

(b) Each local health agency is encouraged to provide field training or work-study experiences for students enrolled in institutions of higher education.

(c) Each local health agency is encouraged to partner with an institution of higher education to conduct health-related research.

SUBCHAPTER 16. EVALUATION

8:52-16.1 Scope and purpose

This subchapter addresses the evaluation of the effectiveness, accessibility, and quality of population-based health services; the development of objectives and measurements and the collection and analysis of data and information which are used to compare performance with agreed upon standards; the determination of the success or failure of any program activity; and recommendations for the improvement or the termination of any activity or program.

8:52-16.2 Evaluation and performance

(a) The Office of Local Health shall develop a data collection method which shall benchmark adherence to standards of performance for local boards of health and local health agencies. This benchmark shall be consistent with the provisions set forth in this chapter and shall use a continuous quality improvement process to improve the performance of local boards of health and local health agencies.

(b) As part of the benchmarking process, the Office of Local Health shall develop a standard format for Local Health Evaluation Reports. This report is a tool which shall be used to evaluate and measure local boards of health and local health agencies adherence to standards of performance.

(c) The Local Health Evaluation Report shall be used by each local health agency to:

1. Evaluate annual performance;
2. Provide information and data to improve future performance;
3. Report performance and evaluation data and information to the local boards of health within its jurisdictions; and
4. Foster other purposes determined appropriate by the local health agency and/or the Office of Local Health.

(d) Each local health agency shall submit their Local Health Evaluation Report to the Office of Local Health as specified at N.J.A.C. 8:52-5.2(f).

APPENDIX

PROGRAMMATIC GUIDELINES FOR BEST PRACTICES

I. Environmental Health Activities

Recreational Bathing

(a) The local board of health shall:

1. Conduct a sanitation and safety program at public bathing places (that is, swimming pools, lakes, rivers and ocean bathing places), based upon the current "Recreational Bathing" regulations contained in the State Sanitary Code (see N.J.A.C. 8:26);

2. Inspect, using an inspection form designed by the Department of Health and Senior Services, each public bathing place at least twice during the operating season, make follow-up inspections when deficiencies are found, and take necessary enforcement actions;

3. Assure sanitary surveys of natural bathing areas as indicated by bacterial counts and/or epidemiological evidence;

4. Inspect public spas and/or whirlpools at least yearly in accordance with the provisions of the Recreational Bathing regulations (N.J.A.C. 8:26); and

5. Conduct investigations within 24 hours of all deaths and serious injuries and report such occurrences as outlined in the Recreational Bathing Regulations (N.J.A.C. 8:26) on a form developed by the Department of Health and Senior Services.

Campgrounds

(a) The local board of health shall:

1. Conduct a sanitation and safety program for campgrounds based upon State law and Chapter II of the State Sanitary Code (N.J.A.C. 8:22-1); and

2. Inspect each campground at least annually to insure compliance; conduct follow-up inspections and initiate enforcement action as necessary.

Youth camps

(a) The local board of health shall conduct a youth camp sanitation and safety program (N.J.A.C. 8:25) and shall:

1. Inspect each youth camp once prior to opening; and

2. Perform necessary follow-up inspections at the request of Consumer and Environmental Health Services; and

3. Submit copies of each inspection to Consumer and Environmental Health Services, Department of Health and Senior Services.

Food surveillance

(a) The local board of health shall maintain surveillance of retail food establishments, food and beverage vending machines and shall:

1. Conduct a retail food establishment program based upon State laws and regulations, including Chapter 12 of the State Sanitary Code and local ordinances, if applicable (N.J.A.C. 8:24);

2. Inspect retail food establishments using forms approved by the Department of Health and Senior Services at least once a year, inspect vending machines dispensing potentially hazardous foods at least once a year and those dispensing non-potentially hazardous foods on a complaint basis or as required by local ordinance;

3. Initiate appropriate enforcement action to secure compliance with State law and local ordinance; collect and prepare evidence for legal action; follow a protocol for taking appropriate enforcement actions to secure compliance (such as abatement letters, administrative hearings, summons, court actions and condemnations);

4. Maintain food establishment and vending machines files at the local health agency office containing inspection reports, food sample reports, and reports of enforcement actions taken and other pertinent data associated with the program;

5. Provide for, or conduct training courses for food service supervisors using curricula approved by the Department of Health and Senior Services such as the Food Manager's Certification Program;

6. Collect samples and provide for laboratory analyses of any food suspected of being associated with a foodborne illness or, as necessary, any food suspected of being adulterated, misbranded or unwholesome;

7. Embargo all food known or suspected of being adulterated, misbranded, unwholesome or associated with foodborne illness within the meaning of local ordinance or State law;

8. Assist the Department of Health and Senior Services upon request in conducting recalls and recall effectiveness checks of foods found to be contaminated, adulterated or misbranded; and

9. Condemn and supervise the destruction or otherwise dispose of food which is adulterated, misbranded, unwholesome or associated with foodborne illness within the provisions of local ordinance or State law.

Occupational health (operative January 1, 1989)

(a) The local board of health shall conduct an occupational health program operative January 1, 1989; and shall:

1. Maintain a comprehensive profile of all employers in each designated four digit Standard Industrial Classification (SIC) operating in local jurisdiction. This profile should utilize Department of Labor and Right to Know data filed (see N.J.A.C. 8:59) and include for each employer:

Name of company, SIC Code

Address of company,

Number of employees,

Major product or service,

Right to Know Data—DEP/DOH,

History of emergency calls,

History of complaints;

2. Maintain a list of all information and/or agency occupational health resources and make appropriate referrals in response to requests for information or complaints;

3. Train or obtain at least one staff person in Occupational Health and Industrial Hygiene through a continuing education program provided or made available by the Occupational Health Services of the Department of Health and Senior Services;

4. Conduct initial and follow-up interviews, utilizing standardized procedures and forms developed by the Department of Health and Senior Services, upon receipt of reports of occupational disease cases (N.J.A.C. 8:57-1.13); and

5. Conduct preliminary surveys in response to reported occupational diseases or referrals from the Department of Health and Senior Services, using standardized forms provided by the Department of Health and Senior Services to record observations and collect information. (These standardized forms shall be forwarded to the Department of Health and Senior Services' Occupational Health Services for follow-up).

Public health nuisances

(a) The local board of health shall conduct a public health nuisance program to include the following:

1. Investigations of public health nuisances including, but not limited to, noxious weeds, housing, solid waste and insect and rodents, which shall be conducted in accordance with applicable State laws and local ordinances, which are at least equivalent to the "Weed Control Code of New Jersey," the "Solid Waste Code of New Jersey," and the "Public Health Nuisance Code of New Jersey" (which are model codes available from the Department of Health and Senior Services);

1. Conduct public education related to diabetes and its risk factors such as age, obesity and family history;
2. Conduct diabetes risk assessment on all adult clients who utilize clinical or hypertension or cancer screening services, and counsel, refer, and follow-up clients where appropriate;
3. Educate or appropriately refer known diabetics to available diabetes-related education and other community resources (such as ophthalmologist, podiatrist, etc.); and
4. Provide for diabetes-related continuing education for nursing and other program staff at least once every three years, and include current diabetes-related information in the orientation of all newly-hired staff to be involved in Diabetes Services.

Cardiovascular disease services

(a) The local board of health shall provide cardiovascular disease control services according to the Department of Health and Senior Services "Adult Health Services Guidelines" and shall:

1. Provide hypertension screening services yearly to one percent of the high risk population;
2. Provide cardiovascular risk factor assessment and counseling on all individuals screened for hypertension and include the following areas:
 - i. Family history of cardiovascular disease;
 - ii. Smoking;
 - iii. Excessive cholesterol intake;
 - iv. Obesity;
 - v. Diabetes; and
 - vi. Exercise, and counsel, refer and follow-up clients where appropriate;
3. Provide cardiovascular health education programs for the general public;
4. Provide cardiovascular health education programs for hypertensive individuals; and
5. Provide for cardiovascular-related continuing education for nursing and other program staff at least once every three years, and include current cardiovascular-related information in the orientation of all newly-hired staff to be involved in cardiovascular disease services.

Health services for older adults

(a) The local board of health shall provide for a health program at locations selected by the health department which identifies the health needs of adults age 65 and older, and shall:

1. Provide a health needs assessment yearly on one percent of the non-institutionalized elderly in accordance

with "Guidelines for Health Services for Older Adults" contained in the Adult Health Services Guidelines (available at the New Jersey Department of Health and Senior Services);

2. Provide education on alcohol abuse and medication management;
3. Follow-up and make referrals as appropriate for abnormal screening results or for needs identified in the individual's history and/or intake;
4. Assure participation at service sites through advance notification (for example: publicity);
5. Provide for gerontology related continuing education for staff at least once every three years, and include current gerontology related information in the orientation program for all new staff providing these services; and
6. Provide immunizations (for example, influenza and pneumococcal vaccines) at the discretion of the local health agency in accordance with the Immunization Practices Advisory Committee of the U.S. Public Health Service.

V. Health Education/Health Promotion

(a) A structured program shall be provided by the Health Educator or Field Representative, Health Education, in accordance with community health education needs, which shall include health components for Alcohol Abuse Control, Drug Abuse Control, Smoking Prevention and Cessation, Nutrition, Injury Control, and Physical Fitness and Exercise and shall include the following:

1. An assessment of health education needs and identification of target population based on information from the New Jersey Department of Health and Senior Services Community Health Profile and other relevant health related data;
2. Written health education program plans with measurable objectives for the six components in (a) above, based on the Health Promotion Guidelines, contained in the Adult Health Services Guidelines and other identified health education needs;
3. Identification and involvement of local leadership in the planning, implementation, and maintenance of needed health education services and programs to include collaboration with other agencies serving the community where such opportunities exist, and consultation with content specialists in the six required components in (a) above; and other areas as needed;
4. Application of appropriate health education interventions to provide for the effective implementation of health education programs (that is, community development, skill development, simulation, peer group discussion, behavior modification, lecture, media awareness, programmed learning, individual instruction, etc.);

5. Integration of a health education component into health department programs and services, covering the six required promotion topics in (a) above;

6. Consultation and training in the application of health education techniques for the professional staff of the health department;

7. Evaluation and report of the degree of success in achieving predetermined health education objectives; and

8. The health educator or Field Representative, Health Education shall serve as a community health information resource.

Public health nursing

(a) Provision of public health nursing services shall include the following:

1. The services of a public health nurse director or supervisor to assess, plan, implement and evaluate public health nursing services in accordance with community health needs;

2. Up-to-date written objectives, policies and procedures developed in cooperation with the health officer, for each activity in which there is nursing participation which relate to the overall goals of the local health agency;

3. The maintenance and use of individual, family and other service records according to current professional standards;

4. Orientation in-service and continuing education programs for nursing staff;

5. Annual reports of services rendered which include pertinent statistics and descriptive narrative as related to objectives; and

6. Integration, in conjunction with the health educator, of the relevant components of the health promotion program into all activities involving public health nursing services.

Amended by R.2004 d.434, effective December 6, 2004.

See: 35 N.J.R. 4972(a), 36 N.J.R. 5347(a).

In "Immunization" deleted "three" following "record audits every" in 2; in "Infants and preschool children" substituted "quarterly" for "monthly" in 2.