

# Domain 6: Enforce Public Health Laws

Domain 6 focuses on the role of public health departments in the enforcement of public health related regulations, executive orders, statutes, and other types of public health laws. Public health laws are key tools for health departments as they work to promote and protect the health of the population. Health department responsibilities related to public health laws do not start or stop with enforcement. Health departments also have a role in promoting new laws or revising existing laws. Public health related laws should be science-based and protect the rights of the individual, as they also protect and promote the health of the population. Health departments have a role in educating regulated entities about the meaning, purpose, compliance requirements, and benefit of public health laws. Health departments also have a role in educating the public about laws and the importance of complying with them.

The term “laws” as used in these standards and measures refers to ALL types of statutes, regulations, rules, executive orders, ordinances, case law, and codes that are applicable to the jurisdiction of the health department. For state health departments, not all ordinances are applicable, and therefore ordinances may not need to be addressed by state health departments. Similarly, some statutes are not applicable to local health departments, and therefore some statutes may not need to be addressed by local health departments. For Tribal health departments, applicable “laws” will depend on several factors, including governance framework and interaction with external governmental entities (federal, state, and local).

Public health laws include such areas as environmental public health (food sanitation, lead inspection, drinking water treatment, clean air, wastewater disposal, and animal and vector control), infectious disease (outbreak investigation, required newborn screenings, immunizations, infectious disease reporting requirements, quarantine, tuberculosis enforcement, and STD contact tracing), chronic disease (sales of tobacco products to youth, smoke-free ordinances, and adoption of bike lanes), and injury prevention (seat belt laws, helmet laws, and speeding limits). Clearly, health departments are not responsible for the enforcement of many or most of these laws. The adoption and implementation of such laws, however, have enormous public health implications. It is important for the health department to be involved in their adoption, monitoring their enforcement, providing follow-up services and/or education, and educating the policy makers and the public about their importance and impact.

# Domain 6: Enforce Public Health Laws

## DOMAIN 6 INCLUDES THREE STANDARDS:

<b>Standard 6.1:</b>	Review Existing Laws and Work with Governing Entities and Elected/Appointed Officials to Update as Needed
<b>Standard 6.2:</b>	Educate Individuals and Organizations on the Meaning, Purpose, and Benefit of Public Health Laws and How to Comply
<b>Standard 6.3:</b>	Conduct and Monitor Public Health Enforcement Activities and Coordinate Notification of Violations among Appropriate Agencies

## STANDARD 6.1: Review existing laws and work with governing entities and elected/appointed officials to update as needed.

Public health laws should be current with public health knowledge, practices, and emerging issues in public health. Laws may need to be revised to also be current with societal actions and behaviors that place individuals or groups at health risk. Health departments must have the legal capacity to review laws, as well as the ability to assess them for recommended changes. Health departments should collaborate and work with the appropriate entities to effect changes to a law, when needed.

# Standard 6.1: Review existing laws and work with governing entities and elected/appointed officials to update as needed.

MEASURE	PURPOSE	SIGNIFICANCE		
<p><b>Measure 6.1.1 A</b></p> <p>Laws reviewed in order to determine the need for revisions</p>	<p>The purpose of this measure is to assess the health department's analysis of public health laws and other laws that have public health implications to ensure that they are consistent with evidence-based public health and newly emerging public health issues and information. The assessment of laws should consider individual or community cost, inconvenience, impact on systemic health inequities, and regulatory alternatives and sanctions, in addition to the public health program benefits of the law.</p>	<p>Health departments need to be aware of current public health laws and of laws that are not specific to public health but have public health implications, for example, zoning, recreation related, animal related, or transportation laws. These types of laws can have significant impact on health equity. The laws that the health department reviews need not be only laws that the health department enforces. They may also be laws that others enforce but that impact public health, for example, helmet use laws, school nutrition requirements, sale of tobacco products to minors, animal rabies vaccination laws, or school requirements for proof of childhood vaccinations. Program staff of the health department reviews these laws to ensure that they are consistent with evidence-based public health practices and emerging public health issues.</p>		
REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN	
<p><b>1. Reviews of public health laws or laws with public health implications that include the following:</b></p>	<p><b>1. The health department must document its evaluation of laws for their public health implications.</b></p> <p>Reviews may be of a law that the health department enforces or of a law that the health department has no legal authority to enforce, but that has implications for the health of the public in the jurisdiction of the health department. The documentation may address the review of enforcement protocols and/or adherence to protocols and not of a law itself. This is a program review and does not require the review by a lawyer.</p> <p>Documentation could be, for example, meeting minutes, reports, presentations, memos, or some other record of the discussion of the review and findings. They could also be in the form of policy agendas, position papers, white papers, and legislative briefs, including recommendations for amendments.</p> <p>Health departments must document that the review of the law included:</p>	<p><b>2 examples that are from different programs</b></p> <p>1 example must demonstrate collaboration with other levels of health departments (Tribal, state, and/or local)</p>	<p><b>Reviews completed within 3 years</b></p>	

## MEASURE 6.1.1 A, continued

<p>a. Evaluations of laws for consistency with public health evidence-based and/or promising practices; and consideration of the impact on health equity</p> <p>b. Use of model public health laws, checklists, templates, and/or exercises in reviewing law</p> <p>c. Input solicited from key stakeholders on proposed and/or reviewed laws</p> <p>d. Collaboration with other levels of health departments when the laws impact on them</p>	<p>a. Consideration of evidence-based practices, promising practices, or practice-based evidence. The impact of the law on health equity in the health department's jurisdiction, if any, must also be considered.</p> <p>b. The use of model public laws, check lists, templates, or some other standard outline or guide. The standard outline or guide could be developed by the health department or by others.</p> <p>Due to the limited availability of evidenced-based practices or promising practices in Tribal communities, Tribes may provide examples of practice-based evidence used to adapt models or create models based on a cultural framework or traditional forms of governance.</p> <p>c. Input from key partners and stakeholders. Input may be sought through, for example, public notice, town forums, meetings, hearings, or request for input on the health department's web page.</p> <p>d. Collaboration with other levels of government health departments.</p> <p>State health departments must document that it has collaborated with Tribal or local health departments in reviewing laws that may impact those Tribal or local health departments. This collaboration may involve state health departments providing assistance to Tribal or local health departments as they review and revise laws or it may involve obtaining Tribal or local input on new state laws or revisions of state laws. Specifically, states must consult with Tribal governments on laws that may impact them or for which they are requesting assistance for implementing within Tribal jurisdictions.</p> <p>Documentation of state collaboration could be minutes or summaries of meetings held by the state with Tribal and/or local public health officials; agenda, minutes, and any resulting documents from meetings with stakeholders; summaries of comments from town meetings, hearings, or comments received through a website.</p>		
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## MEASURE 6.1.1 A, continued

	<p>Local health departments must document how they consult with Tribes when reviewing laws that impact multiple jurisdictions, for example, disease reporting, isolation and quarantine, and immunizations.</p> <p>Tribal health departments must document work with its local Tribal units (i.e. Chapter Houses, Pueblos, or Districts), in addition to other partners, when reviewing existing laws and revising or creating new laws.</p> <p>Documentation could be, for example, reports of working with local Tribal community stakeholders, for example, elected Tribal District Chairpersons, elected Tribal council committees, Tribal Community Colleges, school districts, and boards. Tribal health documentation may also include work completed with Tribal Legislative Counsel or Tribal Elected/Appointed officials, for example, District Chairpersons, Tribal Oversight Committees, and governing entities.</p>		
<p><b>2. Access to legal counsel</b></p>	<p><b>2. The health department must document that it has access to legal counsel review and advice for use, as needed.</b></p> <p>Documentation could be, for example, an MOU, a contract, a letter of agreement, or statement that a governmental attorney's office has the responsibility to provide legal counsel to the health department.</p>	<p><b>1 example</b></p>	<p><b>3 years</b></p>

# Standard 6.1: Review existing laws and work with governing entities and elected/appointed officials to update as needed.

MEASURE	PURPOSE	SIGNIFICANCE
<p><b>Measure 6.1.2 A</b></p> <p>Information provided to the governing entity and/or elected/appointed officials concerning needed updates/ amendments to current laws and/or proposed new laws</p>	<p>The purpose of this measure is to assess the health department's efforts to provide advice to governing entities and/or elected/ appointed officials on the public health impact of the content of new laws and changes to current laws.</p>	<p>The health department can be an expert on the impact of new laws or changes to laws that impact the public's health. As the public health expert for the jurisdiction, the health department should share its findings and make recommendations for amendments – revision, creation, deletion – to the body of public health law. The laws need not be laws that the health department enforces but may be laws that others enforce that impact public health, for example, helmet use laws, school nutrition requirements, sale of tobacco products to minors, texting while driving law, animal rabies vaccination laws, or public school requirements for proof of childhood vaccinations. Not all legal reviews or policy recommendations will result in a change, but health departments have a responsibility to provide the information for consideration by elected/appointed officials.</p>

REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN
<p><b>1. The provision of written recommendations to governing entity and/or elected/ appointed officials concerning amendments or updates to current laws and/or proposed new laws</b></p>	<p><b>1. The health department must document that it has submitted written reviews of current laws or proposals for new laws to the governing entity and/or elected/appointed officials.</b></p> <p>Documentation could be, for example, a governing entity meeting agenda, email, or mailed cover memo to governing entity members and elected/ appointed officials. For this measure, a public posting, such as a notice on the health department website, would not be sufficient. The documentation must show distribution to the targeted audiences of governing entities and/or elected/ appointed officials.</p> <p>Documentation for Tribal health departments could be, for example, work completed with Tribal Legislative Council or Tribal Elected/Appointed officials, for example, District Chairpersons, Tribal Oversight Committees, and other governing entities.</p>	<p><b>2 examples</b></p> <p>The examples can be, but do not have to be, related to the two examples provided for measure 6.1.1.</p>	<p><b>5 years</b></p>

## STANDARD 6.2: Educate individuals and organizations on the meaning, purpose, and benefit of public health laws and how to comply.

Public health laws impact all members of the community. Health departments have the responsibility to educate the public about public health laws and to inform members of the community about the meaning behind the law, the purpose for the law, the benefits of the law, and compliance requirements. Educational efforts should be aimed at individuals and organizations that are a part of the jurisdiction served, including schools, civic organizations, human service organizations, other government units and agencies, and the medical community. Education efforts need to be culturally and linguistically appropriate to the audience.



## Standard 6.2: Educate individuals and organizations on the meaning, purpose, and benefit of public health laws and how to comply.

MEASURE	PURPOSE	SIGNIFICANCE	NUMBER OF EXAMPLES	DATED WITHIN
<p><b>Measure 6.2.1 A</b></p> <p>Department knowledge maintained and public health laws applied in a consistent manner</p>	<p>The purpose of this measure is to assess the health department's knowledge of how laws support public health practice and their efforts to ensure that these measures are applied consistently.</p>	<p>Health departments with the responsibility to enforce laws must maintain assurance that the laws are clearly understood by health department staff and that the laws are being applied in a consistent manner.</p> <p>Health departments that do not have regulatory enforcement responsibility still have a responsibility to maintain knowledge of laws that impact public health and to ensure that the laws are applied consistently. For example, the school system may have the responsibility to ensure that all children entering kindergarten have had age appropriate vaccinations. The health department should work with the schools to ensure that those laws are consistently enforced. Another example is the assurance that the prohibition against the sale of tobacco products to minors is enforced consistently.</p>		
<p><b>NOTE:</b> Public health law enforcement, for example, environmental public health, animal control, solid waste and food codes, may be handled by multiple departments within the Tribal, state, or local government. For this measure, the health department must provide documentation of how it maintains knowledge of the laws and their consistent application.</p>				
<p><b>1. Provisions of training for staff in laws to support public health interventions and practice</b></p>	<p><b>1. The health department must document that the staff are trained in laws that support public health interventions and practice.</b> The training agenda is not specified and can include both general and specific aspects of public health law. Staff must be trained on the specific aspects of the law for which they are programmatically responsible. For example, an infectious disease nurse should be trained on the law that addresses infectious disease reporting; he or she would not be required to know specific elements on public water laws.</p> <p>Documentation could be, for example, training agendas, minutes of training meetings, HR lists of personnel trained and the date of the training, or screenshots of links to online training required for staff completion and documentation that it was completed. Orientation for new staff is not sufficient.</p>	<p><b>2 examples</b></p>	<p><b>2 years</b></p>	

## MEASURE 6.2.1 A, continued

<b>2. Efforts to ensure the consistent application of public health laws</b>	<b>2. The health department must document efforts to ensure the consistent application of public health laws.</b> Documentation may be a review of either health department staff's application of laws or other organizations' application of public health laws for which the health department is not responsible for enforcement. Coordination with other organizations that apply laws must be evidenced. Examples include enforcement of seat belt use, environmental public health laws, sale of tobacco products to minors, clean indoor air laws, quarantine laws, food safety, etc.  Documentation could be, for example, internal audits, enforcement documents or logs, written review of case reports, reports or minutes of meetings with other agencies or entities that enforce laws, communications with other agencies or entities on the importance of consistent application of laws.	<b>2 examples</b>	<b>5 years</b>
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## Standard 6.2: Educate individuals and organizations on the meaning, purpose, and benefit of public health laws and how to comply.

MEASURE	PURPOSE	SIGNIFICANCE		
<p><b>Measure 6.2.2 A</b></p> <p>Laws and permit/license application requirements are accessible to the public</p>	<p>The purpose of this measure is to assess the health department's provision of information to the public concerning public health related permits and license applications.</p>	<p>Members of the public will seek information from the health department about laws, permits and license requirements and applications. In some cases, the health department may not be responsible for the administration of the requirements of the laws, but it should be sufficiently informed to correctly advise the public and direct them to the responsible agency.</p>		
REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN	
<p><b>1. Public access to information about laws and permit/license application processes</b></p>	<p><b>1. The health department must document how it makes information concerning public health related laws and permits/license applications available to members of the public who request it.</b> This information can be made available through the health department's website or provided to the public in a paper document (e.g., flyer, brochure, etc.). The website can post laws, or provide a link to the laws, along with forms, protocols or other components of the permit or licensing process. Information will direct the public to the appropriate agency, if the responsibility does not legally reside with the health department.</p>	<p><b>1 example</b></p>	<p><b>5 years</b></p>	

## Standard 6.2: Educate individuals and organizations on the meaning, purpose, and benefit of public health laws and how to comply.

MEASURE	PURPOSE	SIGNIFICANCE		
<p><b>Measure 6.2.3 A</b></p> <p>Information or education provided to regulated entities regarding their responsibilities and methods to achieve full compliance with public health related laws</p>	<p>The purpose of this measure is to assess the health department's education of entities that are responsible for complying with laws that have public health impact. Enforcement of compliance with these laws may or may not be the responsibility of the health department.</p>	<p>A primary role of health departments is to educate the population and regulated entities and organizations about the meaning, purpose, benefits, and compliance requirements of public health related laws.</p>		
REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN	
<p><b>1. Provision of information or education to regulated entities concerning their responsibilities for compliance with public health laws</b></p>	<p><b>1. The health department must provide a written record of the provision of information to regulated individuals or entities about their responsibilities related to public health laws.</b> Documentation must include both the information provided and evidence of its distribution.</p> <p>The information could be provided to a targeted group, such as public schools that are responsible for, for example, enforcing immunization requirements of their students, tracking immunization records, and reporting the vaccination records or lack of records; or, it may be the entire population, who are a regulated entity in regard to the immunization law and their responsibility for having their children vaccinated.</p> <p>Documentation could be, for example, a set of FAQs on the health department's website, newsletters (with distribution list), training sessions (with attendance list and materials), public meetings (with minutes or agendas and attendance list), documentation of technical assistance and information (provided through email, phone logs, etc.), pamphlets, posters, or press releases.</p>	<p><b>1 written record</b></p>	<p><b>5 years</b></p>	

## STANDARD 6.3: Conduct and monitor public health enforcement activities and coordinate notification of violations among appropriate agencies.

Health departments have a role in ensuring that public health laws are enforced. In some cases, the health department has the enforcement authority. In other cases, the health department works with those who have the legal authority to enforce the laws. When other state agencies, local departments, or levels of government have enforcement authority, the role of the health department is to collaborate, assist, and share information. In either case, the health department needs to know about enforcement activities and violations in their jurisdiction, since violations and enforcement can impact the public's health. The department should be coordinating and sharing information with agencies that have public health related enforcement authority. The health department is responsible for follow-up communication and education on public health impacts and protection.

As with all of the standards and measures, accountability for meeting the measures rests with the health department being reviewed for accreditation. Documentation that provides evidence of meeting the measure must be provided, even if the documentation is produced by a partner organization, another governmental agency, or another level of government, and not by the health department seeking accreditation. The health department must partner with enforcement agencies to ensure that the laws and their enforcement protect and promote the public's health.

## Standard 6.3: Conduct and monitor public health enforcement activities and coordinate notification of violations among appropriate agencies.

MEASURE	PURPOSE	SIGNIFICANCE		
<p><b>Measure 6.3.1 A</b></p> <p>Written procedures and protocols for conducting enforcement actions</p>	<p>The purpose of this measure is to assess the health department's standard and consistent enforcement actions.</p>	<p>Enforcement actions require standard steps, criteria, and actions. When public health enforcement is conducted by other agencies or entities, the health department should have working relationships with those entities to share information. The health department may be able to provide advice concerning enforcement. Additionally, the health department should be informed of noncompliance. For example, if a toxic substance is being emitted by a plant or a restaurant inspection identifies a risk of a food borne illness, the health department should be involved to provide public health follow-up on any related illnesses or to deliver community information and education.</p>		
REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN	
<p><b>1. Authority to conduct enforcement activities</b></p>	<p><b>1. The health department must document its authority to conduct enforcement activities.</b> This authority may be located in a state or local code, MOU, letter of agreement, contract, legislative action, executive order, ordinance, or rules/regulations. In some cases, the health department may have little or no authority to conduct enforcement actions. In those cases, the department must be coordinating and sharing information with agencies that do have public health related enforcement authority. In those cases, the health department must provide documentation of the authority of the other entity that conducts enforcement.</p>	<p><b>2 examples</b></p>	<p><b>no date restriction</b></p>	
<p><b>2. Procedures and protocols for achieving compliance with laws or enforcement actions</b></p>	<p><b>2. The health department must provide copies of procedures, protocols or processes (for example, decision trees) for enforcement program areas.</b></p> <p>Where the health department does not conduct public health enforcement actions, the protocols used by the enforcement agency must be provided and must demonstrate cooperation between the enforcement agency and the health department.</p>	<p><b>2 examples;</b> one of the examples must address infectious disease.</p>	<p><b>2 years</b></p>	

## Standard 6.3: Conduct and monitor public health enforcement activities and coordinate notification of violations among appropriate agencies.

MEASURE	PURPOSE	SIGNIFICANCE		
<p><b>Measure 6.3.2 A</b></p> <p>Inspection activities of regulated entities conducted and monitored according to mandated frequency and/or a risk analysis method that guides the frequency and scheduling of inspections of regulated entities</p>	<p>The purpose of this measure is to assess the health department's adherence to guidelines on the frequency of inspection activities.</p> <p>Where the inspections are conducted by other agencies, the health department should be notified of inspections, protocols, and status. This enables the health department to provide follow-up education and communication, where appropriate, to safeguard the public's health.</p>	<p>When the law specifies inspection frequency, the health department should be following the defined schedule. When there is no mandated schedule, the health department should have a method to define an appropriate schedule and should adhere to the schedule.</p>		
REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN	
<p><b>1. Protocol/algorithm for scheduling inspections of regulated entities</b></p>	<p><b>1. The health department must provide schedules for inspections. The health department may select the areas or programs.</b> The selected schedules must be in programs where the health department has authority to conduct an inspection of the regulated entity, unless the health department has no such authority.</p> <p>In some cases, schedules for inspections are mandated. In other cases, the department may provide a protocol or an algorithm for scheduling inspections. For example, rules requiring restaurant inspections on a specified schedule or a schedule for return inspections after a violation may be submitted. These may be documents provided by another agency that has enforcement responsibilities.</p>	<p><b>2 examples from 2 different programs</b></p>	<p><b>5 years</b></p>	

## MEASURE 6.3.2 A, continued

**2. Inspections that meet defined frequencies with reports of actions, status, follow-up, re-inspections, and final disposition**

**2. The health department must document a database or provide a log of inspection reports with actions taken, current status, follow-up, return inspections and final disposition.**

Documentation could be screen shots, if the data are kept electronically.

In some cases, the health department may have little or no authority to conduct enforcement actions. In those cases, the department must coordinate and share information with agencies that do have public health related enforcement authority. In those cases the health department must provide documentation of the authority of the other entity that conducts enforcement. The health department must provide documentation that it is informed of inspection protocols and reports showing the results of inspection.

**2 examples**

This documentation of inspections must relate to the same programs for which schedules were provided in 1 above.

**5 years**



## Standard 6.3: Conduct and monitor public health enforcement activities and coordinate notification of violations among appropriate agencies.

MEASURE	PURPOSE	SIGNIFICANCE		
<p><b>Measure 6.3.3 A</b></p> <p>Procedures and protocols followed for both routine and emergency situations requiring enforcement activities and complaint follow-up</p>	<p>The purpose of this measure is to assess the health department's implementation of procedures and protocols for routine and emergency enforcement activities and for follow up of complaints.</p>	<p>Scheduled investigations, emergency situations, and complaint follow-up should be conducted according to standard procedures and protocols to ensure that they are conducted appropriately.</p>		
REQUIRED DOCUMENTATION		GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN
<p><b>1. Actions taken in response to complaints</b></p>	<p><b>1. The health department must document actions taken as a result of investigations or follow-up of complaints, as well as analysis of the situation and standards for follow-up.</b></p> <p>Documentation could be, for example, a database or log with analysis and standards for follow-up at each level. The standards for follow-up may be within the procedure and protocols. If separate, the standards must be included with the database or log for the documentation.</p>	<p><b>2 examples from 2 different programs</b></p>	<p><b>5 years</b></p>	
<p><b>2. Communications with regulated entities regarding a complaint or compliance plan</b></p>	<p><b>2. The health department must document hearings, meetings, or other official communications with regulated entities regarding a complaint and any resulting compliance plans.</b> The compliance plan has no specific format and will be determined by law or department protocol. The regulated entity, based on the law, could be an organization, business, or individual.</p> <p>In some cases, the health department may have little or no authority to conduct enforcement actions. In those cases, the department must coordinate and share information with agencies that do have public health related enforcement authority. In those cases, the health department must provide documentation of the authority of the other entity to conduct enforcement. The health department must provide documentation that it is informed of inspection protocols and reports showing the results of inspection.</p>	<p><b>2 examples</b></p>	<p><b>5 years</b></p>	

## Standard 6.3: Conduct and monitor public health enforcement activities and coordinate notification of violations among appropriate agencies.

MEASURE	PURPOSE	SIGNIFICANCE		
<p><b>Measure 6.3.4 A</b></p> <p>Patterns or trends identified in compliance from enforcement activities and complaints</p>	<p>The purpose of this measure is to assess the health department's analysis of patterns, trends, and compliance from enforcement activities and complaint investigations.</p>	<p>It is important for the health department to determine patterns or trends in non-compliance, complaints, or enforcement activities. This will help in understanding the prevalence of issues, in employing preventive measures, in pursuing opportunities for improvement in enforcement activities, and in providing follow-up education.</p>		
REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN	
<p><b>1. Enforcement programs' annual reports summarizing complaints, enforcement activities, or compliance</b></p>	<p><b>1. The health department must provide annual reports that summarize complaints, enforcement activities, or compliance. Reports must include patterns, trends, and compliance.</b></p> <p>Documentation from an enforcement program that is out of compliance with state law or is under sanctions or a performance improvement plan must be labeled as being out of compliance with state law or under sanctions or a performance improvement plan.</p>	<p><b>2 examples from different enforcement programs.</b> If the department operates an enforcement program that is out of compliance with state law or is under sanctions or a performance improvement plan, then one of the examples must be from that program.</p>	<p><b>14 months</b></p>	

## MEASURE 6.3.4 A, continued

<b>2. Debriefings or other evaluations on enforcement for process improvements</b>	<b>2. The health department must document debriefings or other methods to evaluate what worked well, problems that arose, issues and recommended changes in investigation/response procedures, and other process improvements to enforcement protocols or procedures.</b> All other process improvements discussed must be noted in the documentation.  In some cases, the health department may have little or no authority to conduct enforcement actions. In those cases, the department must coordinate and share information with agencies that do have public health related enforcement authority. In those cases, the health department must provide documentation of the authority of the other entity to conduct enforcement. The health department must document that it is informed of patterns, trends, and compliance.	<b>2 examples</b>	<b>5 years</b>
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## Standard 6.3: Conduct and monitor public health enforcement activities and coordinate notification of violations among appropriate agencies.

MEASURE	PURPOSE	SIGNIFICANCE	
<p><b>Measure 6.3.5 A</b></p> <p>Coordinated notification of violations to the public, when required, and coordinated sharing of information among appropriate agencies about enforcement activities, follow-up activities, and trends or patterns</p>	<p>The purpose of this measure is to assess the health department's communication with the public concerning enforcement violations and with appropriate agencies concerning enforcement activities, follow-up activities, and trends or patterns.</p> <p>In some cases, the health department may have little or no authority to conduct enforcement actions. In those cases, the department should be coordinating and sharing information with agencies that do have public health related enforcement authority.</p>	<p>It is important that the health department share enforcement information with the public so that the public may make decisions or alter their behavior, based on the information. For example, many members of the public want to know what local restaurants have failed inspection and why.</p> <p>It is important that the health department shares information concerning enforcement actions and/or any resulting follow-up with other agencies that have a role in educating or providing follow-up with the enforced entity or educating the public. Appropriate agencies include health departments at other levels of government: Tribal, state, or local health departments.</p>	
REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN
<p><b>1. Communication protocol for interagency notifications</b></p>	<p><b>1. The health department must provide a communication protocol for interagency notifications.</b></p> <p>The protocol may be in parts to address multiple communication protocols or it may be a single comprehensive protocol for notifying other agencies concerning enforcement actions.</p>	<p><b>1 protocol</b></p>	<p><b>5 years</b></p>
<p><b>2. Protocol for notification of the public of enforcement activities</b></p>	<p><b>2. The health department must provide a protocol for notifying the public of enforcement activities.</b> If there are laws that require public notification, the reference must be submitted. The health department may also allow for public notification without a legal requirement. In that case, provide a copy of the relevant protocol. Examples include notifications of the public of restaurant inspection violations, emission violations, and inspections of public facilities (for example, public swimming pools).</p>	<p><b>1 department-wide protocol or 2 examples</b></p>	<p><b>5 years</b></p>

## MEASURE 6.3.5 A, continued

### **3. Notifications of enforcement actions and other sharing of information concerning enforcement activities**

### **3. The health department must document the notification of enforcement actions.**

Required Documentation 1 and 2 requires written protocols. Required Documentation 3 requires documentation of the implementation of a protocol. Documentation must demonstrate that protocols were followed.

Notification can be through a variety of methods, including: posting on a website, minutes from public meetings, conference calls, emails, correspondence, press release, public presentation, reports, and MOUs and MOAs with other agencies that demonstrate sharing information on enforcement activities.

When other agencies have enforcement authority, the health department must provide documentation that it is informed of patterns, trends, and compliance.

**2 examples are required.**

The two examples must be from two different enforcement programs.

**5 years**