



NORTH CAROLINA

Local Health Department
Accreditation

Health Department Self-Assessment Instrument (HDSAI) Interpretation Document 2024

Updates effective January 1, 2024

This document has been adopted by the NCLHD Accreditation Board. The Board will continue to accept comments by local health departments, site visitors and other partners.

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Introduction

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Purpose

The purpose of this document is to guide local health departments (LHDs), site visit team (SVT) members and the North Carolina Local Health Department (NCLHD) Accreditation Board and staff in the interpretation of the activities and required evidence for the benchmarks and activities of the North Carolina (N.C.) standards. It is the responsibility of the NCLHDA program, in collaboration with our partners and 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 SVT
 - c. Assisting the LHD in the compilation of evidence

The NCLHD Accreditation Program links basic standards to current state statutes, administrative code and contractual and program monitoring requirements that are already in place through NCDHHS. The accreditation process allows local health departments to assess how they are meeting national and state-specific standards for public health practice and provides the opportunity to address any identified gaps.

The standards, benchmarks and activity language contained in this document are established and can only be changed by the N.C. Commission for Public Health. The evidence requirements, interpretation and guidance for meeting an activity are developed and are updated per the NCLHDA Process Operational Guidelines by the NCLHD Accreditation Board.

Background

The development of the NCLHD Accreditation Program was initiated in 2002 by local health directors across the state with support from the Division of Public Health within the N.C. Department of Health and Human Services.

Senate Bill 804, signed in fall 2005, created the N.C. Local Health Department Accreditation, an act to improve the public health infrastructure by establishing an accreditation system for local health departments. The legislation outlines the membership of a governing board to be established within the North Carolina Institute for Public Health. The program became a legislatively mandated process in 2006. This legislation both mandates the program and outlines the standards, functions, and essential services covered by accreditation.

The Rules Commission adopted permanent Accreditation Rules, effective October 1, 2006. These Rules were incorporated in the Health Department Self-Assessment Instrument (HDSAI), which outlines the standards that local health departments must meet to become accredited. The HDSAI went into effect January 1, 2007 and was transferred to the NCLHDA Dashboard in 2019.

The benchmark and activity language are controlled by rules and require undergoing a rules-making process with the N.C. Commission for Public Health to amend. The NCLHD Accreditation Board is responsible for programmatic policy, which includes the activity evidence, interpretation and guidance as described in this interpretation document.

Updates

The NCLHD Accreditation Board is responsible for periodically reviewing the standards, benchmarks, activities, and the HDSAI interpretation document to ensure they meet evolving or newly identified needs and processes, receive and review requests for modification received from stakeholders and recommend rule changes to the Commission for Public Health when necessary. As such, this document is subject to change as new interpretation is added and as current interpretation is edited.

The Rules Review Commission adopted amendments to the Accreditation rules on April 1, 2015 to respond to passage of HB 438 in June 2012 allowing all counties in N.C. to consolidate human service agencies. Corresponding changes to the HDSAI were approved by the NCLHD Accreditation Board on May 15, 2015 with changes made to Benchmarks 34, 37, 38, 39, 40 and 41.

In 2020, the NCLHD Accreditation Program began a three-phased review approach to update the program. Phase 1 focuses on policy-level changes. A standards workgroup consisting of board members, health directors, agency accreditation coordinators and site visitors, and many subject matter experts, systematically reviewed the HDSAI Interpretation Document according to a set of clear and agreed upon criteria between May and September 2020. Their proposed HDSAI Interpretation edits were open for public comment in November 2020, and the revisions were incorporated into the HDSAI Interpretation Document version 7.0.

While the NCLHD Accreditation Program made Phase 1 revisions, the 10 Essential Public Health Services (10EPHS) were revised in October 2020. The revised 10 EPHS continues to be organized around three core functions of assessment, policy development and assurance. While the former version centered all activities around research, the updated model centers equity. This document has been updated to connect accreditation activities to the revised 10EPHS.

Accreditation's Role in Advancing Equity

Accreditation plays an important role in establishing and assuring the policy, measurement, programs and supportive infrastructure required for health departments to support health equity, as outlined in CDC's [Paving the Road to Health Equity](#). In line with the updated 10EPHS, this document highlights activities that directly support building health equity through health departments. It is important to note that the activity language was adopted into statute in 2006. Since that time, there have been changes to equity terminology. Whenever possible, updated terminology has been used in the guidance and intent of the activity.

Definitions

Activities

Activities refer to specific, documentable actions taken by a local health department or a local board of health.

At-Risk Populations

At-risk populations include members of a particular group who are more likely to, or have the potential to, get a specified health condition compared to those outside of the group. For example, this could be from engaging in behavior (e.g., smoking while pregnant) that could cause a specified health condition, having an indicator or precursor (e.g., high blood pressure) that could lead to a specified health condition or having a traumatic experience which may be correlated with increased risk of specified health conditions.

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.”

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 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. In general, an advisory committee on health appointed to provide input to the body which has assumed those powers and duties are not policy making boards so do not apply unless a specific activity states they can.

Consolidated agreement and agreement agenda

Consolidated agreement and agreement agenda are the contracts used by NCDHHS to distribute state and federal public health funds to local health departments.

Cultural Humility

Cultural humility, a term created in 1998 by Melanie Tervalon and Jann Murray-Garcia, is a process of lifelong learning and critical self-reflection that recognizes and challenges power imbalances and calls for institutional accountability.

Cultural Sensitivity and Competency

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 to interact effectively with people from different cultures. While these terms were widely used in 2002, today they are often replaced with or used in combination with cultural humility.

Division

Division means the N.C. Division of Public Health.

Elected and Appointed Officials

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 U.S. Senators and representatives, and the President and Vice-President.

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.

Electronic Signatures

When signatures are required for documentation requirements, electronic signatures may be submitted. Electronic signatures should include a name, date, and a form of authentication or attestation. Examples include a scanned or electronically drawn signature, an attestation line, or a digital signature using a platform such as Adobe or DocuSign. The intent is that there is a way of confirming that the signature was generated by the signee.

Evidence-based Health Promotion/Disease Prevention Strategies

Evidence-based health promotions/disease prevention strategies means endeavors in which there is an informed and explicit use of evidence that has been derived from any of a variety of science and social science research and evaluation methods

Linguistically and Culturally Representative

Linguistic and cultural representation requires that the various languages and cultures within a community are each represented and involved in decision making.

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.”

Underserved Population Groups

Underserved population groups include population groups that health services and other services typically underserve or traditionally do not adequately reach. This may be due to a lack of services or providers available or as a result of financial, literacy, language, access, cultural, or other barriers.

Vulnerable Populations

A vulnerable population is one that may be more susceptible than the general population to risk factors that lead to poor health outcomes. Vulnerable populations is a type of at-risk population, typically one that relates to discrimination/prejudice based on race/ethnicity, socio-economic status, gender, cultural factors and age groups.

General Evidence Guidance

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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 represents 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 the NCLHD Accreditation Program 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 NCLHD Accreditation program, as adopted by the NCLHD Accreditation Board and contained within this Interpretation document.

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 (Activity 15.3). All policies should be current, dated and signed by the appropriate individuals indicating approval. The SVT will also look to see if 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 HDSAI and the benchmarks and activities in policies.

The focus of policies is that they are properly adopted or approved, in effect and reflect the actual practices of the LHD. Policies can be developed by the LHD or another source. 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 (Activity 15.3). 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 (Activity 15.3) 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.

Please note that the NCLHD Accreditation program 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 often 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, and regardless of if independently accredited or not, 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 in the NCLHDA Dashboard). However, NCLHD Accreditation does not confer home health accreditation.

Consolidated Health and Human Services Agencies

Only the Public Health Department/Section/Unit of a consolidated health and human services agency is part of the self-assessment and site visit. No other sections/units' services can be used for evidence nor are their employees to be included in the employee roster submitted and used for random selection of employees for personnel record review. Consolidated health and human services agencies can only claim accreditation for their Public Health Department/Section/Unit.

Evidence

Local health departments in N.C. 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 NCLHD Accreditation Program 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. Keep in mind:

- 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.

Submitting Evidence

The HDSAI is the web-based NCLHDA Dashboard which can be accessed by logging in to <http://login.VMSG.Dashboard.com> and can be used both as a planning tool and for final submission of evidence.

When completing the HDSAI, documentation is uploaded into the NCLHDA Dashboard. The LHD may also add any comment/narrative 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.

Documentation Methods

All evidence, including personnel record documentation, is required to be submitted through the NCLHDA Dashboard.

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. The Site Visit is considered beginning when the dashboard opens to the health department for final review.

The LHD should be prepared to provide the hard copy of any item that is requested by the site visit team. Typically, use of the NCLHDA Dashboard speeds the review process; however, if there are technical difficulties, the process can be slowed down, and the site visit schedule becomes difficult to maintain.

Date Requirements for Documentation/Evidence

This document uses consistent and clear language regarding timeframes. The HDSAI due date is used to give a standard timeframe for documentation/evidence. However, agencies are encouraged to complete as much of their work as possible by their HDSAI due date. Date requirements are defined as follows:

- **Since the previous site visit:** these examples must be from the time period starting the day after the previous site visit up to the HDSAI due date (if last site visit was August 1 and 2, 2010 and HDSAI due date is June 1, 2014, then the time period of August 3, 2010 through June 1, 2014)
- **For each year since the previous site visit/annually:** an agency's "year" starts the day after the previous site visit (using the example above, then Year 1 of next cycle would be August 3, 2010-August 2, 2011, Year 2 would be August 3, 2011-August 2, 2012, Year 3 would be August 3, 2012-August 2, 2013 and Year 4 would be August 3, 2013-June 1, 2014)
- **For/during the year randomly selected for review:** site visitors will select a random year for review during which these examples must be generated, using the same "year" definition as above
- **Within the past 12 months:** these examples must be dated within the 12 months prior to the HDSAI due date (if due date is June 1, then any date since previous June 1)
- **Within the past 24 months:** these examples must be dated within the 24 months prior to the HDSAI due date (if due date is June 1, then any date since June 1 two years ago)

Appendix A lists all activity documentation with specific date requirements.

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. It is highly recommended that all policies and Board minutes submitted electronically be signed/dated; if not, unsigned copies can be submitted with a note made in the HDSAI narrative that a signed copy will be available on site. If the Board does not sign minutes, but rather approves them by vote at the next meeting, evidence of this vote/approval must also be provided along with the original minutes.

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. An agency may not require temporary and contract staff to abide by all personnel policies (i.e., annual performance evaluation, annual job description, training), but if not, must make that clear in policy or personnel contracts, including how employee performance and basic training is accounted for.

In response to the question of what documentation should be in a personnel record, the N.C. Office of State Human Resources 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.

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
- Annual Evaluation / Performance Appraisal
- 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.

Understanding the Interpretation of Activities

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Standards and Benchmark Classification

The N.C. standards take the following structural approach to classification:

- Standard
 - Benchmark 1
 - Activity 1.1
 - Activity 1.2
 - Activity 1.3

There are three standards which cover 41 benchmarks comprising 147 activities.

Standard: Agency Core Functions and Essential Services

The Agency Core Functions and Essential Services Standard is composed of 29 benchmarks and 93 associated activities. The activities assess the department's ability to deliver the 10 essential public health services 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. While this standard focuses on the 10 essential public health services, activities outside of this standard also relate to these essential services.

Standard: Facilities and Administrative Services

The Facilities and Administrative Services Standard is composed of four 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 eight benchmarks with 27 associated activities. This standard sets forth the expectations of the Board of Health (BOH) 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 board of county commissioners.

Activity Information

This example shows how the information about each activity is arranged in the Interpretation of Activities section.

Activity #

Brief description of activity

Each activity is listed beginning with the standard classification, followed by the benchmark and activity. These elements are displayed in **teal** to indicate they are defined in legislation and very rarely change.

STANDARD

Lists the standard under which the activity is classified.

FUNCTION

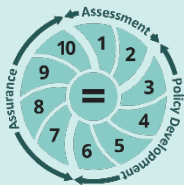
Function is only applicable to Standard 1 and categorizes essential services into the public health cores (assessment, policy development, assurance).

BENCHMARK

Lists the benchmark under which the activity is classified.

ESSENTIAL SERVICES

Essential Public Health Services relevant to this activity will be shaded in. If the activity supports building health equity through health departments, the center of the wheel will also be shaded.



ACTIVITY

A specific, documentable action taken by a local health department or a local board of health.

The following elements are used to provide a full understanding of the activity. They are displayed in **gray** to indicate content eligible for changes approved by the NCLHD Accreditation Program.

REQUIRED DOCUMENTATION

The Documentation section includes short descriptions of required pieces of evidence for each activity. The pieces of evidence are listed as A., B., etc. in order to assist agencies in pointing to specific requirements in the Health Department Self-Assessment Instrument (HDSAI) narrative and how they have addressed them. Of note, some activities have **AND** or **OR** requirements included within the list that must be followed.

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. This section has been intentionally pared down over time as agencies have been through multiple accreditation cycles and in order to give agencies flexibility in meeting activity requirements.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

This section is specific to district health departments and gives them additional guidance for how certain requirements apply to their LHD structure.

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

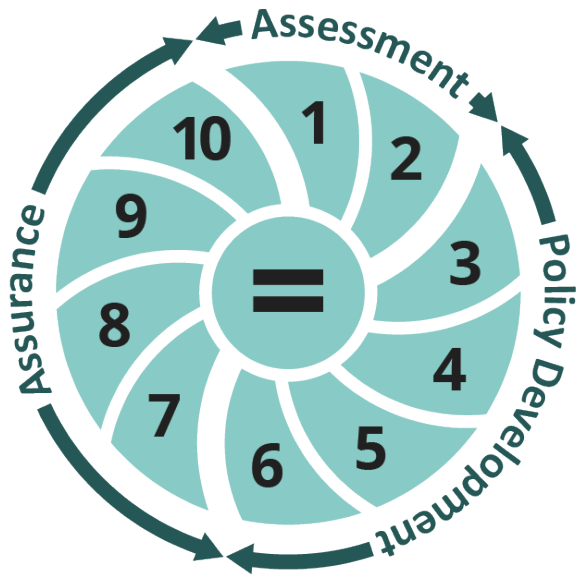
This section is specific to LHDs that are a part of a consolidated human services agency and gives them additional guidance for how certain requirements apply to their governance structure.

CROSSWALK

If this activity is included in any crosswalks, they will be listed here. (Refer to the Activity Crosswalks on page 32.)

Key: 10 Essential Public Health Services

Each activity includes a graphic representing the 10 essential public health services wheel (revised as of 2020). The essential service(s) that are supported by that activity are shaded. The center circle, representing equity, is also shaded when the activity supports building health equity. These services are organized around the three core functions of public health: assessment (1-2), policy development (3-6), and assurance (7-10).



Example:

Section 1 is shaded to show that essential public health service #1 is supported by this activity. The center of the wheel is shaded to represent that this activity supports building health equity.



List of 10 Essential Public Health Services

1. Assess and monitor population health status, factors that influence health, and community needs and assets
2. Investigate, diagnose, and address health problems and hazards affecting the population
3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it
4. Strengthen, support, and mobilize communities and partnerships to improve health
5. Create, champion, and implement policies, plans, and laws that impact health
6. Utilize legal and regulatory actions designed to improve and protect the public's health
7. Assure an effective system that enables equitable access to the individual services and care needed to be healthy
8. Build and support a diverse and skilled public health workforce
9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement
10. Build and maintain a strong organizational infrastructure for public health

Activity Crosswalks

Crosswalks show where there is a relationship between activities. In general, there are two types of relationships:




- **Overlap** (same evidence): Evidence used for one activity can also be used for the other activities. In some cases, the same evidence can only be used under specific circumstances.
- **Distinct** (different evidence): While these activities appear that they may be redundant or asking for the same evidence, they are actually distinct and require different evidence.

In some cases, the crosswalk falls into **both** categories. There may be overlap where the same evidence can be used to meet part of the requirement, however, there may also be a distinction where some evidence must be different to meet a separate requirement.

Visual Overview of Crosswalks

This table provides a visual overview of which activities have crosswalks. Details are found on the following pages.

CF&ES		CF&ES		CF&ES		CF&ES		BOH	
Assessment		Policy		Assurance		Assurance			
1.1	1.1, 1.2, 1.3	9.1	9.1, 9.2, 9.3, 9.4	16.1		27.1	27.1, 27.2	34.1	
1.2	1.1, 1.2, 1.3	9.2	9.1, 9.2, 9.3, 9.4	16.2	15.5, 16.2	27.2	27.1, 27.2	34.2	
1.3	1.1, 1.2, 1.3	9.3	9.1, 9.2, 9.3, 9.4	16.3	16.3, 24.3	27.3		34.3	14.3, 14.4, 34.3
		9.4	5.3, 9.4					34.4	
2.1		9.5		17.1	8.1, 8.2, 8.4, 17.1, 17.2	28.1			
2.2		9.6	9.6, 26.3	17.2	8.1, 8.2, 8.4, 17.1, 17.2			35.1	
2.3				17.3		29.1	29.1, 29.2		
2.4		10.1	10.1, 10.2			29.2	29.1, 29.2	36.1	
		10.2	10.1, 10.2	18.1	15.2, 15.3, 18.1			36.2	36.2, 36.3
3.1		10.3	10.3, 10.4	18.2	4.2, 7.3, 18.2	F & AS		36.3	36.2, 36.3
3.2			10.3, 28.1	18.3	18.3, 18.4				
		10.4		18.4	18.3, 18.4			30.1	
4.1						30.2		37.2	
4.2	4.2, 7.3, 18.2	11.1	11.1, 11.2, 12.1, 12.2, 12.3	19.1		30.3		37.3	23.1, 37.1, 37.3
4.3		11.2	11.1, 11.2, 12.1, 12.2, 12.3	19.2	19.2, 21.4	30.4	30.4, 32.4	37.4	31.4, 1.5, 37.4
						30.5		37.5	
5.1		12.1	11.1, 11.2, 12.1, 12.2, 12.3	20.1		30.6		37.6	
5.2			12.1, 38.3	20.2		30.7			
5.3	5.3, 9.4	12.2	11.1, 11.2, 12.1, 12.2, 12.3			30.8		38.1	38.1, 38.2, 38.3
			12.2, 15.4, 39.1	21.1	21.1, 21.2	30.9		38.2	38.1, 38.2, 38.3
6.1	6.1, 6.2, 6.3	12.3	11.1, 11.2, 12.1, 12.2, 12.3	21.2	21.1, 21.2	30.10		38.3	12.1, 38.3
6.2	6.1, 6.2, 6.3		12.3, 39.1, 39.4	21.3					38.1, 38.2, 38.3
	6.2, 7.4			21.4	19.2, 21.4	31.1	15.3, 31.1		38.3, 41.1
6.3	6.1, 6.2, 6.3	13.1					15.2, 15.6, 31.1		
	6.3, 7.6			22.1		31.2		39.1	12.2, 15.4, 39.1
		14.1	14.1, 40.1, 40.2	22.2		31.3			12.3, 39.1, 39.4
7.1		14.2	14.2, 39.1, 39.2	22.3		31.4	31.4, 31.5, 37.4		14.2, 39.1, 39.2
7.2		14.3	14.3, 14.4, 34.3			31.5	31.4, 31.5, 37.4	39.2	14.2, 39.1, 39.2
7.3	4.2, 7.3, 18.2	14.4	14.3, 14.4, 34.3	23.1	23.1, 37.1, 37.3	31.6			33.6, 39.2
7.4	6.2, 7.4			23.2				39.3	33.5, 33.7, 39.3
7.5		15.1		23.3		32.1		39.4	12.3, 39.1, 39.4
7.6	6.3, 7.6	15.2	18.1			32.2		39.5	33.1, 39.5
7.7			15.2, 15.6, 31.1	24.1	24.1, 24.2	32.3			
		15.3	18.1	24.2	24.1, 24.2	32.4	30.4, 32.4	40.1	14.1, 40.1, 40.2
8.1	8.1, 8.2, 8.4, 17.1, 17.2		15.3, 15.5	24.3	16.3, 24.3			40.2	14.1, 40.1, 40.2
8.2	8.1, 8.2, 8.4, 17.1, 17.2		15.3, 31.1			33.1	33.1, 39.5		
8.3		15.4	12.2, 15.4, 39.1	25.1	25.1, 25.2	33.2		41.1	38.3, 41.1
8.4	8.1, 8.2, 8.4, 17.1, 17.2	15.5	15.3, 15.5	25.2	25.1, 25.2	33.3			41.1, 41.2, 41.3
			15.5, 16.2			33.4		41.2	41.1, 41.2, 41.3
		15.6	15.2, 15.6, 31.1	26.1		33.5	33.5, 33.7, 39.3	41.3	41.1, 41.2, 41.3
				26.2		33.6	33.6, 39.2		
				26.3	9.6, 26.3	33.7	33.5, 33.7, 39.3		

 = overlap
  = distinct
  = both

Listing of Crosswalks

Activity Number and Brief Description	Crosswalk	Type of Crosswalk
1.1 – Community Health Assessment	1.1, 1.2, 1.3	Both
1.2 – State of the County's Health Report	1.1, 1.2, 1.3	Both
1.3 – CHA and SOTCH Dissemination	1.1, 1.2, 1.3	Both
4.2 – Environmental Health Risks	4.2, 7.3, 18.2	Distinction
5.3 – Health Alerts to News Media	5.3, 9.4	Both
6.1 – LEPC Participation	6.1, 6.2, 6.3	Distinction
6.2 – County Emergency Operations Plan	6.1, 6.2, 6.3	Distinction
	6.2, 7.4	Overlap
6.3 – Regional Exercises/Activities	6.1, 6.2, 6.3	Distinction
	6.3, 7.6	Distinction
7.3 – Environmental Health Complaints/Referrals	4.2, 7.3, 18.2	Distinction
7.4 – All Hazards Emergency Response Plan	6.2, 7.4	Overlap
7.6 – Response Plan Testing	6.3, 7.6	Distinction
8.1 – Laboratory Samples	8.1, 8.2, 8.4, 17.1, 17.2	Both
8.2 – Laboratory Compliance	8.1, 8.2, 8.4, 17.1, 17.2	Both
8.4 – Laboratory Services for Problems/Hazards/Emergencies	8.1, 8.2, 8.4, 17.1, 17.2	Both
9.1 – Current Health Issue Communication	9.1, 9.2, 9.3, 9.4	Both
9.2 – Public Community Data Access	9.1, 9.2, 9.3, 9.4	Both
9.3 – Availability and Location of Health Data in Public Domain	9.1, 9.2, 9.3, 9.4	Both
9.4 – Requests for Information	5.3, 9.4	Both
	9.1, 9.2, 9.3, 9.4	Both
9.6 – Cultural and Linguistic Character Reflected	9.6, 26.3	Distinction
10.1 – Health Promotion/Disease Prevention for General Public	10.1, 10.2	Overlap
10.2 – Health Promotion/Disease Prevention to At-Risk Groups	10.1, 10.2	Overlap
10.3 – Evidence-Based Promotion and Prevention Strategies	10.3, 10.4	Overlap
	10.3, 28.1	Overlap
10.4 – Community Support for Evidence Based Strategies	10.3, 10.4	Overlap
11.1 – Collaboration to Identify Health Issues and Needs	11.1, 11.2, 12.1, 12.2, 12.3	Distinction
11.2 – Community Member Involvement in Priority Setting and Outcome Goals	11.1, 11.2, 12.1, 12.2, 12.3	Distinction
12.1 – Collaboration to Identify Strategies	11.1, 11.2, 12.1, 12.2, 12.3	Distinction
12.1 – Collaboration to Identify Strategies	12.1, 38.3	Overlap
12.2 – Collaboration to Assess Resource Needs	11.1, 11.2, 12.1, 12.2, 12.3	Distinction
	12.2, 15.4, 39.1	Distinction
12.3 – Collaboration to Implement Population-Based Programs	11.1, 11.2, 12.1, 12.2, 12.3	Distinction
	12.3, 39.1, 39.4	Overlap
14.1 – Informing Officials of Public Health Needs	14.1, 40.1, 40.2	Overlap
14.2 – Supporting Policymakers in Priorities and Programs	14.2, 39.1, 39.2	Distinction
14.3 – Evaluation of Need for Additional Rules/Ordinances	14.3, 14.4, 34.3	Overlap
14.4 – Development/Presentation of New/Amended Rules/Ordinances	14.3, 14.4, 34.3	Overlap
15.2 – Program Policies and Procedures	15.2, 15.6, 31.1	Distinction

Activity Number and Brief Description	Crosswalk	Type of Crosswalk
	15.2, 18.1	Distinction
15.3 – Policy Review and Revision	15.3, 15.5	Distinction
	15.3, 18.1	Overlap
	15.3, 31.1	Distinction
15.4 – Assessment of Policy/Procedure Resources	12.2, 15.4, 39.1	Distinction
15.5 – Staff Orientation on Policies and Procedures	15.3, 15.5	Distinction
	15.5, 16.2	Overlap
15.6 – Accessibility of Policies and Procedures	15.2, 15.6, 31.1	Distinction
16.2 – New Staff Orientation on Laws and Rules	15.5, 16.2	Overlap
16.3 – Environmental Health Legal Training	16.3, 24.3	Distinction
17.1 – Environmental Health State Program Review	8.1, 8.2, 8.4, 17.1, 17.2	Both
17.2 – Environmental Health Local Program Review	8.1, 8.2, 8.4, 17.1, 17.2	Both
18.1 – Legal Enforcement Policies and Procedures	15.2, 18.1	Distinction
	15.3, 18.1	Overlap
18.2 – Legal Enforcement Actions	4.2, 7.3, 18.2	Distinction
18.3 – Legal Complaint Policies and Procedures	18.3, 18.4	Distinction
18.4 – Addressing of Legal Complaints	18.3, 18.4	Distinction
19.2 – Linguistic and Cultural Representation	19.2, 21.4	Overlap
20.1 – Health Services Collaboration	20.1, 20.2	Overlap
20.2 – Collaboration on Barriers to Care	20.1, 20.2	Overlap
21.1 – Community Resource List	21.1, 21.2	Distinction
21.2 – Agency Information	21.1, 21.2	Distinction
21.4 – Community Health Advocates	19.2, 21.4	Overlap
23.1 – Qualified Health Director	23.1, 37.1, 37.3	Distinction
24.1 – Staff Training Access Policies	24.1, 24.2	Distinction
24.2 – Staff Development Plan	24.1, 24.2	Distinction
24.3 – Staff Orientation and Continuing Education	16.3, 24.3	Distinction
25.1 – Academic Training Opportunities	25.1, 25.2	Overlap
25.2 – Academic Research and Evaluation of Programs	25.1, 25.2	Overlap
26.3 – Cultural Sensitivity and Competency Training	9.6, 26.3	Distinction
27.1 – Customer and Community Satisfaction	27.1, 27.2	Distinction
27.2 – Satisfaction Data Evaluation and Implementation	27.1, 27.2	Distinction
28.1 – Program Effectiveness Review	10.3, 28.1	Overlap
29.1 – Ethical Research by Host Research Organization	29.1, 29.2	Overlap
29.2 – Ethical Research by Agency	29.1, 29.2	Overlap
30.4 – Private and Secure Medical Records	30.4, 32.4	Overlap
31.1 – Administrative Policies and Procedures	15.2, 15.6, 31.1	Distinction
31.1 – Administrative Policies and Procedures	15.3, 31.1	Distinction
31.4 – Position Descriptions	31.4, 31.5, 37.4	Distinction
31.5 – Performance Appraisal System	31.4, 31.5, 37.4	Distinction
32.4 – Management Information System Security	30.4, 32.4	Overlap
33.1 – Local Appropriations	33.1, 39.5	Overlap

Activity Number and Brief Description	Crosswalk	Type of Crosswalk
33.5 – Cost of Services in Setting Fees	33.5, 33.7, 39.3	Distinction
33.6 – Financial Reports	33.6, 39.2	Distinction
33.7 – Financial Risk Management System	33.5, 33.7, 39.3	Distinction
34.3 – BOH Procedures for Adopting Rules/Ordinances	14.3, 14.4, 34.3	Overlap
36.2 – BOH New Member Training	36.2, 36.3	Both
36.3 – BOH Ongoing Member Training	36.2, 36.3	Both
37.1 – BOH Assurance of Qualified Health Director	23.1, 37.1, 37.3	Distinction
37.3 – BOH Requirements of Health Director	23.1, 37.1, 37.3	Distinction
37.4 – BOH Signed Health Director Position Description	31.4, 31.5, 37.4	Distinction
38.1 – BOH Review of Community Health Reports	38.1, 38.2, 38.3	Distinction
38.2 – BOH Review of Health Data and Citizen Input	38.1, 38.2, 38.3	Distinction
38.3 – BOH Assurance of Community Collaboration for Improvement	12.1, 38.3	Overlap
	38.1, 38.2, 38.3	Distinction
	38.3, 41.1	Distinction
39.1 – BOH Support of Securing Funding	12.2, 15.4, 39.1	Distinction
	12.3, 39.1, 39.4	Overlap
	14.2, 39.1, 39.2	Distinction
39.2 – BOH Review of Fiscal Reports	14.2, 39.1, 39.2	Distinction
	33.6, 39.2	Distinction
39.3 – BOH Approval of Fees	33.5, 33.7, 39.3	Distinction
39.4 – BOH Support of Programs and Processes	12.3, 39.1, 39.4	Overlap
39.5 – BOH Assurance of Local Appropriations	33.1, 39.5	Overlap
40.1 – BOH Communication on Public Health Issues	14.1, 40.1, 40.2	Overlap
40.2 – BOH Support of Public Health Laws and Rules	14.1, 40.1, 40.2	Overlap
41.1 – BOH Efforts for Community Input	38.3, 41.1	Distinction
	41.1, 41.2, 41.3	Overlap
41.2 – BOH Support of Public Health Laws and Rules	41.1, 41.2, 41.3	Overlap
41.3 – BOH Efforts to Foster Coordination of Resources	41.1, 41.2, 41.3	Overlap

Crosswalk Descriptions

Overlap

Crosswalks where the same evidence can be used for multiple activities.

- **6.2 County Emergency Operations Plan**
7.4 All Hazards Emergency Response Plan
6.2 requires a county emergency operations plan (EOP). If the EOP meets the criteria in 7.4, it can be used as evidence for 6.2 as well.
- **10.1 Health Promotion/Disease Prevention for General Public**
10.2 Health Promotion/Disease Prevention to At-Risk Groups
The same program can be used as evidence.
- **10.3 Evidence-Based Promotion and Prevention Strategies**
10.4 Community Support for Evidence Based Strategies
The same program can be used as evidence, if the program is evidence based.
- **10.3 Evidence-Based Promotion and Prevention Strategies**
28.1 Program Effectiveness Review
If the research is done during the same cycle as planning/implementing and evaluation, the same evidence can be used.
- **12.1 Collaboration to Identify Strategies:** Evidence the BOH/Advisory committee on health was involved.
38.3 BOH Assurance of Community Collaboration for Improvement: Evidence BOH/Advisory committee on health sought public participation in community health improvement.
Same evidence for 38.3 and 12.1 if the BOH was involved with getting participation.
- **12.3 Collaboration to Implement Population-Based Programs**
39.1 BOH Support of Securing Funding: 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.
39.4 BOH Support of Programs and Processes: 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.
If the BOH/advisory committee on health can be involved in the collaborative process for 12.3 the same evidence for could also be used for 39.1 and/or 39.4.

- **14.1 Informing Officials of Public Health Needs:** Focuses on the health department's dissemination of information to elected and appointed officials.
40.1 BOH Communication on Public Health Issues: Focuses on the BOH or advisory committee on health communicating with elected officials and community boards about community health issues. Health director can serve as a designee for the BOH or advisory committee on health as long as there is evidence showing the BOH or advisory committee on health discussed/approved the designation.
40.2 BOH Support of Public Health Laws and Rules: Focuses on BOH communicating with elected officials about law, rules and public health interventions. Health director can serve as a designee for the BOH or advisory committee on health as long as there is evidence showing the BOH or advisory committee on health discussed/approved the designation.
Evidence for 14.1, 40.1 and 40.2 can be for the same public health needs.
- **14.3 Evaluation of Need for Additional Rules/Ordinances**
14.4 Development/Presentation of New/Amended Rules/Ordinances
34.3 BOH Procedures for Adopting Rules/Ordinances
If a need for a rule is shown in Activity 14.3, the evidence for activity 14.4 cites the new/amended rule, and Activity 34.3 requires evidence that shows the rule-making policy/procedure was followed. If there is no need identified in Activity 14.3, both Activity 14.4 and 34.3 required a signed statement to that effect.
- **15.3 Policy Review and Revision**
18.1 Legal Enforcement Policies and Procedures
The policy on policies can be used for evidence for both, if it requires all policies to cover laws, rules, ordinances
- **15.5 Staff Orientation on Policies and Procedures**
16.2 New Staff Orientation on Laws and Rules
15.5 requires implementation of staff orientation as well as an overall orientation policy. The overall policy orientation should include the orientation on laws and rules required by 16.2. Thus the same evidence can be used.
- **19.2 Linguistic and Cultural Representation**
21.4 Community Health Advocates
If a community health advocate is a representative person of a population, the same piece of evidence can be used for both
- **20.1 Health Services Collaboration**
20.2 Collaboration on Barriers to Care
If the effort reduces barriers to access to care while also being about providing personal or preventive health services, the same piece of evidence can be used.
- **25.1 Academic Training Opportunities**
25.2 Academic Research and Evaluation of Programs
If the focus of the internship is on evaluation or research project, internship documentation can be used as evidence for both.
- **29.1 Ethical Research by Host Research Organization**
29.2 Ethical Research by Agency
The department 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.

- **30.4 Private and Secure Medical Records**
32.4 Management Information System Security
Evidence for 30.4 can also be used for 32.4.
- **33.1 Local Appropriations**
39.5 BOH Assurance of Local Appropriations
33.1 requires same document for all years since previous site visit; 39.5 for most recent budget year. Can provide same document for both.
- **41.1 BOH Efforts for Community Input**
41.2 BOH Support of Public Health Laws and Rules
41.3 BOH Efforts to Foster Coordination of Resources
Can use the same issue/example for 41.1, 41.2, 41.3 if the intent of each activity is addressed: (1) issues (2) partnership to address issues (3) coordination of resources to address issues in partnership.

Distinction

Crosswalks showing a distinction between activities where the same evidence cannot be used. These are activities that may look redundant but are actually showing different elements of meeting required standards.

- **4.2 Environmental Health Risks:** Relates to monitoring.
7.3 Environmental Health Complaints/Referrals: Relates to investigations and response to complaints/referrals.
18.2 Legal Enforcement Actions: Relates to actions taken for environmental health violations (not just any risk).
These activities may appear related but are distinct.
- **6.1 LEPC Participation:** The local health department shall be involved in a local emergency planning committee. This activity addresses the verification of this actually being done and shows the LHD's involvement with other response agencies.
6.2 County Emergency Operations Plan: The local health department shall have a defined role in the county emergency operations plan to protect the public's health. 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.
6.3 Regional Exercises/Activities: The local health department shall participate in regional emergency preparedness exercises and activities. This activity requires the department to participate in regional emergency preparedness exercises and related activities as much of North Carolina's public health emergency response requires a regional or multi-county response. This activity reviews the involvement of the LHD in planning, training and exercising.
These activities may appear related but are distinct.
- **6.3 Regional Exercises/Activities**
7.6 Response Plan Testing
These activities may appear related but are distinct. Activity 6.3 requires that there is a local public health preparedness and response plan and 7.6 requires that the plan is tested.

9.6 Cultural and Linguistic Character Reflected

26.3 Cultural Sensitivity and Competency Training

A Title VI policy and Title VI training (unless they include content specific to broader cultural competency/sensitivity) alone will not meet the requirements for Activity 26.3.

These activities may appear related but are distinct.

- **11.1 Collaboration to Identify Health Issues and Needs:** Relates to community collaborative to identify issues/needs.
11.2 Community Member Involvement in Priority Setting and Outcome Goals: Relates to community priority setting after reviewing data.
12.1 Collaboration to Identify Strategies: Focuses on the LHD's involved in the collaborative process of identifying health priorities.
12.2 Collaboration to Assess Resource Needs: Focuses on the LHD's involvement in a collaborative process to assess resources to address the identified community health problems.
12.3 Collaboration to Implement Population-Based Programs: Focuses on the LHD's involvement in a collaborative process to assess the identified health problems.
These activities may appear related but are distinct.
- **12.2 Collaboration to Assess Resource Needs**
15.4 Assessment of Policy/Procedure Resources
39.1 BOH Support of Securing Funding
These activities may appear related but are distinct. 15.4 is about assessing resources for agency policy. 39.1 is about BOH assessing resources to push forward work/programs. There is also another (12.2) about assessing resources by LHD for community health programming.
- **14.2 Supporting Policymakers in Priorities and Programs:** Requires evidence of LHD communication with BOH and county commissioners about public health priority setting and program planning
39.1 BOH Support of Securing Funding: Requires evidence of BOH or health advisory committee garnering support for securing financial resources.
39.2 BOH Review of Fiscal Reports: Requires evidence of funding for the provision of essential public health services.
These activities may appear related but are distinct.
- **15.2 Program Policies and Procedures:** Focuses on the local health department developing and adopting program policies and procedures.
15.6 Accessibility of Policies and Procedures: Focuses on making sure that all staff have access to policies.
31.1 Administrative Policies and Procedures: Focuses on the development of administrative policies and procedures and ensuring they are available to local health department staff.
These activities may appear related but are distinct.
- **15.2 Program Policies and Procedures:** Focuses on policies specific to programs
18.1 Legal Enforcement Policies and Procedures: Focuses on administrative and all-encompassing policies.
These activities may appear related but are distinct.

- **15.3 Policy Review and Revision:** Requires that the agency has a process for regularly reviewing policies and procedures.
15.5 Staff Orientation on Policies and Procedures: Requires that new staff are oriented to program policies and procedures and existing staff receive training on any updated or revised policies and procedures.
These activities may appear related but are distinct.
- **15.3 Policy Review and Revision:** Focuses on the policy on policies including how revisions are tracked and how staff are informed of changes in policies.
31.1 Administrative Policies and Procedures: Requires that all staff have access to current policies and that they know how to access them.
These activities may appear related but are distinct.
- **16.3 Environmental Health Legal Training:** Requires that environmental health staff are familiar with public health law and can easily access copies of the laws they are responsible for enforcing.
24.3 Staff Orientation and Continuing Education: Focuses on ongoing training and continuing education activities required by law, rule or contractual obligation. This activity does NOT include the required training for Environmental Health Specialists.
24.3 does NOT include the required training for Environmental Health Specialists, which is covered in 16.3.
- **18.3 Legal Complaint Policies and Procedures**
18.4 Addressing of Legal Complaints
18.3 shows that the health department has a process for handling complaints. 18.4 shows that the health department has handled complaints according to their policy.
- **21.1 Community Resource List:** Is about community resources.
21.2 Agency Information: Is about LHD services/resources/programs.
These activities may appear related but are distinct.
- **23.1 Qualified Health Director:** The LHD shall have or be recruiting, a health director who meets the legal requirements for the position.
37.1 BOH Assurance of Qualified Health Director: 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.
37.3 BOH Requirements of Health Director: 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.
These activities may appear related but are distinct.
- **24.1 Staff Training Access Policies:** Focuses on the policy that shows how the agency promotes and provides access to training for staff.
24.2 Staff Development Plan: Focuses on how the agency plans to identify and address the training and continuing education needs of staff.
These activities may appear related but are distinct.
- **27.1 Customer and Community Satisfaction:** Requires evidence of policy and process for assessing community satisfaction.
27.2 Satisfaction Data Evaluation and Implementation: Requires evidence of what was done with the assessment information.
These activities may appear related but are distinct.

- **31.4 Position Descriptions:** Requires current written position descriptions and qualifications for each staff position.
31.5 Performance Appraisal System: Requires a performance appraisal system for all staff.
37.4 BOH Signed Health Director Position Description: Requires evidence the health director position description has been reviewed, signed, dated.
37.4 and 31.4 are both related to position descriptions but are distinct and require different evidence. 31.5 is related to performance evaluation.
- **33.5 Cost of Services in Setting Fees:** Evidence is focused on showing what information was used to determine costs and set fees.
33.7 Financial Risk Management System: Evidence shows the local health department has a risk management system for uncollected fees.
39.3 BOH Approval of Fees: Evidence the BOH has reviewed and approved fees.
These activities may appear related but are distinct.
- **33.6 Financial Reports**
39.2 BOH Review of Fiscal Reports
33.6 is related to 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 presentation to BOH of financial reports in the minutes for documentation. However, the reports and the focus should be of a different nature. The focus in that 39.2 is that resources are being provided for needed services. The focus in 33.6 is to assess financial accountability. These activities may appear related but are distinct.
- **38.1 BOH Review of Community Health Reports:** Requires evidence that BOH/advisory committee on health reviews health statistics of the communities served by the department.
38.2 BOH Review of Health Data and Citizen Input: Requires evidence that BOH/advisory committee on health reviews citizen input.
38.3 BOH Assurance of Community Collaboration for Improvement: Requires evidence BOH/Advisory committee on health sought public participation in community health improvement.
These activities may appear related but are distinct.
- **38.3 BOH Assurance of Community Collaboration for Improvement:** Focuses on public health issues.
41.1 BOH Efforts for Community Input: Focuses on community health improvement.
These activities may appear related but are distinct.

Both

Crosswalks between activities where there may be overlap where the same evidence can be used to meet part of the requirement. However, there may also be a distinction where some evidence must be different to meet a separate requirement.

- **1.1 Community Health Assessment**
1.2 State of the County's Health Report
1.3 CHA and SOTCH Dissemination
Note that the NCDPH CHA letter only addresses requirements in Activities 1.1 and 1.2, not Activity 1.3. The NCDPH CHA 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.

- **5.3 Health Alerts to News Media:** Relates to a crisis communication plan or communication/media plan and is focused on how information is communicated.
9.4 Requests for Information Response: Focuses on how health departments respond to requests for communication.
These activities are both related and distinct. The policies and procedures required for activity 9.4 can be a part of the policies and procedures for activity 5.3, although the focus of 9.4 is on any outside requests for information.
- **8.1 Laboratory Samples:** Ensures that the LHD laboratory has and follows written protocols related to the practice of proper sample handling.
8.2 Laboratory Compliance: The LHD must be assured that laboratories used by the department are competent and follow regulatory guidelines and established practice.
8.4 Laboratory Services for Problems/Hazards/Emergencies: 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. This requirement can be a part of 8.1.
17.1 Environmental Health State Program Review: Focuses on environmental health program activities from state-mandated programs in which the local health department acts as an agent of the state.
17.2 Environmental Health Local Program Review: Relates to the administration of environmental health programs as authorized by and specific to the county or jurisdiction covered by the health department.
These activities may appear related but are distinct.
- **9.1 Current Health Issue Communication:** Requires evidence of the dissemination of information on current local issues to the general public/community partners.
9.2 Public Community Data Access: Requires evidence of access to public health data in the public domain
9.3 Availability and Location of Health Data in Public Domain: Requires evidence the health department shows where and how to access health data.
9.4 Requests for Information: Requires evidence of how the health department responds to request for information according to their agency policy.
These activities are distinct AND they could use the same evidence but ONLY if related to a data request. (9.2 and 9.3 are not applicable to general information requests.)
- **36.2 BOH New Member Training**
36.3 BOH Ongoing Member Training
36.2 and 36.3 require the same initial evidence — the board training policy and materials used in board member trainings. However, 36.2 requires evidence of the orientation training of board members within their first year of service, and 36.3 requires evidence of all board member trainings related to authorities and responsibilities of BOH since the previous site visit.

Interpretation of Activities

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Benchmark 1

Community Health Assessment

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 (CHA) 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.

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Activity 1.1

Community Health Assessment

STANDARD

Agency Core Functions and Essential Services

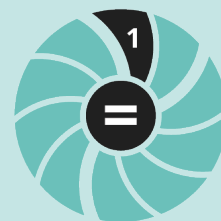
FUNCTION

Assessment

BENCHMARK

1: A local health department shall conduct and disseminate results of regular community health assessments.

ESSENTIAL SERVICES



ACTIVITY

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:

- Provide evidence of community collaboration in planning and conducting the assessment.
- Reflect the demographic profile of the population.
- Describe socioeconomic, educational and environmental factors that affect health.
- Assemble and analyze secondary data (collected by someone other than the health department) to describe the health status of the community.
- Collect and analyze primary data (collected by the health department) to describe the health status of the community.
- Compile and analyze trend data to describe changes in community health status and in factors affecting health.
- Use scientific methods for collecting and analyzing data.
- 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.

REQUIRED DOCUMENTATION

- A. Letter(s) from NCDPH stating CHA meets content requirements described above

INTERPRETATION

Intent

This activity is required by the N.C. Division of Public Health (NCDPH) by Consolidated Agreement. This activity requires the department to conduct a CHA as least once every four years (48 months), though many health departments conduct CHAs every three years due to collaboration with local hospital Community Health Needs Assessment three-year standards. The intent of this activity is to show how the agency is seeking community input that will provide insightful guidance for the LHD in identifying and addressing prioritized health 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, in guiding new programs and services and in developing annual budgets. Incorporating community input promotes the importance of community members as experts and stakeholders, builds community trust, increases community engagement, and creates a sense of belonging surrounding the department's work in public health and within the community.

Guidance

The required documentation for this activity is to provide the letter(s) received from NCDPH. The letter(s) will define which of the requirements listed in the activity are contained within the CHA. NCDPH will review the county's CHA using the requirement bullets listed in this activity.

Notes for 2020-2021 evidence: Through authority granted by Executive Order 193, Section 3(C)(1), the NCLHD Accreditation Board voted to modify enforcement of the CHA report requirements of this activity that would otherwise be due during the COVID-19 State of Emergency or within sixty days following the COVID-19 State of Emergency to align with variances (extensions) granted by NCDHHS Division of Public Health. Therefore, any CHA extensions granted by the Director of Community Health Assessment at NCDPH will be honored for compliance with this activity.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

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

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

- **1.1 Community Health Assessment**
- **1.2 State of the County's Health Report**
- **1.3 CHA and SOTCH Dissemination**

Note that the NCDPH CHA letter only addresses requirements in Activities 1.1 and 1.2, not Activity 1.3. The NCDPH CHA 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.

Activity 1.2

State of the County's Health Report

STANDARD

Agency Core Functions and Essential Services

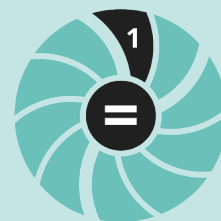
FUNCTION

Assessment

BENCHMARK

1: A local health department shall conduct and disseminate results of regular community health assessments.

ESSENTIAL SERVICES



ACTIVITY

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.

REQUIRED DOCUMENTATION

- A. Since the previous site visit, copies of each annual SOTCH report produced
AND
- B. Letters from NCDPH stating each SOTCH meets content requirements described above
AND
- C. If applicable, a letter from NCDPH stating that CAP(s) have been accepted

INTERPRETATION

Intent

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 resource for the community on this work. The State of the County's Health (SOTCH) report 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 SOTCH report that is produced annually. Updating the CHA and informing the community of this resource encourages community engagement, accountability and approval to ensure that the community members feel heard and valued.

Guidance

This activity is required by NCDPH by Consolidated Agreement. NCDPH has requirements for the SOTCH Report. The department must provide copies of all annual SOTCH reports produced since the previous site visit. The department must also provide the letter of receipt from NCDPH and any CAPs for each of the SOTCH reports that were submitted. There is not a required SOTCH report for the same year that a Community Health Assessment report is completed.

Notes for 2020-2021 evidence: While still required in 2020 and 2021 (if a CHA was not conducted in that year), SOTCH report extensions within the year due granted by the Director of Community Health Assessment at NCDPH will be honored as will submission of web-based, one-page SOTCH reports using a template provided by NCDPH that addresses the three requirements stated in the Activity language (tracking priority issues from CHA, identifying emerging issues, and identifying new initiatives.)

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

If one SOTCH is not conducted for the district as a whole, then all SOTCH reports should be provided, including each letter (and CAP if applicable) from NCDPH.

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

- **1.1 Community Health Assessment**
- 1.2 State of the County's Health Report**
- 1.3 CHA and SOTCH Dissemination**

Note that the NCDPH CHA letter only addresses requirements in Activities 1.1 and 1.2, not Activity 1.3. The NCDPH CHA 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.

Activity 1.3

CHA and SOTCH Dissemination

STANDARD

Agency Core
Functions and
Essential Services

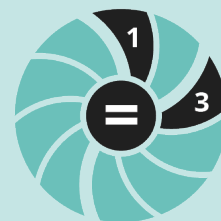
FUNCTION

Assessment

BENCHMARK

1: A local health department shall conduct and disseminate results of regular community health assessments.

ESSENTIAL SERVICES



ACTIVITY

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.

REQUIRED DOCUMENTATION

- A. Evidence of most recent CHA dissemination efforts by at least two different methods directed to stakeholders/community partners
AND
- B. Evidence of most recent CHA dissemination efforts by at least one method directed to the general population
AND
- C. Evidence of most recent SOTCH report dissemination efforts by at least two different methods directed to stakeholders/community partners
AND
- D. Evidence of most recent SOTCH report dissemination efforts by at least one method directed to the general population

INTERPRETATION

Intent

The intent of this activity is to show how the LHD distributes results and findings of the Community Health Assessment (CHA) and State of the County’s Health (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 via two methods to the targeted group of stakeholders and partners and via at least one method to the general population.

Disseminating the results of the CHA and the SOTCH to the community provides opportunities to discuss the information and identify strategies to improve the community’s health status. In addition, communicating the CHA results provides an opportunity for the community workgroup and residents to collaborate on taking action to address the community’s needs.

Guidance

The required documentation is to provide evidence that the most recent CHA and most recent SOTCH report have had their results and findings distributed and widely circulated by multiple methods (e.g., website, newsletters, news releases, meeting minutes describing a presentation) to the required population groups. Dissemination to stakeholders/community partners by at least two different methods means that, for instance, evidence cannot be submitted that the CHA was presented via a PowerPoint presentation to two different civic groups. However, evidence of one presentation to a civic group and posting on another partner's website demonstrates that the message of the CHA is getting out via multiple and diverse communication channels.

In some instances, the same method of dissemination may work for both stakeholders/community partners as well as the general population (i.e., the same evidence can be submitted for both population groups), but that is rare. For example, newspaper inserts or reports placed in public libraries would be good methods of distribution for general populations. While this could also reach stakeholders/ community 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 (unless televised, for instance). 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.

Note that the NCDPH CHA letter only addresses requirements in Activities 1.1 and 1.2, not Activity 1.3. The NCDPH CHA 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 CHA and SOTCH is not conducted for the district as a whole, then all methods of dissemination to both population groups should be provided for each CHA and SOTCH.

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

- **1.1 Community Health Assessment**
- 1.2 State of the County's Health Report**
- 1.3 CHA and SOTCH Dissemination**

Note that the NCDPH CHA letter only addresses requirements in Activities 1.1 and 1.2, not Activity 1.3. The NCDPH CHA 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.

Benchmark 2

Reporting and Collecting Data

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.

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Activity 2.1

Vital Records

STANDARD

Agency Core Functions and Essential Services

FUNCTION

Assessment

BENCHMARK

2: The local health department shall work with health care providers in the community to report reportable diseases and other health-related events and data.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall collect local vital records of births and deaths and transmit them to the Division.

REQUIRED DOCUMENTATION

- A. Current job description of the Deputy Registrar(s), outlining duties delegated by the Health Director
AND
- B. Most recent quarterly report from N.C. Vital Records

INTERPRETATION

Intent

This is a mandated activity, both in statute and administrative code. All local health departments are required to collect the data on births and deaths for all residents of their county. This activity requires the department to collect local vital records of deaths. Then the department is to transmit those records to NCDPH.

Guidance

Per GS 130A, the Health Director serves as the Local Registrar. However, the Health Director can appoint staff (deputies or sub-registrars) to do the routine work of processing the birth and death certificates. Therefore, this activity requires evidence that Registrar duties are formally assigned within the health department. To demonstrate that the Registrar duties are being carried out, evidence of the most recent quarterly report from the N.C. Vital Records program must also be submitted.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

If vital records are not maintained in a district-wide manner, then evidence of record keeping should be provided for each county in the district.

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

None

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Activity 2.2

Childhood Immunization Data

STANDARD

Agency Core Functions and Essential Services

FUNCTION

Assessment

BENCHMARK

2: The local health department shall work with health care providers in the community to report reportable diseases and other health-related events and data.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall report annual childhood immunization data as required by statute and rule.

REQUIRED DOCUMENTATION

- A. Most recent Annual Immunization Assessment Report conducted by NCDPH

INTERPRETATION

Intent

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 NCDPH.

Guidance

The documentation for this activity is to provide the most recent Annual Immunization Assessment Report. This document is provided to the LHD by the NCDPH Women's & Children's Health Section, Immunization Branch. The LHD should use the latest copy present as evidence that they are reporting immunization data. The activity only addresses LHD immunization reporting- 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.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

If one Annual Immunization Assessment is not conducted for the district as a whole, then an Annual Immunization Assessment Report should be provided for each county.

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

None

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Activity 2.3

Communicable Disease Reporting

STANDARD

Agency Core Functions and Essential Services

FUNCTION

Assessment

BENCHMARK

2: The local health department shall work with health care providers in the community to report reportable diseases and other health-related events and data.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall collect reports of communicable diseases and other reportable health conditions from community health care providers and transmit them to the Division.

REQUIRED DOCUMENTATION

- A. Within the past 12 months, evidence of reporting via North Carolina Electronic Disease Surveillance System (NCEDSS) all reports received by the Local Health Department

INTERPRETATION

Intent

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 NCDPH. 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. N.C. Administrative Code lists the reportable diseases that must be transmitted to NCDPH. By tracking incidence of communicable disease, an LHD can gain understanding of efforts, education or resources needed to improve the health of the community and focus on intentional efforts in at-risk or underserved communities.

Guidance

There is one (1) piece of evidence required to meet this activity: a copy of the “de-identified event line list” from NCEDSS covering the past 12 months.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

If reports are not for the district as a whole, the reports for each county should be provided.

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

None

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Activity 2.4

Reportable Event Surveillance

STANDARD

Agency Core Functions and Essential Services

FUNCTION

Assessment

BENCHMARK

2: The local health department shall work with health care providers in the community to report reportable diseases and other health-related events and data.

ESSENTIAL SERVICES



ACTIVITY

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.

REQUIRED DOCUMENTATION

- A. Since the previous site visit, evidence of an internal process reflecting analysis of reportable events
AND
- B. Since the previous site visit, evidence of having reported atypical incidence to NCDPH
AND
- C. Since the previous site visit, evidence of having reported atypical incidence to the BOH

INTERPRETATION

Intent

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 NCDPH 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 NCDPH and to the board of health.

Guidance

First, the department must provide documentation that demonstrates some type of internal process (that is within the department) reflecting reportable event analysis. There should be some kind of analysis being done; however, the analysis may not indicate any atypical situation.

Another documentation component is to provide evidence that the department has reported any atypical findings to the appropriate state agency. The definition of "atypical" may vary by local health department- for one agency, five cases of gonorrhea may be atypical, whereas in another, that would be "normal." A case of legionellosis would be atypical in any 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. It is expected that an agency will observe an atypical

incidence of an event at least once during a four-year period and thus, agencies are required to provide evidence of communication with NCDPH on an atypical event for any time since the previous site visit.

The final piece of documentation is similar to the other and requires evidence that the department has reported any atypical findings to their board of health. Evidence of reporting could be emails, minutes from meetings, or any other method for communicating the atypical event to the BOH. This activity does not require any action by the BOH, only that the information is shared with them.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

This activity requires reporting to the local board of health- if the board of county commissioners or the consolidated human services board has assumed the duties of the board of health, then this report must be made to them (not an advisory committee on health).

CROSSWALK

None

Benchmark 3

Data Use Capacity

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.

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Activity 3.1

Health-Related Data Expertise

STANDARD

Agency Core
Functions and
Essential Services

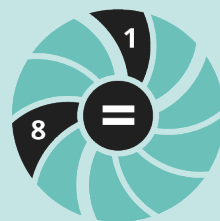
FUNCTION

Assessment

BENCHMARK

3: The local health department shall maintain skills and capacity to collect, manage, integrate and display health-related data.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall assure agency staff has expertise and training to collect, manage, integrate and display health-related data.

REQUIRED DOCUMENTATION

- A. Evidence of relevant expertise and/or training on collecting, managing, integrating and displaying health-related data for at least one (1) individual

INTERPRETATION

Intent

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. Ensuring that agency staff have the necessary expertise and training to collect, manage, integrate and display health-related data can help ensure that data represents populations equitably.

Guidance

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. Expertise and/or training includes holding a degree and/or having completed training(s) on health-related data that covers the components below. 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 (e.g., transcript or certificate(s) of course completion) 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. Actual training materials do not need to be provided. One training can satisfy multiple elements so long as each element is clearly covered in the training.

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:

- Data collection – the process of pulling together information regarding a specific issue or subject
- Data management – the process of handling information as a resource
- Data integration – the process of taking various sources of information and providing a united understanding
- Data display – the process of presenting data so that it accurately represents the issue

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

Though it is preferable that public health staff have relevant expertise/training on health data, non-public health Human Services staff may also assist in meeting the requirements for this activity as long as there is also documentation provided that they are regularly available to assist public health staff as needed.

CROSSWALK

None

Activity 3.2

Data System Evaluation

STANDARD

Agency Core Functions and Essential Services

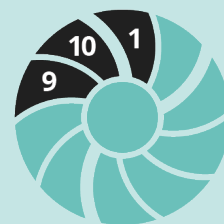
FUNCTION

Assessment

BENCHMARK

3: The local health department shall maintain skills and capacity to collect, manage, integrate and display health-related data.

ESSENTIAL SERVICES



ACTIVITY

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.

REQUIRED DOCUMENTATION

- A. Policy/procedure describing annual evaluation of the agency's data system and plans for upgrades *AND*
- B. For each year since the previous site visit, evidence of evaluation of the agency's data system and an updated plan for upgrades in accordance with policy/procedure

INTERPRETATION

Intent

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 and develop and/or update a plan for improving the accessibility, quality and utilization of health data.

Guidance

The first requirement of this activity is to provide a policy/procedure that describes the annual evaluation of the agency's data system and plans for upgrade, especially as it relates to improving the accessibility, quality and utilization of health data. The policy can be standalone or part of another agency or county policy. 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.

The department must also provide evidence of annual evaluation of the data system conducted for each year since the previous site visit. The evaluation does not have to follow any specified process or be in any specified format. Another required evaluation element is to provide accompanying evidence of planning for improvement. This will link to the evaluation findings and also must be conducted annually. The plan may be a part of the department's quality improvement process, part of an inventory replacement plan, part of another agency plan, or may be a stand-alone plan. All plans and evaluations of the data system must apply to the health department as a whole, not only to individual divisions/areas or excluding certain divisions/areas.

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 of equipment used and any approvals for upgrades must go through that county department, that should be noted in the evaluation report and plan.

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.

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

A plan for the Human Services agency as a whole may be submitted, but it must incorporate all of the required elements listed here.

CROSSWALK

None

Benchmark 4

Conducting Surveillance

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 three 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.

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Activity 4.1

Community Health Surveillance

STANDARD

Agency Core Functions and Essential Services

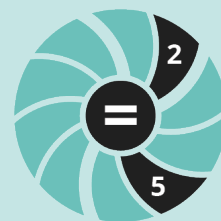
FUNCTION

Assessment

BENCHMARK

4: The local health department shall engage in surveillance activities and assess, investigate and analyze health problems, threats and hazards, maintaining and using epidemiological expertise.

ESSENTIAL SERVICES



ACTIVITY

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.

REQUIRED DOCUMENTATION

- A. Policies and/or procedures describing the agency's community surveillance system
AND
- B. A current list of surveillance system participants
AND
- C. Within the past 12 months, three examples of evidence of communication with surveillance participants

INTERPRETATION

Intent

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, which can help reduce health inequities. Health problems and threats will range from ongoing 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.

Guidance

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.

The second piece of evidence is to provide a list of surveillance system participants. This should be based on the policies and procedures described above. Policy should define the agencies and positions that participate in the surveillance network. This list of surveillance system participants includes the names and contact information for the individuals associated with the agencies/positions in the policy. This could include school nurses, various medical providers and the local emergency management director. For example, the local hospital emergency department may play a role in the surveillance system. The hospital Executive Director 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. The policy can be standalone or part of another agency policy.

The final piece of evidence required is to provide three examples of evidence of agency communication to participants concerning surveillance within the past year. The evidence must demonstrate communication from the department to the surveillance participants and must also be about their role in and/or the work of the surveillance system. The examples do not have to be of three different methods of communication, just three separate examples of communication with participants. Note that “participants” is plural- the communication should reflect that it is with multiple or all participants; hence, three examples of communication with the same individual would not be accepted.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

- **4.2 Environmental Health Risks:** Relates to monitoring.
7.3 Environmental Health Complaints/Referrals: Relates to investigations and response to complaints/referrals.
18.2 Legal Enforcement Actions: Relates to actions taken for environmental health violations (not just any risk).
These activities may appear related but are distinct.

Activity 4.2

Environmental Health Risks

STANDARD

Agency Core Functions and Essential Services

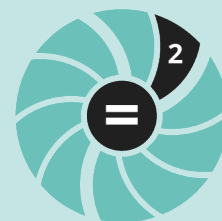
FUNCTION

Assessment

BENCHMARK

4: The local health department shall engage in surveillance activities and assess, investigate and analyze health problems, threats and hazards, maintaining and using epidemiological expertise.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall monitor exposure to environmental health risks.

REQUIRED DOCUMENTATION

- A. For each year since the previous site visit, an individual or summary report monitoring exposure to environmental health risks

INTERPRETATION

Intent

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. Consistent monitoring is important in all communities, especially focusing on disproportionate risks in low-income, underserved and rural communities that suffer most.

Guidance

The required Individual or Summary reports may come from the following, though this list is not exhaustive:

- well sampling,
- on-site wastewater survey,
- childhood blood lead levels,
- a meth lab investigation,
- food and lodging inspections,
- general inspection data,
- FDA Standard 9 Risk Factor Study,
- 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.

There is no required format or content for the reports. The department should seek the best format for producing a report that is concise, understandable, useable and leads to follow-up as required.

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 four reports (one per year) representing different environmental risks. For example, individual well sampling reports cannot be provided for all four years – a diverse set of report types should be selected for documentation.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

- **4.2 Environmental Health Risks:** Relates to monitoring.
7.3 Environmental Health Complaints/Referrals: Relates to investigations and response to complaints/referrals.
18.2 Legal Enforcement Actions: Relates to actions taken for environmental health violations (not just any risk).
These activities may appear related but are distinct.

Activity 4.3

Epidemiologist Expertise

STANDARD

Agency Core Functions and Essential Services

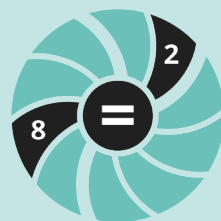
FUNCTION

Assessment

BENCHMARK

4: The local health department shall engage in surveillance activities and assess, investigate and analyze health problems, threats and hazards, maintaining and using epidemiological expertise.

ESSENTIAL SERVICES



ACTIVITY

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.

REQUIRED DOCUMENTATION

- A. Current contract and/or job description for local personnel
OR
Evidence of availability for consultation with state epidemiologists
AND
- B. Since the previous site visit, evidence of consultation with an epidemiologist

INTERPRETATION

Intent

It is intended that all N.C. 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.

Guidance

The department must 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. The activity requires the epidemiologist to be of a Masters or Doctoral level. If contracting or employing an epidemiologist locally, this should be part of the criteria and the individual will need to supply documentation that they meet the criteria. A contract for a local or regional epidemiologist can be either for full-time assistance or as needed using an "on-call" process. Two, the department can provide evidence of the availability for consultation with state level epidemiologists.

The department must also provide evidence of consultation with an epidemiologist (either on-staff, contract or with the state) since the previous site visit. Evidence of consultation could include documentation on assistance in a response or outbreak, for training and exercises, or for other aspects of the investigation and diagnosis of health problems and hazards. It is expected that an agency will need to consult an epidemiologist throughout a four-year period and thus, agencies are required to provide at least one evidence of consultation since the previous site visit.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

None

Benchmark 5

Notifications and Health Alerts

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.

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Activity 5.1

24/7 Reporting System

STANDARD

Agency Core Functions and Essential Services

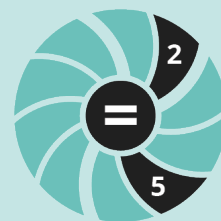
FUNCTION

Assessment

BENCHMARK

5: 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.

ESSENTIAL SERVICES



ACTIVITY

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.

REQUIRED DOCUMENTATION

- A. Copy of Notification Protocol from local all hazards emergency response plan (or equivalent)
OR
Written policies and procedures regarding after-hours calls
AND
- B. Current after-hours call list
AND
- C. For each year since the previous site visit, evidence of distribution and education of partners to the most current notification protocol in accordance with agency policy

INTERPRETATION

Intent

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, and thus, partners and community members must know how to reach the department at any hour of any day.

Guidance

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 all hazards emergency 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 (even if all calls go initially to a 911 Call Center), the protocol or policy should define how the department receives reports of public health threats any time of day.

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. As potential public health threats are so diverse in nature, employees included on the list should also be diverse- including those working in communicable disease,

environmental health and emergency response. 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 their role in the call down list.

Lastly, departments must provide evidence to demonstrate that the notification protocol has been proactively distributed to partners and they have been educated on the call-down process. This distribution should be focused on education on the process and how to reach the health department in an emergency, not simply a test of the ability to contact partners on the list. As partners are added over time and individuals in key positions often change, distribution and education should be frequent; therefore, annual evidence of distribution and education of partners to the most current notification protocol is required.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

None

Activity 5.2

Health Alerts to Medical Community

STANDARD

Agency Core Functions and Essential Services

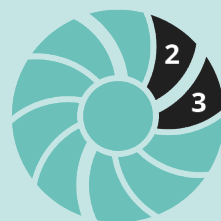
FUNCTION

Assessment

BENCHMARK

5: 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.

ESSENTIAL SERVICES



ACTIVITY

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.

REQUIRED DOCUMENTATION

- A. Health Alert communication plan
AND
- B. Medical provider contact list (to include pharmacists and veterinarians)
AND
- C. Since the previous site visit, evidence of two disseminations of alerts by multiple communication methods in accordance with agency plan

INTERPRETATION

Intent

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 the 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.

Guidance

This activity measures that the health department has a process to send alerts and that they have implemented that process. The activity is not addressing the kind or type of alert or notification.

The activity requires that the department provide the Health Alert communication plan it is using to distribute health alerts or advisories to the local medical community. This plan may be a part of the department's all hazards emergency 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 to distribute alerts outside of the department to medical partners.

Also, 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.

Lastly, the department must provide evidence of two distributions of alerts by multiple methods (two or more) since the previous site visit. Multiple methods means that the alert must be sent via multiple communication mechanisms, such as email, fax, phone call, text message, or mail. The alert may be sent to all participants via two different methods (i.e., email and follow-up phone call) or the alert may be sent to different partners by different mechanisms (i.e., for one alert, faxes are sent to four veterinarian offices who prefer that communication channel while emails are sent to three veterinarians who prefer that channel). The use of multiple methods must be documented for each alert dissemination provided as evidence.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

None

Activity 5.3

Health Alerts to News Media

STANDARD

Agency Core Functions and Essential Services

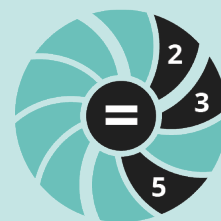
FUNCTION

Assessment

BENCHMARK

5: 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.

ESSENTIAL SERVICES



ACTIVITY

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.

REQUIRED DOCUMENTATION

- A. Agency crisis communication plan or communication/media plan
AND
- B. Since the previous site visit, evidence of two alerts or advisories provided to the news media in accordance with agency plan

INTERPRETATION

Intent

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 credible, digestible information on the health problem or threat that is accurate and reliable.

Guidance

The department must provide a copy of the crisis communication plan or communication/media plan. This may be a part of the department's all hazards emergency 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.

The department should provide evidence of two alerts or advisories that have been distributed to news media since the previous site visit. It is expected that departments will have the need to distribute some type of alert or advisory at least twice during the site visit cycle.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

- **5.3 Health Alerts to News Media:** Relates to a crisis communication plan or communication/media plan and is focused on how information is communicated.

9.4 Requests for Information Response: Focuses on how health departments respond to requests for communication.

These activities are both related and distinct. The policies and procedures required for activity 9.4 can be a part of the policies and procedures for activity 5.3, although the focus of 9.4 is on any outside requests for information.

Benchmark 6

Preparedness

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.

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Activity 6.1

LEPC Participation

STANDARD

Agency Core
Functions and
Essential Services

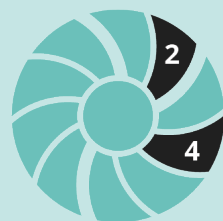
FUNCTION

Assessment

BENCHMARK

6: 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.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall be involved in a local emergency planning committee.

REQUIRED DOCUMENTATION

- A. Within the past 12 months, evidence confirming agency involvement in local emergency planning committee (or equivalent). If a Local Emergency Planning Committee (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

INTERPRETATION

Intent

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. To satisfy this activity, the LHD needs to prove verification of required LEPC membership and involvement with response agencies.

Guidance

The department must provide some type of documentation that demonstrates that the health department is involved in the LEPC. The committee does not have to have this name but must function in a like 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.

There is no required level of activity or regular meetings that the LEPC must maintain. If the committee is inactive, there should be current (within the past year) documentation from the health department encouraging or requesting for the local emergency planning committee to be active and/or stating the LHD's willingness to be an active participant.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

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 local emergency planning committees in the

district. The evidence should demonstrate that the department is engaged with preparedness and response activities throughout the district.

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

Though other Human Services staff and/or programs (such as social services) may also participate in the LEPC, this activity requires involvement by public health staff, specifically.

CROSSWALK

- **6.1 LEPC Participation:** The local health department shall be involved in a local emergency planning committee. This activity addresses the verification of this actually being done and shows the LHD's involvement with other response agencies.
6.2 County Emergency Operations Plan: The local health department shall have a defined role in the county emergency operations plan to protect the public's health. 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.
6.3 Regional Exercises/Activities: The local health department shall participate in regional emergency preparedness exercises and activities. This activity requires the department to participate in regional emergency preparedness exercises and related activities as much of North Carolina's public health emergency response requires a regional or multi-county response. This activity reviews the involvement of the LHD in planning, training and exercising.
These activities may appear related but are distinct.

Activity 6.2

County Emergency Operations Plan

STANDARD

Agency Core Functions and Essential Services

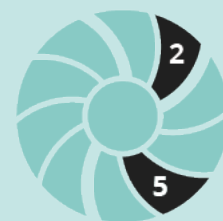
FUNCTION

Assessment

BENCHMARK

6: 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.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall have a defined role in the county emergency operations plan to protect the public's health.

REQUIRED DOCUMENTATION

- A. County/counties emergency operations plan(s) with the LHD role defined and current. If the county emergency operations plan has not been revised since the previous site visit to reflect the health department's current role, provide evidence which indicates efforts have been made to request such updates within the past 24 months.

INTERPRETATION

Intent

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.

Guidance

The department must provide a copy of county/counties emergency operations plan(s) (EOP). 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.

The writing or updating of the county EOP is usually not under the direction of the LHD. If this is true and the EOP has not been revised since the previous site visit, the LHD should show evidence that its responsibilities and roles are current and up-to-date or that a request was made within the past 24 months to update the plan. 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.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

Districts should provide a copy of each county's EOP reflecting the role of the public health agency.

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

- **6.1 LEPC Participation:** The local health department shall be involved in a local emergency planning committee. This activity addresses the verification of this actually being done and shows the LHD's involvement with other response agencies.
6.2 County Emergency Operations Plan: The local health department shall have a defined role in the county emergency operations plan to protect the public's health. 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.
6.3 Regional Exercises/Activities: The local health department shall participate in regional emergency preparedness exercises and activities. This activity requires the department to participate in regional emergency preparedness exercises and related activities as much of North Carolina's public health emergency response requires a regional or multi-county response. This activity reviews the involvement of the LHD in planning, training and exercising.
These activities may appear related but are distinct.
- **6.2 County Emergency Operations Plan**
7.4 All Hazards Emergency Response Plan
6.2 requires a county emergency operations plan (EOP). If the EOP meets the criteria in 7.4, it can be used as evidence for 6.2 as well.

Activity 6.3

Regional Exercises/Activities

STANDARD

Agency Core Functions and Essential Services

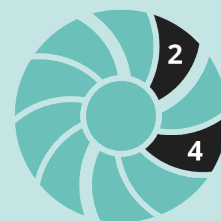
FUNCTION

Assessment

BENCHMARK

6: 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.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall participate in regional emergency preparedness exercises and activities.

REQUIRED DOCUMENTATION

- A. Since the previous site visit, record of local agency participation in regional or multi-county trainings, planning meetings or exercises

INTERPRETATION

Intent

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, as much of North Carolina's public health emergency response requires a regional or multi-county response. This activity reviews the involvement of the LHD in training, planning or exercising emergency response.

Guidance

The documentation is for the department to provide record of local agency participation in regional or multi-county trainings, planning meetings or exercises. This can be a record of any type of regional activity that reflects public health preparedness on a regional level. Documentation can be training agendas with sign-in sheets, meeting minutes of planning meetings or after-action reports from exercises that indicate agency involvement. The documentation must show involvement of more than one county as participants.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

Districts, though they themselves encompass multiple counties by definition, must demonstrate participation with additional regional or multi-county public health partners.

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

- **6.1 LEPC Participation:** The local health department shall be involved in a local emergency planning committee. This activity addresses the verification of this actually being done and shows the LHD's involvement with other response agencies.
6.2 County Emergency Operations Plan: The local health department shall have a defined role in the county emergency operations plan to protect the public's health. 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.
6.3 Regional Exercises/Activities: The local health department shall participate in regional emergency preparedness exercises and activities. This activity requires the department to participate in regional emergency preparedness exercises and related activities as much of North Carolina's public health emergency response requires a regional or multi-county response. This activity reviews the involvement of the LHD in planning, training and exercising.
These activities may appear related but are distinct.
- **6.3 Regional Exercises/Activities**
7.6 Response Plan Testing
These activities may appear related but are distinct. Activity 6.3 requires that there is a local public health preparedness and response plan and 7.6 requires that the plan is tested.

Benchmark 7

Epidemiological Response

This benchmark assesses the department's ability to respond to an outbreak or hazard through epidemiological investigations. The seven 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.

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Activity 7.1

Epidemiological Case Investigation Protocols

STANDARD

Agency Core Functions and Essential Services

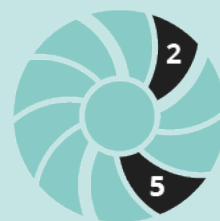
FUNCTION

Assessment

BENCHMARK

7: 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.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall have epidemiological case investigation protocols in place.

REQUIRED DOCUMENTATION

- A. Current protocols on epidemiological case investigation

INTERPRETATION

Intent

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.

Guidance

This activity requires the epidemiological case investigation protocols used by the agency. These protocols may be developed by the department or may be adapted from state-provided recommendations. The protocols may be a part of a clinical manual, communicable disease program manual or other operational manual. While the N.C. 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.

The protocols must be current- that is they must be adopted, in-use and up-to-date, reflecting the practice that is being used in the agency. The protocols and can be standalone or part of another agency policy/procedure.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

None

Activity 7.2

Outbreak Investigations

STANDARD

Agency Core Functions and Essential Services

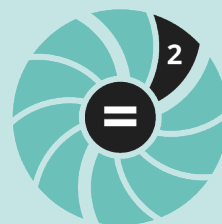
FUNCTION

Assessment

BENCHMARK

7: 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.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall conduct communicable disease investigations, follow-up, documentation and reporting activities.

REQUIRED DOCUMENTATION

- A. Since the previous site visit, evidence of an appropriately conducted, documented and reported outbreak investigation. If no activity, demonstrate knowledge by providing evidence of an outbreak investigation training exercise.

INTERPRETATION

Intent

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. 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. Proper investigations ensure that documentation and reports are accurate and can help to detect disproportionate risks.

Guidance

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.

Evidence of appropriate investigation 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.

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. However, if there has been no outbreak activity since the previous site visit, the department should provide evidence that it can properly investigate by providing documentation of completion of an outbreak investigation training exercise.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

None

Activity 7.3

Environmental Health Complaints/Referrals

STANDARD

Agency Core
Functions and
Essential Services

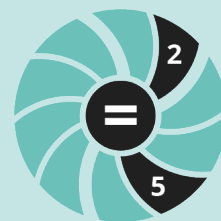
FUNCTION

Assessment

BENCHMARK

7: 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.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall investigate and respond to environmental health complaints or referrals.

REQUIRED DOCUMENTATION

- A. Investigation and response policy that includes defining timely and appropriate action
AND
- B. For the year randomly selected for review, evidence of investigation and response documented through complaint logs with the following requirements and in accordance with agency policy:
 - complaint reported (including name/location)
 - date reported
 - action taken in accordance with policy (including names(s) of staff who responded)
 - date of action taken
 - referral information if referred to another agency

INTERPRETATION

Intent

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.

Guidance

For the first piece of evidence, 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 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. The complaint logs kept by the agency may be kept by calendar year or fiscal year. The department should maintain complaint logs with required information for all years since the previous site visit. Logs may be pulled as a report from an electronic system or could be an agency-created spreadsheet. Evidence must include record of all complaints. If complaints are kept in separate systems (such as

food/lodging in an electronic system, but well/septic via hardcopy), both complaint logs must be submitted as evidence.

In order to get a sufficient number of complaints for review, the Accreditation Program will randomly select a monthly or annual log for review depending on the size of the agency. This will be selected from the logs compiled since the previous site visit.

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.

Notes for 2020-2021 evidence: Though complaint logs with all required elements are expected for 2020 and 2021, it is understood that timeframes identified in policy may not be practical and, therefore, more leniency will be given for meeting timeframes in 2020 and 2021.

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.

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

- **4.2 Environmental Health Risks:** Relates to monitoring.
7.3 Environmental Health Complaints/Referrals: Relates to investigations and response to complaints/referrals.
18.2 Legal Enforcement Actions: Relates to actions taken for environmental health violations (not just any risk).
These activities may appear related but are distinct.

Activity 7.4

All Hazards Emergency Response Plan

STANDARD

Agency Core Functions and Essential Services

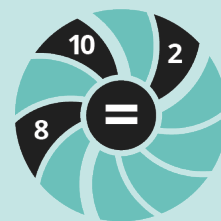
FUNCTION

Assessment

BENCHMARK

7: 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.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall have a public health preparedness and response plan that:

- corresponds to existing local and state emergency and Bioterrorism plans
- establishes roles and responsibilities of plan participants
- identifies training for participants in those roles
- establishes a chain of command among plan participants
- 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 is available to staff on site

REQUIRED DOCUMENTATION

- A. Copy of the local all hazards emergency response plan*
AND
- B. Since the previous site visit, evidence of availability to all staff in accordance with agency policy

INTERPRETATION

Intent

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 plans must be in place. Having response plans in place is a requirement of Agreement Addendum. All hazards emergency response plans can advance health equity approaches by ensuring that all diverse needs of the community are planned for and can be met during an emergency.

Guidance

* The term “public health preparedness and response plan” has been updated to “all hazards emergency response plan. This updated term will be used throughout but is directly related to the Activity language.

The primary documentation for this activity is a copy of the local all hazards emergency response plan. The policy and can be standalone or part of another agency or county policy.

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.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

- **6.2 County Emergency Operations Plan**
7.4 All Hazards Emergency Response Plan

6.2 requires a county emergency operations plan (EOP). If the EOP meets the criteria in 7.4, it can be used as evidence for 6.2 as well.

Activity 7.5

Local Emergency Manager Communication

STANDARD

Agency Core Functions and Essential Services

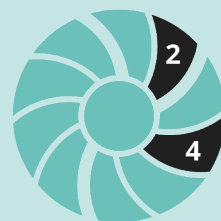
FUNCTION

Assessment

BENCHMARK

7: 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.

ESSENTIAL SERVICES



ACTIVITY

The local health director shall maintain periodic communication with local emergency managers.

REQUIRED DOCUMENTATION

- A. For each year since the previous site visit, evidence of communication between the health director, or the health director designee, with local emergency managers

INTERPRETATION

Intent

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.

Guidance

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 communications with emergency managers for other institutions in the county or district, such as the hospital or school system.

There must be evidence of communication with Local Emergency Managers for each year since the previous site visit. 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.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

Districts should show evidence of communication with Emergency Managers relevant to each county.

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

The human services director may serve as the representative to the Emergency Manager as long as communication to the Emergency Manager includes discussion of public health-related issues.

CROSSWALK

None

Activity 7.6

Response Plan Testing

STANDARD

Agency Core
Functions and
Essential Services

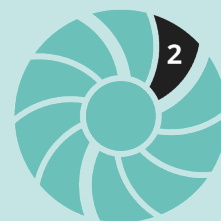
FUNCTION

Assessment

BENCHMARK

7: 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.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall annually test or implement the local public health preparedness and response plan.

REQUIRED DOCUMENTATION

- A. For each year since the previous site visit, evidence of exercises or real-world execution of all hazards emergency response plan*

INTERPRETATION

Intent

This activity requires the health department to (at least) test its local preparedness and response plan(s), now referred to as all hazards emergency response plan,* sometime during each year. 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 all hazards emergency response plan is good practice. 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.

Guidance

* The term "public health preparedness and response plan" has been updated to "all hazards emergency response plan." This updated term will be used throughout, but is directly related to the Activity language.

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 was tested in some way. The exercise can be a drill, table-top, functional, or a full-scale exercise. It can be department-only or involve other response partners and the Public Health Preparedness and Response Regional Office.

Instead of exercise documentation, evidence of the execution of the response plan (if the plan has been used by the department to respond to a real outbreak, threat or disaster) can be submitted. The evidence could be any records from the response, reports to the BOH or Commissioners, after action reports or documentation from other materials. The evidence of execution is for each instance that the plan is implemented or used since the previous site visit.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

If documentation is not provided for the district as a whole, evidence should show involvement of each county within the district.

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

Execution or exercising of Human Services emergency plans may be submitted as long as public health-related activities are clearly demonstrated.

CROSSWALK

- **6.3 Regional Exercises/Activities**
7.6 Response Plan Testing

These activities may appear related but are distinct. Activity 6.3 requires that there is a local public health preparedness and response plan and 7.6 requires that the plan is tested

Activity 7.7

Epi Team

STANDARD

Agency Core
Functions and
Essential Services

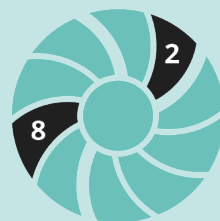
FUNCTION

Assessment

BENCHMARK

7: 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.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall have one of the following:

- public health preparedness and response coordination team with an environmental health member and a public health preparedness response coordinator, or
- an epidemiology team with an environmental health member and an epidemiology team coordinator.

REQUIRED DOCUMENTATION

- A. Current roster of team member names, titles and designated roles that includes a coordinator and an environmental health member
AND
- B. Since the previous site visit, evidence team is active

INTERPRETATION

Intent

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.

Guidance

The department is to provide a roster 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.

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.

The department must provide evidence that the team has been active since the previous site visit. Being an active team implies regular involvement so multiple examples should be provided. The evidence of team activity could be

documentation from regular meetings, such as agendas, minutes and outbreak investigation reports. Documentation could also include team presentations or trainings.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

District-wide teams may be utilized.

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

None

Benchmark 8

Laboratory Services

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.

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Activity 8.1

Laboratory Samples

STANDARD

Agency Core Functions and Essential Services

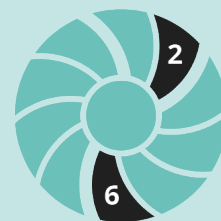
FUNCTION

Assessment

BENCHMARK

8: 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.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall have written policies and procedures for handling clinical and environmental laboratory samples.

REQUIRED DOCUMENTATION

- A. Protocols* for handling clinical and environmental laboratory samples
OR
Within the past 24 months, letter from the State Laboratory of Public Health's Regional Consultant stating that voluntary consultation found acceptable laboratory compliance

INTERPRETATION

Intent

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.

Guidance

* The term "policies and procedures" has been updated to "protocols" in reference to benchmark eight, as this is the language used in practice to describe laboratory services policy and procedures. This updated term will be used throughout the interpretation section, but is directly related to the activity language.

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 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.

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 Clinical Laboratory Improvement Amendments (CLIA) certification. If the department laboratory operates under the N.C. State Laboratory of Public Health Contract Program, the department must also follow any guidance required by that Program.

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 and 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.

Written 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. The protocol and can be standalone or part of another agency policy.

Some local health departments voluntarily work with N.C. State Laboratory of Public Health Regional Consultants who conduct periodic reviews of laboratory operations. A letter from one of these consultants demonstrating acceptable laboratory compliance is accepted for this activity in lieu of submitting policies/procedures.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

- **8.1 Laboratory Samples:** Ensures that the LHD laboratory has and follows written protocols related to the practice of proper sample handling.
- **8.2 Laboratory Compliance:** The LHD must be assured that laboratories used by the department are competent and follow regulatory guidelines and established practice.
- **8.4 Laboratory Services for Problems/Hazards/Emergencies:** 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. This requirement can be a part of 8.1.
- **17.1 Environmental Health State Program Review:** Focuses on environmental health program activities from state-mandated programs in which the local health department acts as an agent of the state.
- **17.2 Environmental Health Local Program Review:** Relates to the administration of environmental health programs as authorized by and specific to the county or jurisdiction covered by the health department. *These activities may appear related but are distinct.*

Activity 8.2

Laboratory Compliance

STANDARD

Agency Core Functions and Essential Services

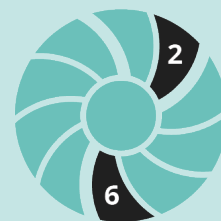
FUNCTION

Assessment

BENCHMARK

8: 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.

ESSENTIAL SERVICES



ACTIVITY

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.

REQUIRED DOCUMENTATION

- A. List of laboratories used and their areas of certification, if other than the North Carolina State Laboratory of Public Health
OR
Within the past 24 months, letter from the State Laboratory of Public Health's Regional Consultant stating that voluntary consultation found acceptable laboratory compliance

INTERPRETATION

Intent

There are varied levels of laboratory support across the state. To meet benchmark eight, all LHDs 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 (CLIA) have been guiding laboratories for 20 years and any laboratory used by the LHD should be appropriately certified to provide testing.

Guidance

The activity requires the LHD to use laboratories that comply with federal regulations for testing. This evidence of compliance is shown through the LHD 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 N.C. 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.

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.

The documentation is specific to external laboratories used by the department but also includes its own services and services provided by the N.C. State Laboratory of Public Health (NCSLPH). It is assumed that all local health departments in N.C. will use the services of the NCSLPH. Some departments operate under the NCSLPH and will be certified under a contract program.

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.

Some local health departments voluntarily work with N.C. State Laboratory of Public Health Regional Consultants who conduct periodic reviews of laboratory operations. A letter from one of these consultants demonstrating acceptable laboratory compliance is accepted for this activity in lieu of submitting a list of laboratories.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

If one list of labs is not maintained for the district as a whole, the list should include all labs used within each county.

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

- **8.1 Laboratory Samples:** Ensures that the LHD laboratory has and follows written protocols related to the practice of proper sample handling.
- 8.2 Laboratory Compliance:** The LHD must be assured that laboratories used by the department are competent and follow regulatory guidelines and established practice.
- 8.4 Laboratory Services for Problems/Hazards/Emergencies:** 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. This requirement can be a part of 8.1.
- 17.1 Environmental Health State Program Review:** Focuses on environmental health program activities from state-mandated programs in which the local health department acts as an agent of the state.
- 17.2 Environmental Health Local Program Review:** Relates to the administration of environmental health programs as authorized by and specific to the county or jurisdiction covered by the health department. *These activities may appear related but are distinct.*

Activity 8.3

Access to Laboratory Services

STANDARD

Agency Core Functions and Essential Services

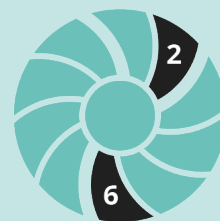
FUNCTION

Assessment

BENCHMARK

8: 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.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall provide or have access to laboratory services capable of meeting routine diagnostic and surveillance needs.

REQUIRED DOCUMENTATION

- A. Current CLIA or other appropriate certificate for each laboratory used
AND
- B. Current contract(s) or evidence of agreement with external laboratories, if other than the North Carolina State Laboratory of Public Health

INTERPRETATION

Intent

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.

Guidance

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 and 8.4.

The department should also provide any current contract(s) with external laboratories, other than the N.C. 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, email or invoice showing their current relationship with the health department.

A letter from a N.C. State Laboratory of Public Health Regional Consultant regarding review of laboratory operations is not acceptable here as the letter may be dated for a time in which certificates may have now expired; evidence of CURRENT certificates must be presented as evidence.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

None

Activity 8.4

Laboratory Services for Problems/Hazards/Emergencies

STANDARD

Agency Core Functions and Essential Services

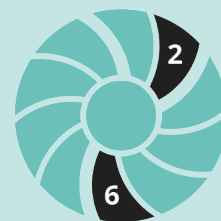
FUNCTION

Assessment

BENCHMARK

8: 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.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall provide or have access to laboratory services to support investigations of public problems, hazards, and emergencies.

REQUIRED DOCUMENTATION

- A. Current protocols and guidelines regarding access to laboratory services
OR
Within the past 24 months, letter from the State Laboratory of Public Health's Regional Consultant stating that voluntary consultation found acceptable laboratory compliance

INTERPRETATION

Intent

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.

Guidance

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 should 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. The protocols and can be standalone or part of another agency policy.

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.

Some local health departments voluntarily work with N.C. State Laboratory of Public Health Regional Consultants who conduct periodic reviews of laboratory operations. A letter from one of these consultants demonstrating acceptable laboratory compliance is accepted for this activity in lieu of submitting a list of laboratories.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

- **8.1 Laboratory Samples:** Ensures that the LHD laboratory has and follows written protocols related to the practice of proper sample handling.
8.2 Laboratory Compliance: The LHD must be assured that laboratories used by the department are competent and follow regulatory guidelines and established practice.
8.4 Laboratory Services for Problems/Hazards/Emergencies: 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. This requirement can be a part of 8.1.
17.1 Environmental Health State Program Review: Focuses on environmental health program activities from state-mandated programs in which the local health department acts as an agent of the state.
17.2 Environmental Health Local Program Review: Relates to the administration of environmental health programs as authorized by and specific to the county or jurisdiction covered by the health department.
These activities may appear related but are distinct.

Benchmark 9

Provision of Community Data and Information

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.

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Activity 9.1

Current Health Issue Communication

STANDARD

Agency Core
Function and
Essential Services

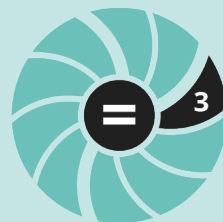
FUNCTION

Policy Development

BENCHMARK

9: 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.

ESSENTIAL SERVICES



ACTIVITY

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.

REQUIRED DOCUMENTATION

- A. Since the previous site visit, two examples of accessible dissemination of data and information on current local issues to the general public/community partners
AND
- B. Since the previous site visit, two examples of dissemination of data and information on current local issues to policy leaders

INTERPRETATION

Intent

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 accessible 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 community members and partners. Dissemination to general public/community partners should be accessible, meaning the data and information will be clear and easy to understand to diverse, non-scientific audiences. Communicating local health data provides an important opportunity to identify health inequities.

Guidance

The department must provide four pieces of documentation since the previous site visit: two that reach the general public/community partners and two that reach policy leaders. Examples could include community presentations, press releases or reports to boards; but the distribution is not limited to these and can be by any means to best get the information to the intended audience. The issue must have been a current public health concern at the time of the distribution. While the issue can be of local, state or national importance, it must be an issue that is affecting the local community. The distribution has to be documented to the public in general (including community partners) and to policy leaders (elected or appointed officials) specifically.

While the same distribution may cover both audiences (public/community partners and policy leaders), the public/community partner 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/community partners and policy leaders is unacceptable. The intent for the public/community partner 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.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

If information is provided on behalf of the Human Services Agency as a whole, the issue described must be clearly related to public health in some way.

CROSSWALK

- **9.1 Current Health Issue Communication:** Requires evidence of the dissemination of information on current local issues to the general public/community partners
- 9.2 Public Community Data Access:** Requires evidence of access to public health data in the public domain
- 9.3 Availability and Location of Health Data in Public Domain:** Requires evidence the health department shows where and how to access health data.
- 9.4 Requests for Information:** Requires evidence of how the health department responds to request for information according to their agency policy.
These activities are distinct AND they could use the same evidence but ONLY if related to a data request. (9.2 and 9.3 are not applicable to general information requests.)

Activity 9.2

Public Community Data Access

STANDARD

Agency Core
Functions and
Essential Services

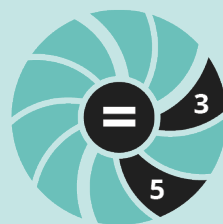
FUNCTION

Policy Development

BENCHMARK

9: 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.

ESSENTIAL SERVICES



ACTIVITY

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.

REQUIRED DOCUMENTATION

- A. Policies and procedures regarding access to data and lists of accessible information
AND
- B. List of accessible information
AND
- C. Agency website or social media page showing availability and location of current community data and health status information

INTERPRETATION

Intent

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 effectively and easily obtained by the public. Effective information accessibility is important to ensure that all community members can digest the data and are informed in methods that are well-received.

Guidance

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 community data and the lists of accessible information maintained by the agency. The policies and procedures requested refer to how the LHD 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 policy can be standalone or part of another agency policy.

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 or through online access. 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 and that it is able to be shared in accordance with applicable laws and rules.

The final piece of documentation is evidence of implementation of providing access to community data. The activity requires that the department provide information on community data and health status on its website or social media page. The website or social media page must have links to other websites, attached documents that can be opened or downloaded, or posted health data.

In addition to providing access to health department-created community data, the website may also include links to other resources for community health status information, i.e., the Centers for Disease Control website, the N.C. State Center for Health Statistics, etc.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

- **9.1 Current Health Issue Communication:** Requires evidence of the dissemination of information on current local issues to the general public/community partners
- **9.2 Public Community Data Access:** Requires evidence of access to public health data in the public domain
- **9.3 Availability and Location of Health Data in Public Domain:** Requires evidence the health department shows where and how to access health data.
- **9.4 Requests for Information:** Requires evidence of how the health department responds to request for information according to their agency policy.
These activities are distinct AND they could use the same evidence but ONLY if related to a data request. (9.2 and 9.3 are not applicable to general information requests.)

Activity 9.3

Availability and Location of Health Data in Public Domain

STANDARD

Agency Core Functions and Essential Services

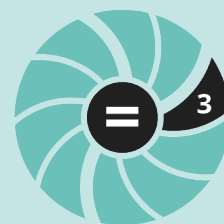
FUNCTION

Policy Development

BENCHMARK

9: 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.

ESSENTIAL SERVICES



ACTIVITY

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.

REQUIRED DOCUMENTATION

- A. Agency website or social media page showing availability and location of current health data in public domain

INTERPRETATION

Intent

There is so much health data available to both public health professionals and the public that it can quickly become overwhelming. 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 LHD has a responsibility to connect the public and policy makers to meaningful health-related data.

Guidance

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, and federal governments, private organizations and foundations.

The website or social media page must have links to other websites, attached documents that can be opened or downloaded, or posted health data. Listed information on health data must be up-to-date and, if linked, should link to the primary source of the data.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

- **9.1 Current Health Issue Communication:** Requires evidence of the dissemination of information on current local issues to the general public/community partners
- 9.2 Public Community Data Access:** Requires evidence of access to public health data in the public domain
- 9.3 Availability and Location of Health Data in Public Domain:** Requires evidence the health department shows where and how to access health data.
- 9.4 Requests for Information:** Requires evidence of how the health department responds to request for information according to their agency policy.
These activities are distinct AND they could use the same evidence but ONLY if related to a data request. (9.2 and 9.3 are not applicable to general information requests.)

Activity 9.4

Requests for Information

STANDARD

Agency Core Functions and Essential Services

FUNCTION

Policy Development

BENCHMARK

9: 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.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall have written guidelines that it follows in responding to requests for information.

REQUIRED DOCUMENTATION

- A. Policies and procedures related to responding to requests for information
AND
- B. Since the previous site visit, evidence showing at least one example of responding to requests for information in accordance with agency policy

INTERPRETATION

Intent

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.

Guidance

Documentation requirements consist of two parts. The first is the policies and procedures the department follows when responding to a request for information. The department can determine the level of scope for this policy, but it 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.

While not prescriptive here, 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. This policy should be up-to-date with current technology and practice. The policy can be standalone or part of another agency policy.

The second part of the documentation is to show an example of how the policy was implemented. The example 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.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

- **5.3 Health Alerts to News Media:** Relates to a crisis communication plan or communication/media plan and is focused on how information is communicated.
9.4 Requests for Information Response: Focuses on how health departments respond to requests for communication.
These activities are both related and distinct. The policies and procedures required for activity 9.4 can be a part of the policies and procedures for activity 5.3, although the focus of 9.4 is on any outside requests for information.
- **9.1 Current Health Issue Communication:** Requires evidence of the dissemination of information on current local issues to the general public/community partners
9.2 Public Community Data Access: Requires evidence of access to public health data in the public domain
9.3 Availability and Location of Health Data in Public Domain: Requires evidence the health department shows where and how to access health data.
9.4 Requests for Information: Requires evidence of how the health department responds to request for information according to their agency policy.
These activities are distinct AND they could use the same evidence but ONLY if related to a data request. (9.2 and 9.3 are not applicable to general information requests.)

Activity 9.5

Departmental Change Communication

STANDARD

Agency Core Functions and Essential Services

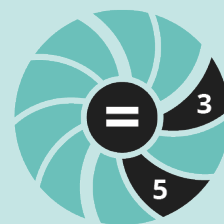
FUNCTION

Policy Development

BENCHMARK

9; 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.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall inform affected community members of changes in department policies or operations.

REQUIRED DOCUMENTATION

- A. Policy/procedure describing how the department informs the community of changes in department policies or operations that could affect them
AND
- B. Since the previous site visit, evidence of implementation related to communication of departmental change to community members using two separate methods and in accordance with agency policy. If no changes, provide a statement as such.

INTERPRETATION

Intent

As a part of their responsibility in serving the public, health departments should transparently inform the community about changes in operations and policies 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).

Guidance

There are two parts to the documentation requirements for this activity. The first deals with an agency policy or procedures describing how the department will inform community members of any changes to department policies or operations that could affect them. The policy/procedure can be standalone or part of another agency policy.

The second requirement involves evidence of implementing this policy/procedure regarding an announcement when there is a departmental change that could affect the community and how the announcement is distributed. The department must show diverse and wide-ranging distribution of the announcement by using two separate methods for the same change.

The means of announcing change should target the residents, clients or patients affected by the proposed change.

Given the breadth and changing nature of local public health services, it is highly unlikely that a local health department would have made no changes to operations that affect clients within a cycle. However, if no changes have been made since the previous site visit, the department would provide a statement as such.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

None

Activity 9.6

Cultural and Linguistic Character Reflected

STANDARD

Agency Core Functions and Essential Services

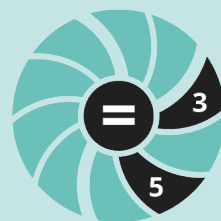
FUNCTION

Policy Development

BENCHMARK

9: 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.

ESSENTIAL SERVICES



ACTIVITY

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.

REQUIRED DOCUMENTATION

- A. Policies that acknowledge compliance with Title VI of the Civil Rights Act
AND
- B. Since the previous site visit, evidence of information disseminated in a culturally and linguistically appropriate manner in accordance with agency policy

INTERPRETATION

Intent

In order to advance health equity, 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. To appropriately deliver public health services, LHD's information dissemination should take into account clients' health literacy and numeracy so they can make informed choices about their health care.

Guidance

The basis for this activity is 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.

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.

The second component is to provide evidence of how the agency followed/implemented its policy in the dissemination of information that is culturally and linguistically appropriate. This can be demonstrated through

examples such 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/visually impaired clients, web pages and specified training for staff.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

- **9.6 Cultural and Linguistic Character Reflected**
26.3 Cultural Sensitivity and Cultural Training
A Title VI policy and Title VI training (unless they include content specific to broader cultural competency/sensitivity) alone will not meet the requirements for Activity 26.3.
These activities may appear related but are distinct.

Benchmark 10

Health Promotion

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.

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Activity 10.1

Health Promotion/Disease Prevention for General Public

STANDARD

Agency Core Functions and Essential Services

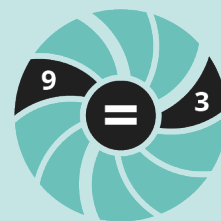
FUNCTION

Policy Development

BENCHMARK

10: The local health department shall provide, support, and evaluate health promotion activities designed to influence the behavior of individuals and groups.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall develop, implement and evaluate population-based health promotion/disease prevention programs and educational materials for the general public.

REQUIRED DOCUMENTATION

- A. Since the previous site visit, evidence of planning/development, implementation and evaluation of health promotion/disease prevention programs targeted to the general public
- AND
- B. Since the previous site visit, evidence of planning/development, implementation, and evaluation of educational materials targeted to the general public

INTERPRETATION

Intent

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 an 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. Targeted community programs work well when community stakeholder input and community engagement are incorporated.

Guidance

The documentation should demonstrate how the department has planned/developed, 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 planning/development, implementation and evaluation of the materials that are directed to the general public (not a specific target population). All evidence should be related to population-based health topics and services – such topics as tobacco control, eating habits, physical activity, alcohol/drug abuse, prevention of chronic disease (e.g., type 2 diabetes) and immunizations. While the department may implement programs and materials developed by outside agencies or the N.C. Division of Public Health or NCDHHS, 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.

The documentation must indicate the health department's capacity and involvement in the planning/development and implementation and evaluation of a program. Documentation from meeting materials such as agenda, minutes, and sign-in sheets is preferred, but if not available, alternative documentation such as a statement/verification of participation email to the coordinator with a response back would be sufficient. These three elements do not have to be taken from one program, although that is preferable; however, you can use different programs to showcase the different required pieces of evidence. For example, you may pull the planning/development evidence from a tobacco prevention program, whereas the evaluation evidence could come from a diabetes management program.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

- **10.1 Health Promotion/Disease Prevention for General Public**
10.2 Health Promotion/Disease Prevention to At-Risk Groups
The same program can be used as evidence.

Activity 10.2

Health Promotion/Disease Prevention for At-Risk Groups

STANDARD

Agency Core Functions and Essential Services

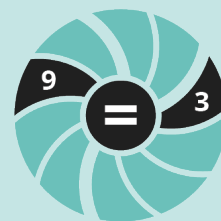
FUNCTION

Policy Development

BENCHMARK

10: The local health department shall provide, support, and evaluate health promotion activities designed to influence the behavior of individuals and groups.

ESSENTIAL SERVICES



ACTIVITY

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.

REQUIRED DOCUMENTATION

- A. Since the previous site visit, evidence of planning/development, implementation and evaluation of health promotion/disease prevention programs targeted to an at-risk group identified in the community health assessment
AND
- B. Since the previous site visit, evidence of planning/development, implementation and evaluation of educational materials targeted to an at-risk group identified in the community health assessment

INTERPRETATION

Intent

While Activity 10.1 targeted the general population, this activity focuses on at-risk groups identified in the Community Health Assessment (CHA). By planning/developing, implementing and evaluating programs and materials specifically for communities at greater risk for adverse health outcomes, this activity continues to advance health equity. 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 planning/development, implementation and evaluation are again present in the activity.

Guidance

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/development and implementation and evaluation – of a program. Documentation from meeting materials such as agenda, minutes, and sign-in sheets is preferred, but if not available, alternative documentation such as a statement/verification of participation email to the coordinator with a response back would be sufficient. Also, these three elements do not have to be taken from one program, although that is preferable; however, you can use different programs to demonstrate the activity. Note that the evidence must be targeted to groups identified as at-risk in some way in the most recent CHA. The department

should clearly describe how the at-risk group associated with the evidence provided is identified as such in the CHA (i.e., in demographic data, primary data, secondary data, etc.).

For the activity, unlike 10.1, the health department may take the lead or may assist other agencies in the programs and materials.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

- **10.1 Health Promotion/Disease Prevention for General Public**
10.2 Health Promotion/Disease Prevention to At-Risk Groups
The same program can be used as evidence.

Activity 10.3

Evidence-Based Promotion and Prevention Strategies

STANDARD

Agency Core Functions and Essential Services

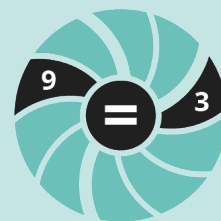
FUNCTION

Policy Development

BENCHMARK

10: The local health department shall provide, support, and evaluate health promotion activities designed to influence the behavior of individuals and groups.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall employ evidence-based health promotions/disease prevention strategies, when such evidence exists.

REQUIRED DOCUMENTATION

- A. Since the previous site visit, evidence of agency exploration and employment of evidence-based strategy
AND
- B. External evidence that indicates this strategy is effective

INTERPRETATION

Intent

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, which should help support equity-related approaches.

Guidance

The first 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 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. Use of an evidence-informed strategy still requires external evidence in order to meet documentation requirement B. This may come from a journal, a research study, state or federal study/report or other verifiable and credible source.

Also note that the activity is calling for a strategy, not a specified program. You may create a new program (e.g., a neighborhood-specific walking program) or add elements to a program, so long as it is based on a strategy that is supported by external evidence (e.g., evidence that supports that walking groups are an effective strategy to increasing physical activity).

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

- **10.3 Evidence-Based Promotion and Prevention Strategies**
10.4 Community Support for Evidence Based Strategies
The same program can be used as evidence, if the program is evidence based.
- **10.3 Evidence-Based Promotion and Prevention Strategies**
28.1 Program Effectiveness Review
If the research is done during the same cycle as planning/implementing and evaluation, the same evidence can be used.

Activity 10.4

Community Support for Evidence Based Strategies

STANDARD

Agency Core Functions and Essential Services

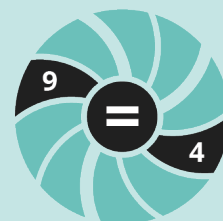
FUNCTION

Policy Development

BENCHMARK

10: The local health department shall provide, support, and evaluate health promotion activities designed to influence the behavior of individuals and groups.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall promote and support the use of evidence-based health promotion/disease prevention strategies by other community agencies and organizations.

REQUIRED DOCUMENTATION

- A. Since the previous site visit, evidence of agency promotion and support of evidence-based strategy by community partners
AND
- B. External evidence that indicates strategy is effective

INTERPRETATION

Intent

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 assets, agencies, and organizations who deliver services and programs to improve the community's health. Use of evidence-based strategies should help support equity-related approaches.

Guidance

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. As with 10.3, LHDs are not being asked to promote specific evidence-based programs. Rather, LHDs can promote any type of program, activity, or services (e.g., a neighborhood or community-based walking group) so long as there is evidence supporting the strategies that are promoted (e.g., evidence that supports that walking groups are an effective strategy to increasing physical activity). Use of an evidence-informed strategy still requires external evidence in order to meet documentation requirement B. The health department does not have to prove that the outside agency/organization is using the evidence-based strategy, but that the health department is promoting it to them.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

- **10.3 Evidence-Based Promotion and Prevention Strategies**
10.4 Community Support for Evidence Based Strategies

The same program can be used as evidence, if the program is evidence based.

Benchmark 11

Understanding Community Needs

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.

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Activity 11.1

Collaboration to Identify Health Issues and Needs

STANDARD

Agency Core Functions and Essential Services

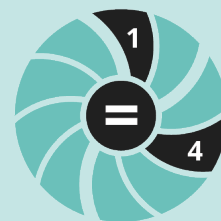
FUNCTION

Policy Development

BENCHMARK

11: The local health department shall convene key constituents and community partners to identify, analyze, and prioritize community health problems/issues.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall participate in a collaborative community steering committee to identify health issues and needs.

REQUIRED DOCUMENTATION

- A. Since the previous site visit, list of participants (by organization or group represented) in a collaborative process to identify health issues and needs
AND
- B. Since the previous site visit, evidence of the department's active participation in this collaborative process

INTERPRETATION

Intent

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.

Guidance

The focus of this activity is to show the health department's involvement with the community in identifying health 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 health needs of the community. There are two pieces of documentation required for this activity. The first is a list of participants (this may be in collaborative records such as a membership list, minutes or a list of those who signed in to a recent meeting, or other evidence of who participated) showing that the health department is represented in the membership.

The second piece of documentation is a record that shows the role of the health department in the group related to identifying health needs. 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.

It is acceptable for health departments to use their Community Health Assessment process in developing the evidence for this activity. However, this is not the only process or partnership that may be 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.

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

- **11.1 Collaboration to Identify Health Issues and Needs:** Relates to community collaborative to identify issues/needs.
11.2 Community Member Involvement in Priority Setting and Outcome Goals: Relates to community priority setting after reviewing data
12.1 Collaboration to Identify Strategies: Focuses on the LHD's involved in the collaborative process of identifying health priorities.
12.2 Collaboration to Assess Resource Needs: Focuses on the LHD's involvement in a collaborative process to assess resources to address the identified community health problems.
12.3 Collaboration to Implement Population-Based Programs: Focuses on the LHD's involvement in a collaborative process to assess the identified health problems.
These activities may appear related but are distinct.

Activity 11.2

Community Member Involvement in Priority Setting and Outcome Goals

STANDARD

Agency Core Functions and Essential Services

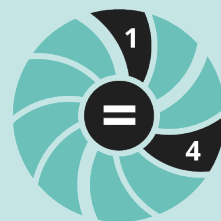
FUNCTION

Policy Development

BENCHMARK

11: The local health department shall convene key constituents and community partners to identify, analyze, and prioritize community health problems/issues.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall involve community members in assessing, setting priorities and establishing desired outcomes for addressing community health issues and needs.

REQUIRED DOCUMENTATION

- A. Since the previous site visit, evidence of community member input on assessing, prioritizing, and establishing desired outcomes for community health issues or needs

INTERPRETATION

Intent

It is through the involvement of the community that the LHD is best able to work towards equitable outcomes that benefit the entire community. While the LHD may have an idea of 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 meaningfully involved in identifying issues and working toward solutions, this can build support for the recommendations among stakeholders, partners and community members. This activity requires the health department, along with the community, to assess, set priorities and establish outcomes to address the identified needs.

Guidance

The documentation for this activity 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 during initial stages of a process 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.

Evidence may be demonstrated in a number of ways, but it should clearly demonstrate each of the listed components of assessment, prioritization and establishment of desired outcomes.

It is acceptable for health departments to use their Community Health Assessment materials in developing the evidence for this activity. However, the Community Health Assessment is not the only process or partnership that may be used.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

If one collaborative effort to gain community member input does not represent the district as a whole, then evidence should be provided for each county.

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

- **11.1 Collaboration to Identify Health Issues and Needs:** Relates to community collaborative to identify issues/needs.
11.2 Community Member Involvement in Priority Setting and Outcome Goals: Relates to community priority setting after reviewing data
12.1 Collaboration to Identify Strategies: Focuses on the LHD's involved in the collaborative process of identifying health priorities.
12.2 Collaboration to Assess Resource Needs: Focuses on the LHD's involvement in a collaborative process to assess resources to address the identified community health problems.
12.3 Collaboration to Implement Population-Based Programs: Focuses on the LHD's involvement in a collaborative process to assess the identified health problems.
These activities may appear related but are distinct.

Benchmark 12

Addressing Community Needs

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.

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Activity 12.1

Collaboration to Identify Strategies

STANDARD

Agency Core
Functions and
Essential Services

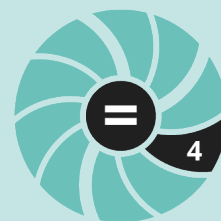
FUNCTION

Policy Development

BENCHMARK

12: The local health department shall develop strategies in collaboration with community partners to solve existing community health problems.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall participate in a collaborative process to identify strategies for addressing community health problems.

REQUIRED DOCUMENTATION

- A. Since the previous site visit, list of participants (by organization or group represented) in a collaborative process to identify strategies for addressing community health problems
AND
- B. Since the previous site visit, evidence of the department's active participation in this collaborative process

INTERPRETATION

Intent

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. Community partners have insight to assets that are valued within the communities that they serve and can provide a unique perspective as community experts.

Guidance

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. The work of the collaborative effort is to identify or consider strategies for possible interventions to solve identified community health problems. The identified strategies can come from the Community Health Improvement Process (CHIP), the work of Benchmark 11 or other sources.

There are two pieces of documentation required for this activity. The first is a list of participants (this may be in collaborative records such as a membership list, minutes or a list of those who signed in to a recent meeting, or other evidence of who participated) showing that the health department is represented in the group. The second piece of evidence must demonstrate how the local health department is participating in the collaborative process to identify strategies. 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. Lastly, a written report could be provided which documents the strategies considered by the group. Any evidence provided must include discussion, consideration and/or identification of potential strategies and demonstrate participation by the partners or members involved in the effort.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

If one collaborative effort to identify strategies for addressing community health problems does not represent the district as a whole, then evidence should be provided that covers each county.

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

- **11.1 Collaboration to Identify Health Issues and Needs:** Relates to community collaborative to identify issues/needs.
11.2 Community Member Involvement in Priority Setting and Outcome Goals: Relates to community priority setting after reviewing data
12.1 Collaboration to Identify Strategies: Focuses on the LHD's involved in the collaborative process of identifying health priorities.
12.2 Collaboration to Assess Resource Needs: Focuses on the LHD's involvement in a collaborative process to assess resources to address the identified community health problems. **12.3 Collaboration to Implement Population-Based Programs:** Focuses on the LHD's involvement in a collaborative process to assess the identified health problems.
These activities may appear related but are distinct.
- **12.1 Collaboration to Identify Strategies:** Evidence the BOH/Advisory committee on health was involved.
38.3 BOH Assurance of Community Collaboration for Improvement: Evidence BOH/Advisory committee on health sought public participation in community health improvement.
Same evidence for 38.3 and 12.1 if the BOH was involved with getting participation.

Activity 12.2

Collaboration to Assess Resource Needs

STANDARD

Agency Core Functions and Essential Services

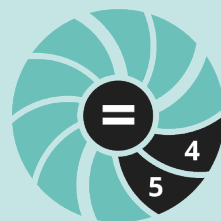
FUNCTION

Policy Development

BENCHMARK

12: The local health department shall develop strategies in collaboration with community partners to solve existing community health problems.

ESSENTIAL SERVICES



ACTIVITY

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.

REQUIRED DOCUMENTATION

- A. Since the previous site visit, list of participants (by organization or group represented) in a collaborative process to assess resources needed to address community health problems
AND
- B. Since the previous site visit, evidence of the department's active participation in this collaborative process

INTERPRETATION

Intent

Resources are needed to carry out programs and these resources may come from a variety of sources. 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. The collaborative process is most beneficial when power is shared, needs are well articulated, and the community experts provide the most important insights surrounding resources and community health problems.

Guidance

There are two pieces of documentation required for this activity. The first is a list of participants (this may be in collaborative records such as a membership list, minutes or a list of those who signed in to a recent meeting, or other evidence of who participated) showing that the health department is represented in the membership. The second piece is evidence of participation in the collaborative process. There are many ways to provide evidence of participation in a collaborative process to access resources needed to address community health problems. 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 could also be used. The grant proposal can be submitted by a collaborative member or the health department, but the proposal itself must be collaborative and involve partners working on the issue. Another 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. For example, the health department can show an expansion budget request that has collaborative support. Finally, the collaborative could recommend system or policy changes that have been identified through the collaborative process.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

- **11.1 Collaboration to Identify Health Issues and Needs:** Relates to community collaborative to identify issues/needs.
11.2 Community Member Involvement in Priority Setting and Outcome Goals: Relates to community priority setting after reviewing data
12.1 Collaboration to Identify Strategies: Focuses on the LHD's involved in the collaborative process of identifying health priorities.
12.2 Collaboration to Assess Resource Needs: Focuses on the LHD's involvement in a collaborative process to assess resources to address the identified community health problems.
12.3 Collaboration to Implement Population-Based Programs: Focuses on the LHD's involvement in a collaborative process to assess the identified health problems.
These activities may appear related but are distinct.
- **12.2 Collaboration to Assess Resource Needs**
15.4 Assessment of Policy/Procedure Resources
39.1 BOH Support of Securing Funding
These activities may appear related but are distinct. 15.4 is about assessing resources for agency policy. 39.1 is about BOH assessing resources to push forward work/programs. There is also another (12.2) about assessing resources by LHD for community health programming.

Activity 12.3

Collaboration to Implement Population-Based Programs

STANDARD

Agency Core Functions and Essential Services

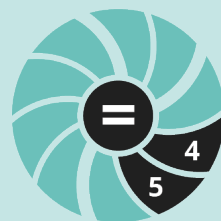
FUNCTION

Policy Development

BENCHMARK

12: The local health department shall develop strategies in collaboration with community partners to solve existing community health problems.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall participate in a collaborative process to implement population-based programs to address community health problems.

REQUIRED DOCUMENTATION

- A. Since the previous site visit, list of participants (by organization or group represented) in a collaborative process to implement population-based programs to address community health problems
AND
- B. Since the previous site visit, evidence of the department's active participation in this collaborative process

INTERPRETATION

Intent

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. The intent for this activity is to demonstrate the follow through of implementation by the department, with the assistance of community members, after the steps of identifying needs, strategies and resources from the community to solve a public health issue have been done.

Guidance

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.

There are two pieces of documentation required for this activity. The first is a list of participants (this may be in collaborative records such as a membership list, minutes or a list of those who signed in to a recent meeting, or other evidence of who participated) showing that the health department is represented in the membership. The second piece is evidence of the department's active participation in this collaborative process, such as meeting minutes, media releases, program reports, other program materials or grant reports. Meeting minutes from a collaborative, board of health, health department team, work group or other group can satisfy documentation B as long as the minutes record both the collaborative effort and program implementation. A media release or program

report must mention partners involved, program information, and indicate what 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.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

- **11.1 Collaboration to Identify Health Issues and Needs:** Relates to community collaborative to identify issues/needs.
11.2 Community Member Involvement in Priority Setting and Outcome Goals: Relates to community priority setting after reviewing data
12.1 Collaboration to Identify Strategies: Focuses on the LHD's involved in the collaborative process of identifying health priorities.
12.2 Collaboration to Assess Resource Needs: Focuses on the LHD's involvement in a collaborative process to assess resources to address the identified community health problems.
12.3 Collaboration to Implement Population-Based Programs: Focuses on the LHD's involvement in a collaborative process to assess the identified health problems.
These activities may appear related but are distinct.
- **12.3 Collaboration to Implement Population-Based Programs**
39.1 BOH Support of Securing Funding: 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.
39.4 BOH Support of Programs and Processes: 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.
If the BOH/advisory committee on health can be involved in the collaborative process for 12.3 the same evidence for could also be used for 39.1 and/or 39.4.

Benchmark 13

Broadening Community Partnerships

This benchmark continues the theme of community partnerships and is another aspect that complements the work of Benchmarks 11 and 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.

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Activity 13.1

Community Contact Awareness of Public Health

STANDARD

Agency Core Functions and Essential Services

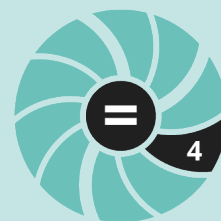
FUNCTION

Policy Development

BENCHMARK

13: The local health department shall identify and build upon community assets and direct them toward resolving health problems.

ESSENTIAL SERVICES



ACTIVITY

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.

REQUIRED DOCUMENTATION

- A. Since the previous site visit, documentation of targeted outreach and training activities with one new community partner or contact

INTERPRETATION

Intent

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 contacts/partners and calls on the health department to develop new ones that have not been used before. By developing these new contacts/partners, the LHD broadens its impact, can reach new populations and can build new public health champions in their communities.

Guidance

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, organization or contact that had never been used as a partner. A new contact (individual) can be from within an existing partner organization or company. Partnering with an existing group or organization in a new way can also satisfy the activity requirements. 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.

The documentation requires one example of targeted outreach and training activities with a new community partner/contact. Documentation of the outreach and training activities can be documented by minutes of meetings, description of activities, PowerPoint presentations used, etc. The example used for documentation must have elements of both outreach and training.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

None

Benchmark 14

Engagement with Policymakers

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.

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Activity 14.1

Informing Officials of Public Health Needs

STANDARD

Agency Core Functions and Essential Services

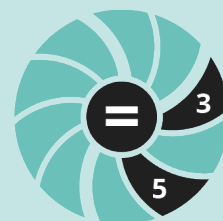
FUNCTION

Policy Development

BENCHMARK

14: 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.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall disseminate information relative to public health needs to elected and appointed officials.

REQUIRED DOCUMENTATION

- A. Since the previous site visit, evidence of dissemination of information relative to public health needs to elected and appointed officials

INTERPRETATION

Intent

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.

Guidance

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.

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).

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

- **14.1 Informing Officials of Public Health Needs:** Focuses on the health department's dissemination of information to elected and appointed officials.
40.1 BOH Communication on Public Health Issues: Focuses on the BOH or advisory committee on health communicating with elected officials and community boards about community health issues. Health director can serve as a designee for the BOH or advisory committee on health as long as there is evidence showing the BOH or advisory committee on health discussed/approved the designation.
40.2 BOH Support of Public Health Laws and Rules: Focuses on BOH communicating with elected officials about law, rules and public health interventions. Health director can serve as a designee for the BOH or advisory committee on health as long as there is evidence showing the BOH or advisory committee on health discussed/approved the designation.
Evidence for 14.1, 40.1 and 40.2 can be for the same public health needs.

Activity 14.2

Supporting Policymakers in Priorities and Programs

STANDARD

Agency Core Functions and Essential Services

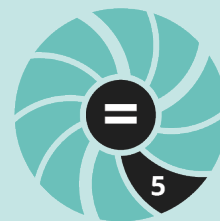
FUNCTION

Policy Development

BENCHMARK

14: 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.

ESSENTIAL SERVICES



ACTIVITY

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.

REQUIRED DOCUMENTATION

- A. Since the previous site visit, evidence of LHD provision of information/recommendations to the BOH/human services board and county commissioners regarding public health priority setting and program planning

INTERPRETATION

Intent

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.

Guidance

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 a number of means such as meeting minutes from the BOH and 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 to the county commissioners that reflects department input can also 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 or SOTCH is not acceptable, as the sharing of this information is covered in other activities.

Although the documentation only requires one example, the activity requires communication with both boards.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

Evidence must be provided for each board of county commissioners involved in the District.

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

For agencies with a human services board, input must be provided to that board as well as the board of county commissioners. For counties where the board of county commissioners has assumed the powers and duties of the board of health, only one piece of evidence (presentation to the BOCC) is required.

CROSSWALK

- **14.2 Supporting Policymakers in Priorities and Programs:** Requires evidence of LHD communication with BOH and county commissioners about public health priority setting and program planning
- **39.1 BOH Support of Securing Funding:** Requires evidence of BOH or health advisory committee garnering support for securing financial resources.
- **39.2 BOH Review of Fiscal Reports:** Requires evidence of funding for the provision of essential public health services.
These activities may appear related but are distinct

Activity 14.3

Evaluation of Need for Additional Rules/Ordinances

STANDARD

Agency Core Functions and Essential Services

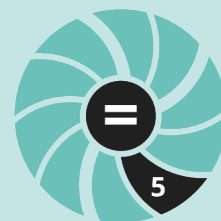
FUNCTION

Policy Development

BENCHMARK

14: 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.

ESSENTIAL SERVICES



ACTIVITY

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.

REQUIRED DOCUMENTATION

- A. Since the previous site visit, evidence of agency evaluation, with the BOH, of the need for additional rules/ordinances or amendment of current rules/ordinances

INTERPRETATION

Intent

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.

Guidance

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.” 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 or amendment 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, or amendment of current, rules. A statement from the BOH that evaluation was not needed during a cycle since the previous site visit is not acceptable.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

For agencies with a human services board, evidence should show evaluation between them and the LHD. For counties where the board of county commissioners has assumed the powers and duties of the board of health, evidence should show evaluation between them (not an advisory committee on health) and the LHD.

CROSSWALK

14.3 Evaluation of Need for Additional Rules/Ordinances

14.4 Development/Presentation of New/Amended Rules/Ordinances

34.3 BOH Procedures for Adopting Rules/Ordinances

If a need for a rule is shown in Activity 14.3, the evidence for activity 14.4 cites the new/amended rule, and Activity 34.3 requires evidence that shows the rule-making policy/procedure was followed. If there is no need identified in Activity 14.3, both Activity 14.4 and 34.3 required a signed statement to that effect.

Activity 14.4

Development/Presentation of New/Amended Rules/Ordinances

STANDARD

Agency Core
Functions and
Essential Services

FUNCTION

Policy Development

BENCHMARK

14: 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.

ESSENTIAL SERVICES



ACTIVITY

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.

REQUIRED DOCUMENTATION

- A. Since the previous site visit, BOH minutes or BOH memo referencing input of agency in drafting/amending rule or ordinance impacting the public's health
AND
- B. Since the previous site visit, minutes of meeting of board of county commissioners citing new/amended rule or ordinance as a presentation and/or discussion item
OR
- C. If no work toward rules or ordinances has been done since the previous site visit, the health department should provide a signed statement indicating that no local rules/ordinances have been drafted/amended by the board of health

INTERPRETATION

Intent

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.

Guidance

The focus on this activity is on the drafting of a rule or ordinance (or amendment of a current 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 or amending a current 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/proposed/ amended rule or ordinance as a presentation/discussion item. 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. However, if the BOH and the health department are working toward a county ordinance, commissioner approval will have to be obtained. It is advisable to also inform elected officials when the BOH is considering or drafting/amending a rule, however. 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/amended by the board of health, signed by the board of health chair.

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 or amending a rule or ordinance.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

District health departments may help draft/amend a local ordinance that may not be adopted by all counties served by the district.

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

For agencies with a human services board, evidence should show work between them and the LHD. For counties where the board of county commissioners has assumed the powers and duties of the board of health, evidence should show input between them (not an advisory committee on health) and the LHD, but formal presentation/discussion of the rule/ordinance may not be necessary. However, the issue MUST clearly be public health related.

CROSSWALK

- **14.3 Evaluation of Need for Additional Rules/Ordinances**
14.4 Development/Presentation of New/Amended Rules/Ordinances
34.3 BOH Procedures for Adopting Rules/Ordinances

If a need for a rule is shown in Activity 14.3, the evidence for activity 14.4 cites the new/amended rule, and Activity 34.3 requires evidence that shows the rule-making policy/procedure was followed. If there is no need identified in Activity 14.3, both Activity 14.4 and 34.3 required a signed statement to that effect.

Benchmark 15

Departmental Policies and Plans

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.

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Activity 15.1

Agency Strategic Plan

STANDARD

Agency Core Functions and Essential Services

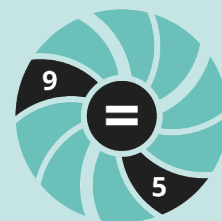
FUNCTION

Policy Development

BENCHMARK

15: The local health department shall develop plans to guide its work.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall develop or update annually an agency strategic plan that:

1. includes a review and analysis of factors influencing the health department's ability to improve the community's health,
2. uses local health status data and information to set goals and objectives,
3. uses community input where applicable,
4. states desired outcomes for each element,
5. sets priorities, and uses community collaborations to implement activities.

REQUIRED DOCUMENTATION

- A. Copy of current strategic plan
AND
- B. Evidence that CHA results or other community local health status data were used in most recent agency strategic planning
AND
- C. For each year since the previous site visit, evidence of updates and implementation of the strategic plan

INTERPRETATION

Intent

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.

Guidance

The department must provide the current strategic plan and demonstrate integration between the plan and the community health assessment by showing how CHA results or other community local health status data were used in the strategic plan or planning process. Also, the department must demonstrate evidence of implementation of the strategic plan over the last accreditation cycle. This evidence shall include a record of annual updates with results achieved for each year since the previous site visit. Depending on when the current strategic plan was adopted/approved, some evidence of implementation and yearly results may be from the previous strategic plan. It

is standard practice to review progress on a strategic plan annually and make updates accordingly, as captured by the third piece of documentation.

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, 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 according to the six bullets listed in the Activity. How extensive the strategic plan is will be a decision of each LHD.

Notes for 2020-2021 evidence: Effort towards your strategic plan is expected in 2020 and 2021; however, evidence can include documentation regarding anything around your efforts to update the plan or plans for making adjustments to timeframes.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

If the human services agency as a whole has a strategic plan and the plan clearly includes a focus on public health issues and uses CHA results, the agency may submit that plan.

CROSSWALK

None

Activity 15.2

Program Policies and Procedures

STANDARD

Agency Core Functions and Essential Services

FUNCTION

Policy Development

BENCHMARK

15: The local health department shall develop plans to guide its work.

ESSENTIAL SERVICES



ACTIVITY

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.

REQUIRED DOCUMENTATION

- A. Since the previous site visit, evidence of two examples of program policies and procedures that include reference to applicable laws, rules or ordinance and identify purpose/outcomes

INTERPRETATION

Intent

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.

Guidance

The required documentation for this activity is to provide two 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.

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 two program policies.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

- **15.2 Program Policies and Procedures:** Focuses on the local health department developing and adopting program policies and procedures.
15.6 Accessibility of Policies and Procedures: Focuses on making sure that all staff have access to policies.
31.1 Administrative Policies and Procedures: Focuses on the development of administrative policies and procedures and ensuring they are available to local health department staff.
These activities may appear related but are distinct.
- **15.2 Program Policies and Procedures:** Focuses on policies specific to programs
18.1 Legal Enforcement Policies and Procedures: Focuses on administrative and all-encompassing policies
These activities may appear related but are distinct.

Activity 15.3

Policy Review and Revision

STANDARD

Agency Core Functions and Essential Services

FUNCTION

Policy Development

BENCHMARK

15: The local health department shall develop plans to guide its work.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall have a written procedure providing for annual review, and revision if necessary, of all policies.

REQUIRED DOCUMENTATION

- A. Current policy on policies
AND
- B. During the year selected for review, evidence of annual review of all policies
AND
- C. During the year selected for review, evidence of revision, if applicable, of all policies revised

INTERPRETATION

Intent

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 and how revisions will be made.

Guidance

The policy on policies is the document that guides the review and revision of agency policies, including both administrative and program policies.

The policy on policies should include:

- Guidelines on how the board of health approves agency policies (including which go to the board of health vs. health director)
- Detail on format for policies
- Protocol for establishing a new policy (including resource assessment)
- Detail on where policies are kept and how staff can access them
- Detail on how staff are informed of changes in policies
- Detail on how revisions are tracked.

Once the policy on policies is approved and in place, any new policies developed and adopted must follow the policy guidelines as outlined. 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. If an electronic system is used, copies that are current, dated and signed (i.e., authenticated) must be able to be provided for site visit review. 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. If there are no changes, the policy can remain in its current state. However, as policies are reviewed, there must be some means to record this, even if there are no changes.

When the dashboard is unlocked two days before the site visit, program staff will have selected one year since the previous site visit for review and posted it in the NCLHDA Dashboard. For the year selected for review, the department must provide the corresponding policy on policies (version that was in place at that time) along with all signed, dated policies. If any of these policies were revised, 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.

Notes for 2020-2021 evidence: Annual review (and revision and notification if applicable) is required and expected to be conducted for 2020 and 2021, but the years 2020 and 2021 will not be selected for review.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

- **15.3 Policy Review and Revision**
18.1 Legal Enforcement Policies and Procedures
The policy on policies can be used for evidence for both, if it requires all policies to cover laws, rules, ordinances.
- **15.3 Policy Review and Revision:** Requires that the agency has a process for regularly reviewing policies and procedures.
15.5 Staff Orientation on Policies and Procedures: Requires that new staff are oriented to program policies and procedures and existing staff receive training on any updated or revised policies and procedures.
These activities may appear related but are distinct.

Activity 15.4

Assessment of Policy/Procedure Resources

STANDARD

Agency Core Functions and Essential Services

FUNCTION

Policy Development

BENCHMARK

15: The local health department shall develop plans to guide its work.

ESSENTIAL SERVICES



ACTIVITY

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.

REQUIRED DOCUMENTATION

- A. Since the previous site visit, evidence of assessment of resources that are available or needed to implement proposed new or updated policies and procedures

INTERPRETATION

Intent

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.

Guidance

There is one piece of required documentation for this activity. For a proposed, new or updated policy, evidence must be provided to show a resource assessment. This 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.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

12.2 Collaboration to Assess Resource Needs

15.4 Assessment of Policy/Procedure Resources

39.1 BOH Support of Securing Funding

These activities may appear related but are distinct. 15.4 is about assessing resources for agency policy. 39.1 is about BOH assessing resources to push forward work/programs. There is also another (12.2) about assessing resources by LHD for community health programming.

Activity 15.5

Staff Orientation on Policies and Procedures

STANDARD

Agency Core Functions and Essential Services

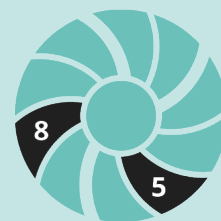
FUNCTION

Policy Development

BENCHMARK

15: The local health department shall develop plans to guide its work.

ESSENTIAL SERVICES



ACTIVITY

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.

REQUIRED DOCUMENTATION

- A. Program orientation policy for new staff based on role
AND
- B. A list of all employees hired within the past 12 months
AND
- C. Evidence indicating each new employee has completed policy training for the program(s) in which they will work
AND
- D. Procedure for training related to program policy changes to existing/current staff
AND
- E. Since the previous site visit, evidence of one example that appropriate staff have been trained on any substantive program policy updates/revisions related to their role in accordance with agency procedure

INTERPRETATION

Intent

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 ongoing 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.

Guidance

The required documentation for this activity includes five elements. First, the program orientation policy for new staff must be provided. The policy must include how staff will be oriented on policies of the department. The policy can be standalone or part of another agency policy.

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 within 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. This review is to provide evidence that will indicate each new employee has completed program 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 procedure for training on policy changes to all current staff. This may be included in the policy on policies or may be a separate procedure. Again, the focus is on the training on changes to program policies, not general policies of the department. Finally, the department should provide evidence of one example that appropriate staff have been trained on 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.

If no new employees have been hired within the past 12 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.

Notes for 2020-2021 evidence: Leniency will be given for employees hired in 2020 and 2021 in terms of meeting the agency timeline for orienting new employees in their policy. However, all employees hired in 2020 and 2021 should fulfill orientation requirements by the end of the respective calendar year (or within the timeline stated in policy).

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

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

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

- **15.3 Policy Review and Revision:** Requires that the agency has a process for regularly reviewing policies and procedures.
15.5 Staff Orientation on Policies and Procedures: Requires that new staff are oriented to program policies and procedures and existing staff receive training on any updated or revised policies and procedures.
These activities may appear related but are distinct.
- **15.5 Staff Orientation on Policies and Procedures**
16.2 New Staff Orientation on Laws and Rules
15.5 requires implementation of staff orientation as well as an overall orientation policy. The overall policy orientation should include the orientation on laws and rules required by 16.2. Thus the same evidence can be used.

Activity 15.6

Accessibility of Policies and Procedures

STANDARD

Agency Core Functions and Essential Services

FUNCTION

Policy Development

BENCHMARK

15: The local health department shall develop plans to guide its work.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall ensure that program policies and procedures are accessible to all staff.

REQUIRED DOCUMENTATION

- A. Policy describing how all staff can access program policies and procedures
AND
- B. Since the previous site visit, evidence demonstrating accessibility to program policies and procedures by all health department staff in accordance with agency policy

INTERPRETATION

Intent

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 is available and that staff know where it is when needed.

Guidance

The documentation for this activity requires that there be an agency policy that describes how all departmental staff can access program policies and procedures. This policy can be standalone or part of another agency policy.

The second requirement is for the agency to provide evidence for how staff have accessed program policies and procedures, in accordance with policy, since the previous site visit. There is no specific format for this evidence- it could include informational emails, staff training records, etc.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

If policies are not provided centrally, such as on a web portal or intranet, accessibility of policies should be observed in each county.

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

15.2 Program Policies and Procedures: Focuses on the local health department developing and adopting program policies and procedures.

15.6 Accessibility of Policies and Procedures: Focuses on making sure that all staff have access to policies.

31.1 Administrative Policies and Procedures: Focuses on the development of administrative policies and procedures and ensuring they are available to local health department staff.

These activities may appear related but are distinct.

Benchmark 16

Agency Public Health Law Training

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.

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Activity 16.1

Ongoing Public Health Law Training

STANDARD

Agency Core Functions and Essential Services

FUNCTION

Assurance

BENCHMARK

16: 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.

ESSENTIAL SERVICES



ACTIVITY

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.

REQUIRED DOCUMENTATION

- A. List of appropriate directors who require training (must include health director, directors of communicable disease, nursing and environmental health)
AND
- B. Since the previous site visit, evidence of at least two trainings each for appropriate directors in relation to applicable laws and their application to public health practice

INTERPRETATION

Intent

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.

Guidance

The health department determines who is an appropriate director requiring training. At a minimum, the activity defines the health director, communicable disease program director (if an agency does not have such a role, then the Nursing Director or whoever is tasked as such per the NCDPH Communicable Disease Agreement Addendum), nursing director or supervisor and the environmental health director. The list of directors provided for this activity should be consistent when aligned to the agency's organizational 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.

The department must provide a record of health director's and 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. 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. Likewise, the training event does not have to apply solely to public health, but could be related to a law like the Americans with Disabilities Act (ADA) that applies to public health practice in many ways.

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. Ongoing training can be determined by the local health department but must include at least two trainings for each director since the previous site visit.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

None

Activity 16.2

New Staff Orientation on Laws and Rules

STANDARD

Agency Core
Function and
Essential Services

FUNCTION

Assurance

BENCHMARK

16: 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.

ESSENTIAL SERVICES



ACTIVITY

Local health department new employee orientation shall address public health laws and rules.

REQUIRED DOCUMENTATION

- A. Since the previous site visit, evidence that new employee orientation addresses public health laws and rules

INTERPRETATION

Intent

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.

Guidance

The documentation requires evidence that agency new employee orientation covers public health laws and rules.

The documentation for this activity is seeking to show a general orientation to law, rules, and practice for all staff. 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.

The orientation policy required in Activity 15.5 can also be referenced to note any stated legal orientation or training for new staff.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

- **15.5 Staff Orientation on Policies and Procedures**

- 16.2 New Staff Orientation on Laws and Rules**

- 15.5 requires implementation of staff orientation as well as an overall orientation policy. The overall policy orientation should include the orientation on laws and rules required by 16.2. Thus the same evidence can be used.*

Activity 16.3

Environmental Health Legal Training

STANDARD

Agency Core
Functions and
Essential Services

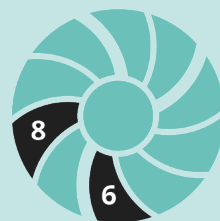
FUNCTION

Assurance

BENCHMARK

16: 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.

ESSENTIAL SERVICES



ACTIVITY

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.

REQUIRED DOCUMENTATION

- A. List of Environmental Health Specialists (EHS) currently employed/contracted and the programs for which they are enforcing
AND
- B. Evidence that registered EHS employees/contractors are maintaining training requirements of REHS Board and programs for which they are enforcing
AND
- C. Policy that states where copies of laws, rules, and ordinances pertaining to Environmental Health can be found and accessed

INTERPRETATION

Intent

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.

Guidance

There are three components to include. The first is a listing of all Environmental Health Specialists (EHS) currently employed and/or contracted with, along with the programs they are enforcing rules for.

Along with the list, the department must provide evidence that registered EHS employees and contractors are maintaining training requirements of the RS Board and the programs they are enforcing. Registered Environmental Health Specialists (EHS), including interns, must be registered through the N.C. State Board of Environmental Health Specialist 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 department could provide documentation that the individuals have registered with the N.C. State Board of Environmental Health Specialist Examiners. The health department can print documentation from www.ncrehs.com. The documentation will indicate that the individuals have met the credentialing and continuing education requirements that includes training on rules, ordinances and laws they enforce.

Other documented continuing education credentials information may also be presented to the Site Visit Team. The documentation may be through Centralized Intern Training, continuing education sessions, RS hours, public health meetings and internal trainings. This can be through a log or individual records and can be hard copy or electronic.

Finally, the health department must demonstrate accessibility to laws, rules and ordinances for environmental health staff. This should be shown through policy that states where Environmental Health-related laws, rules and ordinances can be found and accessed by staff.

Notes for 2020-2021 evidence: Any changes to training requirements and due dates imposed by temporary rules in 2020 and 2021 related to [21 NCAC 62 .0407\(e\)](#), [21 NCAC 62 .0407\(f\)](#), [21 NCAC 62 .0407\(k\)](#) and [21 NCAC 62 .0411](#) will be honored when assessing training evidence and when noted as such in the training and/or personnel record.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

- **16.3 Environmental Health Legal Training:** Requires that environmental health staff are familiar with public health law and can easily access copies of the laws they are responsible for enforcing.
24.3 Staff Orientation and Continuing Education: Focuses on ongoing training and continuing education activities required by law, rule or contractual obligation. This activity does NOT include the required training for Environmental Health Specialists.
24.3 does NOT include the required training for Environmental Health Specialists, which is covered in 16.3.

Benchmark 17

Agency Public Health Law Implementation

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.

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Activity 17.1

Environmental Health State Program Review

STANDARD

Agency Core Functions and Essential Services

FUNCTION*

Assurance

BENCHMARK

17: The local health department shall monitor compliance with public health laws and rules.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall conduct inspection and permitting activities for state mandated environmental health regulatory programs.

REQUIRED DOCUMENTATION

- A. Completion of Activity 17.1 and 22.2 NCDHHS State Programs Section of the XXXX County HDSAI Programs List
AND
- B. Letters from appropriate monitoring offices of NCDHHS verifying environmental health program compliance

INTERPRETATION

Intent

This activity assesses the health department's 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 NCDHHS has the responsibility of monitoring this work.

Guidance

NCDHHS programs have been directed to provide a letter to each local health department for any program that receives state or federal funding or for which a program is mandated by the state. The Environmental Health Program Letters will be sent by the Environmental Health Section Chief and one letter may address several programs under that section of NCDHHS. The program letters provided as evidence should be the most current and should be dated within one year of the 90-day notification. If programs are not monitored by NCDHHS, the health department will not receive a program letter for these programs.

There are two documentation components for this activity. The department should have program letters from the Environmental Health Section that verify program compliance by the department and should provide these. 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 a NCDHHS 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).”

Lastly, all of this information should be summarized in Activity 17.1 and 22.2 NCDHHS State Programs Section of the XXXX County HDSAI Programs List (available on the NCLHDA website). In completing the table, there are three columns of information:

1. 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.
2. In the next column, note whether the program letter was received- if so, it should be provided as evidence.
3. Next, note the date of the most recent review 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.

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.

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

- **8.1 Laboratory Samples:** Ensures that the LHD laboratory has and follows written protocols related to the practice of proper sample handling.
- 8.2 Laboratory Compliance:** The LHD must be assured that laboratories used by the department are competent and follow regulatory guidelines and established practice.
- 8.4 Laboratory Services for Problems/Hazards/Emergencies:** 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. This requirement can be a part of 8.1.
- 17.1 Environmental Health State Program Review:** Focuses on environmental health program activities from state-mandated programs in which the local health department acts as an agent of the state.
- 17.2 Environmental Health Local Program Review:** Relates to the administration of environmental health programs as authorized by and specific to the county or jurisdiction covered by the health department.
These activities may appear related but are distinct.

* In the 2020 revision of the 10 Essential Public Health Services (10EPHS), essential service #6 was redefined under the **policy development** function. Previously, it was defined under the **assurance** function. Because the function for this activity was defined in legislation before this change to the 10EPHS, it is still listed as assurance.

Activity 17.2

Environmental Health Local Program Review

STANDARD

Agency Core Functions and Essential Services

FUNCTION*

Assurance

BENCHMARK

17: The local health department shall monitor compliance with public health laws and rules.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall conduct inspection and permitting activities assigned to the local health department by local rules, ordinances, or policies.

REQUIRED DOCUMENTATION

- A. Completion of Activity 17.2 Summary of Locally Mandated Regulatory Programs Environmental Health Section of the XXXX County HDSAI Programs List
AND
- B. Evidence of any and all local program activities including copy of local rules, ordinances, or policies
OR
- C. If no local rules, ordinances or policies have been ever been adopted, a signed statement from the board of health chair

INTERPRETATION

Intent

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.

Guidance

The documentation for this activity is to show evidence of any local environmental health programs, if any exist. These 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 NCDHHS.

This information should be summarized in Activity 17.2 Summary of Locally Mandated Regulatory Programs Environmental Health Section of the XXXX County HDSAI Programs List (available on the NCLHDA website). The table should be complete with dates as appropriate and any support material also submitted as evidence. 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.

If no local rules, ordinances or policies have been adopted, then a statement from the board of health chair must be submitted as evidence.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

If evidence of local program activities is not provided for the district as a whole, it should be provided for each county.

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

- **8.1 Laboratory Samples:** Ensures that the LHD laboratory has and follows written protocols related to the practice of proper sample handling.
8.2 Laboratory Compliance: The LHD must be assured that laboratories used by the department are competent and follow regulatory guidelines and established practice.
8.4 Laboratory Services for Problems/Hazards/Emergencies: 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. This requirement can be a part of 8.1.
17.1 Environmental Health State Program Review: Focuses on environmental health program activities from state-mandated programs in which the local health department acts as an agent of the state.
17.2 Environmental Health Local Program Review: Relates to the administration of environmental health programs as authorized by and specific to the county or jurisdiction covered by the health department.
These activities may appear related but are distinct.

* In the 2020 revision of the 10 Essential Public Health Services (10EPHS), essential service #6 was redefined under the **policy development** function. Previously, it was defined under the **assurance** function. Because the function for this activity was defined in legislation before this change to the 10EPHS, it is still listed as assurance.

Activity 17.3

Communicable Disease Legal Compliance

STANDARD

Agency Core Functions and Essential Services

FUNCTION*

Assurance

BENCHMARK

17: The local health department shall monitor compliance with public health laws and rules.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall monitor compliance with communicable disease control laws and rules.

REQUIRED DOCUMENTATION

- A. Most recent summary of implemented communicable disease control measures, including isolation/quarantine orders

INTERPRETATION

Intent

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 department will function in documenting full compliance with its authority, orders and control measures.

Guidance

There is one piece of documentation that must be provided. The department can submit the most recent summary that best shows compliance with the communicable disease control laws and rules, provide a summary of implemented control measures or isolation/quarantine orders, or combine these options.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

None

* In the 2020 revision of the 10 Essential Public Health Services (10EPHS), essential service #6 was redefined under the **policy development** function. Previously, it was defined under the **assurance** function. Because the function for this activity was defined in legislation before this change to the 10EPHS, it is still listed as assurance.

Benchmark 18

Agency Public Health Law Enforcement

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.

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Activity 18.1

Legal Enforcement Policies and Procedures

STANDARD

Agency Core Functions and Essential Services

FUNCTION*

Assurance

BENCHMARK

18: The local health department shall enforce public health laws, rules and ordinances.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall have written policies and procedures addressing enforcement of public health laws, rules and ordinances.

REQUIRED DOCUMENTATION

- A. Policies and procedures addressing enforcement of public health laws, rules and ordinances

INTERPRETATION

Intent

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 NCDHHS. As with other actions the health department must take, written policies are necessary for quality operation and for the consistent application of enforcement actions.

Guidance

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 (such as the Policy on Policies required in Activity 15.3), it should present three to five examples of policies and procedures regarding laws, rules and ordinance from various programs- such as communicable disease or environmental health.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

- **15.3 Policy Review and Revision**

- 18.1 Legal Enforcement Policies and Procedures**

- The policy on policies can be used for evidence for both, if it requires all policies to cover laws, rules, ordinances.*

- **15.2 Program Policies and Procedures:** Focuses on policies specific to programs

- 18.1 Legal Enforcement Policies and Procedures:** Focuses on administrative and all-encompassing policies

- These activities may appear related but are distinct.*

* In the 2020 revision of the 10 Essential Public Health Services (10EPHS), essential service #6 was redefined under the **policy development** function. Previously, it was defined under the **assurance** function. Because the function for this activity was defined in legislation before this change to the 10EPHS, it is still listed as assurance.

Activity 18.2

Legal Enforcement Actions

STANDARD

Agency Core Functions and Essential Services

FUNCTION*

Assurance

BENCHMARK

18: The local health department shall enforce public health laws, rules and ordinances.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall take enforcement action for violations of public health laws, rules and ordinances.

REQUIRED DOCUMENTATION

- A. Since the previous site visit, evidence of two examples of enforcement actions taken for violations of public health laws, rules and ordinances

INTERPRETATION

Intent

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.

Guidance

The documentation for this activity is to provide at least two examples of enforcement actions taken. Examples could include notices of violations (NOV's), letters of intent to suspend or revoke or other legal actions, permit actions, criminal actions, inspections, warrants, quarantine orders and isolation orders. The documentation that can be submitted is not limited to these examples, nor do they have to be included. The documentation is asking for examples, not every instance of enforcement action that has been taken. The examples should come from different programs.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

- **4.2 Environmental Health Risks:** Relates to monitoring.
7.3 Environmental Health Complaints/Referrals: Relates to investigations and response to complaints/referrals.
18.2 Legal Enforcement Actions: Relates to actions taken for environmental health violations (not just any risk).
These activities may appear related but are distinct.

* In the 2020 revision of the 10 Essential Public Health Services (10EPHS), essential service #6 was redefined under the **policy development** function. Previously, it was defined under the **assurance** function. Because the function for this activity was defined in legislation before this change to the 10EPHS, it is still listed as assurance.

Activity 18.3

Legal Complaint Policies and Procedures

STANDARD

Agency Core Functions and Essential Services

FUNCTION*

Assurance

BENCHMARK

18: The local health department shall enforce public health laws, rules and ordinances.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall have written policies and procedures for handling complaints related to enforcement of laws, rules and ordinances.

REQUIRED DOCUMENTATION

- A. Policies and procedures for handling complaints related to enforcement of laws, rules and ordinances

INTERPRETATION

Intent

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.

Guidance

The department must have written policies and procedures that spell out how it handles complaints related to enforcement of laws, rules and ordinances. 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. 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.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

- **18.3 Legal Complaint Policies and Procedures**

- 18.4 Addressing of Legal Complaints**

- 18.3 shows that the health department has a process for handling complaints. 18.4 shows that the health department has handled complaints according to their policy.*

* In the 2020 revision of the 10 Essential Public Health Services (10EPHS), essential service #6 was redefined under the **policy development** function. Previously, it was defined under the **assurance** function. Because the function for this activity was defined in legislation before this change to the 10EPHS, it is still listed as assurance.

Activity 18.4

Addressing of Legal Complaints

STANDARD

Agency Core Functions and Essential Services

FUNCTION*

Assurance

BENCHMARK

18: The local health department shall enforce public health laws, rules and ordinances.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall address complaints in accordance with its policies and procedures.

REQUIRED DOCUMENTATION

- A. Since the previous site visit, evidence of review of two complaint reports demonstrating adherence to policies and procedures

INTERPRETATION

Intent

Prompt and appropriate response, in accordance with agency policy, is necessary when responding to complaints. This activity assesses how departments are responding to complaints. Departments should show how their responses are leading to performance improvement within the agency.

Guidance

The documentation is asking for examples, not every instance of a complaint investigation and response. The examples should come from different programs, if possible. The examples must be related to a complaint regarding the enforcement of public health laws, rules and ordinances and must adhere to the policies included in Activity 18.3.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

- **18.3 Legal Complaint Policies and Procedures**
18.4 Addressing of Legal Complaints

18.3 shows that the health department has a process for handling complaints. 18.4 shows that the health department has handled complaints according to their policy.

* In the 2020 revision of the 10 Essential Public Health Services (10EPHS), essential service #6 was redefined under the **policy development** function. Previously, it was defined under the **assurance** function. Because the function for this activity was defined in legislation before this change to the 10EPHS, it is still listed as assurance.

Benchmark 19

Identification of Underserved Populations

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.

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Activity 19.1

At-risk Population Access

STANDARD

Agency Core
Functions and
Essential Services

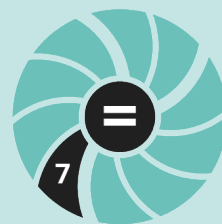
FUNCTION

Assurance

BENCHMARK

19: The local health department shall identify populations that are not receiving preventive services or are otherwise underserved with respect to health care.

ESSENTIAL SERVICES



ACTIVITY

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.

REQUIRED DOCUMENTATION

- A. In the last Community Health Assessment, identification of population groups at risk for health problems
AND
- B. Since the previous site visit, collection of data on utilization of public health programs and health care services by population groups at risk for health problems
AND
- C. Since the previous site visit, evidence of review of utilization data

INTERPRETATION

Intent

Through asking the health department to identify the underserved, at-risk, and vulnerable populations (i.e., population groups that services historically have not adequately reached and/or groups with elevated risk for health problems) in the communities served, this activity acts as a first step to assuring that everyone, regardless of various identities and access to resources, can rely on public health to either link to or provide needed services. 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. Though traditionally identified groups (such as people with chronic conditions or the elderly) can be used here, this activity provides an opportunity to improve the drivers of health and social inequities such as racism, classism, homophobia, xenophobia, ableism, transphobia, sexism, and ageism by identifying any gaps in services.

Guidance

Documentation requires that the agency assess the use of its own services and of access to services in the community by populations identified in the community health assessment process. The intent of assessing the data is to show to what extent, through both the LHD and outside providers, health-related access to services and programs for the identified populations is met.

The first piece of documentation is identification of population groups at risk for health problems from the last Community Health Assessment. The department must then provide some type of data on the use of department and community services by these groups as the second piece of documentation. 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 these identified groups.

The third piece of documentation is to provide evidence that this utilization data is reviewed by the health department for these populations. The purpose of the review is to assess service use by these population groups and to identify what changes could be made to improve access.

The specific documentation materials will look different for each LHD, depending on the populations identified as at risk and the data available on department and community services.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

None

Activity 19.2

Linguistic and Cultural Representation

STANDARD

Agency Core Functions and Essential Services

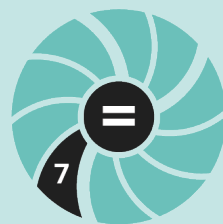
FUNCTION

Assurance

BENCHMARK

19: The local health department shall identify populations that are not receiving preventive services or are otherwise underserved with respect to health care.

ESSENTIAL SERVICES



ACTIVITY

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.

REQUIRED DOCUMENTATION

- A. Since the previous site visit, evidence of participation by historically and/or culturally representative persons in at least one planning activity targeted at that population
AND
- B. Since the previous site visit, evidence of participation by historically and/or culturally representative persons in at least one implementation activity targeted at that population

INTERPRETATION

Intent

Culturally and linguistically diverse populations are often identified but may not be appropriately included in the planning and implementation of services. A possible result can be that programs are not as effective as they could be and may underservice the populations that a program is intended to benefit. Cultural considerations and language/literacy barriers must be considered when developing programs to reach underserved populations (i.e., population groups that services historically have not adequately reached). The purpose for this activity is to demonstrate the department's planned efforts to include linguistically and culturally representative persons when developing and delivering programs that are intended to reach underserved populations.

Guidance

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. Examples of planning activities may include, but are not limited to, focus groups, interviews and planning meetings. Examples of implementation activities may include, but are not limited to, media/promotional campaigns and program delivery.

In order to best communicate with linguistically representative groups, it may be helpful to use language interpretation services when needed. If interpretation services are needed but unavailable, 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, but they should not be the sole source of linguistic and cultural representation.

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 justified. In this case, include some form of evidence 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.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

- **19.2 Linguistic and Cultural Representation**

21.4 Community Health Advocates

If a community health advocate is a representative person of a population, the same piece of evidence can be used for both.

Benchmark 20

Assuring Access to Care

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.

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Activity 20.1

Health Services Collaboration

STANDARD

Agency Core
Functions and
Essential Services

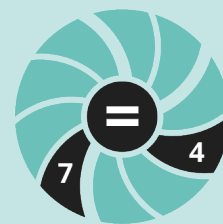
FUNCTION

Assurance

BENCHMARK

20: The local health department shall mobilize the community to address health care resource needs.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall collaborate with community health care providers to provide personal and preventive health services.

REQUIRED DOCUMENTATION

- A. Since the previous site visit, evidence of collaboration with community health care providers to provide personal health services
AND
- B. Since the previous site visit, evidence of collaboration with community health care providers to provide preventive health services

INTERPRETATION

Intent

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.

Guidance

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. Evidence of collaborative efforts could 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 documentation does not have to be written or produced by the health department, but it 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.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

- **20.1 Health Services Collaboration**

20.2 Collaboration on Barriers to Care

If the effort reduces barriers to access to care while also being about providing personal or preventive health services, the same piece of evidence can be used.

Activity 20.2

Collaboration on Barriers to Care

STANDARD

Agency Core Functions and Essential Services

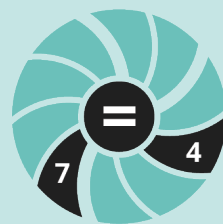
FUNCTION

Assurance

BENCHMARK

20: The local health department shall mobilize the community to address health care resource needs.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall collaborate with community health care providers and agencies to reduce barriers to access to care.

REQUIRED DOCUMENTATION

- A. Since the previous site visit, evidence of collaboration with community health care providers to reduce barriers to access to care

INTERPRETATION

Intent

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.

Guidance

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. Examples of barriers to care include such issues as lack of health insurance, discrimination, lack of transportation, limited income (inability to pay), hours of service provision, low literacy, language barriers and lack of trust of governmental health care.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

- **20.1 Health Services Collaboration**
20.2 Collaboration on Barriers to Care

If the effort reduces barriers to access to care while also being about providing personal or preventive health services, the same piece of evidence can be used.

Benchmark 21

Linking the Community to Health Services

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.

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Activity 21.1

Community Resource List

STANDARD

Agency Core
Functions and
Essential Services

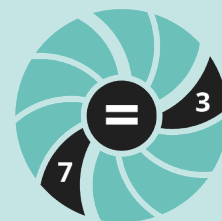
FUNCTION

Assurance

BENCHMARK

21: The local health department shall lead efforts in the community to link individuals with preventive, health promotion, and other health services.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall make available to the general public a current, comprehensive list of community health and wellness resources.

REQUIRED DOCUMENTATION

- A. Copy of current community resource list or directory
AND
- B. Policy or mechanism for dissemination of community resource list
AND
- C. Since the previous site visit, evidence of dissemination of community resource list in accordance with agency policy

INTERPRETATION

Intent

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.

Guidance

The documentation for this activity has three components. First, the department should provide a copy of the current community resource list, guide or directory. The LHD does not have to develop or maintain the community resource list or directory. However, it should be current and be the resource that is used by the department. The community resource list can be hard copy or electronic. The community 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).

The second component for documentation is to provide a copy of the policy, procedure or mechanism for the distribution of the community resource list. This process should detail the department role in distributing the community resource list.

While it does not matter who develops the community resource list, the health department should be an active participant in the dissemination of the list. The policy can be standalone or part of another agency policy.

The final component of the documentation is to provide evidence demonstrating dissemination of the community resource 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 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 mean of dissemination of the community resource list that should always be offered is to have copies or access available at the health department for clients, visitors and the public. Providing information on how to access electronic databases or community resources may also be used.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

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

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

- **21.1 Community Resource List:** Is about community resources.
21.2 Agency Information: Is about LHD services/resources/programs.
These activities may appear related but are distinct.

Activity 21.2

Agency Information

STANDARD

Agency Core Functions and Essential Services

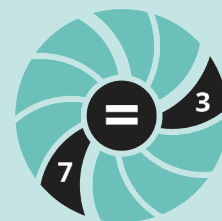
FUNCTION

Assurance

BENCHMARK

21: The local health department shall lead efforts in the community to link individuals with preventive, health promotion, and other health services.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall make available complete and up-to-date information about local health department programs, services and resources.

REQUIRED DOCUMENTATION

- A. Since the previous site visit, evidence of dissemination of information about agency programs, services and resources

INTERPRETATION

Intent

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 its own 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.

Guidance

The focus of this activity is to show that the department has complete and up-to-date information about its programs, services and resources available to the community. This can be a list of places that the health department places an agency brochure or providing a link to a site where it is posted. Media reports, including press releases, PSAs and news articles, can demonstrate informing the public about its programs, services, and resources.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

- **21.1 Community Resource List:** Is about community resources.
21.2 Agency Information: Is about LHD services/resources/programs.
These activities may appear related but are distinct.

Activity 21.3

Use of Programs and Services

STANDARD

Agency Core Functions and Essential Services

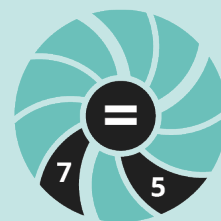
FUNCTION

Assurance

BENCHMARK

21: The local health department shall lead efforts in the community to link individuals with preventive, health promotion, and other health services.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall develop and implement strategies to increase use of public health programs and services.

REQUIRED DOCUMENTATION

- A. Plan(s) for increasing utilization of public health programs and services
AND
- B. Since the previous site visit, evidence of implementation of the utilization of public health programs and services plan

INTERPRETATION

Intent

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 addresses health inequities and 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 or have access to public health services, or may not use all available services, by the development and implementation of strategies to increase use.

Guidance

There are two components to the documentation for this activity. The department must provide a plan(s) that illustrates 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.

The second component of the documentation is that the plan is implemented in some way during the previous accreditation cycle. This activity does not require that the department documents an increase in use, only that it has developed and implemented strategies to achieve this.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

None

Activity 21.4

Community Health Advocates

STANDARD

Agency Core Functions and Essential Services

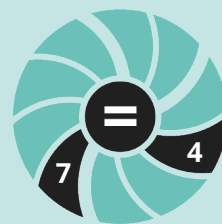
FUNCTION

Assurance

BENCHMARK

21: The local health department shall lead efforts in the community to link individuals with preventive, health promotion, and other health services.

ESSENTIAL SERVICES



ACTIVITY

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.

REQUIRED DOCUMENTATION

- A. Since the previous site visit, evidence of program planning that shows involvement of community health advocates
AND
- B. Since the previous site visit, evidence of program implementation that shows involvement of community health advocates

INTERPRETATION

Intent

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 relate to and can speak for a particular population.

Guidance

There are two pieces of documentation that must be present for this activity. First, evidence that shows the involvement of community health advocates in program planning must be provided. Linked to that is evidence that shows 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 focus of the documentation is to demonstrate that community health advocates are involved as representatives of populations being served. Therefore, the evidence should clearly show what program is involved as well as what community health advocates are participating and how they represent the populations being served by the health department.

In some cases, it may be appropriate for health department staff to serve as advocates if serving in a community health worker, social work or other advocacy role, but this should be minimal. Advocates should come from outside the department to minimize conflicts of interest.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

- **19.2 Linguistic and Cultural Representation**

21.4 Community Health Advocates

If a community health advocate is a representative person of a population, the same piece of evidence can be used for both

Benchmark 22

Agency Healthcare Services

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.

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Activity 22.1

Community Health Improvement Plans

STANDARD

Agency Core Functions and Essential Services

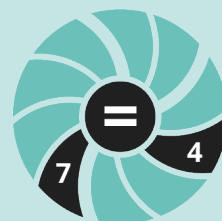
FUNCTION

Assurance

BENCHMARK

22: 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.

ESSENTIAL SERVICES



ACTIVITY

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.

REQUIRED DOCUMENTATION

- A. Community Health Improvement Plans from most recent CHA with approval notice from NCDPH
AND
- B. Since the previous site visit, evidence of implementation and results of Community Health Improvement Plans

INTERPRETATION

Intent

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.

Guidance

As documentation for this activity, the Community Health Improvement Plans (CHIPs) from the most recent CHA are used to demonstrate how the health department will address unmet needs. CHIPs can include a newly developed plan that is not yet fully implemented. If the CHIPs are new, evidence of implementation within the year due can be provided as evidence if available or evidence from implementation of CHIPs generated from the previous CHA can be provided.

The department should also provide the email notice stating that NCDPH has received and reviewed the Community Health Improvement Plans. If the most recent CHA was due in March and the site visit is in the August-October time period, the agency may provide draft CHIPs (though they may have been received but not reviewed by NCDPH).

Local health departments must follow the NCDPH guidelines in developing Community Health Improvement Plans. The plans are to be complete, should demonstrate collaboration and designate a lead agency. The Community Health Improvement Plans will be:

- 1. On the form/platform provided by NCDPH
- 2. From identified priorities of the Community Health Assessment
- 3. Aligned with Healthy N.C. 2030 objectives

In addition, health departments must provide evidence of implementation and results of CHIPs. The documentation should show how the department, along with partners, are implementing the improvement plans and what results were obtained.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

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

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

None

Activity 22.2

Health Services State Program Review

STANDARD

Agency Core
Functions and
Essential Services

FUNCTION

Assurance

BENCHMARK

22: 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.

ESSENTIAL SERVICES



ACTIVITY

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.

REQUIRED DOCUMENTATION

- A. Completion of Activity 17.1 and 22.2 NCDHHS State Programs Section of the XXXX County HDSAI Programs List
AND
- B. Letters from appropriate monitoring offices of NCDHHS verifying program compliance

INTERPRETATION

Intent

The purpose of this activity is to demonstrate how the health department is complying with the consolidated agreement and agreement addenda from NCDHHS. This is done through statements from NCDHHS programs declaring if a department complies 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.

Guidance

NCDHHS programs have been directed to provide a letter to each local health department for any program that receives state or federal funding or for which a program is mandated by the state. The NCDHHS letters will be sent by the Program Consultants or staff and one letter may address several programs under that Section of NCDHHS. NCDHHS 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 90-day notification date. If programs are not monitored by NCDHHS, the health department will not receive a program letter for these programs.

There are two documentation components for this activity. The department should have program letters from the all appropriate monitoring offices of NCDHHS that verify program compliance by the department and should provide these. 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 NCDHHS 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.

Lastly, all of this information should be summarized in Activity 17.1 and 22.2 NCDHHS State Programs Section of the XXXX County HDSAI Programs List (available on the NCLHDA website). In completing the table, there are three columns of information:

- 1. 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.
- 2. In the next column, note whether the program letter was received- if so, it should be provided as evidence.
- 3. Next, note the date of the most recent review 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.

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.

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

None

Activity 22.3

Health Services Local Program Review

STANDARD

Agency Core Functions and Essential Services

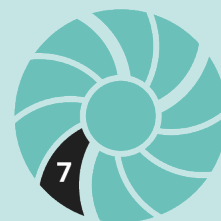
FUNCTION

Assurance

BENCHMARK

22: 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.

ESSENTIAL SERVICES



ACTIVITY

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.

REQUIRED DOCUMENTATION

- A. Completion of Activity 22.3 Program and Services Offered by the Local Health Department But Not Covered by the Consolidated Agreement and Agreement Addenda Section of the XXXX County HDSAI Programs List AND
- B. Policies and procedures for each program

INTERPRETATION

Intent

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.

Guidance

The documentation for this activity is three-part. Copies of the policies and procedures for each program offered by the health department and NOT covered by agreement addenda must be provided. There must also be some type of evidence of program oversight or monitoring by the department. Lastly, all of this information should be summarized in Activity 22.3 Program and Services Offered by the Local Health Department But Not Covered by the Consolidated Agreement and Agreement Addenda Section of the XXXX County HDSAI Programs List (available on the NCLHDA website).

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. 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:

1. 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:

2. 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:
 - Program and/or chart audit
 - On-site monitoring
 - Quality improvement program
 - Self-audit or internal audit
3. Next, give the date of the most recent monitoring or oversight activity.
4. 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.

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

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

None

Benchmark 23

Staff Qualifications

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

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Activity 23.1

Qualified Health Director

STANDARD

Agency Core Functions and Essential Services

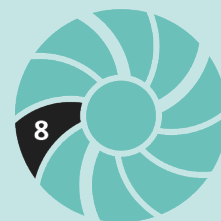
FUNCTION

Assurance

BENCHMARK

23: The local health department staff shall meet statutory and regulatory qualifications for their positions.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall have, or be recruiting, a health director who meets the legal requirements for the position.

REQUIRED DOCUMENTATION

- A. For a health director hired before 2004, evidence of required credentials (in accordance with 130A-40) through education documentation
OR
For a health director hired in 2004 and after, evidence of compliance with legal requirements through NCDPH qualification letter or NC OSHR communication
OR
Evidence that the board of health is seeking a health director with required credentials

INTERPRETATION

Intent

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. N.C. 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.

Guidance

For health directors hired before 2004, 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 - § 130A40 – Appointment of local health director. This may be a copy of a diploma showing degree awarded or a copy of the transcript stating the degree awarded. For health directors hired in 2004 and after, evidence of compliance with legal requirements must be a letter from the Division of Public Health or NC Office of State Human Resources communication stating that the division has determined that the person is qualified to be in the position of health director.

If the health director position is not filled at the time of the due date of the HDSAI, evidence the BOH is seeking a health director with appropriate credentials must be submitted. Evidence the board is seeking a qualified new director could include minutes, a job posting, or any other form of documentation that demonstrates the board is seeking a qualified candidate.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

For consolidated agencies, if the human services 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. In this case, the agency should submit the qualifications for this person along with documentation from the agency's governing board that they are designated to carry out the responsibilities designated in statute to the local health director.

CROSSWALK

- **23.1 Qualified Health Director:** The LHD shall have or be recruiting, a health director who meets the legal requirements for the position.
37.1 BOH Assurance of Qualified Health Director: 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.
37.3 BOH Requirements of Health Director: 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.
These activities may appear related but are distinct.

Activity 23.2

Certified and Licensed Staff

STANDARD

Agency Core Functions and Essential Services

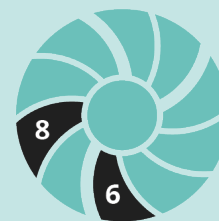
FUNCTION

Assurance

BENCHMARK

23: The local health department staff shall meet statutory and regulatory qualifications for their positions.

ESSENTIAL SERVICES



ACTIVITY

The local health department staff shall meet all registration, certification or licensure requirements for positions held and duties assigned.

REQUIRED DOCUMENTATION

- A. For the year randomly selected for review, evidence of up-to-date registration, certification or licensure for staff as required by each staff position.

Site Visitors will review randomly selected personnel records based on health department size. All records reviewed must meet the documentation required.

<u>Health Dept. Staff</u>	<u>Personnel Records Accessed</u>
30 or fewer	8 records
31-100	8-12 records
101 or more	12-32 records

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

INTERPRETATION

Intent

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.

Guidance

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 and current credentials.

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.

The N.C. Board of Nursing has a card-less system. The health department will verify licenses online. For the licensure verification for accreditation, one approach may be to print the screen from the Board of 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.)

Administrative staff and other positions 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 certification, evidence should confirm this.

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

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.

Notes for 2020-2021 evidence: Any legislative or credentialing organization approved changes to credentialing requirements in 2020 and 2021 will be honored and taken into account when noted as such in the personnel record. If other continuing education information is provided, any changes to training requirements and due dates imposed by temporary rules in calendar years 2020 and 2021 related to 21 NCAC 62 .0407(e), 21 NCAC 62 .0407(f), 21 NCAC 62 .0407(k) and 21 NCAC 62 .0411 will be honored when assessing training evidence and noted as such in the training record.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

None

Activity 23.3

Qualified Medical Director

STANDARD

Agency Core Functions and Essential Services

FUNCTION

Assurance

BENCHMARK

23: The local health department staff shall meet statutory and regulatory qualifications for their positions.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall employ or contract with one or more physicians licensed to practice in North Carolina to serve as medical director.

REQUIRED DOCUMENTATION

- A. Evidence of medical director's current M.D. or D.O. license
AND
- B. Job description or current contract

INTERPRETATION

Intent

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.

Guidance

There are two parts of documentation for this activity. First, the department must provide evidence of a N.C. 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 their license to the department. Any individual serving under any capacity as a medical director must meet the requirements of this activity. 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.

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 in that capacity. If the medical director is under contract, the contract should be current; if not an annual contract, the contract should have a time period for services specified in some way.

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.

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

None

Benchmark 24

Staff Training

Regular training and continuing education are important factors 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.

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Activity 24.1

Staff Training Access Policies

STANDARD

Agency Core Functions and Essential Services

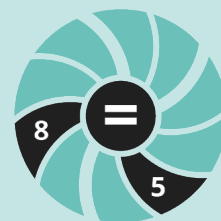
FUNCTION

Assurance

BENCHMARK

24: The local health department shall regularly evaluate staff training and development needs and provide opportunities for continuing education, training and leadership development.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall have policies that promote and provide staff access to training.

REQUIRED DOCUMENTATION

- A. Policy that promotes and provides staff access to training

INTERPRETATION

Intent

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.

Guidance

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. The policy can be standalone or part of another agency policy.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

- **24.1 Staff Training Access Policies:** Focuses on the policy that shows how the agency promotes and provides access to training for staff.
24.2 Staff Development Plan: Focuses on how the agency plans to identify and address the training and continuing education needs of staff.
These activities may appear related but are distinct.

Activity 24.2

Staff Development Plan

STANDARD

Agency Core Functions and Essential Services

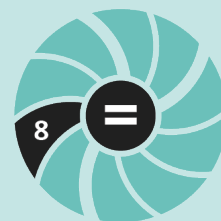
FUNCTION

Assurance

BENCHMARK

24: The local health department shall regularly evaluate staff training and development needs and provide opportunities for continuing education, training and leadership development.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall have a staff development plan that includes identifying and addressing the training and continuing education needs of the staff.

REQUIRED DOCUMENTATION

- A. Current staff development plan

INTERPRETATION

Intent

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.

Guidance

The department must provide the staff or workforce development plan that includes addressing the training and continuing education (not orientation) needs of its staff. There are no required elements, but the plan must be current and may include:

- Objectives,
- Assignment of responsibilities,
- Identification of training needs,
- How the agency will address training needs, and
- Defined timelines.

The plan should clearly show that an assessment of needs was 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). The plan can be standalone or part of an agency policy.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

- **24.1 Staff Training Access Policies:** Focuses on the policy that shows how the agency promotes and provides access to training for staff.
24.2 Staff Development Plan: Focuses on how the agency plans to identify and address the training and continuing education needs of staff.
These activities may appear related but are distinct.

Activity 24.3

Staff Orientation and Continuing Education

STANDARD

Agency Core Functions and Essential Services

FUNCTION

Assurance

BENCHMARK

24: The local health department shall regularly evaluate staff training and development needs and provide opportunities for continuing education, training and leadership development.

ESSENTIAL SERVICES



ACTIVITY

The local health department staff shall participate in orientation and on-going training and continuing education activities required by law, rule or contractual obligation.

REQUIRED DOCUMENTATION

- A. For the year randomly selected for review, 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.

Site Visitors will review randomly selected personnel records based on health department size. At least 85% of the records reviewed must meet the documentation required.

<u>Health Dept. Staff</u>	<u>Personnel Records Accessed</u>
30 or fewer	8 records
31-100	8-12 records
101 or more	12-32 records

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

INTERPRETATION

Intent

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 ongoing 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.

Guidance

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 ongoing 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 ongoing training and that any

training requirements are up-to-date. For staff hired before a policy requiring orientation was developed, proof of orientation may not be available; the site visit team may count that as met for that person or select another record.

Site Visitors should request this information for the randomly selected staff members.

Public Health Nurses – For any PHN who does not have a baccalaureate or higher degree in nursing, N.C. Administrative Code requires, within the first year of employment, evidence of successful completion of **an introductory course in the principles and practices of public health and public health nursing sponsored by NC DHHS Office and the Chief Public Health Nurse** should be in the file. 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 Specialists – continuing education for Registered Environmental Health Specialists is covered in Activity 16.3 and is not required to be provided again here.

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 or Nutritionists, Dietitians, or Social Workers. 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.

In addition, any training required by the agency Staff Development Plan will be assessed for completion according to stated timelines and staff category.

Notes for 2020-2021 evidence: Leniency will be given for agency required training/continuing education for 2020 and 2021 as allowed by law, rule, or contractual obligation. If any trainings were not conducted in 2020 or 2021 per policy, a clear schedule/plan should be provided to identify which trainings required by policy were/were not conducted and when they will next be conducted. For public health nursing principles and practices requirements, extensions of the due date for this training set by NCDPH via authority granted in Executive Order 119 released on March 20, 2020 will be taken into consideration for newly hired nurses in this situation in 2020 (and 2021 if a similar Executive Order is applicable).

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

All personnel listed on the Staff Roster submitted with the HDSAI are subject to personnel record review. Questions regarding which human services staff should be included on the roster should be directed to the Accreditation Administrator.

CROSSWALK

- **16.3 Environmental Health Legal Training:** Requires that environmental health staff are familiar with public health law and can easily access copies of the laws they are responsible for enforcing.
24.3 Staff Orientation and Continuing Education: Focuses on ongoing training and continuing education activities required by law, rule or contractual obligation. This activity does NOT include the required training for Environmental Health Specialists.
24.3 does NOT include the required training for Environmental Health Specialists, which is covered in 16.3.

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Benchmark 25

Relationships with Training Partners

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.

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Activity 25.1

Academic Training Opportunities

STANDARD

Agency Core Functions and Essential Services

FUNCTION

Assurance

BENCHMARK

25: The local health department shall build relationships with entities that conduct education or research to enrich public health practice.

ESSENTIAL SERVICES



ACTIVITY

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.

REQUIRED DOCUMENTATION

- A. Since the previous site visit, evidence from each of at least two programs or institutions demonstrating the provision of training opportunities

INTERPRETATION

Intent

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 Area Health Education Centers (AHECs), professional organizations, such as the N.C. Public Health Association (NCPHA) or the N.C. Society for Public Health Education (SOPHE) or other qualified programs are where health departments look for these training opportunities. Partnerships may also exist with these institutions to provide a training site for students.

Guidance

The documentation for this activity requires evidence of partnership with academic institutions and other professional training programs to provide opportunities for training of current staff as well as those training in public health. 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. Training programs can be short or long term. Records could be through enrollment documents, grade reports, transcripts, or certificates.
- 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.
- 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. At least two examples must be provided for this activity and they should be inclusive of working with two different institutions.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

- **25.1 Academic Training Opportunities**
25.2 Academic Research and Evaluation of Programs

If the focus of the internship is on evaluation or research project, internship documentation can be used as evidence for both.

Activity 25.2

Academic Research and Evaluation of Programs

STANDARD

Agency Core Functions and Essential Services

FUNCTION

Assurance

BENCHMARK

25: The local health department shall build relationships with entities that conduct education or research to enrich public health practice.

ESSENTIAL SERVICES



ACTIVITY

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.

REQUIRED DOCUMENTATION

- A. Since the previous site visit, evidence from each of at least two programs or institutions demonstrating research and evaluation of public health programs and issues

INTERPRETATION

Intent

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.

Guidance

The evidence must show that the department is involved with research or evaluation of a program or issue.

Evidence may include:

- A record of participation or a research grant proposal in which the department is collaborating with another organization.
- An agreement, contract, or memorandum of understanding for some type of research or evaluation services (e.g., statistical analyses, etc.).
- A description of internship(s) 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.
- 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.

- Participation in a research survey focused on health department programs and issues.

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. Here two separate relationships or programs must be demonstrated but may include different departments within a large institution.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

- **25.1 Academic Training Opportunities**
25.2 Academic Research and Evaluation of Programs

If the focus of the internship is on evaluation or research project, internship documentation can be used as evidence for both.

Benchmark 26

Workforce Diversity

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.

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Activity 26.1

Non-discrimination Policy

STANDARD

Agency Core Functions and Essential Services

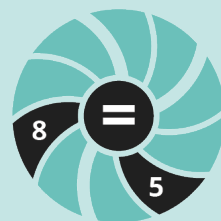
FUNCTION

Assurance

BENCHMARK

26: The local health department shall promote diversity in the public health workforce.

ESSENTIAL SERVICES



ACTIVITY

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.

REQUIRED DOCUMENTATION

- A. Policy on non-discrimination
AND
- B. Since the previous site visit, evidence of implementation of non-discrimination policy
AND
- C. Since the previous site visit, evidence of training of staff on non-discrimination policy and its application within the agency

INTERPRETATION

Intent

Discrimination in the workplace is antithetical to the central public health value of equity. Because of public health's central value of equity, our departments should model non-discrimination in workplace policies and culture. 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.

Guidance

A copy of the policy is required. This policy may be a part of another policy such as personnel policies or may be in the administrative policies of the department. The policy should include training expectations, training schedule, identify staff that must be trained, and must reflect any state or federal requirements on non-discrimination.

Also, the documentation must include evidence of implementation of the policy. For example, if the policy states that a non-discrimination statement will be printed on all department materials, a sample of recently produced materials should be provided.

There must also be evidence of training records since the previous site visit. All new staff should be trained as a part of the department's orientation program or during the initial months of work. However, simply requiring training upon hire cannot provide a staff member with all of the knowledge that is needed to assure non-discriminatory

practice- reinforcement is needed. Annual training of all staff is not required but should be conducted at least once since the previous site visit. Again, policy should provide a timeline for ongoing training that is then reflected in personnel records.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

None

Activity 26.2

Management Team Recruitment and Retention Policy

STANDARD

Agency Core Functions and Essential Services

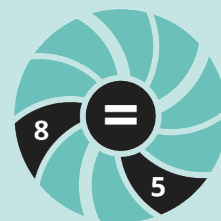
FUNCTION

Assurance

BENCHMARK

26: The local health department shall promote diversity in the public health workforce.

ESSENTIAL SERVICES



ACTIVITY

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.

REQUIRED DOCUMENTATION

- A. Current plan to recruit and retain a management team and staff that reflects the population of the service area
AND
- B. Since the previous site visit, evidence of plan implementation

INTERPRETATION

Intent

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 promote equitable representation. To the extent possible, the management team and entire staff should reflect the population of the area.

Guidance

The purpose of the activity is not to focus on the current composition of the management team and staff, but on recruitment and retention efforts to build and keep a diverse staff reflective of the community. The activity also 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 always be successful. What it does require is that efforts be made, and a plan be developed that will work towards this.

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.

The plan may be a part of a larger document, such as a general recruitment plan.

The department must also 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.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

None

Activity 26.3

Cultural Sensitivity and Competency Training

STANDARD

Agency Core Functions and Essential Services

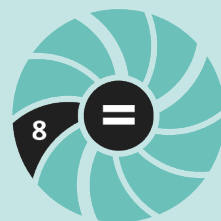
FUNCTION

Assurance

BENCHMARK

26: The local health department shall promote diversity in the public health workforce.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall assure that agency staff receives training in cultural sensitivity and competency.

REQUIRED DOCUMENTATION

- A. Policy on cultural sensitivity and competency
OR
Policy on cultural humility*
AND
- B. Since the previous site visit, evidence of implementation through staff training

INTERPRETATION

Intent

Cultural sensitivity, competency, and humility* are characteristics that all health department staff need in their work with serving diverse populations and efforts towards addressing racism. 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 appreciation for 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 or humility.

Guidance

The department must provide the policy that describes the cultural sensitivity and cultural competency practices of the agency and how staff will receive training. This policy may be a part of another policy such as personnel policies or may be in the administrative policies of the department. The policy can be standalone or part of another agency policy.

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 should include training expectations, schedule, and identify staff levels that must be trained. It is required that all staff be trained. Though some positions may have no or limited contact with customers of another culture, it is important that all staff understand the populations that are customers of the department or with whom they may have potential interaction.

*The need for and education on cultural competency and cultural sensitivity as subjects for training have evolved to a need for additional training in practicing cultural humility, acknowledging that no one can ever achieve competency in a culture outside one's own. Cultural humility, a term created in 1998 by Melanie Tervalon and Jann Murray-Garcia, is a process of lifelong learning and critical self-reflection that recognizes and challenges power imbalances and calls for institutional accountability. Building cultural humility helps develop honest and trustworthy relationships – something noted as crucial to addressing and eliminating health disparities. Though the activity language here refers to cultural sensitivity and competency and a policy and staff training as such is acceptable as evidence, an updated policy and training of staff incorporating cultural humility is also encouraged and acceptable.

The department must provide training records since the previous site visit. This may be transcripts/certificates or a 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. All new staff should be trained as a part of the department's orientation program or during the initial months of work. However, cultural sensitivity and competency or humility training should be provided to all staff on a regular basis. Annual training of all staff is not required, but training should be conducted at least once since the previous site visit. Again, policy should provide a timeline for ongoing training that is then reflected in personnel records. Training does not have to be general towards cultural competency and sensitivity nor be the same for new employees as continuing education for all employees. Training can be on specific topics within the span of cultural sensitivity and competency including on LGBTQ (lesbian, gay, bisexual, transgender, and queer/questioning), BIPOC (black, indigenous people of color), immigrant, disabled, and senior populations, among others. Training on working with specific populations should be based on community identity and need.

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. Therefore, a Title VI policy and Title VI training (unless they include content specific to broader cultural competency/sensitivity) alone will not meet the requirements for this activity.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

- **9.6 Cultural and Linguistic Character Reflected**
26.3 Cultural Sensitivity and Cultural Training

A Title VI policy and Title VI training (unless they include content specific to broader cultural competency/sensitivity) alone will not meet the requirements for Activity 26.3.

These activities may appear related but are distinct.

Benchmark 27

Quality Improvement Process

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.

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Activity 27.1

Customer and Community Satisfaction

STANDARD

Agency Core Functions and Essential Services

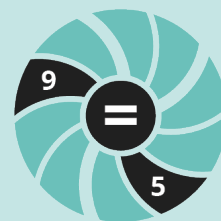
FUNCTION

Assurance

BENCHMARK

27: The local health department shall evaluate all services it provides for effectiveness in achieving desired outcomes.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall have in place a process for assessing consumer and community satisfaction with its services.

REQUIRED DOCUMENTATION

- A. Policy and procedure related to assessing consumer and community input with agency services
AND
- B. Since the previous site visit, evidence of assessment of consumer and community satisfaction in accordance with agency policy

INTERPRETATION

Intent

This activity requires that the department have a means to collect feedback on its services. It is asking for feedback from both consumers (clients/users of LHD services) and the community at large (potential clients/users of services, including those whose needs may not be met by current services) regarding their satisfaction with the services provided by the LHD. 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 in order to best serve the community.

Guidance

There are two areas 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. The policy can be standalone or part of another agency policy.

The other component of documentation is to provide evidence of assessment of consumer and community satisfaction according to establish policy/procedure. Evidence should include copies of tools (instruments used to collect the data, including surveys, interview protocols and questionnaires) used. Departments must have tools that capture input both from consumers as well as the community at-large on the satisfaction with LHD services. The focus is that the feedback is for assessing satisfaction with health department services of all types. If separate tools are used by each program, these 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 that are provided (clinic, environmental health, etc.).

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 of assessment 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. Data should be provided for both consumer and community at-large input.

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.

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

Human services agency customer and community satisfaction surveys can be used to meet this requirement as long as they reflect all LHD programs and services that are provided.

CROSSWALK

- **27.1 Customer and Community Satisfaction:** Requires evidence of policy and process for assessing community satisfaction.
27.2 Satisfaction Data Evaluation and Implementation: Requires evidence of what was done with the assessment information.
These activities may appear related but are distinct.

Activity 27.2

Satisfaction Data Evaluation and Implementation

STANDARD

Agency Core Functions and Essential Services

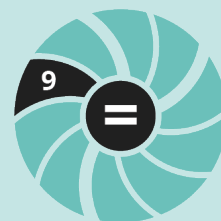
FUNCTION

Assurance

BENCHMARK

27: The local health department shall evaluate all services it provides for effectiveness in achieving desired outcomes.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall use data from the consumer and community satisfaction assessment to make changes to improve its services.

REQUIRED DOCUMENTATION

- A. Since the previous site visit, meeting minutes or records describing how consumer/community satisfaction data was used in planning or decision-making
AND
- B. Since the previous site visit, evidence of how changes were made to improve services. If no changes were indicated from data collected, provide policy/protocol for how community satisfaction data would be used to improve services

INTERPRETATION

Intent

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 an LHD is continuously looking for ways to improve service or operations and is using input from customers (users of LHD services) and the community at large (potential users of services, including those whose needs may not be met by current services) to guide those improvements.

Guidance

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 inform potential changes that could help improve services.

The other component of the evidence is documentation of any changes made to improve services. One way to demonstrate this would be through policy revision (e.g., a copy of "old" and "revised" policy or procedure). 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 and was informed by consumer/community satisfaction data.

If no changes are indicated from data collected, then provide the policy/protocol for how the consumer and 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. However, there still must be some type of minutes or record that indicates the data was reviewed, discussed, and the group determined there was no need to make changes at this time. 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.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

While human services agency customer and community satisfaction surveys can be used to meet this requirement as long as they reflect all LHD programs and services that are provided, evidence provided for this activity should be specific to public health services.

CROSSWALK

- **27.1 Customer and Community Satisfaction:** Requires evidence of policy and process for assessing community satisfaction.
27.2 Satisfaction Data Evaluation and Implementation: Requires evidence of what was done with the assessment information.
These activities may appear related but are distinct.

Activity 27.3

Quality Assurance and Improvement

STANDARD

Agency Core Functions and Essential Services

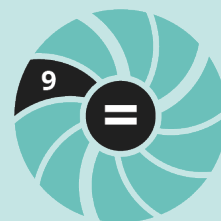
FUNCTION

Assurance

BENCHMARK

27: The local health department shall evaluate all services it provides for effectiveness in achieving desired outcomes.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall employ a quality assurance and improvement process to assess the effectiveness of services and improve health outcomes.

REQUIRED DOCUMENTATION

- A. Current agency Continuous Quality Improvement (CQI) plan
AND
- B. Since the previous site visit, evidence of two examples of plan implementation

INTERPRETATION

Intent

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 defined here as Continuous Quality Improvement (CQI). CQI is defined as a deliberate, defined process which is focused on activities that are responsive to community needs and improving population health. It is a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality for public health programs. 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.

Guidance

The department must provide a current (updated at least within the past 24 months) CQI plan. The plan can be standalone or part of another agency plan or policy. There is no required length, format or content. However, the plan must be comprehensive of the entire agency, not just specific programs.

The department also must show the results obtained from the implementation of the CQI plan. Methods for documenting implementation of the plan may include, but is not limited to:

- minutes of quality team meetings,
- reports or records of efforts as defined by plan,
- pre and post records,
- photo records,
- project narratives,
- logs and worksheets, and
- other documents that demonstrate the department's CQI work (such as PDSA tools).

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

None

Benchmark 28

Evidence-based Practice

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.

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Activity 28.1

Program Effectiveness Review

STANDARD

Agency Core
Functions and
Essential Services

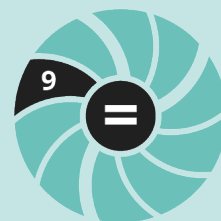
FUNCTION

Assurance

BENCHMARK

28: The local health department shall use research to develop and evaluate public health programs.

ESSENTIAL SERVICES



ACTIVITY

Before implementing a proposed public health program, the local health department shall review, when available, research evaluating the potential effectiveness of the program.

REQUIRED DOCUMENTATION

- A. Since the previous site visit, evidence of review evaluating the potential effectiveness of programs

INTERPRETATION

Intent

When implementing a new program, it is important to review evidence of potential effectiveness and adapting the program to the specific context. 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. Seeking evidence-based practice (EBP) and/or best practices is becoming the accepted way of planning and implementing public health programs.

Guidance

The focus of this activity is on conducting 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 database. The evidence will be to show that the research was done, and the materials, articles or data were gathered as a result of the search. 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.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

- **10.3 Evidence-Based Promotion and Prevention Strategies**

- 28.1 Program Effectiveness Review**

- If the research is done during the same cycle as planning/implementing and evaluation, the same evidence can be used.*

Benchmark 29

Research

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.

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Activity 29.1

Ethical Research by Host Research Organization

STANDARD

Agency Core Functions and Essential Services

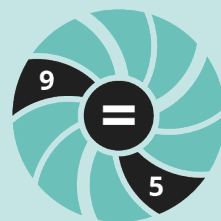
FUNCTION

Assurance

BENCHMARK

29: The local health department shall ensure that its participation in research meets ethical standards.

ESSENTIAL SERVICES



ACTIVITY

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.

REQUIRED DOCUMENTATION

- A. Research policy addressing research conducted by a host research organization
AND
- B. Since the previous site visit, evidence of implementation of host organization research in accordance with agency policy. If there has been no research conducted by a host research organization since the previous site visit, the department should submit a statement to that effect signed by the health director.

INTERPRETATION

Intent

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.

Guidance

The activity requires evidence of the department's research policy addressing the rights of research participants. The focus of the policy is on defining and protecting these rights. The policy must be written to speak to health department or LHD patients/clients/customers involved in research. The policy 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.

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 policy here is 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.

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 the agency policy was fully followed.

If there has been no research conducted since the previous site visit, provide a statement declaring such.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

- **29.1 Ethical Research by Host Research Organization**
29.2 Ethical Research by Agency

The department 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.

Activity 29.2

Ethical Research by Agency

STANDARD

Agency Core
Functions and
Essential Services

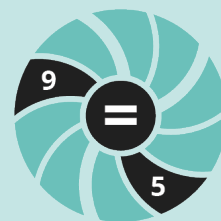
FUNCTION

Assurance

BENCHMARK

29: The local health department shall ensure that its participation in research meets ethical standards.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall develop and implement policies for participation in research activities that impact its clients or community members.

REQUIRED DOCUMENTATION

- A. Research policy addressing research directed by the agency
AND
- B. Since the previous site visit, evidence of implementation of agency-directed research in accordance with agency policy. If the health department has not participated in any research projects as the host agency since the previous site visit, it should provide a statement to that effect signed by the health director.

INTERPRETATION

Intent

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 and requirements for equitable treatment in a research program.

Guidance

As with the previous activity, the department must provide its research policy as documentation. The department 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 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.

If there have been research projects conducted since the previous site visit, then the department must show that the agency policy was fully followed. If there has been no research conducted since the previous site visit, provide a statement declaring such.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

- **29.1 Ethical Research by Host Research Organization**

29.2 Ethical Research by Agency

The department 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.

Benchmark 30

Facilities

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.

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Activity 30.1

Clean, Safe and Secure Facilities

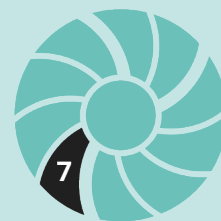
STANDARD

Facilities and Administrative Services

BENCHMARK

30: The local health department shall provide safe and accessible physical facilities and services.

ESSENTIAL SERVICES



ACTIVITY

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.

REQUIRED DOCUMENTATION

- A. Policy/procedure for assurance of cleanliness, safety, and security of facility
AND
- B. Since the previous site visit, evidence of assurance of cleanliness, safety, and security of facility in accordance with policy

INTERPRETATION

Intent

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. "Staff only" areas should be secure (accessible only by badge, ID or combination lock) or clients should be escorted when moving through those areas. Evacuation routes should be posted in "easy to see" places for staff and clients. Signage for weapons should follow county or state regulations, be posted at all entrances, and reference policy/legislation.

Guidance

The agency must have a policy or procedure that addresses how the agency will assure overall cleanliness, safety, and security of all of its facilities. If there are particular aspects of cleanliness, safety, and security for specific facilities, they should be addressed as such. The policy can be standalone, part of another agency policy or addressed through multiple different policies.

Evidence of assurance is up to the agency and not dictated here. Examples could include, but are not limited to:

- Completed "walk-through" checklists
- Documentation of identified issues and their resolution
- Plans for addressing issues (i.e., budget requests, etc.)

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

None

Activity 30.2

Accessible Facilities

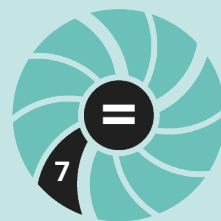
STANDARD

Facilities and
Administrative
Services

BENCHMARK

30: The local health department shall provide safe and accessible physical facilities and services.

ESSENTIAL SERVICES



ACTIVITY

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.

REQUIRED DOCUMENTATION

- A. Policies/protocols that address accessibility for persons with physical disabilities and limited English proficiency
AND
- B. Within the past 24 months, evidence of a completed accessibility assessment and documented plan for addressing any found issues
AND
- C. Since the previous site visit, evidence of agency improvement efforts in accessibility to persons with physical disabilities or with limited English proficiency

INTERPRETATION

Intent

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 accommodate individuals with physical disabilities (handicapped, visually impaired, hard of hearing, etc.). 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 (e.g., ramps, handicapped-accessible restrooms and examination rooms, Braille signage, language interpretation services).

Guidance

This activity requires evidence that the agency address accessibility for persons with physical disabilities and limited English proficiency through policy, has a process for assessing its accessibility and making a plan for addressing any found issues, and is taking efforts to improve accessibility in its facilities.

First, the agency must provide a policy or protocol that addresses accessibility to persons with physical disabilities as well as persons with limited English proficiency. This includes not only those for whom English is a second language, but also for individuals that read at a low literacy level. The policy can be standalone or part of another agency policy.

Second, the agency must show evidence of an agency accessibility assessment completed within the past 24 months (it is expected that the agency completes an assessment every other year, at least). This assessment can be formally completed by staff from the N.C. Office on Disability and Health through a site survey or completed internally using an agency-specific tool. Regardless of who completes the assessment, the agency should use the assessment to develop and/or update a plan for addressing any issues found.

Last, the agency must show evidence of improvement efforts in accessibility to their facilities. These improvements should be a result of previous assessments/plans for improvements. Though making actual improvements is certainly best, it is understood that improvements to old buildings and other issues may make addressing issues challenging. Therefore, in addition to evidence of improvement, evidence can also be provided that shows how the agency is trying to address making the improvement – for example, through budget or grant requests, modifications, or changes to protocol. The focus of this piece of evidence is documentation of efforts in improvement.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

None

Activity 30.3

Client Privacy Protections

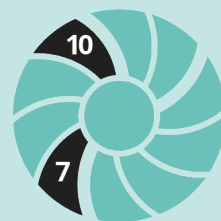
STANDARD

Facilities and Administrative Services

BENCHMARK

30: The local health department shall provide safe and accessible physical facilities and services.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall have examination rooms and direct client service areas that are configured in a way that protects client privacy.

REQUIRED DOCUMENTATION

- A. Policy/procedures addressing client privacy
AND
- B. Since the previous site visit, evidence of rooms/areas configured in a way that protects client privacy in accordance with policy

INTERPRETATION

Intent

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 and should be enhanced by policy and practice.

Guidance

There are two required components for this activity. The first is the policy/procedures addressing privacy that are used by the department. The policy/procedures do not have a specified format and can be a policy document or a procedure used by clinical operation. If the agency utilizes 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.

The second component for this activity is to provide sufficient and comprehensive evidence that the agency has configured rooms/areas 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. Evidence can include pictures or descriptions/layouts of rooms, depictions of improvements made since the previous site visit, and/or provision of the NCDPH STD Program checklist that indicates compliance with potential privacy issues. If the agency has multiple clinic sites, evidence should be provided for each site.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

None

Activity 30.4

Private and Secure Medical Records

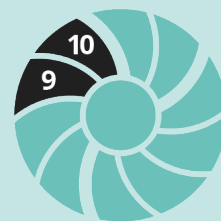
STANDARD

Facilities and Administrative Services

BENCHMARK

30: The local health department shall provide safe and accessible physical facilities and services.

ESSENTIAL SERVICES



ACTIVITY

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.

REQUIRED DOCUMENTATION

- A. Up-to-date electronic record risk analysis/assessment and quality improvement plan
AND
- B. Since the previous site visit, evidence of implementation of electronic record risk analysis/assessment and quality improvement plan

INTERPRETATION

Intent

Clients expect and have a right for their medical information and records to be protected, especially in an electronic environment.

Guidance

The documentation for this activity has two components. The first is the department's electronic record risk analysis/assessment with a corresponding quality improvement plan, which should be current in nature (updated at least once within the 4-year accreditation schedule). 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 analysis/assessment/quality improvement plan should address such areas as HIPAA, privacy policies and procedures, hybrid-entity information, whether flash drives may be used, security of computers taken to client's homes, parental access to children's records, off-site records access, etc.

The second component is for the department to provide evidence that the analysis/assessment is leading to quality improvement of record security and that efforts have been made to address gaps in the analysis/assessment since the previous site visit through addressing the quality improvement plan. All parts of the improvement plan do not need to be implemented if restricted by budget or other reasons, but documentation of efforts toward improvement elements should be addressed.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

- **30.4 Private and Secure Medical Records**
32.4 Management Information System Security
Evidence for 30.4 can also be used for 32.4.

Activity 30.5

OSHA Regulation Compliance

STANDARD

Facilities and Administrative Services

BENCHMARK

30: The local health department shall provide safe and accessible physical facilities and services.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall comply with OSHA regulations.

REQUIRED DOCUMENTATION

- A. Policies and procedures regarding OSHA compliance
AND
- B. Since the previous site visit, evidence of two examples of compliance with OSHA regulations in accordance with agency policy

INTERPRETATION

Intent

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.

Guidance

There are two required components for the documentation of this activity. First, the department must provide the policies and procedures for Occupational Safety and Health Administration (OSHA) compliance. This policy can be standalone or part of another agency policy.

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. At least two examples must be provided for this activity.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

None

Activity 30.6

Cleaning/Disinfection/Maintenance of Equipment

STANDARD

Facilities and Administrative Services

BENCHMARK

30: The local health department shall provide safe and accessible physical facilities and services.

ESSENTIAL SERVICES



ACTIVITY

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.

REQUIRED DOCUMENTATION

- A. Policies and procedures (including a comprehensive equipment list), supported by evidence-based practice, related to cleaning, disinfection, and maintenance of clinical equipment, laboratory equipment, field equipment, and client service areas
AND
- B. Since the previous site visit, evidence of implementation of policies and procedures for assuring cleaning, disinfection and maintenance of clinical equipment, laboratory equipment, field equipment and client service areas

INTERPRETATION

Intent

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. Likewise, the local health department must demonstrate the capacity to maintain accurate environmental health field equipment that is necessary to enforce laws and rules.

Guidance

The documentation for this activity has two components.

First, the agency must have policies and procedures related to cleaning, disinfection and maintenance of clinical equipment, laboratory equipment, field equipment, and client service areas. The policies/procedures should include:

1. WHAT relevant items (i.e., pieces of equipment or service areas) exist in clinic, the laboratory, and for environmental health field operations;
2. WHO is responsible for cleaning/maintaining each item;

3. HOW cleaning will be performed (the steps to be taken and the order in which they should be done) or HOW equipment will be maintained (i.e., specific procedure, periodic verification, according to manufacturer recommendation, etc.)
4. WHEN (frequency) cleaning and/or maintenance will occur and any “special circumstances” (such as outbreaks of norovirus)
5. WHICH and HOW staff are trained on cleaning, disinfection, and maintenance policy and procedures

As this policy/procedure requirement covers varying service areas (clinic vs. environmental health), multiple policies/procedures can be used. However, the policies in combination should address all clinical, laboratory, and field equipment existing within the agency.

It is the responsibility of the agency to determine how/when cleaning and maintenance is done for various pieces of equipment; however, how/when should be informed by evidence-based practice, manufacturer recommendation or common industry practice.

For environmental health field equipment, use of the term “maintenance” in this activity is considered synonymous with “verification of accuracy.”

The burden of identifying equipment is on the individual agency. Though providing a comprehensive list of equipment here is not possible due to the varying services offered at different agencies, the following are examples of types of equipment that should be considered:

Clinical/Laboratory

AED
Audiometer
Autoclave
BP cuff
Crash cart
Dental equipment
Eye wash station
Scales
Thermometers
Toys
Vision testing equipment
Water laboratory equipment
X-ray equipment

Environmental Health Field

Clinometer
Dish machine thermometer
EPI Collection Kit
Food thermometer
Laser level
Lead sample collection kit
Light meter
pH guide
Munsell Guide
Sanitizer test strips
Water quality test kit
XRF

Again, this list is not exhaustive, but rather a guide for identifying relevant equipment.

The second requirement is evidence of implementation of cleaning/disinfection/maintenance of equipment and service areas. The department should have complete records since the previous site visit. Two days prior to the Site Visit, program staff will select three pieces of equipment (one each of clinical, laboratory and environmental health) and a service area from the list of equipment provided in agency policy and a month (if applicable) from the 24 months prior to the HDSAI due date for review. The agency will then be expected to pull applicable cleaning, disinfection and maintenance evidence for the requested items for review during the Site Visit.

For example, if an agency’s policy requires daily cleaning logs of exam rooms and exam rooms are chosen as a service area, the site visit team would expect to see the daily cleaning logs of exam rooms for the month selected. Likewise, if agency policy requires the AED to be tested annually, the site visit team would expect to see equipment maintenance records, including evidence of annual testing.

Notes for 2020-2021 evidence: Cleaning, disinfection, and maintenance of clinical equipment, laboratory equipment, field equipment, and client service areas in accordance with policy is required and expected to be conducted for 2020 and 2021, but a month in the years 2020 or 2021 will not be selected for review.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

None

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Activity 30.7

Infection Control Policies

STANDARD

Facilities and Administrative Services

BENCHMARK

30: The local health department shall provide safe and accessible physical facilities and services.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall have and comply with policies and procedures for infection control required by law in providing clinical services.

REQUIRED DOCUMENTATION

- A. Policies and procedures
AND
- B. Since the previous site visit, evidence of compliance with infection control required by law in providing clinical services in accordance with agency policy

INTERPRETATION

Intent

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.

Guidance

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. The policy can be standalone or part of another agency policy.

How to comply with the law should be stated in the policies and procedures. The department will then provide evidence 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 medical 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.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

None

Activity 30.8

Hours of Operation

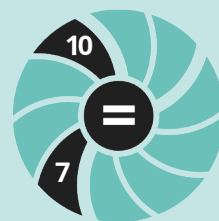
STANDARD

Facilities and Administrative Services

BENCHMARK

30: The local health department shall provide safe and accessible physical facilities and services.

ESSENTIAL SERVICES



ACTIVITY

The local health department's hours of operation shall be based on documented community need.

REQUIRED DOCUMENTATION

- A. Since the previous site visit, evidence of consumer and community input related to hours of operation
AND
- B. Since the previous site visit, evidence of agency's evaluation of that input

INTERPRETATION

Intent

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 from both consumers (users of LHD services) and the community at large (potential users of services, including those whose needs may not be met by current services) to determine what the documented need is. The hours that a department provides services gets at issues of access and equity, and the department should determine if its hours prevent the community, or a specified population in the community, from receiving services.

Guidance

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 in all programs (e.g., environmental health, WIC, immunizations, etc.) 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, in the evening and/or Saturdays – at times when teenagers could access those services. 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.

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. Input can come from surveys, focus groups, and other methods.

Second, there must be evidence for how the agency evaluated the consumer and community input. 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. 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. Evaluation can be documented through such evidence as management team or staff meeting minutes, etc.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

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.

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

None

Activity 30.9

Tobacco-Free Facility

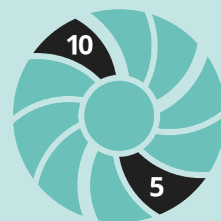
STANDARD

Facilities and Administrative Services

BENCHMARK

30: The local health department shall provide safe and accessible physical facilities and services.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall prohibit the use of tobacco in its facility.

REQUIRED DOCUMENTATION

- A. Tobacco-free facilities policy
AND
- B. Since the previous site visit, evidence of efforts (including signage and promotion of cessation resources) to prohibit the use of tobacco in agency facilities and in accordance with agency policy

INTERPRETATION

Intent

Tobacco use remains the leading preventable cause of early death and disease in North Carolina and the nation. Tobacco use and secondhand smoke exposure are responsible for multiple causes of preventable morbidity and mortality in North Carolina, including heart disease, stroke, most forms of cancer. 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 a leader in community health promotion and disease prevention. Through policy, systems and environmental change, including signage as communication for ensuring enforcement, the department should prohibit any tobacco use in its facilities. This activity applies to anyone who is at a department facility as staff, visitor or contractor.

Guidance

The first documentation requirement is for the agency to have a tobacco-free facilities policy. Public health evidence-based practice calls for a 100% tobacco-free facilities policy which prohibits the use of any tobacco product, anywhere on the property, at all times. A tobacco-free policy also prohibits purchasing, accepting as donations, and/or distributing tobacco products (combustible and non-combustible products including electronic cigarettes) to the clients they serve. "Facility" must include the buildings that are owned, leased, occupied or controlled by the local health department as well as the boundary surrounding these buildings, windows, the air intake vents as well as all paths for entry and egress. "Facility" may also include the grounds that are owned, leased, occupied or controlled by the local health department.

N.C. General Statute 14-313 defines a tobacco product as any product that contains tobacco and is intended for human consumption, which includes a tobacco-derived product, vapor product, or components of a vapor product. Thus, a tobacco product includes any product containing tobacco or nicotine that is intended for human consumption, whether chewed, smoked, absorbed, dissolved, inhaled, or ingested by any other means, including but not limited to cigarettes; e-cigarettes; heated tobacco; cigars; little cigars; snuff; and chewing tobacco. A tobacco product excludes any product that has been approved by the United States Food and Drug Administration for sale as a tobacco cessation product.

The second documentation requirement is to provide evidence of efforts to prohibit the use of tobacco in agency facilities. As communication and education are the most important factors in successfully implementing tobacco-free regulations, evidence of effort is to include tobacco-free facility signage and promotion of cessation resources (e.g., QuitlineNC). Signs are perhaps the most important compliance aid. Every area established as smoke-free and tobacco-free under the policy should post a conspicuous sign stating that fact. The type of signage should be visible and be updated as needed to reflect the changing landscape of tobacco products such that they clearly prohibit all tobacco products, not just smoking.

The international "No Smoking" symbol consisting of a pictorial representation of a cigarette, as well as e-cigarette, smokeless tobacco product enclosed in a circle with a bar across it is considered acceptable. Tobacco-free signs should be placed in highly visible locations and especially in the areas previously occupied by tobacco users such as areas which previously had ashtrays/smoking receptacles and/or smoking areas.

Signage can be professionally done or made within the health department; sample signs can be found at <https://tobaccopreventionandcontrol.ncdhhs.gov/lgtoolkit/>. Any signage in English must also be in other languages if your client and visitor populations dictate such.

Signage must be at all facilities that the LHD operates or where the department has a full-time or permanent presence. A full-time or permanent presence is defined as space that is occupied or used by the department and whereby equipment, furniture, materials and/or records remain at the site when the department is not seeing clients or customers. Co-located facilities (such as an environmental health office located at the main county administrative building) are considered full-time and permanent and must have signage. A community facility or private building that the LHD uses on an occasional or scheduled basis (such as for health fair or health education presentation/class) should also be tobacco free and can have either no tobacco use announcements or simple copies of 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.

For policy compliance and to promote health equity, it is also very important to provide and promote information on how to quit tobacco use, including but not limited to promotion of QuitlineNC at 1-800-Quit-Now (1-800-784-8669). QuitlineNC information or other cessation resources should be posted in appropriate areas within the facility, and materials should be available to be distributed to clients and community members.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

None

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Activity 30.10

Tobacco-Free Grounds

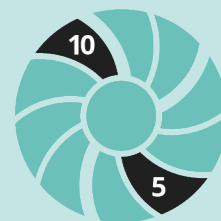
STANDARD

Facilities and Administrative Services

BENCHMARK

30: The local health department shall provide safe and accessible physical facilities and services.

ESSENTIAL SERVICES



ACTIVITY

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.

REQUIRED DOCUMENTATION

- A. Tobacco-free facilities policy which includes reference to prohibition of tobacco use within 50 feet by vote of the board of health or the board of county commissioners for ALL department facilities
OR
Since the previous site visit, 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

INTERPRETATION

Intent

N.C. Statutes gives clear authority to local health departments to prohibit all tobacco products in and around the health departments, and boards of health with the approval of county commissioners can now approve regulations that make all government buildings, grounds and public indoor places 100% tobacco free. In some cases, the building(s) 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 eliminate exposure to secondhand smoke and aerosol for any patient, customer or staff at the health department facilities.

Guidance

The evidence for this activity is minutes or correspondence showing the effort to achieve the prohibition of tobacco use within 50 feet of 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 2010 action by the legislature focused on smoking only, this activity as written has a focus on the prohibition of ALL tobacco use, including new and emerging tobacco products such as e-cigarettes/vaping devices, heated tobacco products, etc. Therefore, efforts must address all new and emerging tobacco products. For example, meeting minutes must reference tobacco use as defined by N.C. General Statute 14-313: a tobacco product as any product that contains tobacco and is intended for human consumption, which includes a tobacco-derived product, vapor product, or components of a vapor product. Also, documentation should reference all LHD facilities and not just the main location.

As of January 2010, the board of health does have limited authority through G.S. 130A-498 to make all government buildings, grounds and public indoor places tobacco free with the approval of the county commissioners. Thus, the local health department can create a 50-foot boundary. For any policy or rule adopted after July 1, 2009 that prohibits smoking, 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 products and any policy or rule must address all uses.

“Making efforts” is defined as making a good faith effort to educate decision-makers about the authority that local governments have in North Carolina to go smoke-free/tobacco free and to educate about the health and economic benefits of going tobacco free. It includes assessment of support from decision-makers, including board of health, county commissioners, municipal and county managers and city/town councils.

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, 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 noncounty source) with an explanation of the public health rationale and request for approval. The response must be received in writing. If there is not a prohibition on tobacco use within at least 50 feet for all department facilities, the agency must demonstrate renewed efforts to do so at least once every accreditation cycle.

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.

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

None

Benchmark 31

Administrative Policies and Procedures

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.

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Activity 31.1

Administrative Policies and Procedures

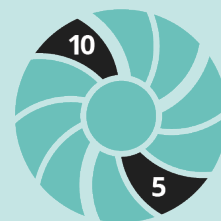
STANDARD

Facilities and Administrative Services

BENCHMARK

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

ESSENTIAL SERVICES



ACTIVITY

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.

REQUIRED DOCUMENTATION

- A. Administrative policies and procedures
AND
- B. Since the previous site visit, evidence of accessibility of administrative policies and procedures

INTERPRETATION

Intent

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.

Guidance

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 that must be included, but it should describe how staff can access the policies. Policies can be in hard copy or electronic formats, or a combination of both.

The second requirement is for the agency to provide evidence for how staff have accessed administrative policies and procedures, in accordance with policy, since the previous site visit. There is no specific format for this evidence – it could include informational emails, staff training records, etc.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

- **15.2 Program Policies and Procedures:** Focuses on the local health department developing and adopting program policies and procedures.
15.6 Accessibility of Policies and Procedures: Focuses on making sure that all staff have access to policies.
31.1 Administrative Policies and Procedures: Focuses on the development of administrative policies and procedures and ensuring they are available to local health department staff.
These activities may appear related but are distinct.
- **15.3 Policy Review and Revision:** Focuses on the policy on policies including how revisions are tracked and how staff are informed of changes in policies.
31.1 Administrative Policies and Procedures: Requires that all staff have access to current policies and that they know how to access them.
These activities may appear related but are distinct.

Activity 31.2

Organizational Chart

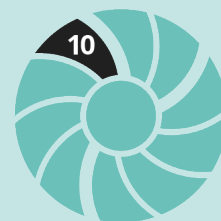
STANDARD

Facilities and Administrative Services

BENCHMARK

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

ESSENTIAL SERVICES



ACTIVITY

The local health department shall have a current organizational chart showing lines of authority.

REQUIRED DOCUMENTATION

- A. Current organizational chart with identifiable lines of authority

INTERPRETATION

Intent

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.

Guidance

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 during the site visit.

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. The chart should also be consistent with overall county government organizational charts.

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 must be included within the design of the chart.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

Multiple charts may be provided, if necessary. Public health staff should be highlighted on the chart and consistent with the staff that are provided on the Staff Roster submitted with the HDSAI.

CROSSWALK

None

Activity 31.3

Disciplinary/Grievance/Harassment Policy

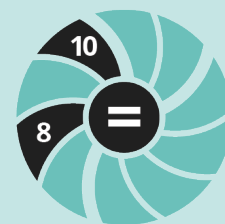
STANDARD

Facilities and Administrative Services

BENCHMARK

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

ESSENTIAL SERVICES



ACTIVITY

The local health department shall have written personnel policies that address disciplinary, grievance and harassment issues.

REQUIRED DOCUMENTATION

- A. Personnel policies that address disciplinary, grievance and harassment issues

INTERPRETATION

Intent

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.

Guidance

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.

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 stand-alone policies. If part of a comprehensive policy or manual, the department should flag the sections that address disciplinary, grievance and harassment issues.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

None

Activity 31.4

Position Descriptions

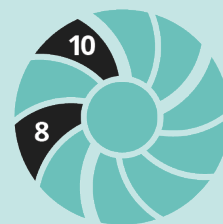
STANDARD

Facilities and Administrative Services

BENCHMARK

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

ESSENTIAL SERVICES



ACTIVITY

The local health department shall have current written position descriptions and qualifications for each staff position.

REQUIRED DOCUMENTATION

- A. Policy requiring annual review of position descriptions
AND
- B. For the year randomly selected for review, current position descriptions that have been signed, dated and reviewed annually by both employee and supervisor. Site visitors will review a written position description for each individual selected for review.

Site Visitors will review randomly selected personnel records based on health department size. At least 85% of the records reviewed must meet the documentation required.

<u>Health Dept. Staff</u>	<u>Personnel Records Accessed</u>
30 or fewer	8 records
31-100	8-12 records
101 or more	12-32 records

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

INTERPRETATION

Intent

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.

Guidance

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. 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 and date stamp. If an electronic system is used, copies that are current, dated and signed (i.e., authenticated) must be able to be provided for site visit personnel record review.

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 on duties and responsibilities of specific position sought here, the health department should use a supplemental form to adequately reflect the required information.

***Notes for 2020-2021 evidence:** Though signing, dating, and review of position descriptions for each staff member of the agency is expected to be conducted for 2020 and 2021, the years 2020 and 2021 will not be selected for review.*

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

- **31.4 Position Descriptions:** Requires current written position descriptions and qualifications for each staff position.
31.5 Performance Appraisal System: Requires a performance appraisal system for all staff.
37.4 BOH Signed Health Director Position Description: Requires evidence the health director position description has been reviewed, signed, dated.
37.4 and 31.4 are both related to position descriptions but are distinct and require different evidence. 31.5 is related to performance evaluation.

Activity 31.5

Performance Appraisal System

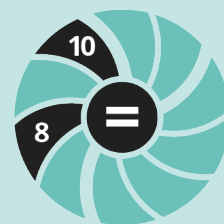
STANDARD

Facilities and Administrative Services

BENCHMARK

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

ESSENTIAL SERVICES



ACTIVITY

The local health department shall implement a performance appraisal system for all staff.

REQUIRED DOCUMENTATION

- A. Performance appraisal policies and procedures
AND
- B. For the year randomly selected for review, signed and dated annual performance appraisal. To be accepted as valid documentation, the performance appraisal should have been conducted within the 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. At least 85% of the records reviewed must meet the documentation required.

<u>Health Dept. Staff</u>	<u>Personnel Records Accessed</u>
30 or fewer	8 records
31-100	8-12 records
101 or more	12-32 records

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

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 first part of documentation for the activity is the policies and procedures that define the performance appraisal or evaluation process. For personnel records selected in the second part of documentation, 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 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. If an electronic system is used, copies that are current, dated and signed (i.e., authenticated) must be able to be provided for site visit personnel record review.

Performance appraisals for temporary, part-time or seasonal employees may be different from full-time staff, but all staff should be evaluated annually 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.

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. 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.

Notes for 2020-2021 evidence: Though performance appraisals are expected to be conducted for 2020 and 2021, the years 2020 and 2021 will not be selected for review.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

- **31.4 Position Descriptions:** Requires current written position descriptions and qualifications for each staff position.
31.5 Performance Appraisal System: Requires a performance appraisal system for all staff.
37.4 BOH Signed Health Director Position Description: Requires evidence the health director position description has been reviewed, signed, dated.
37.4 and 31.4 are both related to position descriptions but are distinct and require different evidence. 31.5 is related to performance evaluation.

Activity 31.6

Equipment Inventory and Replacement Plan

STANDARD

Facilities and Administrative Services

BENCHMARK

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

ESSENTIAL SERVICES



ACTIVITY

The local health department shall have an inventory of equipment that includes a plan for replacement.

REQUIRED DOCUMENTATION

- A. Inventory of equipment list
AND
- B. Current/updated replacement plan for equipment
AND
- C. Since the previous site visit, evidence that the plan has been followed

INTERPRETATION

Intent

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.

Guidance

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. 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. 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.

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. The plan may come from the county's Information Technology Department or could be internal. It is not expected here that the agency adheres strictly to

the replacement plan if contingencies arise, but rather that an agency be aware of the aging of its equipment and have a general plan for replacement over time, rather than all at once.

Evidence that the plan has been followed in some way since the previous site visit is also required. This could include linking replacement of a piece of equipment tagged in the plan with a purchase invoice, for example. Also, as replacement plans can be affected by emergencies or other challenges, evidence that attempts have been made to follow the plan (i.e., budget request, grant application, etc.) are also acceptable as evidence.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

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

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

None

Benchmark 32

Management Information System

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.

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Activity 32.1

Data Exchange

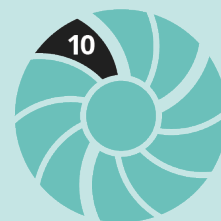
STANDARD

Facilities and Administrative Services

BENCHMARK

32: The local health department shall operate a secure and effective management information system.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall have computer equipment and software needed to interface with state data management systems.

REQUIRED DOCUMENTATION

- A. Since the previous site visit, evidence of data exchange between LHD and two different state systems

INTERPRETATION

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 and NCDHHS 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 requires two pieces of evidence: two examples of exchange of data/information with two different state systems (e.g., NCIR, NCEDSS, VRAS, BETS, Crossroads, etc.).

The two examples can be reports to show that data has been entered and submitted, sheets that document send dates and times, accounts reports of some type, or reports provided by the state.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

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

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

None

Activity 32.2

Management Information System

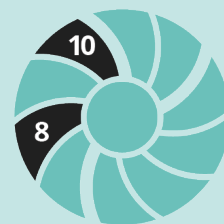
STANDARD

Facilities and Administrative Services

BENCHMARK

32: The local health department shall operate a secure and effective management information system.

ESSENTIAL SERVICES



ACTIVITY

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.

REQUIRED DOCUMENTATION

- A. Policy on training staff on management information systems
AND
- B. Since the previous site visit, evidence of how staff have been trained on management information systems in accordance with agency policy

INTERPRETATION

Intent

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.

Guidance

A management information system (MIS) is a computer system consisting of hardware and software that serves as the backbone of an organization's operations.

This activity requires policy/procedures for how agency staff are trained on MIS; this policy does not have to be stand-alone and can be a component of other agency policies/procedures or part of a county-wide policy.

This activity also requires evidence that relevant staff have been oriented to or received training in the use of management information systems since the previous site visit.

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 new employee 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.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

None

Activity 32.3

Computing Policy

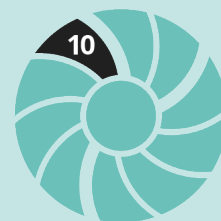
STANDARD

Facilities and Administrative Services

BENCHMARK

32: The local health department shall operate a secure and effective management information system.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall have a written policy regarding authorized and prohibited use of computer equipment, email and Internet.

REQUIRED DOCUMENTATION

- A. Policy on use of computer equipment, email and Internet

INTERPRETATION

Intent

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.

Guidance

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.

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 three areas and two components mentioned. The policy should define the consequences of using the MIS inappropriately.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

None

Activity 32.4

Management Information System Security

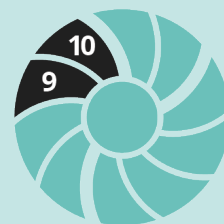
STANDARD

Facilities and Administrative Services

BENCHMARK

32: The local health department shall operate a secure and effective management information system.

ESSENTIAL SERVICES



ACTIVITY

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.

REQUIRED DOCUMENTATION

- A. Agency cyber-security policies/procedures and quality improvement plan
AND
- B. Since the previous site visit, evidence of implementation of agency cyber-security quality improvement plan

INTERPRETATION

Intent

Data in the health department information system or databases must be kept secure as required by good practices on confidentiality and by law. This includes the entire operation and full agency cyber-security. Policies/procedures are needed to define departmental security processes and functions, and a quality improvement plan ensures the necessary privacy of electronic information is maintained. 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.

Guidance

The health department must provide the policies/procedures assuring management information system (MIS) security and overall system cyber-security. The policies/procedures must protect information from being viewed or used inappropriately or by anyone who does not have a need to see the information.

As with other policies and procedures, the agency cyber-security policy/procedure 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.

The policy should be a comprehensive look at the agency's cyber-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. The plan/policy should be accompanied by a quality improvement plan.

The second component is for the department to provide evidence that efforts have been made to address gaps in system cyber-security since the previous site visit through addressing the quality improvement plan. All parts of the improvement plan do not need to be implemented if restricted by budget or other reasons, but documentation of efforts toward improvement elements should be addressed.

In counties where an agency's cyber-security policies and plans are controlled by the county or district, LHDs must work with the county or district to meet this activity requirement.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

- **30.4 Private and Secure Medical Records**
32.4 Management Information System Security
Evidence for 30.4 can also be used for 32.4.

Benchmark 33

Financial Accountability

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.

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Activity 33.1

Local Appropriations

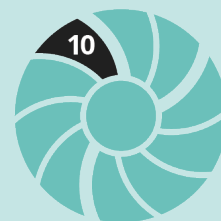
STANDARD

Facilities and Administrative Services

BENCHMARK

33: The local health department shall assure its financial accountability.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall demonstrate that it receives financial support from a local taxing authority.

REQUIRED DOCUMENTATION

- A. For each year since the previous site visit, evidence reflecting local appropriations for local health department

INTERPRETATION

Intent

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.

Guidance

The only required documentation for this activity is evidence of allocation of local funds to the local health department for every year since the previous site visit. This should be demonstrated through completion of the Budget Summary Template (see NCLHDA website) that, in part, breaks out actual allocation of local dollars in each year's approved budget.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

- **33.1 Local Appropriations**

- 39.5 BOH Assurance of Local Appropriations**

- 33.1 requires same document for all years since previous site visit; 39.5 for most recent budget year. Can provide same document for both.*

Activity 33.2

Approved Budget

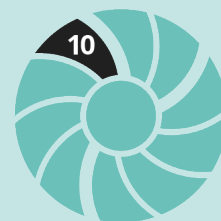
STANDARD

Facilities and Administrative Services

BENCHMARK

33: The local health department shall assure its financial accountability.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall operate under a budget approved by the appropriate authority under state statute.

REQUIRED DOCUMENTATION

- A. Current budget
AND
- B. Evidence that the current budget has received official approval from the appropriate authority

INTERPRETATION

Intent

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 defined in state statute under Chapter 159: Local Government Finance as well as in N.C. General Statute 130A-35.

Guidance

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, but is not required to do so.

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.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

None

Activity 33.3

Accounting Principles Compliance

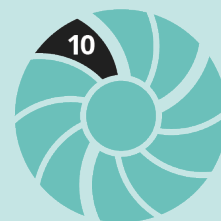
STANDARD

Facilities and
Administrative
Services

BENCHMARK

33: The local health department shall assure its financial accountability.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall follow generally accepted accounting principles.

REQUIRED DOCUMENTATION

- A. Findings of most recent audit
AND
- B. If the audit had findings related to the health department, evidence of corrective actions taken based on those findings
OR
- C. If there were no audit findings, the statement from the audit report indicating such

INTERPRETATION

Intent

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.

Guidance

The health department must provide an audit report or findings of its most recent audit. 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.

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.

The other element of evidence is to demonstrate that corrective actions have been taken or are underway to address any audit findings or, if there were no findings, a copy of that statement from the audit report.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

None

Activity 33.4

Financial Checks and Balances

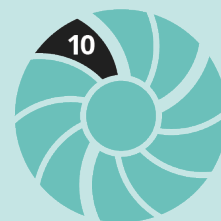
STANDARD

Facilities and Administrative Services

BENCHMARK

33: The local health department shall assure its financial accountability.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall have policies that assure segregation of financial management duties and accountability for funds.

REQUIRED DOCUMENTATION

- A. Policies that assure segregation of financial management duties and accountability of funds

INTERPRETATION

Intent

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.

Guidance

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. The policies are not limited from including other topics but must address these two areas.

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 verify their accounting work.

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.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

None

Activity 33.5

Cost of Services in Setting Fees

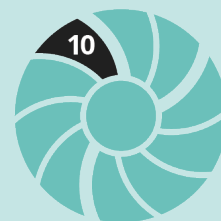
STANDARD

Facilities and Administrative Services

BENCHMARK

33: The local health department shall assure its financial accountability.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall determine the cost of services in setting fees.

REQUIRED DOCUMENTATION

- A. For each year since the previous site visit, **except for 2020 and 2021**, data or methodology used to determine costs
AND
- B. For each year since the previous site visit, **except for 2020 and 2021**, minutes of agency meetings where costs of services are determined and fees proposed

INTERPRETATION

Intent

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 on, at least, an annual basis. The activity does not require the approval of fees or even the fee listing; rather, it requires the information used to determine the fees that will be proposed.

Guidance

The department must 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 should use a process that helps determine the most accurate and valid numbers for both costs and fees.

The health department maintains many fees within different areas of the agency. Therefore, analysis of the cost of services in setting fees applies to not just clinic or immunization fees, but also environmental health fees or other agency fees. Though agency fees do not have to be changed if not warranted, review of cost of services (including data/methodology used to determine costs) for all fees should be conducted by the agency at least annually (either all fees at one time or different categories of fees at different times is acceptable).

The health department is required to provide minutes of meetings within the department, at least annually, 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. 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.

Notes for 2020-2021 evidence: Documentation will not be required for calendar years 2020 and 2021.

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.

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

If the board of county commissioners has assumed the power/duties of the board of health, they or the advisory committee on health may be used to meet documentation B. However, note that actual approval of the fees is statutory and must be done by the board of health (or board of county commissioners, but NOT the advisory committee on health) – this is covered in Activity 39.3.

CROSSWALK

- **33.5 Cost of Services in Setting Fees:** Evidence is focused on showing what information was used to determine costs and set fees.
33.7 Financial Risk Management System: Evidence shows the local health department has a risk management system for uncollected fees.
39.3 BOH Approval of Fees: Evidence the BOH has reviewed and approved fees.
These activities may appear related but are distinct.

Activity 33.6

Financial Reports

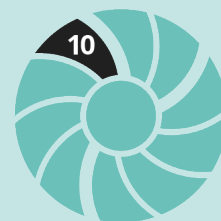
STANDARD

Facilities and Administrative Services

BENCHMARK

33: The local health department shall assure its financial accountability.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall develop and present periodic budget, expenditure and other financial tracking reports to the board of health for its review.

REQUIRED DOCUMENTATION

- A. Since the previous site visit, two different financial reports
AND
- B. Since the previous site visit, BOH minutes reflecting presentation of those reports

INTERPRETATION

Intent

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.

Guidance

Documentation for this activity is to provide two different financial reports. The reports must be of separate types providing different types of information. The reports cannot be reports of the same kind, such as two 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.

Evidence must be provided through BOH minutes demonstrating the presentation of those reports occurs.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

If the board of county commissioners has assumed power/duties of the BOH, the two financial reports must be presented to them (not the advisory committee on health).

CROSSWALK

- **33.6 Financial Reports**

- 39.2 BOH Review of Fiscal Reports**

- 33.6 is related to 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 presentation to BOH of financial reports in the minutes for documentation. However, the reports and the focus should be of a different nature. The focus in that 39.2 is that resources are being provided for needed services. The focus in 33.6 is to assess financial accountability. These activities may appear related but are distinct.*

Activity 33.7

Financial Risk Management System

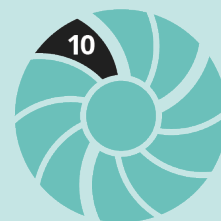
STANDARD

Facilities and Administrative Services

BENCHMARK

33: The local health department shall assure its financial accountability.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall have a financial risk management system in place to address uncollected fees and bad debt.

REQUIRED DOCUMENTATION

- A. Policies and procedures defining financial risk management for uncollected fees and bad debt
AND
- B. Since the previous site visit, evidence of implementation of the financial management system in accordance with agency policy

INTERPRETATION

Intent

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.

Guidance

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.

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).

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

- **33.5 Cost of Services in Setting Fees:** Evidence is focused on showing what information was used to determine costs and set fees.
33.7 Financial Risk Management System: Evidence shows the local health department has a risk management system for uncollected fees.
39.3 BOH Approval of Fees: Evidence the BOH has reviewed and approved fees.
These activities may appear related but are distinct.

Benchmark 34

Board of Health Rule-making

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.

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Activity 34.1

BOH Operating Procedures

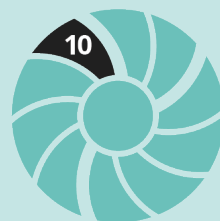
STANDARD

Governance

BENCHMARK

34: The local board of health shall exercise its authority to adopt and enforce rules necessary to protect and promote the public's health.

ESSENTIAL SERVICES



ACTIVITY

The local board of health shall have operating procedures which shall comply with state law.

REQUIRED DOCUMENTATION

- A. Current board of health operating procedures

INTERPRETATION

Intent

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.

Guidance

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.

The board of health operating procedures must be consistent with the content in the Operating Procedures document located on the NCLHDA website. 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.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

If board of 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 they 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.

CROSSWALK

None

Activity 34.2

BOH Access to Legal Counsel

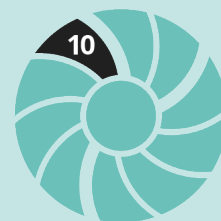
STANDARD

Governance

BENCHMARK

34: The local board of health shall exercise its authority to adopt and enforce rules necessary to protect and promote the public's health.

ESSENTIAL SERVICES



ACTIVITY

The local board of health shall have access to legal counsel.

REQUIRED DOCUMENTATION

- A. Current copy of contract, letter of agreement, correspondence, or other evidence verifying access to legal counsel

INTERPRETATION

Intent

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.

Guidance

For this activity, the required documentation is some type of evidence that verifies access by the BOH to legal counsel – beyond that of the N.C. Division of Public Health's Office of Regulatory and Legal Affairs Chief. 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 within the past 24 months. There also may be current 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. 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.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

If the board of county commissioners has assumed the powers/duties of the board of health, the requirement applies to them (not the advisory committee on health).

CROSSWALK

None

Activity 34.3

BOH Procedures for Adopting Rules/Ordinances

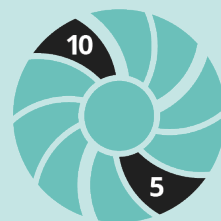
STANDARD

Governances

BENCHMARK

34: The local board of health shall exercise its authority to adopt and enforce rules necessary to protect and promote the public's health.

ESSENTIAL SERVICES



ACTIVITY

The local board of health shall follow the procedures for adopting rules in G.S. 130A-39.

REQUIRED DOCUMENTATION

- A. Policy/procedures for rule-making
AND
- B. If a rule has been adopted since the previous site visit, evidence that policy/procedure was followed
OR
- C. If a rule has not been adopted since the previous site visit, evidence of signed board of health statement to that effect

INTERPRETATION

Intent

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.

Guidance

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 since the previous site visit. If no rules have been adopted since the previous site visit, a statement saying such and signed by the BOH chair can be submitted as evidence.

If a rule has been adopted since the previous site visit, one of the following forms of documentation must be provided:

- 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.

- The policy/procedure manual which defines how the BOH adopts rules.
- Correspondence with legal counsel referencing BOH's legal procedures in adopting rules.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

If the board of county commissioners has assumed the powers/duties of the board of health, the requirement applies to them (not the advisory committee on health).

CROSSWALK

- **14.3 Evaluation of Need for Additional Rules/Ordinances**
14.4 Development/Presentation of New/Amended Rules/Ordinances
34.3 BOH Procedures for Adopting Rules/Ordinances
If a need for a rule is shown in Activity 14.3, the evidence for activity 14.4 cites the new/amended rule, and Activity 34.3 requires evidence that shows the rule-making policy/procedure was followed. If there is no need identified in Activity 14.3, both Activity 14.4 and 34.3 required a signed statement to that effect.

Activity 34.4

BOH Evaluation of Need for Rule/Ordinance Adoption/Amendment

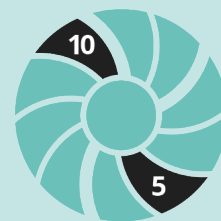
STANDARD

Governance

BENCHMARK

34: The local board of health shall exercise its authority to adopt and enforce rules necessary to protect and promote the public's health.

ESSENTIAL SERVICES



ACTIVITY

The local board of health shall evaluate the need for the adoption or amendment of local rules or ordinances.

REQUIRED DOCUMENTATION

- A. Since the previous site visit, evidence of implementation of rules/ordinance adoption or amendment
OR
Since the previous site visit, BOH minutes indicating that the BOH has done an evaluation and feels no new or amended rules or ordinances are needed

INTERPRETATION

Intent

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.

Guidance

There is one piece of evidence that is required for this activity and it must be since the previous site visit. Evidence that new rules/ordinances have been developed or current rules/ordinances amended should be provided to demonstrate BOH evaluation of the need for local rules or ordinances. BOH minutes should record a discussion or decision on the need for adoption or amendment of local rules.

However, even if no rules/ordinances were adopted or amended since the previous site visit, the BOH should be actively and periodically involved in the evaluation of the need for such change. Therefore, if no rules/ordinances were adopted or amended, the agency must submit BOH minutes demonstrating that the board has engaged in a process to evaluate the need for new/amended local rules or ordinances. BOH minutes should record a discussion and decision that there is no need for adoption of new rules or ordinances or amendment of current local rules or ordinances.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

If the board of county commissioners has assumed the powers/duties of the board of health, the requirement applies to them (not the advisory committee on health).

CROSSWALK

None

Benchmark 35

Board of Health Appeals

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, N.C. 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.

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Activity 35.1

BOH Adjudication Procedures

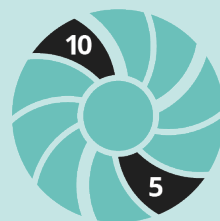
STANDARD

Governance

BENCHMARK

35: The local board of health shall assure a fair and equitable adjudication process.

ESSENTIAL SERVICES



ACTIVITY

The local board of health shall assure it follows the procedures for adjudications in G.S. 130A-24.

REQUIRED DOCUMENTATION

- A. Policies and/or procedures for adjudications, specific to G.S. 130A-24
AND
- B. If an adjudication has occurred since the previous site visit, evidence that policy/procedure was followed
OR
If an adjudication has not occurred since the previous site visit, evidence of signed board of health statement to that effect.

INTERPRETATION

Intent

The board of health may be asked to review action taken by health department staff regarding 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.

Guidance

This activity relates to any rules that have been adopted by the BOH. Even if there have been no rules adopted by the BOH, there is still a need to have policies and procedures so that they have in place an adjudication process and appeals procedure.

In addition to a copy of the policy/procedures, the BOH must submit evidence if there has been action since the previous site visit. 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.

If there have not been any adjudications since the previous site visit, evidence of signed board of health statement to that effect is required.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

If the board of county commissioners has assumed the powers/duties of the board of health, the requirement applies to them (not the advisory committee on health).

CROSSWALK

None

Benchmark 36

Board of Health Training

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.

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Activity 36.1

BOH Handbook

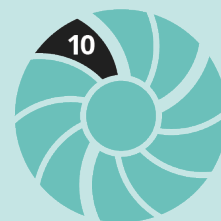
STANDARD

Governance

BENCHMARK

36: The local board of health members shall be trained regarding their service on the board.

ESSENTIAL SERVICES



ACTIVITY

The local health department shall provide board of health members with a written board handbook developed or updated within the past 12 months.

REQUIRED DOCUMENTATION

- A. Dated BOH handbook updated in the past 12 months

INTERPRETATION

Intent

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, ongoing 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.

Guidance

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. The handbook may be a printed copy or provided electronically. 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. It must have been updated within the past 12 months.

As an example, the handbook may include the following:

- *BOH specific Information* – 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
- *Health Department Specific Information* – 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.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

If the board of county commissioners has assumed the powers/duties of the board of health, the requirement applies to them (not the advisory committee on health).

CROSSWALK

None

Activity 36.2

BOH New Member Training

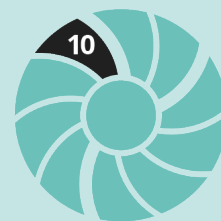
STANDARD

Governance

BENCHMARK

36: The local board of health members shall be trained regarding their service on the board.

ESSENTIAL SERVICES



ACTIVITY

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.

REQUIRED DOCUMENTATION

- A. Policies and/or procedures for BOH training
AND
- B. Training materials used
AND
- C. Dated evidence of new BOH members' participation in orientation training activities during their first year of service

INTERPRETATION

Intent

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.

Guidance

This activity has three required pieces of documentation. A BOH should have procedures for training new board members. 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. The BOH must also 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 third 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.

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. Training can be in-person, via web-based platforms, or through self-study.

Documentation of orientation training should be provided for all BOH members appointed since the previous site visit and currently serving on the board. Note that members re-appointed or members of the BOH who are now members of a consolidated board do not need to repeat the orientation unless the content has changed since they were oriented.

While it may be helpful to have some basic information on board member roles and responsibilities in the operating guide, specific training is required for new board member onboarding. Information in an operating guide is not sufficient to meet this activity documentation.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

If the board of county commissioners has assumed the powers/duties of the board of health, the requirement applies to them (not the advisory committee on health).

CROSSWALK

- **36.2 BOH New Member Training**
36.3 BOH Ongoing Member Training
36.2 and 36.3 require the same initial evidence — the board training policy and materials used in board member trainings. However, 36.2 requires evidence of the orientation training of board members within their first year of service, and 36.3 requires evidence of all board member trainings related to authorities and responsibilities of BOH since the previous site visit.

Activity 36.3

BOH Ongoing Member Training

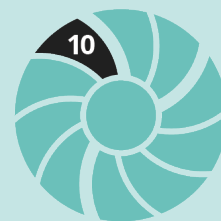
STANDARD

Governance

BENCHMARK

36: The local board of health members shall be trained regarding their service on the board.

ESSENTIAL SERVICES



ACTIVITY

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.

REQUIRED DOCUMENTATION

- A. Policies and/or procedures for BOH training
AND
- B. Training materials used
AND
- C. Dated evidence of all BOH members' participation in ongoing training activities related to authorities and responsibilities of BOH since the previous site visit

INTERPRETATION

Intent

This activity complements Activity 36.2. Just as new BOH members should be properly oriented on their roles and responsibilities, members should also receive ongoing training on the work of the agency and their responsibilities toward the public health issues that could affect their residents.

Guidance

The required documentation for this activity parallels that of Activity 36.2. There are three pieces of evidence that must be provided. First, a BOH should have procedures for ongoing training for board members. 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. The same policy may be used as for 36.2 and new board member orientation training, but there must be a separate section that addresses ongoing member training. This policy/section should specify when and how training is conducted. Second, the BOH must provide the materials used to train BOH members about their authorities and responsibilities. The third piece of evidence is dated evidence of participation in training by BOH members since the previous site visit.

Each department or BOH will determine what the schedule should be for ongoing training. At a minimum, it would be at least once during an 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 orientation training. However, it may be easiest to have all members attend this ongoing training.

It is expected that the orientation or initial training used in Activity 36.2 will be much more in depth than the ongoing training for this activity.

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. However, the training does not need to be recurring training on basic roles/responsibilities from board member orientation training. The training may cover any relevant or emerging public health topic (such as isolation/quarantine authorities as related to an emerging infectious disease or updates to state environmental health rules) so long as the training includes/highlights the BOH rule-making or other authority as it relates to that topic. 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.

Notes for 2020-2021 evidence: If training was planned per policy timeline in 2020 and/or 2021, but not able to be conducted, the department should provide a memo/plan stating this along with an updated timeline for future training in accordance with policy.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

If the board of county commissioners has assumed the powers/duties of the board of health, the requirement applies to them (not the advisory committee on health).

CROSSWALK

- **36.2 BOH New Member Training**
36.3 BOH Ongoing Member Training
36.2 and 36.3 require the same initial evidence — the board training policy and materials used in board member trainings. However, 36.2 requires evidence of the orientation training of board members within their first year of service, and 36.3 requires evidence of all board member trainings related to authorities and responsibilities of BOH since the previous site visit.

Benchmark 37

Board of Health Role in Assuring Qualified Staff

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.

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Activity 37.1

BOH Assurance of Qualified Health Director

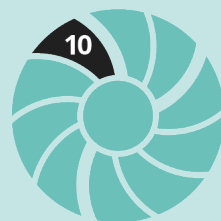
STANDARD

Governance

BENCHMARK

37: 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.

ESSENTIAL SERVICES



ACTIVITY

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.

REQUIRED DOCUMENTATION

- A. For a health director hired before 2004, evidence of required credentials (in accordance with 130A-40) through education documentation
OR
For a health director hired in 2004 and after, evidence of compliance with legal requirements through NCDPH qualification letter or NC OSHR communication
OR
If the position is currently vacant, evidence that the former health director was qualified in accordance with the appropriate documentation choice above

INTERPRETATION

Intent

In North Carolina, the board of health or the consolidated human services director has the authority and responsibility of hiring a qualified health director in accordance with G.S. 130A-40. The N.C. 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.

Guidance

For health directors hired before 2004, 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 G.S. 130A-40 – Appointment of local health director. This may be a copy of a diploma showing degree awarded or a copy of the transcript stating the degree awarded. For health directors hired in 2004 and after, evidence of compliance with legal requirements must be a letter from the Division of Public Health or NC Office of State Human Resources communication stating that the division has determined that the person is qualified to be in the position of health director.

If the health director position is not filled as of the HDSAI due date, evidence that the former health director was qualified must be provided. Information on the former health director should include dates of employment as well as qualification information (in accordance with the first or second evidence requirement depending on year of hire).

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

The agent responsible for this activity may be the board of health or consolidated human services director, depending on human services agency structure.

CROSSWALK

- **23.1 Qualified Health Director:** The LHD shall have or be recruiting, a health director who meets the legal requirements for the position.
37.1 BOH Assurance of Qualified Health Director: 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.
37.3 BOH Requirements of Health Director: 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.
These activities may appear related but are distinct.

Activity 37.2

BOH Administrative Policy Approval

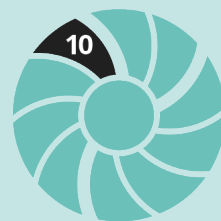
STANDARD

Governance

BENCHMARK

37: 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.

ESSENTIAL SERVICES



ACTIVITY

The local board of health shall approve policies for the administration of local public health programs.

REQUIRED DOCUMENTATION

- A. Since the previous site visit, BOH minutes approving policies in compliance with the organization's policy on policies

INTERPRETATION

Intent

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.

Guidance

The required documentation for this activity is a copy of BOH minutes which records the board of health approving administrative 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.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

If the board of county commissioners has assumed the powers/duties of the board of health, the requirement applies to them (not the advisory committee on health).

CROSSWALK

None

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Activity 37.3

BOH Requirements of Health Director

STANDARD

Governance

BENCHMARK

37: 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.

ESSENTIAL SERVICES



ACTIVITY

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.

REQUIRED DOCUMENTATION

- A. If the local board of health or the consolidated human services director has hired a health director since the previous site visit or if a search is presently underway, evidence that BOH or consolidated human services director sought or is seeking a health director with the knowledge, skills, and abilities that must be met by a local health director

OR

If the health director has been in place since the previous site visit, evidence of signed board of health/consolidated human services director statement indicating that the local health department director has been in their 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

INTERPRETATION

Intent

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.

Guidance

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 since the previous site visit. The BOH or consolidated human services director must submit documentation or meeting minutes reflecting discussion of the knowledge, skills and abilities (not legal qualifications which are covered in Activity 37.1) that candidates must possess if they are to be considered for the health director position.

If the health director has been in place since the previous site visit, a statement as described above 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.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

The agent responsible for this activity may be the board of health or consolidated human services director, depending on human services agency structure.

CROSSWALK

- **23.1 Qualified Health Director:** The LHD shall have or be recruiting, a health director who meets the legal requirements for the position.
37.1 BOH Assurance of Qualified Health Director: 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.
37.3 BOH Requirements of Health Director: 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.
These activities may appear related but are distinct.

Activity 37.4

BOH Signed Health Director Position Description

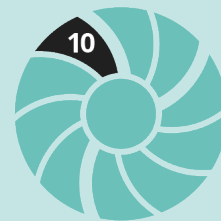
STANDARD

Governance

BENCHMARK

37: 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.

ESSENTIAL SERVICES



ACTIVITY

The local board of health or the consolidated human services director shall review and approve the job description of the local health director.

REQUIRED DOCUMENTATION

- A. Current health director job description that has been signed, dated and reviewed within the past 12 months
AND
- B. At least once since the previous site visit, evidence that the BOH reviewed and approved the health director job description

INTERPRETATION

Intent

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.

Guidance

This activity requires two pieces of documentation. First, a copy of the current health director job description that has been signed, dated and reviewed within the past 12 months is required. Second, BOH minutes recording discussion and approval of the health director's job description must be submitted.

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.

When a board of health is the local entity who hires and supervises the local health director, the chair is usually ultimately responsible for annually reviewing, dating and signing off on the health director's job description. While the full BOH does not have to adopt or sign the job description annually, it may choose to do so. The key element here is that the full BOH is aware of the contents of the job description and had the opportunity for input and final approval as appropriate and as evidenced by e-mails, minutes, or other correspondence. Full BOH review/approval is not necessary annually unless changes have been made to the job description since their last review. However, the full BOH must review/approve at least once since the previous site visit.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

The agent responsible for this activity may be the board of health or consolidated human services director, depending on Human Services Agency structure. If the consolidated human services director is also designated health director, then job description review/approval conducted by a county manager or other official will meet the requirements of this activity, though board of health involvement is still required. If review is done by the consolidated human services director, review/approval is fully covered in Part A, so Part B is not required.

CROSSWALK

- **31.4 Position Descriptions:** Requires current written position descriptions and qualifications for each staff position.
31.5 Performance Appraisal System: Requires a performance appraisal system for all staff.
37.4 BOH Signed Health Director Position Description: Requires evidence the health director position description has been reviewed, signed, dated.
37.4 and 31.4 are both related to position descriptions but are distinct and require different evidence. 31.5 is related to performance evaluation.

Activity 37.5

BOH Signed Health Director Performance Review

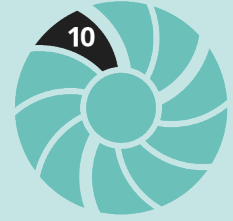
STANDARD

Governance

BENCHMARK

37: 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.

ESSENTIAL SERVICES



ACTIVITY

The local board of health or the consolidated human services director shall conduct an annual performance review of the health director.

REQUIRED DOCUMENTATION

- A. Current health director performance review that has been signed, dated and reviewed within the past 12 months
AND
- B. Evidence that the BOH had input in the most recent health director performance review

INTERPRETATION

Intent

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.

Guidance

This activity is a complement to 37.4 and requires two pieces of documentation. First, a copy of the current health director performance review that has been signed, dated and reviewed within the past 12 months is required. Second, correspondence from the BOH recording input on the health director's performance evaluation must be submitted.

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.

When a board of health is the local entity who hires and supervises the local health director, the chair is usually ultimately responsible for annually conducting the health director's performance review. While the full BOH does not have to participate fully in the process, it may choose to do so. The key element here is that the full BOH had the opportunity for input and final approval as appropriate and as evidenced by e-mails, minutes or other correspondence and that final results were reported back to the full BOH.

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 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.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

The agent responsible for this activity may be the board of health or consolidated human services director, depending on human services agency structure. If the consolidated human services director is also designated health director, then job performance review conducted by a county manager or other official will meet the requirements of this activity, though board of health involvement is still required. If review is done by the consolidated human services director, review/approval is fully covered in Part A, so Part B is not required.

CROSSWALK

None

Activity 37.6

BOH Approval of Staff Workforce Policies

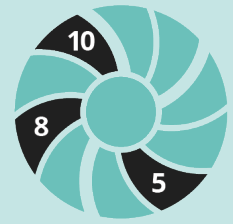
STANDARD

Governance

BENCHMARK

37: 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.

ESSENTIAL SERVICES



ACTIVITY

The local board of health or the consolidated human services director shall approve policies for the recruitment, retention and workforce development for agency staff.

REQUIRED DOCUMENTATION

- A. Since the previous site visit, BOH minutes or consolidated human services director correspondence indicating approval of policies, plans or allocations through the budget process to provide for recruitment, retention and workforce development for agency staff

INTERPRETATION

Intent

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.

Guidance

The documentation required for this activity is a copy of BOH minutes or consolidated human services director correspondence that reflects the 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, retention and workforce development for all agency positions and for staff.

If the BOH or consolidated human services director is meeting this activity through budget allocations, the documentation should record specific budgetary amounts and the purpose for the allocation.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

The agent responsible for this activity may be the board of health or consolidated human services director, depending on human services agency structure.

CROSSWALK

None

Benchmark 38

Board of Health Role in Community Partnerships

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.

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Activity 38.1

BOH Review of Community Health Reports

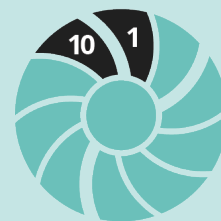
STANDARD

Governance

BENCHMARK

38: The local board of health shall participate in the establishment of public health goals and objectives.

ESSENTIAL SERVICES



ACTIVITY

The local board of health shall annually review reports provided by the local health department on the community's health.

REQUIRED DOCUMENTATION

- A. For each year since the previous site visit, board of health minutes reflecting review of two annual reports related to the community's health

INTERPRETATION

Intent

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.

Guidance

There are eight pieces of evidence that are required for this activity. The documentation 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. Rather, this activity is specific to reports that contain information and statistics on the health of the communities served by the department.

Examples of reports reviewed could include 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, an update on county health rankings, SOTCH report, etc. An annual report on local disease incidence and trends cannot be submitted as it is covered in Activity 2.4. Likewise, CHA reports cannot be submitted as they are covered in Activity 38.2.

Notes for 2020-2021 evidence: Only one report per year is required in 2020 and 2021. During these years, the format of the report may be different than a typical annual report.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

If the board of county commissioners has assumed the powers/duties of the board of health, the requirement applies to them (not the advisory committee on health).

CROSSWALK

- **38.1 BOH Review of Community Health Reports:** Requires evidence that BOH/advisory committee on health reviews health statistics of the communities served by the department.
- **38.2 BOH Review of Health Data and Citizen Input:** Requires evidence that BOH/advisory committee on health reviews citizen input.
- **38.3 BOH Assurance of Community Collaboration for Improvement:** Requires evidence BOH/Advisory committee on health sought public participation in community health improvement.
These activities may appear related but are distinct.

Activity 38.2

BOH Review of Health Data and Citizen Input

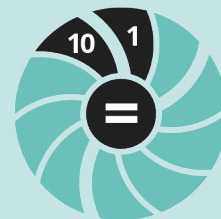
STANDARD

Governance

BENCHMARK

38: The local board of health shall participate in the establishment of public health goals and objectives.

ESSENTIAL SERVICES



ACTIVITY

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.

REQUIRED DOCUMENTATION

- A. Since the previous site visit, evidence of BOH or advisory committee on health review of specific aspects of CHA data and citizen input (for each year a CHA was conducted, **excluding 2020 and 2021**)

INTERPRETATION

Intent

This activity requires BOH or advisory committee on health members to have an active role in setting health-related goals by reviewing data from the Community Health Assessment process. The BOH or advisory committee on health must review the data and hear from residents. The input from residents may be directly given to the board or indirectly through the health assessment process or client surveys.

Guidance

The single requirement for this activity is review of specific aspects of CHA data and citizen input by the BOH or advisory committee on health – depending on the agency's CHA cycle, this may include one or two CHA reports. The aspects looked at should be focused on data and citizen input specifically.

CHA reports should be reviewed by the board of health or advisory committee on health promptly upon completion.

Notes for 2020-2021 evidence: Evidence of review of CHA data and citizen input will not be required for the calendar years 2020 and 2021.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

If CHAs are not conducted for the district as a whole, then discussion should address each county's CHA.

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

If the board of county commissioners has assumed the powers/duties of the board of health, the advisory committee on health can fulfill this activity.

CROSSWALK

- **38.1 BOH Review of Community Health Reports:** Requires evidence that BOH/advisory committee on health reviews health statistics of the communities served by the department.
38.2 BOH Review of Health Data and Citizen Input: Requires evidence that BOH/advisory committee on health reviews citizen input.
38.3 BOH Assurance of Community Collaboration for Improvement: Requires evidence BOH/Advisory committee on health sought public participation in community health improvement.
These activities may appear related but are distinct.

Activity 38.3

BOH Assurance of Community Collaboration for Improvement

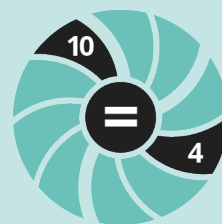
STANDARD

Governance

BENCHMARK

38: The local board of health shall participate in the establishment of public health goals and objectives.

ESSENTIAL SERVICES



ACTIVITY

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.

REQUIRED DOCUMENTATION

- A. Since the previous site visit, evidence that the BOH/advisory committee on health assured public participation in community health improvement

INTERPRETATION

Intent

The BOH/advisory committee on health serves as a link between residents, communities served, 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/advisory committee on health and the local agency accomplish this.

Guidance

The evidence for this activity is demonstration that the BOH/advisory committee on health sought and received public comment/participation. Note that the public participation must be related to community health improvement specifically.

Public participation may be through individual comments given at a BOH/advisory committee on health 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 BOH/advisory committee on health. Comments that are shared with or received by the Director or staff may also be relayed to the BOH/advisory committee on health and used in planning and in the development of goals and strategies. Evidence from the CHA process can be used but must specifically demonstrate how the BOH/advisory committee on health was involved in gaining public participation.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

If the board of county commissioners has assumed the powers/duties of the board of health, the advisory committee on health can fulfill this activity.

CROSSWALK

- **12.1 Collaboration to Identify Strategies:** Evidence the BOH/Advisory committee on health was involved.
38.3 BOH Assurance of Community Collaboration for Improvement: Evidence BOH/Advisory committee on health sought public participation in community health improvement.
Same evidence for 38.3 and 12.1 if the BOH was involved with getting participation.
- **38.1 BOH Review of Community Health Reports:** Requires evidence that BOH/advisory committee on health reviews health statistics of the communities served by the department.
38.2 BOH Review of Health Data and Citizen Input: Requires evidence that BOH/advisory committee on health reviews citizen input.
38.3 BOH Assurance of Community Collaboration for Improvement: Requires evidence BOH/Advisory committee on health sought public participation in community health improvement.
These activities may appear related but are distinct.
- **38.3 BOH Assurance of Community Collaboration for Improvement:** Focuses on public health issues.
41.1 BOH Efforts for Community Input: Focuses on community health improvement.
These activities may appear related but are distinct.

Benchmark 39

Board of Health Role in Assuring Resources

Standard 1 under the N.C. 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.

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Activity 39.1

BOH Support of Securing Funding

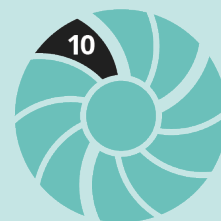
STANDARD

Governance

BENCHMARK

39: 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).

ESSENTIAL SERVICES



ACTIVITY

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.

REQUIRED DOCUMENTATION

- A. Since the previous site visit, BOH or advisory committee on health correspondence to board of county commissioners about efforts to secure financial resources
AND
- B. Since the previous site visit, BOH or advisory committee on health correspondence with other units of government or private foundations in regards to efforts to secure financial resources

INTERPRETATION

Intent

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.

Guidance

This activity first requires evidence of correspondence to the board of county commissioners in support of health department efforts to secure national, state and local financial resources. The second required piece of evidence is correspondence to private foundations or other units of government regarding local health department efforts to secure national, state and local financial resources.

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

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.

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

If the board of county commissioners has assumed the powers/duties of the board of health, the advisory committee on health can fulfill this activity.

CROSSWALK

- **12.2 Collaboration to Assess Resource Needs**
15.4 Assessment of Policy/Procedure Resources
39.1 BOH Support of Securing Funding
These activities may appear related but are distinct. 15.4 is about assessing resources for agency policy. 39.1 is about BOH assessing resources to push forward work/programs. There is also another (12.2) about assessing resources by LHD for community health programming.
- **12.3 Collaboration to Implement Population-Based Programs**
39.1 BOH Support of Securing Funding: 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.
39.4 BOH Support of Programs and Processes: 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.
If the BOH/advisory committee on health can be involved in the collaborative process for 12.3 the same evidence for could also be used for 39.1 and/or 39.4.
- **14.2 Supporting Policymakers in Priorities and Programs:** Requires evidence of LHD communication with BOH and county commissioners about public health priority setting and program planning
39.1 BOH Support of Securing Funding: Requires evidence of BOH or health advisory committee garnering support for securing financial resources.
39.2 BOH Review of Fiscal Reports: Requires evidence of funding for the provision of essential public health services.
These activities may appear related but are distinct

Activity 39.2

BOH Review of Fiscal Reports

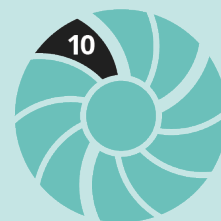
STANDARD

Governance

BENCHMARK

39: 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).

ESSENTIAL SERVICES



ACTIVITY

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.

REQUIRED DOCUMENTATION

- A. Since the previous site visit, evidence of two examples of BOH minutes demonstrating review of fiscal reports that assure essential services of public health are being provided

INTERPRETATION

Intent

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.

Guidance

For this activity, the required BOH minutes must show review of two separate fiscal reports that clearly demonstrate assurance that essential services of public health are being provided.

There is no defined type or frequency of reports. The only defined criterion is that the reports are fiscal, and two examples must be provided. 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 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.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

If the board of county commissioners has assumed the powers/duties of the board of health, the requirement applies to them (not the advisory committee on health).

CROSSWALK

- **14.2 Supporting Policymakers in Priorities and Programs:** Requires evidence of LHD communication with BOH and county commissioners about public health priority setting and program planning
39.1 BOH Support of Securing Funding: Requires evidence of BOH or health advisory committee garnering support for securing financial resources.
39.2 BOH Review of Fiscal Reports: Requires evidence of funding for the provision of essential public health services.
These activities may appear related but are distinct.
- **33.6 Financial Reports**
39.2 BOH Review of Fiscal Reports
33.6 is related to 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 presentation to BOH of financial reports in the minutes for documentation. However, the reports and the focus should be of a different nature. The focus in that 39.2 is that resources are being provided for needed services. The focus in 33.6 is to assess financial accountability. These activities may appear related but are distinct.

Activity 39.3

BOH Approval of Fees

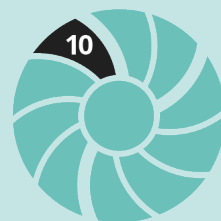
STANDARD

Governance

BENCHMARK

39: 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).

ESSENTIAL SERVICES



ACTIVITY

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).

REQUIRED DOCUMENTATION

- A. Since the previous site visit, BOH minutes reflecting review and approval of department fees

INTERPRETATION

Intent

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. As approval of the agency budget is required documentation for Activity 33.2, only documentation for review and approval of departmental fees is required here.

Guidance

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.

The required documentation for this activity is a copy of BOH minutes reflecting review and approval of department fees. Any fee that may be charged by the health department- to include not just clinic visit or immunization fees, but also environmental health fees, or any other agency fee- should be taken to the BOH for approval and should be submitted as evidence. This may be done annually or as changes to individual fees occur. Each department will determine the process whereby the BOH participates in approving the fee lists. This may be done during a single meeting or may extend over several meetings. While discussion and deliberation on fees may be covered over a series of BOH meetings, the agency need only provide the minutes showing approval of the fees.

Evidence of annual review and approval of the local health department budget is covered in Activity 33.2 and not necessary to provide here unless approval of the budget explicitly includes fee approval concurrently.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

If the board of county commissioners has assumed the powers/duties of the board of health, the requirement applies to them (not the advisory committee on health).

CROSSWALK

- **33.5 Cost of Services in Setting Fees:** Evidence is focused on showing what information was used to determine costs and set fees.
33.7 Financial Risk Management System: Evidence shows the local health department has a risk management system for uncollected fees.
39.3 BOH Approval of Fees: Evidence the BOH has reviewed and approved fees.
These activities may appear related but are distinct.

Activity 39.4

BOH Support of Programs and Processes

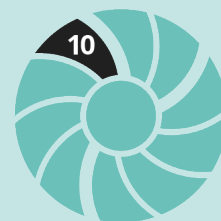
STANDARD

Governance

BENCHMARK

39: 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).

ESSENTIAL SERVICES



ACTIVITY

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.

REQUIRED DOCUMENTATION

- A. Since the previous site visit, BOH or advisory committee on health communication with board of county commissioners in support of public health programs and improvement
AND
- B. Since the previous site visit, BOH or advisory committee on health communication with other units of government or private foundations in support of public health programs and improvement

INTERPRETATION

Intent

The intent is for the BOH or advisory committee on health 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.

Guidance

This activity requires two pieces of evidence. The first piece is communication with the board of county commissioners. The other piece of evidence must be communication 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. The Community Health Assessment process can be used as the basis for this communication as long as all three components are addressed.

It is understood that the health director may serve, or be directed by the board to serve, as the designee for the BOH or 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 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

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.

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

If the board of county commissioners has assumed the powers/duties of the board of health, the advisory committee on health can fulfill this activity.

CROSSWALK

- **12.3 Collaboration to Implement Population-Based Programs**

39.1 BOH Support of Securing Funding: 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.

39.4 BOH Support of Programs and Processes: 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.

If the BOH/advisory committee on health can be involved in the collaborative process for 12.3 the same evidence for could also be used for 39.1 and/or 39.4.

Activity 39.5

BOH Assurance of Local Appropriations

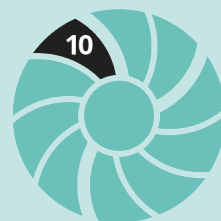
STANDARD

Governance

BENCHMARK

39: 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).

ESSENTIAL SERVICES



ACTIVITY

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 NCDHHS and local health department.

REQUIRED DOCUMENTATION

- A. Evidence reflecting local appropriations for the health department for the most recent budget

INTERPRETATION

Intent

The consolidated agreement contains the written requirements from NCDHHS 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 NCDHHS local departments, it is usually a small amount compared to the total local budget.

Guidance

The only required documentation for this activity is evidence of allocation of local funds to the local health department for the most recent budget year. This should be demonstrated through completion of the Budget Summary Template (see NCLHDA website) that, in part, breaks out actual allocation of local dollars in each year’s approved budget.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

None

CROSSWALK

- **33.1 Local Appropriations**

- 39.5 BOH Assurance of Local Appropriations**

- 33.1 requires same document for all years since previous site visit; 39.5 for most recent budget year. Can provide same document for both.*

Benchmark 40

Board of Health Role as Advocates

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.

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Activity 40.1

BOH Communication on Public Health Issues

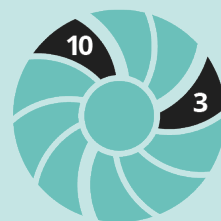
STANDARD

Governance

BENCHMARK

40: The local board of health or the advisory committee on health shall advocate in the community on behalf of public health.

ESSENTIAL SERVICES



ACTIVITY

The local board of health or the advisory committee on health shall inform elected officials and community boards about community health issues.

REQUIRED DOCUMENTATION

- A. Since the previous site visit, evidence that demonstrates that the BOH or advisory committee on health informed elected officials about community health issues
AND
- B. Since the previous site visit, evidence that demonstrates that the BOH or advisory committee on health informed community boards about community health issues

INTERPRETATION

Intent

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.

Guidance

The evidence required is two examples of the BOH or advisory committee on health informing elected officials and community boards about community health issues. Examples could include:

- Written correspondence between BOH/health director or advisory committee on health/Health Director and an elected official (i.e., letter, memo or email)
- Board of county commissioners' minutes reflecting a presentation by BOH/health director or advisory committee on health/health director (presentation should be attached),

- Media articles (i.e., printed press release) showing BOH or advisory committee on health support for community health issues, or
- Documentation (i.e., agenda, participant list, minutes, copy of presentation) of BOH/health director or advisory committee on health/health director presenting at meetings with other community boards related to community health issues.

The issues could be any kind of public health topic including hazards, programmatic-related issues, diseases or outbreaks. The issues could be ones that concern the entire jurisdiction of the department or district or could be an issue for a specified population.

It is understood that the health director may serve, or be directed by the board to serve, as the designee for the BOH or 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 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

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

If the board of county commissioners has assumed the powers/duties of the board of health, the advisory committee on health can fulfill this activity.

CROSSWALK

- **14.1 Informing Officials of Public Health Needs:** Focuses on the health department's dissemination of information to elected and appointed officials.
 - **40.1 BOH Communication on Public Health Issues:** Focuses on the BOH or advisory committee on health communicating with elected officials and community boards about community health issues. Health director can serve as a designee for the BOH or advisory committee on health as long as there is evidence showing the BOH or advisory committee on health discussed/approved the designation.
 - **40.2 BOH Support of Public Health Laws and Rules:** Focuses on BOH communicating with elected officials about law, rules and public health interventions. Health director can serve as a designee for the BOH or advisory committee on health as long as there is evidence showing the BOH or advisory committee on health discussed/approved the designation.
- Evidence for 14.1, 40.1 and 40.2 can be for the same public health needs.*

Activity 40.2

BOH Support of Public Health Laws and Rules

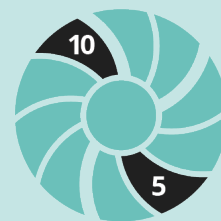
STANDARD

Governance

BENCHMARK

40: The local board of health or the advisory committee on health shall advocate in the community on behalf of public health.

ESSENTIAL SERVICES



ACTIVITY

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.

REQUIRED DOCUMENTATION

- A. Since the previous site visit, evidence that demonstrates that the BOH or advisory committee on health communicated support for laws, rules or public health interventions to elected officials
AND
- B. Since the previous site visit, evidence that demonstrates that the BOH or advisory committee on health communicated support for laws, rules or public health interventions to community boards

INTERPRETATION

Intent

This activity continues the role of the BOH or advisory committee on health as an advocate for public health. The BOH or advisory committee on health 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 or advisory committee on health 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/committee 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.

Guidance

The evidence required is two examples of the BOH or advisory committee on health communicating support to elected officials and community boards about laws, rules and public health interventions. Examples could include:

- Written correspondence between BOH/health director or advisory committee on health/health director and an elected official (i.e., letter, memo, or email)
- Board of county commissioners' minutes reflecting a presentation by BOH/health director or advisory committee on health/health director (presentation should be attached),

- Media articles (i.e., printed press release) showing BOH or advisory committee on health support for the enactment and/or retention of laws, rules and interventions that protect health and ensure safety, or
- Documentation (i.e., agenda, participant list, minutes, copy of presentation) of BOH/health director or advisory committee on health/health director presenting at meetings with other community boards related to support for the enactment and/or retention of laws, rules and interventions that protect health and ensure safety.

While there are options for evidence, only two examples are needed to meet the activity – one directed towards elected officials and one directed towards a community board. The documentation submitted should show that the board or advisory committee on health is supportive of a law, rule or intervention that protects the public’s health.

It is understood that the health director may serve, or be directed by the board to serve, as the designee for the BOH or 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 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

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

If the board of county commissioners has assumed the powers/duties of the board of health, the advisory committee on health can fulfill this activity.

CROSSWALK

- **14.1 Informing Officials of Public Health Needs:** Focuses on the health department’s dissemination of information to elected and appointed officials.
40.1 BOH Communication on Public Health Issues: Focuses on the BOH or advisory committee on health communicating with elected officials and community boards about community health issues. Health director can serve as a designee for the BOH or advisory committee on health as long as there is evidence showing the BOH or advisory committee on health discussed/approved the designation.
40.2 BOH Support of Public Health Laws and Rules: Focuses on BOH communicating with elected officials about law, rules and public health interventions. Health director can serve as a designee for the BOH or advisory committee on health as long as there is evidence showing the BOH or advisory committee on health discussed/approved the designation.
Evidence for 14.1, 40.1 and 40.2 can be for the same public health needs.

Benchmark 41

Board of Health Role in Promoting Partnerships

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 4th 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.

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Activity 41.1

BOH Efforts for Community Input

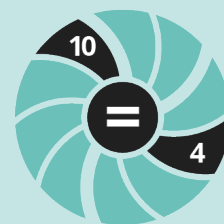
STANDARD

Governance

BENCHMARK

41: The local board of health or the advisory committee on health shall promote the development of public health partnerships.

ESSENTIAL SERVICES



ACTIVITY

The local board of health or the advisory committee on health shall take actions to foster community input regarding public health issues.

REQUIRED DOCUMENTATION

- A. Since the previous site visit, evidence of the BOH or advisory committee on health taking actions to foster community input regarding public health issues

INTERPRETATION

Intent

While members of the BOH 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.

Guidance

The required documentation calls for evidence showing how the BOH or advisory committee on health has taken actions to promote input from the community on public health issues. Examples could include:

- Notice of town meeting,
- Public forum,
- Public hearing,
- Media article,
- Social media posting,
- Web posting, etc.

Simply including a public input item on regular board meeting agendas is not sufficient evidence for meeting this activity.

The issues could be any kind of public health topic including hazards, programmatic-related issues, diseases or outbreaks. The issues could be ones that concern the entire jurisdiction of the department or district or could be an issue for a specified population.

The evidence should show that the input is requested by the BOH or 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.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

If the board of county commissioners has assumed the powers/duties of the board of health, the advisory committee on health can fulfill this activity.

CROSSWALK

- **38.3 BOH Assurance of Community Collaboration for Improvement:** Focuses on public health issues.
41.1 BOH Efforts for Community Input: Focuses on community health improvement.
These activities may appear related but are distinct.
- **41.1 BOH Efforts for Community Input**
41.2 BOH Support of Public Health Laws and Rules
41.3 BOH Efforts to Foster Coordination of Resources
Can use the same issue/example for 41.1, 41.2, 41.3 if the intent of each activity is addressed: (1) issues (2) partnership to address issues (3) coordination of resources to address issues in partnership.

Activity 41.2

BOH Partnership-Building Efforts

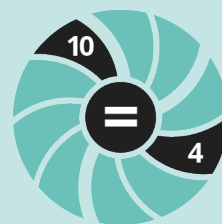
STANDARD

Governance

BENCHMARK

41: The local board of health or the advisory committee on health shall promote the development of public health partnerships.

ESSENTIAL SERVICES



ACTIVITY

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.

REQUIRED DOCUMENTATION

- A. Since the previous site visit, evidence of agency partnership effort
AND
- B. Since the previous site visit, evidence of BOH or advisory committee on health support of the partnership effort

INTERPRETATION

Intent

One of the roles of the board of health or advisory committee on 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 or advisory committee on health should be knowledgeable of and involved in these efforts. The BOH or advisory committee on health 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 advisory committee on health or may be the direct involvement of BOH or advisory committee on health members with department partners.

Guidance

There are two components of the required documentation for this activity and they are linked to one another. 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 agendas and minutes, joint statements, news articles, participant lists showing involvement of department staff, brochures or flyers.

The department must also submit either BOH or advisory committee on health minutes that record discussion of partnership building efforts or letters of support that are from the BOH or advisory committee on health in support of the partnership effort described in the first piece of evidence. If letters of support are submitted for this activity, they should be signed by the BOH or advisory committee on health, such as by the chair. 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, to acknowledge efforts within the partnership to achieve defined objectives, staff using work time to serve on a partner's board, or sharing of staff resources.

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

If the board of county commissioners has assumed the powers/duties of the board of health, the advisory committee on health can fulfill this activity.

CROSSWALK

- **41.1 BOH Efforts for Community Input**
41.2 BOH Support of Public Health Laws and Rules
41.3 BOH Efforts to Foster Coordination of Resources

Can use the same issue/example for 41.1, 41.2, 41.3 if the intent of each activity is addressed: (1) issues (2) partnership to address issues (3) coordination of resources to address issues in partnership.

Activity 41.3

BOH Efforts to Foster Coordination of Resources

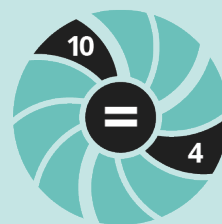
STANDARD

Governance

BENCHMARK

41: The local board of health or the advisory committee on health shall promote the development of public health partnerships.

ESSENTIAL SERVICES



ACTIVITY

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.

REQUIRED DOCUMENTATION

- A. Since the previous site visit, evidence of BOH or advisory committee on health action to foster the coordination of resources

INTERPRETATION

Intent

The board of health or advisory committee on 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.

Guidance

Evidence is required to show that the BOH or advisory committee on health has taken actions to promote the coordination of resources between the health department and a partner to accomplish enhancing partnerships and to collaborate in achieving public health objectives. Evidence showing partnerships and the coordination of resources may include, but is not limited to, BOH or advisory committee on health minutes reflecting discussion or evidence of BOH or advisory committee on health member participation on a community coalition, steering committee, or advisory committee. Evidence of BOH member participation could be documented 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.

As many activities in Benchmark 39, it is understood that the health director may serve as the designee for the BOH or advisory committee on health for the work of this activity and that most action will come 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 action must be provided. The health director is not expected to have every action 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 advisory committee on health is involved and engaged. Therefore, if actions fostered directly

by the BOH or advisory committee on health are unavailable, the LHD should be prepared to provide the link back to the BOH or advisory committee on health (i.e., minutes).

ADDITIONAL GUIDANCE FOR DISTRICT HEALTH DEPARTMENTS

None

ADDITIONAL GUIDANCE FOR CONSOLIDATED HUMAN SERVICES AGENCIES

If the board of county commissioners has assumed the powers/duties of the board of health, the advisory committee on health can fulfill this activity.

CROSSWALK

- **41.1 BOH Efforts for Community Input**
41.2 BOH Support of Public Health Laws and Rules
41.3 BOH Efforts to Foster Coordination of Resources

Can use the same issue/example for 41.1, 41.2, 41.3 if the intent of each activity is addressed: (1) issues (2) partnership to address issues (3) coordination of resources to address issues in partnership.

Appendix A: Activities With Specific Date Requirements

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Each activity along with its accompanying date-specific documentation requirement(s) is listed according to its documentation date requirement. This appendix does not include “since the previous site visit,” “most recent” or “current” documentation requirements.

For each year since the previous site visit:

- **3.2 – Data System Evaluation**
B. For each year since the previous site visit, evidence of evaluation of the agency’s data system and an updated plan for upgrades in accordance with policy
- **4.2 – Environmental Health Risks**
A. For each year since the previous site visit, an individual or summary report monitoring exposure to environmental health risks
- **5.1 – 24/7 Reporting System**
C. For each year since the previous site visit, evidence of distribution and education of partners to the most current notification protocol in accordance with agency policy
- **7.5 – Local Emergency Manger Communication**
A. For each year since the previous site visit, evidence of communication between the Health Director, or the Health Director designee, with Local Emergency Managers
- **7.6 – Response Plan Testing**
A. For each year since the previous site visit, Evidence of exercises or real-world execution of all hazards emergency response plan*
- **15.1 – Agency Strategic Plan**
C. For each year since the previous site visit, evidence of updates and implementation of the strategic plan
- **33.1 – Local Appropriations**
A. For each year since the previous site visit, evidence reflecting local appropriations for local health department
- **33.5 – Cost of Services in Setting Fees**
A. For each year since the previous site visit, data or methodology used to determine costs
AND
B. For each year since the previous site visit, minutes of agency meetings where costs of services are determined and fees proposed
- **38.1 – BOH Review of Community Health Reports**
A. For each year since the previous site visit, board of health minutes reflecting review of two annual reports related to the community’s health

For/during the year randomly selected for review:

- **7.3 – Environmental Health Complaints/Referrals**
B. For the year randomly selected for review, evidence of investigation and response documented through complaint logs with the following requirements and in accordance with agency policy:
- **15.3 – Policy Review and Revision**
B. During the year selected for review, evidence of annual review of all policies
AND
C. During the year selected for review, evidence of revision, if applicable, of all policies revised
- **23.2 – Certified and Licensed Staff**
A. For the year randomly selected for review, evidence of up-to-date registration, certification or licensure for staff as required by each staff position. Site Visitors will review randomly selected personnel records based on health department size. All records reviewed must meet the documentation required. ...
- **24.3 – Staff Orientation and Continuing Education**
A. For the year randomly selected for review, 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. Site Visitors will review randomly selected personnel records based on health department size. At least 85% of the records reviewed must meet the documentation required. ...

- **31.4 – Position Descriptions**

B. For the year randomly selected for review, current position descriptions that have been signed, dated and reviewed annually by both employee and supervisor. Site visitors will review a written position description for each individual selected for review. ...

- **31.5 – Performance Appraisal System**

B. For the year randomly selected for review, signed and dated annual performance appraisal. To be accepted as valid documentation, the performance appraisal should have been conducted within the selected year since the last accreditation site visit and is to be signed and dated by the employee and the supervisor conducting the appraisal. ...

Within the past 12 months:

- **2.3 – Communicable Disease Reporting**

A. Within the past 12 months, evidence of reporting via North Carolina Electronic Disease Surveillance System (NCEDSS) all reports received by the Local Health Department

- **4.1 – Community Health Surveillance**

C. Within the past 12 months, three examples of evidence of communication with surveillance participants

- **6.1 – LEPC Participation**

A. Within the past 12 months, Evidence confirming agency involvement in local emergency planning committee (or equivalent). If a Local Emergency Planning Committee (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

- **15.5 – Staff Orientation on Policies and Procedures**

B. A list of all employees hired within the past 12 months

- **36.1 – BOH Handbook**

A. Dated BOH handbook updated in the past 12 months

- **37.4 – BOH Signed Health Director Position Description**

A. Current health director job description that has been signed, dated and reviewed within the past 12 months

- **37.5 – BOH Signed Health Director Performance Review**

A. Current health director performance review that has been signed, dated and reviewed within the past 12 months

Within the past 24 months:

- **6.2 – County Emergency Operations Plan**

A. County/counties emergency operations plan(s) with the LHD role defined and current. If the county emergency operations plan has not been revised since the previous site visit to reflect the health department's current role, provide evidence which indicates efforts have been made to request such updates within the past 24 months.

- **8.1 – Laboratory Samples**

A. Protocols* for handling clinical and environmental laboratory samples

OR

Within the past 24 months, letter from the State Laboratory of Public Health's Regional Consultant stating that voluntary consultation found acceptable laboratory compliance

- **8.2 – Laboratory Compliance**

A. List of laboratories used and their areas of certification, if other than the North Carolina State Laboratory of Public Health

OR

Within the past 24 months, letter from the State Laboratory of Public Health's Regional Consultant stating that voluntary consultation found acceptable laboratory compliance

- **8.4 – Laboratory Services for Problems/Hazards/Emergencies**

A. Current protocols and guidelines regarding access to laboratory services

OR

Within the past 24 months, letter from the State Laboratory of Public Health's Regional Consultant stating that voluntary consultation found acceptable laboratory compliance

- **30.2 – Accessible Facilities**

B. Within the past 24 months, evidence of a completed accessibility assessment and documented plan for addressing any found issues

Other specific time-related requirements:

- **1.2 – State of the County's Health Report**

A. Since the previous site visit, copies of each annual SOTCH report produced

- **36.2 – BOH New Member Training**

C. Dated evidence of new BOH members' participation in orientation training activities during their first year of service