

1 **CHAPTER 48 - LOCAL HEALTH DEPARTMENT ACCREDITATION**

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9
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14 *~~2016.~~ 2016;*
15 *Repealed Eff. June 1, 2026.*

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27 *Temporary Adoption Eff. January 1, 2006;*
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1 **10A NCAC 48B .0102 DEFINITIONS**

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3 *History Note: Authority G.S. 130A-34.1;*
4 *Temporary Adoption Eff. January 1, 2006;*
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10 **10A NCAC 48B .0103 ACCREDITATION REQUIREMENTS**

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12 *History Note: Authority G.S. 130A-34.1;*
13 *Temporary Adoption Eff. January 1, 2006;*
14 *Eff. October 1, 2006;*
15 *Amended Eff. April 1, 2015; February 1, 2013;*
16 *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5,*
17 *~~2016.~~ 2016.*
18 *Repealed Eff. June 1, 2026.*
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20 **SECTION .0200 - MONITOR HEALTH STATUS**

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22 **10A NCAC 48B .0201 BENCHMARK 1**

23 **10A NCAC 48B .0202 BENCHMARK 2**

24 **10A NCAC 48B .0203 BENCHMARK 3**

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26 *History Note: Authority G.S. 130A-34.1;*
27 *Temporary Adoption Eff. January 1, 2006;*
28 *Eff. October 1, 2006;*
29 *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5,*
30 *~~2016.~~ 2016.*
31 *Repealed Eff. June 1, 2026.*
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33 **SECTION .0300 - DIAGNOSE AND INVESTIGATE HEALTH PROBLEMS AND HEALTH HAZARDS IN**
34 **THE COMMUNITY**

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36 **10A NCAC 48B .0301 BENCHMARK 4**

37 **10A NCAC 48B .0302 BENCHMARK 5**

1 **10A NCAC 48B .0303 BENCHMARK 6**

2 **10A NCAC 48B .0304 BENCHMARK 7**

3 **10A NCAC 48B .0305 BENCHMARK 8**

5 *History Note: Authority G.S. 130A-34.1;*

6 *Temporary Adoption Eff. January 1, 2006;*

7 *Eff. October 1, 2006;*

8 *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5,*
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10 *Repealed Eff. June 1, 2026.*

12 **SECTION .0400 - INFORM, EDUCATE, AND EMPOWER PEOPLE ABOUT HEALTH ISSUES**

14 **10A NCAC 48B .0401 BENCHMARK 9**

15 **10A NCAC 48B .0402 BENCHMARK 10**

17 *History Note: Authority G.S. 130A-34.1;*

18 *Temporary Adoption Eff. January 1, 2006;*

19 *Eff. October 1, 2006;*

20 *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5,*
21 *~~2016.~~ 2016.*

22 *Repealed Eff. June 1, 2026.*

24 **SECTION .0500 - MOBILIZE COMMUNITY PARTNERSHIPS TO IDENTIFY AND SOLVE HEALTH**
25 **PROBLEMS**

27 **10A NCAC 48B .0501 BENCHMARK 11**

28 **10A NCAC 48B .0502 BENCHMARK 12**

29 **10A NCAC 48B .0503 BENCHMARK 13**

31 *History Note: Authority G.S. 130A-34.1;*

32 *Temporary Adoption Eff. January 1, 2006;*

33 *Eff. October 1, 2006;*

34 *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5,*
35 *~~2016.~~ 2016.*

36 *Repealed Eff. June 1, 2026.*

**SECTION .0600 - DEVELOP POLICIES AND PLANS THAT SUPPORT INDIVIDUAL AND
COMMUNITY HEALTH EFFORTS**

10A NCAC 48B .0601 BENCHMARK 14

10A NCAC 48B .0602 BENCHMARK 15

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**SECTION .0700 - ENFORCE LAWS AND REGULATIONS THAT PROTECT HEALTH AND ENSURE
SAFETY**

10A NCAC 48B .0701 BENCHMARK 16

10A NCAC 48B .0702 BENCHMARK 17

10A NCAC 48B .0703 BENCHMARK 18

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**SECTION .0800 - LINK PEOPLE TO NEEDED PERSONAL HEALTH SERVICES TO ASSURE THE
PROVISION OF HEALTH CARE WHEN OTHERWISE UNAVAILABLE**

10A NCAC 48B .0801 BENCHMARK 19

10A NCAC 48B .0802 BENCHMARK 20

10A NCAC 48B .0803 BENCHMARK 21

10A NCAC 48B .0804 BENCHMARK 22

*History Note: Authority G.S. 130A-34.1;
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Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5,
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**SECTION .0900 - ASSURE A COMPETENT PUBLIC HEALTH WORKFORCE AND PERSONAL
HEALTH WORKFORCE**

10A NCAC 48B .0901 BENCHMARK 23

10A NCAC 48B .0902 BENCHMARK 24

10A NCAC 48B .0903 BENCHMARK 25

10A NCAC 48B .0904 BENCHMARK 26

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**SECTION .1000 - EVALUATE EFFECTIVENESS, ACCESSIBILITY AND QUALITY OF PERSONAL
AND POPULATION-BASED HEALTH SERVICES**

10A NCAC 48B .1001 BENCHMARK 27

*History Note: Authority G.S. 130A-34.1;
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**SECTION .1100 - RESEARCH FOR NEW INSIGHTS AND INNOVATIVE SOLUTIONS TO HEALTH
PROBLEMS**

10A NCAC 48B .1101 BENCHMARK 28

10A NCAC 48B .1102 BENCHMARK 29

History Note: Authority G.S. 130A-34.1;
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Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5,
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SECTION .1200 - PROVIDE FACILITIES AND ADMINISTRATIVE SERVICES

10A NCAC 48B .1201 BENCHMARK 30
10A NCAC 48B .1202 BENCHMARK 31
10A NCAC 48B .1203 BENCHMARK 32
10A NCAC 48B .1204 BENCHMARK 33

History Note: Authority G.S. 130A-34.1;
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SECTION .1300 – GOVERNANCE

10A NCAC 48B .1301 BENCHMARK 34

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10A NCAC 48B .1302 BENCHMARK 35
10A NCAC 48B .1303 BENCHMARK 36

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1 *Temporary Adoption Eff. January 1, 2006;*

2 *Eff. October 1, 2006;*

3 *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5,*
4 ~~*2016- 2016;*~~

5 *Repealed Eff. June 1, 2026.*

7 **10A NCAC 48B .1304 BENCHMARK 37**

8 **10A NCAC 48B .1305 BENCHMARK 38**

9 **10A NCAC 48B .1306 BENCHMARK 39**

10 **10A NCAC 48B .1307 BENCHMARK 40**

11 **10A NCAC 48B .1308 BENCHMARK 41**

13 *History Note: Authority G.S. 130A-34.1;*

14 *Temporary Adoption Eff. January 1, 2006;*

15 *Eff. October 1, 2006;*

16 *Amended Eff. April 1, 2015;*

17 *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5,*
18 ~~*2016- 2016;*~~

19 *Repealed Eff. June 1, 2026.*

21 **SUBCHAPTER 48C - LOCAL HEALTH DEPARTMENT ACCREDITATION - ADMINISTRATION**

23 **SECTION .0100 - GENERAL PROVISIONS**

25 **10A NCAC 48C .0101 PURPOSE**

26 The rules of this Subchapter establish the process for local health departments to become accredited pursuant to G.S.
27 130A-34.1.

29 *History Note: Authority G.S. 130A-34.1;*

30 *Eff. June 1, 2026.*

32 **10A NCAC 48C .0102 DEFINITIONS**

33 The following definitions shall apply throughout this Chapter:

- 34 (1) "Accreditation" means an evaluation of an LHD's infrastructure, competence, and capacity to
35 provide public health services through the satisfaction of the standards set out in 10A NCAC 48D
36 Section .0200.

- (2) "Accreditation status" means the status assigned to an LHD by the Board in accordance with G.S. 130A-34.1 and the rules of this Subchapter. The types of accreditation status are accredited, conditionally accredited, or unaccredited.
- (3) "Activity" means a task demonstrating achievement of a portion of a standard.
- (4) "Board" means "Accreditation Board" as defined in G.S. 130A-2(1).
- (5) "Board of Health" or "BOH" means a "local board of health" as defined in G.S. 130A-2(4), a board of county commissioners that has assumed control of a local board of health in accordance with G.S. 153A-77(a), a consolidated human services board with the authority to carry out the functions of a local board of health in accordance with G.S. 153A-77(b)(2), or hospital authority board acting pursuant to S.L. 1997-502, Sec. 12.
- (6) "Community" means a subdivision of the population that shares one or more characteristics.
- (7) "Community Health Assessment" means a process to identify through the collection and analysis of data and to document in a written report the public health needs within an LHD's jurisdiction.
- (8) Community Health Improvement Plan" means a written document setting out the steps to address the public health needs identified in the Community Health Assessment.
- (9) "Community Partner" means individuals, groups, or organizations that are not affiliated with federal, state, local, or tribal government, but work with the LHD to identify and address public health needs.
- (10) "Dashboard" means the web-based portal developed and maintained by the Institute to receive self-assessments submitted by LHDs. The Dashboard is located at <https://nclhdaccreditation.unc.edu/nclhda-dashboard/>.
- (11) "Evidence-informed practice" means a way of doing something that is based on research findings, public health data, professional public health expertise, or customer feedback.
- (12) "Institute" means the North Carolina Institute for Public Health.
- (13) "Jurisdiction" means the county or counties that an LHD serves.
- (14) "Local health department" or "LHD" means a local health department as defined in G.S. 130A-2(5), a consolidated human services agency that includes the local health department pursuant to G.S. 153A-77(b)(3), or an agency acting under the direction of a hospital authority board acting pursuant to S.L. 1997-502, Sec. 12.
- (15) "Local health director" means a local health director as defined in G.S. 130A-2(6) or appointed pursuant to G.S. 153A-77(e).
- (16) "Population" means the people residing within an LHD's jurisdiction.
- (17) "Self-assessment" means a written review that reflects the degree of an LHD's satisfaction of each standard and activity set out in 10A NCAC 48D Section .0200 that is completed and submitted by the LHD in accordance with 10A NCAC 48D .0201. The self-assessment shall include documentation supporting the completion of each activity.

(18) "Social or Structural Determinants of Health" or "SDOH" means the non-medical factors that impact health, well-being, and quality of life including social, economic, and political factors that generate and maintain individual health outcomes.

(19) "Standard" means a criterion to be assessed in determining an LHD's accreditation. A standard is comprised of activities.

(20) "Source of data" means quantitative or qualitative data collected by an LHD or another entity.

History Note: Authority G.S. 130A-34.1;

Eff. June 1, 2026.

SECTION .0200 - ACCREDITATION PROCESS

10A NCAC 48C .0201 SELF-ASSESSMENT

(a) Each LHD applying for accreditation in accordance with Rule .0205 of this Section shall complete a self-assessment in the Dashboard.

(b) The self-assessment shall include the following components:

(1) contact information for the LHD;

(2) the LHD's organizational chart;

(3) a narrative describing the LHD's population;

(4) a budget for the LHD for the current state fiscal year;

(5) the roster for the LHD's governing board;

(6) a personnel list for the LHD;

(7) the level of completion of each activity in 10A NCAC 48D Section .0200, scored in accordance with 10A NCAC 48D .0101(a); and

(8) documentation supporting the level of completion for each activity in Subparagraph (7) of this Paragraph.

History Note: Authority G.S. 130A-34.1;

Eff. June 1, 2026.

10A NCAC 48C .0202 SITE VISIT

(a) The Institute shall select a site visit team composed of not fewer than three individuals. Each site visit team member shall have experience in an LHD. Together the individuals on a site visit team shall have experience in all of the following areas: health administration, environmental health, public health nursing, health education, and governance of an LHD. An individual shall not be part of a site visit team for an LHD where the individual is currently employed.

(b) The site visit team shall conduct the site visit of the LHD by:

1 (1) reviewing the LHD's self-assessment; and

2 (2) speaking with LHD staff and members of the LHD's BOH.

3 (c) The site visit team shall assess whether the LHD has completed each activity in 10A NCAC 48D Section .0200
4 and prepare a written report to be shared with the Board summarizing the site visit and recommending an accreditation
5 status based on rule 10A NCAC 48D .0101. The site visit team shall provide a copy of the report to the Institute and
6 to the LHD within 10 business days of the conclusion of the site visit.

7
8 *History Note:* Authority G.S. 130A-34.1;

9 Eff. June 1, 2026.

10
11 **10A NCAC 48C .0203 BOARD ACTION**

12 (a) The site visit team shall present the report required by Rule .0202(c) of this Subchapter to the Board at the Board's
13 next regularly scheduled meeting. The LHD shall have an opportunity to respond to the presentation.

14 (b) For each LHD site visit team report that is presented, the Board shall:

15 (1) assign the LHD an accreditation status in accordance with 10A NCAC 48D .0101; or

16 (2) defer assignment of an accreditation status in order to request additional information from the LHD.

17 (c) The Board may defer the assignment of accreditation status under Paragraph (b)(2) of this Rule by no more than
18 six months.

19 (d) The Board's assignment of an accreditation status is effective the first day of the month following the date of
20 Board action.

21 (e) An accreditation status of accredited shall expire four years from the last day of the month in which the Board
22 assigned the accreditation status. Notwithstanding the foregoing, if an LHD's last accreditation status was accredited
23 and the Board defers assigning a new accreditation status under Paragraph (b)(2) of this Rule, the LHD's accreditation
24 status shall remain accredited until the Board assigns a new accreditation status.

25 (f) If a state of emergency declaration has been issued under G.S. 166A-19.3(19), a disaster declaration has been
26 issued under G.S. 166A-19.3(3), or a disaster declaration has been made by the President of the United States under
27 44 C.F.R. Part 206, Subpart B naming all or part of an LHD's jurisdiction and the jurisdiction has an accreditation of
28 status of "accredited," the Board may extend the LHD's accreditation status by up to 90 days following the end of the
29 declaration.

30 (g) An accreditation status of conditionally accredited shall expire as set out in G.S. 130A-34.1(g)(2).

31 (h) The Board shall provide written notice to the LHD of any action taken under this Rule within 5 business days of
32 the action.

33
34 *History Note:* Authority G.S. 130A-34.1;

35 Eff. June 1, 2026.

36
37 **10A NCAC 48C .0204 INFORMAL REVIEW PROCEDURES**

1 (a) If the Board assigns an LHD the status of conditionally accredited or unaccredited, the LHD may submit a written
2 request to the Board within 10 business days of receipt of written notice under Paragraph (g) of Rule .0203 of this
3 Section for reconsideration of the Board's decision. The written request shall describe the LHD's reasoning for how it
4 met the requirements for accreditation as set out in in 10A NCAC 48D .0101. The request shall be submitted to
5 NCLHDaccreditation@unc.edu.

6 (b) The Board shall review the LHD's request at the Board's next regularly scheduled meeting. The Board shall either
7 affirm the LHD's assigned accreditation status or assign a new accreditation status based on the information provided.
8 The Board shall provide written notice to the LHD of the Board's decision within 10 business days of the Board
9 meeting where the request is reviewed.

10
11 *History Note: Authority G.S. 130A-34.1;*
12 *Eff. June 1, 2026.*
13

14 **10A NCAC 48C .0205 APPLYING FOR ACCREDITATION**

15 (a) Each LHD shall apply for accreditation by completing a self-assessment in the Dashboard in accordance with Rule
16 .0201 of this Section.

17 (b) If an LHD has an accreditation status of accredited or conditionally accredited, the LHD shall complete the self-
18 assessment no later than five months before the expiration date of its accreditation status.

19 (c) If a county health department joins a district health department pursuant to G.S. 130A-36, the accreditation status
20 of the district health department shall apply. If the district health department does not have an accreditation status, the
21 district health department shall complete the self-assessment no later than five months after forming and shall assume
22 the accreditation status that applies to fifty percent or more of the counties in the district or a status of conditionally
23 accredited. The accreditation status assumed under this Paragraph shall apply until the earlier of the Board taking
24 action in accordance with Rule .0203 of this Section or twelve months have elapsed since formation of the district. If
25 twelve months have elapsed since formation of the district without Board action, the district health department shall
26 be unaccredited.

27 (d) If a county health department withdraws from a district health department pursuant to G.S. 130A-38, the county
28 health department shall complete the self-assessment no later than five months after withdrawing from the district
29 health department. The county health department shall retain the accreditation status of the district health department
30 until the earlier of the Board taking action in accordance with Rule .0203 or twelve months elapsing since withdrawal
31 from the district. If twelve months have elapsed since withdrawal from the district without Board action, the district
32 health department shall be unaccredited.

33 (e) If an LHD timely completes the self-assessment as set out in Paragraphs (b)-(d) of this Rule, the Board shall
34 initiate a site visit in accordance with Rule .0202 of this Section and take action in accordance with Rule .0203 of this
35 Section before the LHD's accreditation status expires. In all other circumstances, the Board shall initiate a site visit in
36 accordance with Rule .0202 of this Section within eight months of completion of the self-assessment and shall take
37 action in accordance with Rule .0203 of this Section at its next regularly scheduled meeting following the site visit.

History Note: Authority G.S. 130A-34.1;
Eff. June 1, 2026.

SUBCHAPTER 48D - LOCAL HEALTH DEPARTMENT ACCREDITATION - STANDARDS

SECTION .0100 - GENERAL PROVISIONS

10A NCAC 48D .0101 ACCREDITATION REQUIREMENTS

(a) The completion of each activity in Section .0200 of this subchapter shall be scored based on the self-assessment and site visit as follows:

- (1) two points shall be awarded when all of an activity is completed;
- (2) one point shall be awarded when part of an activity is completed; and
- (3) zero points shall be awarded when no part of an activity is completed.

(b) The Board shall assign an LHD an accreditation status of accredited if the LHD earns at least four points in each standard set out in rules .0201 through .0211 of this Subchapter and at least 81 points overall.

(c) If an LHD does not meet the criteria set out in Paragraph (b) of this Rule, the Board shall assign an accreditation status of conditionally accredited or unaccredited in accordance with G.S. 130A-34.1.

History Note: Authority G.S. 130A-34.1;
Eff. June 1, 2026.

SECTION .0200 – STANDARDS AND ACTIVITIES

10A NCAC 48D .0201 STANDARD A: ASSESSMENT AND SURVEILLANCE

For the assessment and surveillance accreditation standard, a local health department shall complete the following activities:

- (1) a community health assessment;
- (2) collect and use a minimum of two sources of data to document the health of the population and identify communities with barriers accessing health care;
- (3) collect and use a minimum of two sources of data to guide LHD programs and services;
- (4) provide, contract for the provision of, or assure the availability of laboratory services for disease detection in the jurisdiction; and
- (5) monitor emerging health issues and threats and report communicable diseases in accordance with 10A NCAC 41A .0103.

History Note: Authority G.S. 130A-34.1;

Eff. June 1, 2026.

10A NCAC 48D .0202 STANDARD B: COMMUNITY PARTNERSHIP DEVELOPMENT

For the community partnership and development standard, a local health department shall complete the following activities:

- (1) consult with representatives of communities with barriers accessing health care in developing and implementing LHD programs and services;
- (2) develop and maintain relationships with community partners and government entities to improve LHD programs and services; and
- (3) consult community partners in the development of the community health improvement plan.

History Note: Authority G.S. 130A-34.1;

Eff. June 1, 2026.

10A NCAC 48D .0203 STANDARD C: COMMUNICATIONS

To satisfy the communications standard, a local health department shall complete the following activities:

- (1) develop a plan for communicating public health information to the population and demonstrate using the plan;
- (2) tailor communications to reach communities and distribute the communications to those communities;
- (3) share data about the health of the population with the public and community partners;
- (4) develop partnerships with the media and promote public health messages through those partnerships; and
- (5) develop and implement a plan to educate the population on public health topics.

History Note: Authority G.S. 130A-34.1;

Eff. June 1, 2026.

10A NCAC 48D .0204 STANDARD D: EMERGENCY PREPAREDNESS AND RESPONSE

To satisfy the emergency preparedness and response standard, a local health department shall complete the following activities:

- (1) maintain emergency preparedness and response plans and train LHD staff on those plans;
- (2) provide LHD personnel and communications systems to implement preparedness and response plans, in the event of a state of emergency declaration under G.S. 166A-19.3(19), a disaster declaration under G.S. 166A-19.3(3), or a disaster declaration under 44 C.F.R. Part 206, Subpart B in coordination with government entities and community partners;

- (3) maintain LHD continuity of operations in the event of a declared emergency or disaster, as set out in Paragraph (2) of this Rule;
- (4) exercise the powers and duties of the local health director pursuant to G.S. 130A-41; and
- (5) maintain a written plan that describes how to reach the LHD by phone, email, or other form of communication 24 hours per day, seven days per week.

History Note: Authority G.S. 130A-34.1;
Eff. June 1, 2026.

10A NCAC 48D .0205 STANDARD E: STRUCTURAL AND SOCIAL DETERMINANTS OF HEALTH

To satisfy the structural and social determinants of health standard, a local health department shall complete the following activities:

- (1) develop a plan that addresses structural or social determinants of health in the population;
- (2) provide training to the LHD's workforce on structural or social determinants of health; and
- (3) implement the plan to address structural or social determinants of health in the LHD's programs and services.

History Note: Authority G.S. 130A-34.1;
Eff. June 1, 2026.

10A NCAC 48D .0206 STANDARD F: ORGANIZATIONAL WORKFORCE DEVELOPMENT

To satisfy the organizational workforce development standard, a local health department shall complete the following activities:

- (1) comply with applicable state and local human resource laws and policies related to local health department employee grievances, performance reviews, and job qualifications;
- (2) develop and implement a workforce development plan to recruit and retain employees who meet LHD job qualifications;
- (3) review the workforce development plan to identify and implement improvements to the plan; and
- (4) provide professional development to members of the LHD's workforce, including opportunities for on-the-job training and continuing education.

History Note: Authority G.S. 130A-34.1;
Eff. June 1, 2026.

10A NCAC 48D .0207 STANDARD G: ORGANIZATIONAL LEADERSHIP, GOVERNANCE, AND LEGAL SERVICES

To satisfy the organizational leadership, governance, and legal services standard, a local health department shall complete the following activities:

- (1) share public health updates with elected officials and community partners;
- (2) develop and maintain a strategic plan that sets out the LHD's priorities for the LHD's services, programs, and initiatives;
- (3) educate members of the LHD's Board of Health on their roles, responsibilities, and legal authority;
- (4) access and use legal services; and
- (5) develop and implement a plan to include community partners on public health boards, councils, or groups.

History Note: Authority G.S. 130A-34.1;
Eff. June 1, 2026.

10A NCAC 48D .0208 STANDARD H: ORGANIZATIONAL FACILITIES

To satisfy the organizational facilities standard, a local health department shall complete the following activities:

- (1) maintain facilities used for LHD programs and services;
- (2) develop and maintain written protocols for the security of LHD facilities;
- (3) develop and maintain clinical and environmental health equipment in accordance with manufacturers' requirements; and
- (4) implement tobacco-free policies in LHD facilities.

History Note: Authority G.S. 130A-34.1;
Eff. June 1, 2026.

10A NCAC 48D .0209 STANDARD I: ORGANIZATIONAL FINANCE AND INFORMATION TECHNOLOGY

To satisfy the organizational finance and information technology standard, a local health department shall complete the following activities:

- (1) develop and maintain a budgeting, auditing, billing, and financial policy;
- (2) evaluate the LHD's finances and identify opportunities to secure additional funding to support LHD programs and services; and
- (3) maintain policies and procedures that comply with the privacy and security standards required by the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, as amended, and its implementing regulations, as applicable.

History Note: Authority G.S. 130A-34.1;
Eff. June 1, 2026.

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2 **10A NCAC 48D .0210 STANDARD J: ACCOUNTABILITY AND PERFORMANCE MANAGEMENT**

3 To satisfy the accountability and performance management standard, a local health department shall complete the
4 following activities:

- 5 (1) develop and maintain written policies and procedures for the administration of the LHD;
6 (2) comply with state and local laws and rules relating to programs and services offered by the LHD;
7 (3) maintain a procedure for monitoring and improving the performance of LHD programs and services;
8 (4) identify and use evidence-informed practices to improve LHD programs and services; and
9 (5) use quality improvement practices to improve LHD services and programs.

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11 *History Note: Authority G.S. 130A-34.1;*
12 *Eff. June 1, 2026.*
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14 **10A NCAC 48D .0211 STANDARD K: POLICY DEVELOPMENT AND SUPPORT**

15 To satisfy the policy development and support standard, a local health department shall complete the following
16 activities:

- 17 (1) enforce public health laws and rules in accordance with G.S. Chapter 130A-4;
18 (2) make recommendations to the LHD's Board of Health on local rules or policies to improve the health
19 of the population; and
20 (3) make recommendations to legislators or regulators regarding state laws or rules impacting public
21 health.

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23 *History Note: Authority G.S. 130A-34.1;*
24 *Eff. June 1, 2026.*
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