THE WEBINAR WILL BEGIN SHORTLY

PHAB Domain 6: Public Health Law Webinar Series

Webinar 3: Enforcing and Providing Education on Public Health Laws for PHAB Accreditation

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PHAB Domain 6: Public Health Law Webinar Series

Webinar 3: Enforcing and Providing Education on Public Health Laws for PHAB Accreditation

Association of State and Territorial Health Officials
May 23, 2018

Dial In: 1-800-289-0462
Passcode: 870308
Vision
State and territorial health agencies advancing health equity and optimal health for all.

Mission
To support, equip, and advocate for state and territorial health officials in their work of advancing the public’s health and well-being.
Acknowledgement of Funding

- ASTHO’s **PHAB Domain 6 Webinar Series** is supported by funds made available from the Centers for Disease Control and Prevention, Center for State, Tribal, Local and Territorial Support (*proposed*).
Webinar Logistics

• All lines are muted
• Questions via chat box
  • Indicate who the question is for, if applicable
  • Questions answered at the end of the webinar
• Sharing a conference room with others? Please type their information (name, organization, e-mail) into the chat box to “chairperson”
• Post-webinar evaluation
• Webinar slide deck and recording will be posted to www.astho.org within the next week
Agenda

• Presenter Introductions

• Presentations
  • Overview of PHAB Domain 6 Standard 6.2 and Standard 6.3
  • Enforcing and Providing Education on Public Health Laws to Others
  • Partnership for Public Health Enforcement

• Questions (via chat box)
Presenters

Shelley Bruce
Chief, Lead and Asbestos Section, Bureau of Environmental and Occupational Health, Wisconsin Division of Public Health

Dawn Hunter, JD, MPH
Deputy Cabinet Secretary
New Mexico Department of Health
Presenters Continued

Leah Silva, JD
Director, S/T Performance Improvement
ASTHO
Overview of PHAB Domain 6 Standards 6.2 & 6.3

Leah Silva, JD
Director, State/Territorial Performance Improvement
Association of State & Territorial Health Officials (ASTHO)
Standard 6.2:
Educate Individuals and Organizations on the Meaning, Purpose, and Benefit of PH Laws & How to Comply

• Measure 6.2.1: Department knowledge & consistent application
  • Training for staff
  • Consistent application of laws

• Measure 6.2.2: Accessibility of laws and permit/license applications
  • What if your agency is not responsible for administration of the laws?

• Measure 6.2.3: Info and education provided to regulated entities
  • Responsibilities for compliance
  • Targeted group or entire population
Standard 6.3
Conduct and Monitor Public Health Enforcement Activities and Coordinate Notification of Violations among Appropriate Agencies

- Measure 6.3.1: Written procedures and protocols
  - Authority to conduct
  - Procedures/protocols for compliance

- Measure 6.3.2: Inspection activities conducted and monitored
  - Schedule for inspections
  - Database/log of inspection reports
Standard 6.3 Continued

- Measure 6.3.3: Routine & emergency situations requiring enforcement and complaint follow-up
  - Action taken in response to complaint and communications
- Measure 6.3.4: Patterns/trends identified
  - Annual reports
  - Debriefings or other evaluations on enforcement (QI!)
- Measure 6.3.5: Coordinated notifications and information sharing
  - Communication protocol for interagency notifications
  - Protocol for public notifications
  - Implementation of protocols
Thank you!

Leah Silva, JD
lsilva@astho.org
Accreditation:

Domain 6

Shelley Bruce
Chief, Lead and Asbestos Section, Wisconsin Division of Public Health

Enforcing and Providing Education on Public Health Laws
What We Will Review

Domain 6: Laws and Enforcement
- Overview of the Wisconsin Division of Public Health
- What do state and local health departments enforce?
- Why and how do we enforce public health laws?
- Standard 6.2 examples – Educate on Laws
- Standard 6.3 examples – Enforce Laws
Wisconsin Division of Public Health

- The Division of Public Health (DPH) resides in the Department of Health Services.
- Wisconsin is a home rule state, which means local health departments (LHDs) provide most direct community public health services.
- DPH provides services, resources, and oversight to LHDs.
- DPH provides statewide surveillance, tracking, and outreach and enforcement of public health laws for which LHDs do not have the authority to administer.
Wisconsin Division of Public Health

Five Bureaus
- Aging and Disability Resources
- Communicable Diseases
- Community Health Promotion
- Environmental and Occupational Health
- Operations

Three Offices
- Health Informatics
- Policy and Practice Alignment
- Preparedness and Emergency Health Care
Wisconsin’s Accreditation Journey

- The Wisconsin site visit was May 7 and 8.
- We won’t know the final outcome for a few months.

Lessons Learned:
- Being well-prepared is a must.
- Having the right membership on the Domain Team is important and will save time and effort.
- Accreditation is a long process. Be prepared to replace team members.
- An outside consultant to review evidence is helpful.
- Do a practice site visit. It will be harder than the real thing!
Domain 6 Team Make-Up

Be as broad based as possible as you put together your domain team.

- Our Domain 6 team had representatives from only one bureau and two offices in the division and an attorney from the department.
- We were missing representation from both communicable and chronic disease programs.
- This made it harder to find good evidence and slowed down our work.
What is enforced? State or Local

- Food sanitation
- Drinking water
- Clean air
- Lead certification
- Asbestos certification
- Animal and vector control
- Infectious disease reporting
- Outbreak investigation
- Radiation licensing
- Immunization
- Newborn screening
- Quarantine and tuberculosis
- Contact tracing for sexually transmitted infections
- Sales of tobacco to youth
- Smoke-free ordinances
- Seat belt, child seat, and helmet use
- Speed limits
- And?
How are laws and rules enforced?

Directly by the health department

- Scheduled or planned inspections or records reviews and reports
- Complaint investigations or referrals from other agencies

Indirectly through other health departments or agencies

- Other agencies, such as natural resources or environmental quality, agriculture, consumer protection, children and families, or social services
- LHDs
Standard 6.2 – Educate on Laws

Educate individuals and organizations on the meaning, purpose, and benefit of public health laws and how to comply
Standard 6.2 – Educate on Laws

What is Measure 6.2.1 looking for?

It is looking for evidence that health department knowledge is maintained and public health laws are applied in a consistent manner in order to assess the health department knowledge of how laws support public health practice and efforts to ensure these measures are applied consistently.
Standard 6.2 – Educate on Laws

6.2.1 Required Documentation (RD) 1: Provision of training for staff in laws to support public health interventions and practice

- Example 1: Training for lead program inspectors on the lead regulations
- Example 2: Training for asbestos program inspectors on the asbestos regulations
- A course agenda and manual, copies of regulations, and staff training records included
Standard 6.2 – Educate on Laws

Lessons Learned on 6.2.1 RD 1

- Training must be in employees’ area of responsibility. Generic laws, such as Privacy and Security, were out of scope for this measure.
- All employee training needs to be documented. Informal training methods need to be documented and consistently conducted.
- Staff meetings need to be documented when laws and regulations are reviewed for training and consistency purposes.
Standard 6.2 – Educate on Laws

6.2.1 RD 2: Efforts to ensure consistent application of public health laws

- Example 1: Radiation Program quarterly internal audit of inspections, including audit chart and metrics of violations by inspector and staff meeting agenda
- Example 2: Lead and Asbestos Program enforcement manual, enforcement staff meeting notes, report from the Environmental Protection Administration review of a Wisconsin enforcement program
Example Evidence: Self-Audit of Radioactive Materials Inspections

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<th>License Number</th>
<th>License Name</th>
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<th>Consistency and Clarity</th>
<th>Factual Information</th>
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<th>Appropriate severity level</th>
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Mr. Thomas Engels  
Deputy Secretary  
Wisconsin Department of Health Services  
PO Box 7850  
Madison, Wisconsin  53707-7850

Re: Fiscal Year 2015 (FY15) Wisconsin Department of Health Services TSCA 404(g)  
Grant no. 96583609-2

Dear Mr. Engels:

The U.S. Environmental Protection Agency, Region 5 has completed the FY15  
End-of-Year (EOY) summary report of the Wisconsin Department of Health Services (DHS)  
program accomplishments under the TSCA Section 404(g) grant program. The two year grant  
was funded with a budget of $719,189 for the combined years of FY15 and FY16.

The End of Year Report is comprised of the enclosed Excel template that includes work plan  
requirements, DHS commitments, DHS activities that addressed the commitments, and any  
relevant comments by EPA, and a summary of our review of selected enforcement case files.

DHS continues to have a strong enforcement program. FY15 is the third year in a row that DHS  
has increased their major enforcement actions. Notably, the majority of the enforcement cases  
involve Notices of Noncompliance with a fine associated with it. EPA acknowledges DHS’s  
efforts.

Review of the enforcement files shows that the files are highly organized and thorough. One  
comment regarding the enforcement files is that while the narrative is very detailed in the  
beginning of the case, it becomes less detailed as the case progresses. Close out notes are  
basically nonexistent. EPA suggests that DHS include a summary description of its actions  
during the full extent of the case. Such a description will enable others to follow the course of  
action.
Standard 6.2 – Educate on Laws

Lessons Learned on 6.2.1 RD 2

- PHAB wants evidence of coordination with other agencies that apply laws.
- Document joint inspections with other agencies, such as LHDs, or provision of training on applying regulations for inspectors from multiple jurisdictions. An example is if the state provides training on conducting restaurant inspections to staff from LHDs, even if the LHDs are the agency issuing any enforcement actions.
What is Measure 6.2.2 looking for?

It is looking for evidence that laws and license or permit application requirements are accessible to the public to assess the health department’s provision of information on public health-related permits and license applications to the public.
Standard 6.2 – Education on Laws

6.2.2 RD 1: Public access to information about laws and permit or license application processes

Example: Department website showing information about certifications and licenses, including links to regulations and applications
Standard 6.2 – Educate on Laws

Promoting environmental health in Wisconsin means protecting residents from toxic substances, such as lead.

Lead can affect a child’s growth, brain development, lifelong health, and future potential. Preventing lead exposure is critical, and monitoring blood lead levels is essential.
Asbestos Inspector - Original

Initial certification for a person who determines the presence and location of, and assess the condition of, friable or nonfriable asbestos containing materials (ACM) or suspected ACM by visual examination and by collecting samples of the materials.

**Type**
Original

**Description**
A person trained and certified to determine the presence and location of, and assess the condition of, friable or non-friable asbestos containing materials (ACM) or suspected ACM by visual examination and by collecting samples of the materials.

**Duration**
Annual. Renewal required

**Fees**
$175 annually

**Prerequisites**
See Subchapter II, Certification, Requirements for Individuals in Ch DHS 159, WI Admin Code.

**Application Process**
Online application at [www.dhs.wi.gov/WALDO](http://www.dhs.wi.gov/WALDO). Download paper form at [www.dhs.wi.gov/asbestos/Forms.htm](http://www.dhs.wi.gov/asbestos/Forms.htm)

**WI Statutes**
Chapter 254, Subchapter II, Toxic Substances.

**WI Administrative Code**
DHS 159, Asbestos Certification.

**Additional Information**
Read more.
Standard 6.2 – Educate on Laws

What is Measure 6.2.3 looking for?

It is looking for evidence that information or education is provided to regulated entities about their responsibilities and methods to achieve full compliance with public health laws in order to assess the health department’s education of entities that are responsible for complying with laws that have public health impact.
6.2.3 RD 1: Provision of information or education to regulated entities on their responsibilities for compliance with public health laws

Example: Lead-Safe Renovation Program compliance information letters to uncertified contractors found advertising renovation services. We kept a spreadsheet of contractors reviewed, their certification status, if and when a letter was sent, and the outcomes, at four weeks and six months.
Example Evidence: Project to identify and provide compliance information to uncertified contractors

SOP: Crosschecking Advertisements

The purpose of this project is to take a proactive approach to identifying uncertified contractors advertising lead or asbestos work regulated by DHS. By comparing advertising information to data in the DHS WALDO database, we can determine if companies advertising lead or asbestos work are currently certified to conduct regulated lead or asbestos activities. If it is determined that a company is not certified, we can send an informational compliance letter to that company or take other action, as appropriate.

Based on information given in the advertisement, letters can be emailed or mailed to the contractor. Action taken should be tracked in WALDO and in the Advertising Crosscheck Log found on the K drive at K:\BEOH\ALS_Docs\Inspections\Advertising Crosscheck.

Step-by-Step Instructions

Step 1:
Standard 6.2 – Educate on Laws

Lessons Learned on 6.2.3

- Be sure to have clear documentation of what and how compliance information was provided, when it was provided, and specifically, to whom it was provided.
- Don’t be afraid to think outside the box about your efforts to reach out to hard-to-reach groups with information about laws and importance of complying with the public health laws.
Standard 6.3 – Enforce Laws

Conduct and monitor public health enforcement activities and coordinate notification of violations among appropriate agencies.
Standard 6.3 – Enforce Laws

What is Measure 6.3.1 looking for?

It is looking for written procedures and protocols for conducting enforcement actions to assess the health department’s standard and consistent enforcement actions.
Standard 6.3 – Enforce Laws

6.3.1 RD 1: Authority to conduct enforcement activities

- Example 1: Wis. Stat. ch. 250, Health: Administration and Supervision
- Example 2: Wis. Stat. ch. 252, Communicable Diseases
Standard 6.3 – Enforce Laws

Example 1

CHAPTER 250
HEALTH; ADMINISTRATION AND SUPERVISION

250.04 Powers and duties of the department.
250.05 Reports of cases.
250.06 Public health nurses.
250.07 Public health planning.
250.08 Dental services.
250.10 Grants for community health centers.
250.15 Payments to the Wisconsin Women’s Health Foundation.
250.16 Organ and tissue donation.
250.17 Health disparities reduction or elimination.
250.20 Workplace wellness program grants.

Example 2

CHAPTER 252
COMMUNICABLE DISEASES

252.02 Powers and duties of department.
252.04 Compulsory vaccination during a state of emergency.
252.05 Health insurance premium subsidies.
252.06 HIV and related infections, including hepatitis C virus infections; services and prevention.
252.07 HIV tests.
252.08 HIV testing for anatomical gifts.
252.09 Discrimination related to acquired immunodeficiency syndrome.
252.10 Health insurance premium subsidies.
252.11 Medical leave premium subsidies.
252.12 Communicable diseases; suspected cases; protection of public.
252.13 Communicable diseases; sexual cases; duties of teachers, parents, officers.
252.14 Violation of law relating to health.
Standard 6.3 – Enforce Laws

6.3.1 RD 2: Procedures and protocols for achieving compliance with laws or enforcement actions

- Example 1: Wisconsin School Immunization Requirements Manual
Standard 6.3 – Enforce Laws

What is Measure 6.3.2 looking for?

It is looking for evidence that inspections of regulated entities are conducted and monitored according to mandated frequency or a risk analysis method that guides the frequency and scheduling of inspections of regulated entities in order to assess the health department’s adherence to guidelines on the frequency of inspection activities.
Standard 6.3 – Enforce Laws

6.3.2 RD 1: Protocol or algorithm for scheduling inspections of regulated entities

- Example 1: Lead Program training accreditation audit requirements in administrative code, and protocol for conducting located in the lead and asbestos enforcement manual
- Example 2: Inspection of mammography facilities request for proposal and contract between the Food and Drug Administration and the Wisconsin Department of Health Services
Standard 6.3 – Enforce Laws

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

- Example 1: Lead Program course accreditation and audit log showing status of all training courses, last audit conducted, and a log showing all the audits conducted of one training provider's courses
- Example 2: Mammography inspection status report and log of inspection due dates and assigned inspectors
Standard 6.3 – Enforce Laws

Lessons Learned on 6.3.2

- Not all enforcement programs lend themselves to inspections meeting defined frequencies, creating challenges for meeting these measures.
- Logs should provide the entity inspected, inspection date, inspector, status or outcome, actions taken, follow-up, re-inspection, and final disposition.
Standard 6.3 – Enforce Laws

What is Measure 6.3.3 looking for?

It is looking for evidence that procedures and protocols are followed for both routine and emergency situations requiring enforcement activities and complaint follow-up in order to assess the health department’s implementation of procedures and protocols for routine and emergency enforcement activities and follow-up of complaints.
Standard 6.3 – Enforce Laws

6.3.3 RD 1: Actions taken in response to complaints

- Example 1: Vaccines for Children program site visit and compliance log and follow-up, with program policies and procedures
- Example 2: Lead and Asbestos Enforcement Manual, complaint log, and database pages showing an example of one complete complaint investigation and outcome
Standard 6.3 – Enforce Laws

6.3.3 RD 2: Communications with regulated entities regarding a complaint or compliance plan

- Example 1: Follow-up communications with Vaccines for Children provider after site visit, including letter and site visit summary report with required follow-up actions identified
- Example 2: Notice of Noncompliance letter for lead-safe renovation violations sent to owner entity after a complaint investigation, including violations and penalties imposed
Standard 6.3 – Enforce Laws

Lessons Learned from 6.3.3

▪ Track complaints and other emergency enforcement activities in detailed logs of actions or have a database that maintains all required information.
▪ Maintain a detailed enforcement manual with standardized policies, procedures and protocols for your enforcement actions and the handling of complaints.
Standard 6.3 – Enforce Laws

What is Measure 6.3.4 looking for?

It is looking for evidence that patterns or trends in compliance are identified from enforcement activities and complaints in order to assess the health department’s analysis of trends and compliance from enforcement activities and complaint investigations.
Standard 6.3 – Enforce Laws

6.3.4 RD 1: Enforcement program's annual reports summarizing complaints, enforcement activities, or compliance

- Example 1: Lead Program Annual Report
- Example 2: Asbestos Program Annual Report

Both provide summarized inspection, enforcement, and complaint activities with trends and patterns over time.
Standard 6.3 – Enforce Laws

6.3.4 RD 2: Debriefings or other evaluations on enforcement for process improvements

- Example 1: Lead Program Inspection Strategy Meeting notes and data charts evaluating inspections conducted in past six months
- Example 2: Asbestos Program Inspection Strategy Meeting notes and data charts evaluating inspections conducted in past quarter
Lead Certification and Asbestos Certification Programs
Inspection Strategy Meetings
Standard 6.3 – Enforce Laws

Lessons Learned on 6.3.4

- Do annual enforcement program reports, whether required or not, and compare with data and findings from previous years for trends, patterns, and program evaluation.
- Hold, and document, regular enforcement team meetings to review and evaluate enforcement policies and protocols and ensure consistency and process improvements.
Standard 6.3 – Enforce Laws

What is Measure 6.3.5 looking for?

It is looking for evidence that there is documentation of 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 in order to assess the health department’s communication with the public concerning violations and with appropriate agencies concerning enforcement activities, follow-up and trends, or patterns.
Standard 6.3 – Enforce Laws

6.3.5 RD 1: Communication protocol for interagency notifications

Example: Enforcement policy manual with sections addressing interagency notification and communication and an interagency memorandum of understanding between the health department and the Department of Agriculture, Trade and Consumer Protection (DATCP) relating to food, lodging, and recreational facilities, a program housed in DATCP
MEMORANDUM OF UNDERSTANDING BETWEEN
THE DEPARTMENT OF AGRICULTURE, TRADE AND CONSUMER PROTECTION
AND THE DEPARTMENT OF HEALTH SERVICES

I. Purpose:

1. The Department of Agriculture, Trade and Consumer Protection (DATCP) has responsibility for the enforcement of food, lodging and recreational facility regulations and the inspection and licensure of food, lodging and recreational facilities. The Department of Health Services, Division of Public Health (DPH) has responsibility for prevention and control of communicable diseases and human health hazards, as well as investigating outbreaks.

2. This Memorandum of Understanding (MOU) is intended to articulate specifically how the DATCP Division of Food and Recreational Safety (DFRS) and DATCP Bureau of

IV. Collaboration

1. Licensed facilities: At any time reasonably necessary, DATCP and DPH agree to participate in the investigation of cases, suspect cases, human health hazards and/or outbreaks occurring at, or related to, licensed facilities, their employees and/or their patrons, activities related to these routine investigations, which are intended to prevent or human health hazards in DATCP-licensed facilities, do not require assistance.

2. Unlicensed facilities:

   a. During public health investigations lead by DPH that involve a DATCP, DATCP subject matter experts (SMEs) will provide technical consultation and recommendations to DPH, if requested.

   b. For situations when an onsite assessment lead by DPH at a facility

Wisconsin Department of Agriculture, Trade and Consumer Protection

Sandy Chalmers, Assistant Deputy Secretary

12-6-16

Date

Wisconsin Department of Health Services - Division of Public Health

Chuck Warzecha, Deputy Administrator

12-6-16

Date
Standard 6.3 – Enforce Laws

6.3.5 RD 2: Protocol for notification of the public of enforcement activities

- Example 1: Written protocol for notifying the public about tobacco sales to youth
- Example 2: Protocol in the program enforcement manual for informing the public about lead and asbestos enforcement actions
Standard 6.3 – Enforce Laws

PREVENTING YOUTH ACCESS TO TOBACCO IN WISCONSIN
June 26, 2017

The Wisconsin Department of Health Services (DHS) Division of Public Health (DPH) Tobacco Prevention and Control Program (TPCP) manages two youth access programs: Synar and Wisconsin Wins (WI Wins).

Synar
The Federal Synar Regulation requires states to implement strategies to prevent the illegal sale of tobacco products to minors at retail establishments. States must:
- Have laws in place prohibiting the sale and distribution of tobacco products to individuals under 18 years old
- Conduct an annual compliance check survey to gauge success in meeting established target goals for a reduction in such sales
- Keep the retailer violation rate below 20%

Each year, approximately 1000 compliance checks are conducted for the Synar Survey.

Wisconsin Wins
In 2002, Wisconsin Wins (WI Wins) was launched to address tobacco retailer non-compliance with the Synar Amendment and reduce youth access to tobacco products as part of a comprehensive tobacco prevention and control program.

The TPCP contracts with local agencies (local public health departments and community-based organizations) to conduct WI Wins throughout the state. **To establish retailer compliance with the law, these activities include:**
- Compliance investigations utilizing a positive reinforcement protocol (congratulate those who don’t sell, while educating those who do sell)
- Actively involve municipal or county level law enforcement agencies in collaborative efforts with all WI Wins tobacco compliance inspections
- Retailer education, media outreach and community education
Standard 6.3 – Enforce Laws

6.3.5 RD 3: Notifications of enforcement actions and other sharing of information concerning enforcement activities

- Example 1: Regional press release, statewide compliance data on program website, and report to the State Council on Alcohol and Other Drug Abuse on compliance findings for youth tobacco sales
- Example 2: Outreach log and two PowerPoint presentations covering asbestos and lead enforcement cases and compliance and enforcement data
Standard 6.3 – Enforce Laws

Example 1

FOR IMMEDIATE RELEASE
January 28, 2014
Contact: Jamie Michael, re:TH!NK (Manitowoc) Phone: 920-652-0238
Anna Carpenter, re:TH!NK (Oshkosh) Phone: 920-232-3009
Wendy Vander Zanden, CAHL (Kaukauna). Phone: 920-540-0794

Illegal Tobacco Sales to Minors Continue to Rise
140 Sales to Minors in Northeast Wisconsin during
[Northeast Wi]— Tobacco sales to minors in NE Wisconsin jumped to 18.3% in 2013, a significant increase from 11.1% in 2012. The total number of sales to minors in the 13 Northeastern counties during 2013 was 140. Although the majority of these sales required I.D., they are misreading it.

These results show there is still work to be done, as the illegal sales rate to minors continues to be a trend,” said Jamie Michael, Coalition Coordinator and WI Wins Coordinator for re:TH!NK Prevention Network. “While we are pleased with the efforts that many retailers take to verify age before sales, more needs to be done to keep the sale of tobacco products to minors at a low level.

<table>
<thead>
<tr>
<th>Coalition</th>
<th>County</th>
<th>Completed Investigations</th>
<th>Number of Sales</th>
<th>% of Non-Compliance</th>
<th>2012 Non-Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAHL</td>
<td>Brown</td>
<td>141</td>
<td>25</td>
<td>17.7%</td>
<td>15.2%</td>
</tr>
<tr>
<td>CAHL</td>
<td>Calumet</td>
<td>25</td>
<td>2</td>
<td>8.0%</td>
<td>15.4%</td>
</tr>
<tr>
<td>re:TH!NK</td>
<td>Door</td>
<td>41</td>
<td>12</td>
<td>29.2%</td>
<td>5.3%</td>
</tr>
<tr>
<td>re:TH!NK</td>
<td>Kewaunee</td>
<td>23</td>
<td>1</td>
<td>4.3%</td>
<td>9.5%</td>
</tr>
<tr>
<td>CAHL</td>
<td>Langlade</td>
<td>32</td>
<td>6</td>
<td>18.8%</td>
<td>8.7%</td>
</tr>
<tr>
<td>re:TH!NK</td>
<td>Menitowoc</td>
<td>60</td>
<td>9</td>
<td>15.0%</td>
<td>15.9%</td>
</tr>
<tr>
<td>CAHL</td>
<td>Marinette</td>
<td>63</td>
<td>14</td>
<td>22.2%</td>
<td>11.1%</td>
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<tr>
<td>CAHL</td>
<td>Outagamie</td>
<td>87</td>
<td>23</td>
<td>26.4%</td>
<td>20.7%</td>
</tr>
<tr>
<td>CAHL</td>
<td>Oconto</td>
<td>45</td>
<td>7</td>
<td>15.5%</td>
<td>25%</td>
</tr>
<tr>
<td>CAHL</td>
<td>Shawano</td>
<td>38</td>
<td>6</td>
<td>15.8%</td>
<td>20.5%</td>
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<tr>
<td>re:TH!NK</td>
<td>Sheboygan</td>
<td>76</td>
<td>14</td>
<td>18.4%</td>
<td>12.5%</td>
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<tr>
<td>CAHL</td>
<td>Waupaca</td>
<td>45</td>
<td>14</td>
<td>32.5%</td>
<td>4.0%</td>
</tr>
<tr>
<td>re:TH!NK</td>
<td>Winnebago</td>
<td>91</td>
<td>7</td>
<td>7.7%</td>
<td>7.3%</td>
</tr>
</tbody>
</table>

*Non-compliance is calculated using the number of sales per the number of completed investigations.
Standard 6.3 – Enforce Laws

Asbestos and Lead Regulations for Schools

Fox Valley NARI
October 15, 2014

Jessica Fournier
Environmental Health Specialist
Wisconsin Division of Public Health
Lead and Asbestos Section
Standard 6.3 – Enforce Laws

Lessons Learned on 6.3.5

- There may or may not be department-wide policies or protocols in place. May need to find and work with individual programs to determine what protocols are being used and to find appropriate examples.
- Don’t be afraid to pull information from what partners are doing at the local level, including their data, especially if state program shares statewide data.
Thank You!

Shelley Bruce, MS
shelley.brace@wi.gov
608-267-0928

Wisconsin Department of Health Services
Division of Public Health
Bureau of Environmental and Occupational Health
Lead and Asbestos Section
Partnership for Public Health Enforcement

Dawn M. Hunter, JD, MPH, CPH
Deputy Cabinet Secretary
May 23, 2018
What we will cover...

• NMDOH approach to Standard 6.3
• What states need to know if enforcement falls under other jurisdictions
• PHAB documentation examples if the state does not have the authority to enforce public health laws
• Steps toward reaccreditation
Core Competencies and the Essential Health Services

Enforce laws and regulations that protect health and ensure safety.
Domain 6
Enforce Public Health Laws

• Standard 6.3: Conduct and monitor public health enforcement activities and coordinate notification of violations among appropriate agencies.
  • “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.”
  • “The health department is responsible for follow-up communication and education on public health impacts and protection.”

• NMDOH was accredited under PHAB Standards and Measures Version 1.0
Standard 6.3 Documentation

• Must demonstrate:
  • Authority to conduct enforcement activities
  • Protocols showing cooperation between the enforcement agency and the health department
  • Inspection schedule or algorithm
  • That the health department is informed of inspection protocols and reports showing the results of inspection
  • Complaint follow-up and compliance plans, including patterns or trends in compliance
  • Coordinated notification of enforcement activities

• These requirements are not significantly different in Version 1.5
How to approach Standard 6.3

- Initial approach

![Image of people dancing with hands in the air]
Why was this difficult?

• NMDOH has limited enforcement authority
• We collaborate frequently with other agencies but did not always have formal agreements or protocols
• If we did have an agreement or protocol in place, there was not always sufficient documentation
• The information that did exist was not centralized and had not been systematically reviewed
Take 2…

• Identify a point person
  • At NMDOH this was the Public Health Law Fellow

• Work with an attorney
  • An Assistant General Counsel was assigned to support Accreditation efforts

• Develop a systematic approach to identifying and collecting the information

• Set timelines and assign responsible parties throughout the agency

• Get feedback – we hired a consultant in preparation for our site visit
Key Partners

Internal Partners:
- Immunization Program
- State Laboratory
- TB Program
- Office of Injury Prevention
Initial Submission

• What was accepted (examples):
  • TB Program Annual Report and TB Cohort Review
  • Albuquerque International Sunport Communicable Disease Emergency Response Plan
  • MOA with Texas Department of State Health Services for non-compliant TB patients

• What was NOT accepted:
  • Documentation related to our Medical Cannabis Program, Developmental Disabilities Supports, or Health Facilities Licensing
  • Documents that may have met requirements but were not current
Action Plan

• Site Visit in December 2014

• Action Plan in March 2015
  • Accreditation decision has been deferred until some additional work has been completed and that documentation is submitted and reviewed


• Accredited November 2015
Domain 6 Action Plan
Mostly Standard 6.3

• Action Plan included some items from Domains 1 and 2, but biggest gaps were in Domain 6:
  • 6.3.1: Procedures and protocols for conducting enforcement actions
  • 6.3.2: Inspection schedule or algorithm
  • 6.3.3: Actions taken in response to complaints
  • 6.3.4: Patterns or trends in compliance
  • 6.3.5: Coordinated notification regarding enforcement activities
## Domain 6 Action Plan
### Site Visit Assessment

<table>
<thead>
<tr>
<th>Measure</th>
<th>Documents Provided</th>
<th>Site Visit Report Findings</th>
<th>Actions</th>
<th>Division Lead</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.3.4A: Determine patterns or trends in compliance from enforcement activities, and complaints</td>
<td>RD1: DHI Trends Report SFY2011 QMB Provider Compliance and Oversight Data Report SFY2013 TB Annual report</td>
<td>RD 1 - The Department provided two examples related to developmental disabilities and healthcare facilities which are outside PHAB's scope of authority and cannot be used as documentation. The third piece of documentation provided was a FY 2013 TB Annual Report which included objectives of the TB program, major accomplishments, compliance percentages in terms of completion of therapy compared to previous years, case rates, contact investigation and more. This piece of documentation meets requirements of RD 1 however, two examples are required.</td>
<td>Specifically related to the accreditation process, the Department has an opportunity to improve documentation by paying close attention to the number of examples required and by ensuring meeting minutes are taken and archived for future reference.</td>
<td>TB- Diana Fortune</td>
<td>4-Apr-15</td>
</tr>
<tr>
<td></td>
<td>RD2: HFLC Sample DDS QI Change Principles TB Cohort Review</td>
<td>RD 2 - The Department provided two examples related to developmental disabilities and healthcare facilities which are outside PHAB's scope of authority and cannot be used as documentation. The third piece of documentation provided was an agenda for an Annual TB Cohort Review. According to the agenda, 40 TB cases were presented. Meeting minutes/summary was not provided. Therefore, the reviewers are unable to determine what discussion occurred.</td>
<td></td>
<td>Environment Department? PHD? CYFD?</td>
<td></td>
</tr>
</tbody>
</table>

**Possible Documents:**
1) Meeting Minutes from Diana Fortune
2) Quality Assurance Documents -PHD, ERD
3) Community Readiness Initiative -ERD (Joan B.), BHEM (Lee C. and Chris E.)
4) Hospital Agreements -ERD, BHEM
Domain 6 Action Plan
Set timelines and assign responsible parties

PHAB Action Plan Deadlines

March 20, 2015 COB
Submit Possible Documents & Titles (Responsible Division/Person)

March 26, 2015 COB
NMDOH Submits Action Plan (Shannon)

April 27, 2015 COB
Submit Final Documents With Narratives (Responsible Division/Person)

May 1, 2015 COB
NMDOH Submits Final Documentation (Shannon)

June 2015
NMDOH Receives PHAB Accreditation Decision
# Domain 6 Strategy

Set timelines and assign responsible parties

<table>
<thead>
<tr>
<th>Author or Representative</th>
<th>Measure</th>
<th>Document Title</th>
<th>Updates</th>
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</thead>
<tbody>
<tr>
<td>Michael Landen, Joan Baumbach, Heidi Krapfl</td>
<td>6.3.1.1.1</td>
<td>Occupational Health and Safety Agreement</td>
<td>Mike will get the current version w signatures</td>
</tr>
<tr>
<td>Diana Fortune, Barbara Howe, Michal Hayes</td>
<td>6.3.1.1.2</td>
<td>Revised TB Protocol and Standing Order</td>
<td>PHD will have to implement by sending final email. Diana Fortune will send us current version w signatures on 7/3</td>
</tr>
<tr>
<td>Michael Landen, Joan Baumbach, Heidi Krapfl</td>
<td>6.3.1.1.3</td>
<td>NMED Food Program Enforcement</td>
<td>OPA has final version</td>
</tr>
<tr>
<td>Michael Landen, Joan Baumbach, Heidi Krapfl</td>
<td>6.3.1.1.4</td>
<td>NMED Pool Inspection Enforcement</td>
<td>OPA has final version</td>
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<td>Michael Landen, Joan Baumbach, Heidi Krapfl</td>
<td>6.3.1.2.1</td>
<td>Waterborne and Foodborne Disease Enforcement MOA</td>
<td>Mike will get the current version w signatures</td>
</tr>
<tr>
<td>Diana Fortune, Barbara Howe, Michal Hayes</td>
<td>6.3.1.2.2</td>
<td>Revised TB Protocol and Standing Order</td>
<td>PHD will have to implement by sending final email</td>
</tr>
<tr>
<td>Barbara Howe, David Tompkins</td>
<td>6.3.1.2.3</td>
<td>Tracking Complaints Related to the Dee Johnson Clean Indoor Air Act</td>
<td>OPA sent David T. TB Protocol template on 6/23</td>
</tr>
</tbody>
</table>
Domain 6 Strategy

Breakdown each standard in more detail and provide regular updates

Domain/Standard/Measure/Required Doc Number: 6.3.3.1.1

Responsible Staff Members: Michael Landen, Butch Tongate, Joan Baumbach

Opportunities for Improvement: Provide a database or log of actions with analysis and standards for follow-up at each level for two programs

Documentation: NMED Food Program Enforcement

Last Update: NMED and ERD will continue working on the completion of this document. It will be in final draft form by early July 2015. NMED and ERD will begin the implementation of this document by providing informational presentations and trainings to ERD employees during the month of July.


Current Updates:
Accepted Documentation

6.3.1 – Procedures and protocols for conducting enforcement actions, **Fully Demonstrated**
- Occupational Health and Safety Act
- Public Health Act
- MOA between the NMDOH and the NMED to establish the use of agency resources to identify and regulate hazardous workplaces.
- TB program protocol and standing order for evaluation, treatment, monitoring and enforcement of active and suspect TB cases.
- Food Enforcement Protocols and MOA between NMED and NMDOH regarding prevention of foodborne illness.
Accepted Documentation

- 6.3.2 – Inspection schedule or algorithm, **Fully Demonstrated**
  - Procedures for Field Environmentalists who operate under the NM Environmental Department (NMED).
  - MOA between NMED and NMDOH identifying NMDOH responsibilities. The procedures included guidance to field environmentalists to inspect each food service and food processor establishment at least once each year.
  - MOA between NMED and NMDOH regarding water testing at the NMDOH State Laboratory.
  - NMED report of inspections conducted, required follow-up and date corrected.
  - Inspection log of water laboratories and a report evaluation provided to a water lab of the onsite evaluation.
Accepted Documentation

• 6.3.3 – Actions taken in response to complaints, Largely Demonstrated
  • Protocol for Assuring Compliance with School Entry Immunization Requirements
  • NM Environment Department (NMED) Food Operation Guidance
  • MOA between NMED and NMDOH outlining each agency’s role in prevention of foodborne and waterborne illness
  • NMED inspection logs
  • NMDOH Guidelines for Reporting and Monitoring Foodborne Illness Complaints
  • Blank Foodborne Illness Complaint Worksheet
  • Foodborne Illness Complaint Tracking Log
  • E-mail from the State Epidemiologist introducing the finalized process for monitoring and tracking foodborne illness complaints
Accepted Documentation

• 6.3.4 – Patterns or trends in compliance, **Slightly Demonstrated**
  • WIC- Farmers Market Nutrition Program 2014 Annual Report ✗
  • NMDOT Traffic Safety Annual report ✔
  • Office of the Secretary Complaint Annual Report ✗
  • NMDOH Annual TB Cohort Review ✗

• 6.3.5 – Coordinated notification regarding enforcement activities, **Fully Demonstrated**
  • Communication protocols for nursing home surveys
  • Occupational Health and Safety communication
  • Division of Health Improvement Nursing Home and Hospital Enforcement
Accreditation Sustainability

Accreditation Sustainability Plan

• Public Health Accreditation Leadership Team (PHALT)
• Accreditation Champions
• Regular review schedule

<table>
<thead>
<tr>
<th>Domain</th>
<th>Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>January</td>
</tr>
<tr>
<td>2</td>
<td>February</td>
</tr>
<tr>
<td>3</td>
<td>March</td>
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<td>4</td>
<td>April</td>
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<td>5</td>
<td>May</td>
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<td>November</td>
</tr>
<tr>
<td>12</td>
<td>December</td>
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</table>
## Accreditation Sustainability

Reaccreditation Tracking Guide & Monthly Domain Meetings

### Domain 6: Enforce Public Health Laws

<table>
<thead>
<tr>
<th>Measure 6.1</th>
<th>Laws protect and promote the public’s health</th>
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<tbody>
<tr>
<td>Standard 6.1</td>
<td>Review existing laws and work with governing entities and elected/appointed officials to update as needed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Guidance</th>
<th>Division</th>
<th>PHALT Lead</th>
<th>Accred. Champion</th>
<th>Final Version</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Health department leadership and expertise in the public health implications of laws</td>
<td>1. Describe how the health department provides leadership and expertise concerning how specific laws can/do impact on the public’s health. The narrative must include: a. A description of the relationship that the health department has with those who adopt laws (for example, county commissioners, city councils, Tribal councils, judicial representatives, state legislatures). Describe how the health department’s public health expertise is offered to and accessed by those who create/adopt laws. b. A description of how the health department identifies existing or proposed laws that could impact on the public’s health and require review by the health department. c. A description of the guidelines, process, or tools (for example, checklists, model laws, standards, etc.) the health department uses to review laws in the context of current evidence-based information.</td>
<td>OPA, OGC</td>
<td>Dawn Hunter</td>
<td>Christina Perea</td>
<td>June 2020</td>
</tr>
<tr>
<td>2. Expert public health advice provided to those who adopt laws</td>
<td>2. Provide examples of information and education provided to those who adopt laws concerning the actual or potential impact on public health. Documentation could be a letter or memorandum, testimony,</td>
<td>OPA</td>
<td>Dawn Hunter</td>
<td>Erin McSherry</td>
<td>June 2018 &amp; June 2019</td>
</tr>
</tbody>
</table>
Working with Tribal Partners

- New Mexico State Tribal Collaboration Act
  - Annual Agency Report
  - Consultation, Collaboration, and Communication Policy
- Formal program agreements
  - TB treatment and compliance
Final Thoughts

• Local and Tribal Health Departments may have some of this documentation if you are in a decentralized health system

• Consider formalizing protocols and agreements with other agencies and departments

• Develop a tracking plan and regularly collect and review proposed documentation

• Be prepared to address gaps

• Ask for feedback from your Accreditation Specialist
Thank you!

Dawn M. Hunter
Dawn.Hunter@state.nm.us
505-827-2613
Questions?
Please use the chat box to ask questions of the presenters.
If the question is for a specific presenter, include who.

Recording & Slides Available!
Webinar 1: Introduction to Public Health Laws for PHAB Accreditation
Webinar Materials

Webinar 2: Updating Public Health Laws for PHAB Accreditation
Webinar Materials

For more information visit: www.astho.org/Events.aspx
Thank you attendees, presenters, and partners!

ASTHO’s Performance Improvement Team
accreditation@astho.org

Please take a moment to complete the evaluation, a link will be emailed shortly.