

Sample Questions

1. What is the staff member's understanding of the agency's organizational chart and where they fit into the organization?
2. What is the staff member's understanding of their operational unit's/program's organizational chart and where they fit into it?
3. Who represents the staff member's operational unit/program on the Management Team?
4. What are the lines of communication within and between the agency's operational units/programs?
5. Do staff members know the philosophy, mission, goals and objectives of the agency?
6. Do staff members know the goals and objectives of their unit/program? Do staff members know how these goals and objectives fit with the goals and objectives of the agency?
7. What do staff members know about the policies and procedures of their unit/program? How do staff members learn about the policies and procedures? If staff members are not familiar with policies and procedures, do they at least know where and how to access them?
8. Are staff members familiar with the goals, objectives, policies and procedures of any units/programs other than their own? How do they acquire this knowledge about other units/programs?
9. Do staff members know how personnel policies are established and by whom?
10. Do staff members know where and how to access written personnel policies?
11. Do staff members know where and how to access personnel files?
12. Do staff members receive orientation training for their positions at the time they are hired?
13. Are staff members familiar with their job description? When and how was their job descriptions last updated?
14. Are staff members encouraged to participate in continuing education programs? Do they act on this encouragement? If not, why?
15. Are staff members encouraged to pursue professional development opportunities? Do they act on this encouragement? If not, why?

16. Do staff members have regular job performance appraisals? Who conducts the appraisals? How frequently are the job performance appraisals conducted? Are the job performance appraisals completed on time?
17. Are health department staff salaries commensurate with similar job classifications in the county?
18. Does the agency have a problem of staff turnover? Why or why not?
19. Does the agency have a problem with staff morale? Why or why not?
20. What are some problems or challenges currently being faced by the health department?

I. Representatives of Community Agencies

Purpose of the Interview

- Discuss the community agencies' partnerships with the health department (the successes and the challenges)
- Comment on the perceived value of the relationship
- Describe the formal or informal relationship regarding:
 - program goals
 - resources (staffing, funding, etc.)
 - evaluations
 - operations/representation
 - the Board of Health
- Discuss the "community" view of the Health Department
- Comment on future opportunities and the substantiality of current relationships

Sample Questions

1. What is the nature and purpose of your organization?
2. What has been the nature and duration of the health department's relationship(s) with your organization?
3. What is the health department's involvement with the community?
4. How does the health department communicate with the community? Are these means effective?
5. Does the health department communicate effectively with all racial, ethnic and socioeconomic groups within the community?
6. Does the health department seek community input when developing its programs and services? From whom? How?
7. What innovativeness has the health department shown in building/supporting community coalitions?
8. How effective has the health department been in collaborating with peer agencies?
9. How effective has the health department been in promoting a public health agenda within the community?
10. What is the involvement of the Board of Health (and/or its members) in the community?
11. What is the Health Director's involvement in the community?
12. How would you describe the health department's reputation in the community?
13. What are some of the community's challenges that could/should be addressed by the health department?
14. What do you see as some of the greatest challenges currently facing the health department?

ATTACHMENT 8

Site Visit Team Report Guidelines

The Lead Site Visitor (LSV) is responsible for completing and submitting the Site Visit Team Report. All site visitors are expected to contribute to the report. Site Visit Team (SVT) members should get their comments to the LSV by an agreed upon deadline, usually established by the LSV prior to the end of the site visit. On some visits, SVT members may have their comments completed and to the LSV upon the conclusion of the visit. The LSV then writes the report, ensures that it represents the wishes of the SVT and submits the final report to the Accreditation Administrator within fourteen days of the completion of the Site Visit.

The Accreditation Administrator will review the report. A call will be placed to the LSV when there are unmet activities in the report. This is to talk through the findings, confirm the reasoning of the SVT and ensure consistency in reporting. Upon completion of this review process, the report will be released to the local health department (LHD).

The Site Visit Team Report consists of four documents:

1. The Site Visit Team Report including a recommendation for accreditation or conditional accreditation
2. A signature page signed by all Site Visit Team members
3. The Health Department Self Assessment Instrument (HDSAI) Summary Checklist
4. The Site Visit Suggestions for Quality Improvement

The Site Visit Team Report includes basic information about the agency, such as the name of the Local Health Department, the Health Director, the Board of Health Chair and the date of the site visit.

The Site Visit Team Report Summary of Findings should include the following:

Site Visit Team Composition:

This section consists of one paragraph or a listing that includes the names of the SVT members and the experience or expertise that they represent. Use the following categories to designate expertise: environmental health, public health nursing, public health administration or policy development/governance.

Region Served by the Health Department:

This section of the report includes one or two paragraphs that describe the county or region of the state that is served by the Health Department. This information generally can be found in the two-page narrative or other information that the Local Health Department provides as additional documentation.

Local Health Department Services/Programs:

This section of the report consists of one to two paragraphs that describe the Local Health Department and the services and programs offered by the organization. This information can be found in the two-page narrative or other information that the Local Health Department provides as additional documentation.

Findings:

This section of the report should include general positive statements noted by the SVT. This may come from the entrance conference and tours, review of documentation and interviews.

Detailed information relating to any Not Met Benchmarks and Activities should also be included in the findings section. For unmet activities, list the benchmark, activity and required documentation. State the reason that the SVT determined that the evidence presented did not meet the requirements of the activity.

Accreditation Recommendation:

The recommendation is composed of one sentence at the end of the Site Visit Report. The statement follows this format:

The NCLHDA Site Visit Team recommends the county name County Health Department for accreditation or conditional accreditation .

As part of the report, the LSV will complete a final HDSA I Summary Checklist based upon the work of the SVT. This shows the benchmarks and activities as either met or unmet.

The final section of the formal report is the signature page signed by all SVT members. It may be signed at the conclusion of the site visit or it may be individually signed and submitted after SVT members have reviewed the final report and agree with the findings.

Other Suggestions for Performance Enhancement/Quality Improvement:

This is a separate report that is sent to the LHD with the Site Visit Team Report. It will include suggested improvements for quality improvement related to 'Met' Benchmarks and Activities. These suggestions are not binding and do not influence the recommendation for accreditation.

Report Format:

The entire report should be in Arial font, size 11, with 1 inch margins.



North Carolina LOCAL HEALTH DEPARTMENT ACCREDITATION

North Carolina Local Health Department Accreditation

Site Visit Team Report

The Site Visit Team should use this report form to record their findings, comments, and recommendation in response to the health department's self assessment. The Site Visitors will consider their corroboration of the claims of the Health Department Self-Assessment, the outcomes of the on-site interviews, and their review of the evidence in the agency's resource file in preparing their report.

HEALTH DEPARTMENT:

COUNTY (or COUNTIES):

HEALTH DIRECTOR:

BOARD OF HEALTH CHAIR:

DATE HDSA I COMPLETED:

DATE of SITE VISIT:

RECOMMENDED ACCREDITATION STATUS:

___ Accreditation

___ Conditional Accreditation

SUMMARY of FINDINGS:

Site Visit Team Composition

Region Served by the Health Department

Local Health Department Services/Programs

Findings

Accreditation Recommendation

North Carolina Local Health Department Accreditation - HDSAI Summary Checklist

CF&ES		M	NM	CF&ES		M	NM	CF&ES		M	NM	CF & ES		M	NM	BOH		M	NM
Assessment				Policy				Assurance				Assurance							
1				9				16				27				34			
	1.1			9.1				16.1				27.1				34.1			
	1.2			9.2				16.2				27.2				34.2			
	1.3			9.3				16.3				27.3				34.3			
				9.4												34.4			
2				9.5				17				28				34.5			
	2.1			9.6				17.1				28.1							
	2.2							17.2								35			
	2.3			10				17.3				29				35.1			
	2.4			10.1								29.1							
				10.2				18				29.2				36			
3				10.3				18.1								36.1			
	3.1			10.4				18.2								36.2			
	3.2							18.3								36.3			
				11				18.4											
4				11.1								30				37			
	4.1			11.2				19				30.1				37.1			
	4.2							19.1				30.2				37.2			
	4.3			12				19.2				30.3				37.3			
				12.1								30.4				37.4			
5				12.2				20				30.5				37.5			
	5.1			12.3				20.1				30.6				37.6			
	5.2							20.2				30.7							
	5.3			13								30.8				38			
				13.1				21				30.9				38.1			
6								21.1				30.10				38.2			
	6.1			14				21.2								38.3			
	6.2			14.1				21.3				31							
	6.3			14.2				21.4				31.1				39			
				14.3								31.2				39.1			
7				14.4				22				31.3				39.2			
	7.1							22.1				31.4				39.3			
	7.2			15				22.2				31.5				39.4			
	7.3			15.1				22.3				31.6				39.5			
	7.4			15.2															
	7.5			15.3				23				32				40			
	7.6			15.4				23.1				32.1				40.1			
	7.7			15.5				23.2				32.2				40.2			
				15.6				23.3				32.3							
8												32.4				41			
	8.1							24								41.1			
	8.2							24.1				33				41.2			
	8.3							24.2				33.1				41.3			
	8.4							24.3				33.2							
												33.3							
								25				33.4							
								25.1				33.5							
								25.2				33.6							
												33.7							
								26											
								26.1											
								26.2											
								26.3											

SITE VISITORS:

Name, Lead Site Visitor

Date

Name, Site Visitor

Date

Name, Site Visitor

Date

Name, Site Visitor

Date

ACCREDITATION ADMINISTRATOR:

Accreditation Administrator

Date



North Carolina LOCAL HEALTH DEPARTMENT ACCREDITATION

North Carolina Local Health Department Accreditation

Site Visit Team's Suggestions for Quality Improvement

HEALTH DEPARTMENT:

HEALTH DIRECTOR:

DATE of SITE VISIT:

As a part of their report, the Site Visit Team offers suggested quality improvements in response to the local health department's self assessment and the site visit. These suggestions are linked to an activity in the HDSA. The Suggestions for Quality Improvement are not binding to the agency, do not affect the accreditation recommendation and are not a part of the report to the NCLHDA Board. They are for the consideration of the local agency and are based on aspects of specific activities.

The suggestions may be a result of evidence that met the intent of the activity, but was considered weak by the Site Visit Team. The suggestions may also be elements that team members have noted in other site visits, considerations they noted during your site visit or enhancements to current capacity.

As your agency looks at future plans for agency performance improvements, these suggestions are items for your consideration.

Suggestions for Quality Improvement

Example

- Activity _____ - Encourage the staff and the management team to consider ways that increased efficiencies may be attained by closely following stated audit procedures.

ATTACHMENT 9

Resources

NC Local Health Department Accreditation - nciph.sph.unc.edu/accred/

Accreditation Legislation and Rules - nciph.sph.unc.edu/accred/legislation.htm

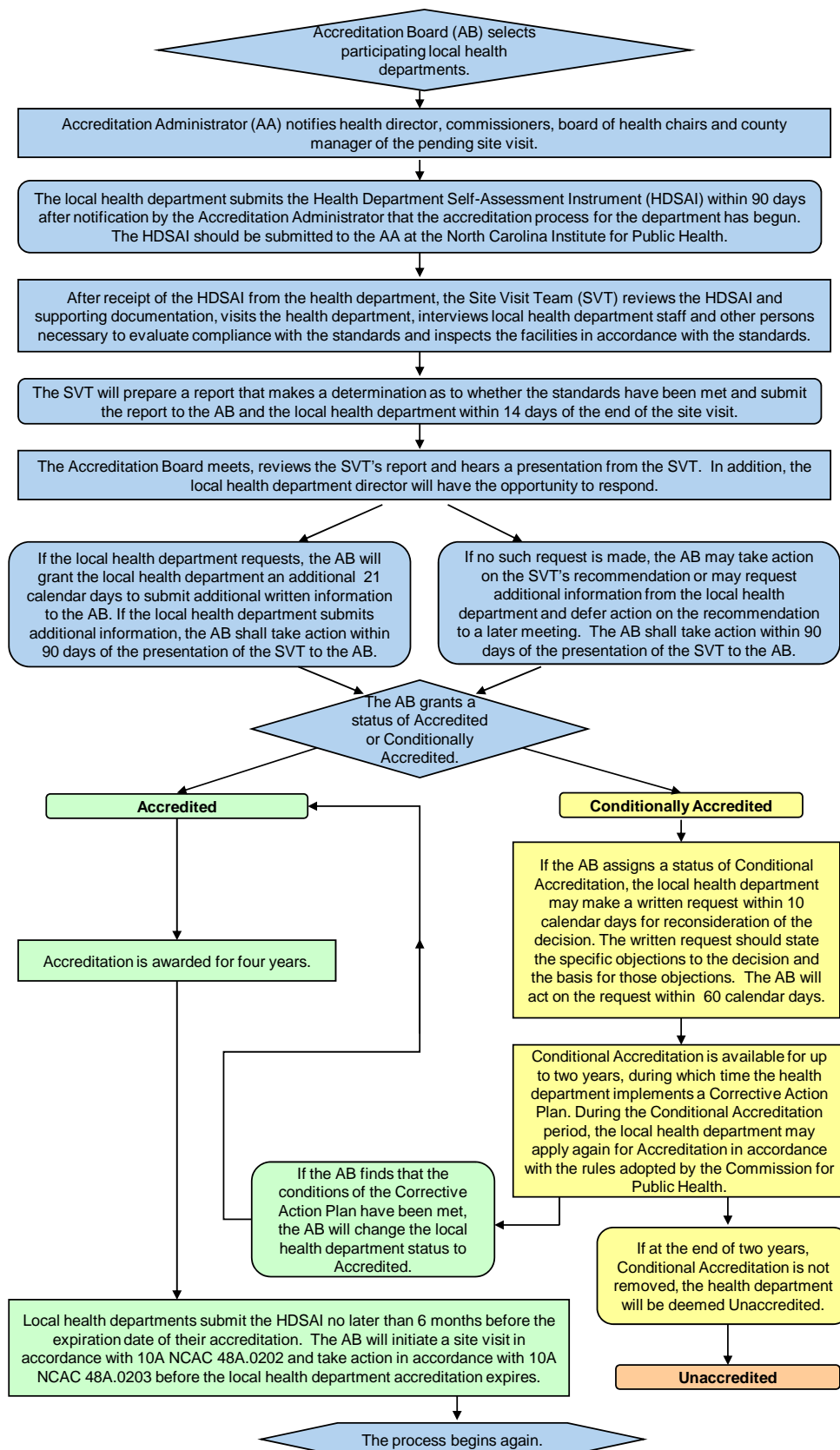
National Public Health Performance Standards - www.cdc.gov/od/ocphp/nphpsp/index.htm

Accreditation and Quality Improvement - www.naccho.org/topics/infrastructure/accreditation.cfm

NC Accreditation Learning Collaborative - nciph.sph.unc.edu/mlc/

Operational Definition of a Local Health Department - www.naccho.org/topics/infrastructure/operationaldefinition.cfm

Flowchart of the NC Local Health Department Accreditation Process



August 2007

Acronym Table

Below are common acronyms that are used in the Accreditation Program, in the Health Department Self-Assessment Instrument, the Guidance Document, Training and other supporting documentation.

AA	Accreditation Administrator
AAC	Agency Accreditation Coordinator
AC	Accreditation Coordinator (same as State Accreditation Coordinator)
ADA	Americans with Disabilities Act
AMT	Accreditation Management Team
ANCBH	Association of North Carolina Boards of Health
BOH	Board of Health
CAP	Corrective Action Plan
CHA	Community Health Assessment
CLIA	Clinical Laboratories Improvement Amendments
DEH	Division of Environmental Health
DPH	Division of Public Health
HAN	Health Alert Network
HDSAI	Health Department Self-Assessment Instrument
HIPAA	Health Insurance Portability and Accountability Act
IT	Information Technology
NCALHD	North Carolina Association of Local Health Directors
NCLHDA	North Carolina Local Health Department Accreditation
NCIPH	North Carolina Institute for Public Health
NOV	Notice Of Violation
LEPC	Local Emergency Planning Committee
LHD	Local Health Department(s)
LSV	Lead Site Visitor
OHC-HE	Office of Healthy Carolinians-Health Education
PHRST	Public Health Regional Surveillance Teams
QI	Quality Improvement
SAC	State Accreditation Coordinator (same as Accreditation Coordinator)
SOTCH	State of the County's Health
SVT	Site Visit Team
UNC SPH	University of North Carolina – Chapel Hill School of Public Health