



# North Carolina

## LOCAL HEALTH DEPARTMENT ACCREDITATION

# Health Department Self-Assessment Instrument (HDSAI)

## Interpretation Document

### APPROVED

This document has been adopted by the NCLHDA Board. The Board will continue to accept comments by local health departments, site visitors and consultants.

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# General Comments & Guidelines

The purpose of this document is to guide local health departments (LHDs), consultants, site visit team (SVT) members and the North Carolina Local Health Department Accreditation (NCLHDA) Board and staff in the interpretation of the activities and required documentation for the benchmarks and activities of the NC standards. It is the responsibility of the NCLHDA program, in collaboration with our partners and our Board, to determine the baseline of interpretation of:

1. An activity, for the purpose of :
  - a. Clarifying the intent of the activity
  - b. Stating the expected capacity of the LHD
2. The evidence, for the purpose of:
  - a. Determining that an activity is met from the evidence provided
  - b. Guiding the evaluation of the evidence by the Site Visit Team (SVT)
  - c. Assisting the LHD in the compilation of evidence

Evidence is used to assess a LHD's conformity to the activities. It is comprehensive and includes everything that site visitors will use to make scoring decisions - documentation, facilities, personnel records, interviews, etc. Documentation is a component of evidence and is the major source of information for the LHD to present for review by the SVT. It will represent the LHD's best efforts in demonstrating the requirements of the activity. Evidence is also used to show that the department is performing that activity through the work it is doing.

While the evaluation of evidence will guide the SVT in the review of documentation and in determining whether an activity will be deemed as 'met', it is also valuable in guiding the LHD and the Agency Accreditation Coordinator (AAC) as they select evidence for an activity.

Since an element of credibility and consistency for NCLHDA is in sharing the same interpretation, verbal interpretations are discouraged and are not considered binding to the SVT. The official interpretation of activities and evidence is defined as a written explanation or guideline of the meaning of, or a specific provision thereof, a benchmark or activity, or evidentiary requirement, as determined by the NCLHDA program, as adopted by the Board and contained within this Interpretation document. This document is subject to frequent change as new interpretation is added and as current interpretation is edited. The most current version in use will be posted on the NCLHDA website at <https://nciph.sph.unc.edu/accred/>.

## **Interpretation Document Headings**

The elements in this document used to provide a full understanding of the activity are:

### **Interpretation**

The Interpretation section states the purpose or intent of the activity and provides guidance for gathering documentation for the activity.

#### ***Intent***

This is to give the basic understanding of what the activity is asking for.

### ***Guidance***

The Guidance will list advice given to LHDs in meeting evidence requirements of activities and in the interpretation of the activity, evidence or of specific words.

## **SVT Review and Guiding Questions**

This section gives guidance and pointers for the SVT as they review evidence. This may list specifics they should see in the evidence. This section will also have questions the SVT may ask about evidence to show what is presented allows the activity to be met.

## **References**

Specific references that support having this activity as one of the capacities the NCLHDA program measures are provided for each activity. Included will be the NACCHO operational definition of a local health department self-assessment matrix, reference to the consolidated agreement or specific agreement addendum, and to general statutes or NC administrative code.

# **General Guidance & Definitions**

## **Definitions**

### **Local Health Department**

When the “local health department” is cited in activities, the reference is to the staff, including leadership positions and the health director. When the local health department is to fulfill requirements of an activity, work of the board of health is not required unless so specified. Agency, department, health department or LHD are all references and equate to “local health department”.

### **Board of Health**

When the “board of health” is cited in activities, the reference is to the membership of the board and the health director or other designee so determined by the board. If the board designates the work of an activity to the health director, the evidence should provide a specific designation to that activity or issue. The purpose of the governance standard is to show that the board of health is involved in the work of the agency and is fulfilling its role in being involved in the requirements of activities 34 through 41. Board, BOH, **Consolidated Human Services Board or Board of County Commissioners (if they have assumed the powers and duties of the Board of Health)** are other references that equate to the “board of health”.

## **Guidance**

Below are some general guidelines in compiling evidence and for the site visit.

### **Policy Review**

The SVT reviews all policies that pertain to activities and benchmarks mentioned in the HDSAI. Time typically does not permit the SVT to review all policies in great detail. The SVT will check to see if policies follow the guidelines mentioned in the local health department's Policy on Policies. All policies should be current, dated, and signed by the appropriate individuals indicating approval. The SVT will also look to see if all policies are accessible to appropriate staff. The local health department's policies should relate to the activities and the work of the health department. It is acceptable, but not necessary, to use the specific wording of the Health Department Self-Assessment Instrument (HDSAI) and the benchmarks and activities in policies.

Policies can be developed by the LHD or another source. The focus is not on who writes the policy but that it is properly adopted or approved, in effect, and reflects the actual practices of the LHD. Any policy that is adapted for use by the LHD must be reviewed to delete elements that do not apply. All references, names, titles, etc., within the policy should be changed to correlate with those of the LHD. There is no prescribed format for policies, procedures or protocols. The format may vary within the LHD unless defined by the Policy on Policies. If so, all policies put into effect after the Policy on Policies was adopted must follow the defined format.

All SVT members should review the Policy on Policies for a LHD they will be assessing prior to looking at any other policies. This will provide a context for agency policies and will give a standard baseline for the review of all other policies provided as evidence.

For a list of the policies and plans that the HDSAI requires for a health department to have to meet the related activities, refer to [Appendix 4](#). Please note that the NCLHDA does not provide sample plans, policies or templates to individual health departments. **Please check with other area health departments for assistance.**

### **Home Health**

Home Health agencies based at local health departments are separately licensed and accredited. In general Home Health is not a part of the self-assessment and site visit, though the agency may wish to use home health, and related services, for evidence. Home Health staff, when employees of the local health department, may be chosen in the random selection of employees for a personnel record review. Home Health employees should be listed on the employee roster (submitted with the HDSAI).

### **Evidence**

Local health departments in NC vary in size, organizational structure, scope of authority, resources, population served and geographic region. The benchmarks, activities, and interpretation guidance were developed to be applicable to any health department.

There are many methods for producing the documents required and NCLHDA does not have a prescribed or required format. Documentation submitted for an activity may be in a single document. Or several

documents together may provide evidence of conformity (the degree to which documentation submitted matches the requirements). Some documents may be used to show conformity with more than one measure. The focus of the required documentation is on “what” is provided, not on “how” it is provided.

A key concept behind using documentation to assess conformity is that the material exists and is in use in the agency being reviewed, and not who originated the material. All documentation must be in effect by the time the site visit begins. No documents should be marked as draft. Documents should be dated to allow site visitors to evaluate compliance with timeframes.

## **Completing the Health Department Self-Assessment Instrument (HDSAI)**

The HDSAI is supplied as a Word document and can be used both as a planning document and for submission to the Accreditation Administrator. It can be printed out for use by the department as it collects and creates documentation. When the HDSAI is being completed for submission, it should be completed electronically. An HDSAI completed by hand will not be accepted by the NCLHDA program.

When completing the HDSAI, list the documentation being used to support the activity within the evidence/explanation section in the order it is asked for within the activity. The LHD may add any comment it desires that will help explain how the evidence selected demonstrates the activity. Explanations or comments are optional but are helpful for the SVT upon review and may help limit questions concerning evidence. The LHD should check either the “Met” box or “Not Met” box under the LHD Self-Assessment heading for each activity.

## **Documentation Methods**

Beginning in fiscal year 2014 – 2015, all evidence is required to be submitted electronically. Within the evidence portion of each activity in the HDSAI Word document, the LHD would list the document name, then create a hyperlink for each item provided as documentation. The evidence items should contain highlighted areas relevant to the particular activity, be in pdf format, and put into electronic folders for each activity. When the process is complete, the HDSAI Word document and other electronic documents in folders should be uploaded to 5 flash drives. File structure should be maintained and all files/links checked on an external computer (non-networked) before sending to NCIPH.

The LHD will need to have five computers or laptops set up for use by the site visit team and the Accreditation Coordinator. Typically, electronic documentation speeds the review process; however, if there are lots of technical difficulties, the process can be greatly slowed down and the site visit schedule becomes difficult to maintain. The LHD should be prepared to provide the hard copy of any item that is requested by the site visit team.

### ***Date Requirements for Documentation/Evidence***

For all activities where evidence is not required annually since the previous site visit, the evidence can come from any year since the previous site visit unless the activity states otherwise (i.e. within the last 12 months, **for each year since the previous Site Visit**, etc.).

### ***Correcting Documentation***

The general rule is that during a site visit evidence can be produced (submit documentation that was already in place) but not created, revised, or corrected.

There are specific activities that require SVT observation to be shown as met. Examples are agency signage, adherence to privacy policy, and employee practices. For these activities, if it does not meet the intent of the activity or a policy/protocol related to that activity, then it is not met. The SVT does have the final decision and they do have some discretion in their observances of evidence, as long as they follow the guidance of this document.

### ***Evidence – meeting minutes***

Whenever minutes from meetings are used as evidence for documentation requirements, the local health department also must include all **relevant attachments** that are referenced in the minutes or were discussed by the group or Board.

### ***Evidence – resource file***

The electronic HDSAI can be updated as needed prior to the site visit. After the local health department submits the completed HDSAI and electronic evidence, information can continue to be added, revised or replaced prior to the site visit. This information should be provided on-site for the site visit team, **along with a list of activities which have updates. If substantial information needs to be added after initial submission of the HDSAI/electronic evidence, the Accreditation Administrator must be contacted for further instructions.** If the site visitors need additional information, the local health department can also add to the evidence during the site visit.

### ***Evidence – personnel records/training***

The format for the personnel records and Continuing Education requirements may vary per local health department. The information may be kept in logs or personnel files, etc. It is important that the local health departments' personnel meet the requirements for their specific job assignments. The number of personnel files selected depends on the size of the agency. **Personnel includes permanent staff even if they only work part-time, temporary staff, and contract staff.**

In response to the question of what documentation should be in a personnel record, the NC Office of State personnel has stated that there is no real and absolute set of information that must be contained in a personnel file. Their recommendation is to follow the suggestions listed in the Personnel Manual.

A personnel file is defined in the State Personnel Manual as consisting of any employment related or personal information gathered by the agency, the Retirement Systems Division of the Department of State Treasurer, or by the Office of State Personnel. Further information on State Personal Record Guidelines is found in [Attachment 3](#).

Certain elements of a personnel record are defined as public record. **However, there is no authority for the SVT to see any information that is confidential.** The SVT should only be looking at information that is relevant as documentation for the given accreditation activity. The SVT should NOT examine, consider or question any confidential information that may be presented to the team.

The following are specific items that the SVT should seek when reviewing personnel record materials:

- Job description – reviewed for a randomly selected year since the last site visit.
- Annual Evaluation / Performance Appraisal – reviewed for a randomly selected year since the last site visit
- Current Credentials (certification, registration, licensure) – if required by job description or by professional practice

- Required orientations, trainings or continuing education (may be separate agency log)

*The entire personnel record does not have to be provided to the SVT.* The information can be provided separately for the requested employees, can be provided by the county in personnel records that do not contain information other than what is available as public record, or can be submitted as the full personnel record IF consent for review has been obtained from the employee. The local health department will be responsible for obtaining employee consent if full records are provided for review.

The table following Activity 24.3 can be used for recording the information from activities 23.2, 24.3, 31.4, 31.5. This is the information that will be of interest to site visitors.

## Standards Classification

The NC standards take the following structural approach to classification:

- Standard
  - Benchmark 1
    - Activity 1.1
    - Activity 1.2

There are three standards which cover 41 benchmarks comprised of 147 activities.

### Standard: Agency Core Functions & Essential Services

The Agency Core Functions & Essential Services Standard is composed of 29 benchmarks and 93 associated activities. The activities assess the department's ability to deliver the 10 essential services of public health as categorized in the core functions of assessment, policy development and assurance. This standard looks at the basic capacity of the health department to provide key services and programs. It looks at the collaborative efforts of the department and how unmet needs are identified and met. This standard assesses the plans, policies and protocols of the department and their use in setting a foundation for consistent and effective operations.

### Standard: Facilities & Administrative Services

The Facilities & Administrative Services Standard is composed of 4 benchmarks and 27 associated activities. The activities under this standard address the administrative oversight of the department's operations and facilities. This standard assesses facility cleanliness, maintenance and safety along with practices that protect customer confidentiality. It requires departments to have administrative policies, procedures and protocols to guide staff in the processes that address personnel and finances. This section sets an expected level of performance for overall department accountability and efficiency of business functions.

### Standard: Governance

The Governance Standard is composed of 8 benchmarks with 27 associated activities. This standard sets forth the expectations of the Board of Health and its role in guiding the local health department and its involvement in the community. The BOH has powers and duties defined by statute as well as duties defined by these standards. The two combined create the basic design of how a BOH should operate. Any

reference to a Board of Health within this standard refers to the governing board with oversight to public health activities and includes a single county health department board, a district health department board, a **consolidated** human services board, a public health authority board, a public hospital authority board or a **board of County Commissioners**.

Note that if the Board of County Commissioners or a Consolidated Human Services Board has assumed the powers and duties of the Board of Health, then it **shall be** responsible for all duties assigned to the Board of Health by any law or rule. Therefore, for any standard, benchmark or activity within the accreditation standards that states “the Board of Health shall”, the Board of County Commissioners or the Consolidated Human Services Board that has assumed the duties of the Board of Health must comply with that requirement.

Throughout the Benchmarks, Activities and Guidance you will see numerous references to “Board of Health” and “BOH.” Anytime those terms are used it refers to the Board of Health or any Board which has assumed the powers and duties assigned to Boards of Health in statute or administrative code (i.e., a Consolidated Human Services Board or Board of County Commissioners.) Advisory Boards appointed to provide input to the body which has assumed those powers and duties are not policy making Boards so do not apply.

## Interpretation of Activities

### BENCHMARK 1

This benchmark begins a group related to the assessment function of public health and the health department. It also is one of three benchmarks that measure the first essential service – that of monitoring health status in the community. It is made up of three activities and relates to the role of the department in conducting the Community Health Assessment and sharing the results. The Community Health Assessment is a basic document used for the accreditation process and for health departments to understand the health care needs of the communities they serve.

<p><b>Standard:</b> Agency Core Functions and Essential Services</p> <p><b>Function:</b> Assessment</p> <p><b>Essential Service 1:</b> Monitor health status to identify and solve community health problems.</p>
<p><b>Benchmark 1:</b> A local health department shall conduct and disseminate results of regular community health assessments.</p>
<p><b>Activity 1.1:</b> The local health department shall conduct a comprehensive community health assessment every 48 months. The community health assessment must fulfill each of the following requirements:</p> <ul style="list-style-type: none"> <li>• Provide evidence of community collaboration in planning and conducting the assessment.</li> <li>• Reflect the demographic profile of the population.</li> <li>• Describe socioeconomic, educational and environmental factors that affect health.</li> <li>• Assemble and analyze secondary data (collected by someone other than the health department) to describe the health status of the community.</li> <li>• Collect and analyze primary data (collected by the health department) to describe the health status of the community.</li> <li>• Compile and analyze trend data to describe changes in community health status and in factors affecting health.</li> <li>• Use scientific methods for collecting and analyzing data.</li> </ul>

- Identify population groups at risk for health problems
- Identify existing and needed health resources.
- Compare selected local data with data from other jurisdictions (e.g., local to state, local to local).
- Identify leading community health problems.

**Documentation:**

- Copy of Community Health Assessment (CHA) conducted within the last 48 months

AND

- Letter from N.C. Division of Public Health stating CHA meets content requirements described above

AND

- If applicable, a letter from DPH stating that Corrective Action Plan (CAP) has been accepted.

**INTERPRETATION**

**Intent**

This activity is noted within the *Operational Definition of a Local Health Department* as an element of the 1<sup>st</sup> Essential Service and is required by the Division of Public Health (DPH) by Consolidated Agreement. This activity requires the department to conduct a CHA as least once every 4 years. The intent of this activity is to show how the agency is seeking the input that will provide the basic information that guides the LHD in identifying and addressing the health care needs of the communities it serves. It is also expected that the CHA report will be a primary source of information used by the LHD in developing its strategic plan and in guiding new programs and services.

**Guidance**

The required documentation for this activity is to provide a copy of the CHA. The CHA must have been conducted within the last 48 months or since the previous site visit. In addition, departments must provide the letter received from the N.C. Division of Public Health. The letter will define which of the requirements listed in the activity are contained within the CHA.

The N.C. Division of Public Health will review the county’s most current Community Health Assessment using the standards of the Health Department Self-Assessment Instrument. The DPH has developed a one-page checklist ([See Attachment 2](#)) that has each of the components that are listed in Activity 1.1. Staff in DPH will review the last Community Health Assessment and follow up on those areas that were either met or not met. If there are areas that were not met, each health department can document that it has addressed those issues in the subsequent CHA or you can develop a corrective action plan (CAP) that addresses those unmet areas. If there is a CAP, site visitors will expect to see a follow-up letter from DPH stating that the CAP has been accepted and/or closed.

If areas of the Community Health Assessment are deficient, local health departments should address those areas in the State of the County’s Health (SOTCH) report or a state approved corrective action plan. The corrective action plan should demonstrate progress. Please consult with DPH consultants to prepare the documentation.

The DPH program letter only addresses Activities 1.1 and 1.2, not Activity 1.3. The DPH program letter does not have the authority to define the methods of dissemination and does not verify that dissemination efforts for Activity 1.3 have been completed.

**Additional Guidance for District Health Departments**

If one Community Health Assessment is not conducted for the district as a whole, then all CHAs should be provided, including each corresponding letter from DPH.

**SVT Review and Guiding Questions**

- Was there a copy of the CHA provided?  
Was the CHA conducted in the last 48 months (from date of NCLHDA notification)?
- Was a program letter from DPH provided?
- If there was required corrective action, was there a follow-up letter from DPH?

**References**

NACCHO – Essential Service 1a

CA

NCGS

<p><b>Standard:</b> Agency Core Functions and Essential Services</p> <p><b>Function:</b> Assessment</p> <p><b>Essential Service 1:</b> Monitor health status to identify and solve community health problems.</p>
<p><b>Benchmark 1:</b> A local health department shall conduct and disseminate results of regular community health assessments.</p>
<p><b>Activity 1.2:</b> The local health department shall update the community health assessment with an interim “State of the County’s Health” report (or equivalent) annually. The report shall demonstrate that the local health department is tracking priority issues identified in the community health assessment, identifying emerging issues, and shall identify any new initiatives.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Since the previous site visit, provide copies of each annual State of the County’s Health (SOTCH) reports produced</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• The corresponding letters of SOTCH receipt by N.C. Division of Public Health.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b> The intent of this activity is to show how the agency is continuing to use the data of the CHA in its work, and as a report to the community on this work. The SOTCH also will use any data/statistics that the LHD wishes to report and will include new programs that may have been implemented by the LHD. For this activity, the department is required to update the community health assessment using a “State of the County’s Health” report that is produced annually.</p> <p><b>Guidance</b> This activity is required by the Division of Public Health by Consolidated Agreement. The Consolidated Agreement between DPH and local health departments states that one of the responsibilities of the LHD is to “provide to the State ... a State of the County’s Health Report each of the interim <b>two or three</b> years” between CHA cycles. It also seeks to show that the CHA is a key document for the work of the department. It does this by demonstrating that the local health department is following up on priority issues identified in the community health assessment, and that it will identify any emerging issues.</p> <p>There will <b>no more than</b> three SOTCH reports produced in between accreditation cycles since there is no SOTCH report during the same year as the CHA. <b>Local health departments, depending on when their last CHA was done, may need to submit SOTCH reports for years prior to their latest CHA in order to show 4 years (SOTCH, CHA, SOTCH, SOTCH or SOTCH, SOTCH, CHA, SOTCH). Three SOTCH reports are required except in the case where a LHD is on a 3 year cycle for its CHA and due to timing has only 2 SOTCH reports since its last CHA (CHA, SOTCH, SOTCH, CHA).</b> There is no standardized or required format for the SOTCH.</p> <p>The department must provide copies of the annual SOTCH reports produced since the previous site visit. The department must also provide the letter of receipt from the DPH and any corrective action plans for each of the SOTCH reports that was submitted.</p> <p>Also see Activity 1.1 for further clarification on the CHA/SOTCH requirements.</p> <p><b>Additional Guidance for District Health Departments</b> If one SOTCH is not conducted for the district as a whole, then all SOTCH reports should be provided, including each letter from DPH.</p>
<p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>• For re-accreditation visits, were there copies of annual SOTCH reports produced?</li> </ul>

- For re-accreditation visits, were there corresponding letters from DPH showing receipt of the SOTCH reports?

**References**

NACCHO – Essential Service 1a

CA

NCGS

<p><b>Standard:</b> Agency Core Functions And Essential Services</p> <p><b>Function:</b> Assessment</p> <p><b>Essential Service 1:</b> Monitor health status to identify community health problems.</p>
<p><b>Benchmark 1:</b> A local health department shall conduct and disseminate results of regular community health assessments.</p>
<p><b>Activity 1.3:</b> The local health department shall disseminate results of the most recent community health assessment and “State of the County’s Health” report to the local health department’s stakeholders, community partners and the general population.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>Evidence of CHA AND State of the County’s Health report (SOTCH) dissemination efforts by <i>at least two methods</i> (e.g., website, newsletters, news releases, meeting minutes describing a presentation) directed to stakeholders/community partners AND to the general population.</li> </ul> <p>There will be 8 pieces of evidence:</p> <ul style="list-style-type: none"> <li>CHA – Stakeholders – 2 methods</li> <li>SOTCH – Stakeholders – 2 methods</li> <li>CHA – General Population – 2 methods</li> <li>SOTCH – General Population – 2 methods</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b></p> <p>The intent of this activity is to show how the LHD distributes the CHA and SOTCH reports, thereby informing the communities served about the work of the agency, showing how the LHD is addressing the issues identified in the CHA, and building community support for the work of the LHD. The activity requires the department to publicize the results of these reports to the targeted group of stakeholders and partners and to the general population.</p> <p><b>Guidance</b></p> <p>The required documentation is to provide evidence that the CHA and <b>most recent</b> SOTCH reports have been distributed and widely circulated by multiple methods to the required population groups. The department must use two different methods for each of the 4 dissemination pathways – CHA to stakeholders and partners, SOTCH to stakeholders and partners, CHA to general population, and SOTCH to general population. There are some example methods of distribution listed, though the methods are not limited to that list.</p> <p>There will be a total of 8 pieces of evidence, made up of documentation of how the department has distributed the CHA &amp; SOTCH: <b>they do not</b> have to <b>represent all</b> 8 different methods. The same dissemination methods can be used for both groups or both reports. For example, placing a SOTCH or CHA report on the web would make it available to both constituencies. While you can possibly reach both partners and the general public with one means, the purpose of the activity is to receive as wide a distribution of the reports as possible. Newspaper inserts or reports placed in public libraries would be good methods of distribution for general populations. While this could also reach stakeholders and partners, those groups and individuals should be targeted in the distribution, such as a special mailing, or a presentation to commissioners or the school board. A presentation at a county commissioner meeting would not be a means for general population dissemination. Even though the public is welcome at the meeting, a presentation there is intended for commissioners and other officials and not for reaching the general population.</p>

Please note that the DPH program letter only addresses requirements in Activities 1.1 and 1.2, not Activity 1.3. The DPH program letter does not have the authority to define the methods of dissemination and does not verify that dissemination efforts for Activity 1.3 have been completed.

**SVT Review and Guiding Questions**

- Was evidence of CHA and SOTCH dissemination efforts by at least two methods provided?
- Was dissemination directed to stakeholders/community partners AND to the general population?
- Were the eight pieces of evidence needed to meet the activity provided?
- Possible Interview Question
  - How are the partners and stakeholders identified as such?
  - How did the agency reach out to the target audiences?

**References**

NACCHO – Essential Service 1c  
CA  
NCGS

## BENCHMARK 2

This benchmark continues the monitoring of health status and assesses the department's collection and use of health data. This benchmark calls for the health department to collaborate with providers to report and collect health-related events and data. There are four activities under this benchmark.

The documentation for the activities under this benchmark may include confidential information. It is acceptable to have logs, reports or other documentation that will include patient names or other protected information. Site visitors are responsible for signing the department's confidentiality agreement and are accountable for holding all information in confidence. The department may also make copies of documentation and black out personal or individual information.

<b>Standard:</b> Agency Core Functions and Essential Services <b>Function:</b> Assessment <b>Essential Service 1:</b> Monitor health status to identify and solve community health problems.
<b>Benchmark 2:</b> The local health department shall work with health care providers in the community to report reportable diseases and other health-related events and data.
<b>Activity 2.1:</b> The local health department shall collect local vital records of births and deaths and transmit them to the Division.
<b>Documentation:</b> <ul style="list-style-type: none"><li>• Current Registrar's registration book or evidence of recordkeeping</li></ul> AND <ul style="list-style-type: none"><li>• Evidence of transmittal to Division of Public Health (e.g. quarterly state report).</li></ul>
<b>INTERPRETATION</b>  <b>Intent</b> <p>This is a mandated activity, both in statute and administrative code. All local health departments are required to collect the data on births/deaths for all residents of their county. This activity requires the department to collect local vital records of births and deaths. Then the department is to transmit those records to the Division of Public Health.</p> <b>Guidance</b> <p>There are two components of the documentation required for this activity. First the department must provide the Registrar's current registration book or some other type of evidence that demonstrates recordkeeping. Site visitors will review the documentation for births and deaths. The department may have this documentation as a part of the resource file, it may be available upon request, or evidence may be reviewed while on a tour of the facility.</p> <p>The second piece of evidence is some type of transmittal record of the births and deaths to the Division of Public Health. One suggestion is listed but any proof that the data has been transmitted can be used. There is no standardized method for the collection, storage or transmittal of data that is required. It can be in any format or system so developed by the LHD. For accreditation purposes, the registrar's registrations book may take any number of formats - loose-leaf binder, a file folder, a bound journal or composition book, electronic files, etc. The key elements that must be present are: consistency; listing in numerical and chronological order without possibility of error; being kept up to date; procedures in place for error correction and transmission of the data.</p> <b>Additional Guidance for District Health Departments</b> <p>If vital records are not maintained in a district-wide registration book, then all registration books or evidence of record keeping should be provided for each county in the district as well as evidence of transmittal to the DPH.</p>
<b>SVT Review and Guiding Questions</b>

- Was a current Registrar’s registration book or other evidence of recordkeeping provided?
- Was there evidence of transmittal to the Division of Public Health?
- Possible Interview Question  
How does the LHD transmit birth and death data to DPH?

**References**

NACCHO – Essential Service 1a

CA

NCGS – 130A Article 4, 130A-101, 130A-115, 10A NCAC 46 .0215

<p><b>Standard:</b> Agency Core Functions and Essential Services</p> <p><b>Function:</b> Assessment</p> <p><b>Essential Service 1:</b> Monitor health status to identify and solve community health problems.</p>
<p><b>Benchmark 2:</b> The local health department shall work with health care providers in the community to report reportable diseases and other health-related events and data.</p>
<p><b>Activity 2.2:</b> The local health department shall report annual childhood immunization data as required by statute and rule.</p>
<p><b>Documentation:</b> Most recent Annual Immunization Assessment conducted by the N.C. Division of Public Health.</p>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b> Immunizations are one of the great public health successes and are a key prevention strategy used to improve the health of our citizens. Immunizing children is a mandated action for all providers. Part of the legal requirement is to report the vaccines given to children on a regular basis. This activity requires the department to report annual childhood immunization data to the DPH.</p> <p><b>Guidance</b> The documentation for this activity is to provide the most recent annual immunization assessment. This document is provided to the health department by the DPH – Women’s &amp; Children’s Health Section, Immunization Branch. The department should use the latest copy present as evidence that they are reporting immunization data. The activity is only for health department reports. There is no requirement or responsibility for overall county or other provider reporting. Also, the activity is not about a specified vaccination level or rate, only that the reporting is complete for the vaccines administered by the department, regardless of the number done.</p> <p><b>Additional Guidance for District Health Departments</b> If one Annual Immunization Assessment is not conducted for the district as a whole, then an Annual Immunization Assessment should be provided for each county.</p>
<p><b>SVT Review and Guiding Questions</b> Was the most recent Immunization Assessment provided?</p>
<p><b>References</b> NACCHO – Essential Service 1a CA NCGS – 130A-153(b)</p>

<p><b>Standard:</b> Agency Core Functions and Essential Services</p> <p><b>Function:</b> Assessment</p> <p><b>Essential Service 1:</b> Monitor health status to identify and solve community health problems.</p>
<p><b>Benchmark 2:</b> The local health department shall work with health care providers in the community to report reportable diseases and other health-related events and data.</p>
<p><b>Activity 2.3:</b> The local health department shall collect reports of communicable diseases and other reportable health conditions from community health care providers and transmits them to the Division.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• A record of all reports for the past 12 months</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• Evidence indicating transmission to the N.C. Division of Public Health.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b>  This activity measures the department’s ability to collect reports of communicable diseases and conditions from health care providers in the community. It also requires that the department transmit those reports to DPH. The reporting of communicable diseases is a mandated activity and one of the core regulatory functions for public health – preventing and stopping the spread of communicable diseases. NC Administrative Code lists the reportable diseases that must be transmitted to the NC Division of Public Health. By tracking incidence of communicable disease, a LHD can gain understanding of efforts, education or resources needed to improve the health of the community.</p> <p><b>Guidance</b>  There are two pieces of evidence required to meet this activity. The first is a record of all communicable disease reports, coming through the health department, for the past 12 months. The department does not have to show or provide the individual reports, only that the reports have been recorded. This may be on some type of paper log or may be electronic. The second is evidence demonstrating the transmission of those reports to the appropriate state agency in DPH <b>via NCEDSS</b>. This documentation should show that the department is following through with getting reports of communicable disease from the health department to the DPH. The evidence does not have to show that every single report has been acknowledged by the state, but indicates a pattern of reporting.</p> <p><b>Additional Guidance for District Health Departments</b>  If reports are not for the district as a whole, the reports for each county should be provided, in addition to evidence indicating transmission to the appropriate state agency.</p>
<p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>• Was a record of all reports <b>received</b> for the past 12 months provided?</li> <li>• Was there evidence indicating transmission to the appropriate state agency?</li> </ul>
<p><b>References</b>  NACCHO – Essential Service 1b  CA  NCGS 130A-135 to 130A-140, 10A NCAC 41A .0101 to .0103</p>

<p><b>Standard:</b> Agency Core Functions And Essential Services</p> <p><b>Function:</b> Assessment</p> <p><b>Essential Service 1:</b> Monitor health status to identify community health problems.</p>
<p><b>Benchmark 2:</b> The local health department shall work with health care providers in the community to report reportable diseases and other health-related events and data.</p>
<p><b>Activity 2.4:</b> The local health department shall analyze and note reportable events occurring within the community and shall report atypical incidence, if any, to the Division and the local board of health.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Since the previous site visit, evidence of an annual, internal process reflecting analysis</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• Evidence of having reported analysis findings to state</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• Evidence of an annual report to the board of health on local disease incidence and trends.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b></p> <p>This activity relates to applying the state legal requirement for reportable diseases to the local community; collection of data is not sufficient without local analysis and action. Thus, the department has a duty to take reports of communicable disease, look at the incidence and note aspects that may need to be communicated to stakeholders or the public. While reports to the Division of Public Health are required, the Board of Health must be involved when the reports indicate a disease or level that is outside the normal incidence. This activity requires the department to analyze reportable events that occur within their jurisdiction and report any atypical incidence to DPH and to the Board of Health.</p> <p><b>Guidance</b></p> <p>Departments should collect and provide evidence throughout the time since the previous site visit. The department must provide documentation that demonstrates some type of internal process (that is within the department) reflecting analysis. This could include, but is not limited to the policies and procedures that define the process, or minutes from a departmental meeting where the data and analysis are described and recorded. There should be some kind of analysis being done, however the analysis may not indicate any atypical situation. <b>The definition of “atypical” may vary by local health department; for 1 agency 5 cases of gonorrhea may be atypical, whereas in another, that would be “normal.” A case of legionellosis would be atypical in agency.</b></p> <p>Another documentation component is to provide evidence that the department has reported the findings to the appropriate state agency. There is no required process or method to do this and it can involve any means of communication, such as emails, phone calls, record of conversations with state consultants, written correspondence, or postings on a list serve or web site. Whatever the means, the documentation should include both what information was sent and how the information was sent. If the analysis does not indicate any atypical situation, there is no need to report that to a state agency. The department may provide a statement to that effect.</p> <p>The final piece of documentation is to demonstrate that an annual report is presented or distributed to the board of health on local disease incidence and trends. The report should contain an overall assessment of the disease incidence and trends for either the calendar or fiscal year. The department must provide evidence that it has presented annual data for every year since the previous site visit. This documentation should include the meeting minutes for the BOH meeting at which the report was presented and a copy of the report, summary or presentation that was shared with board members. This activity does not require any action by the BOH, only that the information is shared with them.</p>

**SVT Review and Guiding Questions**

- Is there evidence of an annual, internal process reflecting analysis, and reporting to the state since the last site visit?
- Is there evidence of an annual report to the board of health on local disease incidence and trends for each year since the previous site visit?
- Possible Interview Question  
Ask BOH or EPI Team members about the type of data analysis and follow up conducted on reportable events.

**References**

NACCHO – Essential Service 1e  
CA  
NCGS

## BENCHMARK 3

There is a huge amount of public health data available to, and even generated by, public health departments. Staff need to have the skills necessary to put that data to work for them. To do this, staff will need training and the appropriate equipment. This benchmark assesses the department's capacity to be able to work with data. The ability to collect, analyze and use data is an important element in being able to monitor health status and properly conduct assessment activities. There are two activities in this benchmark.

<b>Standard:</b> Agency Core Functions And Essential Services Function: Assessment Essential Service 1: Monitor health status to identify and solve community health problems.
<b>Benchmark 3:</b> The local health department shall maintain skills and capacity to collect, manage, integrate and display health-related data.
<b>Activity 3.1:</b> The local health department shall assure agency staff has expertise and training to collect, manage, integrate and display health-related data.
<b>Documentation:</b> <ul style="list-style-type: none"><li>Evidence of relevant expertise and/or training (e.g. transcript or certificate(s) of course completion) for at least one (1) individual.</li></ul>
<b>INTERPRETATION</b>  <b>Intent</b> Assessment, and the future programming and policy that comes from it, must be based on accurate data. The LHD must build proficiency to gather and scrutinize that data, thus drawing valid conclusions on the meaning of the information. Individuals involved in carrying out this task for the department must be trained and will serve as a resource for all staff. This activity requires the department to assure that agency staff has the expertise and training needed to collect, manage, integrate and display health-related data.  <b>Guidance</b> The documentation for this activity is to provide evidence that at least one staff member has the expertise and/or training needed to collect, manage, integrate and display health-related data. While it is acceptable for collection and analysis of data to be accomplished through a contract process or use of a county department, there still should be some health department staff who are trained to handle data. While the processing of data may be done outside the department, staff must be familiar with the components outlined in the activity to understand the work of a contractor.  This activity is asking for evidence that the agency has someone trained in all four elements of health data – collecting the data, managing the data, integrating the data and displaying the data - and the responsibilities, expertise or training of those listed for each of the four areas. There are no specific skills linked with the words “collect, manage, integrate and display”. This is meant to encompass the full range of working with data – from gathering data to final presentation of what the data means.  Generally, these four components can be defined as: <ul style="list-style-type: none"><li>Data collection – the process of pulling together information regarding a specific issue or subject</li><li>Data management – the process of handling information as a resource</li><li>Data integration – the process of taking various sources of information and providing a united understanding</li><li>Data display – the process of presenting data so that it accurately represents the issue</li></ul>

The person(s) responsible for this activity should be provided in some way and can be listed on one document with a description of their responsibilities. Based on the size of the agency, the same person may have multiple responsibilities for data handling. The LHD does not have to provide individual job descriptions for staff members who are to possess the expertise and training required by this activity. The documentation is asking for evidence that the expertise and training is present in the department, not that data handling duties have been assigned. Evidence of training will need to be provided, including a college transcript with specific courses highlighted, certificates of completion for training or coursework, records of workshops or continuing education, etc. Actual training materials do not need to be provided. Everyone does not need to be trained in all of the areas cited as long as the department can demonstrate that staff are fully able to process data. If there is a county information system employee who is assigned to the health department to do this data analysis, then include this person(s) on the listing discussed at the start of this paragraph.

**SVT Review and Guiding Questions**

- Was there evidence of relevant expertise and/or training (e.g. transcript or certificate(s) of course completion) for at least one (1) individual?  
Can the department demonstrate staff expertise and training in all four areas of data management?
- For each individual named, was there a record of responsibilities, expertise or training?
- If contractor or county employee provides these services, review qualifications.

**References**

NACCHO – Essential Service 1d  
CA  
NCGS

<p><b>Standard:</b> Agency Core Functions And Essential Services</p> <p><b>Function:</b> Assessment</p> <p><b>Essential Service 1:</b> Monitor health status to identify and solve community health problems.</p>
<p><b>Benchmark 3:</b> The local health department shall maintain skills and capacity to collect, manage, integrate and display health-related data.</p>
<p><b>Activity 3.2:</b> The local health department shall conduct an annual evaluation of the agency's data system (hardware and software) and plans for upgrades to improve the accessibility, quality and utilization of health data.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Since the previous site visit, evidence of annual evaluation of the data system</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• Evidence of quality improvement using evaluation results during the past four years.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b></p> <p>A part of the capacity to handle health data is to have the proper data system. The equipment is as important as the skills of the user. This activity is asking the LHD to assess and plan for information technology improvements to produce better health data and easier access to that data. Thus the department is to conduct an annual evaluation of the agency's data system. Out of the results of the evaluation, a plan for upgrades for the system will be developed.</p> <p><b>Guidance</b></p> <p>The data system evaluation includes looking at both hardware and software in the agency. The overall goal of the evaluation process is to improve the access, quality and use of data. The annual evaluation can look at such things as the numbers of hardware and software, age, models, system compatibility, links to county or state networks, etc.</p> <p>Another required element is to provide evidence of planning for improvement. This will link to the evaluation findings. The plan may be a part of the department's quality improvement process, part of an inventory replacement plan, part of other plan, or may be a stand-alone plan.</p> <p>The department must provide evidence of annual evaluation of the data system conducted for each year since the previous site visit. There should be four reports available to site visitors. The evaluation does not have to follow any specified process and the report does not have to follow any specified format. While departments should also have plans as a result of the evaluation, the requirement is for the department to show what it is doing with the plans. Thus the documentation requires evidence of quality improvement. The department is to use the evaluation results to demonstrate improvement.</p> <p>This activity relates to conditions that are under the control of the LHD, such as purchase of hardware and software, upgrading IT equipment and the ability to access the internet. For any LHD that is linked to a state or county information system, the department is not responsible for needed upgrades or changes that are beyond their local control but will want to let the state or county know of upgrades or changes they feel are needed based on their evaluation. However, this should still be noted in the evaluation report. There may also be purchasing or programming requirements for the type of computer equipment that must be used that is determined by a county IT office. If the type equipment used and any approvals for upgrades must go through that county department, note this in the evaluation report.</p>

**Additional Guidance for District Health Departments**

If one assessment is not conducted for the district as a whole, then an assessment for each county and subsequent evidence of planning for improvement should be provided.

**SVT Review and Guiding Questions**

- Were copies of each annual evaluation of the data system since the previous site visit provided?
- Was there evidence of quality improvement using evaluation results during the past four years?

**References**

NACCHO – Essential Service 1d  
CA  
NCGS

## BENCHMARK 4

It is important to monitor and assess to collect the data needed to identify issues and needs in the community. With the expertise to do this comes the expertise and capacity to use that data to examine hazards. This benchmark, made up of 3 activities, moves into the second essential service of public health – being able to diagnose and investigate the health problems and hazards that are in the community served. Benchmark four measures the department’s ability to conduct surveillance activities. With the data from surveillance, the department should have the capacity to assess, investigate and analyze the identified problem, threat and hazards. This will include the development and maintenance of epidemiological expertise.

<p><b>Standard:</b> Agency Core Functions And Essential Services</p> <p><b>Function:</b> Assessment</p> <p><b>Essential Service 2:</b> Diagnose and investigate health problems and health hazards in the community.</p>
<p><b>Benchmark 4:</b> The local health department shall engage in surveillance activities and assess, investigate and analyze health problems, threats and hazards, maintaining and using epidemiological expertise.</p>
<p><b>Activity 4.1:</b> The local health department shall assure that a surveillance system is in place for identifying health problems, threats and hazards that occur in the community.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"><li>• Policies and procedures describing the agency’s community surveillance system</li></ul> <p>AND</p> <ul style="list-style-type: none"><li>• A list of surveillance system participants</li></ul> <p>AND</p> <ul style="list-style-type: none"><li>• <u>Three of the following dated within the past 12 months:</u> email, fax, newsletter, notice, or other evidence of agency communication to participants concerning surveillance.</li></ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b></p> <p>This activity requires the department to assure that a surveillance system is in place for identifying health problems, threats and hazards that occur in the community. Public health surveillance is an important role for all health departments. Good surveillance and investigation will help the department correctly diagnose a situation and will lead to better response. Health problems and threats will range from on-going communicable disease outbreaks to intentional hazards or threats. The purpose for this activity is to assure that the jurisdiction being served is protected from health threats and that the system is functioning.</p> <p><b>Guidance</b></p> <p>There are three components to the documentation for this activity. The first is the policies and procedures that describe the community surveillance system used by the department. This may be located in several policies, such as for communicable disease and preparedness, or may be a single policy.</p> <p>The second piece of evidence is to provide a list of surveillance system participants. This should be based on the policies and procedures. Policy should define the individuals and positions that participate in the surveillance network. This list is the name of those individuals. This could include school nurses, various medical providers, and the local emergency management director. If the system participant is an organization or entity, also list the contact person. For example, the local hospital emergency department may play a role in the surveillance system. The hospital ED would be on the list along with the contact person the department communicates with regarding surveillance. The list will also include department staff who participate in the system, such as the lead communicable disease nurse.</p>

The final piece of evidence is to provide three examples of evidence of agency communication to participants concerning surveillance. The examples must be dated within the 12 months prior to the notification of the due date of the HDSAI (if notification date is August 1, then any date since the previous August 1). The evidence is not limited to the examples listed but must demonstrate communication from the department to the surveillance participants. It must also be about their role in and/or the work of the surveillance system. Note that the examples do not have to be of three different methods of communication, just three separate instances of communication with participants. Note that “participants” is plural. The communication should reflect that it is with multiple or all participants. Three examples of communication with the same individual would not be accepted.

**SVT Review and Guiding Questions**

- Were the policies and procedures describing the department’s community surveillance system provided?
- Was a list of surveillance system participants provided?
- Were there three examples of communication to participants concerning surveillance that was dated within the past 12 months?
- Possible Interview Question  
If on the surveillance list, ask how the department communicates with them about surveillance.

**References**

NACCHO – Essential Service 2a  
CA  
NCGS

<p><b>Standard:</b> Agency Core Functions And Essential Services</p> <p><b>Function:</b> Assessment</p> <p><b>Essential Service 2:</b> Diagnose and investigate health problems and health hazards in the community.</p>
<p><b>Benchmark 4:</b> The local health department shall engage in surveillance activities and assess, investigate and analyze health problems, threats and hazards, maintaining and using epidemiological expertise.</p>
<p><b>Activity 4.2:</b> The local health department shall monitor exposure to environmental health risks.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>For each year since the previous site visit, an Individual or Summary report monitoring exposure to environmental health risks including evidence of notification and follow-up as required</li> </ul> <p>AND</p> <p>Evidence of actions taken on a report requiring follow-up.</p>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b></p> <p>Surveillance is not only to be conducted on individuals and disease rates but also on the various factors that can cause disease and impact the health of the community. Environmental factors play a role in the status of both community and individual health. This activity is to verify that environmental health issues are consistently monitored and data collected as it requires the department to monitor exposure to environmental health risks.</p> <p><b>Guidance</b></p> <p>The reports must come from the examples <b>listed here</b> - well sampling, on-site wastewater survey, childhood blood lead levels, a meth lab investigation, food and lodging inspections, general inspection data, water quality monitoring, or air quality monitoring. The report can be of an individual incident or case or can be a summary of multiple samples in a survey or project. For example, an individual report could detail findings from a single well in a neighborhood survey whereas the summary report would compile the results from the full sample.</p> <p>There is no required format or content for the reports. A model or required method for collecting and recording this data on environmental factors and health risks has not been described. The department should seek the best format for producing a report that is concise, understandable, and usable and leads to follow-up as required.</p> <p>The department must provide an individual or summary report monitoring exposure to environmental health risks for each year since the previous site visit. There should be <b>four reports</b> for documentation. Along with the reports, the department is to provide evidence of any required actions that were taken based on the report. This may be based on the case, on a program protocol or on the policies and procedures for surveillance required in Activity 4.1.</p>
<p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>Were individual or summary reports for each year since the previous site visit provided? Did the reports demonstrate monitoring exposure to environmental health risks? Was there evidence of actions taken on a report requiring follow-up?</li> <li>Possible Interview Question How are environmental health risks monitored? How is follow up action conducted and recorded?</li> </ul>
<p><b>References</b></p> <p>NACCHO – Essential Service 2a CA NCGS</p>

<p><b>Standard:</b> Agency Core Functions And Essential Services</p> <p><b>Function:</b> Assessment</p> <p><b>Essential Service 2:</b> Diagnose and investigate health problems and health hazards in the community.</p>
<p><b>Benchmark 4:</b> The local health department shall engage in surveillance activities and assess, investigate and analyze health problems, threats and hazards, maintaining and using epidemiological expertise.</p>
<p><b>Activity 4.3:</b> The local health department shall have access to, and consult with a Masters or Doctoral level epidemiologist when necessary to fully investigate and diagnose health problems and hazards within the community.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Current case investigation policies, protocols, and/or guidance to guide epidemiological practice and evidence of consultation with epidemiologist</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• Current contract and/or job description for local personnel</li> <li>OR</li> <li>• Evidence of consultation with state epidemiologist</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b> This activity goes further than the NACCHO Operational Definition, but is in keeping with the matrix. It is intended that all NC residents benefit from a well-prepared epidemiologist and therefore are assured of sound direction in each health department when investigating or monitoring health problems or threats. This activity requires the department to have access to an epidemiologist to completely investigate and diagnose health problems and hazards within the community.</p> <p><b>Guidance</b> The documentation for this activity requires current case investigation policies, protocols, and/or guidance to guide epidemiological practice and evidence of consultation with epidemiologist. In addition, the department should provide evidence that the department is being served by an epidemiologist in one of two ways. One, there can be a current contract with a local or regional epidemiologist and/or a job description for an epidemiologist on staff. Two, the department can provide evidence of interaction or consulting with state level epidemiologists. Health departments are not required to employ an epidemiologist, but if one is employed they must meet the position requirements and must have a primary duty that is epidemiological. A contract for a local or regional epidemiologist can be either for full-time assistance or upon need using an “on-call” process. Contact with state level staff would be related to a local need either for consultation, assistance in a response or outbreak, for presentations, training and exercises, or for other aspects of the investigation and diagnosis of health problems and hazards.</p> <p>The activity requires the epidemiologist to be of a Masters or Doctoral level. If contracting or employing an epidemiologist, this should be part of the criteria and the individual will need to supply documentation that they meet the criteria. If using consultation with a state-level individual to meet the activity, that person will need to provide evidence of a Masters or Doctoral degree.</p>
<p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>• Were current case investigation policies, protocols, and/or guidance to guide epidemiological practice provided?</li> <li>• Was there evidence of consultation with an epidemiologist?</li> <li>• Was there either evidence of consultation with a state epidemiologist, or a contract or job description provided for a local epidemiologist?</li> <li>• Possible Interview Question</li> </ul>

How does the department obtain services from an epidemiologist?

**References**

NACCHO – Essential Service 2f

CA

NCGS

## BENCHMARK 5

This benchmark focuses on preparedness activities related to the health department receiving from and sending health alerts to providers, responders, media and the community at large. The ability to do this at any time of day is important for the health department to be able to properly investigate and respond to a health problem or hazard. The activities under this benchmark are to assure that the local health department is in a state of readiness to respond to a local health threat. These three activities have requirements for both initial and re-accreditation visits.

<b>Standard:</b> Agency Core Functions and Essential Services
<b>Function:</b> Assessment
<b>Essential Service 2:</b> Diagnose and investigate health problems and health hazards in the community.
<b>Benchmark 5:</b> The local health department shall establish and maintain a system to receive and provide health alerts and public health response for health care providers, emergency responders, and communities on a 24-hour-a-day, 7-day-a-week basis.
<b>Activity 5.1:</b> The local health department shall have a system in place to receive reports of communicable diseases or other public health threats on a 24-hour-a-day, 7-day-a-week basis.
<b>Documentation:</b> <ul style="list-style-type: none"><li>• Copy of Notification Protocol from local Public Health Preparedness and Response Plans (or equivalent), OR written policies and procedures regarding after-hours calls,</li></ul> AND <ul style="list-style-type: none"><li>• Current after-hours call list</li></ul> AND <ul style="list-style-type: none"><li>• Evidence of distribution and education of partners to the most current notification protocol.</li></ul>
<b>INTERPRETATION</b>  <b>Intent</b> <p>This activity requires the health department to have some type of notification system so that the department is able to receive, and respond to, reports of any type of public health threat. The department must be able to receive the reports at any hour of any day. This is a mandated requirement if the local health department is receiving federal/state preparedness dollars.</p> <b>Guidance</b> <p>The department must provide evidence of the system that is in place to receive reports. The department can provide a copy of the protocol or the written policies and procedures used by the department to receive reports. The protocols can be a part of the department's preparedness and response plan, other plan or manual, or a stand- alone protocol or policy. Though the focus is on how the agency receives reports after normal business hours (<b>even if all calls go initially to a 911 Call Center</b>), the protocol or policy should define how the department receives reports of public health threats any time of day. This portion of evidence should define how the department receives information. In addition, the department should provide the current after-hours call (or call-down) list. This list contains the names and contact information for employees who will receive, act on, or forward any reports or information received that describes a public health threat of some kind. Current means the list provided is up-to-date with the correct and most recent contact information. If a name is on the list, that person should be employed with the agency and know his/her role in the call down list.</p> <p>Departments must provide evidence to demonstrate that the notification protocol has been distributed to partners and they have been educated on the call-down process and how the list is to be used.</p>
<b>SVT Review and Guiding Questions</b> <ul style="list-style-type: none"><li>• Was a copy of Notification Protocol from local Public Health Preparedness and Response Plans (or equivalent), OR written policies and procedures regarding after-hours calls provided?</li><li>• Was a copy of the current after-hours call list provided?</li></ul>

- Was there evidence of distribution and education of partners to the most current notification protocol?

**References**

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<p><b>Standard:</b> Agency Core Functions and Essential Services</p> <p><b>Function:</b> Assessment</p> <p><b>Essential Service 2:</b> Diagnose and investigate health problems and health hazards in the community.</p>
<p><b>Benchmark 5:</b> The local health department shall establish and maintain a system to receive and provide health alerts and public health response for health care providers, emergency responders, and communities on a 24-hour-a-day, 7-day-a-week basis.</p>
<p><b>Activity 5.2:</b> The local health department shall use two or more methods to disseminate health alerts and other advisories on real or potential disease threats, as they occur, to the local medical community, including pharmacists and veterinarians.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Health Alert communication plan</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• Medical provider contact list (to include pharmacists and veterinarians)</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• Evidence of two or more disseminations of alerts by multiple methods since the previous site visit. If no alerts or advisories have been distributed, present evidence that system has been tested.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b></p> <p>This activity requires that the department use multiple methods to distribute health alerts and other advisories to the local medical community. This can be either a threat that has been identified or could be a potential threat that could affect the community. The activity also should define a process for this distribution since if health department does not have a method to notify all affected persons or groups of the local medical community, the intent could not be met. More than one method must be included to assure availability and ability to reach the medical community in a timely manner. This activity is intended to reach the health professions in the community served by the LHD. They may be, and in some instances must be, involved in the response to the problem or threat.</p> <p><b>Guidance</b></p> <p>The activity is not addressing the kind or type of alert or notification. It is measuring whether the department has a process to do so. The activity requires that the department provide the Health Alert communication plan it is using to distribute health alerts or advisories. This plan may be a part of the department's preparedness and response plan, another plan or manual or may be a stand-alone plan. It must be current and reflect the process used by the department of distribute alerts. Second, the department must provide the medical provider contact list and the list must include pharmacists and veterinarians. The list should be current with names and contact information (phone, fax and/or email needed based on the health alert communication plan requirements). The list should be as current as is known by the department with new providers added, and providers no longer practicing in the jurisdiction of the department removed, as soon as is known.</p> <p>The department must provide evidence of the distribution of two or more alerts by multiple methods since the previous site visit. If no alerts or advisories have been distributed, present evidence that system has been tested. Testing would require the distribution of a message that the system is being testing with feedback on the range of distribution achieved.</p> <p>The department can meet this activity without distributing alerts <b>by showing that it has tested the system sending notices of the testing to partners via multiple methods.</b> While having distributed actual alerts to the medical community is not required, not doing so does not realize the full intent of the</p>

activity. It is expected that departments will have the need to distribute some type of alert during the time period allowed (48 months).

**SVT Review and Guiding Questions**

- Was a Health Alert communication plan provided?
- Was a medical provider contact list provided?
  - Did the list include pharmacists and veterinarians?
  - Is the listing current by date on the document?
- Was there evidence of two or more disseminations of alerts by multiple methods since the previous site visit?
  - If there were no alerts or advisories distributed, was there evidence that the system has been tested?

**References**

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<p><b>Standard:</b> Agency Core Functions and Essential Services</p> <p><b>Function:</b> Assessment</p> <p><b>Essential Service 2:</b> Diagnose and investigate health problems and health hazards in the community.</p>
<p><b>Benchmark 5:</b> The local health department shall establish and maintain a system to receive and provide health alerts and public health response for health care providers, emergency responders, and communities on a 24-hour-a-day, 7-day-a-week basis.</p>
<p><b>Activity 5.3:</b> The local health department shall provide health alerts or advisories to the news media to inform the public when disease outbreaks or other potential public health threats occur.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Agency crisis communication plan, or communication/media plan</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• Since the previous site visit, evidence of two or more alerts or advisories. If no alerts or advisories have been distributed, present evidence that system has been tested.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b></p> <p>The plans, policies, and procedures from this benchmark should complement each other. The communication plan and preparedness plan must tie together the many efforts of the LHD to notify the community of public health threats. This activity requires that the department provide health alerts or advisories to the news media. This is done to inform the full community when there is a disease outbreak or other identified or potential public health threat. This assures that the community receives information on the health problem or threat that is accurate and reliable.</p> <p><b>Guidance</b></p> <p>The department must provide a copy of the crisis communication plan or communication/media plan. This may be a part of the department’s preparedness and response plan, other plan or manual or a stand-alone document. There is no required content or protocols that must be followed, but the plan should provide a process whereby the department notifies local media about public health conditions or threats. While the plan may be very comprehensive and address how requests from the media are handled (more appropriately addressed in Activity 9.4), the focus of this activity is on getting information to the media.</p> <p>The department should provide evidence of two or more alerts or advisories that have been distributed to media since the previous site visit. If no alerts or advisories have been distributed, present evidence that system has been tested.</p> <p>As was true for the previous activity, the department can meet this activity without distributing alerts or advisories (e.g., heat advisories, severe weather advisories, etc.). While having distributed actual alerts or advisories is not required, the full intent of the activity is not realized if no alerts or advisories have been distributed to the media. It is expected that departments will have the need to distribute some type of alert or advisory during the time period allowed (48 months).</p>
<p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>• Was an agency crisis communication plan or communication/media plan provided?</li> <li>• Was there evidence of two or more alerts or advisories since the previous site visit? If no alerts or advisories had been distributed, was there evidence that the system had been tested.</li> <li>• Possible Interview Question How are alerts or advisories distributed to media?</li> </ul>
<p><b>References</b></p> <p>NACCHO – Essential Service 2g CA</p>



## BENCHMARK 6

This benchmark is a companion to benchmark 5 and continues the activities that ensure that the second essential service is being delivered by the health department. The benchmark has three activities that relate to how the department prepares and responds to a public health emergency. The department must do this through collaborative planning and by exercising those plans to be able to be continuously ready to respond.

<b>Standard:</b> Agency Core Functions and Essential Services
<b>Function:</b> Assessment
<b>Essential Service 2:</b> Diagnose and investigate health problems and health hazards in the community.
<b>Benchmark 6:</b> The local health department shall be able to respond to a public health emergency on a 24-hour-a-day, 7-day-a-week basis.
<b>Activity 6.1:</b> The local health department shall be involved in a local emergency planning committee.
<b>Documentation:</b> <ul style="list-style-type: none"><li>Minutes or documents confirming agency involvement in Local Emergency Planning (LEP) Committee (or equivalent).</li></ul>
<b>INTERPRETATION</b>
<b>Intent</b> <p>Planning is necessary to assure that the health department is prepared to respond to an emergency. Since response is usually a coordinated effort and will not be the health department's sole responsibility, planning must be done on an inter-agency basis. The department is required to be involved as a member of the local emergency planning committee. This activity addresses the verification of this actually being done and shows the LHD's involvement with other response agencies.</p>
<b>Guidance</b> <p>The department must provide some type of documentation that demonstrates that the health department is involved in the Local Emergency Planning (LEP) Committee. The committee does not have to have this name but must function in the same capacity. The documentation can be minutes of meetings showing attendance and participation by the health department. Other documentation can be assigned responsibilities, work documents of the group, or group exercise records. The health department does not have to lead, chair, facilitate or convene the group but must be a member and must be involved. The health department may involve the LEPC in departmental planning or exercises to meet this activity.</p> <p>This activity is a companion to Activity 7.5 and 7.5 requires the health director to be involved with the LEPC.</p> <p>There is no required level of activity or regular meetings that the LEPC must maintain. If the LEPC is inactive, there should be documentation from the health department encouraging or requesting for the LEPC to be active and/or stating the LHD's willingness to be an active participant.</p>
<b>Additional Guidance for District Health Departments</b> <p>If documentation is not provided for the district as a whole, districts should provide evidence of involvement – contact, membership, attendance, or participation – with all active LEPCs in the district. The evidence should demonstrate that the department is engaged with preparedness and response activities throughout the district.</p>
<b>SVT Review and Guiding Questions</b> <ul style="list-style-type: none"><li>Were minutes or documents confirming agency involvement in Local Emergency Planning (LEP) Committee (or equivalent) provided?</li></ul>
<b>References</b>

NACCHO – Essential Service 2e  
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<p><b>Standard:</b> Agency Core Functions and Essential Services</p> <p><b>Function:</b> Assessment</p> <p><b>Essential Service 2:</b> Diagnose and investigate health problems and health hazards in the community.</p>
<p><b>Benchmark 6:</b> The local health department shall be able to respond to a public health emergency on a 24-hour-a-day, 7-day-a-week basis.</p>
<p><b>Activity 6.2:</b> The local health department shall have a defined role in the county emergency operations plan to protect the public's health.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Copy of County/Counties Emergency Operations Plan(s) with the local health department role defined and current. If county emergency operations plan has not been revised to reflect the health department's current role, provide evidence which indicates efforts have been made to request such updates.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b></p> <p>The LHD has a role to fulfill in emergency response. This may be determined by statute, be delegated to the agency or be by local consent and agreement. The county must have a coordinated plan with specific roles and responsibilities defined. The department shall have a defined role in the county emergency operations plan to protect the public's health. This assures the residents that the complexities of daily life will be addressed in the event of an emergency. Clarity and specificity are the major characteristics that must be included.</p> <p><b>Guidance</b></p> <p>The department must provide a copy of County/Counties Emergency Operations Plan(s). The local health department role within the plan(s) must be defined and current. The plan should define the role of the health department and should assign specific responsibilities. The department may provide only the pages that have duties for the health department. However the full plan should be available for reference.</p> <p>Whenever the county emergency operations plan is out-of-date and has not been revised to reflect the current roles and responsibilities of the health department, the department should provide evidence demonstrating it has made efforts to request the plan be updated. This can be through email to the responsible agency or individual, can be a phone call if properly logged, or can be written correspondence which indicates the sections of the plan that are out of date. Anytime the department notices that its role does not match that found in the plan, it should be noted and forwarded to the appropriate person.</p> <p>The writing or updating of the County EOP is usually not under the direction of the LHD. If this is true and the EOP is older than 24 months, the LHD should show evidence that its responsibilities and roles are current and up to date.</p> <p><b>Additional Guidance for District Health Departments</b></p> <p>Districts should provide a copy of each county's Emergency Operations Plan reflecting the role of the public health agency.</p>
<p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>• Was a copy of the County/Counties Emergency Operations Plan(s) provided? <ul style="list-style-type: none"> <li>Was the local health department role defined and current?</li> <li>Was the county emergency operations plan current?</li> <li>If not, was there evidence which indicates efforts have been made to request updates?</li> </ul> </li> </ul>
<p><b>References</b></p> <p>NACCHO – Essential Service 2e</p>

CA  
NCGS

<p><b>Standard:</b> Agency Core Functions and Essential Services</p> <p><b>Function:</b> Assessment</p> <p><b>Essential Service 2:</b> Diagnose and investigate health problems and health hazards in the community.</p>
<p><b>Benchmark 6:</b> The local health department shall be able to respond to a public health emergency on a 24-hour-a-day, 7-day-a-week basis.</p>
<p><b>Activity 6.3:</b> The local health department shall participate in regional emergency preparedness exercises and activities.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• <b>Records</b> of local agency participation in training and/or planning meetings.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b>  A public health emergency may occur on a regional or multi-county basis and the response can be improved by training and preparation that involves more than one county. This activity requires the department to participate in regional emergency preparedness exercises and related activities- <b>even though regional teams at DPH no longer exist, much</b> of North Carolina’s public health emergency response <b>requires a regional or multi-county response</b>. This activity reviews the involvement of the local health department in planning and training.</p> <p><b>Guidance</b>  The documentation is for the department to provide records of local agency participation <b>in regional or multi-county</b> training and/or planning meetings. This can be records of any type of regional activities, planning or meetings that reflect public health preparedness on a regional level. <b>Documentation can be training agendas with sign-in sheets, meeting minutes of planning meetings; each should show who attended and the agency represented.</b> The documentation must show involvement of more than one county as participants. It is not acceptable for the documentation to only reflect the involvement of a single department.</p>
<p><b>SVT Review and Guiding Questions</b></p> <p>Were records of local agency participation in training and/or planning meetings provided?</p>
<p><b>References</b></p> <p>NACCHO – Essential Service 2e  CA  NCGS</p>

## BENCHMARK 7

This benchmark assesses the department's ability to respond to an outbreak or hazard through epidemiological investigations. The 7 activities measure how a department executes its epidemiological protocols. The goal is to have the capacity to rapidly discover and contain any disease outbreaks or threats. This benchmark applies to any type of identified and potential threat including both biological and environmental factors. Activities 7.3 and 7.5 through 7.7 have requirements for both initial and re-accreditation site visits.

<b>Standard:</b> Agency Core Functions and Essential Services
<b>Function:</b> Assessment
<b>Essential Service 2:</b> Diagnose and investigate health problems and health hazards in the community.
<b>Benchmark 7:</b> The local health department shall 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.
<b>Activity 7.1:</b> The local health department shall have epidemiological case investigation protocols in place.
<b>Documentation:</b> <ul style="list-style-type: none"><li>• Current case investigation policies</li></ul> AND <ul style="list-style-type: none"><li>• Written protocols and/or guidelines to guide epidemiological practice.</li></ul>
<b>INTERPRETATION</b>  <b>Intent</b> <p>This activity requires the department to have epidemiological case investigation protocols. Epidemiological investigations are a basic of public health and the agency must have the policies and procedures to be followed to conduct a proper and thorough investigation. Case investigations will include a case definition, procedures for collecting data and specific information needed based on given criteria. The correct protocol must be followed to assure a correct diagnosis of the problem and to give structure to the response by the LHD.</p> <b>Guidance</b> <p>The documentation for this activity contains two parts. The first component is the case investigation policies used by the agency. These policies may be developed by the department or may be adapted from state provided recommendations. Generally the policies will provide an overall approach to case investigation while the written protocols will address individual diseases, infectious agents or pathogens. The policies must be current, that is they must be adopted and in-use, and up-to-date, reflecting the practice that is being used in the agency.</p> <p>The second component is the written protocols and/or guidelines for epidemiological practice. They must be written, that is all aspects of the protocol must be clearly and fully defined in writing. There should not be any steps or actions that are word of mouth or added to the written process. Generally the protocols will address the specified investigation practices for individual diseases and conditions.</p> <p>The policies and protocols may be a part of a clinical manual, communicable disease program manual or other operational manual. They must be accessible by staff at all times. They may be either electronic or hard copy. While the NC Communicable Disease Manual may be used by a department for the policies and protocols, there will need to be adaptations to reflect actual practice conducted by the department.</p>
<b>SVT Review and Guiding Questions</b> <ul style="list-style-type: none"><li>• Were current case investigation policies provided?</li><li>• Were written protocols and/or guidelines to guide epidemiological practice provided?</li></ul>

- Possible Interview Question

Tell us how you use your epidemiological policies and protocols to investigate a disease outbreak.

**References**

NACCHO – Essential Service 2a

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NCGS

<p><b>Standard:</b> Agency Core Functions and Essential Services</p> <p><b>Function:</b> Assessment</p> <p><b>Essential Service 2:</b> Diagnose and investigate health problems and health hazards in the community.</p>
<p><b>Benchmark 7:</b> The local health department shall 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.</p>
<p><b>Activity 7.2:</b> The local health department shall conduct communicable disease investigations, follow-up, documentation and reporting activities.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>Evidence of an appropriately conducted, documented and reported outbreak investigation. If no activity, demonstrate knowledge by providing policy.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b> This is a follow-up to Activity 7.1. This activity states that the department will conduct communicable disease investigations along with the actions required. Investigations must be properly documented and reported. This can only be done if the policies and protocols are in place. Using the guidelines described and required in 7.1, staff must follow-up on all suspected and confirmed cases. This is done to follow law, policy and good public health practice whether in response to a potential or identified outbreak or to an individual case.</p> <p><b>Guidance</b> The documentation requires evidence that demonstrates how the department conducted an epidemiological investigation. The investigation should be appropriately conducted (follows policy and protocol), fully documented and reported to local and state levels. An outbreak can be a single case of a condition or disease. The documentation can include either suspected or confirmed cases.</p> <p>Evidence of appropriate investigations may be multiple documents for an outbreak or it may be a comprehensive single report. The documentation should state the investigation background, methods used, any laboratory analysis, degree of the outbreak/disease incidence, response measures, and reporting.</p> <p>If there has been no outbreak activity in the 24 months prior to the notification of the HDSAI due date (preferred), evidence may be submitted from any date since the previous site visit; if there has been no outbreak activity since the last site visit, the department should provide evidence that it can properly investigate by providing the policies and protocols that would be used. This can be the same documentation that was provided in Activity 7.1. As disease investigation is one of the primary responsibilities of public health, it should be extremely rare to claim that no outbreak investigations have taken place.</p>
<p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>Was evidence provided that an outbreak investigation was appropriately conducted, documented and reported?</li> <li>If there were no investigations: Was the policy and/or protocols provided? (See Activity 7.1.)</li> <li>Possible Interview Questions Have there been any recent outbreak investigations? If so, how was the investigation conducted (or documented or reported)?</li> </ul>
<p><b>References</b> NACCHO – Essential Service 2b CA NCGS</p>



<p><b>Standard:</b> Agency Core Functions and Essential Services</p> <p><b>Function:</b> Assessment</p> <p><b>Essential Service 2:</b> Diagnose and investigate health problems and health hazards in the community.</p>
<p><b>Benchmark 7:</b> The local health department shall 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.</p>
<p><b>Activity 7.3:</b> The local health department shall investigate and respond to environmental health complaints or referrals.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Since the previous site visit, annual complaint logs with the following required: <ul style="list-style-type: none"> <li>◦ complaint reported</li> <li>◦ date reported</li> <li>◦ action taken in accordance with policy</li> <li>◦ date of action taken</li> <li>◦ referral information if referred to another agency</li> </ul> </li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• Lab/investigation reports (where applicable)</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• Policy defining timely and appropriate action.</li> </ul> <p>Site visitors will randomly select a year for review since the previous site visit. A sample of complaints and reports for the year selected should be provided upon site visitor request.</p>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b></p> <p>This activity requires the department to investigate and respond to environmental health complaints or referrals from another agency or division within the health department. Environmental complaints will reflect a wide variety of concerns. Any complaint or referral reported to the LHD should be recorded and investigated. Appropriate action can prevent an outbreak or can quickly end an issue before it escalates out of control. Having a process to record and follow-up on complaints is required and must be complete, maintained and reviewed.</p> <p><b>Guidance</b></p> <p>The complaint log must allow for the following to be recorded: the complaint that is reported, the date the complaint was reported to the health department, what action was taken, dates that action was taken and referral information if the complaint or follow-up was referred to another agency to handle. Other information may be recorded if desired, but the listed elements must be present. The format of a log for documentation has not been defined. As long as the information required is present, and can be accessed by staff, it is acceptable. If the information is loose leaf and kept in a file, and local health department's policy states that this is the method of maintaining the requested information and the information is complete, dated and maintained in chronological order, then this record of information would be acceptable as a log.</p> <p>The compliant log must reflect compilation of records on an annual basis since the previous site visit. Four complaint logs, one for each year since that last site visit must be provided. The complaint logs kept by the agency may be kept by calendar year or FY.</p> <p>The department must provide, or have available any laboratory testing reports received and any investigation documentation or reports completed by the individuals who are handling the complaint. Each complaint should have an investigation report, but all complaints may not have a lab report to accompany it.</p>

There must be a policy that defines the timely and appropriate action that is to be taken when handling a complaint. The policy can be a stand-alone policy or part of a larger department or environmental health manual. The health department should ensure that the steps completed following a complaint are appropriate to the specific complaint and are listed in the policy.

The final piece of documentation is of any actions taken and recording in the log. This also includes demonstrating that the complaint investigation and follow-up is done in accordance with policy.

Site visitors will randomly select an annual log for review. This will be selected from the logs compiled since the previous site visit. A sample of complaints and reports for the year selected must be provided to the site visitors if they request such documentation.

Any reports associated with a complaint, such as investigation forms or lab reports, are not part of the log itself but are separate supporting documentation. For complaints that are reviewed by the SVT, this documentation shall be made available if requested. For example, they may request the documentation for a couple of the complaints listed on the log. The department must then provide any investigation notes, lab reports, complaint reports, etc., that is available on the complaint.

The department should maintain complaint logs with required information for all years since the previous site visit. Complaints are to be handled and logs are to be kept in accordance with agency policy. The logs do not have to be in the resource files, but must be made available to the site visit team upon request.

The intent of this activity is not to ensure that every piece of documentation is properly written into the log, but that an investigation is conducted in accordance with policy. There will be instances when there has been loss of information or an item was not documented. These should be rare and missing information/documentation should not occur to the degree that would demonstrate a pattern of incomplete investigations. Anytime there is information missing from the log, site visitors should inquire to see if the information is contained in any case records. Minimal information missing from the log would not necessarily provoke a “not met” but would be an opportunity for quality improvement.

#### **Additional Guidance for District Health Departments**

If one complaint log is not maintained for the district as a whole, then a complaint log should be provided for each county.

#### **SVT Review and Guiding Questions**

- Were there complaint logs for each year since the previous site visit?  
Did the logs contain the required information?
- Was a log randomly selected for review? Were laboratory and/or investigation reports provided?
- Was there a policy defining timely and appropriate action?

#### **References**

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<p><b>Standard:</b> Agency Core Functions and Essential Services</p> <p><b>Function:</b> Assessment</p> <p><b>Essential Service 2:</b> Diagnose and investigate health problems and health hazards in the community.</p>
<p><b>Benchmark 7:</b> The local health department shall 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.</p>
<p><b>Activity 7.4:</b> The local health department shall have a public health preparedness and response plan that:</p> <ul style="list-style-type: none"> <li>• corresponds to existing local and state emergency and Bioterrorism plans</li> <li>• establishes roles and responsibilities of plan participants</li> <li>• identifies training for participants in those roles</li> <li>• establishes a chain of command among plan participants</li> <li>• describes a system of emergency notification to local and state public health staff and other key decision makers based upon the nature of the event, and</li> <li>• is available to staff on site.</li> </ul>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Copy of the local public health preparedness and response workplan(s)</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• Letter from Office of Public Health Preparedness and Response indicating that the plan(s) is accepted</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• Evidence of availability to all staff.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b></p> <p>The plan is for a population wide event and must include all the elements listed. It is not possible to think of and remember all steps during a disaster and therefore a comprehensive plan must be in place. Having a response plan in place is a requirement of Agreement Addendum.</p> <p><b>Guidance</b></p> <p>The primary documentation for this activity is a copy of the local public health preparedness and response plan(s). The documentation for this activity is similar to Activity 6.2. While 6.2 is asking for evidence that the agency is involved in the county response plan, this activity is asking for the preparedness/response plans for <i>public health</i> concerns. These plans may be separate plans (such as the Strategic National Stockpile or pandemic flu) or may be combined in an all-hazards type of plan. The plan may be given a title that is different from that listed in the activity (public health preparedness and response plan) and may be comprised by any number of separate plans. Regardless of the title of the plan(s), the documents must include the information that is listed in the first five bullets in the activity.</p> <p>As in 6.2, the LHD role may be integrated into the County EOP or may be a separate document or appendix. Whether combined or separate plans, all documentation should reflect current practice. If the county maintains the plan, the LHD is only responsible for maintenance of the sections referring to duties and responsibilities of the LHD. If the county plan is not current, the LHD should show that it has given corrections to the responsible county agency or person.</p> <p>The plan(s), may be hard copy or electronic. There is no required format or design that the documents must follow.</p>

The department must also provide a letter received from the Office of Public Health Preparedness and Response that will indicate that the plan(s) has been accepted by the Division of Public Health as required by agreement addendum. The Office of Public Health Preparedness and Response has established a process to review local plans to assure that the plan corresponds to existing state emergency and Bioterrorism plans.

The final piece of evidence is to demonstrate that the plan(s) are available to all staff. Plans can be in a central location, posted on a computer or intranet, or in multiple locations. Plans can be kept in a single office, but must be accessible at all times (the office cannot be locked). If there are multiple copies, all must be the same version and the most current available.

**SVT Review and Guiding Questions**

- Was a copy of the local public health preparedness and response plan(s) provided?
- Does the plan contain the five elements listed in the activity?
- Was a letter provided from Office of Public Health Preparedness and Response indicating that the plan(s) is accepted?
- Was there evidence of availability of the plan(s) to all staff?

**References**

NACCHO – Essential Service 2d  
CA  
NCGS

<p><b>Standard:</b> Agency Core Functions and Essential Services</p> <p><b>Function:</b> Assessment</p> <p><b>Essential Service 2:</b> Diagnose and investigate health problems and health hazards in the community.</p>
<p><b>Benchmark 7:</b> The local health department shall 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.</p>
<p><b>Activity 7.5:</b> The local health director shall maintain periodic communication with local emergency managers.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>Evidence of annual on-going communication with Local Emergency Manager (LEM) for the past 2 years.</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>Evidence that Health Director, or designee, is an active member of Local Emergency Preparedness Committee (LEPC), or equivalent. If an LEPC does not exist or is currently inactive, provide evidence which indicates efforts have been made to request an LEPC be formed or become active.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b>  This activity is a companion to Activity 6.1. Good relationships are a key component of the local cooperation and planning needed to respond to a local threat. Plans are only good and effective if they are used, tested and revised. This is partially accomplished through the communication required by this activity. This activity requires the health director to have continued communication with local emergency leaders, directors and managers. The health director is responsible for providing the agency's leadership, and keeping in contact with all the emergency managers of the county or district.</p> <p><b>Guidance</b>  The direct reference in the activity is to the county's emergency management (or services) director. However, in the activity, managers is plural and would also refer to emergency managers for other institutions in the county or district, such as the hospital or school system <b>via a Local Emergency Preparedness Committee or equivalent.</b></p> <p>There must be evidence of annual on-going communication with the Local Emergency Manager (LEM) for the past 2 years. Evidence must demonstrate on-going (or regular means of) communication. Quarterly contact would be accepted as regular (4 contacts for the past 2 years or 8 total contacts). Evidence could be through meeting minutes or notes, correspondence, phone contact, email, or personal conversation. Documentation without a paper record (such as a conversation) would need to be listed on a log or in personal notes.</p> <p>Also, the department must provide evidence that the Health Director, or designee, is an active member of Local Emergency Preparedness Committee (LEPC), or equivalent. This can be through meeting agendas &amp; minutes, attendance rosters or meeting materials. The local health director can delegate staff to serve on the LEPC or to represent the agency in communications with the LEM. If this is done, there should be some process to demonstrate that the communication is reported to the health director. The designee for the health director can be the preparedness coordinator or other representative to preparedness and response activities – and may be several employees of the LHD based upon area of responsibility.</p> <p>The LHD is only responsible for its own efforts in initiating or responding to communication. The LHD is not responsible when the others do not respond. If an LEPC does not exist or is currently inactive,</p>

provide evidence which indicates health director efforts to have an LEPC formed or for it to become active.

**Additional Guidance for District Health Departments**

Districts should show evidence of communication with each county's Emergency Manager.

**SVT Review and Guiding Questions**

- Was there evidence of annual on-going communication with Local Emergency Manager (LEM) for the past 2 years?
- Was there evidence that Health Director, or designee, is an active member of Local Emergency Preparedness Committee (LEPC), or equivalent?  
If an LEPC does not exist or is currently inactive, was there evidence of efforts to request an LEPC be formed or become active?

**References**

NACCHO – Essential Service 2c  
CA  
NCGS

<p><b>Standard:</b> Agency Core Functions and Essential Services</p> <p><b>Function:</b> Assessment</p> <p><b>Essential Service 2:</b> Diagnose and investigate health problems and health hazards in the community.</p>
<p><b>Benchmark 7:</b> The local health department shall 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.</p>
<p><b>Activity 7.6:</b> The local health department shall annually test or implement the local public health preparedness and response plan.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>Record of annual exercises or execution of plan for each year since the previous site visit.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b></p> <p>This activity requires the health department to (at least) annually test its local preparedness and response plan(s). If a plan has had a major revision, a new plan written, or a new section has been added to an existing plan, the department should show implementation of the plan(s). An annual test of the local preparedness and response plan(s) is good practice and is required by agreement addendum with the DPH. The role of annual plan exercises is to locate gaps in the plan and to revise local plans based on the results. This also prepares and develops the department's readiness for future responses to hazards, threats and outbreaks.</p> <p><b>Guidance</b></p> <p>This activity is related to Activity 6.3. That activity required the department to participate in regional exercises. While this activity can be met through a regional exercise, it must test the department's response plan(s). If using records from a regional exercise, the documentation must demonstrate how the department's plan(s) were tested.</p> <p>The department must provide a record of at least one exercise for each year since the previous site visit. There is no specific requirement for what must be in the records, but they should demonstrate that the plan(s) were tested in some way. The exercise can be a table top, or a full exercise. It can be department only, or involve other response partners and the <b>PHPR Regional Office</b>.</p> <p>Instead of exercise documentation, evidence of execution of response plan(s) if the plan has been used by the department to respond to a real outbreak, threat or disaster. The evidence could be any records from the response, reports to the BOH or Commissioners, after action reports, documentation from other materials. The evidence of execution is for each instance that the plan is implemented or used since the previous site visit. If the department has not implemented the plan since the previous site visit, provide a statement indicating such.</p> <p><b>Additional Guidance for District Health Departments</b></p> <p>If documentation is not provided for the district as a whole, evidence should show involvement of each county within the district, and district personnel or personnel from each county.</p>
<p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>Was a record of annual exercises for each year since the previous site visit provided? OR</li> <li>Was there evidence of plan execution, if applicable?</li> </ul>
<p><b>References</b></p> <p>NACCHO – Essential Service 2e CA NCGS</p>

<p><b>Standard:</b> Agency Core Functions and Essential Services</p> <p><b>Function:</b> Assessment</p> <p><b>Essential Service 2:</b> Diagnose and investigate health problems and health hazards in the community.</p>
<p><b>Benchmark 7:</b> The local health department shall 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.</p>
<p><b>Activity 7.7:</b> The local health department shall have one of the following:</p> <ul style="list-style-type: none"> <li>• public health preparedness and response coordination team with an environmental health member and a public health preparedness response coordinator, or</li> <li>• an epidemiology team with an environmental health member and an epidemiology team coordinator.</li> </ul>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Team member names, titles and designated roles</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• Evidence team is active during the past 2 years.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b> The LHD is to have a team in place that is responsible for preparedness, response and/or epidemiological activities. This activity specifies certain types of persons designated and trained for roles in the preparedness efforts of the LHD. The department must have either a public health preparedness and response coordination team or an epidemiology team responsible for response efforts. The team must have an environmental health member and an individual designated as the team coordinator.</p> <p><b>Guidance</b> The department is to provide a listing of the type of team (preparedness and response or epidemiology team), the names of individuals serving on the team, their job titles and their role on the team. The job title is their day-to-day title in the health department, not a team title. The designated role will define their responsibility as a team member.</p> <p>Departments may have both teams in their departments. Usually, in this case, the epidemiology team is a part of a larger preparedness team. In some instances, the epidemiology team will function or meet on a regular schedule and the preparedness and response team will meet when required by a specified response or disaster.</p> <p>The department must provide evidence that the team has been active since the previous site visit.. The evidence of team activity could be documentation from regular meetings, such as agendas &amp; minutes, reports, outbreak investigation reports; could be team presentations or may be Board of Health discussions/reports or presentations recorded in minutes.</p>
<p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>• Were team member names, titles and designated roles provided? Is there a coordinator named? Is there an environmental health member on the team?</li> <li>• Was there evidence the team has been active since the previous site visit?</li> </ul>
<p><b>References</b> NACCHO – Essential Service 2d CA NCGS</p>

## BENCHMARK 8

A vital building block in the ability of public health agencies to detect and investigate health problems, hazards and outbreaks is laboratory services that support programs and services. The public health laboratory provides testing that will confirm or refute a suspected type of threat. The role of the laboratory is to support the work of the agency in typical clinical or environmental work and services and to help support a rapid diagnosis and tracking in the event of an outbreak.

<b>Standard:</b> Agency Core Functions and Essential Services
<b>Function:</b> Assessment
<b>Essential Service 2:</b> Diagnose and investigate health problems and health hazards in the community.
<b>Benchmark 8:</b> The local health department shall provide or have access to laboratory capacity capable of providing for rapid detection and containment of communicable disease outbreaks; environmental health hazards; potential biological, chemical and radiological threats.
<b>Activity 8.1:</b> The local health department shall have written policies and procedures for handling clinical and environmental laboratory samples.
<b>Documentation:</b> <ul style="list-style-type: none"><li>• Policies and procedures and current clinical and environmental protocols.</li></ul>
<b>INTERPRETATION</b>
<b>Intent</b> <p>For many years, good laboratory practice has required written protocols for laboratory procedures including how the integrity of samples is to be maintained. The validity of any laboratory result is tied to the quality of the sample. This activity is to ensure that the LHD laboratory has and follows written protocols related to the practice of proper sample handling.</p>
<b>Guidance</b> <p>Whether tested in-house or sent to a reference laboratory, the health department must have proper handling technique for laboratory samples. This activity requires that the health department have policies, procedures or protocols for the handling of both clinical program and environmental program samples. The samples would include anything that will be tested by a laboratory. The protocols would relate to any specimens or samples that are handled in some way by the department. This could include collection, storage, transport, processing and testing.</p> <p>For testing that is done in-house, all aspects of sample handling must be in a written protocol. The department should maintain protocols either in compliance with the policy on policies or as directed by CLIA certification. If the department laboratory operates under the NC State Laboratory of Public Health Contract Program, the department must also follow any guidance required by that Program.</p> <p>For testing that is done by a reference laboratory, the health department must have a copy, or access to a copy, of any handling processes required by the reference laboratory. These protocols should be available from all external laboratories used by the department. Site visitors may check the protocols available against the list of external laboratories used by the department as listed in the following three activities (8.2, 8.3 &amp; 8.4). If those activities cite a laboratory as being used or accessible to the LHD, then its protocols, in writing, must be a part of the documentation for this activity.</p> <p>Written policies, procedures and protocols can be web-based or accessed via computer. If this is the primary means of access, the laboratory must have a means of back-up that would be used should the computer system and web access not be available.</p>
<b>SVT Review and Guiding Questions</b> <ul style="list-style-type: none"><li>• Are laboratory policies and procedures available which detail the handling of laboratory samples – both clinical and environmental?</li></ul>

- If the protocols are web-based, what is the back-up method for access should the web be unavailable?
- Are there protocols for all reference laboratories used by the agency?

**References**

NACCHO – Essential Service 2f

CA

NCGS

<p><b>Standard:</b> Agency Core Functions and Essential Services</p> <p><b>Function:</b> Assessment</p> <p><b>Essential Service 2:</b> Diagnose and investigate health problems and health hazards in the community.</p>
<p><b>Benchmark 8:</b> The local health department shall provide or have access to laboratory capacity capable of providing for rapid detection and containment of communicable disease outbreaks; environmental health hazards; potential biological, chemical and radiological threats.</p>
<p><b>Activity 8.2:</b> The local health department laboratory and external laboratories utilized by the local health department shall comply with all applicable federal regulations for clinical and environmental laboratory testing.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>List of laboratories used and their areas of certification, if other than the North Carolina State Laboratory.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b></p> <p>There are varied levels of laboratory support across the state. To meet benchmark 8, all local health departments must have access to external testing at times. The LHD must be assured that laboratories used by the department are competent and follow regulatory guidelines and established practice. The Clinical Laboratory Improvement Amendments have been guiding laboratories for 20 years and any laboratory used by the LHD should be appropriately certified to provide testing. This activity is linked to the next two activities. While Activities 8.3 &amp; 8.4 will show access to laboratories, this activity ensures that the laboratories used are properly certified.</p> <p><b>Guidance</b></p> <p>The activity requires the LHD to use laboratories that comply with federal regulations for testing. This evidence of compliance is shown through the local health department having the proper certifications for the services it provides as well as for any reference laboratory that is used. This compliance is for any type of testing that would be conducted under the authority or order of the health department. Clinical samples (derived from the human body) are covered by the Clinical Laboratory Improvement Amendments (CLIA) of 1988. Certification can be given through the NC DHHS Division of Health Service Regulation or through a deemed agency such as COLA. Any laboratory used by the department, including its own, should be certified in specified areas of laboratory testing.</p> <p>Environmental testing is provided by state-based laboratories and private laboratories. There is no national environmental laboratory certification, but there is certification conducted by various states. If a lab used by a health department is based in a state that has a certification program for the lab, the lab should provide the certification to the department for documentation under this activity.</p> <p>The documentation is specific to external laboratories used by the department but also includes its own services and services provided by the NC State Laboratory of Public Health (NCSLPH). It is assumed that all local health departments in NC will use the services of the NCSLPH. Some departments operate under the NCSLPH and will be certified under a contract program.</p> <p>This activity only requires a listing of laboratories used and the areas of certification. Any laboratories listed in the following two activities must be on the list. Copies of laboratory certificates will be required in the following activity.</p> <p><b>Additional Guidance for District Health Departments</b></p> <p>If one list of labs is not maintained for the district as a whole, the list should include all labs used within each county.</p>

**SVT Review and Guiding Questions**

- Is there certification for the LHD laboratory?
- What external laboratories does the LHD use?

Is there documentation of the areas of certification (not required for NCSLPH)?

**References**

NACCHO – Essential Service 2f

CA

NCGS

<p><b>Standard:</b> Agency Core Functions and Essential Services</p> <p><b>Function:</b> Assessment</p> <p><b>Essential Service 2:</b> Diagnose and investigate health problems and health hazards in the community.</p>
<p><b>Benchmark 8:</b> The local health department shall provide or have access to laboratory capacity capable of providing for rapid detection and containment of communicable disease outbreaks; environmental health hazards; potential biological, chemical and radiological threats.</p>
<p><b>Activity 8.3:</b> The local health department shall provide or have access to laboratory services capable of meeting routine diagnostic and surveillance needs.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Current CLIA or other appropriate certificate for each laboratory used</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• Current contract(s) with external laboratories, if other than the North Carolina State Laboratory.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b> This activity requires that the local health department offer laboratory services – either through the department laboratory or access through an external laboratory - to provide the routine diagnostic and surveillance needs of programs and services.</p> <p><b>Guidance</b> Routine diagnostic and surveillance needs would refer to typical daily activities of programs when not in an emergency or outbreak situation. This would include clinical and environmental programs, such as child health, lead screening, and well-water testing. There are two types of documentation required for this activity. The department should have the current CLIA or other appropriate certificate for each laboratory used, including its own. If the LHD operates more than one laboratory site, each location providing on-site testing (regardless of type – waived, moderate or complex) must have a separate CLIA certificate. These certificates should correlate with the list of laboratories provided in Activities 8.2 &amp; 8.4.</p> <p>The department should also provide any current contract(s) with external laboratories, other than the North Carolina State Laboratory of Public Health. If there is a contract between the LHD and an external or reference laboratory, evidence of a current contract would be a copy of a contract, or renewal, within the past 12 months. Though an external lab may not require a contract, the LHD must still demonstrate a relationship with laboratories that would provide testing of samples for the LHD. If there is no specific contract, the health department should provide documentation from the lab, such as a letter, fax, or email stating their relationship with the health department.</p>
<p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>• Are CLIA certificates, or equivalent, available for all laboratory sites operated by the LHD?</li> <li>• Are CLIA certificates, or equivalent, available for all laboratories used by the LHD (other than NCSLPH)?</li> <li>• Are there any contract(s) with external laboratories, other than the North Carolina State Laboratory? If so, are they current?</li> </ul>
<p><b>References</b> NACCHO – Essential Service 2f CA NCGS</p>

<p><b>Standard:</b> Agency Core Functions and Essential Services</p> <p><b>Function:</b> Assessment</p> <p><b>Essential Service 2:</b> Diagnose and investigate health problems and health hazards in the community.</p>
<p><b>Benchmark 8:</b> The local health department shall provide or have access to laboratory capacity capable of providing for rapid detection and containment of communicable disease outbreaks; environmental health hazards; potential biological, chemical and radiological threats.</p>
<p><b>Activity 8.4:</b> The local health department shall provide or have access to laboratory services to support investigations of public problems, hazards, and emergencies.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Current protocols and guidelines.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b>  This activity is related to Activity 8.3 in that it requires that the local health department offer laboratory services – either through the department laboratory or access through an external laboratory. However while Activity 8.3 was related to the routine diagnostic and surveillance needs of programs and services, this activity is about laboratory services for the support of investigations of public problems, hazards, and emergencies. Just as LHDs must use reference laboratories to help support clinical programs, most likely no LHD can provide the laboratory support needed during an outbreak or response situation. During an emergency, it is important for the LHD to be assured of access to testing of suspected disease agents and other aspects that support the investigation.</p> <p><b>Guidance</b>  The documentation for this activity is by protocol or guideline. The protocols and guidelines requested in this activity should directly address the agency’s ability to access laboratory services in the support of that agency’s investigation of public problems, hazards, and emergencies. This would be when the agency directly provides the needed services or where the agency must obtain the services from a reference laboratory. Protocols and guidelines would focus on, but not be limited to, access to the services of the laboratory and how the LHD obtains results and laboratory documentation (logs, report forms, etc.). This may be part of the protocols from Activity 8.1 (sample handling and shipping, testing procedures, etc.) or may be a stand alone document.</p> <p>This access may be documented by contract, agreement, policy, guideline or protocol. The CLIA certificates for laboratories were required in Activity 8.3, so there is no need to produce them here. However, site visitors should check to ensure that if a relationship with a lab is defined for this activity, then the certificate should be in the documentation for the previous activity. Likewise the protocols that specify specimen handling required for Activity 8.1 do not have to be presented here. The focus of the protocols and guidelines for this activity is on the access to the laboratory.</p>
<p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>• Are the protocols/guidelines for access to laboratory services present?</li> <li>• Is contact information present for possible laboratory services?</li> </ul>
<p><b>References</b>  NACCHO – Essential Service 2f  CA  NCGS</p>

## BENCHMARK 9

One of the roles of public health is to share appropriate medical information with the public and with stakeholders. By providing this information, the community served by the health department can make wise health care choices. The community is also then better prepared to identify and address the health care needs of residents.

<p><b>Standard:</b> Agency Core Functions and Essential Services <b>Function:</b> Policy Development <b>Essential Service 3:</b> Inform, educate, and empower people about health issues.</p>
<p><b>Benchmark 9:</b> The local health department shall provide the general public and elected and appointed officials with information on health risks, health status, and health needs in the community as well as information on policies and programs that can improve community health.</p>
<p><b>Activity 9.1:</b> The local health department shall publish and disseminate data and information on current local health issues to the general public, community partners, and elected and appointed officials.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"><li>• For each year since the previous site visit, evidence of dissemination of information on current local issues to public AND policy leaders, in each case by <u>one of the following</u>: community presentation, press release, report to board of health or County Commission or other method of dissemination.</li></ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b> The local health department not only produces and collects data and information; it also makes decisions and evaluates outcomes based on that data. In its role as public educator, the department must also disseminate information and findings to the entire population. The intent of this activity is for the department to demonstrate how it has provided information on current health issues to a range of stakeholders.</p> <p><b>Guidance</b> The department must provide documentation for each of the four years since the previous site visit. So the department will have a minimum of four annual examples of distributing on local issues that were current at the time of distribution. The distribution should be to both the public and policy leaders. The health department must provide evidence that it has distributed information on current local issues. <b>Some examples are given, but the issues can be any public health issue that has affected the community.</b> The issue must have been a current public health concern at the time of the distribution. The issues can be of local, state or national importance. The activity and documentation have “issues” as plural, so the department should provide at least two examples. The distribution has to be documented to the public in general and to policy leaders specifically. Locally, policy makers can include board of health members, commissioners, the county manager, the sheriff, city managers, city commissioners, or school board members. At the state or national level, any elected leaders could be policy makers. At the state level, NC Department of Health &amp; Human Services administrators, NC Department of Environment &amp; Natural Resources and Division of Public Health leaders, and the Commission for Public Health would be examples of policy makers.</p> <p>A method of distribution must be documented for both the public and policy makers for each issue listed. Some examples are given –presentation, press release, or report – but the distribution is not limited to these and can be by a means to best get the information to the intended audience. While the same distribution may cover both, the public distribution is more of a general approach, such as a newspaper article and the distribution to policy leaders is more targeted, such as by personal correspondence. Using a single press release and stating that it will reach both the public and policy</p>

leaders is unacceptable. The intent for the public notice is to at a minimum inform and educate. The intent for policy leaders, while also to inform and educate, is to advocate for action as is appropriate and called for.

**SVT Review and Guiding Questions**

- Was information disseminated to public and to policy leaders for each year since the previous site visit?
- Look for comprehensive messages that relate to all aspects of population.

**References**

NACCHO – Essential Service 3a

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NCGS

<p><b>Standard:</b> Agency Core Functions and Essential Services</p> <p><b>Function:</b> Policy Development</p> <p><b>Essential Service 3:</b> Inform, educate, and empower people about health issues.</p>
<p><b>Benchmark 9:</b> The local health department shall provide the general public and elected and appointed officials with information on health risks, health status, and health needs in the community as well as information on policies and programs that can improve community health.</p>
<p><b>Activity 9.2:</b> The local health department shall have a mechanism by which the public can access community data and health status information maintained in the agency in accordance with applicable laws and rules.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Policies and procedures</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• Lists of accessible information</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• Evidence of current modes of communication (e.g., agency website, brochures, press releases).</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b></p> <p>The LHD has a role in disseminating health data to the public so that needs can be identified and addressed. There is much information available to the public and the health department can help select and make available the information most useful to their jurisdiction. The intent of this activity is for the LHD to have a means whereby it provides access to the data it maintains. To have a consistent approach to information dissemination, the agency must have policies and procedures describing how the information can be obtained by the public.</p> <p><b>Guidance</b></p> <p>There are three components to the documentation for this activity. The first two deal with the documentation itself and the third deals with the implementation of this activity. The first two are the policies and procedures for access to data and the lists of accessible information maintained by the agency. The policies and procedures requested refer to how the local health department shares community information related to health risks, health status and health needs with the public/community. These policies should define the ways that the public is able to access the information. The list of accessible information refers to community information (associated with health risks, health status and health needs) that can be provided to members of the community upon their request. This can be data that is created by the health department or from another source. The issue here is that it is maintained by the health department. The intent of the maintenance of the data is that it is current and replaced with new information as the data is updated.</p> <p>The final piece of documentation is evidence of current means whereby the public can access data related to risks, status and needs. Three examples are given, but the documentation is not limited to these routes. Since the documentation requests routes (plural) at least two methods must be submitted. Some health departments use documentation, such as fliers and lists from their website to indicate what information is available for community distribution. This list may also include links to other resources for community health status information, i.e., the Centers for Disease Control website, the NC State Center for Health Statistics, etc. It is acceptable for the local health departments to place copies of the Community Health Assessment, SOTCH or other local data in a public location, such as the public library, for the community to access information about health risks, health status and health needs. This is a means to satisfy the activity, though all materials placed in a public location must be current. The evidence provided to show access must be verifiable. Placing information only in public locations cannot be the only means to show evidence unless there is some method for this to be verified</p>

by site visitors. Verification can be through photo evidence, statements on brochures and the department website of where information is located or through email correspondence.

**SVT Review and Guiding Questions**

- Are policies and procedures provided and available?
- Does the LHD have a listing of information available?
- Is there evidence of access to the information?

**References**

NACCHO – Essential Service 3b  
CA  
NCGS

<p><b>Standard:</b> Agency Core Functions and Essential Services</p> <p><b>Function:</b> Policy Development</p> <p><b>Essential Service 3:</b> Inform, educate, and empower people about health issues.</p>
<p><b>Benchmark 9:</b> The local health department shall provide the general public and elected and appointed officials with information on health risks, health status, and health needs in the community as well as information on policies and programs that can improve community health.</p>
<p><b>Activity 9.3:</b> The local health department shall provide information to the public on the availability and location of health data that are accessible in the public domain.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Agency website with web links, brochures, press releases, etc.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b></p> <p>There is an overwhelming amount of health data available to both public health professionals and the public. We can easily become overwhelmed by all of the information available. This intent of this activity is to have the health department help guide the public to health data that is usable, credible and current. Health data is not of much use if it not easily accessible for use by residents and clients. The public and policy makers will, and should, look to the LHD as the expert regarding health data.</p> <p><b>Guidance</b></p> <p>The documentation for this activity requires that the department provide evidence that it is providing information to the public on the availability and location of public domain health data. Public domain in this activity refers to information that is freely available and has no cost associated with viewing or acquiring it. The documentation submitted for this activity should demonstrate access to robust and diverse health data, not just data limited to a narrow scope of health issues with few details provided. Data does not have to be produced by the LHD, but can come from a variety of sources, including local, state, &amp; federal governments, private organizations and foundations.</p> <p>The activity requires that the department have an agency website. The website may be a stand alone site or may be a part of a larger site, such as part of a county website. The website must have links to other websites, attached documents that can be opened or downloaded, or posted health data. All data/elements on the website must be available to the public served by the department. The website may have one of the previous elements or a combination of the three.</p>
<p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>• Does evidence show the accessibility of information?</li> <li>• Where is information available?</li> <li>• Who has responsibility for accessibility of the information?</li> </ul>
<p><b>References</b></p> <p>NACCHO – Essential Service 3b CA NCGS</p>

<p><b>Standard:</b> Agency Core Functions and Essential Services</p> <p><b>Function:</b> Policy Development</p> <p><b>Essential Service 3:</b> Inform, educate, and empower people about health issues.</p>
<p><b>Benchmark 9:</b> The local health department shall provide the general public and elected and appointed officials with information on health risks, health status, and health needs in the community as well as information on policies and programs that can improve community health.</p>
<p><b>Activity 9.4:</b> The local health department shall have written guidelines that it follows in responding to requests for information.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Policies and procedures</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• If information has been requested, evidence showing adherence to guidelines.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b></p> <p>This measure requires that the health department have protocols used to provide information that is distributed as a result of an outside request. The intent is to show that the health department has developed, and follows, a standardized and consistent method for responding to a request for information or for any materials that the health department distributes. This assures that a request for information is answered appropriately and in a timely fashion and that appropriate reviews and approvals of information are obtained. The protocols can be a means to track the kinds of information requested and can define information that may be confidential and is not appropriate for public distribution.</p> <p><b>Guidance</b></p> <p>Documentation requirements consist of two parts. The first is the policies and procedures the department follows when responding to a request for information. This is required for any agency. The department can determine the level of scope for this policy, but must at least cover information requests made by the public or outside agencies. The department can determine if the policy will cover any request internal to the agency or within county departments for single county health departments.</p> <p>While the NC standards do not require any specific components, the policy should define the process for disseminating information accurately, timely and appropriately, designate a staff position or person as the public information officer, and describe the responsibilities for staff positions that may interact with the news media and the public (related to a request for information). The protocol also should define any specific methods whereby requests will or will not be accepted.</p> <p>The second part of the documentation is to show how the policy was implemented if there was a request to the department and is required of departments. Examples of how the policy was implemented following a request for information can be demonstrated through the use of a log or a request form that is completed showing a request and the appropriate follow-up. The examples should document the request, who handled the request and the timeline (associated dates). The site visitors will compare this documentation to the requirements of the policy.</p>
<p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>• Review policies and procedures.</li> <li>• Is there guidance for responding to request for information?</li> </ul>
<p><b>References</b></p> <p>NACCHO – Essential Service 3a CA NCGS</p>

<p><b>Standard:</b> Agency Core Functions and Essential Services</p> <p><b>Function:</b> Policy Development</p> <p><b>Essential Service 3:</b> Inform, educate, and empower people about health issues.</p>
<p><b>Benchmark 9:</b> The local health department shall provide the general public and elected and appointed officials with information on health risks, health status, and health needs in the community as well as information on policies and programs that can improve community health.</p>
<p><b>Activity 9.5:</b> The local health department shall inform affected community members of changes in department policies or operations.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>Announcement related to departmental change appearing in <u>two of the following</u>: news article, posting on web site, signage within the agency, recording from radio or TV, etc.,</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>Evidence of opportunity for public comment demonstrated by <u>one of the following</u>: meeting minutes, record of scheduled event, questionnaire and results. If no changes, show policy and procedure.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b></p> <p>As a part of their responsibility in serving the public, health departments should inform the community about changes in operations at the agency that could affect residents and clients. Therefore, there must be a method to notify the public of changes – either in a policy, procedure or operations of the agency as well as a method for obtaining feedback from the clients concerning this change. The target of this activity is policies or changes that will affect the community (such as a change to hours of operation). It does not apply to policy or operational changes that do not have an effect on community residents or clients (such as a change to the internet use policy).</p> <p><b>Guidance</b></p> <p>There are two parts to the documentation requirements for this activity. The first deals with an announcement when there is a departmental change and how the announcement is distributed. The announcement must relate to a departmental change and show that a change is being implemented, such as changes to operating hours, program eligibility criteria, discontinuation of a program, starting a new program, etc. This applies when the department delivers the program or service regardless of the source of the change. Therefore the change in policy or operation could come from a state-level agency, a county level agency or the health department. When the health department must implement the change, then the health department must announce the change and allow for comment. The documentation allows for four methods of distributing the announcement – a news article, which would include a press release, placing the information on the health department or county web site, posting signage in a public area of the health department or county building or a public service announcement from radio or television (including scrolling messages from a community channel). The department must show distribution of the announcement using two separate methods for the same change.</p> <p>The second part of the documentation is that the department allow for an opportunity for public comment. The purpose of the public comment is to provide the agency with information about how the change may or will impact residents or clients. The public comment can be allowed by any number of methods, including but not limited to Board of Health Meetings, a public forum held at the health department or other site, through comment cards, a survey or questionnaire (hand or electronically distributed), or allowing for comment through a web site posting. The opportunity for comment must then be demonstrated by providing evidence of one of three types of documentation. Meeting minutes can be of Board of Health, Management Team, Staff or Board of County Commissioner meetings – at</p>

whatever meeting the opportunity was provided or where the results of feedback was discussed. For example, the department may have accepted comments by web posting and then discusses the results during a management team meeting. Another type of documentation is by records of a scheduled event, such as a public hearing or forum. The records could include an announcement or flyer for the meeting, an attendance list and a summary of comments. The final method for evidence is to produce documentation of the questionnaire or survey, if used, and a compilation or summary of the results.

The means of announcing change and the opportunities for change should target the residents, clients or patients affected by the proposed change. Evidence for opportunity for public comment should specify the departmental change under consideration and should clearly show that an accessible opportunity for input was given to those affected. Only using an announcement for input is incomplete evidence. There should also be minutes or other evidence describing the opportunity for input and what input was received from community members.

If changes were mandated by the state or federal funding agency and therefore, there was no need to solicit input, please submit another example. If there have been no changes to policy or operation in the previous 24 months (preferred), then the department may submit changes from any date since the last site visit; if no changes have been made since the last site visit, the department would produce the policy and/or procedure that would describe the process for announcing proposed changes and for allowing public input or comment.

#### **SVT Review and Guiding Questions**

- Were announcements of change provided by two different methods?
- Did evidence give an opportunity for public comment or input?

#### **References**

NACCHO – Essential Service 3b  
CA  
NCGS

<p><b>Standard:</b> Agency Core Functions and Essential Services  <b>Function:</b> Policy Development  <b>Essential Service 3:</b> Inform, educate, and empower people about health issues.</p>
<p><b>Benchmark 9:</b> The local health department shall provide the general public and elected and appointed officials with information on health risks, health status, and health needs in the community as well as information on policies and programs that can improve community health.</p>
<p><b>Activity 9.6:</b> The local health department shall assure that information disseminated by the agency reflects the cultural and linguistic character of the local population as required by Title VI of the Civil Rights Act.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Policies that acknowledge compliance with Title VI of the Civil Rights Act</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• Evidence of two examples of information disseminated in accordance with policy.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b>  All members of the population must be guaranteed access to the information disseminated by the LHD. This activity requires that any information distributed by the health department should reflect the cultural and linguistic character of the populations served. In providing information to residents about the department’s methods of improving the health of the community, effective use of the information depends on the ability of clients and residents to understand what is presented to them. The appropriate delivery of public health services also depends on clients understanding information so they can make informed choices about their health care.</p> <p><b>Guidance</b>  The base for this activity is the Title VI of the Civil Rights Act. Title VI prohibits discrimination on the basis of race, color, and national origin in programs and services that receive federal financial assistance. The “cultural and linguistic character of the local population” will be determined by Title VI and is then supported by departmental policy. For this activity the focus is on limited English proficiency (LEP) with the department ensuring that LEP individuals have equal access to programs and services.</p> <p>There are two components to the required documentation. The first is a departmental policy that acknowledges compliance with Title VI of the Civil Rights Act. This may be a stand alone policy or may be a part of the Title VI compliance plan as required by the NCDHHS Office of Civil Rights. The purpose of the policy is to specify that the agency will act in accordance with Title VI and gives the means whereby the department will do that, along with any specific protocols that will be followed.</p> <p>The second component is to provide two examples of how the agency followed/implemented its policy in the dissemination of information that is culturally and linguistically appropriate. This can be demonstrated through such examples as the use of materials translated into appropriate languages, materials at various literacy levels, use of language aids or telephone services, interpreter services, services for deaf, hard of hearing, and visually impaired clients, web pages and specified training for staff. There may be some examples that are best demonstrated by staff to the site visit team while on site.</p>
<p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>• Review the community assessment and be aware of the population makeup.</li> <li>• Do the policies, evidence, etc. reflect the population makeup?</li> <li>• Is there a policy present that acknowledges compliance with Title VI?  If the policy references the Title VI compliance plan as a separate document, site</li> </ul>

visitors may ask to see the plan.

- Are there two examples that demonstrate how the department followed policy in the dissemination of information?

**References**

NACCHO – Essential Service 3c

CA

NCGS

## BENCHMARK 10

The role of health promotion is an important function of public health – to inform people about health care and lifestyle choices, to educate them on the benefits or consequences of their actions and to assist them in making the best choices possible. This benchmark measures the health department’s efforts in health promotion. The focus of this benchmark is in the development and implementation of health promotion and disease prevention programs throughout the community – programs of the health department and those of partner agencies. The emphasis is on using evidence based practices in developing those programs when such evidence exists.

<p><b>Standard:</b> Agency Core Functions and Essential Services <b>Function:</b> Policy Development <b>Essential Service 3:</b> Inform, educate, and empower people about health issues.</p>
<p><b>Benchmark 10:</b> The local health department shall provide, support, and evaluate health promotion activities designed to influence the behavior of individuals and groups.</p>
<p><b>Activity 10.1:</b> The local health department shall develop, implement and evaluate population-based health promotion/disease prevention programs and educational materials for the general public.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"><li>• Evidence of planning, implementation and evaluation of health promotion/disease prevention programs</li></ul> <p>AND</p> <ul style="list-style-type: none"><li>• Educational materials targeted to the general public.</li></ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b> The key focus of this activity is the health promotion/disease prevention programs that are for the general population and that are developed by the health department. A core function of public health is to prevent disease and promote healthy lifestyles. Thus a core function of a LHD is to put these programs into place. Both programming and educational materials are components of this activity. For this activity, population based programs are defined as those that are targeted to the community at large.</p> <p><b>Guidance</b> The documentation is directed toward efforts of the local health department for this activity. The documentation should demonstrate how the department has planned, implemented and evaluated the population-based health promotion and disease prevention programs that the department directs. The same is true for the educational materials – the documentation should demonstrate development, implementation and evaluation of the materials that are directed to the general public for population-based health topics and services. Population based health would include interventions aimed at the entire population. Examples include such topics as tobacco control, eating habits and activity, alcohol/drug abuse, prevention of chronic disease (diabetes) and immunizations. The activity is looking at population based initiatives and materials for the general public – not to a specific target population. While the department may implement programs and materials developed by outside agencies or the NC Division of Public Health, this activity assesses the programs and materials that the local health department develops. The health department does not have to develop, implement or evaluate the program or materials all on its own, but must be involved in all three components.</p> <p>The documentation must indicate the health department's capacity and involvement in the planning <i>and</i> implementation <i>and</i> evaluation of a program. These three elements do not have to be taken from one program, <b>although that is preferable; however</b>, you can use different programs to showcase the evidence. For example, you may pull the development evidence from a tobacco prevention program, whereas the evaluation evidence could come from a diabetes management program.</p>

The documentation required would be evidence that describes or demonstrates the planning, implementation and evaluation of health promotion and/or disease prevention programs. Examples submitted could be material posted on the agency's website, program brochures and guides, health information or data, minutes where a program or material is discussed and a report on a program. To meet this activity all three elements (planning, implementation and evaluation) must be demonstrated. The other part of the documentation is to provide samples of educational materials used by the department and targeted to the general public. Again the department should demonstrate through the materials, and in any support documentation needed, that all three elements have been demonstrated.

**SVT Review and Guiding Questions**

- Note that the activity is asking for evidence showing program/material planning, implementation and evaluation.
- Does the evidence show the whole community as being targeted?
- Is there evidence of planning, implementation and evaluation of:  
health promotion and disease prevention programs?  
educational materials?
- Are the programs and materials population-based in scope?

**References**

NACCHO – Essential Service 3d  
CA  
NCGS

<p><b>Standard:</b> Agency Core Functions and Essential Services</p> <p><b>Function:</b> Policy Development</p> <p><b>Essential Service 3:</b> Inform, educate, and empower people about health issues.</p>
<p><b>Benchmark 10:</b> The local health department shall provide, support, and evaluate health promotion activities designed to influence the behavior of individuals and groups.</p>
<p><b>Activity 10.2:</b> The local health department shall carry out or assist other agencies in the development, implementation and evaluation of health promotion/disease prevention programs and educational materials targeted to groups identified as at-risk in the community health assessment.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>Evidence of planning, implementation and evaluation of health promotion/disease prevention programs</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>Educational materials targeted to an at-risk group identified in the community health assessment.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b> While Activity 10.1 targeted the general population, this activity targets at-risk groups identified in the Community Health Assessment. The activity again addresses both programs and materials. The health department is to either provide the programming and materials or is to fulfill an assurance role by assisting other partners in the provision of programming and materials. Note that the three components of development, implementation and evaluation are again present in the activity.</p> <p><b>Guidance</b> As with Activity 10.1, the documentation must indicate the health department's capacity and involvement in all three identified program and material components - planning <i>and</i> implementation <i>and</i> evaluation - of a program. Also, these three elements do not have to be taken from one program, <b>although that is preferable; however</b> you can use different programs to demonstrate the activity. Note that the evidence must be targeted to groups identified as at-risk in the community health assessment.</p> <p>Educational materials must also target one of those at-risk groups identified in the CHA. The materials may be from one of the previously cited programs or could come from a program different than the programs identified in the development, implementation and evaluation documentation. As with Activity 10.1, the programs and materials submitted as evidence can be posted on the agency's website, distributed brochures and guides, health information or data, minutes where a program or material is discussed and a report on a program.</p> <p>For the activity, the health department may take the lead or may assist other agencies in the programs and materials. In this case, the three components of planning, implementation and evaluation would be shared between the health department and the other agency. It is not important the degree to which each agency does what – but that each component is done.</p>
<p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>Does the evidence show the targeted populations?</li> <li>Does the evidence show the proper target populations as identified in the community health assessment?</li> <li>Is there evidence of planning, implementation and evaluation of: <ul style="list-style-type: none"> <li>health promotion and disease prevention programs</li> <li>educational materials</li> </ul> either by the health department or by another agency with LHD assistance?</li> <li>Note that the activity is asking for evidence showing planning, implementation and evaluation.</li> </ul>

- How are partnerships used in fulfilling this activity?
- Possible interview question  
How are at risk groups identified and selected?

**References**

NACCHO – Essential Service 3d

CA

NCGS

<p><b>Standard:</b> Agency Core Functions and Essential Services  <b>Function:</b> Policy Development  <b>Essential Service 3:</b> Inform, educate, and empower people about health issues.</p>
<p><b>Benchmark 10:</b> The local health department shall provide, support, and evaluate health promotion activities designed to influence the behavior of individuals and groups.</p>
<p><b>Activity 10.3:</b> The local health department shall employ evidence-based health promotions/disease prevention strategies, when such evidence exists.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• <u>One of the following:</u> meeting minutes, correspondence, report, or research summary citing agency exploration and employment of evidence-based strategies</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• External evidence that indicates strategy as effective (e.g. professional journal, research study).</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b>  Evidence-based health promotion/disease prevention strategies are programs that have demonstrated their effectiveness through research and/or evaluation. It is proper, when such knowledge exists, to use programs and strategies that have been proven to be effective at reaching its objectives. This activity assesses the health department’s use of evidence-based practices when available.</p> <p><b>Guidance</b>  The documentation requires one from the list of examples given. This component of the documentation must be produced by the health department and demonstrate how the department explored and then implemented an evidence-based strategy. The department may provide minutes or correspondence discussing an evidence-based health promotion/disease prevention strategy. It may also show a linkage between a program the health department is using with an internally-produced report or research summary of the strategy which shows it as evidence-based. The other part of the required documentation is external evidence, or evidence from outside the department that would support the strategy being used as evidence-based. This may come from a journal, a research study, state or federal study/report or other verifiable and credible source.</p> <p>Note that for any documentation or method used to be cited as evidence-based, it must have an external reference that documents the effectiveness of the strategy in health promotion or disease prevention programs. Also note that the activity is calling for a strategy, not a specified program. For example, you may create a community walking program that is unlike another, or has added elements, as a strategy to increase family activity and reduce obesity. The external reference would be to show how community walking programs are effective health promotion endeavors in achieving the goal of <u>increased activity or decreased obesity.</u></p>
<p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>• Does the internal evidence show exploration and employment of an evidence-based strategy?</li> <li>• Is external evidence provided that justifies effectiveness of strategy?</li> </ul>
<p><b>References</b>  NACCHO – Essential Service 3d  CA  NCGS</p>

<p><b>Standard:</b> Agency Core Functions and Essential Services  <b>Function:</b> Policy Development  <b>Essential Service 3:</b> Inform, educate, and empower people about health issues.</p>
<p><b>Benchmark 10:</b> The local health department shall provide, support, and evaluate health promotion activities designed to influence the behavior of individuals and groups.</p>
<p><b>Activity 10.4:</b> The local health department shall promote and support the use of evidence-based health promotion/disease prevention strategies by other community agencies and organizations.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• <u>One of the following:</u> meeting minutes, correspondence, report, or research summary citing agency promotion and support of evidence-based strategies by other community agencies and organizations</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• External evidence that indicates strategy as effective (e.g. professional journal, research study).</li> </ul>
<p><b>INTERPRETATION</b></p> <p>See the guidance in 10.3</p> <p><b>Intent</b>  This activity is related to Activity 10.3. Whereas 10.3 related to the health department use of evidence-based strategies, this activity relates to the health department promoting and supporting the use of such strategies by other agencies and organizations. Since evidence-based strategies should be employed by the LHD and should guide the work of the agency, the LHD should promote the usage of such strategies with partners and other community agencies who deliver services and programs to improve the community's health.</p> <p><b>Guidance</b>  The documentation is the same for this activity as in Activity 10.3 with a notable exception. While 10.3 showed exploration and employment of evidence-based strategies within and for programs of the health department, this activity is targeted toward health department promotion and support of evidence-based strategies by other community agencies and organizations. The same types of documentation are required – one that is produced from within the agency and one that is an externally produced document. Note that this activity requires documentation that the agency is promoting and supporting the use of such strategies by other agencies and community partners. The health department does not have to prove that the outside agency/organization is using the evidence-based strategy, but that it is promoting it. The health department cannot necessarily force an organization to use an evidence-based strategy unless there is contract, agreement or funding requirements to do so.</p> <p>The same evidence-based strategy can be used to document conformity with Activities 10.3 &amp; 10.4 if the department is using it internally and promoting its use with outside agencies.</p>
<p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>• Does the internal evidence show the agency's promotion and support of the use of evidence-based strategies by community agencies and organizations?</li> <li>• Is external evidence provided that justifies effectiveness of strategy?</li> </ul>
<p><b>References</b>  NACCHO – Essential Service 3d  CA  NCGS</p>

## BENCHMARK 11

The local health department must work collaboratively in delivering public health services and programs. The health department serves the entire community or jurisdiction, not just a select few. The health department can be better prepared to meet the needs of the community when the community is involved in identifying health problems and in selecting priorities for further action.

<p><b>Standard:</b> Agency Core Functions and Essential Services <b>Function:</b> Policy Development <b>Essential Service 4:</b> Mobilize community partnerships and action to identify and solve health problems.</p>
<p><b>Benchmark 11:</b> The local health department shall convene key constituents and community partners to identify, analyze, and prioritize community health problems/issues.</p>
<p><b>Activity 11.1:</b> The local health department shall participate in a collaborative community steering committee to identify health issues and needs.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"><li>• Roster of collaborative participation</li></ul> <p>AND</p> <ul style="list-style-type: none"><li>• Evidence of the department’s ongoing participation in a collaborative process to identify health issues, needs and strategies.</li></ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b> To accomplish the goal of improving the health of the community, it is important for the local health department to work with partners and other organizations in the community. The rationale is twofold: 1) there are not enough health department resources to serve all needs, and 2) members of the community may be closer to the at-risk population and may better understand issues in reaching such populations. This activity is to demonstrate that the health department is involved with community partners in identifying health issues.</p> <p><b>Guidance</b> The focus of this activity is to show the health department’s involvement with the community in identifying issues and needs. The evidence for this activity does not need to show action taken to meet those needs, just the work of identifying the needs of the community. There are two pieces of documentation required for this activity. The first is a roster of collaborative participation showing that the health department is represented in the membership.</p> <p>The collaborative participation does not have to be led, directed by or convened by the LHD. The LHD must show that it participates in a collaborative process with a charge to identify health issues and needs in the communities served by the partner agencies. The idea behind a “steering committee” is that of having a group of key stakeholders, usually organizational peers, who are responsible for developing a strategic direction on an issue – in this case identifying health issues and needs. The “steering committee” is usually not the group who will then implement any plans or actions, but will involve others within their respective organizations to achieve buy-in and commitment.</p> <p>The second piece of documentation is a record that shows the role of the health department in the group related to identifying health needs. There is no specific role that the health department must play; only that it has a role and it is stated in the documentation. Minutes of the committee, an action plan that results from the work, a committee report (which would include an executive summary) or other evidence can be used to demonstrate that the health department was an active participant and has a defined role in the group.</p>

While Healthy Carolinians Partnerships is an acceptable approach to the evidence needed for this activity, it is not the only partnership that may be used. This activity cites participation in a collaborative community steering committee. The intent is not to limit the options available to the health department for the group used.

**Additional Guidance for District Health Departments**

If one collaborative group does not represent the district as a whole, then a list of documentation should be provided for each county.

**SVT Review and Guiding Questions**

- Was a roster of collaborative participation provided?  
Does the evidence demonstrate the LHD's role?
- Who from the health department works with community groups?
- What role does the health department play in working with the collective group?

**References**

NACCHO – Essential Service 4a  
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<p><b>Standard:</b> Agency Core Functions and Essential Services  <b>Function:</b> Policy Development  <b>Essential Service 4:</b> Mobilize community partnerships and action to identify and solve health problems.</p>
<p><b>Benchmark 11:</b> The local health department shall convene key constituents and community partners to identify, analyze, and prioritize community health problems/issues.</p>
<p><b>Activity 11.2:</b> The local health department shall involve community members in assessing, setting priorities and establishing desired outcomes for addressing community health issues and needs.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• <u>One of the following:</u> Recommendations from community survey, focus group, or other community forum; meeting minutes or committee reports reflecting community input.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b>  It is through the involvement of the community that the LHD is best able to work towards outcomes that benefit the entire community. While the LHD may know what is needed, it is good to have input from community members in determining the work and priorities of the agency. When members of the community are involved in identifying issues and working toward solutions, this can build support for the recommendations among stakeholders, partners and community members. This activity builds upon the previous one, which asked for the identification of health issues and needs. This activity requires the health department, along with the community, to assess, set priorities and establish outcomes to address the needs identified in Activity 11.1.</p> <p><b>Guidance</b>  There is only one piece of required documentation for this activity and it must be chosen from the examples given. Recommendations from a community survey, focus group, or other community forum that was sponsored by the group leading the effort can be used to show community involvement. Meeting minutes of the group with participants listed and community input noted in the record can be used as documentation. Any committee report documenting community input in the process can be used. Note that the documentation must show community involvement in the assessment, setting of priorities and determination of desired outcomes for identified community health issues and needs. While assessment may be conducted in Activity 11.1 to help identify issues and needs, assessment in this activity is directed toward gathering the potential options and actions to be used to address the identified needs. Priorities are then set using the findings of the assessment.</p> <p>It is acceptable for health departments to use their Community Health Assessment material, along with developed action plans, in developing the evidence for this activity. If a LHD is currently in the process of completing a Community Health Assessment, use of preparation material and data may be used. If you have community involvement in setting priorities and potential outcomes, present that as documentation (in the form of meeting minutes, focus group information, etc.).</p>
<p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>• Is evidence of community input demonstrated in the documentation?  How does the LHD get community input?  How does the evidence demonstrate that input?  How does the health department involve community groups?</li> </ul>
<p><b>References</b>  NACCHO – Essential Service 4a  CA  NCGS</p>

## BENCHMARK 12

As in Benchmark 11, this benchmark continues the efforts of the health department in collaborative efforts to identify and address health issues and needs. The local health department must conduct its work in this area with community partners. Here the department works with partners, stakeholders and the community in developing strategies that will be used to solve identified community health problems. The three activities in this benchmark build upon each other to implement a collaborative process for identifying needs and solutions for public health issues in the jurisdiction served by the health department.

<p><b>Standard:</b> Agency Core Functions and Essential Services Function: Policy Development Essential Service 4: Mobilize community partnerships and action to identify and solve health problems.</p>
<p><b>Benchmark 12:</b> The local health department shall develop strategies in collaboration with community partners to solve existing community health problems.</p>
<p><b>Activity 12.1:</b> The local health department shall participate in a collaborative process to identify strategies for addressing community health problems.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"><li>• <u>One of the following:</u> Evidence of a current collaborative process, minutes of collaboration meeting reflecting discussion of strategies, or written report citing collaboration's consideration of strategies</li></ul> <p>AND</p> <ul style="list-style-type: none"><li>• Evidence of implementation of strategies for which the health department is responsible.</li></ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b> This activity closely follows Benchmark 11 which describes the use of collaboration and community input in identifying community needs while this one describes joint planning and strategy development with community groups to deal with those needs. Here the LHD is to work with community partners in developing strategies and processes in working towards a solution for health issues identified in the community served.</p> <p><b>Guidance</b> This activity requires the local health department to be a participant in a collaborative process to identify strategies to tackle and solve community health problems. The type of collaborative process is not specified and can be any number of possibilities – a committee or task force, joint project, community forum, or a combination of activities.</p> <p>The focus for this activity is on a collaborative effort and determination of strategies. The local health department must demonstrate collaboration in the documentation. The work of the collaborative effort is to identify or consider strategies for possible interventions to solve identified community health problems. The identified issues can come from the Community Health Assessment, the work of Activity 11 or other source. The strategies developed for this activity should not use only those from an already developed program. These can be part of the evidence if the collaboration that occurred to develop the strategies in use is a part of the documentation submitted.</p> <p>Two pieces of evidence are required and the first can be selected from the three options given. Evidence of a current intervention can be used with the inclusion of how the strategy in use was developed in a collaborative effort. Minutes of a meeting can be used if the record reflects discussion of strategies by the group. The final option is a written report which documents the strategy's considered by the group. Any of the three must include discussion, consideration and/or identification of potential strategies and demonstrate participation by the partners or members involved in the effort.</p>

The department must show how the strategies that were identified in the collaborative effort were implemented. While this documentation can show the responsibilities for all partners, it must at least include implementation efforts for tasks or responsibilities assigned to the health department.

**SVT Review and Guiding Questions**

- Does the evidence show a collaborative effort?
- Does the evidence demonstrate the consideration and identification of strategies?  
What is the health department’s role or responsibilities?
- Is there evidence of implementation of tasks assigned to the health department?

**References**

NACCHO – Essential Service 4c,d  
CA  
NCGS

<p><b>Standard:</b> Agency Core Functions and Essential Services</p> <p><b>Function:</b> Policy Development</p> <p><b>Essential Service 4:</b> Mobilize community partnerships and action to identify and solve health problems.</p>
<p><b>Benchmark 12:</b> The local health department shall develop strategies in collaboration with community partners to solve existing community health problems.</p>
<p><b>Activity 12.2:</b> The local health department shall participate in a collaborative process to assess resources needed, including personnel, funding, policy changes, and system change, to address community health problems.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>Evidence of participation in a collaborative process to assess resources needed, including personnel, funding, policy changes, and system change, to address community health problems.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b></p> <p>Resources are needed to carry out programs and these resources may come from a variety of sources. This activity continues the process of collaboration to address community problems from the last activity. Once strategies for interventions are determined, then the resources needed for implementation must be assessed. The intent of this activity is to show health department involvement in an analysis of the strategies identified in Activity 12.1. The purpose of the analysis is to determine what will be needed, and what resources are available among partners, to implement selected strategies.</p> <p><b>Guidance</b></p> <p>There is one piece of required documentation for this activity. Types of documentation may include the following. A feasibility study, focusing on resource needs to address community problems and if conducted by or on behalf of the collaborative group, can be submitted. A grant proposal submitted by the group after needs are determined can be used as documentation. The grant proposal must be collaborative and involve partners working on the issue. The grant proposal can be submitted by a collaborative member or the health department. Any one member can take the lead, but the proposal must clearly show broad involvement by all partners. Another option is to demonstrate an approach for needed funding that is collaborative in nature. One example would be for several group members to present a request to the Board of Commissioners or develop a funding request or letter of support signed by all member organizations. The health department can show an expansion budget request that has collaborative support. Finally the collaborative can recommend system or policy changes that have been identified through the collaborative process.</p> <p>The focus for this activity is the collaborative effort and the assessment of resources. The local health department must demonstrate collaboration in the documentation. The work of the collaborative effort is to assess resources needed for possible interventions to solve community health problems. Evidence required for this activity should include information showing the assessment of resources needed and should include all four – personnel, funding, policy changes, and system change – to some degree.</p> <p>While evidence for this activity can link directly to the previous activity using the same collaborative process, it does not have to. For example, the agency can provide evidence from one collaborative effort in 12.1 and use another effort as the basis for documentation in 12.2 if the department has good examples from two different collaborations.</p>
<p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>Does the evidence show a collaborative process?</li> </ul>

- Does the collaborative process show the effort to assess resources needed?

**References**

NACCHO – Essential Service 4c,d

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NCGS

<p><b>Standard:</b> Agency Core Functions and Essential Services</p> <p><b>Function:</b> Policy Development</p> <p><b>Essential Service 4:</b> Mobilize community partnerships and action to identify and solve health problems.</p>
<p><b>Benchmark 12:</b> The local health department shall develop strategies in collaboration with community partners to solve existing community health problems.</p>
<p><b>Activity 12.3:</b> The local health department shall participate in a collaborative process to implement population-based programs to address community health problems.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• <u>One of the following:</u> meeting minutes, media release, program report, brochure, program materials, web site, reports to grantors that indicate evidence of collaboration in the implementation of a program.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b></p> <p>After assessment, planning and developing resources have been completed, the implementation of a project or program using population-based efforts in a collaborative approach to solve community issues must be done. Population based implies a program that targets the entire community. This activity follows the previous two and assesses the implementation of programs to address health problems in the community served. While continuing the process from Activities 12.1 &amp; 12.2, a qualifier has been added – that the programs implemented by population based. The intent for this activity is to demonstrate the follow through of implementation after the steps of identifying needs, strategies and resources to solve a public health issue have been done.</p> <p><b>Guidance</b></p> <p>There is one piece of documentation required that must be selected from the examples given. Documentation must demonstrate evidence of collaboration in the implementation of a program and would define roles of the various partners. This implies that there is effort among partners to implement the program, not just a collaborative effort to develop the program. It is not acceptable for the full program to be implemented and provided by a single partner. While one member of the group may lead or direct efforts, all partners must play a role in the implementation process.</p> <p>Meeting minutes can be from the collaborative, Board of Health, health department team or work group, or other group as long as the minutes record both the collaborative effort and program implementation. A media release or program report must mention partners involved, program info and indicate has been implemented. Brochures, flyers or other program materials must also indicate the partners involved and show program implementation. This same evidence can be posted on the health department web site. Lastly, if a grant funded the program, any reports to the grantor that list partners, implementation roles and demonstrate program implementation can be submitted as documentation.</p> <p>Again while acceptable and appropriate, evidence for this activity does not have to link to the evidence in 12.1 or 12.2, but can demonstrate a separate implementation effort of another collaborative of the local health department.</p>
<p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>• Does the evidence show health department participation in a collaborative effort?</li> <li>• Does the evidence show implementation of a collaborative program to address a community health problem?</li> </ul> <p style="padding-left: 40px;">Is the program population based?</p>
<p><b>References</b></p>

NACCHO – Essential Service 4c,d  
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## BENCHMARK 13

This benchmark continues the theme of community partnerships and is another aspect that complements the work of Benchmarks 11 & 12. The health department is not only to work within established relationships but is to broaden those that already exist and work to develop new relationships with potential partners.

<p><b>Standard:</b> Agency Core Functions and Essential Services <b>Function:</b> Policy Development <b>Essential Service 4:</b> Mobilize community partnerships and action to identify and solve health problems.</p>
<p><b>Benchmark 13:</b> The local health department shall identify and build upon community assets and direct them toward resolving health problems.</p>
<p><b>Activity 13.1:</b> The local health department shall broaden existing partnerships by cultivating innovative and new community contacts, such as businesses and industries, healthcare practitioners, faith communities, and grassroots organizations, and increasing their awareness of public health through outreach and training.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"><li>• Documentation of <u>two</u> targeted outreach and training activities with community partners, e.g. meeting minutes, description of grassroots development activity; evidence of local health department's participation on external committee, coalition, or community board demonstrating efforts to increase awareness of public health.</li></ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b> It can be comfortable for a local health department to work within existing partnerships. Only doing this may limit or neglect potential actions needed to improve the public's health. This activity moves beyond working with existing partners and calls on the health department to develop new ones that had not been used before. By developing these new partners, the LHD broadens its impact, can reach new populations and can build new public health champions in their communities.</p> <p><b>Guidance</b> This activity seeks to do two things to broaden existing partnerships. One is to develop innovative and new contacts in the community. By innovative, the health department is seeking a partner relationship with an agency, group or organization that had never been used as a partner. Several examples are given but the documentation is not limited to these nor does it have to be one of the listed examples. The second element of the activity is to increase the new partner's awareness of public health through outreach from and training by the health department.</p> <p>The required documentation is two examples of targeted outreach and training activities with community partners. The key is that the partners mentioned in the evidence are to be <i>new contacts</i> and not already existing partners. The local health department may also use an innovative approach to reach new audiences and populations by broadening existing partnerships. Documentation of the outreach and training activities can be documented through the examples listed, though it is not limited to those samples. However, both examples used for documentation must have elements of both outreach and training.</p>
<p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"><li>• Is there evidence of two targeted outreach and training activities with community partners? Does the evidence show new partners or broadening of existing partners? Does evidence show both outreach and training?</li><li>• Possible interview question Review evidence and have staff describe how this work is done.</li></ul>

**References**

NACCHO – Essential Service 4b,e  
CA  
NCGS

## BENCHMARK 14

Benchmark 14 moves into the fifth essential service of policy development and planning. The four activities under this benchmark demonstrate the engagement of local health departments with policymakers across all levels of government. The purpose is to put policy and law into effect that will support and strengthen health efforts throughout the jurisdiction served by the department.

<p><b>Standard:</b> Agency Core Functions and Essential Services <b>Function:</b> Policy Development <b>Essential Service 5:</b> Develop policies and plans that support individual and community health efforts.</p>
<p><b>Benchmark 14:</b> The local health department shall work with local, state and federal policymakers to enact policies, laws, rules, and ordinances that support individual and community health efforts.</p>
<p><b>Activity 14.1:</b> The local health department shall disseminate information relative to public health needs to elected and appointed officials.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"><li>• <u>One of the following:</u> presentation, memo, email, meeting minutes reflecting information dissemination for <u>two different</u> public health needs.</li></ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b> This activity examines the health department’s ability to communicate with elected and appointed officials that are in a policy or law-making role. The intent is for the department to provide information on public health needs to these individuals to inform and initiate discussion on possible policies or laws that may be warranted. The efforts of the health department in this activity are not limited to local officials but also include state and federal levels.</p> <p><b>Guidance</b> The evidence requires two examples of different needs. The information on the public health need must be distributed using one of the four listed methods. The dissemination of this information is targeted specifically to elected or appointed officials. Both needs can be shared using the same method. A presentation can be directed toward elected and appointed officials (e.g. a Board of Commissioners meeting) or can be at a public forum if documentation shows that either appointed or elected officials were in attendance and can be identified. A memo or email should name the elected or appointed officials. A general heading of “To: All elected officials of Acme County” is not acceptable. Meeting minutes are valid if the need discussed is recorded and the minutes document the elected and/or appointed officials present.</p> <p>For this activity the emphasis is not on sharing general information or publicity on services, but on the public health needs of the jurisdiction covered by the local health department. The information shared can include internal department needs for addressing the public health issue being discussed or could be a discussion/presentation on solving a community need that has been identified.</p> <p>Elected officials include any individuals voted on by the public – and locally would include, county commissioners, sheriff, county clerk of court, register of deeds, school board members, city commissioners and mayors. State level elected officials would include state senators and representatives from, and outside of, the district that covers the LHD, Governor, Lieutenant Governor, and specified Council of State positions. Federal elected officials would include US Senators and representatives, and the President and Vice-President.</p> <p>Appointed officials would include individuals appointed by an elected official that have a policy making role and would include the county or city managers, the state health director, certain state department secretaries and division directors and local boards appointed by county commissioners.</p>

Benchmark 40 addresses the Board of Health role in this area. For Benchmark 14, the efforts are to come from the health department (the director, leadership and staff).

**SVT Review and Guiding Questions**

- Review the public health needs that have been communicated to officials.  
Are there two different needs represented?
- Does the evidence show that information was disseminated.  
Was one of the four methods listed used to distribute the information?
- Possible Interview Question  
Ask elected or appointed officials how they obtain information on public health needs.

**References**

NACCHO – Essential Service 5a  
CA  
NCGS

<p><b>Standard:</b> Agency Core Functions and Essential Services</p> <p><b>Function:</b> Policy Development</p> <p><b>Essential Service 5:</b> Develop policies and plans that support individual and community health efforts.</p>
<p><b>Benchmark 14:</b> The local health department shall work with local, state and federal policymakers to enact policies, laws, rules, and ordinances that support individual and community health efforts.</p>
<p><b>Activity 14.2:</b> The local health department shall provide information and recommendations to support the local board of health and the board(s) of county commissioners in setting public health priorities and planning public health programs.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• <u>One of the following:</u> minutes from BOH or Consolidated Human Services Board and County Commissioner’s board meeting, or written correspondence or report provided to BOH/CHSB and County Commissioners reflecting agency input in public health priority setting and program planning.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b></p> <p>The work of this activity builds upon the previous one. Activity 14.1 required the sharing of information with appointed and elected officials. This activity narrows the focus to providing and using information to help set priorities and plan programming. Elected and appointed officials are narrowed to the Boards of Health and Commissioners. This activity provides insight as to how the agency interacts with its governance groups. Effective communication is essential for productive working relationships. Both of these governance boards should rely on and expect the LHD to provide information needed in setting public health priorities and planning for the programming to meet the priorities set to serve the identified needs of the residents they serve.</p> <p><b>Guidance</b></p> <p>The documentation for this activity should demonstrate the input of the health department in efforts of both the Board of Health and the Board of County Commissioners to determine priorities and programming. Documentation can be through meeting minutes from either the BOH or the Board of County Commissioners if the minutes record that the health department has provided input in public health priority setting and program planning. Written correspondence or a report provided to the BOH and/or to the County Commissioners that reflects department input can be used. Input can include sharing of information, statistics or rankings, results or reports of task forces, and recommendations. However all input should be aimed at setting health priorities and planning for programs. A presentation of the CHA is not acceptable, as the sharing of this information is covered in other activities.</p> <p>Although the documentation only requires one example, the activity requires communication with both Boards <b>unless the Board of County Commissioners has assumed the powers and duties of the Board of Health</b>. Activities 39.1 &amp; 39.4 under the Governance Standard require that the Board of Health communicate with the Board of Commissioners. Here the effort is on the Health Department in providing information to both groups.</p>
<p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>• Does the evidence show the LHD presenting governance board members with information and recommendations? <ul style="list-style-type: none"> <li>Does the information provided demonstrate input into public health priority setting and program planning?</li> </ul> </li> <li>• Possible interview question <ul style="list-style-type: none"> <li>Ask governance board members how they receive information from the Health Director or LHD on setting priorities or planning programs?</li> </ul> </li> </ul>

**References**

NACCHO – Essential Service 5b

CA

NCGS

<p><b>Standard:</b> Agency Core Functions and Essential Services</p> <p><b>Function:</b> Policy Development</p> <p><b>Essential Service 5:</b> Develop policies and plans that support individual and community health efforts.</p>
<p><b>Benchmark 14:</b> The local health department shall work with local, state and federal policymakers to enact policies, laws, rules, and ordinances that support individual and community health efforts.</p>
<p><b>Activity 14.3:</b> The local health department shall evaluate, with the local board of health, the need for additional rules or ordinances to protect the health of the public.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• <u>One of the following:</u> BOH minutes, strategic plan, or notes from public hearing referencing need for additional rules or ordinances.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b></p> <p>This activity describes the need for the health department and the BOH to be partners when considering the need to use rule making authority in protecting the public’s health. Being aware of public health needs and how to take action is the responsibility of public health officials, and health departments should, in cooperation with the BOH, constantly evaluate local needs that may necessitate a rule or ordinance. While the authority to pass a rule rests with the BOH, the information needed to undertake the process of rule-making will come from the health department. The need to evaluate the use of rules to protect public health is a responsibility of both parties and is of serious importance.</p> <p><b>Guidance</b></p> <p>The documentation that must be provided is one of three possible options. BOH minutes must show efforts, involvement, discussion or responsibilities for both the BOH and the health department. A section of a strategic plan – from the BOH, the health department or a combined plan – can be used. Another option is the notes, summary or report from a public hearing on a proposed rule, ordinance or the investigation of the need for a rule. Any documentation used must demonstrate the evaluation of need and record Health Department and BOH cooperation. That is the key phrase in meeting this activity – “shall evaluate ...the need”. This activity requires evidence showing involvement of both the local health department (staff) and the Board of Health. The focus of this involvement is to evaluate need for rules or ordinances for protection of the health of the residents served. Generally a rule is adopted by the Board of Health and an ordinance will be adopted by the Board of County Commissioners. The activity does not infer that a rule or ordinance is drafted or approved and the evaluation may even show that a rule or ordinance is not needed. Whether a rule or an ordinance, the only requirement is that the agency, along with the Board of Health, evaluates the need for additional rules.</p> <p>This activity links closely to Activity 34.4 under the Governance Standard. Under 34.4, the BOH is to evaluate the need for the adoption or amendment of local rules or ordinances. That activity demonstrates the efforts and involvement of the BOH while this activity demonstrates the efforts and involvement of the health department. While the same documentation may be used for both efforts, the highlights within the documentation will be different and will focus on the efforts of each party as required by the activity.</p>
<p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>• Does the evidence provided show that the need for rules is evaluated or assessed by the LHD in collaboration with the BOH?</li> <li>• Possible interview questions are: Ask LHD leadership and/or the BOH how they evaluate the need for rules.</li> </ul>
<p><b>References</b></p> <p>NACCHO – Essential Service 6a</p>

CA  
NCGS

<p><b>Standard:</b> Agency Core Functions and Essential Services</p> <p><b>Function:</b> Policy Development</p> <p><b>Essential Service 5:</b> Develop policies and plans that support individual and community health efforts.</p>
<p><b>Benchmark 14:</b> The local health department shall work with local, state and federal policymakers to enact policies, laws, rules, and ordinances that support individual and community health efforts.</p>
<p><b>Activity 14.4:</b> The local health department shall assist the local board of health in drafting local ordinances and rules as needed and presenting them to elected officials in order to implement or enforce needed local public health prevention and protection activities.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• BOH minutes or BOH memo referencing input of agency in drafting rule or ordinance</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• Minutes of meeting of elected officials citing new rule or ordinance as a discussion item (if applicable).</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b></p> <p>This activity is a continuation of the previous one. Activity 14.3 evaluated the need for a rule. This activity assumes that the evaluation did show a need and now the process of developing the proposed rule or ordinance is underway. A partnership between the health department and the BOH is a must for success in the drafting of ordinances and rules. The staff from the department will bring public health expertise to work with the BOH in crafting a beneficial and effective rule. They will work with Commissioners to draft a beneficial and effective ordinance. Drafting possible rules and ordinances must be a cooperative effort between all involved in the development process.</p> <p><b>Guidance</b></p> <p>The focus on this activity is on the drafting of a rule or ordinance for the purpose of addressing a needed local public health prevention and protection activity. There are two pieces of documentation. The first is either meeting minutes or a memo from the BOH that records the input or involvement of the health department in drafting a proposed rule or ordinance. The second piece of the documentation would be a record in the meeting minutes of elected officials (County or City Commissioners) showing the new or proposed rule or ordinance as a discussion item. While this is marked “if applicable”, there should be discussion if an ordinance is being proposed. Note that there can be a difference in whether a rule or ordinance must go to an elected board. Board of Health rules do not have to be approved by the Board of County Commissioners. If the BOH and the health department are working toward a county ordinance, Commissioner approval will have to be obtained. It is advisable to inform elected officials when the BOH is considering or drafting a rule. This is good practice to communicate among partners and to build support among elected officials for the rule. If no work toward rules or ordinances has been done, the health department should develop a statement indicating that no local rules/ordinances have been drafted by the Board of Health and/or County Commissioners.</p> <p>District health departments may help draft a local ordinance that may not be adopted by all counties served by the district. This would be appropriate evidence for this activity. The activity does not require that the rule or ordinance pass. The focus is on the evidence of the health department’s assistance in drafting a proposed rule or ordinance.</p>
<p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>• Were there any rules or ordinances drafted? Does the evidence show LHD input in drafting rules?</li> <li>• If no rules or ordinances have been drafted, the item is met. If the documentation states that no rules or ordinances have been drafted within the past 24 months, it is appropriate to confirm this during interviews with the board of health or a commissioner member.</li> </ul>
<p><b>References</b></p>

NACCHO – Essential Service 6a  
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## BENCHMARK 15

This benchmark addresses the need for the agency to have current plans and policies in place. The activities focus on the development, implementation and training on departmental policies and plans. Benchmark 15 also requires an agency strategic plan. All plans and policies should give guidance and direction to the department in its efforts to improve the health of the community.

<p><b>Standard:</b> Agency Core Functions and Essential Services <b>Function:</b> Policy Development Essential Service 5: Develop policies and plans that support individual and community health efforts.</p>
<p><b>Benchmark 15:</b> The local health department shall develop plans to guide its work.</p>
<p><b>Activity 15.1:</b> The local health department shall develop or update annually an agency strategic plan that:</p> <ul style="list-style-type: none"><li>• includes a review and analysis of factors influencing the health department’s ability to improve the community’s health,</li><li>• uses local health status data and information to set goals and objectives,</li><li>• uses community input where applicable,</li><li>• states desired outcomes for each element,</li><li>• sets priorities, and</li><li>• uses community collaborations to implement activities.</li></ul>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"><li>• Copy of current strategic plan</li></ul> <p>AND</p> <ul style="list-style-type: none"><li>• Evidence of implementation of the strategic plan since the previous site visit</li></ul> <p>AND</p> <ul style="list-style-type: none"><li>• Evidence that CHA results were used in agency strategic planning.</li></ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b> Strategic planning is essential for an organization to function effectively and efficiently. The specific components of the required plan are listed and all should be present. A strategic plan that is in use should be updated or revised on a regular basis and at least yearly. The intent behind the strategic plan is to have a document that will bring focus and direction to the work of the department. The strategic plan can have elements directed at both the operations of the agency and its efforts to improve the health of the community. A strategic plan should define goals, set timelines, identify strategies and assign responsibilities. The plan should be practical and achievable.</p> <p><b>Guidance</b> The department must provide the current strategic plan along with evidence of implementation of the strategic plan. <b>If the health department is part of a Consolidated Human Services Agency and the Strategic Plan is for that agency and includes plans that focus on public health issues, the agency may submit that Plan.</b> This evidence should include a record of annual updates with results achieved for each year since the previous site visit. <b>Depending on when the current strategic plan was adopted/approved, some evidence of implementation and yearly results may be from the previous strategic plan.</b> Also, the department must demonstrate integration of the strategic planning process and the community health assessment by showing how CHA results were used in the strategic plan or planning process.</p> <p>It is not necessary, nor expected, that all local health departments will have identical elements or content in the strategic plan. The strategic plan should clearly allow the site visit team to identify how the required bullets are a component of the plan. There is also no defined process, format, length,</p>

structure or template for the planning process or the plan itself. Site visitors are not to judge style of the strategic plan, but rather focus on the content. How extensive the strategic plan is will be a decision of each LHD.

The information or content that would address all six components (the bulleted items) of the activity must be present in the plan. The factors that influence the department's ability to improve the community's health can be demonstrated by what is termed a "SWOT" analysis (Strengths, Weaknesses, Opportunities, and Threats). This list will help the department understand how it relates to its internal and external environment and may point out issues that affect the community's health. In setting goals and objectives, the process should use health status data and information. This data does not need to be developed by the department, but can come from a variety of sources, including the Division of Public Health, the NC Center for Health Statistics and the CHA. If it is relevant to the topic or issue under consideration, public input should be sought. This may be applicable for possible new programming or when programming may be modified or ended. For each topic area, goal or objective in the plan, there must be a desired outcome defined. If known, possible undesired outcomes can also be included. After the review and analysis of information, the plan should include the priorities among the goals, objectives and outcomes. The final component of the plan is to include collaborative efforts in implement the activities that will help the agency achieve the desired outcomes. Use of community collaborations will be related to those goals that address community need. All six of these components may not be present for each topic area or objective of the plan. However, all six should be in the plan to some degree and as appropriate for the objective.

Evidence to demonstrate that the agency has set priorities would be to identify those elements by enumeration in the strategic plan, such as "the top three priorities for the fiscal year" or to determine 3 objectives as "priorities 1, 2 & 3". It is not acceptable to declare that all objectives are a priority. Priorities should be action items that are identified as the most important to the department to complete or implement and should have associated timelines.

**SVT Review and Guiding Questions**

- Was a current plan available?
- Were the required components included?  
    Formats may vary according to agency preference. The components listed must be present.
- Was there evidence of plan implementation?
- Was there evidence of use of the CHA?

**References**

NACCHO – Essential Service 5c  
CA  
NCGS

<p><b>Standard:</b> Agency Core Functions and Essential Services</p> <p><b>Function:</b> Policy Development</p> <p><b>Essential Service 5:</b> Develop policies and plans that support individual and community health efforts.</p>
<p><b>Benchmark 15:</b> The local health department shall develop plans to guide its work.</p>
<p><b>Activity 15.2:</b> The local health department shall develop and adopt program policies and procedures that meet the following criteria: refer to the federal and state legislation, rules or regulations, or local rules or ordinances that provide the authority to carry out agency programs and activities, and delineates desired outcomes.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Examples of program policies and procedures that include reference to applicable laws, rules or ordinance (<i>Note: Administrative policies are covered in Benchmark 31.</i>)</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b> Staff of the health department should have the guidance needed to carry out the specific functions of each program and to assure that the staff are following requirements of the program as defined by law or regulation. This activity verifies that the department has the proper program policies for staff to follow and use. Activity 15.2 is focused on policies that are specific to programs of the health department.</p> <p><b>Guidance</b> The required documentation for this activity is to provide examples of program policies and procedures that include reference to applicable laws, rules or ordinance. The activity states that the policies must have at least two components. The first, any legal authority that gives the health department authority to carry out the program, should be so defined and referenced in the policy. The second component is to have the desired outcomes of the program defined in the policy. The desired outcomes in program policies and procedures should specify a purpose for the program in the written documentation.</p> <p>These two elements can be within a single policy or can be among several policies or procedures for a program. While the two specified components should be present for all program policies, the department must only provide a sample of program policies. Generally three to four will be enough for site visitors to assess for evidence that the components are present and to evaluate that program policies exist. The department may wish to have program manuals available should a question be raised.</p> <p>There may be general policies that apply to all or several health department programs as well as policies specifically designed for a single program. General policies must apply directly to programs and cannot be typical administrative policies. For example, a billing and fees policy may cite various programs but is a general administrative policy for the department. A general policy that defines how the department discharges patients in various programs would apply since the focus of the policy is a specified programmatic issue. Program policies may be mandated by state or federal funding, and by contract or agreement. The policies may be provided by the state or other source and may be sufficient so that additional local policies are not required. Any listed criteria for the program, if so specified, must be included in policies.</p>
<p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>• Were examples of <i>program</i> policies provided?</li> <li>• Have the policies been adopted?</li> <li>• Was there evidence of the two required components?</li> </ul>

- How policies are developed and updated and where policies are kept could be questions for program staff interviews.

**References**

NACCHO – Essential Service 5c

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NCGS

<p><b>Standard:</b> Agency Core Functions and Essential Services</p> <p><b>Function:</b> Policy Development</p> <p><b>Essential Service 5:</b> Develop policies and plans that support individual and community health efforts.</p>
<p><b>Benchmark 15:</b> The local health department shall develop plans to guide its work.</p>
<p><b>Activity 15.3:</b> The local health department shall have a written procedure providing for annual review, and revision if necessary, of all policies.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Policy on policies</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• Evidence of annual review of all policies</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• Evidence of revision, if applicable, of all policies</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• If revised, evidence that policy on policies has been followed.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b></p> <p>An element of quality improvement is in regular review and revision of policies to keep them current and applicable to the work of the agency. This activity is asking the department to have a procedure for the annual review and/or revision of policies. This “policy on policies” should describe how the staff will review policies, how revisions will be made and how staff will receive the information.</p> <p><b>Guidance</b></p> <p>The policy on policies is the document that guides the review <b>and</b> revision <b>of</b>, and staff training <b>on</b> agency policies. (The policy on policies should also include guidelines for how the board of health approves agency policies.) It may also specify a format used in policies. The policy usually defines protocols for establishing a new policy and will define approval protocols – for example, what types of policies can be approved by the Health Director and which must go to the Board of Health. This is also an appropriate document to specify where policies are kept and how staff may access them. Once the policy on policies is approved and in place, any new policies developed and adopted must follow the policy guidelines as outlined. When policies that were adopted prior to the policy on policies are reviewed, the new guidelines must be followed. If revised, the document must follow any formatting requirements. <b>If the policy on policies specifies who signs specific types of policies, the site visitors will check to make sure they are appropriately signed and dated. It would be unusual for all policies to be reviewed and signed on the same date unless the agency sets aside one or more days each year for this review.</b> If there are no changes, the policy can remain in its current state. As policies are reviewed, there must be some means to record this, even if there are no changes.</p> <p>The department must provide the policy on policies along with the evidence that annual review for each year since the last site visit as specified in the policy is being conducted. For any policies that needed revision, evidence of the revision must be provided. This can be done by keeping previous versions of a policy to show the history of any changes. For policies that have been revised, there must be evidence that the policy on policies has been followed. All of these processes should be defined in the policy on policies.</p> <p>Notification and implementation of policy changes shall be consistent with the agency’s policy on policies. This applies to all policies, including administrative, while training on policy revisions in Activity 15.5 refers specifically to program policies. The purpose under this activity is not on training, but on the adherence to policy on how the department informs staff about changes. This can be done</p>

through posting on the web or intranet, distribution of policy changes, email notification, or other communication methods.

**SVT Review and Guiding Questions**

- Is there a policy on policies?
- Does the policy state the review/revision procedure?
- Is there evidence of review and revision?
- If revised, is there evidence the policy on policies has been followed?

**References**

NACCHO – Essential Service 5c  
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<p><b>Standard:</b> Agency Core Functions and Essential Services</p> <p><b>Function:</b> Policy Development</p> <p><b>Essential Service 5:</b> Develop policies and plans that support individual and community health efforts.</p>
<p><b>Benchmark 15:</b> The local health department shall develop plans to guide its work.</p>
<p><b>Activity 15.4:</b> The local health department shall assess the internal and external resources that are available or needed to implement proposed new or updated policies and procedures.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>Evidence of assessment of resources that are available or needed to implement proposed new or updated policies and procedures.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b> When the health department creates or expands a policy, there should be due consideration for the resources, including time and funds, needed to carry out and implement the policy. This activity directs the health department to demonstrate that an assessment of needed resources has been done specific to a given policy.</p> <p><b>Guidance</b> The purpose of this activity is to have an agency to think about the possible resource needs before revising an existing policy or instituting a new policy. There may not be any resources or limited resources needed to do so. When a policy is being proposed, this resource assessment should be conducted. The process to do this can be a separate protocol or can be integrated into the policy on policies.</p> <p>There is one piece of required documentation. For a proposed, new or updated policy, evidence must be provided to show a resource assessment. This assessment can be discussed at a BOH meeting, and can be presented in a fiscal report of some type – such as the financial or resource impact of implementing the new or revised policy. It could also be a cost/benefit analysis should the new or revised policy be implemented. The department could also provide a projected budget. The budget should be related to the policy and the resources needed to implement. There are no required elements or processes for the resource assessment. The department should use the best process available to assess the true resource cost to implement proposed or revised policy. It is acceptable for the assessment to document that there is no resource need if so indicated.</p> <p>If there is no new or updated policy since the previous site visit, the agency should provide a statement documenting this for the site visitors. However, this would contradict the work of accreditation as the purpose is to continuously improve the agency. Other activities in the HDSAI require policy development, review and revision, so it would be unlikely that the agency would not have any new or updated policies within the past four years.</p>
<p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>Have any new or updated policies been established or proposed?</li> <li>If so, has documentation been provided that demonstrated a resource assessment for the new policy or proposed changes?</li> <li>If no new policy, is there evidence of having updated a policy?</li> <li>If no new or updated policies, the activity is met if a statement is provided.</li> </ul>
<p><b>References</b> NACCHO – Essential Service 5a CA NCGS</p>

<p><b>Standard:</b> Agency Core Functions and Essential Services</p> <p><b>Function:</b> Policy Development</p> <p><b>Essential Service 5:</b> Develop policies and plans that support individual and community health efforts.</p> <p><b>Benchmark 15:</b> The local health department shall develop plans to guide its work.</p> <p><b>Activity 15.5:</b> The local health department shall ensure that new staff is oriented to program policies and procedures and existing staff receives training on any updated or revised program policies and procedures.</p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Orientation policy for new staff</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• A list of all employees hired <u>in the past 12 months</u></li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• Evidence indicating each new employee has completed policy training</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• Description of procedure for distributing policy changes to all staff</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• Evidence that appropriate staff have been notified of substantive policy updates/revisions.</li> </ul> <p><b>INTERPRETATION</b></p> <p><b>Intent</b></p> <p>This activity assesses how the health department keeps staff current in its knowledge of the policies and procedures that guide the work of the LHD. It requires the health department to make certain that staff are familiar with policies and procedures and includes both new and existing staff – either through orientation or through on-going training. Program policies and procedures are to be a part of the orientation process for new staff and all staff are to receive training on any updated or revised program policies and procedures. While staff are to be trained on all policies of the department, the focus of this activity is on program policies and procedures, not the administrative or departmental policies and procedures.</p> <p><b>Guidance</b></p> <p>The required documentation for this activity includes five elements. First the orientation policy for new staff must be provided. The policy must include how staff will be oriented on policies of the department. For this activity orientation to program policies must be addressed. As a means to confirm that the proper orientation/training has been given, the department must provide a listing of any employees who have been hired in the past 12 months. The site visit team will check this list against orientation records to see that these employees have been oriented to the policies and procedures for any programs that they have responsibilities or duties. If this is not evident from the records, the site visitors may ask for staff assignments or areas in which they work. This review is to provide evidence that will indicate each new employee has completed policy training. This may be within individual orientation records, a log or supervisor records. There is no required format for this information. The department must also provide a description of the procedure for distributing policy changes to all staff. This may be included in the policy on policies or may be a separate procedure. Again, the focus is on the distribution of changes to program policies, not general policies of the department. Finally, the department should provide evidence that appropriate staff have been notified of substantive policy updates/revisions. This can be documented through a training log, minutes of a staff or team meeting or other means. There is no required format for this evidence.</p> <p>Orientation to policies and procedures, and any follow-up training is for those staff who work within the program in some manner or need to have knowledge of the program policies. For example, a home visitation nurse who will never work in immunizations does not need to be oriented to the immunization program policies. However, if that nurse is used as a back-up or is in a rotation to help</p>
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offer coverage to the immunization clinic, then the nurse must be oriented and trained on those policies.

If no new employees have been hired within the past twelve months, there will be no evidence for the orientation requirement and the department should provide evidence or a statement that there have been no new hires. If an existing staff member changes duties or switches to a position in another program, then the employee must be oriented to the program policies for the new program if not previously trained.

If an employee has been with the department for any amount of time prior to implementation of an orientation policy, there may be no documentation of that employee's orientation. However, if there are policy changes or updates, evidence that this information has been distributed to all appropriate employees is required.

Note that Activity 15.3 requires notification on policy changes, with the focus on any and all policies of the department, while the focus of this activity is on training for program policies.

### **Additional Guidance for District Health Departments**

Documentation should be provided for all new staff in each county department in the district.

### **SVT Review and Guiding Questions**

- Review orientation policy and training.
- Was evidence of training provided for all staff hired in last 12 months?
- Was a description of procedure for distributing program policy changes to all staff provided?
- Were there any program policy updates/revisions?
  - Were appropriate staff notified?
- Possible Interview Question
  - How are staff oriented or trained on program policies and procedures and notified of changes?
  - How are program policies distributed and made available to staff?

### **References**

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<p><b>Standard:</b> Agency Core Functions and Essential Services</p> <p><b>Function:</b> Policy Development</p> <p><b>Essential Service 5:</b> Develop policies and plans that support individual and community health efforts.</p>
<p><b>Benchmark 15:</b> The local health department shall develop plans to guide its work.</p>
<p><b>Activity 15.6:</b> The local health department shall ensure that program policies and procedures are accessible to all staff.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Policies</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• Evidence demonstrating accessibility by all health department staff.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b></p> <p>This activity assesses the availability of program policies to all staff. All staff should know where such policies are located, especially those who work or have responsibilities within each program. It is important that all information is accessible to persons needing it. No one is expected to know, by memory, all the policies and procedures that guide the work of the LHD. However, it is expected that this information be available and that staff know where it is when needed.</p> <p><b>Guidance</b></p> <p>The documentation for this activity requires that there be program policies in existence and that they be accessible by all health department staff. Evidence is required to demonstrate both of these components. Program policies and procedures must be written and can be in hard copy or electronic form. There is no specified format. They can be placed in the respective program manuals or placed together in a single program policy manual. If the health department has several locations that deliver programmatic services, copies of the appropriate policies must be at each location in an accessible place. All program policies do not have to be at all locations – only the programs that operate within that facility. If hard copies are kept in multiple locations, all copies should be current and the same version with matching content. Copies can be stored on a server and accessible by computer drive or posted on a department web site. If so, all who are affected by the policy must have access. Each individual does not have to be assigned a computer, but must have access to one should the policy need to be reviewed or referenced.</p> <p>Policies must be accessible at all times. If hard copy, the location of the policies should be central. An office is fine, but the office cannot be locked during operational hours. For example, program policies may be kept in the office of the nurse supervisor who directs the program. That is acceptable, but if the nurse supervisor is away at a conference, meeting or vacation, the office cannot be locked in his/her absence.</p> <p>Activity 15.2 required a sample of program policies to review that the two required components of the activity were included. This activity requires all program policies for the department, but the site visitors will not be reviewing them for any policy content. The focus of this activity is to assess that program policies exist and are accessible.</p> <p>Activity 31.1 is a companion to this activity and relates to accessibility of administrative policies and procedures.</p> <p><b>Additional Guidance for District Health Departments</b></p> <p>If policies are not provided centrally, such as on a web portal or intranet, accessibility of policies should be observed in each county.</p>

**SVT Review and Guiding Questions**

- Were program policies provided?
- Was there evidence of accessibility?
- Look for policy manuals during facility tours. Are they accessible by all staff?  
Policy manuals may be available on-site during the site visit. If so, ask where they would be located in the facility.
- If policies and procedures are electronic or on-line, does all staff have computer access?
- If multiple sites, were the appropriate policies accessible in each location?  
If hard copy, were policy copies current?
- Possible Interview Question  
Ask staff where are program policies located and how do they access the policies.

**References**

NACCHO – Essential Service 5c  
CA  
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## BENCHMARK 16

Benchmarks 16-29 address the assurance function of the essential services. This benchmark addresses the use of laws and regulations to protect health. The staff are to have adequate knowledge of public health law and a basic working understanding of how the law and practice of public health relate to each other. There are three activities in this benchmark dealing with the orientation and training of staff to public health law. This training will give staff the knowledge needed to be familiar with public health law and regulations and how they are a part of practice.

<p><b>Standard:</b> Agency Core Functions and Essential Services</p> <p><b>Function:</b> Assurance</p> <p><b>Essential Service 6:</b> Enforce laws and regulations that protect health and ensure safety.</p>
<p><b>Benchmark 16:</b> The local health department staff shall have knowledge of public health law and an understanding of the relationship between the law and public health practice.</p>
<p><b>Activity 16.1:</b> The local health director and unit directors, such as directors of communicable disease, nursing, clinical services and environmental health, shall receive ongoing training in current public health law and its application.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"><li>• List of appropriate directors who require training</li></ul> <p>AND</p> <ul style="list-style-type: none"><li>• Evidence of at least two trainings since the previous site visit for appropriate directors in relation to applicable laws and their application to public health practice.</li></ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b></p> <p>Many aspects and programs of public health have the force of law in defining the actions taken. Some programs are primarily regulatory in nature. The law as an intervention is necessary when there is a population health threat and needed action that may have to be taken. Thus the health department staff must be knowledgeable about the legal application of laws and regulations they must enforce. This activity assesses that the proper personnel of the department are trained in public health law and how it is applied in practice.</p> <p><b>Guidance</b></p> <p>The department can provide a record of health director's and/or unit directors' participation in some type of public health law training activity or update. This can be through a webinar, self-study course, web-based trainings, workshops, or conferences. It can also be an in-house presentation or staff meeting. The department can also submit records of health director and/or unit director participation in a legal conference. Any evidence must show the training for public health law and its application to practice. The documentation must show both health director and unit director training. There is no set schedule for the training (e.g., annual or every two years) but both must have occurred since the last site visit.</p> <p>The health department determines who is an appropriate director requiring training. At a minimum the activity defines the communicable disease program director, a nursing director or supervisor, a clinical services director and the environmental health director. A director will typically be someone who directs a group of related programs within the health department, but the health director can name any supervisor as a director. A list of directors should be consistent when aligned to the organization's O-chart. Depending on the make-up, directors may or may not be more than the management team members. It may include program managers under a nursing supervisor or director. This will vary by agency and will need to be determined case by case</p>

The department must provide the list of appropriate directors who require training and the evidence of on-going training completed by each director since the previous site visit. The documentation specifies that at a minimum, each appropriate director (this includes the health director) should have had at least two training events of some type. On-going training is training that is set on a recurrent schedule as defined by the agency and does not have to be annual, though training must occur during each of the 24 month periods for all unit directors. It is acceptable for the health director or a unit leader to attend a workshop, conference or continuing education activity and then report back to others by presenting the information received. It is not acceptable to have a staff member complete an on-line or self-study course and then present to other staff. The purpose of such training is that it is accessible to any individual on a workable schedule.

While the training event does not have to be solely dedicated to legal issues, it must have a component of public health law and application. Appropriate documentation would be the agenda and training materials if the conference title is not apparent as a reference to public health law. There is no required format for keeping the training evidence. It can be kept in meeting minutes, logs, certificates of completion or in individual personnel records. If training is done in a group setting, there should be a participant record kept.

#### **SVT Review and Guiding Questions**

- Is there a record of health director and unit director training in public health law?
- Possible Interview Question
  - How often is legal training provided for the health director and other managers?
- Was the list of appropriate directors provided (including the health director)?
- Is there evidence of ongoing training (2 events each)?

#### **References**

NACCHO – Essential Service 6b,c  
CA  
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<p><b>Standard:</b> Agency Core Functions and Essential Services</p> <p><b>Function:</b> Assurance</p> <p><b>Essential Service 6:</b> Enforce laws and regulations that protect health and ensure safety.</p>
<p><b>Benchmark 16:</b> The local health department staff shall have knowledge of public health law and an understanding of the relationship between the law and public health practice.</p>
<p><b>Activity 16.2:</b> Local health department new employee orientation shall address public health laws and rules.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• <u>One of the following:</u> orientation materials; minutes of staff orientation meetings, or employee training records, indicating orientation to public health law.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b></p> <p>The previous activity measured how department leadership receives training in public health law. This activity requires that all new employees receive an orientation in public health law. New employees must be integrated to the ongoing work of the health department. This will include aspects of the law as it applies to public health and as it applies to the work assignments of the department.</p> <p><b>Guidance</b></p> <p>The documentation requires one example of the three possible options given for acceptable evidence of the orientation of new employees. The department may provide copies of the orientation materials used to train new employees on public health law. The materials do not have to be developed by the department, but can be provided by another source. Orientation materials may be copies of rules and laws, a PowerPoint presentation, a checklist of materials, an agenda or an outline used for a presentation. The materials can be hard copy or electronic. The department can also provide minutes of staff orientation meetings if training is conducted in a group setting. Finally, the department can provide individual training records of new employees, indicating their orientation to public health law. This aspect of the orientation process is assessing that training in public health laws and rules has been conducted.</p> <p>The documentation for this activity is seeking to show a general orientation to law and practice for all staff. While the implication is for this general orientation, there will be aspects of law that are specific to positions such as for Registered Environmental Health Specialists, that would be a part of the orientation for the affected positions. Each department should have the level of legal training and knowledge defined and implemented. All staff should know that the department has a regulatory aspect to its scope of work and is responsible for enforcing certain law and rules, such as communicable disease control and environmental health rules. However, the general orientation process will not need the specifics of the laws and rules and their enforcement that individual positions will need to be trained for.</p> <p>The orientation policy required in Activity 15.5 can also be referenced to note any stated legal orientation or training for new staff.</p>
<p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>• Is there evidence of new employee orientation to public health laws and their application?</li> <li>• Does the evidence show that orientation of new employees to public health law has been conducted?</li> </ul>
<p><b>References</b></p> <p>NACCHO – Essential Service 6b,c CA NCGS</p>

<p><b>Standard:</b> Agency Core Functions and Essential Services</p> <p><b>Function:</b> Assurance</p> <p><b>Essential Service 6:</b> Enforce laws and regulations that protect health and ensure safety.</p>
<p><b>Benchmark 16:</b> The local health department staff shall have knowledge of public health law and an understanding of the relationship between the law and public health practice.</p>
<p><b>Activity 16.3:</b> Environmental health staff shall be trained in the implementation of laws, rules and ordinances that they enforce and shall have access to copies of the laws, rules and ordinances.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• List of Environmental Health Specialists (EHS) currently employed</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• Evidence that registered EHS are maintaining training requirements of RS Board</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• Evidence demonstrating accessibility to laws, rules and ordinances that they enforce.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b></p> <p>While all of benchmark 16 activities are linked, certain public health programs use legal tools more than others and these employees must have specified legal training. The focus of this activity is the application of laws and regulations in environmental health. Since this program is seen primarily as a regulatory program, and as an essential program in public health, the intent of the activity is to assess the degree that environmental health staff are familiar with public health law and can easily access copies of the laws they are responsible for enforcing.</p> <p><b>Guidance</b></p> <p>There are three components to include. The first is a listing of all Environmental Health Specialists (EHS) currently employed at the time the HDSAI was submitted. Along with the list, the department must provide evidence that registered EHS are maintaining training requirements of the RS Board. This can be through a log or individual records and can be hard copy or electronic. The department must document training specific to each environmental health employee. Finally the health department must demonstrate accessibility to laws, rules and ordinances for environmental health staff. The copies of statues, rules, regulations and ordinances, if any, can be hard copy or electronic. If electronic, such as on a computer hard drive or server, then the staff must have computer access. If web-based, staff must have internet access. The department will determine the best method for access when staff are in the field. For electronic access, the department may demonstrate access for the site visitors during facility tours.</p> <p>The agency should demonstrate that Environmental Health Staff have training specific to the programs they are certified or work in and for the laws they enforce. The department should provide a listing of all EH staff, all programs for which they are enforcing rules, and evidence of the training in that program. The documentation may be through Centralized Intern Training, continuing education sessions, RS hours, public health meetings, and internal trainings.</p>
<p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>• Is there evidence of accessibility?</li> <li>• Is there evidence that registered EHS are maintaining training requirements?</li> <li>• Possible interview questions</li> </ul> <p style="text-align: center;">How does the staff access laws, rules and regulations (in office or in the field)?</p>
<p><b>References</b></p> <p>NACCHO – Essential Service 6b,c</p> <p>CA</p> <p>NCGS</p>

## BENCHMARK 17

Benchmark 17 continues the assessment of the health department's enforcement of laws. The focus here is on two primary enforcement duties of the health department – environmental health and communicable disease. While benchmark 16 addressed training, this benchmark looks at implementation and enforcement activities in these two program areas.

<p><b>Standard:</b> Agency Core Functions and Essential Services <b>Function:</b> Assurance <b>Essential Service 6:</b> Enforce laws and regulations that protect health and ensure safety.</p>
<p><b>Benchmark 17:</b> The local health department shall monitor compliance with public health laws and rules.</p>
<p><b>Activity 17.1:</b> The local health department shall conduct inspection and permitting activities for state mandated environmental health regulatory programs.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"><li>• Evidence of environmental health program monitoring activities (<i>see accompanying table</i>)</li></ul> <p>AND</p> <ul style="list-style-type: none"><li>• Evidence of performance improvement activities resulting from environmental health monitoring visits since the previous site visit, if indicated, by report or program letter.</li></ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b> This activity assesses the health department role in performing inspection and permitting actions as an agent of the state for environmental health programs. In environmental health programs that the health department delivers, there are required inspections with a schedule of when these are to be done. The NCDPH has the responsibility of monitoring this work.</p> <p><b>Guidance</b> The department must provide evidence of NCDPH program monitoring activities. This is documented through the table that follows the activity in the HDSAI. The table should be completed with appropriate dates. The site visit team will not assess the content of any corrective action plans, but will check to see if they were submitted if required and if they have been accepted by the state environmental health program. If any timelines are indicated, they may check to see that the work of the CAP is progressing as directed.</p> <p>Also, the department must provide evidence of performance improvement activities resulting from environmental health monitoring visits since the previous site visit. This is if indicated by a monitoring visit, and if so, should show the improvement that the department is implementing. The department should make changes to the program, processes, documentation or individual improvement as called for by the monitoring report. Follow-up reports or program letter may document compliance and can be used as evidence.</p> <p>For each site visit, letters from NCDPH are required for each program and must be submitted for evidence. The program consultants have been directed to provide a program letter to each local health department for any program that receives state funding. The Environmental Health Program Letters will be sent by the NCDPH Consultants. The NCDPH Consultants should contact the local health departments regarding the program letters. Environmental health managers will communicate with counties regarding program letters. The program letters should be the most current and should be dated within one year of the HDSAI due date. If state programs are not monitored by NCDPH, the health department will not receive a program letter for these programs.</p>

Monitoring letters need to be from and signed by a specific person. The signature can be written or sent electronically. The important thing is that the document should indicate who generated the program letters. Letterhead and an individual's name and title should be included. If the letter does not indicate who generated it, the LHD should request an additional letter.

If the most recent program review for an Environmental Health program was several years ago, this information may be included in the program letter and the letter should be dated within the past year. Program Letters should include a statement, similar to "Our last monitoring visit in \_\_\_ indicated \_\_\_ (the results of the last monitoring activity)." In addition, the program letter should include information related to corrective action plans, and implementation of those plans if indicated.

When corrective action plans (CAP) are mentioned in the program letters, the following applies. If accepted and a CAP is open, the agency will need a letter/documentation stating such and the site visitors will need to see the CAP and any documentation on progress. If the CAP has been closed, the agency will need a letter/documentation stating such and the Site Visit Team does not review the closed CAP.

### **Additional Guidance for District Health Departments**

If program monitoring letters are not issued for the district as a whole, there should be letters provided for the individual county or counties within the district.

### **SVT Review and Guiding Questions**

- Review list of programs and letters from the table with the activity.
- Is the table complete?  
Site visitors are not required to evaluate the programs, only to verify program monitoring letters are present for each program. If letters or correction action plans are present for indicated programs, the activity is "met". If not present, this is "not met."
- If a corrective action plan is required, has it been accepted by NCDPH?
- Possible Interview Question  
Ask staff about programs if clarification is needed.

### **References**

NACCHO – Essential Service 6e  
CA  
NCGS

<p><b>Standard:</b> Agency Core Functions and Essential Services</p> <p><b>Function:</b> Assurance</p> <p><b>Essential Service 6:</b> Enforce laws and regulations that protect health and ensure safety.</p>
<p><b>Benchmark 17:</b> The local health department shall monitor compliance with public health laws and rules.</p>
<p><b>Activity 17.2:</b> The local health department shall conduct inspection and permitting activities assigned to the local health department by local rules, ordinances, or policies.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>Evidence of local program activities including copy of local rules, ordinances, or policies (<i>attach local rules, ordinances or policies</i>) (<i>see accompanying table</i>).</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b> This activity is related to Activity 17.1. In that activity, the focus was on environmental health program activities from state-mandated programs in which the local health department acts as an agent of the state. This activity relates to the administration of environmental health programs as authorized by and specific to the county or jurisdiction covered by the health department.</p> <p><b>Guidance</b> The documentation for this activity is to show evidence of any local environmental health programs, if any exist. This can be programs that are given authority for enforcement to environmental health staff by board of health rules, county ordinances or by policy. Other programs may be administratively assigned to or housed in the environmental health unit or division of the health department. Locally mandated environmental health programs may be approved by the local Board of Health or may be adopted through county ordinances. Since these are local programs, there will not be any program letters sent through the DPH Consultants.</p> <p>The department should complete the table that follows Activity 17.2 in the HDSAI. The table should be complete with dates as appropriate and any support material available. Evidence of local program activities should include a copy of any local rules, ordinance, or the policy being enforced; the documentation should include records of program activities so the site visit team can verify that the agency is fulfilling its responsibilities to the program.</p> <p><b>If no local rules, ordinances or policies have been adopted, then a statement from the Health Director or Board of Health Chair must be submitted as evidence.</b></p> <p><b>Additional Guidance for District Health Departments</b> If evidence of local program activities is not provided for the district as a whole, it should be provided for each county.</p>
<p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>Review accompanying table and evidence.</li> <li>Were copies of local rules, ordinances or policies provided?</li> <li>Possible Interview Question Ask staff about programs if clarification is needed.</li> </ul>
<p><b>References</b> NACCHO – Essential Service 6e CA NCGS</p>

<p><b>Standard:</b> Agency Core Functions and Essential Services</p> <p><b>Function:</b> Assurance</p> <p><b>Essential Service 6:</b> Enforce laws and regulations that protect health and ensure safety.</p>
<p><b>Benchmark 17:</b> The local health department shall monitor compliance with public health laws and rules.</p>
<p><b>Activity 17.3:</b> The local health department shall monitor compliance with communicable disease control laws and rules.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Most recent annual summary of <u>one of the following</u>: implemented control measures, isolation/quarantine orders, arrest orders. If no activity in the past 24 months, provide an example of control measures that would be used to comply with laws and rules.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b></p> <p>Communicable disease control has been a cornerstone of public health practice since its early history. Public health has the (legal) responsibility to protect the population by the screening, detection, treatment and quarantine of persons and or groups who may spread a communicable disease or agent. This activity requires the department to monitor compliance with the laws and rules on communicable disease. This activity also implies the need to keep records and reporting data related to their jurisdiction. Monitoring of active or suspected cases is another function. This activity examines how the local health departments will function in documenting full compliance with its authority, orders and control measures.</p> <p><b>Guidance</b></p> <p>There is one piece of documentation that must be provided and the department can create an annual summary that best shows compliance with the law. This is not just incidents of disease, but assesses the control of disease. A list of reported diseases will not apply here – that is evidence for Activity 2.3. The department can provide an annual summary of one of the listed options. The report may also be a combination of them. The summary can be a report of implemented control measures in the case of individuals or an outbreak. Any instances when the department has issued control measures should be documented. If the department has issued any isolation or quarantine orders as a result of confirmed testing, this can be used to document this activity. If any arrest orders have been issued as a result of non-compliance, this can also be recorded. Arrest orders are usually a last resort and the department can show the correspondence and other actions taken to seek compliance.</p> <p>Communicable disease includes all reportable diseases in NC as well as others so defined by public health, such as influenza. Although there may not be control measures defined by law, there will be control measures that can be reported for this activity. Written control measures are guidelines provided to prevent the spread of communicable diseases, such as HIV, Hepatitis B or active TB. N.C.G.S. 130A-144 states that the local health director shall ensure that control measures prescribed by the Commission for Public Health have been given to prevent the spread of all reportable communicable diseases or communicable conditions that represent a significant threat to the public health.</p> <p>If the local health department has not had to issue a written control measure, isolation/quarantine order or arrest order then the local health department should develop a statement indicating no recent activity and include a reference to the policy/procedure describing what they would do if these activities were needed. If there has been no compliance activity in the past 24 months, provide an example of control measures that would be used to comply with laws and rules. However, based on the</p>

important role that communicable disease has in public health, it would be difficult to support that there has been no compliance activity.

The documentation is asking for annual summary reports. As a support, the department may need to show individual case documents. Although the site visit team members sign confidentiality forms, there is no need to show protected health information with evidence for this activity. Names and identifying information (such as address, phone & social security number) should be blacked out before sharing.

**SVT Review and Guiding Questions**

- Review current reports presented as evidence.
- Is there evidence that the health department is monitoring compliance with communicable disease law?

**References**

NACCHO – Essential Service 6d  
CA  
NCGS

## BENCHMARK 18

Benchmark 18 continues the activities associated with how the department enforces the public health laws over which it has authority. The department must define how it will enforce those laws and the actions it must take when there are complaints received. The four activities under this benchmark assess the department's preparation to enforce law and ability to take action when there is a violation.

<b>Standard:</b> Agency Core Functions and Essential Services <b>Function:</b> Assurance <b>Essential Service 6:</b> Enforce laws and regulations that protect health and ensure safety.
<b>Benchmark 18:</b> The local health department shall enforce public health laws, rules and ordinances.
<b>Activity 18.1:</b> The local health department shall have written policies and procedures addressing enforcement of public health laws, rules and ordinances.
<b>Documentation:</b> <ul style="list-style-type: none"><li>• Policies and procedures.</li></ul>
<b>INTERPRETATION</b>  <b>Intent</b> Observing public health laws and rules is a must to protect health and ensure health for the population. Enforcement of the law is always needed and is a responsibility of the health department in cooperation with the NC Division of Public Health. As with other actions the health department must take, written policies are necessary for quality operation and for the even application of enforcement actions.  <b>Guidance</b> The requirement for this activity is the written policies and procedures used by the department that define how the enforcement of public health laws, rules and ordinances will be done. All health department programs with some type of legal authority should have written policies and procedures addressing enforcement of public health laws, rules and ordinances.  The policies and procedures may be an overall policy, separate group of policies or could be written within various program policies. If the agency does not have an overall policy that speaks to enforcement of law, it should present some examples of policies and procedures regarding laws, rules and ordinance from various programs. The agency should be prepared to present documentation if there is a specific request from the site visitors during their review of documentation for activities regarding the agency's enforcement of public health laws, rules and ordinances.
<b>SVT Review and Guiding Questions</b> <ul style="list-style-type: none"><li>• Were policies and procedures that address the enforcement of public health laws, rules and ordinances present? Review policies and procedures.</li><li>• Possible Interview Question Ask the health director, or other staff responsible for enforcement, how action(s) would be taken.</li></ul>
<b>References</b> NACCHO – Essential Service 6e CA NCGS

<p><b>Standard:</b> Agency Core Functions and Essential Services</p> <p><b>Function:</b> Assurance</p> <p><b>Essential Service 6:</b> Enforce laws and regulations that protect health and ensure safety.</p>
<p><b>Benchmark 18:</b> The local health department shall enforce public health laws, rules and ordinances.</p>
<p><b>Activity 18.2:</b> The local health department shall take enforcement action for violations of public health laws, rules and ordinances.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Examples of enforcement actions taken (e.g. notices of violations (NOV's), letters of intent to suspend or revoke or other legal actions, permit actions, criminal actions, inspections, warrants, quarantine and isolation orders).</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b>  With policies and procedures in place to define how the department will enforce the law, this activity assesses the use of the enforcement power by the local health department. The intent for this activity is to show that the department is fulfilling its responsibility to act when there is a violation of the law it oversees.</p> <p><b>Guidance</b>  The documentation for this activity is to provide some examples of enforcement actions taken. There are some examples listed in the documentation. The documentation that can be submitted is not limited to these examples, nor do they have to be included. Since “examples” is plural, the department should provide a minimum of three examples to meet the activity. The documentation is asking for examples, not every instance of enforcement action that has been taken. The examples should come from different programs. If all examples provided are from the same program, site visitors may ask if examples are available for other programs.</p> <p>A notice of violations (NOV's) may be a form or template that is completed or could be in a letter format. Letters of intent to suspend or revoke or other legal actions included in correspondence are usually directed at a business or individual; they will be signed by the health director or the appropriate designee. Permit actions, including the application process, investigation process and issuance of a permit reflects another set of enforcement actions. A record of actions against criminal behavior can be submitted. Other examples include various inspection actions, issuance of warrants for violation of public health law and issuance of quarantine and isolation orders to show the department enforcing the law.</p> <p>Enforcement actions/notices of violations for environmental health refer to actions to revoke or suspend a permit or other legal remedies taken, including embargo, warrants issued, injunctions or criminal actions. Enforcement actions/notices of violations, for communicable disease, are issued if an individual fails to comply with an isolation order or written control measures.</p> <p>The health department may also be responsible for local rules and ordinances specific to that county. If so, it is suggested that the department include enforcement actions in these areas in the documentation. The intent is for the documentation submitted to show the range of enforcement that the agency is responsible for.</p> <p>Enforcement action does not only refer to when there has been a violation of the law, but includes actions showing the adherence to the law as well. Therefore, there should not be a department who claims that there has been no enforcement <b>action since the last site visit (evidence within the last 24 months is preferred.)</b></p>

**SVT Review and Guiding Questions**

- Were at least three examples provided of enforcement actions that have been taken by the health department?  
Do the examples demonstrate the breath of responsibilities
- Possible Interview question  
Ask staff how enforcement action is taken  
Ask staff what enforcement actions have been taken

**References**

NACCHO – Essential Service 6f  
CA  
NCGS

<p><b>Standard:</b> Agency Core Functions and Essential Services</p> <p><b>Function:</b> Assurance</p> <p><b>Essential Service 6:</b> Enforce laws and regulations that protect health and ensure safety.</p>
<p><b>Benchmark 18:</b> The local health department shall enforce public health laws, rules and ordinances.</p>
<p><b>Activity 18.3:</b> The local health department shall have written policies and procedures for handling complaints related to enforcement of laws, rules and ordinances.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Policies and procedures</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• If complaints have been received, evidence of adherence to policy.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b> Part of the regulatory process is receiving complaints. Since the health department has a very diverse mission and serves the entire community in enforcing the law, complaints may result. Complaints can be against someone who is accused of violating the law. A complaint can also be against the health department for the way it has enforced the law. Complaints may be the result of action taken or of action not taken. Policy and procedure for recording, addressing and reporting of complaints must be in place to ensure that the complaint is properly handled.</p> <p><b>Guidance</b> The department must have written policies and procedures that spell out how it handles complaints related to enforcement of laws, rules and ordinances. In addition to the policies and procedures, the department must show evidence <b>that it has complied with its policies and procedures in handling any complaints.</b></p> <p>The written policies and procedures should include the handling of complaints for all health department programs that have responsibilities for the enforcement of laws, rules and ordinances. This would include environmental programs, clinical programs and any locally enforced programs. The focus in this activity is on complaints related to the enforcement of laws, rules and ordinances. General complaints are addressed in Activity 18.4. Any program that has enforcement action that the health department is responsible for must have a component in policy that defines how complaints are handled. There is no required format for the policies and they may be written as one document, may be several separate documents or may be included within various program policies or manuals. Complaints about how the health department has enforced the law can be a part of programmatic policies or procedures or can be a part of general complaint handling policies.</p> <p>The department must provide evidence that it is following policy when there are complaints. The method used to demonstrate this is up to each department. The department must have some method to record and respond to a complaint. This should be defined in the policies and procedures. All instances of complaints do not have to be submitted as evidence. Three to five examples are sufficient to demonstrate adherence to policy. If there have been no complaints, provide a statement stating such. If less than three, provide evidence for the complaint(s) that have been received.</p>
<p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>• Are policies and procedures for handling complaints related to enforcement of laws, rules and ordinances provided?</li> <li>• If complaints have been received, did follow-up or response adhere to policy?</li> <li>• Possible Interview Questions Ask staff if complaints related to enforcement of laws, rules and ordinances have been received.</li> </ul>

Ask staff how complaints are handled.

**References**

NACCHO – Essential Service 6f

CA

NCGS

<p><b>Standard:</b> Agency Core Functions and Essential Services</p> <p><b>Function:</b> Assurance</p> <p><b>Essential Service 6:</b> Enforce laws and regulations that protect health and ensure safety.</p>
<p><b>Benchmark 18:</b> The local health department shall enforce public health laws, rules and ordinances.</p>
<p><b>Activity 18.4:</b> The local health department shall address complaints in accordance with its policies and procedures.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Record of actions taken</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• Evidence of review of three complaint reports and resulting performance improvement activities.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b></p> <p>Activity 18.3 required policies and procedures to define how the department will handle complaints related to enforcement of laws, rules and ordinances. This activity is closely related and states that the department must act on complaints. This activity is still related to handling complaints related to enforcement of laws, rules and ordinances. Prompt and appropriate response, in accordance with agency policy, is necessary when responding to complaints. This activity assesses how departments are responding to complaints. Initial accreditation sites should show they are responding to complaints. Departments should show how their responses are leading to performance improvement within the agency.</p> <p><b>Guidance</b></p> <p>The requirements build on the documentation efforts of the previous activity. Though evidence of policies and procedures are not specifically requested, the activity implies that policies and procedures are in place. The policies and procedures used can be those used in Activity 18.3.</p> <p>18.3 required policies and procedures and evidence that processing of complaints was following policy. This activity continues the process with a record of all actions taken. This can be in a log, file system or electronic file storage. The site visit team is not assessing that all records are present, just that there is a process for keeping the record of actions taken to address complaints in accordance with its policies and procedures.</p> <p>Now that the department has demonstrated that it is processing complaints based on policy, the next step is to use the process and results of the complaints to drive performance improvement. Evidence must be presented that shows the department's review of three complaint reports and that the department has used the results to conduct a performance improvement activity of some kind. The evidence of this can be a part of the agency's QI process and plan or can be separate. The intent is to show that the specific information obtained from the complaints in Benchmark 18 are appropriately used for quality improvement.</p> <p>Like 18.3, this activity applies to all program areas of the agency and the record of actions should reflect this depth. Environmental health complaints are addressed in other activities and there is no need to repeat documentation provided for those activities. However, they may be used if the department can demonstrate performance improvement activities related to the complaint documentation.</p>

**Additional Guidance for District Health Departments**

If records of actions taken are not provided for the district as a whole, it should be provided for each county.

**SVT Review and Guiding Questions**

- Review the record of actions taken.
- Look for accordance with policy and procedure.
- Possible Interview Question
  - Ask how complaints are received and handled.
- Were three complaints reviewed?
  - Was there evidence of performance improvement activities as a result of the complaint report?

**References**

NACCHO – Essential Service 6f  
CA  
NCGS

## BENCHMARK 19

Benchmarks 19 through 22 look at the essential service of linking people to the services that they need to assure good health. Benchmark 19 has a focus of the health department determining which populations in their jurisdiction are not receiving services or are underserved.

<p><b>Standard:</b> Agency Core Functions and Essential Services <b>Function:</b> Assurance <b>Essential Service 7:</b> Link people to needed personal health services and assure the provision of health care when otherwise unavailable.</p>
<p><b>Benchmark 19:</b> The local health department shall identify populations that are not receiving preventive services or are otherwise underserved with respect to health care.</p>
<p><b>Activity 19.1:</b> The local health department shall assess use of public health programs and health care services by underserved, at-risk and vulnerable populations identified in the community health assessment process.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"><li>• Data on utilization of agency services by underserved, at-risk and vulnerable populations</li></ul> <p>AND</p> <ul style="list-style-type: none"><li>• Evidence of annual review of utilization data.</li></ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b> The assurance role of public health means that a “population in need” can rely on public health to either link or provide the needed service. This activity asks the health department to assure this is happening by identifying the at-risk or vulnerable populations in the communities served. These populations should be identified in the community health assessment (Activity 1.1). The intent is that the assessment of the use of services is related to both department services and to those provided by others.</p> <p><b>Guidance</b> Documentation requires that the agency access the use of its own services and of access to services in the community by <b>populations</b> identified in the community health assessment process. The intent of the assessment is to show that, through both the LHD and outside providers, access for the identified <b>populations</b> is being met.</p> <p>The department must provide some type of data or information on the use of department services by three population groups – underserved, at-risk and vulnerable. The data does not have to be created by the department but can be from another source. Also, there is no specific requirement on the content or type of data – only that it show the use of services by one of the three groups.</p> <p>Though there are not universally accepted definitions of the three groups, here are some basic definitions: <i>Underserved populations</i> relate to those who do not access health care either because there is a lack of services or providers available or because of limitations of income, literacy or understanding on how to access services. <i>At-risk populations</i> are the members of a particular group who are likely to, or have the potential to, get a specified health condition. This could be from either engaging in behavior (such as pregnant women who smoke) that could cause a specified health condition or having an indicator or precursor (high blood pressure) that could lead to a specified health condition. <i>A vulnerable population</i> is one that may be more susceptible than the general population to risk factors that lead to poor health outcomes. Vulnerable populations, a type of at-risk population, can be classified by such factors as race/ethnicity, socio-economic status, cultural factors and age groups.</p>

The other component of the documentation is to provide evidence for the same populations the department identified and used in collecting the data on utilization. Health departments must provide documentation from one of the three listed examples. Departments can provide some type of communication about utilization rates with health care providers. Minutes of health access task force meetings can be submitted if the minutes record discussion or action on service use by underserved, at-risk or vulnerable populations. Community care network meetings – agendas, minutes or meeting materials – can document discussion or action on underserved, at-risk or vulnerable populations. All evidence must identify the population being discussed and should have been identified in the community health assessment process.

The department must also show data or information on the use of department services by underserved, at-risk and vulnerable populations along with evidence that the department is conducting this review of the data on an annual basis. The purpose of the review is to assess service use by these populations and what changes could be made to improve access.

**Additional Guidance for District Health Departments**

If data is not maintained or provided for the district as a whole, documentation should be provided for each county.

**SVT Review and Guiding Questions**

- What data is provided to show assessment of program use by underserved/at-risk/vulnerable populations?
- Were these underserved/at-risk/vulnerable populations identified in the CHA?
- Was the documentation relating to the utilization rates for the same populations provided?
- Since previous site visit, was there evidence of annual review of utilization data?

**References**

NACCHO – Essential Service 7a  
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<p><b>Standard:</b> Agency Core Functions and Essential Services</p> <p><b>Function:</b> Assurance</p> <p><b>Essential Service 7:</b> Link people to needed personal health services and assure the provision of health care when otherwise unavailable.</p>
<p><b>Benchmark 19:</b> The local health department shall identify populations that are not receiving preventive services or are otherwise underserved with respect to health care.</p>
<p><b>Activity 19.2:</b> The local health department shall take actions to include linguistically and culturally representative persons in planning and implementing programs intended to reach underserved population groups.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>Evidence of participation by such persons in <u>one</u> planning activity (e.g., focus groups, interviews, planning meeting)</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li><u>One</u> implementation activity (e.g., media/promotional campaign, program delivery) targeted at that population.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b></p> <p>Targeted populations are often identified but may not be appropriately included in the planning and implementation of service. A possible result can be that programs are not as effective as they could be and may not meet the need of the intended populations. Cultural consideration and language/literacy barriers must be considered when developing programs to reach underserved populations. If the department has staff who are representatives of these underserved groups, input may be assisted. However if such representation is not available, planned efforts must be taken to assure input. The purpose for this activity is to demonstrate the department’s efforts to include linguistically and culturally representative persons when developing and delivering programs that are intended to reach underserved populations.</p> <p><b>Guidance</b></p> <p>The required documentation for this activity is twofold. It is to provide evidence of participation by a representative of an underserved population during the planning of a program for that population. It is also to provide evidence of participation by a representative of an underserved population during the implementation of a program for that population. The documentation should demonstrate participation in one planning activity and in one implementation activity.</p> <p>The essence of the documentation requirement is to have the <i>perspective</i> of the target audience included during program planning and implementation. If there are linguistic and cultural considerations for the underserved population, then both perspectives should be represented. This may be through one person or through multiple individuals. Two different programs can be used to demonstrate the planning and implementation requirements, however both must include the appropriate individuals. The best documentation would link the entire process and include linguistically and culturally representative persons in the planning AND implementation of a program.</p> <p>There may be possible situations where there are no actual members of that group with enough command of the English language or other concepts to be able to effectively participate. Then the local health department would need to involve a “representative” or liaison selected by that group. Staff who are representatives of the underserved population under consideration may assist in locating representatives and may even serve, but should not be the sole source of linguistic and cultural representation.</p>

If a service area includes a very small number of minorities (for example, a number below the percentage threshold used in the Title VI plan), linguistically and culturally appropriate materials may not be needed. Include some form of documentation that there is no community need in terms of culturally and linguistically appropriate materials due to the population size. This information should include census information or some documentation that supports the conclusion that there is no community need.

**SVT Review and Guiding Questions**

- Does the evidence show participation by linguistically and culturally representative persons in a planning activity?
- Does the evidence show participation by linguistically and culturally representative persons in an implementation activity?
- Are the representatives from the targeted underserved population?
- Are the representatives all staff?
- Possible Interview Question

Ask staff how linguistic and cultural representatives are selected.

**References**

NACCHO – Essential Service 7a  
CA  
NCGS

## BENCHMARK 20

Benchmark 20 continues the work of connecting people to the services they need. The focus of this benchmark is in the health department's efforts to bring on other community partners, organizations and providers in the provision of resources needed to tackle health care problems. The two activities in this benchmark measure health department collaboration with community providers to remove barriers to care and to provide services.

<p><b>Standard:</b> Agency Core Functions and Essential Services <b>Function:</b> Assurance <b>Essential Service 7:</b> Link people to needed personal health services and assure the provision of health care when otherwise unavailable.</p>
<p><b>Benchmark 20:</b> The local health department shall mobilize the community to address health care resource needs.</p>
<p><b>Activity 20.1:</b> The local health department shall collaborate with community health care providers to provide personal and preventive health services.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"><li>• <u>Two of the following:</u> meeting minutes, media report, written report, correspondence, memoranda of agreement, demonstrating active participation in a community health care network, alliance or partnership to provide personal and preventive health services.</li></ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b> For the health department to mobilize the community, it must collaborate and engage with partners and health care providers. It is not possible, nor desirable, for the health department to meet all health care needs given resource limitations and the objective to have community ownership of the health of residents. The intent of this activity is to assess department collaboration with partners to provide services. Involvement of health providers and other health care partners from the community assures that needed care is provided to all segments of the population.</p> <p><b>Guidance</b> There are two pieces of documentation required and they must be chosen from the list of options given. Departments should work with providers in their jurisdiction for both personal health care (such as primary care and disease management) and preventive health care (such as screenings and tobacco cessation). Preventive health care can be targeted to individuals and to populations. Examples of collaborative efforts would be an assessment for a current or proposed service, joint efforts to expand services, development of new services or efforts to reach targeted populations. The department can use meeting minutes where community providers are present and involved in the discussion. A media report, including a press release or newspaper article, which details the collaborative work and the partners involved can be submitted. Records that detail the collaboration such as a written report, correspondence, and memoranda of agreement can be used as evidence. Finally, any records or documentation that demonstrates the health department's active participation in a community health care network, alliance or partnership is acceptable. The documentation does not have to be written or produced by the health department but could be a partner-developed document. However, all documentation must show health department and community providers working together to provide personal and preventive health services.</p>
<p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"><li>• Are there two examples of documentation provided?</li><li>• Does the evidence show collaboration with community health care providers to provide personal and preventive health services?</li><li>• Possible Interview Question What collaborative efforts with community health care providers to provide personal and</li></ul>

preventive health services are underway?  
How were those services selected?

**References**

NACCHO – Essential Service 7b

CA

NCGS

<p><b>Standard:</b> Agency Core Functions and Essential Services  <b>Function:</b> Assurance  <b>Essential Service 7:</b> Link people to needed personal health services and assure the provision of health care when otherwise unavailable.</p>
<p><b>Benchmark 20:</b> The local health department shall mobilize the community to address health care resource needs.</p>
<p><b>Activity 20.2:</b> The local health department shall collaborate with community health care providers and agencies to reduce barriers to access to care.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• <u>Two of the following:</u> meeting minutes, media report, written report, correspondence, collaborative grant application, letter of support for grants, referencing agency and providers working together to reduce barriers to care.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b>  This activity is similar to the previous activity in that the health department is to mobilize the community through a collaborative process with community health care providers. The focus for this activity is on the reduction of barriers to access to care. During the collaboration and planning process, barriers to care need to be prevented and removed. It is the health department’s role and responsibility, working with partners, to identify these barriers and coordinate planning on how to remove obstacles that prevent residents from accessing health care services.</p> <p><b>Guidance</b>  As in the previous activity, the health department must provide two examples from the options listed. While Activity 20.1 focused on collaboration to provide personal and preventive health services, this activity focuses on collaboration to reduce barriers to access to care. Barriers to access to care are varied. The health department, along with community providers, will select the barriers to work on. The barriers should be present in the community and should be undertaken by the partners in the collaboration. However, different partners may be working on different barriers at the same time. Examples of barriers to care include such issues as lack of health insurance, lack of transportation, limited income (inability to pay), hours of service provision, low literacy, language and lack of trust of governmental health care.</p> <p>The documentation provided must demonstrate how the partners are working to reduce barriers. Meeting minutes, media reports, written reports, and correspondence are types of records that could document the partners involved, the barriers selected to reduce, and the plans or strategies for reducing those barriers. A collaborative grant application or letter of support for grants can be used if the purpose of, or an element of, the grant is to reduce barriers to care. The documentation does not have to be written or produced by the health department but could be a partner-developed document. However, all documentation must show health department and community providers working together to reduce barriers to care.</p>
<p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>• Are there two examples of documentation provided?</li> <li>• Does the evidence show collaboration with community health care providers to reduce barriers to access to care?</li> <li>• Possible Interview Question  What barriers to access to care are being worked on with community partners?  How were those barriers to access to care identified and selected?</li> </ul>
<p><b>References</b>  NACCHO– Essential Service 7b  CA</p>



## BENCHMARK 21

In linking people to needed services, the health department has a major role. Often seen and perceived as the “provider of last resort”, the health department seeks to ensure that all residents are receiving appropriate health care. This means that the health department provides some services and also is fully aware of the other services available in the community and can unite people with those services.

<p><b>Standard:</b> Agency Core Functions and Essential Services <b>Function:</b> Assurance <b>Essential Service 7:</b> Link people to needed personal health services and assure the provision of health care when otherwise unavailable.</p>
<p><b>Benchmark 21:</b> The local health department shall lead efforts in the community to link individuals with preventive, health promotion, and other health services.</p>
<p><b>Activity 21.1:</b> The local health department shall make available to the general public a current, comprehensive list of community health and wellness resources.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"><li>• Copy of current resource list or directory</li></ul> <p>AND</p> <ul style="list-style-type: none"><li>• Policy or mechanism for dissemination of list</li></ul> <p>AND</p> <ul style="list-style-type: none"><li>• Examples of dissemination of list (e.g., website, brochures, flyers, media reports).</li></ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b> Health departments have a responsibility for striving to create a community vision in which people can be healthy. Linking the public to available resources is a necessary part of that vision. In order to make this linkage, the health care resources that are available must be known. This activity requires that the health department take an active role in assuring that a list of community resources is made available to all residents.</p> <p><b>Guidance</b> The documentation for this activity has three components. First, the department should provide a copy of the current resource list, guide or directory. The Health Department does not have to develop or maintain the resource list or directory. However, it should be current and be the resource that is used by the department. The list can be hard copy or electronic.</p> <p>The resource list should be comprehensive. That is, it should include all known sources and providers of health and wellness services in the community. It can be related to just health care resources or can be a part of a larger community guide that includes a variety of resources (such as relief organizations, emergency service agencies and food assistance).</p> <p>The second component for documentation is to provide a copy of the policy, procedure or mechanism for the distribution of the resource list. This process should detail the department role in distributing the list. While it does not matter who develops the list, the health department should be an active participant in the dissemination of the list and show examples of how that is accomplished. The policy can be comprehensive on the list (including development, updating and responsibilities, etc.) or may be a stand alone protocol on the distribution. The only element required by this activity is on how the health department is involved in the distribution of the list.</p> <p>The final component of the documentation is to provide examples demonstrating the dissemination of list. This can be a list of places that the health department places the list, a posting on the department’s website or providing a link to a site where it is posted. Brochures and flyers can educate about the</p>

availability of the list. Media reports, including press releases, PSAs and news articles, can demonstrate informing the public about the availability of the list and how it can be accessed. One means of dissemination of the list that should always be offered is to have copies or access available at the health department for clients, visitors and the public.

**Additional Guidance for District Health Departments**

If there is not one resource list for the district as a whole, then a resource list and subsequent documentation should be provided for each county.

**SVT Review and Guiding Questions**

- Were all three items of evidence present – current resource list, policy or mechanism for distribution and examples of how distributed?
- Is the resource list comprehensive and current?
- Possible Interview Question

Ask how the resource list is kept current and disseminated.

**References**

NACCHO – Essential Service 7c  
CA  
NCGS

<p><b>Standard:</b> Agency Core Functions and Essential Services  <b>Function:</b> Assurance  <b>Essential Service 7:</b> Link people to needed personal health services and assure the provision of health care when otherwise unavailable.</p>
<p><b>Benchmark 21:</b> The local health department shall lead efforts in the community to link individuals with preventive, health promotion, and other health services.</p>
<p><b>Activity 21.2:</b> The local health department shall make available complete and up-to-date information about local health department programs, services and resources.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• <u>Three examples</u> of linguistically and culturally appropriate information about agency programs, services, and resources (e.g., signage, brochures, flyers, websites, newsletter, health fair promotions, media articles).</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b>  One aspect to linking people with services is for the health department to ensure that information about its services is readily available. This activity demonstrates how the health department describes and distributes information on services to residents. The availability of information must be related to the community served and ensure access by all populations. It is important that information be complete, up-to-date and be presented in a linguistically and culturally appropriate manner.</p> <p><b>Guidance</b>  The focus of this activity is to show that the department has complete and up-to-date information about programs, services and resources available to the community and that it is appropriate in its presentation. The documentation requires three examples of how the health department accomplishes this. The examples must also be linguistically and culturally appropriate as well. This means that general information about agency programs, services, and resources provided by the department must be appropriate for a diverse mix of populations in the community.</p> <p>The National Standards on Culturally and Linguistically Appropriate Services (CLAS) (source: <a href="http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&amp;lvlID=15">http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&amp;lvlID=15</a>) state that linguistically appropriate would mean that materials are available for individuals/populations with low literacy levels, with limited English proficiency and materials would be available in languages needed to serve the community. CLAS defines culturally appropriate as being “provided in a manner compatible with... cultural health beliefs and practices and preferred language”.</p> <p>There are no required examples that must be provided as evidence. The department is to select documentation that best shows how it is providing information on its services to reach all segments of the community. Some examples are given but the documentation is not limited to these examples.</p>
<p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>• Site visitors may need to review summary data (from other activities or the CHA) on population demographics in order to evaluate the evidence.</li> <li>• Were three examples of documentation provided?  Is the evidence presented linguistically and culturally appropriate?  Is the information complete and up-to-date?</li> <li>• Possible Interview Question  How does the department determine that information is linguistically and culturally appropriate?</li> </ul>
<p><b>References</b>  NACCHO – Essential Service 7c  CA</p>



<p><b>Standard:</b> Agency Core Functions and Essential Services  <b>Function:</b> Assurance  <b>Essential Service 7:</b> Link people to needed personal health services and assure the provision of health care when otherwise unavailable.</p>
<p><b>Benchmark 21:</b> The local health department shall lead efforts in the community to link individuals with preventive, health promotion, and other health services.</p>
<p><b>Activity 21.3:</b> The local health department shall develop and implement strategies to increase use of public health programs and services.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Plans or policies for increasing utilization of public health programs and services</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• Evidence of culturally and linguistically appropriate implementation of those plans or policies.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b>  It is important for local public health to reach out to populations and residents who are not served and would benefit from the services provided by the LHD. The LHD better achieves its mission of creating a healthy community when that community is reached and served by the varied programs of public health. This activity requires the health department to seek out those who do not use public health services, or may not use all available services, by the development and implementation of strategies to increase use.</p> <p><b>Guidance</b>  There are two components to the documentation for this activity. The department must provide plans or policies that show the development and implementation of strategies for increasing use of public health programs and services. This can include targeting those who do not use any public health services or for those who use some, but not all that is available to them. This activity does not require that the department document an increase in use, only that it has developed and implemented strategies to achieve this.</p> <p>The second component of the documentation is that in implementing the strategies that have been developed, there is evidence that it is done in a culturally and linguistically appropriate manner. This means that the plans or policies being implemented are done in a way that addresses the cultural and linguistic needs of populations that may be targeted in the strategies to increase use. Also, see the Guidance in Activity 21.2 for further explanation of culturally and linguistically appropriate.</p>
<p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>• Are there plans or policies for increasing use of public health programs and services?  Do the plans or policies show development and implementation of strategies to increase use?</li> <li>• Is there evidence that the plans have been implemented?  Is the implementation culturally and linguistically appropriate?</li> </ul>
<p><b>References</b>  NACCHO – Essential Service 7b  CA  NCGS</p>

<p><b>Standard:</b> Agency Core Functions and Essential Services</p> <p><b>Function:</b> Assurance</p> <p><b>Essential Service 7:</b> Link people to needed personal health services and assure the provision of health care when otherwise unavailable.</p>
<p><b>Benchmark 21:</b> The local health department shall lead efforts in the community to link individuals with preventive, health promotion, and other health services.</p>
<p><b>Activity 21.4:</b> The local health department shall assure that the program planning and implementation involve community health advocates that represent populations being served in the local health department.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Planning</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• Implementation documents</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• List of community health advocates that represent populations being served.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b></p> <p>Previous activities address the inclusion of people who are of a population being targeted for services they can access for health care. This activity speaks to having representation for populations being served. The activity requires that program planning and implementation being done by the department include community health advocates that will serve as representatives for the populations being served in the local health department. Here the wording speaks to having an advocate for a population – which can refer to a member of the population, a community champion, or others who speak for a particular population.</p> <p><b>Guidance</b></p> <p>There are three pieces of documentation that must be present for this activity. First, planning documents that show involvement of community health advocates in program planning must be provided. Linked to that, are implementation documents that show involvement of community health advocates in program implementation. These documents can be related to the same program (showing both planning and implementation activities) or can be from separate programs. The documentation can be related to a new or an existing program. The focus of the documentation is to demonstrate that community health advocates are involved as representatives of populations being served. The implication in the activity is that the populations are already being served by the department. Also acceptable would be documentation for a population that the department is trying to reach.</p> <p>The final piece is the list of community health advocates that represent populations being served by the health department. This can be a list of individuals or organizations who serve as advocates for others. In some cases it may be appropriate for health department staff to serve as advocates, but this should be minimal. Advocates should come from outside the department to minimize split loyalties. It can place staff in an awkward position <b>if</b> they must balance being an advocate for a population being served and be a spokesperson for <b>and defending</b> department actions. Under no circumstances should a staff member work in the same program that targets a population for which they are serving as an advocate.</p>
<p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>• Does the evidence show involvement for both planning and implementation? Do the documents show the involvement of community health advocates in planning and in implementation?</li> <li>• Is there a list of community health advocates and the populations they represent?</li> </ul>
<p><b>References</b></p>

NACCHO – Essential Service 7a  
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## BENCHMARK 22

Benchmark 22 wraps up the health department's efforts to link people to needed services. The three activities under this benchmark assess how the department serves as a health care provider in the community when local need so dictates and when there is authority for the department to provide such services. This is measured against the capacity and the resources available to the department to provide such services. This benchmark addresses both planning and assessing for unmet needs. It also reviews the programs and services offered by the department and sees that they are provided according to law or contract. All three activities in this benchmark have documentation requirements for both initial and re-accreditation site visits.

<p><b>Standard:</b> Agency Core Functions and Essential Services <b>Function:</b> Assurance <b>Essential Service 7:</b> Link people to needed personal health services and assure the provision of health care when otherwise unavailable.</p>
<p><b>Benchmark 22:</b> The local health department shall serve as a health care provider when local needs and authority exist, and the agency capacity and resources are available.</p>
<p><b>Activity 22.1:</b> When the local health department determines that there are compelling unmet health care needs in the community, the local health department shall develop a plan with community leaders and providers to meet the unmet needs, which may include the establishment and provision of such services by the local health department if the department has the authority, capacity and resources to address the unmet needs.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"><li>• Community <b>Health</b> Action Plans from most recent Community Health Assessment (CHA)</li></ul> <p>AND</p> <ul style="list-style-type: none"><li>• Evidence of implementation and results of community <b>health</b> action plans. Community <b>Health</b> Action Plans can include a newly developed plan that is not yet fully implemented. If the community <b>health</b> action plans are new, there should be some evidence of implementation within the year due. If plans have been in place for less than one year, results from implementation of community health action plans generated from the previous CHA should be provided.</li></ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b> This activity incorporates the benchmark into its language. The local health department through the Community Health Assessment and other community survey processes should be able to determine if there are unmet health care needs in the community. If that is the case, the health department, in cooperation with both community leaders and providers, is to develop a plan to meet the unmet needs. The needs may be met by community providers or the health department. Based on the unmet need, the health department may need to develop new services. This is in light of several things – the need is compelling (it is of such a high level it must be addressed), and the department has the authority, capacity and resources to address the need. This activity is an assurance function of the health department to link the population with needed personal health services. When there are unmet needs, the LHD is to work with community partners to develop a plan to meet those needs. The response should include development and provision of services if appropriate for the LHD.</p> <p><b>Guidance</b> As documentation for this activity, the Community <b>Health</b> Action Plans from the most recent Community Health Assessment (CHA) are used to demonstrate how the health department will address unmet needs. As a part of the CHA, unmet health care needs should be assessed and/or analyzed. This information will become part of the basis on which to develop a plan on how to meet these needs.</p>

In addition, health departments must provide evidence of implementation and results of community health action plans. This evidence can be provided through such records as meeting meetings, logs, and reports. The documentation should show how the department, along with partners, are implementing the action plans and what results were obtained.

Community Health Action Plans can include a newly developed plan that is not yet fully implemented. If the community health action plans are new, there should be some evidence of implementation within the year due. If plans have been in place for less than one year, results from implementation of community health action plans generated from the previous CHA should be provided.

If the most recent CHA was due in March and the site visit is in the following April - June time period, the agency may provide draft community health action plans or may use the community health action plans from the previous CHA. If the most recent CHA was due in March and the site visit is in the following July - early September time period, the agency may provide draft community health action plans (though they may have been received but not reviewed by NCDPH.)

If the most recent CHA was due in March and the site visit is after the first Friday in the following September, the agency must provide community health action plans that have been received and reviewed by NCDPH.

The local health departments must follow the NCDPH guidelines in developing community health actions plans. The plans are to be complete, should demonstrate collaboration and designate a lead agency. The community health action plans will be:

- on the form provided by NCDPH
- from identified priorities of the community health assessment
- targeted to identified at-risk groups
- aligned with 2020 objectives
- reflective of multilevel interventions

LHD should provide the email notice stating that NCDPH has received and reviewed the action plans. For any questions regarding Community Health Action Plans, contact your NCDPH consultant.

### **Additional Guidance for District Health Departments**

If Community Health Action Plans are not developed for the district as a whole, then the Community Health Action Plans for each county should be provided.

### **SVT Review and Guiding Questions**

- Were Community Health Action Plans provided?
- Was there evidence of implementation and results of community health action plans?

### **References**

NACCHO – Essential Service 7c  
CA  
NCGS

<p><b>Standard:</b> Agency Core Functions and Essential Services</p> <p><b>Function:</b> Assurance</p> <p><b>Essential Service 7:</b> Link people to needed personal health services and assure the provision of health care when otherwise unavailable.</p>
<p><b>Benchmark 22:</b> The local health department shall serve as a health care provider when local needs and authority exist, and the agency capacity and resources are available.</p>
<p><b>Activity 22.2:</b> The local health department shall comply with laws, rules and contractual requirements for programs and services provided pursuant to the local health department’s consolidated agreement and agreement addenda, including requirements for corrective action.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>Letters from appropriate monitoring offices of NC Division of Public Health verifying program compliance</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>Evidence of performance improvement activities, as indicated by corrective action plan(s) or program letter(s). <i>(See accompanying table).</i></li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b></p> <p>The purpose of this activity is to demonstrate how the health department is complying with the consolidated agreement and agreement addenda from DPH. This is done through statements from NC Division of Public Health programs declaring if a department is in compliance with program requirements. The status of any corrective action will also be included. This statement is done by a “program letter” that is provided to LHDs from each program they receive funds from. The purpose of the program letters is to assure that each local health department is reviewed on a fair and equitable basis. This is a performance improvement function for both DPH and the LHD. When monitoring of a program notes a deficiency, corrections must be made to bring the program into compliance. When corrective action is required, it should be accepted as appropriate, implemented and the plan closed when complete. Lack of compliance could threaten funding, thus threatening the future provision of the program by the health department.</p> <p><b>Guidance</b></p> <p>DPH programs have been directed to provide a letter to each local health department for any program that receives state or federal funding. The DPH letters will be sent by the DPH Program Consultants <b>or staff and one letter may address several programs under that Section of NCDPH (e.g., all Child Health programs or all Environmental Health programs)</b>. DPH program managers will communicate with counties regarding program letters. The program letters should be the most current and should be dated within one year of the HDSAI due date. If programs are not monitored by DPH, the health department will not receive a program letter for these programs.</p> <p>There are three components of documentation for this activity. The department should have program letters from all appropriate monitoring offices of DPH. The letter should verify program compliance by the department. If noted in the letter, there may be a corrective action plan (CAP) for the program. If there is an open CAP, there should be evidence of progress toward fulfilling CAP requirements. This evidence should be dated within the 6 months prior to the due date of the HDSAI. All of this information should be summarized on the table that follows Activity 22.2 in the HDSAI <b>and the Program letters should be submitted with other electronic evidence</b>. Site visitors will check the letters against the table. In completing the table, there are five columns of information. First, check whether the department offers the program listed. The department may check each appropriate program or may answer yes or no to all programs. In the next column note whether the program letter was received. If so, it should be in the resource file for review. Next note the date of the most recent review</p>

for that program, if a review or monitoring is done. A review may be in person or may be based on documentation or reports submitted by the department. Next note the results of the review, based on whether any corrective action was requested. If all factors of compliance were met, put "met" in the program line. If corrective action was required, put "CAP" in the program line. In the last line, place the status of the CAP – submitted, accepted, open, or closed.

If there are any open CAPs, site visitors will check to see that there is progress toward stated requirements. They will not review the CAP, or associated documentation, for appropriateness or for content. They will only review timelines to see that the work of the CAP is moving forward as it should.

The accompanying table must also be completed. If there are any CAPS, site visitors will again review to ensure progress. In addition, departments must provide evidence of performance improvement activities related to the CAPs for the program letters. These performance improvement activities can be a part of the overall QI plan and process or can be a separate process linked directly to this activity. However documentation on improvement should be related to the requirements of this activity. Monitoring letters needs to be from and signed by a specific person. The signature can be written or sent electronically. The important thing is that the document should indicate who generated the program letters. Letterhead and an individual's name and title should be included. If the letter does not indicate who generated it, the LHD should request an additional letter.

If the most recent program review for a DPH program was several years ago or infrequent, this information may be included in the program letter and the letter should be dated within the past year. Program Letters should include a statement, similar to "Our last monitoring visit in \_\_\_ indicated \_\_\_ (The results of the last monitoring activity)." In addition, the program letter should include information related to corrective action plans, and implementation of those plans if indicated.

When corrective action plans (CAP) are mentioned in the program letters, the following applies. If accepted, a CAP is open and the agency will need a letter/documentation stating such, the site visitors will need to see the CAP and any documentation on progress. If the CAP has been closed, the agency will need a letter/documentation stating such and Site Visit Team does not review the closed CAP.

### **Additional Guidance for District Health Departments**

If program monitoring letters are not provided for the district as a whole, then letters should be provided for all programs in each county.

### **SVT Review and Guiding Questions**

- Review to see that program letters are present for the programs administered by the LHD.
- Review the table that accompanies this activity  
Was the table complete?
- Was a copy of the Corrective Action Plan provided, if required by program letter?
- Is there a letter of acceptance if plan was accepted by DPH?
- Does evidence contain a record of activities to date if the plan is still open?  
Was there evidence of progress toward fulfilling CAP requirements dated within the last 6 months?
- Was there evidence of performance improvement activities, as indicated by corrective action plan or program letter?

### **References**

NACCHO – Essential Service 7b  
CA  
NCGS

<p><b>Standard:</b> Agency Core Functions and Essential Services  <b>Function:</b> Assurance  <b>Essential Service 7:</b> Link people to needed personal health services and assure the provision of health care when otherwise unavailable.</p>
<p><b>Benchmark 22:</b> The local health department shall serve as a health care provider when local needs and authority exist, and the agency capacity and resources are available.</p>
<p><b>Activity 22.3:</b> The local health department shall comply with laws and rules relating to programs and services offered by local health department but not covered by the consolidated agreement and agreement addenda.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Policies and procedures for each program</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• Evidence of program oversight or monitoring (<i>See accompanying table</i>)</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• Evidence of performance improvement activities resulting from oversight or monitoring, as indicated, since the previous site visit.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b>  The consolidated agreement, and associated agreement addenda, define the required work of a local health department regarding funds that come from state and federal sources and flow through state agencies. The agreement provides guidance as to certain operational and programmatic requirements. However, this agreement does not limit the work of the LHD and there may be programs directed by the LHD that are not mentioned through the consolidated agreement or agreement addenda. Compliance with laws and rules is expected and should be monitored to ensure that compliance even for those programs. This activity is a follow-up to the previous one. Activity 22.2 assessed compliance with programs and services covered by the consolidated agreement and agreement addenda. This activity assesses compliance of programs and services offered by local health department but not covered by the consolidated agreement and agreement addenda.</p> <p><b>Guidance</b>  The documentation is a copy of the policies and procedures for each program offered by the health department and NOT covered by agreement addenda. There must also be some type of evidence of program oversight or monitoring by the department. The activity requires that the department provide the policies and procedures for each program that is listed in the table that follows the activity in the HDSAI. The table is a guide for the agency in completing documentation for this activity and will guide the site visitors in their review. The table has some programs that may be offered by the department. There are blank lines for the department to add other programs that it offers.</p> <p>There are four columns on the table that are to be completed for each program the health department offers. In compiling the table information, the department must complete all columns for programs administered. The first is for the department to note whether it offers the program or not. The department may check each appropriate program or may answer yes or no to all programs. In addition, the agency will need to provide evidence showing how it monitors these programs. The next three columns on the table deal with monitoring. First note the type of monitoring or oversight process. In completing the “nature of the oversight activity” column, an agency may conduct, but is not limited to one of the following:</p> <ul style="list-style-type: none"> <li>• Program and/or chart audit</li> <li>• on-site monitoring</li> <li>• quality improvement program</li> <li>• self-audit or internal audit</li> </ul>

Next, give the date of the most recent monitoring or oversight activity. Finally, state the outcome of the monitoring or oversight activity. The “outcome of most recent oversight activity”, depending upon what the department has completed, could range from the need for an internal action plan to the program was compliant. Examples for completing the column could include such outcomes as “no irregularities noted”, “on schedule”, “needs review in 2 weeks”, or “audit scheduled”. This column is just a summary of the review. There should be more complete documentation either in program documentation or through the department’s QI program that is to be made available to the site visitors for review.

In addition to these two components, health departments will need to provide evidence of performance improvement activities resulting from the oversight or monitoring of these programs that has been conducted since the previous site visit. As with Activity 22.2, the performance improvement activities can be a part of the overall QI plan and process or can be a separate process linked directly to this activity. However documentation on improvement should be related to the requirements of this activity.

If a health department serves only as the pass-through for funds and is NOT involved in the activities or administration of the funded program they do NOT need to list the program or provide **any other type of oversight for accreditation purposes**.

### **Additional Guidance for District Health Departments**

If evidence is not provided for the district as a whole, it should be provided for all programs in each county.

### **SVT Review and Guiding Questions**

- Are there policies and procedures for each program offered?
- Review the table that accompanies this activity  
Was the table complete?
- Was there evidence of oversight and monitoring of listed programs?
- Was there evidence of performance improvement activities, as indicated by oversight or monitoring?

### **References**

NACCHO – Essential Service 7b  
CA  
NCGS

## BENCHMARK 23

This benchmark begins the essential service of having employees of the health department who are competent in the duties they perform. While all positions will have general qualifications for the individuals who will fill them (See Activity 31.4), some positions may have credentials that are specified by law or through some type of system awarding credentials. This benchmark examines three areas of qualifications for the department – the health director, the medical director and staff who must fulfill requirements of a registration, certification or licensure program.

<b>Standard:</b> Agency Core Functions and Essential Services Function: Assurance Essential Service 8: Assure competent public and personal health care workforce.
<b>Benchmark 23:</b> The local health department staff shall meet statutory and regulatory qualifications for their positions.
<b>Activity 23.1:</b> The local health department shall have, or be recruiting, a health director who meets the legal requirements for the position.
<b>Documentation:</b> <ul style="list-style-type: none"><li>• Proof of Health Director’s credentials (e.g. copy of diploma, transcript or DPH qualification letter)</li></ul> OR <ul style="list-style-type: none"><li>• BOH minutes describing plan to seek a Health Director with appropriate credentials.</li></ul>
<b>INTERPRETATION</b>  <b>Intent</b> Qualified leadership is a legal, ethical and practical responsibility. This activity requires the department to have a health director who meets the legal requirements for the position. Whenever the department is without a director, it must recruit candidates who will meet the legal requirements for the position. NC Statute defines the legal requirements of the health director position. It is the responsibility of the department and its governing board to fulfill this requirement when recruiting and hiring a health director.  <b>Guidance</b> The evidence for this activity is to provide proof of the Health Director’s credentials. <b>For consolidated agencies, if the Director does not meet the qualifications to be a local health director, then a qualified person must be appointed and must have responsibility to carry out the responsibilities designated in statute to the local health director.</b> The credentials provided must match the statutory and job description requirements. Three examples are given, but any documentation of credentials is acceptable. If the health director position is not filled when the HDSAI is submitted, evidence should consist of BOH minutes describing its plan to seek a Health Director with appropriate credentials. If the vacancy is recent and a search for a replacement has not yet been started by the BOH, the credentials from the most previous director may be submitted.  Evidence of required credentials can be materials that demonstrate that the health director has fulfilled the requirements to be in the position as defined by statute - § 130A-40 – Appointment of local health director. This may be a copy of a diploma showing degree awarded, a copy of the transcript stating the degree awarded, or a letter from the Division of Public Health stating that the division has determined that the person is qualified to be in the position of health director.  If a health director was hired into the position prior to 2004, there is no need to request a letter from DPH stating that a person is qualified since such letters were not provided prior to that. However, other credentials do need to be provided. Health Directors hired after 2004 should be able to produce a DPH letter stating that they are qualified for the appointment.

**SVT Review and Guiding Questions**

- Was proof of the credentials of the health director provided?
- If the department is recruiting a health director, do the BOH minutes describe a plan to seek a Health Director with appropriate credentials?
- Possible Interview Question  
If recruiting a health director, discuss plan with BOH representatives.

**References**

NACCHO – Essential Service 8b  
CA  
NCGS § 130A-40, § 130A-45.4

<p><b>Standard:</b> Agency Core Functions and Essential Services  <b>Function:</b> Assurance  <b>Essential Service 8:</b> Assure competent public and personal health care workforce.</p>									
<p><b>Benchmark 23:</b> The local health department staff shall meet statutory and regulatory qualifications for their positions.</p>									
<p><b>Activity 23.2:</b> The local health department staff shall meet all registration, certification or licensure requirements for positions held and duties assigned.</p>									
<p><b>Documentation:</b> Evidence of up-to-date registration, certification or licensure for staff as required by each staff position.</p>									
<p>Site Visitors will review randomly selected personnel records based on health department size:</p> <table border="1"> <thead> <tr> <th><u>Health Dept. Staff</u></th> <th><u>Personnel Records Accessed</u></th> </tr> </thead> <tbody> <tr> <td>30 or fewer</td> <td>Up to 10</td> </tr> <tr> <td>31-100</td> <td>Up to 15</td> </tr> <tr> <td>101 or more</td> <td>Up to 15% of total staff</td> </tr> </tbody> </table>		<u>Health Dept. Staff</u>	<u>Personnel Records Accessed</u>	30 or fewer	Up to 10	31-100	Up to 15	101 or more	Up to 15% of total staff
<u>Health Dept. Staff</u>	<u>Personnel Records Accessed</u>								
30 or fewer	Up to 10								
31-100	Up to 15								
101 or more	Up to 15% of total staff								
<p>Site visitors should review at least one individual in each of the following roles: public health nursing, environmental health, health educator and member of the management team. If the randomly selected personnel records do not reflect these roles, additional personnel records may be requested.  <i>Note: Site Visitors will record their findings in the table following Activity 24.3.</i></p>									
<p><b>INTERPRETATION</b></p>									
<p><b>Intent</b>  This activity requires the department to meet all registration, certification or licensure requirements. This refers to credentialing required for a position held (such as nursing and environmental health) and for duties assigned (credentialing required by a job description, such as CPR certification for the Safety Officer). The need for a qualified workforce is essential to the delivery of services and guaranteeing that proper credentials exist assures the public that they are served by such. Public health is a multidisciplinary profession, and there are a variety of requirements for professionals. If there are registrations, certifications and/or licenses required by positions or duties, the personnel in those positions should be up-to-date in maintaining their credentials.</p>									
<p><b>Guidance</b>  This activity is one of several that will require personnel record review by the site visitors for documentation. For each record selected, the site visitors will assess whether the position has any registration, certification or licensure requirements. If so, they will review to determine if the person in the position has the required credentials and that any requirements for those credentials are up to date. This would include any required training or continuing education that is related to the credential held. This type of training or continuing education is considered a requirement for Activity 24.3. See the guidance for that activity when reviewing continuing education or training records.</p>									
<p>Generally, credentials required by position will be directed toward providers, nursing and environmental health. Site visitors do not need to review or assess any documentation for licensure when the license is granted by a legal entity such as a professional board. By virtue of the presence of the license, the requirements will have been met by the individual. Site visitors should note whether any licenses or registrations held are current and still in effort and whether the individual has the proper credentials if required by the position. To help health departments in assessing credentialing requirements by position or discipline, use the following guidelines.</p>									
<p>The NC Board of Nursing has a cardless system. The health department will verify licenses on-line. For the licensure verification for accreditation, one approach may be to print the screen from the Board of</p>									

Nursing website. In addition, for the health department's records, you may want to consider creating a log that indicates licensure verification for members of the nursing staff.

#### Public Health Nurses –

- Beginning July 1, 2006, upon license renewal or reinstatement, all RNs and LPNs will be required to complete a self-assessment of their practice, develop a learning plan, and select an approved learning activity option which must be completed **prior to the next renewal date** in order to comply with Continuing Competence requirements.
- Effective July 1, 2008 and thereafter, upon application for license renewal or reinstatement, all licensees will be required to **attest to** completion of a self-assessment of their practice, development of a learning plan, and **completion of one** of the approved learning activity options during the preceding renewal cycle or prior to reinstatement of license. (Licensees should be prepared to submit evidence of completion if selected for audit by the Nursing Board.)
- For several of the Enhanced Roles, there are also continuing education and clinical practice requirements - either 20 hours of relevant CE and 200 hours of clinical practice in the role (Child Health) every two years or 10 hours of relevant CE and 100 hours of clinical practice in the role (Maternity and Family Planning) every year; must examine at least 100 patients for STD assessment annually and obtain 20 hours of continuing education every two years (STD Nurse Clinician).

Environmental Health Specialists (EHS), including interns, must be registered through the NC Board of Registered Environmental Health Examiners. Proper authorizations through **NCDPH Environmental Health Section** should be evident. To document continuing education and training requirements for Environmental Health staff, the local health departments could provide documentation that the individuals have registered with the NC State Board of Environmental Health Specialist Examiners. The health departments can print documentation from [www.ncrehs.com](http://www.ncrehs.com). The documentation will indicate that the individuals have met the credentialing and continuing education requirements. Other documented continuing education credentials information may also be presented to the Site Visit Team. The State issues authorization letters for each environmental health specialist for certain environmental health programs, i.e, wastewater, day care inspections, food and lodging, etc. for each specialist. These should be included in the files reviewed.

Health Educators may be CHES certified. See if the job description or duties require such certification. If the individual is listed as having the certification, evidence should confirm this.

Administrative Staff may not have a registration, certification or license. Again see if the job description or duties require such certification. If the individual is listed as having the certification, evidence should confirm this.

Physicians on staff must have required credentials on file. They must have a license to practice medicine in NC and documentation of any degrees or educational requirements of the position.

All Other Positions reviewed may or may not have a registration, certification or license requirement. Review the job description to see if the duties require any type of registration, certification or license. If so, or if the individual is listed as such, evidence should confirm this.

Licenses for licensed personnel may be paper copies or may be by web verification. Either is acceptable, as long as the Site Visit Team can see verification of current licensures.

There may be certifications required by job description, but not necessarily by discipline, such as CPR. If there are such requirements, the certification held by the individual must be current and documentation be provided as evidence.

Many job descriptions may require the employee to hold a valid driver's license. There is no need to provide evidence for this, nor for the site visitors to review this. There is a separate document on personnel records to guide the SVT.

**SVT Review and Guiding Questions**

- Review the selected personnel records
  - Site visitors should review the job description to note any required credentials.
  - In the records review, are required registrations, certifications, and/or licenses present for the positions selected?

**References**

NACCHO – Essential Service 8b  
CA  
NCGS

<p><b>Standard:</b> Agency Core Functions and Essential Services</p> <p><b>Function:</b> Assurance</p> <p><b>Essential Service 8:</b> Assure competent public and personal health care workforce.</p>
<p><b>Benchmark 23:</b> The local health department staff shall meet statutory and regulatory qualifications for their positions.</p>
<p><b>Activity 23.3:</b> The local health department shall employ or contract with one or more physicians licensed to practice in North Carolina to serve as medical director.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Evidence of a medical director’s M.D. or D.O. license</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• Job description or contract.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b></p> <p>This activity requires the department to employ or contract with a medical director. This may be provided by one or by several physicians. All who serve as a medical director must be licensed to practice in North Carolina. A medical director may oversee the clinical operations of the department, will sign appropriate medical orders, may see patients, may serve as oversight for nursing and other providers, and may determine standing orders for the department. Each department will determine the duties of the medical director. The medical director may be an employee of the department or on contract for specified hours each month. Whatever the means whereby the LHD acquires the services of a medical director, the person must be appropriately licensed and credentialed.</p> <p><b>Guidance</b></p> <p>There are two parts of documentation for this activity. First the department must provide evidence of a NC license for each physician serving in a medical director role. This could be a copy of the license or a statement from the appropriate licensing board. The evidence of the license must be provided whether the physician is a staff member or a contractor. If contracting, the contract should state that the physician must provide a copy of his/her license to the department. Any individual serving under any capacity as a medical director must meet the requirements of this activity.</p> <p>The second element is to provide the job description if the physician is an employee or a copy of the contract if the physician is contracting with the department to provide medical director services. Either the job description or contract should spell out the medical director duties of the individual and should include the credentials that the individual must hold to serve.</p> <p>The evidence required by this activity is similar to 23.2. If the medical director is a contract employee, all that is needed is a copy of the contract and evidence that the MD is properly credentialed. If the medical director is an employee of the department, site visitors should examine evidence for proper credentials, the job description, and any records for required continuing education. If the medical director’s personnel record is pulled as a part of activity 23.3, the record must meet the requirements of both activities. If more than one person on staff serves as medical director, all job descriptions must be examined.</p> <p>This activity would apply to all physicians who serve in a medical director capacity and information must be provided for each. If the local health department uses different individuals to perform the Medical Director duties, whether by contract or as employees, then all of those individuals should be reviewed as a part of this activity.</p>

**Additional Guidance for District Health Departments**

If there is not one Medical Director for the entire district, then evidence should be provided for each county's Medical Director or for each physician serving in a Medical Director role.

**SVT Review and Guiding Questions**

- Was there evidence that each physician who serves as medical director is licensed to practice in North Carolina?
- Was a contract or job description provided for each individual designated as a medical director?  
Review personnel information if on staff (i.e. M.D. license and job description).  
If on contract, ask for records that provide evidence of required credentials and NC license.

**References**

NACCHO – Essential Service 8b  
CA  
NCGS

## BENCHMARK 24

Regular training and continuing education is an important factor in developing and maintaining a competent workforce. The health department should support and provide access to training to aid employees in their professional growth. This benchmark requires the department to evaluate needs and develop a plan for providing education and training. The activities under this benchmark assess the health department's efforts in staff development and training.

<p><b>Standard:</b> Agency Core Functions and Essential Services <b>Function:</b> Assurance <b>Essential Service 8:</b> Assure competent public and personal health care workforce.</p>
<p><b>Benchmark 24:</b> The local health department shall regularly evaluate staff training and development needs and provide opportunities for continuing education, training and leadership development.</p>
<p><b>Activity 24.1:</b> The local health department shall have policies that promote and provide staff access to training.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"><li>• Policies regarding staff training opportunities</li></ul> <p>AND</p> <ul style="list-style-type: none"><li>• Evidence that policies have been implemented.</li></ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b> Public health is a dynamic field and the latest practice and new scientific information must be incorporated into health department operations. Without a policy supporting training, this may not take place as training can be seen as less than important. However, training is important in assuring a competent workforce and in having the capacity to function as a quality public health agency. This activity requires policies that describe how the department will support staff access to training and continuing education opportunities.</p> <p><b>Guidance</b> The department must provide the department's policies that promote and provide staff access to training. Both aspects must be defined – a description of how the department will promote access to training among staff and how it will provide access to training. To promote refers to how the department supports and encourages continuing education for the staff. To provide refers to how the department pays for, reimburses for, sponsors or directly conducts training and continuing education.</p> <p>For Activities 24.1 &amp; 24.2, the policies regarding training opportunities and the staff development plan may be combined in the same document, but are two distinct sections. The policies describe the means whereby the agency will address staff training opportunities and the staff development plan will be the means whereby the agency implements that policy. The policies can be a standalone document or can be part of either programmatic or administrative policies.</p> <p>The department must also provide evidence that shows how the policies have been implemented. This can be done by providing documentation, minutes, summaries, logs, reports, etc. that show how the department has both promoted and provided access to training. The implementation evidence must link back to the policy and what the policy states that the department will do to accomplish staff development.</p>
<p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"><li>• Were policies that promote and provide staff access to training provided?</li><li>• Was there evidence of policy implementation?</li><li>• Possible Interview Question How does the department promote access to continuing education, training and leadership</li></ul>

development?

In what ways has the department provided access to staff training?

**References**

NACCHO - Essential Service 8e

CA

NCGS

<p><b>Standard:</b> Agency Core Functions and Essential Services</p> <p><b>Function:</b> Assurance</p> <p><b>Essential Service 8:</b> Assure competent public and personal health care workforce.</p>
<p><b>Benchmark 24:</b> The local health department shall regularly evaluate staff training and development needs and provide opportunities for continuing education, training and leadership development.</p>
<p><b>Activity 24.2:</b> The local health department shall have a staff development plan that includes identifying and addressing the training and continuing education needs of the staff.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Staff development plan</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• Evidence of plan implementation.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b></p> <p>This activity requires the department to have a staff development plan with a two-fold purpose – to identify training and continuing education needs of the staff and then to address those needs. The plan is a complement to the policy required in the previous activity. A staff development plan assures that the department has a process defined for how it will implement the policy and how it will provide access to training. The plan will include all disciplines in the department, both required and/or expected training and other opportunities to develop the expertise of the staff.</p> <p><b>Guidance</b></p> <p>The department must provide the staff or workforce development plan. There are no required elements but the plan must, at a minimum, have objectives, assign responsibilities, must identify training needs, must address training needs and must have defined timelines. The plan must clearly show that an assessment of need is to be conducted and how the department will provide training or continuing education in response to the needs. The staff development plan may be developed specifically for the department, or may be a part of a larger plan (such as for a county).</p> <p>For Activities 24.1 &amp; 24.2, the policies regarding training opportunities and the staff development plan may be combined in the same document, but are two distinct sections. The policies describe the means whereby the agency will address staff training opportunities and the staff development plan will be the means whereby the agency implements that policy. The policies can be a standalone document or can be part of either programmatic or administrative policies.</p> <p>The department must provide evidence that the plan has been implemented. This may be done through minutes, logs, staff development forms/templates, records for trainings, continuing education or coursework, QI documents, or other documents used to track progress of the plan.</p>
<p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>• Was a staff development plan provided?</li> <li>• Does the plan identify and address training needs?</li> <li>• Does the plan implement the policy required in Activity 24.1?</li> <li>• Possible Interview Question Ask how training needs are identified and addressed.</li> </ul>
<p><b>References</b></p> <p>NACCHO – Essential Service 8b</p> <p>CA</p> <p>NCGS</p>

<p><b>Standard:</b> Agency Core Functions and Essential Services  <b>Function:</b> Assurance  <b>Essential Service 8:</b> Assure competent public and personal health care workforce.</p>									
<p><b>Benchmark 24:</b> The local health department shall regularly evaluate staff training and development needs and provide opportunities for continuing education, training and leadership development.</p>									
<p><b>Activity 24.3:</b> The local health department staff shall participate in orientation and on-going training and continuing education activities required by law, rule or contractual obligation.</p>									
<p><b>Documentation:</b> Evidence that health department staff have participated in orientation and ongoing training and continuing education activities required by law, rule or contractual obligation; and that the training is up-to-date.</p>									
<p>Site Visitors will review randomly selected personnel records based on health department size:</p> <table border="1"> <thead> <tr> <th><u>Health Dept. Staff</u></th> <th><u>Personnel Records Accessed</u></th> </tr> </thead> <tbody> <tr> <td>30 or fewer</td> <td>Up to 10 records</td> </tr> <tr> <td>31-100</td> <td>Up to 15 records</td> </tr> <tr> <td>101 or more</td> <td>Up to 15% of total staff</td> </tr> </tbody> </table>		<u>Health Dept. Staff</u>	<u>Personnel Records Accessed</u>	30 or fewer	Up to 10 records	31-100	Up to 15 records	101 or more	Up to 15% of total staff
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30 or fewer	Up to 10 records								
31-100	Up to 15 records								
101 or more	Up to 15% of total staff								
<p>Site visitors should review at least one individual in each of the following roles: public health nursing, environmental health, health educator and member of the management team. If the randomly selected personnel records do not reflect these roles, additional personnel records may be requested.  <i>Note: Site Visitors will record their findings in the table that follows.</i></p>									
<p><b>INTERPRETATION</b></p>									
<p><b>Intent</b>  It is the intent of this activity to assure that the agency prepares its work force to meet the challenges of the position. It requires the staff to participate in orientation and on-going training and continuing education activities required by law, rule or contractual obligation. This addresses legal requirements that would apply to all staff and is not necessarily related to position. Orientation and ongoing training may be a condition for an employee to meet the requirements of a specific position or job responsibility.</p>									
<p><b>Guidance</b>  This activity is one of several that will require personnel record review by the site visitors for documentation. For each record selected, the site visitors will assess whether the position has participated in orientation and on-going training and continuing education activities required by law, rule or contractual obligation. If so, they will review to determine if the person in the position has completed the required orientation and on-going training and that any training requirements up to date. <b>For staff hired before a policy requiring orientation was developed, proof of orientation may not be available; the SVT may count that as met for that person or select another record.</b></p>									
<p>Site Visitors should request this information for the randomly selected staff members. This may be in individual records or presented in a log. This activity applies to both continuing education specific to a particular license or registration (see Activity 23.2) and for continuing education required by law, rule or contractual agreement related to both discipline-specific positions and general staff. This would include training requirements related to OSHA, HIPAA, Title VI, and other so designated continuing education.</p>									
<p>Public Health Nurses –  For any PHN who does not have a baccalaureate or higher degree in nursing, NC Administrative Code requires, within the first year of employment, successful completion of the "Introduction to Public Health Nursing." Evidence of completion should be in the file.</p>									

For any PHN who dispenses medications, the Board of Pharmacy requires participation in training approved by the Board; documentation of such training, either by the DPH Pharmacist or a local pharmacist using the provided curriculum, should be in the file.

For PHNs who function in "enhanced roles" which allows the agency to bill Medicaid for assessments done by these PHNs, the following additional educational requirements apply:

- Child Health - evidence of successful completion or challenge of the "Child Health Training Program"
- Maternal Health - evidence of successful completion or challenge of the "Physical Assessment of Adults," "Orientation to Women's Health Services," and "Maternal Health Enhanced Role Training" (includes Women's Health Core and Specialty track)
- Family Planning - evidence of successful completion or challenge of the "Physical Assessment of Adults," "Orientation to Women's Health Services," and "Family Planning Enhanced Role Training" (includes Women's Health Core and Specialty track)
- Adult Health - evidence of successful completion or challenge of the "Physical Assessment of Adults"
- STD - evidence of successful completion or challenge of the "Physical Assessment of Adults," "STD Nurse Clinician" and "HIV Prevention Counseling"

For Enhanced Role Nursing Continuing Education see Activity 23.2.

Environmental Health Specialist –

Registered Environmental Health Specialists and Environmental Health Specialist Interns must successfully complete at least 15 clock hours of continuing education annually in order to renew their registration. To document the continuing education and training requirements for the Environmental Health staff, the local health departments could provide documentation that the individuals have registered with the NC State Board of Environmental Health Specialist Examiners. The health departments can print documentation from [www.ncrehs.com](http://www.ncrehs.com). The documentation will indicate that the individuals have met the credentialing and continuing education requirements. Other documented continuing education credentials information may also be presented to the Site Visit Team.

Other positions reviewed may or may not have continuing education requirements. There may be certifications required by job description, but not necessarily by discipline, such as CHES for Health Educators. Review the job description to see if the position requires any type of continuing education. If so, or if the individual is listed as having such, and the certification held by the individual is current, there is no need to provide documentation of continuing education requirements as evidence as they relate to that specific certification.

#### **SVT Review and Guiding Questions**

- Does evidence provided show that orientation, on-going training and continuing education requirements as required by law, rule or contractual obligation are being met?
- Review the job description or duties for continuing education requirements.  
Do the requirements, if any, match the records provided?

#### **References**

NACCHO – Essential Service 8e  
CA  
NCGS

## BENCHMARK 25

This benchmark assesses the building of a competent workforce by establishing and building relationships with educational and research organizations. The stated purpose is to enhance the practice of public health through these relationships. By linking employees to educational and research opportunities, best practice can be explored, employees can further their personal and professional development and the health department can benefit from the results.

<p><b>Standard:</b> Agency Core Functions and Essential Services</p> <p><b>Function:</b> Assurance</p> <p><b>Essential Service 8:</b> Assure competent public and personal health care workforce.</p>
<p><b>Benchmark 25:</b> The local health department shall build relationships with entities that conduct education or research to enrich public health practice.</p>
<p><b>Activity 25.1:</b> The local health department shall work with academic institutions and other programs such as universities, colleges, community colleges, Area Health Education Centers, CDC and professional associations to provide training opportunities for current staff and future public health practitioners.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"><li>• <u>One of the following:</u> record of academic training programs attended by staff; staff development plan citing utilization of academic public health educational resources; formal agreement describing use of agency as a training site for students in clinical rotations or field practica.</li></ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b></p> <p>Health departments must have a competent workforce to provide quality care, services and programming. In addition to hiring qualified individuals, maintaining their competency while on the job is a must. This activity requires the department to work with academic institutions and other programs to provide training opportunities for current staff. Colleges and universities, the AHECs, professional organizations, such as NCPHA or NC SOPHE, or other qualified programs are where health departments look for this training. The activity also requires that health departments help with the education of future public health practitioners. Partnerships may also exist with these institutions to provide a training site for students.</p> <p><b>Guidance</b></p> <p>The documentation for this activity requires evidence of one of the listed options. The department can provide a record of academic training programs attended by staff. This may be a program or seminar provided to one or more staff or may be records of a staff member enrolled in a course of study. Records could be through enrollment documents, grade reports, transcripts, or certificates. The department can reference a section within the staff development plan defining how it will use academic public health resources in educating and training staff or in providing training opportunities. The evidence can be a copy of a formal agreement between the department and an educational institution where the agency will serve as a training site for a student in a clinical rotation, an internship or for a field practicum. As stated in the activity, these agreements or records can be from universities, colleges, community colleges, Area Health Education Centers, the CDC and public health professional associations.</p>
<p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"><li>• Does the evidence provided show relationships with the example institutions listed in the activity?</li><li>• If the staff development plan is used, does it show use of academic public health educational resources to provide training opportunities for current staff and future public health practitioners?</li></ul>

**References**

NACCHO – Essential Service 8c

CA

NCGS

<p><b>Standard:</b> Agency Core Functions and Essential Services</p> <p><b>Function:</b> Assurance</p> <p><b>Essential Service 8:</b> Assure competent public and personal health care workforce.</p>
<p><b>Benchmark 25:</b> The local health department shall build relationships with entities that conduct education or research to enrich public health practice.</p>
<p><b>Activity 25.2:</b> The local health department shall work with at least two academic institutions and other programs such as universities, colleges, community colleges and Area Health Education Centers to facilitate research and evaluation of public health programs and issues.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• <u>One of the following for each program or institution demonstrating research and evaluation of public health programs and issues:</u> collaborative research grant proposal, agreement to purchase research services (e.g., statistical analyses, evaluation), description of internship(s), list of agency staff serving as adjunct faculty, record of participation.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b></p> <p>Research is necessary to advance the field of public health and local health departments must be involved as partners in field research. This activity assesses how the department works to facilitate research and evaluation of public health programs and issues. The department is required to work with at least two academic institutions and other programs. The activity allows for the work to be either research and/or evaluation. When agencies and researchers work together to further the practice and knowledge of public health, all benefit.</p> <p><b>Guidance</b></p> <p>The documentation required is to provide evidence of one of the four listed options for both of the academic institutions or programs that the department is demonstrating a relationship with. The evidence must show that the department is involved with research or evaluation of a program or issue. Evaluation is the systematic collection of information about the activities, characteristics, and outcomes of programs to make judgments about the program, improve program effectiveness, and/or inform decisions about future program development. (<i>Patton MQ, Utilization-focused evaluation. The new century text. 3<sup>rd</sup> ed. Thousand Oaks, CA Sage 1997</i>) Research is a systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalized knowledge. (<i>USDHHS. Healthy People 2010. Washington, DC: US Department of Health and Human Services, 2000</i>)</p> <p>This may be through a record of participation, or through a research grant proposal in which the department is collaborating with another organization. It may be demonstrated through an agreement, contract, or memorandum of understanding to purchase some type of research or evaluation services. A description of internship(s) refers to when the department has hosted interns or students that have conducted research or evaluation projects as the primary component of the internship or of a student practicum. This documentation should include the findings or report of the internship. Any internship documentation listed in this activity cannot be used in Activity 25.1. A final possibility is a list of agency staff serving as adjunct faculty. For staff who may serve as adjunct faculty, the faculty position must relate to the activity and show a link to facilitating research and evaluation of public health programs and issues, not just teaching an occasional class or course.</p> <p>The documentation for this activity must show a relationship with two separate institutions from those listed in the activity, such as universities, colleges, community colleges and Area Health Education Centers. The institutions cited must have an educational purpose. Here two separate relationships or programs must be demonstrated. In extreme cases, it may be allowed to work with different departments within a large institution, such as ECU, UNC-CH or NCSU. The department cannot work</p>

with the same group on two topics. There must be a distinct difference in the groups. However the intent of the activity is to demonstrate two separate institutions.

The research or evaluation may be done primarily by the department, primarily by the educational organization or as a collaborative effort. Assistance – faculty, staff, student or funds - may be received by the department from academic institutions to conduct the evaluation or research.

**SVT Review and Guiding Questions**

- Was evidence of work with at least two academic institutions and other programs provided?
- Does the evidence describe the facilitation of research and evaluation of programs and issues?

**References**

NACCHO – Essential Service 8d  
CA  
NCGS

## BENCHMARK 26

This benchmark completes the activities for the essential service of workforce competence. There are three activities here that look at aspects of the department developing a diverse workforce that represents the communities and populations served. It also addresses the need for staff to understand and accept the diversity of the customers they serve. All activities under this benchmark have both initial visit and re-accreditation visit documentation requirements.

<b>Standard:</b> Agency Core Functions and Essential Services <b>Function:</b> Assurance <b>Essential Service 8:</b> Assure competent public and personal health care workforce.
<b>Benchmark 26:</b> The local health department shall promote diversity in the public health workforce.
<b>Activity 26.1:</b> The local health department shall have and implement a non-discrimination policy as required by state and federal law and train staff in its application.
<b>Documentation:</b> <ul style="list-style-type: none"><li>• Policy</li></ul> AND <ul style="list-style-type: none"><li>• Evidence of implementation.</li></ul>
<b>INTERPRETATION</b>  <b>Intent</b> Public health departments are obligated to follow all state and federal labor laws. To accomplish this, relevant policies must be implemented and training of staff on those policies is essential. This activity requires the department to have and to implement a non-discrimination policy. The policy is to reflect requirements of state and federal law and to train staff in its application.  <b>Guidance</b> A copy of the policy is required. There is no required content other than it must reflect any state or federal requirements on non-discrimination. The policy may be a part of another policy such as personnel policies or may be in the administrative policies for the department.  Also, the documentation must include evidence of implementation. This will include records that training has been done as required by the policy or the Policy on Policies; <b>there is no requirement for timing of training other than what is in the agency's policy.</b> Other aspects of implementation will be specified by the policy. For example, if the policy states that a non-discrimination statement will be printed on all department materials, a sample of materials should be provided. Site visitors would also examine materials for the statement during the facilities tour.
<b>SVT Review and Guiding Questions</b> <ul style="list-style-type: none"><li>• Was a non-discrimination policy provided?</li><li>• Was there evidence of implementation?</li></ul>
<b>References</b> NACCHO – Essential Service 8a CA NCGS

<p><b>Standard:</b> Agency Core Functions and Essential Services</p> <p><b>Function:</b> Assurance</p> <p><b>Essential Service 8:</b> Assure competent public and personal health care workforce.</p>
<p><b>Benchmark 26:</b> The local health department shall promote diversity in the public health workforce.</p>
<p><b>Activity 26.2:</b> The local health department shall develop and implement a plan consistent with the health department’s non-discrimination policy to recruit and retain a management team and staff that reflects the population of the service area.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• A plan to recruit and retain a management team and staff that reflects the population of the service area which supports the non-discrimination policy</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• Evidence of plan implementation.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b></p> <p>For this activity, the department must develop and implement a plan to recruit and retain a management team and staff that reflects the population of the service area. The plan must be consistent with the health department’s non-discrimination policy from Activity 26.1. Not only does a health department need to comply with non-discrimination laws, it should also actively recruit and retain a diverse staff that represents the people of the department’s jurisdiction. To the extent possible, the management team and entire staff should reflect the population of the area.</p> <p><b>Guidance</b></p> <p>The department must provide a plan to recruit and retain a management team and staff that reflects the population of the service area and which is supportive of the non-discrimination policy. The plan will need to have, or to reference, data that will define the demographic breakdown of the population served and how the staffing numbers would reflect that. Site visitors will need to review the data on demographics for the area served by the health department in the review of the policy or plan. If not a part of the plan, this information should be a part of the Community Health Assessment.</p> <p>An appropriate plan is one structured for a health department to recruit and retain both members of the management team and members of the staff at large that reflect the diverse population of the service area. The plan may be a part of a larger document, such as a general recruitment plan. The intent of the Activity is not to focus on the current composition of the management team and staff, but on recruitment and retention efforts to keep a diverse staff reflective of the community. The activity does not require documentation that the department has achieved a management team and staff that reflects the population of the service area, as recruitment and retention efforts may not be successful. It does require that efforts be made and a plan developed that will strive for this.</p> <p>The plan should also include efforts and methods used by the agency to retain the diverse management team and staff. This may include succession planning that develops staff for future leadership positions. It could also include support for furthering the education of staff, such as tuition reimbursement and educational leave. The plan may have a salary study to determine if the salaries of the agency are within the market range of other employers.</p> <p>The department must provide evidence of implementation of the plan. Whatever efforts were done, as outlined by the plan, there should be records and results of the efforts made to recruit and retain.</p> <p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>• Was a plan to recruit and retain a management team and staff that reflects the population of the service area provided?</li> </ul>

- Does the plan support the non-discrimination policy?
- Was there evidence of plan implementation?
- Possible Interview Question  
Ask staff or management team members to describe their efforts to recruit and retain a diverse workforce.

**References**

NACCHO – Essential Service 8a

CA

NCGS

<p><b>Standard:</b> Agency Core Functions and Essential Services</p> <p><b>Function:</b> Assurance</p> <p><b>Essential Service 8:</b> Assure competent public and personal health care workforce.</p>
<p><b>Benchmark 26:</b> The local health department shall promote diversity in the public health workforce.</p>
<p><b>Activity 26.3:</b> The local health department shall assure that agency staff receives training in cultural sensitivity and competency.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Policy</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• Training records for each year since the previous site visit, to be verified by the Site Visitors upon examination of personnel records and staff training logs.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b></p> <p>Cultural sensitivity and competency are characteristics that all health department staff need in their work with serving diverse populations. Cultural norms vary among populations and when those cultural norms are misunderstood, the continuity of care can be interrupted or misguided. Having knowledge of and skills in the cultural background of the populations served results in better care and improved health outcomes. To achieve this, the department must assure that agency staff receive the training needed in cultural sensitivity and competency.</p> <p><b>Guidance</b></p> <p>The department must provide the policy that describes the cultural sensitivity and cultural competency practices of the agency and how staff will receive training. Cultural sensitivity is being aware of the differences and similarities between cultures and how these factors play a role in beliefs and values. Cultural competency is the ability of staff to interact effectively with people from different cultures. Both aspects must be addressed in the policy. The policy will define the training expectations and schedule and the staff that must be trained. It is recommended that all staff be trained. Though some positions may have no or limited contact with customers of another culture, it is preferred that all staff understand the populations that are customers of the department, or with whom they may have potential interaction.</p> <p>The department must provide training records for each year since the previous site visit. This may be a training log, roster or sign-in sheet. Records of training may be in individual personnel files. If this is the case, Site Visitors should look for these records when they are examining personnel records for other activities. However, cultural sensitivity and competency training should be provided to all staff on a regular basis. All new staff should be trained as a part of the department’s orientation program or during the initial months of work.</p> <p>Simply providing training upon hire cannot possibly make a person culturally competent. Demographics are constantly changing and should be reviewed on a regular basis and staff trained. Cultural competence is not a one-time achievement. It is process that through continual training and application is achieved. <b>Annual training of all staff is not required, but the policy should provide a timeline for ongoing training that is then reflected in personnel records and training logs.</b></p> <p>While Title VI and Cultural Competency have some overlap, it is important to note that there are distinct differences between the two. Title VI is not the cultural sensitivity and cultural competency plan or policy for the agency, but is more directed toward discriminatory behavior. Title VI states, “No person in the U.S. shall, on ground of race, color, or national origin, be excluded from participation in, or be denied the benefits of, or be subjected to discrimination under any program or activity receiving</p>

Federal financial assistance.” Meanwhile, Cultural Competence is defined as “A set of attitudes, skills, behaviors, and policies that enable organizations and staff to work effectively in cross-cultural situations” (Cross, et al). The University of Minnesota further defines Cultural Competence as “the ability of individuals and systems to respond respectfully and effectively to people of all cultures, in a manner that affirms the worth and preserves the dignity of individuals, families, and communities.”

**SVT Review and Guiding Questions**

- Was a policy that addresses training in cultural sensitivity and competency provided?
- Were training records for each year since the previous site visit provided?

**References**

NACCHO – Essential Service 8a  
CA  
NCGS

## BENCHMARK 27

Benchmark 27 begins the quality and performance improvement processes for the agency. It is the benchmark that examines the ninth essential service. It explores how the department can appraise its services by looking at how effective those services are, by seeing how easy it is for residents to access those services and by reviewing the overall quality of services. There are three activities in this benchmark that look at how the agency accepts feedback and how it used that feedback to improve.

NOTE: Program and service outcome evaluation is a component of the **NCDPH** program reviews cited previously in Benchmarks 17 and 22 (respectively).

<p><b>Standard:</b> Agency Core Functions and Essential Services <b>Function:</b> Assurance <b>Essential Service 9:</b> Evaluate effectiveness, accessibility, and quality of personal and population-based health services.</p>
<p><b>Benchmark 27:</b> The local health department shall evaluate all services it provides for effectiveness in achieving desired outcomes.</p>
<p><b>Activity 27.1:</b> The local health department shall have in place a process for assessing consumer and community satisfaction with its services.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"><li>• Policy and procedure related to seeking consumer and community input</li></ul> <p>AND</p> <ul style="list-style-type: none"><li>• Copies of tools used</li></ul> <p>AND</p> <ul style="list-style-type: none"><li>• Examples of data collected.</li></ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b> This activity requires that the department have a means to collect comments on its services. It is asking for feedback from both consumers (users of LHD services) and the community at large regarding their satisfaction with the services provided by the LHD. To accomplish this there will need to be both a policy and the procedure and a tool for collecting data on consumer and community satisfaction. This process of evaluation should give valuable information to the LHD that can be used for improvement of services or for possible new areas of service.</p> <p><b>Guidance</b> There are three pieces of documentation that must be present for this activity. First, there must be a policy and procedure that describes the process for obtaining input from both the consumer and the community. The policy is to let the public know of the ways to provide input to the department regarding satisfaction with its services. The policy should define the methods for obtaining input and how consumers and community members will be informed about those methods.</p> <p>Also, copies of tools used must be submitted. Tools are the types of instruments used to collect the data, including surveys, interview protocols, and questionnaires. Departments must have tools that capture input both from consumers as well as community on the satisfaction <b>with</b> LHD services. The tools should be described in the policy. They may also be attached as addenda to the policy. The tools may be hard-copy or electronic, but should be provided in a <b>way</b> that allows for ease of completion and/or return. There may be multiple tools or a single combined survey. Tools may be different or individual based on the program or service or if it is directed to consumers versus the community. There is no specific format, questions or length that must be included. The focus is that the feedback is for assessing satisfaction with health department services of all types. Tools can be developed to target a specific program or service, or they may be general. If separate tools are used by each program, these</p>

should be provided as evidence for this activity. However, all tool(s) used in combination to gather input from consumers and community on the satisfaction of LHD services should reflect all LHD programs and services.

Tools should be provided to match the language and linguistic needs of the customers served and that is present in the community. This would be based on the numbers served and the percentage of an ethnic group in the jurisdiction of the department. Survey tools may be given out personally or provided by mail, email or by web posting. While they can be conducted orally, they should include a means to provide anonymous feedback if desired. If using a web posting to reach the community, there must be evidence of feedback being received and/or of publicity and encouragement of input. While the department cannot force anyone to provide feedback, a survey that receives no responses is either poorly designed or ineffective as a means of soliciting input.

The other component of documentation is to provide examples of data collected. This can be individual responses, a compilation of responses, analysis of responses or a report developed from responses. The data does not need to show what was done with the data or any changes or recommendations that resulted, as this is the requirement for Activity 27.2.

### **Additional Guidance for District Health Departments**

If documentation is not provided for the district as a whole, documentation should address consumer and community satisfaction with services in each county.

### **SVT Review and Guiding Questions**

- Were the policy and procedure related to seeking consumer and community input provided?
- Was a copy of the survey tool(s) provided?
- Does the tool(s) provided reflect input on all LHD services?
- Are examples of this data provided?
- Possible Interview Question
  - How is input on the satisfaction of services obtained from customers?
  - How is input on the satisfaction of services obtained from the community?

### **References**

NACCHO – Essential Service 9a,b,c,d  
CA  
NCGS

<p><b>Standard:</b> Agency Core Functions and Essential Services</p> <p><b>Function:</b> Assurance</p> <p><b>Essential Service 9:</b> Evaluate effectiveness, accessibility, and quality of personal and population-based health services.</p>
<p><b>Benchmark 27:</b> The local health department shall evaluate all services it provides for effectiveness in achieving desired outcomes.</p>
<p><b>Activity 27.2:</b> The local health department shall use data from the consumer and community satisfaction assessment to make changes to improve its services.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>Meeting minutes or records describing how consumer/community satisfaction data was used in planning or decision-making</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>Current Documentation of changes made (e.g., a copy of “old” and “revised” policy or procedure). If no changes indicated from data collected, provide policy/protocol for how community satisfaction data would be used to improve services.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b></p> <p>The previous activity required the department to collect data by having a process in place to assess satisfaction. Collecting the data is only one step of the process and data alone does not serve any useful purpose unless analyzed to identify areas that need improvement. This activity requires the department to use data from the satisfaction assessment to make changes to improve services. This is a performance improvement measure showing that a LHD is continuously looking for ways to improve service or operations and is using input from customers and the community at large to guide those improvements.</p> <p><b>Guidance</b></p> <p>There are two parts to the documentation. First there must be meeting minutes or other records that describe how the consumer/community satisfaction data was used in a planning process or in decision-making to improve services. Meeting minutes can be from an internal department meeting, from a quality improvement team meeting or from a meeting that includes multiple organizations or representatives, including the health department. The records must show that the satisfaction data was shared, reviewed and used in some manner to make changes that will help improve services.</p> <p>The other component of the evidence is documentation of any changes made. There is an example given of a policy or procedure change. Other examples could be a change in service hours, changes to a check-in or check-out process, or revisions to forms and records. Any change is acceptable as long as it relates to an improvement in service for the customer or the community. If no changes are indicated from data collected, then provide the policy/protocol for how the community satisfaction data is to be used to improve services. This could be a stand alone policy or a part of the department’s quality improvement policy/plan.</p> <p>If there are no obvious changes based on feedback, there still must be some type of minutes or record that indicate the data was reviewed, discussed, and the group determined there was no need to make changes at this time. However, the purpose of the process is to look for opportunities for improvement to services. While there may not be an obvious change to be made, the data should be analyzed to also see if staff have a suggestion for improvement based on the feedback.</p> <p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>Was meeting minutes or other records describing how satisfaction data provided?</li> </ul> <p>Does the evidence show that the data was used in planning or decision making?</p>

- Does the documentation show that changes were made?
- If there were no changes, was there a policy or plan that describes what would be done to improve services?
- Possible Interview Question
  - How is consumer/community satisfaction data used in planning or decision making?
  - What changes that improve services have been made based on this input?
  - How are clients and the community notified of the decisions?

**References**

NACCHO – Essential Service 9a,b,c,d

CA

NCGS

<p><b>Standard:</b> Agency Core Functions and Essential Services</p> <p><b>Function:</b> Assurance</p> <p><b>Essential Service 9:</b> Evaluate effectiveness, accessibility, and quality of personal and population-based health services.</p>
<p><b>Benchmark 27:</b> The local health department shall evaluate all services it provides for effectiveness in achieving desired outcomes.</p>
<p><b>Activity 27.3:</b> The local health department shall employ a quality assurance and improvement process to assess the effectiveness of services and improve health outcomes.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>Quality assurance/quality improvement policies and procedures</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>Evidence process is implemented with evidence of at least two improvements as a result of the agency's QI process.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b></p> <p>The health department must have a process in place to review and improve the work they do, whether in services or operations. This activity requires the department to have and use a quality assurance and improvement process. The purpose of the process is to assess the effectiveness of services, improve health outcomes, and provide accountability to elected officials and the public. Quality improvement processes are important to have efficient and effective use of resources through continuous assessment and enhancement. This is a means to better serve consumers and the community who use the services and programs of the LHD and who depend on the department to protect and improve their health.</p> <p><b>Guidance</b></p> <p>The department must provide the quality assurance/quality improvement policies and procedures that have been adopted. The policies can be a stand alone set of policies, procedures, plans and tools or can be a part of the overall administrative manual of the department. There is no required length, format or content. The department should develop a quality improvement plan that best represents the needs of the department and the methods that will be used to improve the functions, services, programs, processes and interventions that are in use.</p> <p>Once the policies and procedures are in place, the department must provide evidence that the quality improvement process is implemented. One means of documenting implementation of the process is by providing all of the following: roster of a quality improvement team or the name of a staff member responsible for or designated to lead quality improvement efforts, minutes of quality team meetings, reports or records of efforts as defined by plan or policy, logs &amp; worksheets, and other documents that demonstrate the department's quality improvement work.</p> <p>The department also must show the results obtained from the implementation of QI processes. Since quality improvement is a goal of an accreditation process, the focus moves from putting a plan into place to producing results from the implementation of the plan or policy. The department must provide documentation from two separate and different quality improvement efforts and show the improvements achieved as a result. The documentation can include meeting minutes, worksheets &amp; logs, reports, pre &amp; post records, photo records, and project narratives. The documentation should show an improvement as a result of implementing the department's quality improvement policy.</p>
<p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>Were the policies and procedures for quality assurance or improvement provided?</li> <li>Was there evidence that the improvement process is in place and implemented?</li> </ul>

- Was there evidence of at least 2 improvements as a result of the agency's QI process?
- Possible Interview Question  
Describe the department's quality improvement process.  
What improvements have been implemented as a result?

**References**

NACCHO – Essential Service 9a,b,c,d

CA

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## BENCHMARK 28

This benchmark, in addition to Benchmark 29, demonstrate the department's responsibility in providing essential service ten, uniting the department's practice role with that of research and the search for new knowledge and best practice in the delivery of services and programs. This benchmark has one activity that assesses the department's efforts to ensure that evidence-based practice is used when investigating or proposing a program.

<p><b>Standard:</b> Agency Core Functions and Essential Services</p> <p><b>Function:</b> Assurance</p> <p><b>Essential Service 10:</b> Research for new insights and innovative solutions to health problems.</p>
<p><b>Benchmark 28:</b> The local health department shall use research to develop and evaluate public health programs.</p>
<p><b>Activity 28.1:</b> Before implementing a proposed public health program, the local health department shall review, when available, research evaluating the potential effectiveness of the program.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"><li>Evidence of Internet or library search OR record of consultation with academic institution, professional organization, state consultant, regarding information about evidence-based best practices.</li></ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b></p> <p>Seeking evidence-based practice (EBP) is becoming the accepted way of planning and implementing public health programs. Evidence-based practice is usually determined through research, evaluation, and previous use. EBP supports the approach taken when implementing a new program, rather than assuming the new approach is best or will produce the desired results. This activity requires the department to review available research that evaluates the effectiveness of a new approach or program prior to implementation. The emphasis in the activity is on using research information to assess the effectiveness of a program.</p> <p><b>Guidance</b></p> <p>There are two possible methods to develop the documentation for this activity. The focus is on conducting this research related to and prior to the implementation of a proposed program or service. The department can conduct a search of the topic, issue or proposed service or program on the internet and/or in a library. Many libraries also offer journals and searches online. The evidence will be to show that the research was done and the materials, articles or data gathered as a result of the search. If the program was implemented, there should be use of the data to support the program. The review of research does not have to be conducted solely by the department but can be done by or in collaboration with another organization, a college or university including academic related centers of practice, professional organizations such as NCPHA or APHA, state consultants from DPH and contracted consultants. The role of one of these, same as the search, is to help the department gather information about evidence-based or best practices related to a proposed program or service.</p>
<p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"><li>Does the evidence show results of an information search or of interaction with consultants, faculty, and/or others (researchers) regarding evidence-based practices?</li><li>Possible Interview Question<ul style="list-style-type: none"><li>How is information on evidence-based programs gathered and used?</li><li>How is information about possible new programs or approaches received and reviewed?</li></ul></li></ul>
<p><b>References</b></p> <p>NACCHO – Essential Service 10a,b,c</p> <p>CA</p> <p>NCGS</p>

## BENCHMARK 29

Benchmark 29 completes the final essential service and is the last benchmark in the Core Functions and Essential Services Standard. This benchmark has two activities that ensure that when the department participates in any type of research project, ethical methods are used. The focus of these two activities is that residents and customers who take part in a research program or project are treated with consideration, care and respect, fully informing them of the purpose of the research. Both of the activities in this benchmark have documentation requirements for initial and re-accreditation site visits.

<b>Standard:</b> Agency Core Functions and Essential Services <b>Function:</b> Assurance <b>Essential Service 10:</b> Research for new insights and innovative solutions to health problems.
<b>Benchmark 29:</b> The local health department shall ensure that its participation in research meets ethical standards.
<b>Activity 29.1:</b> The local health department shall develop and implement policies ensuring that state and federal requirements are followed regarding the rights of participants in local public health research programs and requiring that any requests to access health department clients have Institutional Review Board approval obtained by the host research organization.
<b>Documentation:</b> <ul style="list-style-type: none"><li>• Research policies</li></ul> AND <ul style="list-style-type: none"><li>• Evidence of implementation for activities conducted since the previous site visit.</li></ul>
<b>INTERPRETATION</b>  <b>Intent</b> <p>The public must be protected from intentional or unintentional harm from research. A review panel should approve all projects to assure this happens. Approval for research participant rights protection may be done at the health department or at the host research organization. The purpose for this activity is to ensure that the health department has the policies and procedures needed to guard the rights of participants involved in research.</p> <b>Guidance</b> <p>The activity requires evidence of the department's research policies addressing the rights of research participants. The focus of the policy is on defining and protecting these rights. These policies are to make sure that all requirements are followed in local public health research programs. This refers to research programs that are conducted at the health department or in the local community. The policies are written to speak to health department or LHD patients/clients/customers involved in research. The policies should also require that, when requesting to access health department clients, the research program/project must have Institutional Review Board (IRB) approval obtained by the host research organization.</p> <p>The host research organization referenced in this activity is not the LHD, it is an outside agency, academic institution or company which directs clinical trials. The policies here are to protect the LHD's clients by ensuring that whenever clients or client data are to be used in a research project, the proper approvals have been obtained. The policies may be a part of an administrative set of policies or may be stand-alone.</p> <p>There must also be evidence of implementation of the policies. This would be required for any research activities that have been conducted since the previous site visit. If there have been research projects, then the department must show that:</p> <ul style="list-style-type: none"><li>• All state or federal requirements regarding the rights of participants were followed,</li></ul>

- The host research organization had IRB approval for the project if it will request access to health department clients, and
- Any specified practices defined by policy were followed.
- 

If there has been no research conducted, provide a statement declaring such and include with the policies.

This activity speaks primarily to research programs that are based outside the health department but may involve the department, specific programs, data or individuals affiliated with the department in some aspect of the research. Activity 29.2 speaks to the LHD being the host research organization.

**SVT Review and Guiding Questions**

- Were research policies provided?
- Does policy indicate that approval of an IRB by the host organization must be obtained?
- Possible Interview Question
  - Has any research using LHD clients been done?
  - If so, describe how the policy was followed.
- Was there evidence of policy implementation?

**References**

NACCHO – Essential Service 10a,b,c  
 CA  
 NCGS

<p><b>Standard:</b> Agency Core Functions and Essential Services</p> <p><b>Function:</b> Assurance</p> <p><b>Essential Service 10:</b> Research for new insights and innovative solutions to health problems.</p>
<p><b>Benchmark 29:</b> The local health department shall ensure that its participation in research meets ethical standards.</p>
<p><b>Activity 29.2:</b> The local health department shall develop and implement policies for participation in research activities that impact its clients or community members.</p>
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Research policies</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• Evidence of implementation if participated in research activities since the previous site visit.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b></p> <p>This activity is complementary to the previous one. The LHD has the responsibility to oversee public health research that involves their clients or community members to ensure that the research activities are ethical and benefit the discipline of public health. The activity requires the department to create policies addressing participation in research and put them into practice. This applies to research projects or programs that will affect or involve either clients or customers of the department and community at-large. The health department must have and take responsibility for participant standards in a research program.</p> <p><b>Guidance</b></p> <p>As with the previous activity, the department must provide its research policies as documentation. There may be separate policies for the two activities or may be a single policy. <b>The department</b> may use the same policy required in 29.1 for 29.2, but there must be clear distinctions between research directed by a host organization and research directed by the agency. The point of this activity is to provide information on research processes and the protection of rights for participants in research projects or programs when the health department is the host or a primary collaborator in a project. The LHD is the host research organization for this activity and a policy should be developed referencing client's rights when the LHD is conducting research. The department, or an outside entity, may conduct the research. The focus is not on who does the research, but on the fact that the health department is the primary sponsor of the research and will be involving its own clients or customers.</p> <p>In addition to the research policies, the department must provide evidence of implementation of the policies. This would be if the department has participated in research activities since the previous site visit. This could include release forms from participants in the study, or an MOU/MOA with another entity that will be conducting the research, an IRB document showing approval for the project, project criteria and guidelines or a combination of these documents. If the department has not participated in any research projects as the host agency, it should provide a statement saying so.</p>
<p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>• Were policies that address participation in research activities that impact clients or community members provided?</li> <li>• Was there evidence of implementation since the previous visit? If no participation in research since the last site visit, was there a statement declaring such?</li> </ul>
<p><b>References</b></p> <p>NACCHO – Essential Service 10a,b,c</p> <p>CA</p> <p>NCGS</p>

## BENCHMARK 30

A local health department should have the facilities needed to provide programming to the residents served. Health departments, as a part of their work, will provide a number of clinical services. To properly provide clinical care, and to respond to emerging issues, the LHD must have facilities that are suitably designed for use. This will involve accessibility, cleanliness, safety, confidentiality and security. There are ten activities under this benchmark. All deal with some aspect of the physical plant of the health department and the ability to deliver services within those facilities.

<b>Standard:</b> Facilities and Administrative Services
<b>Benchmark 30:</b> The local health department shall provide safe and accessible physical facilities and services.
<b>Activity 30.1:</b> The local health department shall have facilities that are clean, safe and secure for the specific activities being carried out in the facility or any area of the facility, such as laboratory analyses or patient examinations.
<b>Documentation:</b> <ul style="list-style-type: none"><li>• Visit to facilities and observations by Site Visitors (refer to “Activities that Require Visual Observation” sheet).</li></ul>
<b>INTERPRETATION</b>  <b>Intent</b> <p>The health department carries out a number of services, programs and functions. The types of services will vary from department to department, and the facilities will vary as well. Health departments must function in facilities that allow the agency to satisfactorily carry out its mission and programs. The facilities used by the health department must have the stated characteristics of cleanliness, safety and security.</p> <b>Guidance</b> <p>There is no documentation required for this activity. The agency’s self-assessment scoring will be verified by the site visitors as they visit health department facilities and make their observations.</p> <p>All site visitors will tour the main health department facility. This is usually done just after the completion of the entrance conference. As scheduling dictates, other facilities of the department will be visited by the site visit team at a later time. Site visitors may visit some or all of the satellite sites. Usually the sites that are fully operated and managed by the Health Department will be visited by members of the Site Visit Team. If there are no public services given at a specific location, that site may not be visited by the SVT. This will be determined by the SAC and AAC prior to the site visit. Based upon the number of sites to tour, all sites may not be visited by the entire Site Visit Team. Many times, the Site Visit Team will divide into two groups and will then visit various facilities within the county or district.</p> <p>For a large district, an additional person may be added to the SVT, whose role is to tour facilities throughout the district. This person will usually tour while the other SVT members review documentation.</p>
<b>SVT Review and Guiding Questions</b> <ul style="list-style-type: none"><li>• Review the ‘Activities that Require Visual Observations’ document while touring facilities.</li><li>• Ask any questions that arise during the tour of agency facilities.</li><li>• Health departments may operate out of older or reclaimed buildings. Do not judge a facility simply by age, but in the context of its cleanliness, safety and security related to programs and services.</li></ul>

**References**

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<b>Standard:</b> Facilities and Administrative Services
<b>Benchmark 30:</b> The local health department shall provide safe and accessible physical facilities and services.
<b>Activity 30.2:</b> The local health department shall have facilities that are accessible to persons with physical disabilities and services that are accessible to persons with limited proficiency in the English language.
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Interior and exterior signage that facilitates access</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• Facilities that are accessible to persons with physical disabilities (e.g. ramps, handicapped-accessible restrooms and examination rooms, Braille signage)</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• Policies/protocols that address accommodations for visually and hearing impaired.</li> </ul> <p>To be verified through observations by Site Visitors (refer to “Activities that Require Visual Observation” sheet).</p>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b> Facilities of the health department must be accessible to all residents that may need the services provided by the agency. This activity requires that the department’s facilities will accommodate individuals with physical disabilities. Also the facility must have signage and labeling that helps individuals with limited English proficiency navigate health department buildings. The intent of this activity is for health departments to have facilities open for use by all of the population.</p> <p><b>Guidance</b> The required documentation for this activity is both written and observations by the SVT. This activity is verified through observations by Site Visitors during facilities tours and during interviews. During tours of the facilities the SVT is to look for interior and exterior signage that facilitates access and they will look for aspects of health department facilities that enable access to persons with physical disabilities. The documentation notes some examples – exterior ramps, handicapped-accessible restrooms and examination rooms, and Braille signage – though these are not the only aspects that may be observed. If the facility offers services on multiple floors, elevator access will also be observed. Signage and accessibility will be observed in all sites that are visited by the SVT. The written documentation for this activity is to present the policies and/or protocols used by the health department that address accessibility issues for the visually and hearing impaired; <b>a certificate of inspection from ADA or Office of Disability and Health can also be submitted.</b></p> <p>Interior and exterior signage that facilitates access is signage that denotes entrances to the health department, shows directions within the facilities or denotes areas of service (interview rooms, check-out, laboratory, etc.). The agency should have facilities that are accessible to persons with physical disabilities. When the facilities are older, the LHD may draw attention to improvements to the building and be prepared to answer questions on how the agency accommodates people with disabilities that limit access.</p> <p>The activity also speaks to the issue of accessibility to persons with limited proficiency in the English language. This includes not only those for whom English is a second language but also for individuals that read at a low literacy level. Thus signage should be bilingual, as needed by the communities or populations served. For low literacy clients, there should be materials available as needed to accommodate that population that would be at an understandable level.</p>

**SVT Review and Guiding Questions**

- Review and refer to the 'Activities that Require Visual Observations' document while touring facilities.
- Observe the signage.
- Review policies/protocols that address accommodations for visually and hearing impaired.
- At times during the tour, it may be appropriate to notice or review health education or public materials at random in a check for literacy level. If this is done, ensure that someone on the team is skilled in this kind of evaluation.
- At times during the tour, it may be appropriate to ask questions regarding access to facilities by individuals with physical disabilities or with limited English proficiency.

**References**

CA  
NCGS

<b>Standard:</b> Facilities and Administrative Services
<b>Benchmark 30:</b> The local health department shall provide safe and accessible physical facilities and services.
<b>Activity 30.3:</b> The local health department shall have examination rooms and direct client service areas that are configured in a way that protects client privacy.
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Written clinical protocols addressing privacy</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• Agency floor plan/layout conducive to privacy.</li> </ul> <p>To be verified through observations by Site Visitors (refer to “Activities that Require Visual Observation” sheet).</p>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b> Clients seeking services from the health department should have an assurance that all that can be done will be done to grant them privacy. The physical layout of services should ensure this or should be enhanced by policy and practice.</p> <p><b>Guidance</b> There are two required components for this activity. The first is the written clinical protocols addressing privacy that <b>are</b> used by the department. The protocols do not have a specified format and can be a policy document or a protocol used by clinical operation. If the agency has the clinical protocols as an adopted policy, then it must follow the guidelines under the policy on policies. A protocol does not need to have the format required for policies in the agency but must be approved and accessible to staff. Any staff who are affected by the protocol must be educated on its use. Clinical protocols addressing privacy may be included within another policy, such as HIPAA, but must specifically address wording of this activity (i.e. layout conducive to privacy, such as privacy curtains/screens; doors opening in a manner to ensure privacy; etc.). A basic HIPAA policy alone will not suffice.</p> <p>The second component for this activity is that the agency floor plan is conducive to privacy. In older buildings, or buildings being used that were not designed for clinical facilities, there may be floor plans that are not of themselves conducive to privacy. Here the agency is to work with the layout of the agency- that is, the arrangement of furniture and added features, such as privacy curtains and other possible methods, to remedy privacy concerns through practice in using the facility. This second component is to be verified through observations by Site Visitors during facilities tours.</p>
<p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>• Review policies. Do they contain protocols for clinical practice?</li> <li>• Observe layout of service areas from intake to treatment.</li> <li>• Notice layout of clinic/exam rooms.</li> <li>• If not clearly pointed out, ask about interview space for services not using examining rooms.</li> </ul>
<p><b>References</b> CA NCGS</p>

<b>Standard: Facilities and Administrative Services</b>
<b>Benchmark 30:</b> The local health department shall provide safe and accessible physical facilities and services.
<b>Activity 30.4:</b> The local health department shall ensure privacy and security of records containing privileged patient medical information or information protected by the federal Health Insurance Portability and Accountability Act.
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Medical records policies</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• Proper handling, storage and transport of medical records.</li> </ul> <p>To be verified through observations by Site Visitors (refer to “Activities that Require Visual Observation” sheet).</p>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b>  Clients expect their medical information and records to be protected and not be shared unless there is a legal basis for the sharing. Unless there is a secure place to contain records, and secure transport of records, this privacy cannot be assured. This also relates to the form or method for keeping information and for medical information that may be kept in other programs records, such as a lead investigation conducted by environmental health.</p> <p><b>Guidance</b>  This is the only activity that relates specifically to medical records and information, stating that the medical records must be secured and must be properly managed in their use. The documentation for this activity has two components. The first is the department’s medical records policies. This can be part of the administrative policy manual, can be in combination with other subjects (such as confidentiality in Activity 30.3) or can be a stand-alone policy. The policies should address such areas as HIPAA, Records Retention, Information Release, Confidentiality, Components of the Medical Records, Acronyms/Abbreviations, Medical Records Access, etc. This list is not exhaustive and policies can contain other areas the department wishes to address. This can be done through one policy or many, with one subject area per policy.</p> <p>The second component is for the department to exhibit the proper handling, storage and transport of medical records. This will be verified through observations by Site Visitors during facility tours and during interviews. Site visitors may ask to see record storage areas or may ask how records are transported. Based on the answer, site visitors may ask to see confirmation of the practice described. Please note that this activity does not require electronic medical records, nor does it directly address the imaging/scanning of medical records. However, if electronic records are present, the same requirements are present as for paper records – that they must be secure and properly managed. Medical records should be stored in an area that is secure and not accessible by anyone other than health department staff. Each agency will have to determine policy and protocol for the protection of health information. While medical records rooms do not have to be kept locked in areas accessible to clients, the agency must ensure that the information is protected and that access is monitored and is limited to appropriate personnel.</p> <p>Security of records does not imply that there must be a separate room, but rather that there is a combination of both secure space and proper handling practices. If there is not a separate, locked area for records, the department must define how the information is secured from general access and how that information is protected when there is no staff in attendance.</p>

If there are satellite facilities that require medical records to be transported to other facilities, the health department should have specific policies and proper equipment to transport the records between facilities.

**SVT Review and Guiding Questions**

- Review medical records policies.
- Note that this is more than a HIPAA plan or policy.
- How is HIPAA information contained in medical records provided to patients or others?
- What evidence is presented to show proper handling and storage of medical records?
- Is this observable? There may be a need to ask questions while on a tour of facilities.
- Is there a difference in how public records and private information are handled?
- Possible questions during interviews and facilities tours
  - Who has access to medical records room?
  - How are records pulled/check out?
  - How is privacy assured once a record is pulled/checkout?
  - How are medical records transported to off-site locations?

**References**

CA  
NCGS

<b>Standard:</b> Facilities and Administrative Services
<b>Benchmark 30:</b> The local health department shall provide safe and accessible physical facilities and services.
<b>Activity 30.5:</b> The local health department shall comply with OSHA regulations.
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Policies and procedures</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• <u>At least two</u> documents indicating utilization of policies.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b> OSHA rules set the standards for protection of the workforce. They are federal requirements and must be followed. The health department policies/procedures describe how the rules are to be operationalized and followed within the agency.</p> <p><b>Guidance</b> There are two required components for the documentation of this activity. First, the department must provide the policies and procedures for OSHA compliance. This may be a single policy or multiple policies.</p> <p>The second component is documentation showing how the department has used its policies and procedures. Examples indicating utilization of policies would include such things as records of staff training requirements in the policy, showing corrective action when policy has not been followed, medical follow-up for a bloodborne exposure (needle stick), or other implementation actions for policy requirements.</p>
<p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>• Are a written copy of policies and procedures for OSHA available?</li> <li>• Was documentation provided to show use and implementation of the policies and procedures?</li> <li>• Possible interview questions: How is the staff informed of OSHA regulations? How does the management ensure rules are followed?</li> </ul>
<p><b>References</b> CA NCGS</p>

<b>Standard:</b> Facilities and Administrative Services
<b>Benchmark 30:</b> The local health department shall provide safe and accessible physical facilities and services.
<b>Activity 30.6:</b> The local health department shall ensure cleaning, disinfection and maintenance of clinical and laboratory equipment and service areas and shall document all cleanings, disinfections and maintenance.
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Policies and procedures</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• Evidence to support agency followed policy and procedures for assuring cleaning, disinfection and maintenance of clinical and laboratory equipment and service areas (e.g., agency documents or checklist that is scored over time to demonstrate the effectiveness of the infection control practices such as reports showing periodic observation of practice with immediate feedback allowing for immediate learning and corrective action to take place and records of any quality improvement, etc.) To be verified through observations by Site Visitors, who will randomly select a month for review from the previous 24 months records (refer to “Activities that Require Visual Observation” sheet).</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• Training records for staff on infection control policies and procedures</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• Records of competency verification and periodic observations.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b> It is important for the prevention of disease transmission and for providing accurate lab results that clinical service areas and laboratory equipment used to provide clinical care be properly cleaned/disinfected and maintained.</p> <p><b>Guidance</b></p> <p><b>Background:</b> The Centers for Disease Control and Prevention (CDC) and the U.S. Food and Drug Administration (FDA) issues an advisory on September 11, 2015 alerting healthcare providers and facilities about the public health need to properly maintain, clean and disinfect or sterilize reusable medical devices. Recent infection control lapses due to non-compliance with recommended reprocessing procedures highlight a critical gap in patient safety. Healthcare facilities that utilize reusable medical devices are urged to immediately review current reprocessing practices at their facility to ensure they (1) are complying with all steps as directed by device manufacturers, and (2) have in place appropriate policies and procedures that are consistent with current standards and guidelines.</p> <p>The NC Statewide Infection Control Program (NC SPICE) provides the following guidance: NC SPICE conducted a review of the literature and could not find any source in the literature that supports the use of a log to improve cleaning. Furthermore, neither the 2003 CDC Guidelines for Environmental Infection Control nor the 2008 CDC guideline for Disinfection and Sterilization have any recommendation supporting use of a log for daily cleaning. Numerous studies have demonstrated inadequate cleaning in the hospital setting (30-50% surfaces cleaned). The intervention most supported in the literature for drastic improvement in cleaning was education of staff and providing frequent feedback on performance.</p> <p>NC SPICE recommended the following:</p>

- Policy Components: Development of policies and procedures that include: WHAT items are to be cleaned; WHO is responsible to clean these items; WHAT products are to be used to clean the items; HOW cleaning will be performed (the steps to be taken and the order in which they should be done); and WHEN (frequency) cleaning will occur and any “special circumstances” (such as outbreaks of norovirus.)
- The policy should clearly define expectations combined with adequate TRAINING of staff to specified expectations as the key to getting good compliance. TRAINING RECORDS should be maintained by the agency.
- The policy should also cover EQUIPMENT MAINTENANCE and the agency should follow the manufacturer’s recommendations for maintenance and calibration of equipment. Maintenance records should include the work performed to keep it in working condition, such as repairs, scheduled upkeep, and replacement of parts. For service areas, maintenance can be verified by site visitor observations. The department should have complete records since the previous site visit. Site visitors will select a month from the 24 months prior to the HDSAI due date for review.
- Policy Compliance: Staff competency verification should occur prior to staff being assigned these tasks and frequently thereafter. Periodic observation of practice (either direct or using a fluorescent marker) with immediate feedback allows for immediate learning and corrective action to take place. Periodic observations using a checklist that is scored over time should be used to demonstrate the effectiveness of the program. (Refer to the Resource section for the checklist and evaluation worksheet. Agencies may adapt these tools to fit their needs for the patient care environment.)

The documentation for this activity has four components:

1. Policies and procedures related to cleaning, disinfection and maintenance of clinical laboratory equipment and service areas. This includes reusable devices and equipment (e.g., toys, props used for therapy, thermometers, digital dental x-ray sensors, multi-dose medication vials, etc.)
2. Evidence to support agency followed policy and procedures for assuring cleaning, disinfection and maintenance of clinical and laboratory equipment and service areas (e.g., agency documents or checklist that is scored over time such as reports if periodic observation of practice with immediate feedback AND records of any quality improvements, etc.)
3. Training records showing were staff were trained on infection control policies and procedures related to cleaning, disinfection and maintenance of clinical and laboratory equipment and service areas.
4. Records of competency verification and periodic observations related to the cleaning, disinfection and maintenance of clinical and laboratory equipment and service areas to ensure staff are appropriately trained.

#### Resources

1. 2003 Guidelines for Environmental Infection Control and 2008 CDC Guideline for Disinfection and Sterilization are two resources that contain the most up-to-date scientific recommendations for health care settings and serve as resources for developing policy. See websites at: [2003 CDC Environmental Infection Control Guidelines](#) and the [2008 Disinfection and Sterilization Guidelines](#).
2. CDC resources related to Health Acquired Infections are focused on hospital settings but have some applicability to ambulatory care settings which may be helpful in developing

policy, especially in regards to the frequency of cleaning surfaces. See website at: <http://www.cdc.gov/HAI/toolkits/Evaluating-Environmental-Cleaning.html>.

3. The UNC Healthcare Infection Control Policies have a lot of information regarding cleaning surfaces and equipment common to the clinic environment that could help in developing policy. See specifically the Ambulatory Care and Environmental Services policies found in the [Infection Control Resources](#) on the NCLHDA website.
4. Example Cleaning Grids, Environmental Cleaning Checklist, and Environmental Cleaning Evaluation Checklist can be found in the [Infection Control Resources](#) on the NCLHDA website.
5. CDC Health Advisory – “Immediate Need for Healthcare Facilities to Review Procedures for Cleaning, Disinfecting and Sterilizing Reusable Medical Devices,” 9/11/15 <http://emergency.cdc.gov/han/han00382.asp>.

List of items to consider:

- Autoclaves/medical or dental washers
- BP cuff calibrations
- Scale calibrations
- X-ray equipment permits/license
- Audiometer calibrations
- Thermometer calibrations including those used in EH Lab equipment maintenance and calibration
- Dental Equipment maintenance and calibration including x-ray inspection certification
- Documents to show that eye wash station(s) have been inspected/checked to ensure they are working properly (includes freestanding eye wash stations and/or eye wash attachments for CLEAN sinks)
- Crash cart logs - equipment lists and expiration dates
- Vision testing equipment depending on the type
- Toys in patient play area or therapeutic toys or props (must be disinfected after each use). Consult your Regional Child Health Consultant for recommendations for alternatives to toys such as the evidence-based Reach Out and Read program.

**SVT Review and Guiding Questions**

- Are policies and procedures available?
- Site visitors can review the worksheet and ask random staff members the expectations for cleaning items and how they would clean them.
- Are there records (per agency policy) to show that cleaning, disinfection and maintenance has been done?
- Are there training and competency verification records to show staff have been adequately trained per policy?

**References**

CA  
NCGS

<b>Standard:</b> Facilities and Administrative Services
<b>Benchmark 30:</b> The local health department shall provide safe and accessible physical facilities and services.
<b>Activity 30.7:</b> The local health department shall have and comply with policies and procedures for infection control required by law in providing clinical services.
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Policies and procedures</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• Evidence of compliance with infection control laws.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b> Infection control is an element of good clinical practice and accepted guidelines and policies must be followed by staff who provide patient care in a medical setting. This activity assesses the departments compliance with policies and procedures related to infection control in delivery of clinical services. The focus of this activity is any infection control efforts that are required by law.</p> <p><b>Guidance</b> There are two pieces of documentation for this activity. The department should provide the policies and procedures it follows in infection control. It should also provide evidence on how it is complying with infection control laws. This activity requires staff adherence to policy and procedure as required by law. Any policies and procedures in place should be current with any legal requirements. While the contents of the policies/protocols are not strictly defined, they must at the least contain elements stated in statute or administrative code. When there is a question regarding content, have an appropriate authority or consultant review the policies and procedures.</p> <p>How to comply with the law should be stated in the policies and procedures. The department will then provide examples to show that the policy is implemented and followed. In many cases, compliance with infection control laws can be confirmed through visual observation and could include the wearing of latex gloves in appropriate clinical areas, hand sanitizer dispensers for use by staff and public and proper disposal of medical waste. Other compliance can be demonstrated by records, such as showing that staff requirements for Hepatitis B vaccination are being met by appropriate clinical personnel.</p> <p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>• Review policies and procedures</li> <li>• Is there evidence of compliance with infection control laws? This may be noted through visual observation during facilities tours.</li> <li>• Possible Interview Question What infection control measures are you familiar with? How does staff comply with infection control measures?</li> </ul>
<p><b>References</b> CA NCGS</p>

<b>Standard:</b> Facilities and Administrative Services
<b>Benchmark 30:</b> The local health department shall provide safe and accessible physical facilities and services.
<b>Activity 30.8:</b> The local health department's hours of operation shall be based on documented community need.
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Evidence of consumer and community input related to service needs</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• Record of response.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b> The intent of this activity is to show that the operating hours of the health department meet the needs of the public and are based on documented need. The department must get input in some form to determine what the documented need is. The hours that a department provides services gets at issues of access and the department should determine if its hours prevent the community, or a specified population in the community, from receiving services.</p> <p><b>Guidance</b> If the health department is to be responsive to the community's needs, then it follows that the needs of the community, and the department's customers, must be assessed. This includes asking when services should be provided. If for example, the health department has programs for teenagers, these services should be available after school, evening and/or Saturdays – at times when teenagers could access those services.</p> <p>The documentation for this activity is composed of two parts. First there must be some evidence of consumer and community input related to service needs. The evidence should present how the health department obtained information from the community, how it used or evaluated the information, and the response to the community as a result of the input. That will then provide evidence of the department's response back to the community regarding operating hours.</p> <p>Here the requirement is for evidence of BOTH consumer and community input related to service needs specific to the hours of operation. Data or information should be provided to show the input. Information should be provided to show the response of the agency to that input. The input does not have to be about operating hours only. It may be about service or program needs of the community or consumers. With that input, the department can determine what should be done to respond, which may include a discussion of operating hours needed to provide the service need.</p> <p>The community input may indicate that the hours of operation are fine or it may indicate the need for extended hours, weekend hours and evening hours. All documented need is to be evaluated as opportunities to better serve the community and reach populations that would otherwise go without services. If the department cannot meet the hours suggested in the community input, it should provide the results of the analysis of the input showing why this cannot be done. Whatever the decision as a result of the input, the department should have a record of the decision and should share the decision with the community or those who provided input.</p> <p><b>Additional Guidance for District Health Departments</b> If documentation is not provided for the district as a whole, documentation should address input received from each county in relation to hours of operations.</p>

**SVT Review and Guiding Questions**

- Was there evidence of both consumer and community input into service needs?  
Are surveys done of community members other than current health department patients?
- Does the evidence demonstrate how information is obtained and how decisions/responses are made?
- Was there a record of response?  
Was the record of response shared with those who provided the input?

**References**

CA  
NCGS

<b>Standard:</b> Facilities and Administrative Services
<b>Benchmark 30:</b> The local health department shall provide safe and accessible physical facilities and services.
<b>Activity 30.9:</b> The local health department shall prohibit the use of tobacco in its facility.
<b>Documentation:</b> Verification of signage at all health department facilities.  (Refer to “Activities that Require Visual Observation” sheet.)
<b>INTERPRETATION</b>  <b>Intent</b> Tobacco, in any of its forms, has been demonstrated to cause adverse health effects and therefore is not allowed in the health department. This is a requirement of the Consolidated Agreement and should be an example to the community from the agency that promotes good health. This activity demonstrates that the health department is supportive of tobacco control. Through policy, signage and enforcement, the department should prohibit any tobacco use in its facilities. This activity applies to anyone who is in a department facility.  <b>Guidance</b> The documentation used to show evidence for this activity is signage that will be verified by site visitor observations. The local health department should post signage at all entrances of all LHD facilities as well as at other places that clients and visitors congregate. Signage should also be placed in public areas, or other appropriate areas, in the facility. The department can have a policy on tobacco use but the policy is not required as evidence. The type of signage does not matter, but since the activity refers to all tobacco use, ‘no smoking’ signage alone will not suffice. If any signage is in English, it must also be in other languages if your client and visitor populations dictate such.  Signage can be professionally done or made within the health department. The North Carolina Department of Corrections has signs related to tobacco-free facilities (in English and Spanish) that can be ordered. Local health departments can also contact the Tobacco Control Branch for additional information and signage or create signage of their own.  Signage must be at all facilities that the Health Departments operates or <b>where</b> the department has a full-time or permanent presence. A full-time or permanent presence is defined as space that is occupied or used primarily by the department and equipment, furniture, materials and/or records remain at the site when the department is not seeing clients or customers. A community facility or private building that the Health Department uses on an occasional or scheduled basis does not have to have signage if the health department brings in all materials/equipment/records when it will use the site and removes all materials/equipment/records when leaving the site.  For mobile units, signage must be present at the entrances to the unit unless it is parked on a tobacco free campus, such as a school or hospital. In those cases, signage is not necessary; however the department should provide evidence that the campus is tobacco free. It is recommended that at any location where health department services are being provided, tobacco free signage be posted.
<b>SVT Review and Guiding Questions</b> <ul style="list-style-type: none"> <li>• Observe and verify signage.</li> <li>• Do signs prohibit all tobacco use?</li> <li>• Are signs posted at all facilities managed by the LHD?</li> <li>• If signs are not observed, ask about signage.</li> </ul>
<b>References</b> CA



<b>Standard:</b> Facilities and Administrative Services
<b>Benchmark 30:</b> The local health department shall provide safe and accessible physical facilities and services.
<b>Activity 30.10:</b> The local health department shall make efforts to prohibit the use of tobacco in all areas and grounds within fifty (50) feet of the health department facility.
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>Evidence that the agency may prohibit the use of tobacco use within 50 feet by vote of the Board of Health or the Board of County Commissioners for ALL department facilities;</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>Evidence that a request to prohibit the use of tobacco within 50 feet was made to the Board of Health, County Commissioners or property owner for ALL facilities with a response from the Board of Health, County Commissioners or property owner.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b> Although it is now in NC Statutes to ban tobacco products in and around the health departments, and commissioners can now ban tobacco use in county government buildings, health departments may not control the external portion of the building. The building may be shared with other county offices that do not have the same rules or may be privately owned. The intent of this activity is for the health department to model behavior and prevent congregation of ALL tobacco use outside entrances to health department facilities.</p> <p><b>Guidance</b> The evidence for this activity is minutes or correspondence showing the effort to achieve the prohibition of tobacco use within 50 feet of the all health department facilities. In order to meet the Activity, health departments should discuss this issue with the Board of Health, property owner (if a privately owned building) and/or with County Commissioners (if in a county facility). Although action by the legislature has focused on smoking only, this Activity as written has a focus on the prohibition of ALL tobacco use and efforts made must address the same focus and not just smoking alone. For example, meeting minutes must reference tobacco use in general rather than just smoking. Also, documentation should reference all LHD facilities and not just the main location.</p> <p>“Making efforts” is defined as going as far as the agency can before being told “no” on its request. For single county health departments, if the Board of Health states they will not consider this issue, the agency has gone as far as it can and the Activity is met. If the Board of Health is in favor of the boundary, there must be evidence that the Board of Health has either taken action themselves or has agreed to forward the request on to the Board of County Commissioners or property owner (if leased from a non-county source) with a request for action. The response must be received in writing.</p> <p>The Board of Health does have limited authority (set by state law) to ban tobacco use in health department facilities and to create a 50 foot boundary. If a local Board of Health adopted a policy or rule prior to July 1, 2009, that prohibited tobacco use on its grounds, no approval was required of the county commissioners. For any policy or rule adopted after July 1, 2009 that prohibited any use of tobacco, it must be approved by the board of county commissioners per G.S. 130A-498(a). The Board of Health is allowed to ban tobacco use other than smoking without any need for commissioner approval. However, remember that the activity is for all use of tobacco and any policy or rule must address all uses.</p> <p>If the Board of Health does not vote to ban the use of tobacco products, they may instead support efforts of the department to gain the ban through a vote of the commissioners or permission from the</p>

property owner to declare the ban. The department should show evidence of the request, and a documented response, from the Commissioners or property owner. The correspondence for the commissioners may be handled through the county manager.

Signage alone is not enough without other evidence to demonstrate that efforts have been made.

**Additional Guidance for District Health Departments**

If documentation is not provided for the district as a whole, correspondence is needed for each county within the district. Districts may or may not need to forward the request to commissioners or property owners based upon the lease agreement for the occupied space. The lease may grant them the authority to make such decisions on their own.

**SVT Review and Guiding Questions**

- Is evidence present to show effort on a prohibition of tobacco use within 50 feet of the facility?  
Was action taken by the Board of health to prohibit the use of tobacco?  
Was a request made for the boundary with a response in writing?

**References**

CA  
NCGS

## BENCHMARK 31

This benchmark requires the health department to have policies and procedures that guide the administration, including personnel, of the department. The six activities of the benchmark build on each other, starting with the overall set of policies. Following activities cover specific areas of policy and wrap up the benchmark with a requirement to track the inventory of the department.

<b>Standard:</b> Facilities and Administrative Services
<b>Benchmark 31:</b> The local health department shall develop and implement administrative policies and procedures.
<b>Activity 31.1:</b> The local health department shall develop and implement policies and procedures regarding the administration of the local health department and shall assure policies and procedures are accessible to staff.
<b>Documentation:</b> <ul style="list-style-type: none"><li>• Administrative policies and procedures</li></ul> AND <ul style="list-style-type: none"><li>• Accessibility, to be verified through observations by Site Visitors (refer to “Activities that Require Visual Observation” sheet).</li></ul>
<b>INTERPRETATION</b>  <b>Intent</b> <p>All organizations need to have administrative policies in place that state expectations for staff and for the processes that guide the work of the agency. This activity assesses the health department’s efforts in the development and implementation of those administrative policies and procedures. It also requires that these policies and procedures be readily available to staff and that staff are knowledgeable on how to access them.</p> <b>Guidance</b> <p>The documentation requirement for this activity is to provide the administrative policies and procedures that the department has in use. This is usually a manual with all administrative policies included. There is no required format, topics or content that must be included. Policies can be in hard copy or electronic formats, or a combination of both. If the health department has multiple facilities and hard copies are kept at various locations, all copies must be current, the same version and match in content. Copies can be stored on a server and accessible by computer drive or posted on a department web site.</p> <p>The other evidence for the activity is that the policies and procedures be accessible. Departments can state how they can be accessed by staff in the evidence box of the HDSAI. This will also be verified by the site visitors through observation, through questions on the facility tours and during interviews. If policies are maintained in an electronic format, all staff in all locations must have access to a computer and/or to the internet. Each individual does not have to be assigned a computer, but must have access to one should the policy need to be reviewed or referenced.</p> <p>Policies must be accessible at all times. If hard copy, the location of the policies should be in a central location. An office is fine, but the office cannot be locked during operational hours. For example, administrative policies may be kept in the office of an administrative assistant who is responsible for maintaining and revising the policies. That is acceptable, but if the administrative assistant is away at a conference, meeting or vacation, the office cannot be locked in his/her absence. If staff are based in facilities separate from the main health department building, they must have access to the administrative policies within the facility they are located.</p>

This activity is closely linked with Benchmark 15. Policies and procedures must follow the guidelines stated in the Policy on Policies that is required in Activity 15.3, if adopted or revised after the Policy on Policies was effective.

This activity is a companion to Activity 15.6 which relates to program policies. Both 31.1 and 15.6 are concerned with accessibility of policies. All policies and procedures of the department should have equal accessibility.

**SVT Review and Guiding Questions**

- Were administrative policies and procedures provided?
- Were the administrative policies and procedures accessible to staff?
- If policies and procedures are in more than one location, are policies complete, current and available in each location?
- Possible interview question

Ask how staff access policies and procedures.

If policies are kept on a server /intranet/internet, do all staff have access to a computer?

**References**

CA

NCGS

<b>Standard:</b> Facilities and Administrative Services
<b>Benchmark 31:</b> The local health department shall develop and implement administrative policies and procedures.
<b>Activity 31.2:</b> The local health department shall have a current organizational chart showing lines of authority.
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Current organizational chart with identifiable lines of authority.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b> An element of administrative policies and procedures is having an organizational chart. This activity requires health departments to have a current chart and that the chart have clear lines of authority in its design. The purpose of the organizational chart is to define the reporting relationships that exist throughout the department. Staff should have knowledge of these reporting and supervisory relationships within programs, units or divisions in the health department.</p> <p><b>Guidance</b> The documentation for this activity, a current organizational chart with identifiable lines of authority, is also one of the required documents that must be submitted with the HDSAI. The organizational chart (o-chart) must be current, that is, up-to-date with all employees who are working at the agency at the time of submission. There should not be any o-chart listings of individuals who are no longer working at the department. There should also not be any individuals working at the department who are not on the o-chart. If the o-chart changes in between its submission with the HDSAI and the site visit, an updated chart can be presented on site. Policy may define how often the o-chart is updated. At the least, handwritten changes can be written on the o-chart until the document is updated.</p> <p>There is no defined format or style of o-chart that must be used. The o-chart can be a single page or multiple pages. The department should develop and use an o-chart design that is best for accomplishing its work and objectives, but it also should accurately portray reporting relationships.</p> <p>Whatever the design, the o-chart must clearly show these reporting relationships through clear lines of authority. To do this, the employee's name and position title should be included within the design of the chart.</p>
<p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>• Review organizational chart.</li> <li>• Is the chart current?</li> <li>• Does the chart clearly show lines of authority?</li> <li>• Possible interview questions: <ul style="list-style-type: none"> <li>Do employees know their placing on the organizational chart?</li> <li>Do employees understand the lines of authority?</li> </ul> </li> </ul>
<p><b>References</b> CA NCGS</p>

<b>Standard:</b> Facilities and Administrative Services
<b>Benchmark 31:</b> The local health department shall develop and implement administrative policies and procedures.
<b>Activity 31.3:</b> The local health department shall have written personnel policies that address disciplinary, grievance and harassment issues.
<b>Documentation:</b> Personnel policies that address disciplinary, grievance and harassment issues.
<b>INTERPRETATION</b>
<p><b>Intent</b> Personnel Policies should clearly lay out the expectations of staff and the consequences if those expectations are not met. This is especially true for issues that could result in disciplinary action. Personnel should expect and be entitled to a work environment that is fair, gives due process, is harassment free and that allows employees a method to present a grievance to management. This activity requires the health department to have written personnel policies that address these issues.</p> <p><b>Guidance</b> The documentation for this activity requires the department to have personnel policies with three specified areas that must be covered. Disciplinary refers to the processes relating to aspects of employee behavior that could result in some type of disciplinary action. Grievance refers to the processes that employees may use when they feel that personnel actions, including disciplinary, have not followed policy or are unwarranted. Harassment refers to aspects of the personnel policies that protect employees from unwanted or unacceptable behavior from management or from other employees. Employees should be aware of the policies and how they apply to their position, behavior or actions. Copies of the policies should be accessible by all employees.</p> <p>All personnel policies, including those that address disciplinary, grievance and harassment issues, can be developed by the department or district, or may be policies that have been developed by the county. The policies can also apply only to the department or district or may be uniform for all county departments. There is no required format or style for the policies. If developed by the department or district, the policies should adhere to any guidelines in the Policy on Policies. The policies for this activity can be a part of a greater personnel policy manual or can be standalone policies. If part of a comprehensive policy or manual, the department should flag the section that address disciplinary, grievance and harassment issues.</p>
<p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>• Were personnel policies that address disciplinary, grievance and harassment issues provided?</li> <li>• Possible Interview Question <ul style="list-style-type: none"> <li>Are personnel policies and procedures accessible to staff?</li> <li>Are staff aware of disciplinary, grievance and harassment sections in the department’s personnel policies?</li> </ul> </li> </ul>
<p><b>References</b> CA NCGS</p>

<b>Standard:</b> Facilities and Administrative Services	
<b>Benchmark 31:</b> The local health department shall develop and implement administrative policies and procedures.	
<b>Activity 31.4:</b> The local health department shall have current written position descriptions and qualifications for each staff position.	
<b>Documentation:</b> Position descriptions on file that have been signed, dated, and reviewed annually by both employee and supervisor, to be verified through observations by Site Visitors. Site Visitors will review a written position description for each individual selected for review from one of the previous years since the last site visit.  Site Visitors will review randomly selected personnel records based on health department size: <u>Health Dept. Staff</u> <u>Personnel Records Accessed</u> 30 or fewer                    Up to 10 records 31-100                            Up to 15 records 101 or more                    Up to 15% of total staff  Site visitors should review at least one individual in each of the following roles: public health nursing, environmental health, health educator and member of the management team. If the randomly selected personnel records do not reflect these roles, additional personnel records may be requested. <i>Note: Site Visitors will record their findings in the table following Activity 24.3.</i>	
<b>INTERPRETATION</b>	
<b>Intent</b> This activity continues with the personnel record system as a part of the department’s administrative policies and procedures. Current written position, or job, descriptions and qualifications for each staff position must be maintained by the department. Written position descriptions are descriptions of what is expected of the employee and how it relates to the position’s duties and responsibilities. Qualifications refer to the education, skills and training needed by an individual in the position.	
<b>Guidance</b> The documentation for the activity requires current position descriptions. The position descriptions must be signed, dated and reviewed annually by both employee and supervisor. Regardless of any substantial equivalency status, health departments are required by the activity to have position descriptions that clearly identify one’s individual responsibilities. Written position descriptions must be on file. They can be in individual personnel files or separate. While there can be electronic copies of the position descriptions, these are not acceptable evidence for this activity unless the department has a means to capture an electronic signature. Copies that are current, dated and signed can be scanned or stored as a PDF document.  There is not a prescribed style of position description as long as it is written, current (reflects the actual duties and responsibilities for the position), and correct for function, reporting and requirements. If the department uses a format supplied by a county personnel system that does not provide the clarity sought here, the health department should use a supplemental form to adequately reflect the required information. To be defined as current, the position description should be signed and dated by the employee presently in the position and should accurately reflect the tasks, duties, and requirements of the position. If at any time, the job responsibilities change for an individual, the position description	

should be revised, dated and signed. Each position description should not only be very specific to the person in the position, they should also be dated and signed by the individual and their supervisor.

The position description should also have the qualifications required to be in a position. Usually these are linked to the classification of the position but may have some variation. These generally will be listed by topics such as education, skills and knowledge. There is again no format or style required but the job description should reflect the expectation of the department for the person in the position and should also be reflective of the level of responsibilities of the person.

Site visitors will review this activity through a random selection of personnel records. For each individual selected, the personnel record should have a written position description with qualifications defined that has been reviewed and signed for the year selected since the last site visit.

See [Attachment 3](#) for further guidance on personnel records. Supplemental guidance on personnel records is provided to SVT members. There is a table in the HDSAI following Activity 24.3 that site visitors can use to record their findings for the activities related to personnel records and requirements.

#### **SVT Review and Guiding Questions**

- Was a position description available for all files chosen?
- Are the position descriptions signed by both employee and supervisor and dated?
- Does each individual reviewed have position qualifications?

#### **References**

CA  
NCGS

**Standard:** Facilities and Administrative Services

**Benchmark 31:** The local health department shall develop and implement administrative policies and procedures.

**Activity 31.5:** The local health department shall implement a performance appraisal system for all staff.

**Documentation:**

- Performance appraisal policies and procedures

AND

- Signed and dated annual performance appraisal, to be verified through observations by Site Visitors. To be accepted as valid documentation, the performance appraisal should have been conducted within a randomly selected year since the last accreditation site visit, and is to be signed and dated by the employee and the supervisor conducting the appraisal.

Site Visitors will review randomly selected personnel records based on health department size:

<u>Health Dept. Staff</u>	<u>Personnel Records Accessed</u>
30 or fewer	Up to 10 records
31-100	Up to 15 records
101 or more	Up to 15% of total staff

Site visitors should review at least one individual in each of the following roles: public health nursing, environmental health, health educator and member of the management team. If the randomly selected personnel records do not reflect these roles, additional personnel records may be requested.

*Note: Site Visitors will record their findings in the table following Activity 24.3.*

**INTERPRETATION**

**Intent**

An important component of policies and procedures for a personnel system is a performance appraisal that measures an employee’s performance against expectations or a work plan. This activity requires that the health department have a performance appraisal system for all staff. Employees should be aware of the appraisal system, have an evaluation instrument specific to responsibilities, and have the opportunity to have input during the appraisal process.

**Guidance**

The documentation for the activity is the policies and procedures that define the performance appraisal or evaluation process. For the personnel records selected, the department must provide a copy of the signed and dated annual performance appraisal. By reviewing this material, the site visitors will verify that a system is in place and in use. The performance appraisal system should also require annual evaluations.

The policies and procedures can be hard copy or electronic. They may also be a component of a larger set of policies governing the full personnel system, or may be a stand-alone policy on performance evaluation. There is no required structure, format or content for the appraisal tool. The system may be individual for the department or district or could be provided through a county personnel system.

For a randomly selected year since the last accreditation site visit, a performance appraisal for each of the staff members selected will be provided for site visitor verification. To be accepted as valid documentation, the performance appraisal should have been conducted within the year selected, and is to be signed and dated by the employee and the supervisor conducting the appraisal.

Performance appraisals for temporary, part-time or seasonal employees may be different from full-time staff, but all staff should be evaluated in some aspect for their job performance. The completed appraisal, in accordance with the policies, should be documented. If a part of a county personnel system and the required county system does not address the health department's needs, additional components and documentation can be added.

The annual evaluation or performance appraisal documentation is not a public record. LHDs need not provide the entire performance appraisal, including comments, for each record selected. Site visitors only need to verify that an appraisal was conducted and can do so by viewing the signature page of the performance appraisal that includes the individual's signature, signature of supervisor who completed/conducted the appraisal, and the date completed. Therefore, the agency may provide the entire appraisal with consent of the employee; may show evidence that an appraisal has been conducted, such as the signature page along with the form used; or may provide a full copy with the evaluation ratings and comments blacked out. The intent is to show that an evaluation has been done, not to provide the SVT with the results of the evaluation itself. If the department provides the signature sheet, there should also be documentation of the time period being evaluated and a blank copy of the appraisal tool provided to the site visitors.

See [Attachment 3](#) for further guidance on personnel records. Supplemental guidance on personnel records is provided to SVT members. There is a table in the HDSAI following Activity 24.3 that site visitors can use to record their findings for the activities related to personnel records and requirements.

**SVT Review and Guiding Questions**

- Were performance appraisal policies and procedures provided?
- Were there performance appraisals for all personnel records chosen?  
Are the annual performance appraisals signed and dated?
- Possible Interview Question  
Ask staff to describe the performance appraisal process.

**References**

CA  
NCGS

<b>Standard:</b> Facilities and Administrative Services
<b>Benchmark 31:</b> The local health department shall develop and implement administrative policies and procedures.
<b>Activity 31.6:</b> The local health department shall have an inventory of equipment that includes a plan for replacement.
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Inventory list</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• Replacement plan for equipment</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b> This activity requires the health department to have an inventory of equipment along with a plan for replacement of equipment. For many programs, the proper equipment is vital to accuracy of the work. Necessary equipment needs to be available, in good repair, and specific for the task it is used for. An inventory list must be current and complete in order to assure that equipment is present and to know when it needs to be replaced. A complete inventory listing and a good replacement plan will also be excellent budget planning tools.</p> <p><b>Guidance</b> The department is required to provide an inventory list of department equipment and a replacement plan for equipment owned or assigned to the health department. Equipment will include any type of laboratory, clinical, medical or home health equipment, audio/visual, computers and servers, environmental health equipment, animal control equipment (if a part of the health department), and vehicles.</p> <p>The inventory list does not have to include any reference to a monetary amount. Health departments may have a policy to indicate a minimum value for equipment they maintain as inventory or to be kept on an inventory listing. For example, some health departments have policies that specifically state the inventory list will be maintained for items valued at over \$XXX.</p> <p>The guiding factor here is that the inventory list is guided by any fiscal control act guidelines. For single county health departments, the county inventory list will meet this activity. For districts and authorities, a list that follows guidelines that the Board of Health has established will meet this activity.</p> <p>While the inventory list provided for this activity may include hardware and software, the list should not be limited to such. A hardware and software inventory list is partially addressed in Activity 32.1. Any hardware not listed for that activity should be included on this list.</p> <p>The replacement plan must include a description of how and when the department will assess the need for replacement of equipment owned or assigned to the department and evidence that the plan has been followed.</p> <p><b>Additional Guidance for District Health Departments</b> If required documentation is not maintained for the district as a whole, then documentation should be provided for each county.</p> <p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>• Was an inventory list provided?</li> <li>• Was a replacement plan provided?</li> <li>• Possible Interview Question</li> </ul>

Who develops or maintains the inventory list? Who develops or maintains the replacement plan?
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<b>References</b>
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## BENCHMARK 32

This benchmark ensures that the management information or computer system is secure and sufficient to meet the needs of the health department. There are four activities under this benchmark that address aspects of access, use and security of the information system of the department. The management information system may be maintained by the department or district or may be a part of a county system. Whatever the source and size of the system, it should offer use to all staff needing access, should protect the information that is on a computer or server and should ensure that it can handle all requirements.

<b>Standard:</b> Facilities and Administrative Services
<b>Benchmark 32:</b> The local health department shall operate a secure and effective management information system.
<b>Activity 32.1:</b> The local health department shall have computer equipment and software needed to interface with state data management systems.
<b>Documentation:</b> <ul style="list-style-type: none"><li>• Hardware and software inventory used with state data management systems</li></ul> AND <ul style="list-style-type: none"><li>• Evidence of data exchange between LHD and state.</li></ul>
<b>INTERPRETATION</b>  Intent The local health department has the responsibility for collecting certain data and transmitting that to the state for statistical purposes. The state center for health statistics and other units of the Division of Public Health use the local data to compile state reports and to meet programmatic requirements. The department may also send data to the state to bill for services. Thus it is necessary for local systems to link and communicate with the state information or data management system. To do that, the health department will have to have the necessary computer equipment and software to interface.  Guidance This activity has two documentation requirements. First is a hardware and software inventory of the equipment used with state data management systems (such as HIS, NCIR, NCEDSS, VR, BETS). This list must include only hardware and software equipment that is linked to a state data system. If there is a direct link through a connection, only that equipment must be listed. If the link is through a web-based system, any computers configured to link must be included. The list can be a subset of the inventory list required in Activity 31.6. It may also be a subset of a comprehensive department listing of all hardware and software. Also, all major software packages must be on the inventory as well. For example, this includes but is not limited to operating systems, word processing and accounting, media, and virus/malware. Everything on the computer does not have to be listed but the inventory should include purchased or directly used software. For example, Microsoft Office 2007 would be listed while Java (needed for many web functions to work) would not.  The other piece of documentation is to provide evidence of data exchange between LHD and state. This can be a type of report to show that data has been entered and submitted. It can be a sheet that documents send dates and times. It can be an accounts report of some type. It can also be a report provided by the state.  <b>Additional Guidance for District Health Departments</b> If required documentation is not maintained for the district as a whole, then documentation should be provided for each county.
<b>SVT Review and Guiding Questions</b> <ul style="list-style-type: none"><li>• Was there an inventory available of hardware and software needed to interface with state data management systems?</li></ul>

- Was there evidence of data exchange?
- Possible Interview Questions
  - How does the health department information system link with the state?
  - Does the LHD have needed hardware and software to interface with the state?

**References**

CA  
NCGS

<b>Standard:</b> Facilities and Administrative Services
<b>Benchmark 32:</b> The local health department shall operate a secure and effective management information system.
<b>Activity 32.2:</b> The local health department shall ensure that staff are able to use the management information system to participate in electronic communications and public health program implementation.
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>Evidence that relevant staff have been oriented to or received training in the use of management information systems.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b>  Employees must have information system skills to be effective in today’s work environment. Increasingly, technology is used in the management of records and in patient flow. Staff must be competent in the use of the information systems used by the LHD. IT systems and software are complex and staff must be properly trained in their usage. This activity requires that the department ensure that staff, as assigned or appropriate, are able to use the department’s management information system (MIS). The purpose for this activity is to allow the department to use a MIS to participate in electronic communications and public health program implementation.</p> <p><b>Guidance</b>  This activity requires evidence that relevant staff have been oriented to or received training in the use of management information systems. The department will need to provide a list <b>or spreadsheet</b> to define the relevant staff that use any MIS. This most likely will include anyone who logs onto a computer that is a part of a network. This will include staff using NCIR, <b>NCEDSS</b>, the department billing system or HIS and any other MIS program. This will include any staff that must provide state reports through some type of web-based system or specialized software. Just because a staff member has an assigned login and uses a system does not provide the evidence of training. If identified as a relevant staff member that uses MIS, staff that are selected for the random review of personnel records will have MIS training reviewed by site visitors.</p> <p>Much training or orientation will be provided on-the-job and there will be no certificate as proof. So there must be a record of some type for review. Possible documentation could be shown through the orientation checklist, a checklist specific to MIS training provided, or a completed outline of training topics signed by a supervisor or a county or department/district MIS department.</p> <p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>Was there evidence provided to document relevant staff have been oriented to or received training in the use of management information systems?</li> <li>Possible Interview Question  Ask the person responsible for department IT how training is provided.</li> </ul> <p><b>References</b>  CA  NCGS</p>

<b>Standard:</b> Facilities and Administrative Services
<b>Benchmark 32:</b> The local health department shall operate a secure and effective management information system.
<b>Activity 32.3:</b> The local health department shall have a written policy regarding authorized and prohibited use of computer equipment, email and Internet.
<b>Documentation:</b> <ul style="list-style-type: none"> <li>• Computer/technology use policy.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b> The use of technology provides staff with all kinds of opportunities for access to information. It may also afford an opportunity for misuse or use of department resources for personal reasons. This is usually not the intended use of this technology and departments need to have defined guidelines for its use. Policies and procedures are needed to control use and misuse of a management information system. This activity requires the department to have written policies or procedures that govern the use of computer equipment, email and Internet.</p> <p><b>Guidance</b> The documentation for this activity requires the computer or technology use policy or procedures. The policy must do two things. It must define the authorized or allowed uses and the prohibited uses of the MIS. The policy must specifically address three areas – general use of computer equipment, use of email, and use of the internet. The authorized and prohibited uses of MIS may be for any use of the MIS including the three specified.</p> <p>The policy may be a part of the administrative policies required in Activity 31.1 or may be a separate policy. There is no specified format or content beyond the <b>three areas and</b> two components mentioned. The policy should define the consequences of using the MIS inappropriately.</p> <p>As with other department policies, this policy must follow the guidance of the Policy on Policies. It must be accessible to staff and all staff must be trained on the policy. Because of the possible disciplinary action that could occur from misuse of the MIS, some departments require employees to sign a disclosure that they have read and understand the policy. This is not required, but if it is done, site visitors should look for this disclosure form during the review of personnel records.</p> <p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>• Was there a written computer/technology use policy regarding authorized and prohibited use of computer equipment, email and Internet? Does it require an employee signature? If yes, check during personnel records review</li> <li>• Possible Interview Question Ask staff about the computer use policy and training on its content</li> </ul> <p><b>References</b> CA NCGS</p>

<b>Standard:</b> Facilities and Administrative Services
<b>Benchmark 32:</b> The local health department shall operate a secure and effective management information system.
<b>Activity 32.4:</b> The local health department shall have policies and procedures to assure management information system security, and use passwords and screensavers to safeguard the privacy of electronic information.
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Policies and procedures assuring management information system security</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• Evidence that policies and procedures have been implemented, to be verified through observations by Site Visitors (refer to “Activities that Require Visual Observation” sheet).</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b> Data in the health department information system or data bases must be kept secure as required by good practices on confidentiality and by law. This includes the entire operation from initial clinic intake to environmental records. Policies and devices will be needed to define departmental security processes and functions. This will include the use of passwords and screensavers, as appropriate, along with other personal practices needed to protect information when the user is not at the computer. This is to protect the information from others who are not authorized to view it.</p> <p><b>Guidance</b> The health department must provide the policies and procedures assuring management information system (MIS) security. The policies and practices must protect information on the MIS from being viewed or used inappropriately or by anyone who does not have a need to see the information. This would include staff, visitors and clients/customers.</p> <p>As with other policies and procedures, the MIS security policies can be a part of the overall administrative policies of the department or can be a stand-alone policy. It can be a policy that is developed by the department or provided through a county MIS office. It can be electronic or hard-copy, but all staff who must adhere to the policy should be able to access the policy and should be trained on its contents.</p> <p>The policy should be a comprehensive look at MIS security and not just specific segments or regulations, such as HIPAA. Any regulations, such as HIPAA, that are addressed in other measures or have their own set of policies and procedures do not have to be placed in this policy, but should be referenced so that staff (and site visitors) can note the relationships between the separate policies.</p> <p>There should be evidence that policies and procedures have been implemented by the department. This will mean that the practices and procedures described in the policies are being used when the site visit begins. This will be verified by the site visitors through their observations on facility tours and by questions asked during interviews. Site visitors may also question staff on facility tours about MIS security and can check unattended computers to see if practices in the policies are being followed. While it is expected that an agency would correct any policy violation once notified of such, if any policy violation is noted by the site visit team, it will result in a “not met” score for the activity.</p> <p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>• Were the MIS security policies and procedures, including use of passwords and screensavers, provided.</li> <li>• Observe computers and staff practices during facility tours and other visits to client areas. Were policies and procedures being followed?</li> </ul>

- Was there evidence that policies and procedures had been implemented?
- Possible Interview Question
  - How is information in the MIS protected?
  - What practices do you follow to protect information in the MIS?

**References**

CA  
NCGS

## BENCHMARK 33

This benchmark, composed of seven activities, assesses how the department assures its financial accountability. Included are aspects of funding and support, having an approved budget, internal handling of funds, setting fees, financial reports and risk management. These practices and policies help keep the department on sound financial footing and provide a means to document the efficient and responsible use of funds.

<b>Standard:</b> Facilities and Administrative Services
<b>Benchmark 33:</b> The local health department.
<b>Activity 33.1:</b> The local health department shall demonstrate that it receives financial support from a local taxing authority.
<b>Documentation:</b> <ul style="list-style-type: none"><li>• Board of health minutes reflecting discussion of budget</li></ul> AND <ul style="list-style-type: none"><li>• County Commission minutes reflecting discussion of budget</li></ul> AND <ul style="list-style-type: none"><li>• Evidence of passage of budget</li></ul>
<b>INTERPRETATION</b> <p><b>Intent</b> Financial support for local health departments comes from several sources, one of which is tax dollars from the local jurisdiction. This activity requires that the department provide evidence that it has received funding support from a local taxing authority. County and city commissioners (along with a consolidated city/county entity) in North Carolina have this authority and therefore are the usual source of local money and allocations. Boards of Health (BOH) and county commissions (or local governance boards if another structure is used by the county) are responsible for budget approval. This activity also asks for evidence that the budget has been appropriately adopted.</p> <p><b>Guidance</b> The documentation for this activity has three components. First, there should be evidence that the Board of <b>Health or the body that assumed those powers and duties (all referred to as "BOH below)</b> is aware and has discussed the budget <b>(this would not include an Advisory Committee)</b>. The focus of the discussion is to request financial support from the county or municipality as a local taxing authority. The BOH minutes should discuss proposals, the need for tax dollars to support the department or a program, or other instances when local dollars are needed in the budget. For single county departments, the full budget may be forwarded to the county with a single request for dollars or for local dollars in individual program budgets. The BOH minutes should record this discussion showing where local dollars are needed. For districts/authorities, the BOH should record discussion and input of a request for local dollars that will go to the county or counties in the jurisdiction of the department.</p> <p>The second piece of evidence is to show that the County Commissioners have discussed the budget in some manner and record the discussion of the health department's budget request in minutes. For single county health departments, usually the full budget will be submitted to the county for consideration. For districts/authorities, the entire budget may be forwarded, or the amount of funding/support requested. The health department budget/request may be discussed by the county commissioners in special budget meetings or in a regular meeting. Any discussion method is acceptable as long as it is recorded in minutes. All departments must have some discussion of funding approved by the County Commissioners since the activity requires support from a local taxing authority.</p>

The final piece of documentation is evidence of passage of the department's budget. The focus here is to show that the budget was passed with an allocation from a local taxing authority. The focus is not to show that it was passed by the proper authority. That is the documentation for Activity 33.2. The department can use as evidence the budget that is listed as documentation for 33.2 and highlight examples in the budget that demonstrate funding from the local taxing authority.

**Additional Guidance for District Health Departments**

County Commission minutes are not required since the BOCC does not approve a district budget. The budget must show any contributions that are received through county budgets.

**SVT Review and Guiding Questions**

- Was Board of Health minutes reflecting discussion of budget provided?
- Was County Commissioner minutes reflecting discussion of budget provided?
- Was there evidence of passage of the department's budget by the proper authority?

**References**

CA

NCGS § 159-10, § 160B-11

<b>Standard:</b> Facilities and Administrative Services
<b>Benchmark 33:</b> The local health department shall assure its financial accountability.
<b>Activity 33.2:</b> The local health department shall operate under a budget approved by the appropriate authority under state statute.
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Current budget</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• Evidence that it has received official approval from the appropriate authority.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b> Another key element in financial accountability is for the department to operate under a budget that has been reviewed, vetted and approved by the authority that has the power to do so. This will involve the BOH and, for single county health departments, the county commissioners. The appropriate authority is primarily defined in state statute under Chapter 159: Local Government Finance.</p> <p><b>Guidance</b> The documentation for the activity is a copy of the current budget along with a record of its official approval. The current budget is the approved budget that is in effect when the HDSAI is submitted. If a new fiscal year begins (July 1) after the due date of the HDSAI but before the date of the site visit, the department may update the budget evidence, place it in the reference files and present it on-site, but is not required to do so.</p> <p>The appropriate authority may be the county commissioners, the BOH or both, based on the governance structure for the department. For single county departments, the commissioners may wish for the BOH to recommend a budget to them, so the BOH may have to take action on a budget that is then forwarded to the County Manager. For districts/authorities, there is no County Commissioner approval required for the full department budget, thus the final approval for the budget is by the BOH. The evidence of adoption can be through meeting minutes or dated correspondence indicating that the budget was approved.</p> <p>See Activity 39.3 for related information on the requirement of the BOH to review and approve the department's budget.</p>
<p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>• Was the current, approved budget provided?</li> <li>• For single county agencies, is there evidence the budget has been recommended by the Board of Health and approved by the county commissioners?</li> <li>• For authorities and districts, is there evidence the budget has been approved by the Board of Health?</li> <li>• Possible interview question: How is the budget approved? What role does the BOH (governance board) have in the process?</li> </ul>
<p><b>References</b> CA NCGS § 159-7, § 159-13, § 130A-36(a)</p>

<b>Standard:</b> Facilities and Administrative Services
<b>Benchmark 33:</b> The local health department shall assure its financial accountability.
<b>Activity 33.3:</b> The local health department shall follow generally accepted accounting principles.
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Findings of most recent audit</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• Evidence of performance improvement activities including implementation, as appropriate, based on audit findings.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b> For local government or local entities, there are accounting practices that must be followed and are defined by law. This activity requires the department to follow accepted accounting principles. One such accepted practice and one that is required by law is an annual audit of all accounts by a certified public accountant or by an accountant certified by the Local Government Commission as qualified to audit local government accounts. There will be a written report from the audit and the department should act on the results from the audit to correct deficiencies and improve processes.</p> <p><b>Guidance</b> The health department must provide an audit report or findings of most recent audit. The audit used in documentation must be the most recent, that is, the last one conducted for which the department has a report as of the due date of the HDSAI. If an audit has occurred just prior to submission of the HDSAI, but no report or findings have been given to the health department, use the audit for the previous year. The findings can be a summary from the audit, a summary developed by the department or county or a compilation of pages from the audit. While it is advisable to have the full audit document available, there is no need for site visitors to review the full audit.</p> <p>The findings submitted should be related to the practices of the health department. For single county health departments, the LHD will most likely be included in the overall county audit. In that case, the section of the audit that site visitors will need to review will be any of the findings noted for the local health department. If the full audit is provided or asked for by site visitors, the applicable sections of the audit document should be flagged. For districts/authorities, the audit will most likely be for just the health department accounts.</p> <p>The other element of evidence is to demonstrate performance improvement activities in the department including implementation, as appropriate, based on the findings of the audit. The performance improvement activities should be directly related to findings; the department will define “as appropriate”. This generally refers to the level of control that the health department has over the finding.</p> <p>The performance improvement activities can be conducted through the department’s QI plan and program or may be a separate activity based on the audit findings. There is no required or specified format for the performance improvement process or records. The focus is on improvement in financial practices or processes based upon a deficiency found by the auditors. If no deficiencies were found, provide the statement in the audit report indicating such.</p>
<p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>• Were the most recent audit findings provided?</li> <li>• Was there evidence of performance improvement activities including implementation based on audit findings?</li> </ul>
<p><b>References</b> CA</p>



<b>Standard:</b> Facilities and Administrative Services
<b>Benchmark 33:</b> The local health department shall assure its financial accountability.
<b>Activity 33.4:</b> The local health department shall have policies that assure segregation of financial management duties and accountability for funds.
<b>Documentation:</b> <ul style="list-style-type: none"> <li>• Policies referencing segregation of financial management duties and accountability for funds.</li> </ul>
<b>INTERPRETATION</b>
<p><b>Intent</b></p> <p>It is important to have several individuals involved in the financial duties of the LHD. This is to ensure that the agency has appropriate numbers of people trained but also to ensure that the duties and handling of finances are not concentrated in one or two people. This acts as a check on the system in place and provides integrity to financial accountability. That is the intent of this activity through departmental policies that assure both the segregation of financial management duties and accountability for funds.</p> <p><b>Guidance</b></p> <p>The documentation for this activity is the policies that define the process for two elements – the segregation of financial management duties and the accountability for funds. These policies can be a part of the overall administrative policy manual of the department or can be stand alone. They may be a single policy or composed of multiple policies. The policies may be developed by the department, the county, or a combination of both. Any staff who have financial responsibilities should be trained on these policies and know the processes to be followed.</p> <p>There are two elements that must be in the policies. The first is segregation of financial management duties. This refers to such tasks as collecting fees, preparing the daily deposit, making the deposit, preparing invoices, accounts payable, travel reimbursement, processing paper checks received by mail, etc. The department should have multiple people handling funds collected by the department, providing a checks and balances system on the money coming into the agency. The focus of this requirement is to prevent having one person who handles receipts from collecting the funds to making the deposit. This provides a process to protect employees, limit opportunities for theft or fraud, and to verify their accounting work.</p> <p>The second component of the policies is to define accountability for funds. This covers aspects of overall departmental accountability. This accountability portion includes aspects of handling large receipts (for example from grants and electronic deposits), defines protocols for handling of cash receipts, reconciliation of collections to charges (such as encounter forms or master bills), protocols for collections off site, daily deposit cut-offs, petty cash, and other sections to define the department's overall proper handling of funds.</p> <p>The policies are not limited from including other topics but must address these two areas.</p>
<b>SVT Review and Guiding Questions</b> <ul style="list-style-type: none"> <li>• Were the policies that assure segregation of financial management duties and accountability for funds provided?</li> </ul>
<b>References</b> CA NCGS

<b>Standard:</b> Facilities and Administrative Services
<b>Benchmark 33:</b> The local health department shall assure its financial accountability.
<b>Activity 33.5:</b> The local health department shall determine the cost of services in setting fees.
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Minutes of agency meetings</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• Board of health minutes reflecting discussion of service costs</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• Data or methodology used to determine costs.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b>  This activity requires the department to determine the cost of services and to use this information in the setting of fees, although fees do not need to be set “at cost.” Fees should be set to reflect the costs incurred by the department and thus some type of cost analysis will be necessary. The focus of the activity is on providing the information that will be used by the Board of Health in approving the fees of the department. The activity does not require approval of fees or even the fee listing, but the information used to determine the fees that will be proposed.</p> <p><b>Guidance</b>  The health department is required to provide minutes of meetings within the department that record discussion or analysis on the determination of the cost of services. This can be staff workgroups, management team, or other meeting convened by the department. These meetings can include county finance staff or BOH representatives. There is no prescribed method that the department must use to determine costs. An internal cost analysis can be done, cost settlement reports can be used, or another data analysis process that looks at the cost of providing a service or program can be used. While external pricing guides and market surveys can be done, these should be secondary and, if used, should include some accepted guidelines for a cost breakdown versus simply being used for a comparison of fees.</p> <p>Another piece of documentation required is Board of Health minutes that record discussion of service costs. This should be a board discussion on the information that is provided by the department and will be a guide in setting fees.</p> <p>The department must also provide the data or methodology used to determine costs. The data would include any reports, statistics, utilization numbers, etc. used in the analysis to determine costs of services. The methodology used refers to the actual process of analysis of the data to arrive at costs of services amounts that will be used to develop proposed fees. There is no data that must be included or methodology that must be used. The department, in collaboration with the BOH, should use a process that helps determine the most accurate and valid numbers for both costs and fees.</p> <p>This activity is a companion to Activity 39.3. That activity requires the BOH to approve fees in accordance with its duties as outlined in General Statute 130A-39(g). This activity provides the information needed by the BOH to make valid and informed decisions when approving department fees. Evidence here should reflect that there was discussion by the department and the BOH of information used to determine and propose fees, not of the fee approval process.</p>

**Additional Guidance for District Health Departments**

If documentation is not provided for the district as a whole, minutes should be provided for each county and, unless there is one rate list for the entire district, BOH discussion should be provided for each county.

**SVT Review and Guiding Questions**

- Were minutes of agency meetings to determine the cost of services in setting fees provided?
- Was Board of Health minutes reflecting discussion of service costs provided?
- Was data or the methodology used to determine costs provided?
- Possible Interview Question
  - How does the department determine the cost of services?
  - How does the BOH review and use information on service costs to set fees?

**References**

CA  
NCGS § 130A-39(g), § 130A-45.3(a)(5)

<b>Standard:</b> Facilities and Administrative Services
<b>Benchmark 33:</b> The local health department shall assure its financial accountability.
<b>Activity 33.6:</b> The local health department shall develop and present periodic budget, expenditure and other financial tracking reports to the board of health for its review.
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Three different financial reports</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• BOH minutes reflecting discussion of those reports.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b> Budget monitoring, including the review of expenditures and revenues, is an important part of sound financial practice and is appropriate to evaluate the financial accountability of the LHD. The BOH must be a partner in the budget review process and in the financial oversight of the department. This activity requires the department to develop periodic budget, expenditure and other financial tracking reports and then present those reports to the Board of Health.</p> <p><b>Guidance</b> Documentation for this activity is to provide three different financial reports. The reports must be of three separate types providing different types of information. The reports cannot be three separate reports of the same kind, such as three different months of a department budget summary. The activity mentions two possible types. One is a budget report. This would refer to a report showing current expenditures and revenues, including year-to-date sums. An expenditure report would be focused on the expenses and costs to the agency. Other examples of financial reports include an annual budget summary, a quarterly or monthly report of expenditures and/or revenues or a report detailing a specific program, billing or accounts receivable reports, accounts payable reports, collections reports, and state expenditure reports (through the WIRM). Reports could reflect data for any time period – such as a month, quarter, annual or a multi-year report showing trends. Bad debt reports can be used for this activity. However, a bad debt write-off amount or summary should not be used in this activity since that information will be required in Activity 33.7.</p> <p>The activity also requires that the BOH review the reports. Evidence must be provided through BOH minutes demonstrating that discussion of those reports occurs. The reports provided to the Board should be representative of all financial transactions of the agency and should help in providing a review process for the overall financial accountability of the agency.</p> <p>This activity is related to Activity 39.2 where the BOH is to review financial reports as an assurance that essential services of public health are being provided. Both activities require BOH discussion of financial reports in the minutes for documentation. However, the reports and the discussion should be of a different nature. The focus in that activity is that resources are being provided for needed services. The focus in this activity is to assess financial accountability.</p>
<p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>• Were examples of three different financial reports provided?</li> <li>• Were BOH minutes provided recording that discussion occurred concerning the financial reports?</li> <li>• Possible Interview Question Ask BOH members how financial reports are received and reviewed.</li> </ul>
<p><b>References</b> CA NCGS</p>

<b>Standard:</b> Facilities and Administrative Services
<b>Benchmark 33:</b> The local health department shall assure its financial accountability.
<b>Activity 33.7:</b> The local health department shall have a financial risk management system in place to address uncollected fees and bad debt.
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Policies and procedures defining financial risk management for uncollected fees and bad debt</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• Evidence of implementation.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b> The health department often will be called upon to provide services and programs for the overall health of the community but may not be reimbursed for those services. Most health departments operate under the concept of making services available regardless of ability to pay. Health departments also must have a sliding fee schedule for many services. Since there will be clients and customers who do not have the resources to pay for their services, the department will incur expenses that will not be paid for. This activity ensures that the department has a financial risk management system in place to deal with uncollected fees and to write off of bad debt.</p> <p><b>Guidance</b> The documentation for this activity requires the department to have policies and procedures that define financial risk management for two specified issues – uncollected fees and bad debt. Financial risk management is the set of processes and practices used by the department to incur the least possible financial risk. The focus is on how the department maximizes the collection of fees and minimizes bad debt.</p> <p>The department must also provide evidence of implementation of the policies and procedures and that it is following its defined schedule for writing off bad debt. This can be shown through BOH minutes with attachments, commissioner meeting minutes, correspondence with county finance offices and records of bad debt write-offs that have occurred since the previous site visit. Implementation of policy can also be demonstrated by any records showing how the department works to maximize the collection of fees and to minimize bad debt (such as the use of payment plans and debt setoff programs).</p>
<p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>• Were policies and procedures defining financial risk management for uncollected fees and bad debt provided?</li> <li>• Was there evidence of implementation of policies and procedures?</li> <li>• Possible Interview Question <ul style="list-style-type: none"> <li>What are the financial risk management practices of the department?</li> <li>How often is bad debt written off?</li> <li>What efforts are made to collect bad debt?</li> </ul> </li> </ul>
<p><b>References</b> CA NCGS</p>

## BENCHMARK 34

One of the powers and duties granted to the Board of Health by statute is the authority to adopt rules that may be necessary to protect and promote the public health within the jurisdiction of the department. This benchmark examines the readiness of the BOH to fulfill that duty and seeks to ensure that the BOH has the proper procedures in place to examine the need for rules and then to adopt them as necessary

<b>Standard:</b> Governance
<b>Benchmark 34:</b> The local board of health shall exercise its authority to adopt and enforce rules necessary to protect and promote the public's health.
<b>Activity 34.1:</b> The local board of health shall have operating procedures which shall comply with state law.
<b>Documentation:</b> <ul style="list-style-type: none"><li>Operating procedures consistent with the content in the Operating Procedures document located on the Accreditation website.</li></ul>
<b>INTERPRETATION</b>  <b>Intent</b> <p>Activities and procedures of the board of health need to be clearly defined and must not conflict with state law, since there are powers and responsibilities that are defined by statute. BOH members need to be familiar with their roles, opportunities and limitations. This activity requires that the BOH have operating procedures in place and that those procedures are legally sound.</p> <b>Guidance</b> <p>This activity requires that the BOH have Operating Procedures. Although the BOH may have Bylaws, a set of Bylaws alone will not meet the requirements of this activity. There have been past concerns that local health departments may include items in bylaws that do not comply with state statutes. The Institute of Government recommends that the BOH have operating procedures instead of bylaws. An Operating Procedures template is located on the NCLHDA website. It has been reviewed by the Institute of Government and is free of any potential legal problems. Please note that in many instances a BOH will usually repeal their Bylaws and replace them with the Operating Procedures.</p> <p>If the County Commissioners have assumed the powers and duties of the Board of Health, they do not need operating procedures when functioning as the Board of County Commissioners, but do need them for when they are acting as the Board of Health. They do not need to use the template provided on the Accreditation website.</p> <p>The Operating Procedures template is based on guidance found in the Institute of Government's Suggested Rules of Procedure for Small Local Government Boards. The Institute of Government's suggested Rules say Boards should consult Robert's Rules for guidance on parliamentary issues not covered by the Institute of Government Rules. Thus, a Board cannot avoid using Robert's Rules by using the Institute of Government guide. The guide refers the BOH back to Robert's Rules.</p>
<b>SVT Review and Guiding Questions</b> <ul style="list-style-type: none"><li>Were operating procedures available?</li><li>Review operating procedures.</li></ul>
<b>References</b> <p>CA NCGS</p>

<b>Standard:</b> Governance
<b>Benchmark 34:</b> The local board of health shall exercise its authority to adopt and enforce rules necessary to protect and promote the public’s health.
<b>Activity 34.2:</b> The local board of health shall have access to legal counsel.
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Copy of contract, letter of agreement, correspondence, or other evidence verifying access to legal counsel.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b> Boards of health have several powers that may require the advice of an attorney. Since the BOH, has statutory requirements including rule-making authority, there may be times when it is imperative that the board consult legal counsel. There must be legal expertise available to the BOH when needed and board members should have an awareness of how to access such counsel.</p> <p><b>Guidance</b> For this activity the required documentation is some type of evidence that verifies access by the BOH to legal counsel. This could be through a contract process, a letter of agreement, correspondence with legal counsel, or other evidence presented by the BOH. A copy of a contract or letter of agreement with an attorney may be provided and should be dated or renewed with the past 24 months. There also may be correspondence of some type – written, email or by telephone – that will demonstrate access. Single county health departments may present documentation that a county attorney is employed by or under contract to the county and that the Board of Health has access to this counsel.</p> <p>Documentation may be varied for this activity, since use of legal counsel may or may not have occurred in the past 24 months (preferred), but documentation of use of legal counsel since the last site visit will be accepted. The use of legal council is not required, only that the BOH has access. However documentation showing use of legal counsel would imply that the BOH has access.</p>
<p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>• Does the BOH have access to legal counsel?</li> <li>• How is the BOH’s access to legal counsel documented?</li> </ul>
<p><b>References</b> CA NCGS</p>

<b>Standard: Governance</b>
<b>Benchmark 34:</b> The local board of health shall exercise its authority to adopt and enforce rules necessary to protect and promote the public's health.
<b>Activity 34.3:</b> The local board of health shall follow the procedures for adopting rules in G.S. 130A-39.
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Policy/procedures for rule-making</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• If a rule has been adopted in the last 48 months, one of the following: rules notice signed by BOH chair, policy/procedure manual, correspondence with legal counsel referencing BOH's legal procedures.</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• If a rule has not been adopted in the last 48 months, evidence of signed board of health statement to that effect.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b> Local boards of health have the authority to pass rules to protect and promote the public health. The statutory authority for this is defined in general statute 130A-39. The process used by the BOH to adopt rules should be in accordance with and is limited by the statutory authority that is granted to the BOH. When considering or adopting rules, it is important for the BOH to be aware of their authority and the proper procedures needed.</p> <p><b>Guidance</b> A BOH should have procedures for adopting rules. This may be in the operating procedures of the BOH (Activity 34.1) or may be in a separate policy that the BOH has adopted. This activity is assessing whether the BOH followed proper procedure to adopt a rule if one has been adopted in the last 48 months. If no rules have been adopted, a statement saying such and signed by the BOH chair can be placed in the resource file containing the documentation for this activity. If a rule has been adopted within the past 4 years, one of the listed pieces of documentation must be provided.</p> <p>One option is a rules notice signed by BOH chair. A rules notice is the notification to the public that new rules are being considered by the Board of Health. This allows the public time to provide input. The rules notice must be placed in the local newspaper ten days prior to the Board of Health meeting. As evidence, the BOH can provide: a signed copy of the rules notice sent to the newspaper, an original copy of the notice from the newspaper that printed the announcement (and signed by the BOH chair) and/or the BOH minutes should record when the notice was sent to the newspaper along with the language of the rules notice. The BOH chair can sign this set of minutes. Another option is to provide the policy/procedure manual which defines how the BOH adopts rules. The final option is to provide correspondence with legal counsel referencing BOH's legal procedures in adopting rules.</p> <p>If a rule has not been adopted in the previous 48 months, a signed board of health statement to that effect is required.</p>
<p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>• Has the board adopted a local rule in last 48 months? If so, does evidence describe the process used? If so, was legal counsel consulted?</li> <li>• Is the policy or procedure present and available to the board?</li> <li>• If no rules adopted, is there a signed board of health statement to that effect?</li> </ul>
<p><b>References</b> CA NCGS</p>

<b>Standard:</b> Governance
<b>Benchmark 34:</b> The local board of health shall exercise its authority to adopt and enforce rules necessary to protect and promote the public’s health.
<b>Activity 34.4:</b> The local board of health shall evaluate the need for the adoption or amendment of local rules or ordinances.
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Copy of state public health statutes available to the BOH</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• <u>One of the following:</u> BOH minutes, policy/procedure manual, correspondence with legal counsel referencing BOH’s legal authority for adopting rules.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b> A role for the Board of Health is to assess need in the community for a rule or ordinance to enforce a public health action. The BOH may not recognize the need for the local adoption of rules unless an evaluation of need is done. This activity requires that boards evaluate the needs of the community to determine whether a rule or ordinance is a viable or practical option.</p> <p><b>Guidance</b> There are two pieces of evidence that are required for this activity. The first is evidence that a copy of state public health statutes is available to the BOH. This may be done by providing hard copies of public health statutes, having a hard copy of statutes or public health laws available to the BOH, by an electronic copy or by providing access through a web portal. The BOH does not have to demonstrate use of the statutes but must demonstrate that it has access to them. This can be verified through interviews with BOH members. In addition, the BOH must provide one of the three listed pieces of evidence showing evaluation of the need for local rules.</p> <p>The evidence required here - BOH minutes, policy/procedure manual, correspondence with legal counsel referencing BOH’s legal authority for adopting rules – should demonstrate that the board has engaged in a process to evaluate the need for the adoption or amendment of local rules or ordinances. BOH minutes should record a discussion or decision on the need for adoption or amendment of local rules. The policy/procedure manual, if used, should highlight the section that states how the BOH will evaluate the need for rules or for amending current rules.</p> <p>Correspondence with legal counsel referencing the BOH’s legal authority refers to communication between legal counsel and the BOH related to the Board’s legal authority in rule-making. An example may include correspondence from an attorney about the BOH’s limits to its legal authority, i.e., "the Board of Health may not adopt certain rules that are less stringent than the state law." This may be important if the BOH is considering new rules or in the process of revising rules that have previously been adopted.</p>
<p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>• Has the BOH evaluated the need for local rules or amendments?</li> <li>• Has the BOH asked the health director for guidance on this issue?</li> <li>• Who has the BOH consulted to evaluate the need for a local rule?</li> <li>• Possible interview question: How are public health statutes available to the BOH? How does the BOH evaluate the need for local rules?</li> </ul>
<p><b>References</b> CA NCGS</p>

## BENCHMARK 35

As noted in Benchmark 34, one of the powers and duties granted to the Board of Health is the authority to adopt rules necessary to protect and promote the public health. There will be times when a citizen will feel they have been unfairly treated in the enforcement of that rule. In such situations, NC general statutes provide a means for an aggrieved citizen to appeal a decision to the BOH. The one activity under this benchmark is to ensure that the BOH follows the procedures that are defined in 130A-24 – Appeals Procedures. This activity is complementary to Activity 34.3 and 34.4.

<b>Standard: Governance</b>
<b>Benchmark 35:</b> The local board of health shall assure a fair and equitable adjudication process.
<b>Activity 35.1:</b> The local board of health shall assure it follows the procedures for adjudications in G.S. 130A-24.
<b>Documentation:</b> <ul style="list-style-type: none"><li>• Policies and/or procedures for adjudications, specific to G.S. 130A-24</li></ul> AND <ul style="list-style-type: none"><li>• <u>One of the following</u>, if applicable within the past 48 months: correspondence, BOH minutes, report of BOH actions, document referencing involvement of legal counsel re: adjudication</li><li>OR</li><li>• If no adjudications, evidence of signed board of health statement to that effect.</li></ul>
<b>INTERPRETATION</b>  <b>Intent</b> <p>The board of health may be asked to review action taken by health department staff in regard to investigational findings and/or rule enforcement action. The public or involved party may bring the matter to the board and a hearing may result. Because of the possible legal action that may follow, and because certain procedures are specified in G.S. 130A-24, well-defined policy or procedure must be written and followed. Since the right to appeal to district court is included in the statute, legal counsel should be involved in BOH action when an appeal is received.</p> <b>Guidance</b> <p>This activity relates to any rules that have been adopted by the BOH. <b>Even if</b> there have been no rules adopted by the BOH, there is <b>still a need to have policies and procedures so that they have in place an adjudication process and appeals procedure.</b></p> <p>In addition to a copy of the policy/procedures, the BOH must submit one of the following listed elements as documentation if there has been action within the past 48 months. The department may submit any correspondence with a citizen regarding a BOH rule, BOH minutes recording discussion of a potential appeal or actual appeal, report of BOH actions after a hearing, or documentation referencing involvement of legal counsel to the BOH related to the adjudication of an appeal.</p> <p>If there have not been any adjudications in the past 48 months, evidence of signed board of health statement to that effect is required.</p>
<b>SVT Review and Guiding Questions</b> <ul style="list-style-type: none"><li>• Determine if the BOH has adopted rules.</li><li>• Review adjudication policies and procedures specific to G.S. 130A-24.</li><li>• Has any action occurred in last 48 months?</li><li>• If so, was any evidence provided as to how procedure was followed?</li><li>• How was the legal counsel involved, if at all?</li><li>• If no adjudications have occurred, is there a signed BOH statement to that effect?</li><li>• Possible interview questions for BOH</li></ul>

What is BOH policy and procedure regarding adjudications specific to G.S. 130A-24?  
Have there been any appeals to rules enforcement in the last 4 years?

**References**

CA

NCGS - 130A-39(a), 130A-45.3(a)(1), 130A-24(b)-(e)

## BENCHMARK 36

With an appointment to the Board of Health comes responsibility. Being a BOH member is an important role, and it is crucial that the member be well trained and understand what it means to be a part of the BOH. BOH members should understand the statutory authorities they have, should be trained on their rule-making authority, should have a good knowledge of public health law and should develop their abilities to give sound advice and guidance to the health director and the department. This benchmark has three activities to direct the training of BOH members. These activities should provide a good foundation for any citizen who serves on a BOH.

<b>Standard: Governance</b>
<b>Benchmark 36:</b> The local board of health members shall be trained regarding their service on the board.
<b>Activity 36.1:</b> The local health department shall provide board of health members with a written board handbook developed or updated within the past 12 months.
<b>Documentation:</b> <ul style="list-style-type: none"><li>• Dated BOH handbook developed or updated in the past 12 months.</li></ul>
<b>INTERPRETATION</b>  <b>Intent</b> Effective boards have clear procedures and unity of purpose. A board handbook should provide such material – giving BOH members a good source of material for orientation, on-going reference and policies/protocols that have been adopted by the BOH. While the manual may contain historical material, the manual should be kept current to reflect how the board operates.  <b>Guidance</b> For this activity, the only required documentation is a dated BOH handbook. The format of the handbook and the material contained within will vary county to county. Each agency will determine the material that is placed in a BOH handbook, and there are no specific or required contents. However, the handbook must be comprehensive enough to provide a good base of material. The material included should be regularly updated and information replaced as appropriate. The handbook must be dated as to the last update and should be reviewed and/or updated at least annually. It must be updated within the 12 months prior to the official notification date of the site visit.  As an example, the handbook may include the following: <i>BOH specific Information</i> – such as a list of the BOH members and their contact information, meeting calendar for the year, the board’s operating procedures, statutes and rules related to the BOH; policies adopted by the BOH, rules adopted by the BOH <i>Health Department Specific Information</i> – such as the department’s strategic plan, mission and value statements, annual reports, budget reports, organizational chart, description of services and other information that can give BOH members a better understanding of their roles and responsibilities.
<b>SVT Review and Guiding Questions</b> <ul style="list-style-type: none"><li>• Is there a dated handbook given to the BOH?</li><li>• Was it updated within the past 12 months?</li></ul>
<b>References</b> CA NCGS

<b>Standard: Governance</b>
<b>Benchmark 36:</b> The local board of health members shall be trained regarding their service on the board.
<b>Activity 36.2:</b> The local health department shall assure new board of health members receive training and reference materials on the authorities and responsibilities of the local board of health within the first year after appointment to the board.
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Training materials used</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• Dated evidence of new BOH members' participation in orientation training activities during their first year of service.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b> Board members come from a variety of community groups and backgrounds and may have little knowledge of public health prior to their appointment. Therefore orientation and training are necessary for new BOH members. By properly orienting new BOH members to their role and the functions of public health, they can better serve the LHD and the community.</p> <p><b>Guidance</b> This activity has two required pieces of documentation. The BOH must provide the training materials used to train newly appointed BOH members. This would be the materials that are used in training and the reference materials that are given to BOH members during the training. The second piece of documentation is dated evidence of participation in training by new BOH members within their first year of service. The training may be called an orientation but it is to be focused on the authorities and responsibilities of the local board of health.</p> <p>The training can be conducted at one time, may be done as modules and can be done as a group and/or as individuals. A self-guided training which includes each Board member documenting their completion of the training on a specific date is acceptable.</p> <p>Documentation of orientation training should be provided for all BOH members appointed since the last site visit <b>and currently serving on the Board.</b></p> <p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>• Were the training materials used provided?</li> <li>• Review when BOH members were appointed and when they received orientation and training.</li> <li>• Were board members trained within their first year on the board?</li> <li>• What are the reference materials given to new BOH members?</li> </ul> <p><b>References</b> CA NCGS</p>

<b>Standard: Governance</b>
<b>Benchmark 36:</b> The local board of health members shall be trained regarding their service on the board.
<b>Activity 36.3:</b> The local health department shall assure on-going training for board of health members related to the authorities and responsibilities of local boards of health.
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Training materials used</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• Dated evidence of all BOH members' participation in on-going training activities since most recent accreditation site visit.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b> This activity complements activity 36.2. Just as new BOH members should be properly oriented on their roles and responsibilities, members should also receive on-going training on the work of the agency and their responsibilities toward the public health issues that could affect their residents.</p> <p><b>Guidance</b> Each department or BOH will determine what the schedule should be for on-going training. At a minimum, it would be at least once during a 4-year accreditation cycle. It should be sooner if there are changes to the BOH's responsibilities. This could include the adoption of new rules or a county ordinance that grants authority to the health department. If there are newly appointed BOH members, they may not need to attend this training if the information is covered in their first year <b>orientation</b> training. However it may be easiest to have all members attend this on-going training. It is expected that the orientation or initial training used in activity 36.2 will be much more in depth than the on-going training for this activity.</p> <p>The required documentation for this activity parallels that of activity 36.2. There are two pieces of evidence that must be provided. The BOH must provide the materials used to train BOH members about their authorities and responsibilities. The second piece of evidence is dated evidence of participation in training by BOH members since the most recent accreditation site visit.</p> <p>Note that this activity is asking for more than a simple presentation on a program that the LHD manages. The training material or agenda should be directly related to the responsibilities and authority of the local board of health. As in activity 36.2, the training can be conducted at one time, may be done as modules and can be done as a group and as individuals. A self-guided training which includes each Board member documenting their completion of the training on a specific date is acceptable.</p>
<p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>• What training materials were used?</li> <li>• Do the materials reflect the responsibilities and authorities of the board?</li> <li>• Training should be on-going. How does the BOH define on-going training?</li> <li>• When was the last training?</li> <li>• Review when BOH members were appointed and when they received training.</li> </ul>
<p><b>References</b> CA NCGS</p>

## BENCHMARK 37

This benchmark delineates BOH involvement in the overall direction of the health department. Here the BOH is to have a role in assuring the community that the agency is providing the services and programs that address health concerns, issues and hazards. The BOH is to be engaged in all aspects of services including the development of new services and programs, the implementation of all services and the evaluation of services to ensure wise and efficient use of resources and to assess whether a given service is accomplishing its purpose. The BOH will usually achieve this benchmark through the staff of the department. Thus the six activities in this benchmark relate to having qualified public health workers and leadership in place in the agency.

<b>Standard:</b> Governance
<b>Benchmark 37:</b> The local board of health or the consolidated human services director shall assure the development, implementation and evaluation of local health services and programs to protect and promote the public's health.
<b>Activity 37.1:</b> The local board of health or the consolidated human services director shall assure that a qualified local health director has been appointed in accordance with G.S. 130A-40 or 40.1
<b>Documentation:</b> Proof of Health Director's credentials and qualifications or board of health minutes documenting discussion to seek a Health Director with appropriate qualifications.
<b>INTERPRETATION</b>  <b>Intent</b> The Board of Health in NC or the consolidated human services director has the authority and responsibility of hiring a qualified health director in accordance with G.S. 130A-40 or 40.1. The NC Division of Public Health must approve the candidate's qualifications, and the local county commissioners will approve the salary for a single county health department. While the hiring of a health director will mostly likely be a collaborative process, the BOH or the consolidated human services director is the agent granted statutory authority to hire the Health Director. Therefore the BOH or the consolidated human services director must be familiar with its responsibilities, be very engaged in the process and conduct all actions in accordance with statute.  <b>Guidance</b> The documentation for this activity requires proof of health director's credentials and qualifications, or a record in the BOH minutes reflecting discussion on the hiring of a qualified health director. This is applicable only if a new director has been hired since the previous accreditation site visit. If so, the minutes should record discussion by the BOH regarding their responsibilities under G.S. 130A-40 or 40.1 and BOH efforts to hire a qualified health director. In addition to the BOH minutes, a local health department may check with the Office of Local Technical Assistance and Training at the Division of Public Health for additional documentation/communication about the qualifications of recently hired health directors.
<b>SVT Review and Guiding Questions</b> <ul style="list-style-type: none"><li>• Has the health director been hired since the previous accreditation visit?</li><li>• If yes, has discussion been documented in BOH minutes?</li><li>• If no, compare against Activity 23.1. If Activity 23.1 (specifying legal requirements for the position) has been met, this activity is met also.</li></ul>
CA NCGS - 130A-40, 130A-40.1

<b>Standard: Governance</b>
<b>Benchmark 37:</b> The local board of health shall assure the development, implementation and evaluation of local health services and programs to protect and promote the public's health.
<b>Activity 37.2:</b> The local board of health shall approve policies for the administration of local public health programs.
<b>Documentation:</b> <ul style="list-style-type: none"> <li>• BOH minutes approving policies in compliance with the organization's policy on policies.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b> The Board of Health, by statute, is authorized to be the policy-making body for the local health department. While the BOH does not have to directly approve all policies of the LHD, it certainly has a role in the policy making process of the LHD. This activity ensures that there is BOH involvement in this process. It is up to the BOH and department leadership to determine the level of involvement that will be required.</p> <p><b>Guidance</b> The required documentation for this activity is a copy of BOH minutes which records the board of health approving policies in compliance with the organization's policy on policies. Documentation that is submitted should specifically relate to BOH involvement in discussing administrative issues. The administrative issues under discussion should have a link to policy for the agency. Examples can include items such as the delegation of duties of the health director, policies related to Resignation Procedures, Patient Rights, Employee Orientation, Fees and Eligibility, Strategic Planning, Performance Appraisals, Health Adjudications, Board of Health Operating Procedures, the Development and/or Revision of policies and procedures, etc.</p> <p>Note that all of the examples relate to the <i>supervision, direction or management</i> of the health department as a whole and not to programmatic or clinical related issues or policies.</p> <p>The policies under discussion in the BOH minutes do not have to be submitted as evidence, but may be if the submission will help create a stronger body of evidence and support the discussion recorded in the minutes.</p>
<p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>• Review BOH minutes and determine if board of health approves policies in compliance with the health department's policy on policies.</li> <li>• Possible Interview Question What is the BOH role in the department's policy-making process?</li> </ul>
<p><b>References</b> CA NCGS – 130A-35, 130A-37. 130A-45.1</p>

<b>Standard: Governance</b>
<b>Benchmark 37:</b> The local board of health shall assure the development, implementation and evaluation of local health services and programs to protect and promote the public's health.
<b>Activity 37.3:</b> The local board of health or the consolidated human services director shall describe and define the knowledge, skills, and abilities that must be met by the local health director, consistent with the requirements in G.S. 130A-40.
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• If the Board has hired a Health Director within the past 48 months or if a search is presently underway: BOH minutes or consolidated human services director correspondence reflecting discussion of knowledge, skills, and abilities that must be met by the Health Director candidate.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b> It is the responsibility of the BOH or the consolidated human services director to define the requirements – the knowledge, skills and abilities – for the agency's health director. These must be consistent with G.S. 130A-40, but may have additional criteria that the candidate must meet. Anytime that a BOH or consolidated human services director is in the process of hiring a health director, the BOH or consolidated human services director should review the position requirements and confirm the knowledge, skills and abilities that a successful candidate must possess.</p> <p><b>Guidance</b> This activity has required documentation for a BOH or consolidated human services director that has a health director search underway or if a director has been hired within the past 4 years. The BOH or consolidated human services director must submit documentation or meeting minutes reflecting discussion of the knowledge, skills, and abilities that candidates must possess if they are to be considered for the Health Director position.</p> <p>If the Health Director has been in place for longer than 48 months, a statement indicating that "the local health department director has been in his/her position for xx number of years, therefore the local board of health or consolidated human services director has not needed to define the knowledge, skills and abilities needed for the position" is acceptable. This statement, along with a completed job description, as required in Activity 37.4, and the Health Director's performance evaluation, as required in Activity 37.5, show that the board or the consolidated human services director is fulfilling its responsibility in regard to this activity. The BOH or consolidated human services director may choose to have and record a discussion on the knowledge, skills, and abilities that the current health director must possess. This may be in conjunction with activities 37.4 and 37.5. BOH minutes reflecting this discussion may be submitted as evidence for this activity.</p>
<p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>• Has the health director position been filled within the last 48 months?</li> <li>• If yes, are the BOH minutes or consolidated human services director correspondence recorded to show discussion of knowledge, skills, and abilities that the candidate must have?</li> <li>• If not, and a health director has been in place more than 48 months, the activity is "met".</li> </ul>
<p><b>References</b> CA NCGS – 130A-40, 130A-40.1, 130A-41, 130A-45.4, 130A-45.5</p>

<b>Standard: Governance</b>
<b>Benchmark 37:</b> The local board of health shall assure the development, implementation and evaluation of local health services and programs to protect and promote the public's health.
<b>Activity 37.4:</b> The local board of health or the consolidated human services director shall review and approve the job description of the local health director.
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Current Health Director job description that has been signed, dated and reviewed annually since the last accreditation site visit</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• BOH minutes or consolidated human services director correspondence reflecting discussion of Health Director job description.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b> The Board of Health or the consolidated human services director hires and supervises the local health director. The health director is to administer programs as directed by the BOH. Therefore, the BOH or the consolidated human services director should determine and be familiar with the requirements of the position of health director. The BOH or the consolidated human services director should have a role in determining the contents of the job description for the individual who is serving as health director. Thus a written and approved job description for the health director must be in place.</p> <p><b>Guidance</b> This activity requires two <b>types</b> of documentation: <b>1)</b> a copy of the current health director job description that has been signed, dated and reviewed annually since the last accreditation site visit <b>(if the Health Director's job description has changed since the last site visit both/all job descriptions must be submitted to show annually signature and date)</b> and <b>2)</b> a copy for each year since the last <b>Accreditation</b> of the BOH minutes or consolidated human services director correspondence recording discussion of the health director's job description. While the NC Office of State <b>Human Resources</b> may not require a job description for the health director, it is a requirement of this activity. Health Departments can choose to adopt the state specifications for local health department directors in a job description. Job specifications are very broad and are basically used to determine if a particular job is appropriately classified by comparing the job description to the specification. The job description should specifically list the duties, roles, responsibilities and expectations for the individual filling the position. If the job description is newly developed, it should be signed and dated when it was put into effect. While the BOH does not have to adopt or sign the job description, it may choose to do so. The key element here is that the BOH is aware of the contents of the job description and had the opportunity for input as appropriate.</p>
<p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>• Review Health Director's job description.</li> <li>• Is the job description signed, dated and reviewed annually?</li> <li>• Is there discussion on the job description recorded in the BOH minutes or through consolidated human services director correspondence?</li> <li>• Possible Interview Question How does the BOH or consolidated human services director develop, review, and/or approve the health director's job description?</li> </ul>
<p><b>References</b> CA NCGS - 130A-40(a), 41(b)(1), 45.3(a)(6), 45.4(a), 45.5(b), 45.5 (c)(1)</p>

<b>Standard:</b> Governance
<b>Benchmark 37:</b> The local board of health shall assure the development, implementation and evaluation of local health services and programs to protect and promote the public's health.
<b>Activity 37.5:</b> The local board of health or the consolidated human services director shall conduct an annual performance review of the health director.
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>Signed and dated annual health director performance review by <b>Supervisor</b> <u>within the last 12 months</u>.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b> Under this activity, the BOH or the consolidated human services director has the responsibility and requirement to conduct a performance review of the health director on an annual basis. This ensures that the BOH or consolidated human services director, which supervises the health director, is involved in evaluating the work of the health director. It also is a process to provide feedback and guidance to the director.</p> <p><b>Guidance</b> The required documentation for this activity is a signed and dated copy of the annual health director performance review <b>by the Supervisor (which may be the BOH or consolidated human services director or other designated Supervisor per revisions to 10A NCAC 48B .1304)</b> that has been conducted within the last 12 months. The activity notes that the performance review is conducted annually, however only the most recent review is submitted as evidence. Based on the schedule that is in place, the review may take place up to the start of the site visit.</p> <p>If the county requires the health director to be reviewed by the county manager, this does not relieve the BOH of this responsibility as required by this activity. A performance review conducted by a county manager or other official will not meet the requirements of this activity, if done without any input by the BOH. A joint review would be acceptable if the BOH maintains its responsibility and involvement in the process. However, if the consolidated human services director is also designated health director, then a performance review conducted by a county manager or other official will meet the requirements of this activity</p> <p>The performance review should include an assessment related to the Health Director's job description and any expected performance indicators identified by the BOH or the consolidated human services director. The Health Director should have a current review in his/her personnel file with evidence that the BOH or the consolidated human services director contributed to the evaluation in some manner. The entire BOH does not have to take part in the performance review. The board may choose to work through a subcommittee of the BOH. The BOH or consolidated human services director may choose to use the same performance appraisal form that is used for other management staff, which is provided by county human resources or may develop a unique form specifically for the Health Director. It should be documented in the BOH minutes or through consolidated human services director correspondence that the performance appraisal of the health director was done, that any board member had the opportunity for input and that the results were reported back to the BOH. While BOH minutes are not required as documentation, they would be supportive evidence to show site visitors that the full BOH was involved in the documentation.</p> <p>The BOH, consolidated human services director or LHD does not need to provide the completed performance review of the director, including any ratings or comments. Site visitors only need to verify that an appraisal was conducted and can do so by viewing a copy of the tool used, along with the</p>

signature page of the performance appraisal that includes the health director's signature, signature of BOH chair or consolidated human services director (or county manager if the consolidated human services director is the health director), and the date completed.

See Activity 31.5 for further guidance if needed.

**SVT Review and Guiding Questions**

- Was there a signed and dated copy of the performance review of the health director?
- Is there evidence of BOH involvement in the annual performance review of the health director?
- Possible Interview Question  
How does the BOH or consolidated human services director conduct the performance review of the health director?

**References**

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NCGS

<b>Standard: Governance</b>
<b>Benchmark 37:</b> The local board of health shall assure the development, implementation and evaluation of local health services and programs to protect and promote the public's health.
<b>Activity 37.6:</b> The local board of health or the consolidated human services director shall approve policies for the recruitment, retention and workforce development for agency staff.
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• BOH minutes or consolidated human services director correspondence indicating discussion and approval of policies, plans, or allocations through the budget process to provide for recruitment, retention and workforce development for agency staff.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b> This activity is an indicator of the BOH or consolidated human services director role in policy making for the health department. It is not to suggest that the BOH or the consolidated human services director should be involved with operations related to workforce recruitment or hiring. Rather, the BOH or consolidated human services director has a role in supporting the department's workforce by working with the health director to approve policies related to 1) recruitment, 2) retention activities, and 3) development.</p> <p><b>Guidance</b> The documentation required for this activity is a copy of BOH minutes or consolidated human services director correspondence that record the discussion and approval of a policy, a plan, or an allocation through the budget process. The purpose of the policy or allocation is to provide for the recruitment, the retention and for workforce development for all agency positions and for staff.</p> <p>The documentation for this activity is minutes from the board of health showing discussion and approval or communication between the health director and the consolidated human services director. This could be BOH or consolidated human services director approval of the agency's Staff Development Plan (required in activity 24.2) if the plan includes the three required elements indicated within this activity. The policy or plan itself does not have to be submitted as evidence. However if a policy or plan was adopted by the BOH and such action is included in the minutes, it is good to include a copy of the policy or plan that the board considered and approved.</p> <p>If the BOH or consolidated human services director is meeting this activity through budget allocations, the documentation should record specify budgetary amounts and the purpose for the allocation.</p>
<p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>• Does the policy, plan or allocation approved support all three elements of recruitment, retention and development?</li> <li>• If there is no specific policy or plan, is there a budget line item or allocation for workforce development?</li> <li>• Does the elements of the policy or allocation applicable to all staff?</li> </ul>
<p><b>References</b> CA NCGS – 130A-35, 130A-37. 130A-45.1</p>

## BENCHMARK 38

The fourth essential service of public health is to mobilize community partnerships to identify and solve health problems. This benchmark establishes the BOH role in this process. Just as the community and the health department are to work as partners in looking at public health needs and the work that will be done around that, the BOH is to also be a partner in this process. The three activities of this benchmark complement each other as the BOH reviews data and citizen input in order to help develop goals and objectives.

<b>Standard:</b> Governance
<b>Benchmark 38:</b> The local board of health shall participate in the establishment of public health goals and objectives.
<b>Activity 38.1:</b> The local board of health shall annually review reports provided by the local health department on the community's health.
<b>Documentation:</b> <ul style="list-style-type: none"><li>Minutes reflecting BOH's review of annual reports related to the community's health.</li></ul>
<b>INTERPRETATION</b>  <b>Intent</b> To fulfill its role as the governing body for the agency, including the duties of policy and rule making, the Board of Health should be informed on the status of the community's health. This activity addresses the receipt and review of this required information. Without data specific to the county or district, the BOH would not have the information needed to carry out their responsibility to participate in establishing public health goals for the jurisdiction served. These reports should help guide the board in determining the scope and priority of the agency's work. In working with the health director and staff and community partners, the BOH can help guide the agency in the development of goals and objectives to improve the health of all.  <b>Guidance</b> The documentation required for this activity is a copy of BOH minutes recording the board's review of annual reports related to the community's health. This activity does not refer to the department's annual report that is usually a review of the use of programs and services of the agency. The reference is to reports that contain information and statistics on the health of the communities served by the department.  Note that the documentation states annual reports in the plural. Thus agencies should provide at least two reports annually that are reviewed by the BOH. Examples could be a communicable disease report, an environmental health report, an agency annual report if it contains information on the community's health, an annual report on flu incidence or vaccine distribution, SOTCH reports, etc. The community health assessment can be used in the year that it is produced.
<b>SVT Review and Guiding Questions</b> <ul style="list-style-type: none"><li>Did BOH minutes record review of annual reports related to community health? Minutes should reflect BOH review (not just receipt) of annual reports.</li><li>Possible Interview Question How do BOH members receive and review annual reports on the community's health?</li></ul>
<b>References</b> CA NCGS

<b>Standard:</b> Governance
<b>Benchmark 38:</b> The local board of health shall participate in the establishment of public health goals and objectives.
<b>Activity 38.2:</b> The local board of health or the advisory committee on health shall review community health assessment data and citizen input used to plan and monitor progress toward health-related goals.
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>Evidence of BOH or Advisory Committee on Health review of SOTCH reports for each year in-between the CHA since the last time the agency was accredited or reaccredited.</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>BOH or Advisory Committee on Health minutes reflecting discussion of specific aspects of CHA data</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>The approval of action plans to address health related goals</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b> This activity requires BOH or Advisory Committee on Health members to have an active role in setting health related goals. The previous activity required that the BOH or Advisory Committee on Health annually review reports on the community’s health. This activity requires that the BOH or Advisory Committee on Health review data from the Community Health Assessment. The BOH or Advisory Committee on Health must review the data and hear from residents before goal setting. The input from residents may be directly given to the board or indirectly through the health assessment process or client surveys. The CHA is conducted once every 3-4 years, however board discussion and citizen input may be, indeed should be, more than a single event. Progress toward goals implies frequent reports and use of data and is an on-going process.</p> <p><b>Guidance</b> The documentation requirements for this activity contain three elements. The first element is an annual review of the agency’s SOTCH report by the Board of Health or Advisory Committee on Health. The second is a copy of BOH or Advisory Committee on Health minutes demonstrating board member discussion of specific aspects of CHA data. The listing of specific aspects is to ensure that specific components of the CHA report are discussed and not just a generic review. The aspects looked at could include the executive summary, recommendations, survey findings, and the top causes of morbidity or mortality. The <b>third</b> element calls for the BOH or Advisory Committee on Health to approve action plans to address health related goals. These goals could be a result of the CHA process and can be the same actions plans called for in Activity 22.1. The actions plans can also be specific to the BOH or the Advisory Committee on Health</p> <p>Use of data is for the planning and monitoring of goals and may be demonstrated through discussion of the report and need for programs, selection of agency goals, use in strategic planning or other work of the agency.</p> <p>The minutes should also indicate how citizen input was obtained and used in the process. This can be by several means – open forums at the BOH or Advisory Committee on Health meetings, advertisements requesting comment on agency goals, comment cards, on-line comments or surveys posted on the health department website, client/resident surveys, etc. – but is related to the goals of the agency, not the general services. For this activity, a client/patient satisfaction survey would not be acceptable documentation unless the questions asked for input on specific goals of the agency. Also, client surveys usually address a targeted population – users of health department services – while this</p>

activity seeks input from the community at large. The input should relate to the health goals adopted by the BOH or the Advisory Committee on Health for this activity. Again, it can be specific goals of the BOH or the Advisory Committee on Health or goals of the agency as determined by the CHA or Activity 22.1. Note that the documentation should demonstrate citizen input if there was any – while the BOH or Advisory Committee on Health must seek the input, it is not accountable if there is no response. If no one replies, the documentation must show how the input was sought.

**Additional Guidance for District Health Departments**

If one CHA is not conducted for the district as a whole, then discussion should address each county’s CHA data and action plans.

**SVT Review and Guiding Questions**

- Do the BOH or Advisory Committee on Health minutes record receipt and use of data from the community health assessment?
- Do the BOH or Advisory Committee on Health minutes record how citizen input was obtained?
- Do the BOH or Advisory Committee on Health minutes show approval of action plans to address health related goals?

**Reference**

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<b>Standard:</b> Governance
<b>Benchmark 38:</b> The local board of health shall participate in the establishment of public health goals and objectives.
<b>Activity 38.3:</b> The local board of health or the advisory committee on health shall assure that individuals, agencies, and organizations have the opportunity to participate in the development of goals, objectives and strategies for community health improvement.
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• BOH policy regarding broad community collaboration in the development of goals, objectives and strategies for community health improvement</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• BOH minutes reflecting that public participation occurred or agenda indicating allocated time to encourage public participation.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b> This activity builds upon the previous two. Both activities 38.1 and 38.2 require the BOH to review data on community health. Activity 38.2 also requires citizen input in the planning and monitoring of health goals. This activity builds upon that input by now requiring that the community has opportunities to participate as health improvement goals and strategies are developed. The Board of Health serves as a link between the residents, the communities served, the agency leadership and staff. Thus the board must provide the means to hear and receive input from the public – both individuals and groups. There are a variety of means to accomplish this activity. The evidence must identify how the BOH and the local agency accomplish this.</p> <p><b>Guidance</b> The documentation for this activity requires two pieces. The first is to provide a copy of the BOH policy regarding broad community collaboration in the development of goals, objectives and strategies for community health improvement. The second is a copy of BOH minutes recording public participation at a board meeting or a copy of a BOH meeting agenda indicating allocated time to encourage public participation.</p> <p>The policy regarding public participation may be a part of the BOH’s operational procedures or it may be a separate policy adopted by the board. Either is acceptable as long as the process for BOH allowance of public input is described.</p> <p>While the BOH must provide opportunity for public input, there may not be any input given. Public comments may be through individual comments given at a BOH meeting, may be by individual correspondence or by a survey or questionnaire. If not delivered in person, any written comments must be reported to the board. Comments that are shared with or received by the Director or staff may also be relayed to the Board and used in planning and in the development of goals and strategies.</p>
<p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>• Review the policy provided.</li> <li>• Review BOH minutes/agenda provided.</li> <li>• Possible Interview Questions <ul style="list-style-type: none"> <li>How does the BOH hear or take comment from the public?</li> <li>How are residents involved in developing agency goals or objectives?</li> <li>How does the public communicate with the BOH?</li> </ul> </li> </ul>
<p><b>References</b> CA NCGS</p>

## BENCHMARK 39

Standard 1 under the NC Local Health Department Accreditation program measures the capacity of the health department to provide the ten essential services of public health, listed in 130A-34.1(e)(2). It is important for BOH members to be familiar with the essential public health services. The essential services encompass the scope of work – services, programs and interventions – of the local health department. To implement the essential services, appropriate and adequate resources will be needed. The five activities under this benchmark measure how the BOH works to assure that needed resources will be available to the agency.

<b>Standard:</b> Governance
<b>Benchmark 39:</b> The local board of health shall assure the availability of resources to implement the essential services described in G.S. 130A-34.1(e)(2).
<b>Activity 39.1:</b> The local board of health or the advisory committee on health shall communicate with the board of county commissioners, units of government and private foundations in support of local health department efforts to secure national, state and local financial resources.
<b>Documentation:</b> <ul style="list-style-type: none"><li>• Correspondence to board of county commissioners</li></ul> AND <ul style="list-style-type: none"><li>• Two or more examples of correspondence with units of government or funders</li></ul> AND <ul style="list-style-type: none"><li>• BOH or Advisory Committee on Health minutes reflecting BOH or Advisory Committee on Health endorsement for a grant application, or a request for additional public health funding.</li></ul>
<b>INTERPRETATION</b> <p><b>Intent</b> The BOH or Advisory Committee on Health should be active advocates for public health in general and for the health department in particular. This activity requires that the BOH or Advisory Committee on Health express their support for financial resources for the agency with the commissioners, government and foundations. The BOH or Advisory Committee on Health should be active partners in obtaining financial resources from all levels of possible funding. BOH or Advisory Committee on Health representatives should, when possible, attend county commissioners or other meetings on behalf of the local health department when the agency is on the agenda and when there is a need for financial resources.</p> <p><b>Guidance</b> This activity requires evidence of correspondence to the Board of County Commissioners in support of health department efforts to secure national, state and local financial resources. District Health Departments do not need to provide evidence of communication with all of the Boards of Commissioners within the district, evidence of communication with one Board will suffice.</p> <p>The second required piece(s) of evidence is two or more examples of correspondence to units of government or funders. The communications must be about local health department efforts to secure national, state and local financial resources. One example of a unit of government is NC DPH.</p> <p>The third required piece of documentation is a record in the BOH or Advisory Committee on Health minutes showing an endorsement for a grant application, or a request for additional public health funding. The documentation should show some kind of action taken to seek or support additional funding. This may be through correspondence with commissioners or other elected officials. It can also be through BOH or Advisory Committee on Health member attendance at a County Commissioner meeting when a public health funding request is on the agenda. BOH or Advisory Committee on Health</p>

members may speak on behalf of the agency at a commissioner meeting, either during a specific agenda or during an open forum.

If the evidence used to show a request for funding is through BOH approval of an agency budget proposal, the discussion in the BOH minutes should reflect priorities and needs addressed in the budget request.

It is understood that the health director may serve, or be directed by the board to serve, as the designee for the BOH or the Advisory Committee on Health in writing and presenting the correspondence for this activity and that much communication will be from the health director. However, it is expected that there be some type of link back to the BOH or Advisory Committee on Health showing that the BOH or Advisory Committee on Health supports, discussed, and/or approved the communication. If correspondence directly from the BOH or Advisory Committee on Health is unavailable, the LHD should be prepared to provide the link back to the BOH or Advisory Committee on Health (i.e. minutes). It is preferable when feasible to have the chair of the BOH or Advisory Committee on Health sign the correspondence. It may also be a joint signature between the chair and the health director.

### **Additional Guidance for District Health Departments**

Evidence should be provided showing a county commissioner from each county serving on the BOH.

### **SVT Review and Guiding Questions**

- Was evidence of correspondence to board of county commissioners presented?
- Are there at least two other correspondences with units of government or private foundations provided regarding securing financial resources?
- How has the BOH or Advisory Committee on Health been involved in seeking additional funding?
- Possible interview questions
  - Ask the non-commissioner board members to describe how they interact with county commissioners.
  - If present, ask the commissioner member how he/she reports back to the other commissioners about public health resource needs.

### **References**

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<b>Standard:</b> Governance
<b>Benchmark 39:</b> The local board of health shall assure the availability of resources to implement the essential services described in G.S. 130A-34.1(e)(2).
<b>Activity 39.2:</b> The local board of health shall review fiscal reports to assure essential services of public health are being provided in accordance with local, state and federal requirements.
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• BOH minutes demonstrating receipt of AND discussion of reports that assure essential services of public health are being provided.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b> Boards of Health have to fulfill an assurance role to the public – that essential services are provided and that those services are delivered in compliance with any requirements. One method for the review of these requirements is described here – the review of health department fiscal reports.</p> <p><b>Guidance</b> For this activity the required BOH minutes must show both the receipt of reports and the discussion of those reports. The reports are to assure that essential services of public health are being provided.</p> <p>There is no defined type or frequency of reports. The only defined criterion is that the reports are fiscal. They may be monthly, quarterly, or annual and may be produced by the county or the LHD. The important element is that the BOH reviews and discusses the reports in light of the agency’s provision of the essential services and that those services are meeting requirements. Examples could be to show in fiscal reports elements of essential services such as the provision of communicable disease services, health education/promotion programs, environmental health services and other regulatory programs, workforce development, evaluation services and policy development.</p> <p>This activity compliments Activity 33.6, which requires the department to provide reports to the BOH for their review to assure financial accountability of the agency. This activity focuses on BOH review of financial reports as an assurance that essential services of public health are being provided. Both activities require BOH discussion of financial reports in the minutes for documentation. However, the reports and the discussion should be of a different nature. The purpose for this activity is to assure that resources are being provided to provide the essential services. The focus in Activity 33.6 is to assess financial accountability.</p>
<p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>• Review BOH minutes provided.</li> <li>• Does the BOH record the receipt and discussion of reports related to how the essential public health services are provided?</li> </ul>
<p><b>References</b> CA NCGS</p>

<b>Standard:</b> Governance
<b>Benchmark 39:</b> The local board of health shall assure the availability of resources to implement the essential services described in G.S. 130A-34.1(e)(2).
<b>Activity 39.3:</b> The local board of health shall annually review and approve the local health department budget and approve fees in accordance with G.S. 130A-39(g).
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• BOH minutes reflecting discussion and approval of department budget and fees.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b>  The Board of Health should be knowledgeable about and involved in the budget process for the LHD. The Board has a role in the financial health of the agency and in the efficient use of funds. This activity refers to the Board approving the budget and fees used by the agency. While the budget and fees may be changed, and must be approved by the commissioners in single county health departments, involvement in the deliberation and approval of the budget by the BOH must be the first step.</p> <p><b>Guidance</b>  The required documentation for this activity is a copy of BOH minutes reflecting discussion and approval of department budget and fees. This may be done during a single meeting or may extend over several meetings. While discussion and deliberation on the budget and fees may be covered over a series of BOH meetings, the agency need only provide the minutes showing approval of the budget and of fees. While in a single county health department, the BOH is not the final authority for the budget, they should approve or recommend the department’s budget to the county manager or commissioners.</p> <p>G.S. 130A-39(g) authorizes the BOH to impose a fee for services rendered by the health department, except where prohibited by statute. It further states that the fees shall be based on a plan recommended by the health director and approved by both the BOH and the Board of County Commissioners, when required. Any fee that may be charged by the health department should be taken to the BOH for approval. This may be done annually and as changes to individual fees occur. Each department will determine the process whereby the BOH participates in both approving the budget and the fee lists.</p>
<p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>• Review BOH minutes provided.</li> <li>• Do minutes show how BOH members are involved in discussing and approving the budget and fee process?</li> </ul>
<p><b>References</b>  CA  NCGS – 130A-39(g)</p>

<b>Standard:</b> Governance
<b>Benchmark 39:</b> The local board of health shall assure the availability of resources to implement the essential services described in G.S. 130A-34.1(e)(2).
<b>Activity 39.4:</b> The local board of health or the advisory committee on health shall communicate with the board of county commissioners, units of government and private foundations in support of the development, implementation and evaluation of public health programs and a community health improvement process.
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Correspondence with board of county commissioners</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• <u>Two or more</u> examples of correspondence with units of government or private foundations.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b> This activity is a complement to activity 39.1. In 39.1, the board is to communicate with the same groups to secure funds. In this activity, the BOH is to work with these groups to support programs and a health improvement process. The intent is for the BOH to be an active participant, with the health department, in soliciting support for the programming of the health department and for a health improvement process.</p> <p><b>Guidance</b> This activity requires three pieces of evidence. The first piece is correspondence with the board of county commissioners. District Health Departments do not need to provide evidence of communication with all of the Boards of Commissioners within the district, evidence of communication with one Board will suffice.</p> <p>The two other pieces must be correspondences with units of government or private foundations. The communications must be about the support of the development, implementation and evaluation of public health programs and a community health improvement process. A community health improvement process is a method by which, on a community-wide basis, the health of the population might be improved. It is a long-term, systematic effort to address health problems based on the results of assessment activities. It will involve community partners and stakeholders in the assessment, planning, development and implementation of strategies to address identified needs. The BOH and Board of County Commissioners would be stakeholders in a community health improvement process. One reference is <a href="#">Improving Health in the Community: A Role for Performance Monitoring Committee on Using Performance Monitoring to Improve Community Health</a>. Division of Health Promotion and Disease Prevention, IOM.</p> <p>It is understood that the health director may serve, or be directed by the board to serve, as the designee for the BOH in writing and presenting the correspondence for this activity and that much communication will be from the health director. However, it is expected that there be some type of link back to the BOH showing that the BOH supports, discussed, and/or approved the communication. If correspondence directly from the BOH is unavailable, the LHD should be prepared to provide the link back to the BOH (i.e. BOH minutes). It is preferable when feasible to have the chair of the BOH sign the correspondence. It may also be a joint signature between the chair and the health director.</p> <p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>• Is there evidence of communication with the Board of County Commissioners (or directed to the commissioners through the county manager) in support of the development, implementation and evaluation of public health programs and a community health improvement process?</li> </ul>

- Are there at least two other correspondences with units of government or private foundations provided regarding support of local public health programs or a health improvement process?

**References**

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NCGS

<b>Standard:</b> Governance
<b>Benchmark 39:</b> The local board of health shall assure the availability of resources to implement the essential services described in G.S. 130A-34.1(e)(2).
<b>Activity 39.5:</b> The local board of health shall assure that the proposed budget for the local health department meets maintenance of effort requirement in the consolidated agreement between the Division of Public Health and local health department.
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Signed copy of current Consolidated Agreement</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• A Web Identity Role Management (WIRM) report that the local health department sends to the Division of Public Health.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b> The consolidated agreement contains the written requirements from the NC Division of Public Health to the local health departments and defines the conditions that must be met for a health department to receive state and/or federal funds. While the consolidated agreement no longer uses the language “maintenance of effort”, it does require a health department to develop a local appropriations budget, which is the plan for use of local appropriations or earned fees for the activities covered by the agreement. While some funding is provided by the NC Division of Public Health to local departments, it is usually a small amount compared to the total local budget.</p> <p><b>Guidance</b> This activity requires two pieces of evidence. The first is a signed copy of the current Consolidated Agreement. The consolidated agreement is signed by representatives of the local agency and by the NC Division of Public Health. A second piece of evidence is a print out of the monthly expenditure (Web Identity Role Management or WIRM) report that the local health department sends to the Division of Public Health. This report usually will show the amount of fees or local appropriation, in addition to state and federal provided funds, used to support program expenses.</p>
<p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>• Was a signed copy of the current Consolidated Agreement provided?</li> <li>• Was a Web Identity Role Management (WIRM) report that the local health department sends to the Division of Public Health provided?</li> </ul>
<p><b>References</b> CA NCGS</p>

## BENCHMARK 40

A key role for the Board of Health is to be an advocate for public health in the communities they serve as board members. The BOH should be involved in informing elected officials, policy makers, stakeholders, partners and the public on the work of the department and of public health. This benchmark has two activities to demonstrate the BOH role as advocates. The first provides evidence of how board members inform elected officials and boards about the public health issues that affect the community. The second activity demonstrates board advocacy for laws or regulations to protect the public's health. This benchmark for the BOH builds upon benchmark 14 for the health department and staff.

<b>Standard:</b> Governance
<b>Benchmark 40:</b> The local board of health or the advisory committee on health shall advocate in the community on behalf of public health.
<b>Activity 40.1:</b> The local board of health or the advisory committee on health shall inform elected officials and community boards about community health issues.
<b>Documentation:</b> <ul style="list-style-type: none"><li>• <u>One of the following related to community health issues:</u> correspondence between BOH/Health Director or Advisory Committee on Health/Health Director and an elected official, County Commission minutes reflecting a presentation by the BOH/Health Director or Advisory Committee on Health/Health Director, media articles showing BOH or Advisory Committee on Health support for community health issues, or documentation of BOH/Health Director or Advisory Committee on Health/Health Director presenting at meetings with other boards or commissions related to community health issues.</li></ul>
<b>INTERPRETATION</b> <p><b>Intent</b> Board of Health members and Advisory Committee on Health members are residents and are not salaried staff, thus they can serve as effective spokespeople when talking with elected officials. BOH or Advisory Committee on Health members may be advocates for both the health department and its needs and for public health and the needs of the community. The BOH is appointed by elected officials – the Board of County Commissioners or by a group of commissioners from two or more counties. To a degree, the BOH and the Advisory Committee on Health serve as public health representatives to the County Commissioners. It is an important responsibility of the BOH or the Advisory Committee on Health to keep their commissioners informed about public health issues and the work of the health department. It is also an important role of both boards to inform all elected officials, especially those with fiscal and policy controls, about the health issues affecting the community.</p> <p><b>Guidance</b> The evidence required is only one of the four options listed. Note that it must relate to a community health issue. The community health issue may be an emerging issue, may be a long-standing concern or may be an issue identified through the community health assessment. The first option for documentation is some type of correspondence between the BOH or Advisory Committee on Health (or the Health Director on behalf of the board) and an elected official. This correspondence should be written and may be by letter, memo, or email. The second option would be a copy of county commissioner meeting minutes recording a presentation by the BOH or Advisory Committee on Health, a BOH member or a member of the Advisory Committee on Health, or the Health Director on behalf of the BOH or Advisory Committee on Health. A copy of the presentation can be submitted with the minutes. The next option would be media or newspaper articles showing BOH or Advisory Committee on Health support for community health issues. This may reflect a printed press release or may document BOH or Advisory Committee on Health meeting discussion or BOH or Advisory Committee on Health participation at a local event or meeting. The final option would be documentation – such as an agenda, participant's list, minutes, copy of presentation - of the BOH or Advisory Committee on Health,</p>

a BOH or Advisory Committee on Health member or the Health Director on behalf of the BOH or the Advisory Committee on Health presenting at a joint meeting with other boards or commissions related to community health issues. This may be a joint meeting of the BOH or the Advisory Committee on Health and the County Commissioners or other community board or task force.

While there are options for evidence, only one is needed to meet the activity. All evidence should show that the board is sharing appropriate information regarding community health issues. As in Activity 39.4, it is understood that the health director may serve as the designee for the BOH or the Advisory Committee on Health for the work of this activity and that most communication will be from the health director. However, for Accreditation purposes, it is expected that some type of link back to the BOH or Advisory Committee on Health showing that the BOH or Advisory Committee on Health supports, discussed, and/or approved the communication must be provided.

The health director is not expected to have every communication discussed or approved by the BOH or Advisory Committee on Health but the point for many of the activities within the Governance section is to show that the BOH or the Advisory Committee on Health is involved and engaged. Therefore, if correspondence directly from the BOH or Advisory Committee on health is unavailable, the LHD should be prepared to provide the link back to the BOH or Advisory Committee on Health (i.e. minutes).

#### **SVT Review and Guiding Questions**

- Review evidence provided to verify that the board of health or Advisory Committee on Health has informed elected officials and community boards about community health issues.

#### **References**

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<b>Standard:</b> Governance
<b>Benchmark 40:</b> The local board of health or the advisory committee on health shall advocate in the community on behalf of public health.
<b>Activity 40.2:</b> The local board of health or the advisory committee on health shall communicate support for the enactment and retention of laws and rules and the development of public health interventions that protect health and ensure safety.
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• <u>One of the following related to communicating support for laws, rules, and public health interventions:</u> correspondence between BOH/Health Director and an elected official, County Commission minutes reflecting a presentation by the BOH/Health Director, media articles showing BOH support for laws, rules, and public health interventions, or documentation of BOH/Health Director presenting at meetings with other boards or commissions.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b>  This activity continues the role of the BOH as an advocate for public health. The Board must demonstrate an active role in protecting the health of the communities served. This activity is specific to activities in the local health department, or the district served by the agency. This work of the board to support enactment and retention of laws may be related to rules or ordinances of the local department, county or district or may relate to work concerning a state-wide law or changes to a state law. This activity relates to the board members being and representing residents by their support for overall protections for the whole community or jurisdiction of the health department rather than individual health care needs.</p> <p><b>Guidance</b>  The documentation for this activity is the same type as for activity 40.1. The difference is that while the documentation for activity 40.1 must relate to a community health issue, the documentation for activity 40.2 must relate to communicating support for laws, rules, and public health interventions.</p> <p>The same four options from activity 40.1 are choices for documentation for this activity. While there are options for evidence, only one is needed to meet the activity. The documentation submitted should show that the board is supportive of a law, rule or intervention that protects the public’s health.</p> <p>The first option for documentation is some type of correspondence between the BOH (or the Health Director on behalf of the board) and an elected official. This correspondence should be written and may be by letter, memo, or email. The second option would be a copy of county commissioner meeting minutes recording a presentation by the BOH, a BOH member or the Health Director on behalf of the BOH. A copy of the presentation can be submitted with the minutes. The next option would be media or newspaper articles showing BOH support for laws, rules, and public health interventions. This may reflect a printed press release or may document BOH meeting discussion or BOH participation at a local event or meeting. The final option would be documentation – such as an agenda, participant’s list, minutes, copy of presentation - of the BOH, a BOH member or the Health Director on behalf of the BOH, presenting at a joint meeting with other boards or commissions related to the enactment and retention of laws and rules and/or the development of public health interventions. This may be a joint meeting of the BOH and the County Commissioners or other community board or task force.</p> <p>As in Activity 39.4, it is understood that the health director may serve as the designee for the BOH for the work of this activity and that most communication will be from the health director. However, for Accreditation purposes, it is expected that <u>some</u> type of link back to the BOH showing that the BOH</p>

supports, discussed, and/or approved the communication must be provided.

The health director is not expected to have every communication discussed or approved by the BOH but the point for many of the activities within the Governance section is to show that the BOH is involved and engaged. Therefore, if correspondence directly from the BOH is unavailable, the LHD should be prepared to provide the link back to the BOH (i.e. BOH minutes).

**SVT Review and Guiding Questions**

- Review evidence provided to verify that the board of health has communicated support for the enactment and retention of laws and rules and the development of public health interventions that protect health and ensure safety.

**References**

CA  
NCGS

## BENCHMARK 41

Benchmark 41 is related to the Board of Health’s efforts in promoting public health partnerships between the community and the department. This benchmark for the BOH complements the 4<sup>th</sup> Essential Service for the health department – mobilizing community partnerships to identify and solve public health problems. Benchmarks 11 through 13 relate to the work of the department in developing and sustaining partnerships. This benchmark focuses on demonstrating how the BOH supports the health department’s work with partners within the jurisdiction of the department or district. This may include efforts by staff, programs or overall agency participation. There are three activities under this benchmark and they build upon each other. The first activity demonstrates the openness of the BOH to encourage input by the public. The second activity demonstrates BOH support of partner building efforts by the department. Finally, the last activity moves to support of coordinating resources between the department and partners in achieving stated objectives for both.

<b>Standard:</b> Governance
<b>Benchmark 41:</b> The local board of health or the advisory committee on health shall promote the development of public health partnerships.
<b>Activity 41.1:</b> The local board of health or the advisory committee on health shall take actions to foster community input regarding public health issues.
<b>Documentation:</b> <ul style="list-style-type: none"><li>• <u>One of the following:</u> notice of town meeting, public forum, public hearing, media article, web posting, etc., which demonstrates actions to foster community input regarding public health issues.</li></ul>
<b>INTERPRETATION</b> <p><b>Intent</b> While members of the Board of Health or Advisory Committee on Health are themselves residents, they may not represent all segments, views and needs of the county or the district. It is a responsibility of the BOH or Advisory Committee on Health to foster or promote input to the BOH or Advisory Committee on Health by the community by any variety of methods. The input by residents regarding public health is a vital means of ensuring that the work of the agency is aligned with the defined needs of the community. It is also to ensure that all populations being served by the agency have an opportunity for input as issues are identified.</p> <p><b>Guidance</b> The required documentation calls for one piece of evidence to show how the BOH or the Advisory Committee on Health has taken action to promote input from the community on public health issues. The issue can be any kind of public health topic including hazards, programmatic related issues, diseases or outbreaks. The issue could be one that concerns the entire jurisdiction of the department or district or could be an issue for a specified population.</p> <p>The documentation specifies five types of actions that can be submitted for evidence. They are a notice of a town meeting, a public forum, a public hearing, a media article, or a web posting. These documents should show that the input is requested by the BOH or the Advisory Committee on Health or that the BOH or Advisory Committee on Health is involved in the process. For example, a public forum may be sponsored by the department; however the BOH or Advisory Committee on Health should be present to hear input from the public. Note that the activity states that the BOH or Advisory Committee on Health must foster input. While the activity does not require that the public actually respond, the intent is that the action taken results in public input of some type.</p> <p>While five types of actions are stated as documentation, there is also an “etc.” included in the list. This allows the BOH or Advisory Committee on Health to submit other documentation that demonstrates</p>

action taken to foster input if it feels that would best support conformity to the activity. Other documentation of BOH or Advisory Committee on Health response could be through board minutes, a letter of response to a citizen or group, a report or white paper, an action of the board as documented in the minutes, or media, such as newspaper articles. Simply including a public input item on regular board meeting agendas is not sufficient evidence for meeting this activity.

**SVT Review and Guiding Questions**

- Review documentation provided to verify that the BOH or Advisory Committee on Health has taken actions to foster community input regarding public health issues.
- Does the documentation demonstrate actions by the BOH or Advisory Committee on Health to foster community input.
- While the action taken may have been done by the health director on behalf of the board, the documentation must demonstrate BOH or Advisory Committee on Health involvement
- BOH or Advisory Committee on Health minutes may be used to help substantiate the documentation submitted.

**References**

CA  
NCGS

<b>Standard:</b> Governance
<b>Benchmark 41:</b> The local board of health or the advisory committee on health shall promote the development of public health partnerships.
<b>Activity 41.2:</b> The local board of health or the advisory committee on health shall take actions to foster local health department partnership-building efforts and staff interactions with the community.
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>Evidence of agency partnership efforts</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li><u>One of the following:</u> BOH minutes reflecting discussion of partnership OR letters of support from BOH for partnership efforts.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b> One of the roles of the Board of Health is to serve as a liaison for the department to the communities served. Much of the work of the agency is conducted through partnerships and the BOH should be knowledgeable of and involved in these efforts. The BOH should be supportive of staff who work with community partners and encourage the department’s involvement in community at large. This activity may be led by the staff and supported by the BOH or may be the direct involvement of BOH members with department partners.</p> <p><b>Guidance</b> There are two components of the required documentation for this activity. The department should provide general evidence demonstrating the agency’s efforts with its partners. This may be the development of a new partner, maintaining or developing a current partnership or support for staff interactions/involvement in the community. The type of evidence is not specified and can be materials from a partnership building effort, including meeting agenda’s and minutes, joint statements, news articles, participant lists showing involvement of department staff and brochures or flyers.</p> <p>The department must also submit either BOH minutes that record discussion of partnership building efforts or letters of support that are from the BOH in support of partnership efforts. If letters of support are submitted for this activity, they should be signed by the BOH, such as by the chair. It may be jointly signed by the health director. The letters may support involvement with the partner in a community effort, in support of a proposed project, to support a request for funding by the partner or to acknowledge efforts within the partnership to achieve defined objectives.</p> <p>The first required component of evidence does not necessarily need to show BOH involvement but only must show efforts by the department in building a partnership. The second component must show the BOH’s involvement. While the second piece of required documentation does not have to relate to the first, it is a stronger body of evidence if the minutes or letters of support show BOH involvement in the agency partnership efforts used as documentation for this activity.</p>
<p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>Is there evidence of agency efforts to build a partnership?</li> <li>Do minutes submitted provide discussion on partnership matters or building relationships with BOH support, encouragement, involvement or oversight?</li> <li>Have letters of support been written by the Board to show support for activities of partners or with partners?</li> </ul>
<p><b>References</b> CA NCGS</p>

<b>Standard:</b> Governance
<b>Benchmark 41:</b> The local board of health or the advisory committee on health shall promote the development of public health partnerships.
<b>Activity 41.3:</b> The local board of health or the advisory committee on health shall take actions to foster the coordination of resources to enhance partnerships and collaboration to achieve public health objectives.
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• <u>One of the following relating to partnerships and the coordination of resources:</u> BOH minutes reflecting discussion; evidence of BOH member participation on community coalition, steering committee, or advisory committee</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• BOH minutes reflecting a decision that the Health Director was the best representative to such a group AND evidence of the Health Director’s participation.</li> </ul>
<p><b>INTERPRETATION</b></p> <p><b>Intent</b> The Board of Health should understand the public health objectives of the agency and the actions, including working with and through community partners, needed to be successful in meeting them. This success will involve the coordination of resources – people, time and money – provided by the agency and other partners. This activity is asking for evidence to show how the board is coordinating resources and partners to meet the community’s public health objectives.</p> <p><b>Guidance</b> This activity is requiring that the BOH take actions to promote the coordination of resources between the health department and a partner to accomplish two things – to enhance the partnership and to collaborate in achieving public health objectives. There is one piece of required documentation but it may be chosen from three options. The first option is to provide BOH minutes documenting discussion linking a department partnership and the coordination of resources. The second option is to provide evidence that a BOH member is participating on community coalition, steering committee, or advisory committee. This evidence could be shown through a report or discussion in the BOH minutes, or can be an agenda, participant list or minutes of the coalition or committee that demonstrates involvement by a BOH member. The third option is to have the health director participate on behalf of the BOH. The evidence for this option would be a record in the BOH minutes of discussion and the decision that the Health Director was the best representative to a coalition or committee. There must also be evidence of the Health Director’s participation. There should also be a link back to the BOH by a report of the Health Director since he/she would be participating on the Board’s behalf.</p> <p>Note that the evidence presented must show a relationship between a specific partnership and the coordination of resources. Also the overall purpose of the resource coordination is to achieve public health objectives. The objectives stated in this activity may be objectives of a particular partnership, task force or steering committee or may be objectives stated in the community health assessment or action plans/health improvement plans.</p> <p><b>SVT Review and Guiding Questions</b></p> <ul style="list-style-type: none"> <li>• Do BOH minutes provided discuss the coordination of resources (beyond that provided by the LHD)?</li> <li>• Is there evidence that a BOH representative or the health director participated in a community coalition or committee of some type?</li> </ul>

- If the health director is the representative, is there evidence of BOH discussion showing the health director as the best choice and that the health director participated in the coalition or committee?

**References**

CA

NCGS

# Attachment 1: Benchmark Links to the 10 Essential Services

## STANDARD: AGENCY CORE FUNCTIONS AND ESSENTIAL SERVICES (ES)

### FUNCTION: ASSESSMENT

- ES 1: Monitor health status to identify and solve community health problems.  
Benchmarks 1, 2, 3
- ES 2: Diagnose and investigate health problems and health hazards in the community.  
Benchmarks 4, 5, 6, 7, 8

### FUNCTION: POLICY DEVELOPMENT

- ES 3: Inform, educate, and empower people about health issues.  
Benchmarks 9, 10
- ES 4: Mobilize community partnerships and action to identify and solve health problems.  
Benchmarks 11, 12, 13
- ES 5: Develop policies and plans that support individual and community health efforts.  
Benchmarks 14, 15

### FUNCTION: ASSURANCE

- ES 6: Enforce laws and regulations that protect health and ensure safety.  
Benchmarks 14, 16, 17, 18
- ES 7: Link people to needed personal health services and assure the provision of health care when otherwise unavailable.  
Benchmarks 19, 20, 21, 22
- ES 8: Assure competent public and personal health care workforce.  
Benchmarks 23, 24, 25, 26
- ES 9: Evaluate effectiveness, accessibility, and quality of personal and population-based health services.  
Benchmark 27
- ES 10: Research for new insights and innovative solutions to health problems.  
Benchmark 28, 29

## STANDARD: FACILITIES AND ADMINISTRATIVE SERVICES

Benchmarks 30, 31, 32, 33

## STANDARD: GOVERNANCE

Benchmarks 34, 35, 36, 37, 38, 39, 40, 41

Essential Services from the Core Public Health Functions Steering Committee - 1994

**Operational Definition of a Functional Local Public Health Agency  
(NACCHO, November 2005)**

**Links to NCLHDA Standards**

**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).

Benchmark 1 – Activities 1.1, 1.2      Benchmark 2 – Activities 2.1, 2.2

- 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.

Benchmark 2 – Activities 2.3

- c. Conduct or contribute expertise to periodic community health assessments.

Benchmark 1 – Activities 1.3

- d. Integrate data with health assessment and data collection efforts conducted by others in the public health system.

Benchmark 3 – Activity 3.1, 3.2

- e. Analyze data to identify trends, health problems, environmental health hazards, and social and economic conditions that adversely affect the public's health.

Benchmark 2 – Activity 2.4

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

- a. Investigate health problems and environmental health hazards.

Benchmark 4 – Activities 4.1, 4.2      Benchmark 7 – Activities 7.1, 7.3

- b. 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.

Benchmark 7 – Activities 7.2

- c. Coordinate with other governmental agencies that investigate and respond to health problems, health disparities, or environmental health hazards.

Benchmark 7 – Activities 7.5

- d. 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.

Benchmark 7 – Activities 7.4, 7.7

- e. 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.

Benchmark 6 – Activities 6.1, 6.2, 6.3    Benchmark 7 – Activities 7.6

- f. Maintain access to laboratory and biostatistical expertise and capacity to help monitor community health status and diagnose and investigate public health problems and hazards.

Benchmark 4 – Activities 4.3                      Benchmark 8 – Activities 8.1, 8.2, 8.3, 8.4

- g. Maintain policies and technology required for urgent communications and electronic data exchange.

Benchmark 5 – Activities 5.1, 5.2, 5.3

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

- a. Develop relationships with the media to convey information of public health significance, correct misinformation about public health issues, and serve as an essential resource.

Benchmark 9 – Activities 9.1, 9.4

- b. 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.

Benchmark 9 – Activities 9.2, 9.3, 9.5

- c. Provide targeted, culturally appropriate information to help individuals understand what decisions they can make to be healthy.

Benchmark 9 – Activities 9.6

- d. Provide health promotion programs to address identified health problems.

Benchmark 10 – Activities 10.1, 10.2, 10.3, 10.4

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

- a. 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.

Benchmark 11 – Activities 11.1, 11.2

- b. Promote the community’s understanding of, and advocacy for, policies and activities that will improve the public’s health.

Benchmark 13 – Activities 13.1

- c. Support, implement, and evaluate strategies that address public health goals in partnership with public and private organizations.

Benchmark 12 – Activities 12.1, 12.2, 12.3

- d. Develop partnerships to generate interest in and support for improved community health status, including new and emerging public health issues.

Benchmark 12 – Activities 12.1, 12.2, 12.3

- e. 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.

Benchmark 13 – Activities 13.1

**Essential Service 5: Develop public health policies and plans.**

- a. 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.

Benchmark 14 – Activities 14.1      Benchmark 15 – Activities 15.4

- b. 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.

Benchmark 14 – Activities 14.2

- c. 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.

Benchmark 15 – Activities 15.1, 15.2, 15.3, 15.5, 15.6

**Essential Service 6: Enforce public health laws and regulations.**

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

Benchmark 14 – Activities 14.3, 14.4

- b. Understand existing laws, ordinances, and regulations that protect the public’s health.

Benchmark 16 – Activities 16.1, 16.2, 16.3

- c. Educate individuals and organizations on the meaning, purpose, and benefit of public health laws, regulations, and ordinances and how to comply.

Benchmark 16 – Activities 16.1, 16.2, 16.3

- d. Monitor, and analyze over time, the compliance of regulated organizations, entities, and individuals.

Benchmark 17 – Activities 17.3

- e. Conduct enforcement activities.

Benchmark 17 – Activities 17.1, 17.2

Benchmark 18 – Activities 18.1

- f. Coordinate notification of violations among other governmental agencies that enforce laws and regulations that protect the public's health.

Benchmark 18 – Activities 18.2, 18.3, 18.4

### **Essential Service 7: Help people receive health services.**

- a. 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.

Benchmark 19 – Activities 19.1, 19.2

Benchmark 21 – Activities 21.4

- b. 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.

Benchmark 20 – Activities 20.1, 20.2

Benchmark 21 – Activities 21.3

Benchmark 22 – Activities 22.2, 23.2

- c. Link individuals to available, accessible personal healthcare providers (i.e., a medical home).

Benchmark 21 – Activities 21.1, 21.2

Benchmark 22 – Activities 22.1

### **Essential Service 8: Maintain a competent public health workforce.**

- a. Recruit, train, develop, and retain a diverse staff.

Benchmark 26 – Activities 26.1, 26.2, 26.3

- b. Evaluate LHD staff members' public health competencies,<sup>7</sup> and address deficiencies through continuing education, training, and leadership development activities.

Benchmark 23 – Activities 23.1, 23.2, 23.3

Benchmark 24 – Activities 24.2

- c. 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.

Benchmark 25 – Activities 25.1

- d. Promote the use of effective public health practices among other practitioners and agencies engaged in public health interventions.

Benchmark 25 – Activities 25.2

- e. Provide the public health workforce with adequate resources to do their jobs.

Benchmark 24 – Activities 24.1, 24.3

**Essential Service 9: Evaluate and improve programs and interventions.**

- a. Develop evaluation efforts to assess health outcomes to the extent possible.

Benchmark 27 – Activities 27.1, 27.2, 27.3

- b. Apply evidence-based criteria to evaluation activities where possible.

Benchmark 27 – Activities 27.1, 27.2, 27.3

- c. Evaluate the effectiveness and quality of all LHD programs and activities and use the information to improve LHD performance and community health outcomes.

Benchmark 27 – Activities 27.1, 27.2, 27.3

- d. 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.

Benchmark 27 – Activities 27.1, 27.2, 27.3

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

- a. 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.

Benchmark 28 – Activities 28.1

Benchmark 29 – Activities 29.1, 29.2

- b. Share results of research, program evaluations, and best practices with other public health practitioners and academics.

Benchmark 28 – Activities 28.1

Benchmark 29 – Activities 29.1, 29.2

- c. Apply evidence-based programs and best practices where possible.

Benchmark 28 – Activities 28.1

Benchmark 29 – Activities 29.1, 29.2

# Attachment 2: CHA/Accreditation Check List

County:

Date:

Accreditation	Consolidated Agreement	Met	Not Met	Comments
<b>Activity 1.1</b> – LHD shall conduct a comprehensive CHA every 48 months that includes	The Community Health Assessment process shall			
1.1.a Evidence of community collaboration in planning/ conducting assessment	<ul style="list-style-type: none"> <li>• Be a collaborative effort with the local Healthy Carolinians Partnership</li> </ul>			
1.1.b Reflect the demographic profile of population				
1.1.c Describe socioeconomic, educational & environment factors that affect health				
1.1.d Assemble/analyze secondary data to describe community health status				
1.1.e Collect/analyze primary data to describe community health status	<ul style="list-style-type: none"> <li>• Include collection of primary data at the county level</li> </ul>			
1.1.f Compile/analyze trend data to describe changes in community health status and factors affecting health				
1.1.g Use defined methods for collecting/analyzing data				
1.1.h Identify population groups at risk				
1.1.i Identify existing and needed health resources				
1.1.j Compare selected local data with data from other jurisdictions				
1.1.k Identify leading community health problems	<ul style="list-style-type: none"> <li>• list of community health priorities based on CHA findings</li> </ul>			
	<ul style="list-style-type: none"> <li>• include a narrative of the assessment findings</li> </ul>			
	<ul style="list-style-type: none"> <li>• Include community action plans to address the priorities issues.</li> </ul>			
<b>Activity 1.2</b> LHD shall update CHA with an annual interim State of the County’s Health				

Report annually. The report shall demonstrate that the LHD is tracking priority issues identified in CHA, identify emerging issues, Identify new initiatives.				
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# Attachment 3: State Personnel Record Guidelines

The State Personnel Manual states that:

Employment-related information includes information related to an individual's:

- application
- selection
- promotion, demotion, transfer
- salary and leave
- contract for employment
- benefits
- performance evaluation
- suspension, disciplinary actions, and termination

Personal information includes an individual's:

- home address,
- social security number,
- medical history,
- personal financial data,
- marital status, dependents and
- beneficiaries.

By statute, the following information with respect to each county employee is a matter of **public record**:

- name
- age
- date of original employment or appointment to county service
- current position title; current salary
- date and amount of the most recent increase or decrease in salary
- date of the most recent promotion, demotion, transfer, suspension, separation or other change in position classification
- the office to which the employee is currently assigned

The **board of county commissioners shall determine in what form and by whom this information will be maintained**. Any person may have access to this information for the purpose of inspection, examination, and copying, during regular business hours, subject only to such rules and regulations for the safekeeping of public records as the board of commissioners may have adopted.

The statute that states what is the open record portion of a personnel file is **§ 126-23. Certain records to be kept by State agencies open to inspection**. It reads:

Each department, agency, institution, commission and bureau of the State shall maintain a record of each of its employees, showing the following information with respect to each such employee: name, age, date of original employment or appointment to the State service, current position, title, current salary, date and amount of most recent increase or decrease in salary, date of most recent promotion, demotion, transfer, suspension, separation, or other change in position classification, and the office or station to which the employee is currently assigned. Subject only to rules and regulations for the safekeeping of the records, adopted by the State Personnel Commission, every person having custody of such records shall

permit them to be inspected and examined and copies thereof made by any person during regular business hours. Any person who is denied access to any such record for the purpose of inspecting, examining or copying the same shall have a right to compel compliance with the provisions of this section by application to a court of competent jurisdiction for a writ of mandamus or other appropriate relief. (1975, c. 257, s. 1; c. 667, s. 2.)

Some agencies also maintain a position record that may contain the job description, classification information and a record of staff that have been in the position. This may or may not be kept with personnel records. As for a position record and who maintains this information, this will be a decision of the agency (and the County Human Resources Office or Board of County Commissioners, if applicable). Regardless of the decision to have a separate position record - any information, stored by any entity, constitutes the personnel record. Thus, even if the LHD keeps a personnel record, a position record and the County keeps a file on employees, all are part of the employee's personnel record.

The Section in the North Carolina Administrative Code that governs personnel records is Chapter 25 – State Personnel Subchapter 1I - Service to Local Government. The section that states what must be in the record is:

25 NCAC 01I .1704 Personnel Records and Reports

Such personnel records as are necessary for the proper administration of a personnel service system and related programs will be maintained. Periodic reports will be prepared as necessary to indicate compliance with applicable state and local requirements and the federal and state standards:

- (1) Personnel Records. Each agency shall maintain a service record for each employee including name, position title, organization unit, all changes in status, performance evaluations and other information considered pertinent.
- (2) Payroll Records. An accurate copy of the payroll of each local social services, public health, mental health and civil preparedness unit shall be submitted to the agency, personnel and/or budget offices within two weeks following each payroll period. The payroll information shall be used in reviewing conformity by local units to establish rules and regulations.

History Note: Authority G.S. 126-4; 153-A-98;  
Standards for a Merit System of Personnel Administration;  
Eff. August 3, 1992.

# Attachment 4: Policies, Procedures & Protocols required by HDSAI

The policies or plans listed below may not be a direct requirement of each of the following activities but may be an option available to the local health department in the selection of documentation to submit as evidence.

- Activity 2.4:** disease incidence – analysis policy and procedures
- Activity 4.1:** community surveillance system policy and procedures
- Activity 5.1:** notification protocol (from local preparedness plan)
- Activity 5.1:** after-hours calls policy and procedures
- Activity 7.1:** epidemiological case investigation protocols
- Activity 7.2:** communicable disease investigations policy
- Activity 7.3:** environmental complaints - timely and appropriate action policy and procedures
- Activity 8.1:** clinical and environmental laboratory sample handling policies and procedures
- Activity 8.4:** access to laboratory services protocols
- Activity 9.2:** public access to community health information policy and procedures
- Activity 9.4:** requests for information policy and procedures
- Activity 9.5:** notification of changes in department’s policy and operations policy and procedures
- Activity 9.6:** Title VI of the Civil Rights Act compliance policy
- Activity 15.2 & 15.6 & 22.3:** program policies and procedures
- Activity 15.3:** policy on policies
- Activity 15.4:** new or updated policy as referenced
- Activity 15.5:** orientation policy with distribution procedures for policy changes
- Activity 18.1:** public health laws, rules and ordinances enforcement policies and procedures
- Activity 18.3:** complaints of enforcement of laws, rules and ordinances policies and procedures
- Activity 21.1:** policy or mechanism for dissemination of current resource list or directory
- Activity 21.3:** increasing utilization of programs and services plans or policies
- Activity 24.1:** staff access to training policies
- Activity 26.1:** non-discrimination policy
- Activity 26.3:** cultural sensitivity and competency training policy
- Activity 27.1:** consumer and community input policy and procedure
- Activity 27.2:** use of community satisfaction data to improve services policy/protocol
- Activity 27.3:** quality assurance/quality improvement policies and procedures
- Activities 29.1 & 29.2:** research policies
- Activity 30.2:** accommodating visually and hearing impaired policies and protocols
- Activity 30.3:** clinical privacy protocols
- Activity 30.4:** medical records policies
- Activity 30.5:** OSHA policies and procedures
- Activity 30.6:** cleaning, disinfection and maintenance of equipment and service areas policies and procedures
- Activity 30.7:** infection control policies and procedures
- Activity 31.1:** administrative policies and procedures
- Activity 31.3:** personnel - disciplinary, grievance and harassment policies

**Activity 31.5:** personnel - performance appraisal policies and procedures  
**Activity 32.3:** computer/technology use policy  
**Activity 32.4:** management information system security policies and procedures  
**Activity 33.4:** segregation of financial management duties and accountability for funds policy  
**Activity 33.7:** financial risk management for uncollected fees and bad debt policies and procedures  
**Activity 34.1:** board operating procedures  
**Activity 34.3:** adopting rules policy and procedures  
**Activity 34.4:** adopting/amending rules policy and/or procedure manual  
**Activity 35.1:** adjudications policy and procedures  
**Activity 37.6:** recruitment, retention and workforce development policy  
**Activity 38.3:** public participation policy

### **Plans or Operational Guides required by HDSAI**

**Activity 3.2:** QI plan  
**Activity 5.2:** health alert communication plan  
**Activity 5.3:** crisis communication plan or communication/media plan  
**Activity 6.2:** county emergency operations plan  
**Activity 7.4:** local preparedness and response plan  
**Activity 15.1:** strategic plan  
**Activity 22.1:** community action plans (from community health assessment)  
*Note: Activity 38.2 requires Board of Health approval of community action plans*  
**Activity 24.2:** staff development plan  
**Activity 26.2:** recruit and retain management team and staff plan  
**Activity 31.6:** inventory replacement plan  
**Activity 34.2:** board of health operating procedures  
**Activity 36.1:** board of health handbook

## Attachment 5: Acronym Table

Below are common acronyms that are used in the Accreditation Program, in the Health Department Self-Assessment Instrument, and 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

