

CHAPTER 52
PUBLIC HEALTH PRACTICE STANDARDS OF
PERFORMANCE FOR LOCAL BOARDS
OF HEALTH IN NEW JERSEY

Authority

N.J.S.A. 26:1A-15 and 26:3A2-1 et seq.

Source and Effective Date

R.2003 d.51, effective February 18, 2003.
See: 34 N.J.R. 241(a), 35 N.J.R. 1083(a).

Chapter Expiration Date

Chapter 52, Public Health Practice Standards of Performance for Local Boards of Health in New Jersey, expires on February 18, 2008.

Chapter Historical Note

Recognized Public Health Activities and Minimum Standards of Performance for Local Boards of Health in New Jersey was adopted and became effective prior to September 1, 1969, as Chapter 51.

Chapter 51 was repealed and new rules were adopted as Chapter 52, Public Health Practice Standards of Performance for Local Boards of Health in New Jersey, by R.1986 d.476, effective December 15, 1986 (operative January 1, 1987). See: 18 N.J.R. 1690(a), 18 N.J.R. 2448(a).

Pursuant to Executive Order No. 66(1978), Chapter 52, Public Health Practice Standards of Performance for Local Boards of Health in New Jersey, was readopted as R.1992 d.24, effective December 11, 1991. See: 23 N.J.R. 2528(a), 24 N.J.R. 144(a).

Pursuant to Executive Order No. 66(1978), Chapter 52, Recognized Public Health Activities and Minimum Standards of Performance for Local Boards of Health in New Jersey, was readopted as R.1997 d.6, effective December 10, 1996. See: 28 N.J.R. 4200(a), 29 N.J.R. 129(a).

Pursuant to Executive Order No. 66(1978), Chapter 52, Recognized Public Health Activities and Minimum Standards of Performance for Local Boards of Health in New Jersey, expired on December 10, 2001.

Chapter 52, Public Health Practice Standards of Performance for Local Boards of Health in New Jersey, was adopted as R.2003 d.51, effective February 18, 2003. See: Source and Effective Date.

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SUBCHAPTER 1. GENERAL PROVISIONS

8:52-1.1 Purpose

(a) The purpose of this chapter is to:

1. Establish standards of performance for public health services that meet the legislative intent as set forth in the Local Health Services Act, N.J.S.A. 26:3A2-1 et seq. and Local Boards of Health, N.J.S.A. 26:3-1 et seq.;

2. Assure the provision of a modern and manageable array of public health services to all citizens of New Jersey;

3. Designate activities which are required by all local boards of health which shall build local public health capacity and encourage the development of an integrated systems approach for local public health;

4. Encourage cooperation among community partners to protect and improve the health of New Jersey residents;

5. Align local boards' of health and local health agency's performance standards with National Public Health Performance Standards and National Model Community Standards as described in "National Public Health Performance Standards Program Local Public Health System Performance Assessment Instrument";

6. Build a reliable and cost-effective public health system;

7. Protect and promote physical and mental health and prevent disease, injury, and disability, thereby assuring the health of the citizens of New Jersey; and

8. Support the goals of "Healthy New Jersey 2010: A Health Agenda for the First Decade of the New Millennium" to increase the quality and years of life of New Jersey residents and to eliminate health disparities.

8:52-1.2 Scope

Each local board of health shall establish and maintain the standards of performance as set forth in this chapter. No standard shall be construed to authorize a lesser standard than that prescribed by statute or rule or to empower or require a local health agency to act in matters solely under the jurisdiction of a State, county, or municipal government.

8:52-1.3 Compliance

(a) Each local board of health and local health agency shall be accountable for their adherence to standards of performance to the Public Health Council and to the Department pursuant to the provisions of N.J.S.A. 26:3A-2 et seq.

(b) Each local health agency shall make available to the Office of Local Health, within 10 business days of the request, source data and information used for evaluation and determining adherence to standards of performance as set forth at N.J.A.C. 8:52-1.4.

(c) If a local board of health is found to be deficient in meeting the standards of performance as set forth in this chapter, the local board of health shall be required to submit a corrective action plan within 30 calendar days to the Office of Local Health. Regardless of this corrective action plan, the Department may take action at the expense of the non-compliant municipality in accordance with the provisions set forth at N.J.S.A. 26:3A2-11 and 26:2F-13.

8:52-1.4 Performance monitoring and evaluation

A method for evaluation and determining adherence to standards of performance shall be developed by the Office of Local Health as set forth at N.J.A.C. 8:52-16. The information and data may be used by the Office of Local Health for compliance purposes, publication, and research.

8:52-1.5 Registration

(a) Each board of health shall register annually with the Office of Local Health.

(b) Registration information shall be made in a format determined by the Office of Local Health and shall include:

1. Identification of membership of the local board of health;

2. Experience, education and training relevant to public policy development;

3. The type of local governance;

4. The type of authority exercised (governing body, autonomous or advisory);

5. Jurisdictional areas by municipal code;

6. The annual public health budget;

7. A schedule of meetings of the local board of health;

8. Identification of the local health agency and any other providers contracted to deliver public health services; and

9. The names, addresses, telephone numbers, fax numbers, and e-mail addresses of the leadership personnel of the local board of health.

8:52-1.6 Contractual services

A recognized public health activity which meets the standards of performance prescribed in this chapter may be planned and offered directly by the local board of health or by any person or agency under contract to the board, provided that the contract specifies that the services to be provided shall be consistent with the provisions set forth in this chapter and shall not violate any State statute or rule.

- ii. Culturally and linguistically appropriate materials and staff to assure linkage to services for special populations;
 - iii. Continuous care management;
 - iv. Transportation services;
 - v. Technical assistance and health information for high risk groups; and
 - vi. Occupational health programs;
8. Ensure a competent local public health system and assure a competent personal health care workforce as set forth at N.J.A.C. 8:52-8. This service includes:
- i. Assessing existing and needed competencies at the community and organizational levels pursuant to N.J.A.C. 8:52-4.2;
 - ii. Establishing standards for public health professionals;
 - iii. Evaluating job performance;
 - iv. Requiring continuing education; and
 - v. Training management and leadership;
9. Evaluate the effectiveness, accessibility, and quality of personal and population-based health services as set forth at N.J.A.C. 8:52-16. This service includes:
- i. Evaluating the effectiveness, accessibility, and quality of personal and population-based health services;
 - ii. Developing objectives and measurements and collecting and analyzing data and information which are used to compare performance with agreed upon standards;
 - iii. Determining the success or failure of a program or activity; and
 - iv. Recommending for improvement, expansion or termination a program or activity; and
10. Research for innovative solutions to health problems as set forth at N.J.A.C. 8:52-15. This service includes:
- i. The continuous linkage between the practice of public health and academic and research institutions;
 - ii. The capacity to perform timely epidemiological and economic analyses;
 - iii. The ability to conduct health services and health practice research; and
 - iv. The appropriate utilization of research findings.

(b) Competencies for delivering the above referenced "10 essential public health services" shall be those set forth in "The Public Health Workforce: An Agenda for the 21st Century" and the "Core Competencies for Public Health

Professionals," incorporated herein by reference, as amended and supplemented. See N.J.A.C. 8:52-1.8(a)3 and 4.

8:52-3.3 Local health agency's minimum capacity

(a) Each local health agency shall, at a minimum, have the capacity to deliver:

1. Basic public health services set forth in "Public Health Practice Standards of Performance for Local Boards of Health, N.J.A.C. 8:52-1 et seq., Programmatic Guidelines for Best Practices," which is attached here as Appendix incorporated herein by reference. Upon completion of the community health assessment and the Community Health Improvement Plan set forth at N.J.A.C. 8:52-10 and 11, services provided shall reflect the priorities identified;
2. Administrative services consistent with N.J.A.C. 8:52-5;
3. Environmental health services that integrate Registered Environmental Health Specialist practice as set forth in the State Sanitary Code (N.J.A.C. 8:21, 8:22, 8:23, 8:23A, 8:24, 8:25, 8:26, 8:27, 8:51, 10:122, 5:17 and 7:9A, and N.J.S.A. 24:14A-1 et seq., 26:3-69.1 and 58:11-33);
4. Health education and health promotion services consistent with N.J.A.C. 8:52-6;
 - i. This service shall be developed by February 18, 2004;
5. Preventive health services, that integrate public health nursing practice and health education and/or health promotion programs, and shall be consistent with N.J.A.C. 8:52-13;
 - i. This service shall be developed by February 18, 2006;
6. Public health nursing services consistent with N.J.A.C. 8:52-7;
 - i. This service shall be developed by February 18, 2004;
7. All other public health services required by the State Sanitary Code (N.J.A.C. 8:21, 8:22, 8:23, 8:23A, 8:24, 8:25, 8:26, 8:27, 8:51, 8:57-1 through 4, 10:122, 5:17 and 7:9A, and N.J.S.A. 24:14A-1 et seq., 26:3-69.1 and 58:11-23); unless the population or entity requiring the services does not exist within the local health agency's jurisdiction or the services are otherwise assured through formal written linkages with another local health agency;
8. Emergency response services consistent with N.J.A.C. 8:52-12;
9. Enforcement services consistent with N.J.A.C. 8:52-14; and
10. Specialized services consistent with N.J.A.C. 8:52-3.4.

i. This service shall be developed by February 18, 2005.

8:52-3.4 Specialized regional expertise and capacity

(a) Each local health agency, by February 18, 2005, shall have access to the following regional expertise and capacities to meet standards of performance:

1. Administrative leadership and planning and coordination to implement all "10 essential public health services" set forth at N.J.A.C. 8:52-3.2(a)1 through 10;
2. Public health community planning and coordination of population-based preventive health services;
3. Coordinated public health nursing services and the administration thereof;
4. Coordinated public health education and health promotion services and the administration thereof;
5. Epidemiological investigations and data analysis;
6. Public health laboratory analyses;
7. Coordinated information technology management;
8. Training and staff development;
9. Coordinated environmental health services;
10. Collection, analysis, and dissemination of health data and information;
11. Application skills for health-related grants;
12. Development of medical policy;
13. Coordinated prevention and control of communicable disease;
14. The conduct of public health and health services research and evaluation studies;
15. Development of public health applications that use the geographical index system (GIS);
16. A technical library consisting of current public health information; and
17. Public health emergency preparedness planning.

3. Health educator(s) as defined at N.J.A.C. 8:52-2.

(b) Each local health agency providing specialized regional expertise and capacity pursuant to the provisions set forth at N.J.A.C. 8:52-3.4 shall provide the services of the following professional staff:

1. Epidemiologist(s);
2. Information technologist(s)/computer specialist(s);
3. Public health planner(s);
4. Public health nursing director(s);
5. Director(s) of health education; and
6. Medical director(s) by August 18, 2003.

8:52-4.2 Public health staffing qualifications

(a) Each health officer shall be licensed by the Department pursuant to the provisions of Licensure of Persons for Public Health Positions, N.J.A.C. 8:7.

(b) Each public health nurse shall have the following qualifications:

1. Hold a baccalaureate degree in nursing from an accredited college or university;
2. Hold a current license to practice as a registered professional nurse by the New Jersey State Board of Nursing;
3. Have a minimum of one year experience in public health or working with a preceptor or local resource person; and
4. Complete a course in population-based public health nursing within one year of employment.

(c) Each registered environmental health specialist shall be licensed by the Department in accordance with the provisions of N.J.A.C. 8:7.

(d) Each health educator shall have the following qualifications:

1. Hold a baccalaureate degree in a related field, including, but not limited to, health education, community health, nursing and/or public health from an accredited college or university;
2. Meet national credentialing standards of the profession as a Certified Health Education Specialist (CHES). Specifically exempted from this requirement is any individual who holds this position prior to February 18, 2003; and
3. Have a minimum of two years of relevant experience in health education.

(e) Each epidemiologist shall have the following qualifications:

SUBCHAPTER 4. PUBLIC HEALTH STAFFING

8:52-4.1 Public health staffing requirements

(a) Each local health agency shall employ a full-time health officer who holds an active license and employ or contract for the services of the following professional staff:

1. Public health nurse(s) as defined at N.J.A.C. 8:52-2;
2. Registered environmental health specialist(s) who holds an active license; and

1. Hold either a Master of Science degree from an accredited college or university or a Master of Public Health from an accredited college or university in epidemiology or biostatistics; and
2. Have a minimum of two years experience working as an epidemiologist in a health-related field.

(f) Each information technologist/computer specialist shall have the following qualifications:

1. Hold a baccalaureate degree from an accredited college or university; and
2. Have a minimum of three years experience in computer programming, information systems design, and systems analysis. The experience shall have included responsibility for the development and implementation of a moderate sized server-based local area network of about 20 end users.

(g) Each public health planner shall have the following qualifications:

1. Hold a masters degree from an accredited college or university in public health, business administration, or public administration; and
2. Have a minimum of two years of professional experience in health planning.

(h) Each public health nursing director shall have the following qualifications:

1. Hold a masters degree from an accredited college or university in public health, or a masters degree in nursing from an accredited school of nursing;
2. Hold a current license to practice as a registered professional nurse and who is certified by the New Jersey State Board of Nursing; and
3. Have a minimum of five years of supervisory experience in public health.

(i) Each director of health education shall have the following qualifications:

1. Hold a master or baccalaureate degree in a related field, including, but not limited to, health education, community health, nursing and/or public health from an accredited college or university;
2. Meet national credentialing standards as a Certified Health Education Specialist (CHES). Specifically exempted from this requirement is any individual who holds this position prior to February 18, 2003; and
3. Have a minimum of two years of relevant experience if master degree trained or five years of relevant experience if baccalaureate degree trained.

(j) Each public health medical director shall have the following qualifications:

1. Hold a Doctor of Medicine or Doctor of Osteopathy from an accredited medical school or school of osteopathy supplemented by at least the first year of post-graduate training (PGY-1);

2. Have a minimum of two years of comprehensive medical experience in private or public health practice or be Board-eligible for one of the certifying boards approved by the American Board of Medical Specialties or one of the certifying boards of the American Osteopathic Association. A Master of Public Health from an accredited school or program in public health may be substituted for one year of experience; and

3. Be licensed by the New Jersey Board of Medical Examiners.

(k) Each field representative health education shall hold a baccalaureate degree from an accredited college or university in health education, community health, or a related field.

(l) Each graduate nurse, public health shall have the following qualifications:

1. Hold an associate degree in nursing from an accredited college or hold a diploma in nursing;
2. Hold a current license to practice as a registered professional nurse by the New Jersey State Board of Nursing;
3. Have a minimum of one year experience in public health or working with a preceptor or local resource person; and
4. Have successfully completed a course in population-based public health nursing within one year of employment.

(m) Each public health nursing supervisor shall have the following qualifications:

1. Hold a baccalaureate degree in nursing from an accredited college or university;
2. Hold a current license to practice as a registered professional nurse by the New Jersey State Board of Nursing; and
3. Have a minimum of three years of experience as a public health nurse.

SUBCHAPTER 5. ADMINISTRATIVE SERVICES

8:52-5.1 Scope and purpose

This subchapter addresses all of the administrative and organizational management services which are necessary to effectively lead a modern local health agency. The functions of management and leadership include, but are not limited

to, planning, organization, public health staffing, coordination and response, budgeting, and evaluation and reporting.

8:52-5.2 Management and leadership

(a) Planning is one of the fundamental responsibilities of a licensed health officer who functions as the chief executive officer of a local health agency. Planning relies on the ability to collect and analyze information, to communicate with superiors, peers and subordinates and to make decisions and take action. The "Assessment Protocol for Excellence in Public Health" (see N.J.A.C. 8:52-1.8(a)5) is a management tool developed to assist the public health manager in evaluating his or her own agency's strengths and weaknesses. Using this information, the manager is equipped to accurately portray the capabilities his or her agency brings to a countywide public health system and to take actions that will improve the agency's performance.

1. Each health officer shall actively participate in and be responsible for the joint development of a countywide or multi-countywide Community Health Profile, Community Health Assessment and Community Health Improvement.

2. Each health officer shall notify the Office of Local Health of the name, title, telephone number, and e-mail address of his or her designees.

3. Each health officer shall be responsible for the completion of an evaluation of the capacity of his or her local health agency in accordance with the process set forth in "Assessment Protocol for Excellence in Public Health." The evaluation shall be used to identify the capacity of the local health agency to deliver the services set forth in this chapter and to provide the information necessary to develop the Community Health Improvement Plan. An evaluation shall be conducted at least once every three years.

4. Each health officer shall be responsible for the development of goals and objectives for each program conducted by the local health agency and the development of a continuous quality improvement process to ensure progress in achieving the local health agency's goals.

i. Each goal and objective shall include a timeline and be realistic, measurable, and consistent with current public health practice and/or Department program policies and guidelines.

ii. Each goal and objective shall be consistent with priority public health problems identified through the countywide Community Health Improvement Plan and any other Statewide public health priorities as determined by the Department.

iii. Each goal and objective shall be consistent with the "10 essential public health services," at N.J.A.C. 8:52-3.2(a)1 through 10.

5. Each health officer shall develop an internal monitoring plan that measures progress in achieving each of the local health agency's goals and objectives.

i. Monitoring shall be performed, at a minimum, on a semi-annual basis; and

ii. Monitoring data shall be used to document whether expected objectives are achieved to provide information regarding the implementation of objectives, and to modify activities to improve the achievement of objectives.

6. Each health officer shall develop an improvement plan to address performance deficiencies which are revealed during the Continuous Quality Improvement process.

(b) The ability to organize information and resources is also a fundamental responsibility of an administrative manager. The ability to assess staff competencies and to match those competencies with the appropriate tasks and activities is key to agency performance and goal attainment. A competent manager must be able to determine lines of authority within his or her agency and set forth business practices that are appropriate to the capabilities of the organization.

1. Each health officer shall ensure that the local health agency's resources are organized to promote the health outcomes identified through the countywide or multi-countywide Community Health Improvement Plan.

2. Each health officer shall ensure that competent leadership is assigned responsibility for each major activity and core responsibility.

3. Each health officer shall ensure that the local health agency prepares and has on file a current table of organization which depicts reporting relationships within the local health agency.

(c) The practice of public health, like the practice of medicine from which it derives, relies heavily upon licensure and certification to assure quality services and to protect the public against the services of untrained or incompetent individuals. The practice of medicine literally puts individual people's lives in the hands of the physician. The practice of public health puts the lives and quality of life of populations and communities in the hands of public health professionals. Therefore, it is important that these professionals are also trained and licensed in the disciplines of health science and public health. In addition, it is important for a manager to recruit, retain and develop his or her staff. The publications referenced below provide an organized approach to building staff competencies and developing staff.

1. Each health officer shall ensure that all professional public health staff who require licensure, certification, or authorization to perform their activities shall be currently licensed, certified, or authorized under the appropriate laws or rules of the State of New Jersey or under the applicable standards of the appropriate body.

4. Provision of process, impact, and outcome evaluation of health education programs in order to measure achievement and success;

5. Management of health education programs, personnel, and budgets;

6. Development of in-service training programs for staff, volunteers, and other interested parties;

7. Recruitment and training of volunteers to build and support community coalitions and partnerships;

8. Identification of and facilitation among agencies and community resources to reduce duplication and enhance services;

9. Provision of client referral and assistance to health and social service resources;

10. Development of risk communication plans to manage community concern and convey appropriate and accurate information;

11. Advise and/or serve as a spokesperson and liaison to the media;

12. Provision of public health advocacy for policies and funding that support social justice principles and which will improve the health status of communities;

13. Provision of grant writing to support local health agency objectives, the Community Health Improvement Plan, and health education programs;

14. Development of audio, visual, and print materials which support program initiatives; and

15. Use of quantitative and qualitative research techniques to advance the quality of public health practice.

(d) Each local health agency shall plan and develop health education programs and interventions regarding the uninsured, underinsured, immigrant, indigent, and other vulnerable populations within its jurisdiction.

(e) Each local health agency shall inventory health promotion and health education services delivered by all agencies in their jurisdiction. This inventory shall compare the existing services with those outlined in the Community Health Improvement Plan in order to identify gaps, reduce duplication, and to identify opportunities for collaborative partnerships.

disease, injury, and disability. Public health nursing practice incorporates the core public health functions of assessment, assurance, and policy development within the art and science of professional nursing practice through a systematic process which promotes and protects the public health.

8:52-7.2 Public health nursing services

(a) Each local health agency shall provide comprehensive public health nursing services that provide integrated support to the daily operation of the local health agency.

(b) Each local health agency shall ensure that public health nursing practice provides the core public health functions and the delivery of the "10 essential public health services" as set forth at N.J.A.C. 8:52-3.2(a)1 through 10. These services shall be developed and overseen by a public health nurse and shall include, but not be limited to:

1. Assessing and identifying populations at risk;
2. Providing outreach and case finding using population-based services;
3. Using systematic, relevant data collection from public health nursing practice for community health assessment;
4. Using case information and epidemiological methods to link epidemiology and a clinical understanding of health and illness;
5. Developing and implementing health guidance, counseling, and educational plans using the established nursing process;
6. Providing health plans to assure health promotion efforts that include primary clinical prevention and early intervention strategies;
7. Using the nursing process and triage to determine priorities for interventions and services based on risk assessment and community needs especially for underserved populations;
8. Advocating policies and funding that create clinical programs and improve health status;
9. Establishing procedures and processes which ensure competent implementation of prevention measures and treatment schedules;
10. Providing clinical preventive services, including clinical screenings and preventive care;
11. Facilitating access to care through the use of nursing assessment, referral for risk reduction, prevention, restorative, and rehabilitative services, and the establishing clinical programs and services;
12. Participating in all components of communicable disease prevention and control, including clinical surveillance, case identification, and treatment;

SUBCHAPTER 7. PUBLIC HEALTH NURSING

8:52-7.1 Scope and purpose

This subchapter addresses the synthesis of nursing practice and public health practice for the purpose of protecting and promoting physical and mental health and preventing

13. Planning, developing, and initiating interdisciplinary nursing plans for care and case management;

14. Establishing and maintaining written procedures and protocols for clinical care; and

15. Identifying, defining, coordinating, and evaluating enhanced clinical services for complex populations and special risk groups.

(c) Each local health agency shall ensure planning and developing public health nursing programs and interventions related to the uninsured, underinsured, immigrant, indigent, and other vulnerable populations.

(d) Each local health agency shall ensure the coordination of public health nursing services which are delivered by all agencies in their county as described in the Community Health Improvement Plan so as to identify gaps, provide continuity of services, and reduce duplication.

SUBCHAPTER 8. ASSURE WORKFORCE COMPETENCIES

8:52-8.1 Scope and purpose

This subchapter addresses the assessment of existing and needed workforce competencies as set forth at N.J.A.C. 8:52-5.2(d) for each local health agency. These include standards for public health professionals, job performance evaluation, continuing education, and management and leadership training.

8:52-8.2 Workforce assessment

(a) Each health officer shall ensure the performance of a workforce assessment at the local health agency at least once each year. The workforce assessment shall:

1. Identify gaps in workforce expertise;
2. Identify duplication of workforce competencies; and
3. Ensure that the necessary workforce competencies exist in order to be able to deliver the services set forth at N.J.A.C. 8:52-3.3 and 3.4 and to achieve the objectives outlined in the Community Health Improvement Plan.

(b) Each local board of health shall report the status of training of each local board of health member in their jurisdiction to the Office of Local Health. This report shall be made annually.

8:52-8.3 Workforce standards

(a) Each health officer shall ensure that:

1. Each position in the local health agency has a written job description which include tasks, reporting relationships, and performance standards;

2. Each job description shall be reviewed annually; and

3. Job performance evaluations are conducted annually.

(b) Each local board of health shall ensure that public health staff, in addition to the requirements for licensure, certification, or authorization, possess or are actively pursuing training for the skills necessary to provide each of the "10 essential public health services" as set forth at N.J.A.C. 8:52-3.2(a)1 through 10.

8:52-8.4 Workforce continuing education

(a) Each health officer shall provide a coordinated program of continuing education for staff which includes attendance at seminars, workshops, conferences, in-service training, and/or formal courses to improve employee skills and knowledge in accordance with their professional needs.

(b) Each public health professional specified at N.J.A.C. 8:52-4.1 shall meet continuing education requirements as follows:

1. Each director of public health nursing and public health nursing supervisor shall complete 15 continuing education contact hours of public health-related instruction annually. Eight of the continuing education contact hours shall be comprised of workforce leadership courses. The courses of instruction shall be approved by the Office of Local Health or its authorized representative. The eight continuing education contact hours in workforce leadership shall include topics and subjects that include, but are not limited to:

- i. Strategic thinking and planning;
- ii. Policy development, implementation, and evaluation;
- iii. Advocacy;
- iv. Interpretation of epidemiological data and health statistics analysis;
- v. Community needs assessment and risk assessment;
- vi. Outcome evaluation and quality assurance;
- vii. Collaboration, coalition building, and community organization;
- viii. Multidisciplinary negotiation;
- ix. Legal matters and issues; and
- x. Nursing research.

(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);

2. Conduct complaint investigations and surveys to identify nuisances, and through appropriate follow-up, ensure abatement in accordance with State law and local ordinances;

3. Maintain and make available educational information on the prevention and abatement of public health nuisances; and

4. Maintain current files on all public health nuisances which shall include the investigation, follow-up, abatement and enforcement action taken in each instance.

II. Communicable Disease Activities

Reportable diseases

(a) The local board of health shall conduct a program for the surveillance, investigation and control of reportable diseases and shall:

1. Document episodes of reportable diseases including occupational diseases and/or incidents and transmit the information to the State and other agencies as required by chapter 2, Reportable Diseases (N.J.A.C. 8:57-1) of the State Sanitary Code and N.J.S.A. 26:4;

2. Conduct prompt investigations of reportable illnesses as well as unusual manifestations of disease not listed as reportable in chapter 2 of the State Sanitary Code (N.J.A.C. 8:57-1) and institute appropriate control measures and promptly report all findings to the Department of Health and Senior Services;

3. Disseminate and exchange information relative to outbreaks of disease with physicians, hospitals, boards of education, and other responsible health agencies as appropriate; and

4. Analyze reported data to provide a basis upon which to plan and evaluate an effective program for the prevention and control of infectious diseases.

Immunization

(a) The local board of health shall promote and provide immunizations for protection against childhood vaccine-preventable diseases and shall:

1. Promote and provide primary and booster immunizations to preschool and school age children for protection against diseases in accordance with current recommendations of the Department of Health and Senior Services;

2. Assist all schools, with an emphasis on preschool facilities, in implementing and enforcing the immunization requirements contained in chapter 14, of the State Sanitary Code (N.J.A.C. 8:57-4) by providing immunization services and conducting periodic surveys and representative record audits every three years;

3. Secure prompt reporting of vaccine-preventable disease as required by chapter 2 of the State Sanitary Code (N.J.A.C. 8:57-1.2); and

4. Utilize vaccine information statement forms and maintain related documentation for individuals receiving State-issued vaccines according to State Directives and in compliance with Federal law.

Rabies and zoonosis control

(a) The local board of health shall conduct a program for the control of rabies and other zoonoses and shall:

1. Require rabies vaccination of dogs to comply with current rabies statutory requirements and encourage the vaccination of cats, and provide for rabies vaccination clinics at least once a year;

2. Ensure that a report of an annual canvass of all dogs owned, kept, or harbored within the limits of the respective municipality is received by the local board of health by September 1 of each year.

3. Inspect kennels, pet shops, shelters and pounds, to ensure compliance with the State laws and regulations prescribed by the Department of Health and Senior Services, and ensure that licenses issued to these facilities are in compliance with existing laws;

4. Report and investigate animal bites, ensure that persons bitten are advised to see a physician, quarantine biting animals as indicated and report immediately to the Department of Health and Senior Services clinically suspicious cases of rabies in animals as determined by a veterinarian, ensure availability of impounding facility where biting animals may be appropriately quarantined and observed for rabies;

5. Ensure that heads of animals that have died within 10 days after biting a person are delivered immediately to the Department of Health and Senior Services' Public Health and Environmental Laboratories for examination (Unwanted dogs or cats or any another animal which has bitten a human may be sacrificed immediately and the head promptly delivered to the Public Health and Environmental Laboratories for examination);

6. Provide an organized program for control of stray dogs and other animals;

7. Inspect annually, or more often if necessary, records of dealers in psittacine birds as required by chapter 3 of the State Sanitary Code (N.J.A.C. 8:23); and

8. Initiate appropriate enforcement actions to secure compliance with the State rabies statutes, collect and prepare evidence for legal action.

Tuberculosis control

(a) The local board of health shall control the spread of tuberculosis and shall:

1. Ensure that all of the tuberculosis control services or services elements listed in the "Guidelines for Ambulatory or Outpatient Tuberculosis Control" (available at the New Jersey Department of Health and Senior Services) are available and accessible to all persons living within the jurisdiction of the local agency;

2. Secure prompt reporting of tuberculosis and transmit reports as required by the State Sanitary Code (N.J.A.C. 8:57-1.2) and encourage the reporting of suspects;

3. Ensure effective treatment and continuing medical supervision of suspect and diagnosed cases of tuberculosis;

4. Ensure that contracts are identified and brought to examination, diagnostic conclusion, and treatment in accordance with the policy of the Department of Health and Senior Services;

5. Ensure the provision of preventive therapy in accordance with current recommendations of the Department of Health and Senior Services;

6. Ensure reporting of the current status of diagnosed cases of tuberculosis in accordance with the policy of the Department of Health and Senior Services using forms provided by the State;

7. Provide for the discharge from tuberculosis supervision of patients whose treatment has been completed in accordance with current recommendations by the Department of Health and Senior Services;

8. Provide for testing using currently approved intradermal tuberculin tests, of pupils, teachers, employees, and volunteers in the non-public schools, and for follow-up of those in both the public and non-public schools as recommended in the current edition of "School Tuberculin Testing in New Jersey," published by the Department of Health and Senior Services; and

9. Analyze data to provide a basis upon which to plan and evaluate an effective program for the prevention and control of tuberculosis.

Sexually transmitted diseases

(a) The local board of health shall control sexually transmitted diseases and shall:

1. Provide for medical services for all persons seeking medical care for Sexually Transmitted Disease (STD);

2. Secure prompt reporting of any case of STD and forward reports immediately to the Department of Health and Senior Services, Communicable Disease Field Program, as required by chapter 2 of the State Sanitary Code (N.J.A.C. 8:57-1.2);

3. Provide interview and investigation services to priority STD cases in accordance with the policy established by the Department of Health and Senior Services and report results of these services on appropriate forms provided by the Department;

4. Provide counseling to all patients infected with STD and treated at public health department STD clinics, to include, but not be limited to, disease prevention, sex partner referral, need for follow-up testing, and appropriate action to take when symptoms appear;

5. Provide public education services to the community or target population; and

6. Analyze reported data and provide a basis upon which to plan and evaluate an effective program for the prevention and control of sexually transmitted diseases.

Human Immunodeficiency Virus (HIV) infection

(a) The local board of health shall administer a planned program to prevent and control HIV infection and shall:

1. Utilizing seroprevalence and case reporting data provided by the Department of Health and Senior Services, identify ways to reach persons at high risk within the community and develop and implement a strategy to disseminate HIV prevention and control information to these groups;

2. Maintain supplies of educational materials to meet information requests on the transmission, prevention and control of HIV;

3. Provide or arrange for other suitable local health education resources (for example, Planned Parenthood, Red Cross) to conduct education programs addressing the epidemiology, prevention and control of HIV to civic and community organizations and occupationally at risk groups utilizing State prepared or equivalent curricula;

4. Provide or arrange for in-service training addressing the epidemiology, prevention and control of HIV to all local health department personnel;

5. Develop and implement a protocol to refer individuals concerned about their HIV status to counseling and testing sites and other health care providers;

6. Refer HIV infected persons and their families seeking services to appropriate provider agencies such as mental health, drug treatment and other social service agencies; and

7. Participate in the planning, development and implementation of a county or regional program to control HIV infection and the progression to AIDS.

III. Maternal and Child Health Activities

Infants and preschool children

(a) The local board of health shall provide health supervision for infants and preschool children and shall:

1. Provide child health conferences for comprehensive preventive health care of infants and preschool children, with particular emphasis on the medically indigent, based upon the current Department of Health and Senior Services publication, "Guidelines For the Child Health Conference";
2. Prepare a Child Health Service Report CH-7 or subsequent form number for each session, and submit promptly on at least a monthly basis to the Maternal and Child Health Program in the New Jersey Department of Health and Senior Services;
3. Maintain an informational and outreach service to encourage physicians, hospitals and social agencies to refer families to the child health conference, women, infants and children supplemental Food Program (WIC) and the public health nursing agency; and
4. Provide for information and guidance on physical, emotional, nutritional, and cognitive development of infants and preschool children through child health conferences and home nursing visits.

Childhood lead poisoning

(a) The local board of health shall provide for the prevention and control of lead poisoning in young children and shall:

1. Conduct a program, the major components of which shall include:
 - i. Case identification;
 - ii. Medical management;
 - iii. Environmental surveillance; and
 - iv. Education in conformance with N.J.S.A. 24:14A-1 et seq. and chapter 13 of the State Sanitary Code (N.J.A.C. 8:51-7.7). (Also, a current issue of "Preventing Lead Poisoning in Children, a statement by the Centers for Disease Control" and findings of the New Jersey Physician Task Force on Lead Poisoning shall be used as guidelines for program delivery as appropriate.)
2. Develop a program plan based on elements in (a)1 above and on the degree of risk in the community as identified through the "Community Health Profile" and "Community Hazard Score for Lead Poisoning in Children" issued by the Department of Health and Senior Services;
3. Conduct case finding efforts among children one through five years of age by annual blood testing in accordance with approved collection techniques in such settings as child health conferences, WIC clinics, day care centers, nursery schools and door-to-door in high risk

neighborhoods, with testing priority given to children at higher risk including:

- i. Those one through three years of age;
 - ii. Those residing in or frequenting housing units or other sites where lead-based paint may be present;
 - iii. Those whose parents or other household members may be occupationally or otherwise exposed to lead sources;
 - iv. Those at increased risk of exposure to lead sources for whatever reason;
 - v. Those with a history of pica or increased lead absorption; and
 - vi. Those who are siblings of a child with increased lead absorption;
4. Assure that confirmed positive test results based on current risk classification standards is immediately referred to medical supervision and that a child so referred shall receive on-going, medical management as appropriate;
 5. Conduct environmental surveillance among patient cases identified; and
 - i. Provide staff capable of conducting environmental investigations;
 - ii. Assure that, simultaneous with referral for medical attention, an environmental investigation will be initiated to identify the probable source(s) of lead exposure and to ensure the expedient and safe removal of the lead hazard(s);
 - iii. Assure that along with the owner of the property wherein the child resides, the parent or guardian of the child shall be notified in writing and kept abreast as to the findings of the environmental investigation and subsequent surveillance;
 - iv. Ensure that during periods when actual renovation work is underway, the affected child or children are removed from the premises; and
 6. Provide a program of education directed toward parents, the general public, physicians and other health personnel regarding lead intoxication, sources of lead in the environment and control measures; and
 - i. Assure the provision of appropriate counseling and instruction to parents of lead intoxicated children and to parents of children at risk by trained professional personnel; and
 - ii. Assure the provision of adequate in-service training and continuing education of program personnel.

Improved pregnancy outcome

(a) The local board of health shall reduce infant mortality by improving access to prenatal care and related services in

accordance with guidelines established by the Department of Health and Senior Services and shall:

1. Maintain an information and referral system for those requesting family planning, or prenatal and WIC services, to include:

i. A file of all providers of such services in the jurisdiction; and

ii. An active referral file;

2. Maintain a liaison with prenatal clinic services, family planning clinics, WIC school nurses, school health educators, and others;

3. Provide public health nursing services as requested by agencies for prenatal follow-up to high risk women who are determined to be medically indigent, to include, at a minimum:

i. Pregnancy counseling;

ii. Prenatal information;

iii. Follow-up of all referred positive pregnancy tests to promote initiation of prenatal care in the first trimester as requested by agencies;

iv. Nursing support and education through prenatal and postpartum home nursing visits as needed; and

v. Referrals as appropriate to WIC or other nutrition services, social services, and family planning services;

4. Establish and maintain a community outreach and education program targeting high risk women including adolescents to encourage and facilitate early entrance into prenatal care; and

5. Cooperate with the Department of Health and Senior Services, Newborn Biochemical Screening Program to locate and secure repeat specimens from infants when the sample cannot be obtained through the normal channels of a hospital and/or physician.

IV. Adult Health Services Activities

Cancer services

(a) The local board of health shall provide cancer prevention for populations at high risk according to criteria outlined in the Department of Health and Senior Services' publication "Adult Health Services Guidelines" and as identified through the Community Health Profile and shall:

1. Provide screening personnel to meet the criteria for staffing as specified in the "Adult Health Services Guidelines";

2. Establish a coordinated plan for counseling, referral and follow-up of all persons with non-negative screening results;

3. Provide screening services yearly for three percent of women ages 15 to 34 and the three percent of women ages 35 to 64 who are at high risk for cervical cancer;

4. Provide education services yearly for five percent of women ages 15 to 34 and five percent of women 35 and older to receive instruction in these particular areas;

i. The risk factors for cervical cancer and breast cancer;

ii. The importance of the Pap Smear in the early detection of cervical cancer (in accordance with the American Cancer Society Guidelines on cervical cancer screening);

iii. The importance of comprehensive breast cancer screening which include mammography at intervals specified by the American Cancer Society Guidelines and a physical breast examination by a health care professional;

iv. Breast self examination as one component in a total health care awareness program; and

v. Dietary and lifestyle modifications to reduce the risks of breast and cervical cancer.

5. Provide yearly instruction to three percent of individuals over age 40 in these particular areas:

i. The risk factors for colon/rectal cancer;

ii. The importance of compliance with the guidelines on colon/rectal cancer prescribed in Department of Health and Senior Services' Adult Health Services Guidelines; and

iii. The dietary and lifestyle modification to reduce the risk of colon/rectal cancer;

6. Provide annual reports to the State on the demographic characteristics of populations receiving screening and/or education services and the results of these screening programs;

7. Serve as a community resource to disseminate information available from the State on types of screening services available;

8. Provide for cancer-related continuing education for nursing and other program personnel at least once every three years. Include current cancer-related information in the orientation of all newly-hired cancer program staff to be involved in Cancer Services; and

9. Offer smoking prevention and cessation programs as defined in the "Adult Health Services Guidelines" (N.J.A.C. 8:52-6).

Diabetes services

(a) The local board of health shall provide for diabetes education services per the Department of Health and Senior Services' "Adult Health Services Guidelines" and shall:

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.