

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

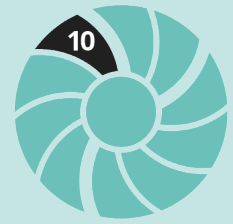
STANDARD

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

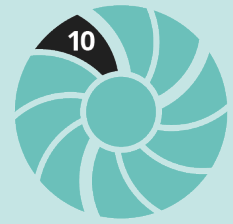
STANDARD

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 council 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

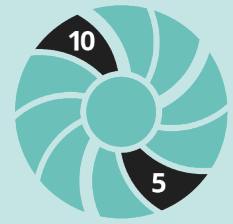
STANDARD

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

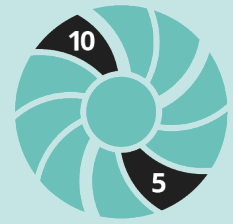
STANDARD

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

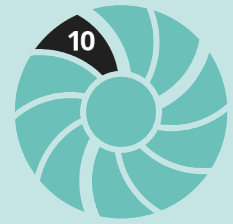
STANDARD

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

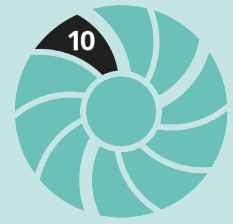
STANDARD

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

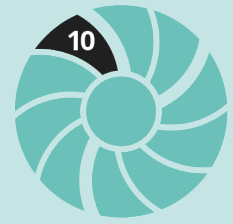
STANDARD

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.

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

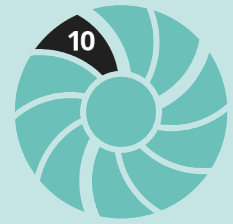
STANDARD

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 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

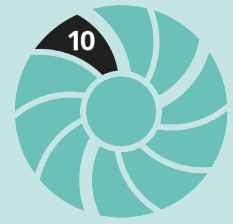
STANDARD

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

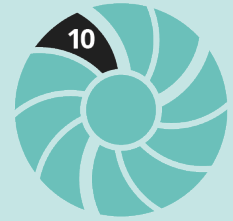
STANDARD

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

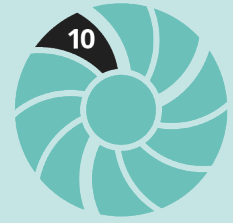
STANDARD

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

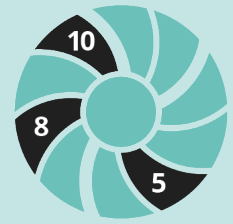
STANDARD

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

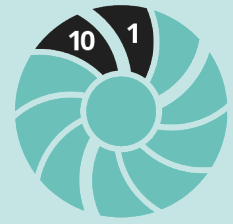
STANDARD

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.

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

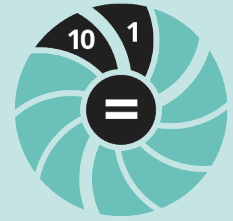
STANDARD

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)

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.

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

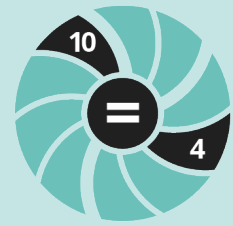
STANDARD

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

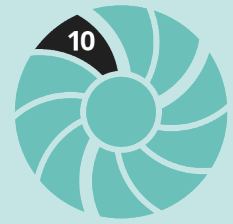
STANDARD

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

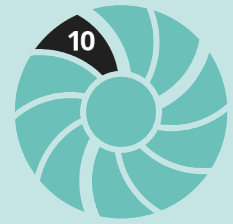
STANDARD

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

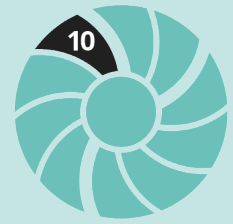
STANDARD

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

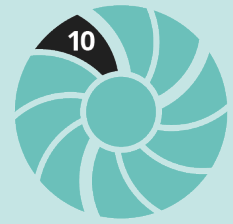
STANDARD

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

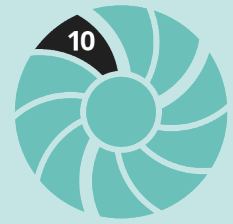
STANDARD

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

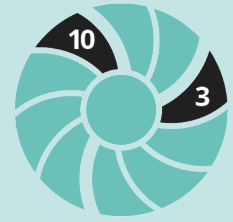
STANDARD

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

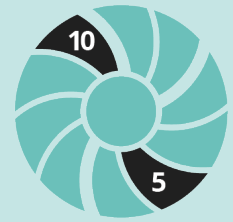
STANDARD

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

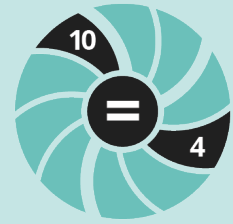
STANDARD

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

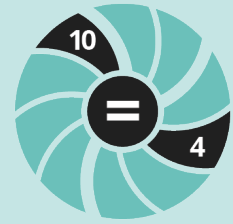
STANDARD

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

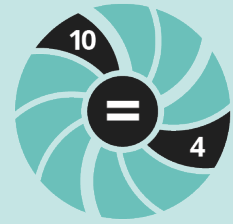
STANDARD

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.