

2. Each health officer shall ensure that all public health staff receive adequate training for the activities they are expected to perform. Training shall be in accordance with the professional licensing requirements and/or state and/or national standards for each public health program. Each health officer shall determine that professional public health staff have obtained continuing education in accordance with the provisions set forth at N.J.A.C. 8:52-8.

i. A plan for staff knowledge and competency development shall be developed and shall meet the standards described in "Assessment Protocol for Excellence in Public Health," incorporated herein by reference, as amended and supplemented. See N.J.A.C. 8:52-1.8(a)5.

ii. Staff competencies shall meet the standards described in "The Public Health Workforce: An Agenda for the 21st Century" and the "Core Competencies for Public Health Professionals." See N.J.A.C. 8:52-1.8(a)3 and 4.

3. Each health officer shall ensure that all professional public health staff who require licensure, certification, or authorization to perform their activities shall perform within the scope of their license, certificate, or authority as set forth under the appropriate laws or rules of the State of New Jersey or under the applicable standards of the appropriate body.

4. Each local board of health shall ensure that its local health agency and health officer meet all of the requirements of this chapter.

(d) Each health officer shall ensure appropriate coordination and response to public health problems that follow established scientific guidelines within his or her area of jurisdiction as directed and/or coordinated by the Department.

(e) Each health officer shall have access to a financial officer for assistance in managing and overseeing all public health budgets. The financial officer shall assist in ensuring the fiscal integrity of public health finances and that such procedures are in accordance with professionally accepted standards of accounting and auditing.

(f) The ability for a manager to evaluate his or her staff and agency performance is essential to assuring success in meeting the agency's mission and goals. Evaluation is also essential for assuring the prudent use of precious resources and for maximizing cost benefits. Reporting the results of evaluation processes and other important information is a key communication responsibility. Communication is a critical ingredient for success and a public health administrative manager must have to the skills to communicate effectively to superiors, subordinates, professional peers and the public.

1. Each health officer shall report local board of health performance data as required in the Local Health Evaluation Report.

2. The Local Health Evaluation Report shall be completed annually and in accordance with the format developed and promulgated by the Office of Local Health. It shall be filed with the Office of Local Health no later than February 15 of the year succeeding the year for which the performance is being reported.

3. The following information shall be reported and shall conform to the reporting schedule set forth herein and shall include:

i. Registration of the local board of health pursuant to N.J.A.C. 8:52-1.5;

ii. Information and data regarding a local health agency's capacity as set forth at N.J.A.C. 8:52-3.3 and 5.2(a), above;

iii. Information and data regarding specialized regional expertise and capacity as set forth at N.J.A.C. 8:52-3.4;

iv. Information regarding workforce assessment as set forth at N.J.A.C. 8:52-8.2(a);

v. Training of each local board of health member as set forth at N.J.A.C. 8:52-8.2(b);

vi. Evaluation of each community's public health partnerships effectiveness as set forth at N.J.A.C. 8:52-9.2(d);

vii. County Health Status Indicators Report as set forth at N.J.A.C. 8:52-10.2(c) and (e);

viii. Community health planning information as set forth at N.J.A.C. 8:52-11;

ix. Community Health Improvement Plan as set forth at N.J.A.C. 8:52-11.2(f)4; and

x. Epidemiological, economic, and health services research findings as set forth at N.J.A.C. 8:52-15.

4. Each local health agency shall report all diseases, threats, and emergencies in accordance with all applicable State and Federal laws as set forth at N.J.A.C. 8:52-5.2(f)3.

(g) Rapid advances in communication technologies are making it possible to be more knowledgeable and current in the practice of public health. The practice of public health relies on scientific capabilities to study, investigate and understand the determinants of health. Based upon an organized scientific collection and analysis of data and information, preventive strategies are developed and communicated to the populations at risk. Modern public health practitioners must be able to use electronic tools and become integrated in an evolving state health information network that will allow them access to real time information upon which to take appropriate actions.

1. Each local health agency shall be part of a State-wide public health information and communication system. This shall include maintaining a link via the Internet

with the New Jersey Local Information Network and Communications System (LINCS).

2. Each local health agency shall participate in information sharing and data interchange with the Department.

3. Each local health agency shall use LINCS to:

i. Report all diseases and threats to the public health to the Department in accordance with applicable State and Federal laws, rules, and regulations. Electronic reporting shall be contingent upon the development of electronic reporting systems;

ii. Immediately report to the Department all emergencies that threaten the health or safety of the citizens in its jurisdiction; and

iii. Monitor LINCS e-mail twice per day, at the beginning and at the end of the workday.

(h) Each local health agency shall have access to an attorney licensed to practice in New Jersey for assistance in interpreting, developing, and/or guiding the enforcement of public health laws, rules, regulations, and ordinances.

(i) Records which are required by this chapter shall be maintained in accordance with State record retention standards as promulgated by the New Jersey Department of Education, Bureau of Archives and History, at N.J.A.C. 15:3-3.8.

8:52-5.3 Community public health activities

(a) Each local board of health shall ensure that there is a mechanism that provides leadership to develop partnerships with community organizations and/or agencies which have a demonstrable affect on, or compelling interest in, the health status of the population in accordance with N.J.A.C. 8:52-9.2.

(b) Each health officer shall conduct an annual public meeting to report the status of the community's health and how it compares with corresponding objectives set forth in "Healthy New Jersey 2010," or its Federal equivalent, and with objectives from the Community Health Improvement Plan. The meeting shall also include a discussion of the local health agency's progress and performance in accomplishing its mission and achieving its objectives.

8:52-5.4 Public health system assurance

(a) Each health officer shall actively participate in countywide or multi-countywide meetings to assess the health status of the population, to develop a Community Health Improvement Plan, and to determine his or her local health agency's roles and responsibilities within the Plan in accordance with N.J.A.C. 8:52-9, 10 and 11.

(b) Each local board of health shall ensure representation in the planning process to develop the Community Health Improvement Plan as set forth at N.J.A.C. 8:52-9.2.

(c) Each local board of health shall ensure the development of local policies and programs that are consistent with the Community Health Improvement Plan as set forth at N.J.A.C. 8:52-11.2.

SUBCHAPTER 6. HEALTH EDUCATION AND HEALTH PROMOTION

8:52-6.1 Scope and purpose

This subchapter addresses the strategies that promote health and quality of life. This service includes any combination of health education and related activities which are designed to facilitate behavioral and environmental adaptations to protect or improve health. This process enables individuals and communities to control and improve their health status. This service also provides opportunities for individuals to identify problems, develop solutions, and work in partnerships which build on existing skills and strengths.

8:52-6.2 Health education and health promotion services

(a) Each local health agency shall provide a comprehensive health education and health promotion program which is developed and overseen by a health educator and provides integrated support to the daily operation of the local health agency.

(b) Each local health agency shall implement and evaluate culturally and linguistically appropriate population-based health education and health promotion activities that are developed in accordance with the Community Health Improvement Plan.

(c) Each local health agency shall ensure that health education and health promotion services provide the core public health functions and the delivery of the "10 essential health services" at N.J.A.C. 8:52-3.2(a)1 through 10 that shall include, but not be limited to:

1. Assessment and analysis of individual and community needs and assets;
2. Planning of theory-based health education programs which includes the development of appropriate and measurable objectives;
3. Implementation of population-based health education programs which match various educational strategies and methods to the identified issues. Strategies may include, but are not limited to, direct programming, train-the-trainer programs, community organization methods, media campaigns, and advocacy initiatives;

8. Current information on risk factors affecting the population served; and

9. An analysis of health status indicators for the population served in comparison with overall State and national rates for indicators set forth in "Healthy New Jersey 2010."

(e) The results of the countywide or multi-countywide Community Health Assessment shall be published in a "County Health Status Indicators Report." The results shall be presented in a manner that is sensitive and appropriate to individual, family, and community needs, language, and culture. The Report shall contain:

1. Measures of the health status indicators;
2. A description of the process used to complete the Community Health Assessment;
3. The standards with which the health status indicators are compared;
4. An inventory of public health capacities; and
5. An analysis of gaps in public health service.

8:52-10.3 Data collection and management

(a) Each local health agency shall develop, operate, and ensure a quality data management system. This system shall be capable of collecting, analyzing, and monitoring baseline data standardized to a format developed by the Department in accordance with the requirements set forth at N.J.A.C. 8:52-5.2 (f) and (g).

(b) Each local health agency shall ensure electronic linkage with local and Statewide databases, as they become available. These databases include, but are not limited to: NJ LINCS, New Jersey Immunization Information System (NJIIS), Communicable Diseases Reporting Systems, Electronic Birth Registry, Vital Statistics, and other registries which track the distribution of diseases, injuries, and health conditions.

(c) Each local health agency shall ensure safeguards for the confidentiality of all data and information that contains personal identifiers or any other information which could be used to identify an individual with reasonable accuracy, either directly or by reference to other readily available information.

SUBCHAPTER 11. POLICY DEVELOPMENT

8:52-11.1 Scope and purpose

This subchapter addresses the systematic countywide or multi-countywide and State level planning process for health improvement. It sets forth the development and tracking of measurable health objectives as a part of continuous quality

improvement strategy, the development of consistent policy regarding prevention and treatment services, and the development of model codes to guide the practice of public health.

8:52-11.2 Countywide or multi-countywide community health planning

(a) To minimize costs and for consistency with existing data, the minimum unit of planning for New Jersey shall be the county.

(b) Each local board of health shall assure that public health policies promote and support the population's health and safety goals identified in the health improvement strategies that were developed through the countywide or multi-countywide Community Health Improvement Plan and incorporate by reference prior planning information obtained through other processes.

(c) Each Community Health Improvement Plan shall consist of:

1. A countywide or multi-countywide Community Health Assessment as described at N.J.A.C. 8:52-10.2;
2. A Community Health Profile as described at N.J.A.C. 8:52-10.2(d)5;
3. A mechanism which monitors external environment for forces and trends that might impact the ability of a local public health system to protect the health of the public;
4. An analysis and a prioritization of current and potential health problems based upon planning methodologies such as those described at N.J.A.C. 8:52-10.2(d);
5. A plan which specifies the roles and responsibilities agreed upon by each local health agency and each public, private, non-profit, and voluntary agency;
6. Specific strategies to address health problems and to sustain effective interventions;
7. A plan to evaluate the intervention strategies and health outcomes; and
8. A method that allows for changes to the plan.

(d) The objectives of the Community Health Improvement Plan shall be:

1. To link State and local services;
2. To mobilize and coordinate a variety of health and social service providers;
3. To improve each local public health system's capacity to respond to public health needs; and
4. To include all providers of public health services, that is, local health agencies, schools, Medicaid managed care providers, environmental health agencies, communi-

ty-based groups, business and industry and nursing agencies.

(e) Each local health agency within the countywide or multi-countywide area shall be responsible for implementation of the Community Health Improvement Plan in their jurisdiction by February 18, 2007.

(f) Each local board of health shall ensure that there is a mechanism to guide the development of the Community Health Improvement Plan which includes, but is not limited to:

1. Ensuring expertise to implement the planning process;
2. Ensuring coordination and consistency with State policy initiatives;
3. Ensuring that local health agency resources are continuously aligned with their defined roles and responsibilities in the Community Health Improvement Plan; and
4. Reporting the content of the Community Health Improvement Plan to the Office of Local Health. Local health agencies working in partnership may submit this information in a joint report for the entire countywide or multi-countywide area.

(g) Each Community Health Improvement Plan shall be used to guide the development of needed public health programs and services. CHIP shall foster coordination with existing programs and services, and reduce or eliminate programs and services which are not needed or have been found to be ineffective.

(h) Each local board of health that demonstrates a local need for public health services, as defined in "Healthy People 2010," that is not addressed by the Community Health Improvement Plan shall address that need.

SUBCHAPTER 12. DIAGNOSIS AND INVESTIGATION OF HEALTH PROBLEMS AND HAZARDS

8:52-12.1 Scope and purpose

This subchapter addresses the epidemiological identification of emerging health threats; public health laboratory capability to support prevention efforts; active infectious disease prevention and control efforts; and technical capacity for epidemiological investigation of disease outbreaks and patterns of chronic disease and injury.

8:52-12.2 Emergency response capability

(a) Each local health agency shall ensure its capacity to immediately respond to a public health emergency in accordance with applicable State and Federal requirements. Each local health agency shall also:

1. Maintain a mechanism which allows for emergency communication 24 hours per day, seven days per week, including weekends and holidays;
2. Develop a preparedness plan with the local public health system to address public health emergencies. The plan shall be consistent with and be integrated with the Health Alert Network; and
3. Orient and train their staff (through exercises) to their roles and responsibilities under the plan at least annually.

(b) Each local health agency shall work with their municipal and county Office of Emergency Management to ensure the coordination and integration of public health and emergency management planning and response activities.

8:52-12.3 Surveillance

(a) Each local health agency shall collect data and information pursuant to N.J.A.C. 8:52-5.2(e).

(b) Each local health agency shall ensure that valid and reliable surveillance systems are in place to monitor the occurrence of diseases and indicators of health. The indicators shall be in accordance with "Healthy New Jersey 2010," the health objectives developed through the Community Health Improvement Plan, and for health conditions determined to be priorities by the Department.

(c) Each local health agency shall investigate the cause of illnesses or health threatening conditions and shall implement control measures to prevent the spread of disease or to address the known risk factors in the population served.

(d) Each local health agency shall ensure that there is a mechanism to receive reports and to respond to immediately reportable communicable diseases and conditions in accordance with N.J.A.C. 8:57-1.3. This mechanism shall be capable of operating 24 hours per day, seven days per week, including weekends and holidays.

8:52-12.4 Technical capacities

(a) Each local health agency shall ensure access to public health laboratory analyses in order to support disease control and environmental health activities within its jurisdiction.

1. Designated laboratories shall meet all State and Federal requirements for technical competency and safety in accordance with the Federal Clinical Laboratory Improvement Amendment of 1988, Final Rule at 42 C.F.R. 493, and Clinical Laboratory Services, N.J.A.C. 8:44 and 8:45.