

VERSION 2.0 WORK IN PROGRESS: Summary of Public Health Law Expert Panel Recommendations August 1, 2019



The Public Health Accreditation Board is a 501(c)3 nonprofit organization dedicated to improving and protecting the health of the public by advancing and transforming the quality and performance of governmental public health agencies in the U.S. and abroad.



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The Public Health Accreditation Board (PHAB) held its Public Health Law Expert Panel on August 1, 2019. A summary of the points of discussion and recommendations follows. Discussion on the specific measures considered that there is a connection with legal/law/policy in several domains (1, 2, 5, 6, 3, 4, 8, and 11). However, only those measures where specific recommendations were made are summarized in this report.

Recommendations for Proposed Changes to the PHAB Standards and Measures

Measure 6.1.1: Laws reviewed in order to determine the need for revisions

- Clarify that access to legal counsel is for the purpose of reviewing public health laws; therefore, access to/utilization of attorneys with public health expertise is essential. This is different from access to legal counsel for administrative purposes, as might be described in Domain 11.
- Clarify that a state health department may be the best place for this expertise to be accessed by smaller, more rural local health departments.
- By incorporating the concepts of legal epidemiology (see definition below*) at varying levels, health departments will be systematically and scientifically assessing key laws in their jurisdiction. If legal epidemiology methods are followed, health departments will produce robust materials that can serve as acceptable documentation for accreditation. These documents include a protocol that defines the scope of the assessment that was completed, empirical legal data that can be used for evaluation, reports highlighting the results of the assessment, and codebooks illustrating the features of the law being captured.

* Legal epidemiology is the scientific study of law as a factor in the cause, distribution, and prevention of disease and injury. Scott Burris, Marice Ashe, Donna Levin, Matthew Penn, & Michelle Larkin, A Transdisciplinary Approach to Public Health Law: The Emerging Practice of Legal Epidemiology, 37 Ann. Rev. Pub. Health 135 (2016).

Measure 6.2.1: Department knowledge maintained, and public health laws applied in a consistent manner

- Should include education for legal counsel on public health and the Essential Public Health Services
- Should clarify the transdisciplinary nature of public health legal work
- Should consider “legal literacy” of public health practitioners
- Should move RD2 (application of public health laws) to the measure on enforcement

Measure 6.2.2: Laws and permit/license application requirements are available to the public

- These are two different things; should separate them

Measure 6.3.1: Written procedures and protocols for conducting enforcement actions

- Should have some health equity language included

Measure 6.3.4: Patterns or trends identified in compliance from enforcement activities and complaints

- Need enforcement for laws to be meaningful, but education and compliance assistance rather than punitive actions should be emphasized.
- Should address the policy for monitoring compliance. Compliance enforcement should consider a health equity lens policy and then require an example of implementing the policy.
- Consider adding to reaccreditation the impact of the chosen method(s) of enforcement

Measure 6.3.5: 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

- This measure may need to be two measures. One is the sharing of information among appropriate agencies; and the other is coordinated notification of violations to the public, as appropriate. If the health department is working with the regulated entity to assist them in coming into compliance, then publicly calling them out may not be the appropriate approach.
- Suggest that the health department provide PHAB with their protocol for how they decide about public notifications and then ask for examples of how they followed that protocol.

Measure 5.1.3: Informed governing entities, elected officials, and/or the public of potential intended or unintended impacts from current and/or proposed policies

- Clarify that the health department doesn't need to produce analysis; could use analysis done by others to inform potential or unintended impacts of current/proposed policies

Overarching Comments

- PHAB should consider noting the principles of Health in All Policies where indicated throughout the measures.
- PHAB should consider noting the elements of Public Health 3.0 where indicated throughout the measures.
- PHAB should consider the 5 Essential Public Health Law Services (https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2856694) and integrating them across the standards and measures and consider public health as empowering health departments.
- PHAB should consider noting that legal counsel can assist with policy work; not just formal laws, ordinances, etc.
- Consider places where laws or legal opinions can be used for documentation.
- There is a difference in measuring capacity and processes for initial accreditation and in measuring the impact of legal/policy implementation that may be more relevant for reaccreditation.

Items Referred to Other Think Tanks, Expert Panels or PHAB Initiatives

- Concern about the public health law workforce and the lack of access that smaller, rural health departments have to well informed public health legal counsel. PHAB will take this concern to the Workforce Think Tank and to the Joint PHAB/NACCHO Task Force on Small Health Department Accreditation.
- Concern about the legal considerations around emergency preparedness and the declaration of an emergency.

Expert Panel Participants

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VERSION 2.0 WORK IN PROGRESS: Evidence Related to Public Health Law and Policy October 2019



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This document represents findings from a scan of the literature related to public health law and policy. It is not meant to be an exhaustive search. If there are other resources on this topic of which you think PHAB should be aware, please contact Jessica Kronstadt at jkronstadt@phaboard.org.

Public health law practice has been defined as “the application of professional legal skills in the development of health policy and the practice of public health.”¹ Public health law can take the following forms:

- **Interventional public health laws** have the specific goal of protecting and improving the public's health.
- **Incidental public health laws** do not have improving public health as an explicit goal, but do have implications (positive or negative) on health.
- **Infrastructural law** establishes powers, responsibilities, and features of public health agencies.^{2,3}

Importance of Public Health Law and Areas of Focus

The Institute of Medicine states that “law is...one of the main ‘drivers’ facilitating population health improvement.”⁴ Many studies have focused, in particular, on the impact of interventional health laws including those related to safety belts, alcohol taxes, smoking bans, school vaccination requirements, graduated drivers licenses, among others,^{3,5} and many of the top public achievements in the last twenty years have been related to public health policy and law (e.g., motor vehicle safety).^{6,7} Law may also be instrumental in addressing social determinants of health.¹ As Lustig and Cabrera explain, “Issues that arise as a direct results of differential access to opportunities and resources require systemic solutions. Policy changes are needed to create the proper conditions and environments that allow people to live a healthy life outside of the health care system.”⁸

Mello et al describe “critical opportunities” as a means of identifying important targets for public health laws. These opportunities arise when there is: 1) a problem of public health significance; 2) the problem is understood well enough to believe it can plausibly be changed through law; and 3) there is at least one plausible legal intervention.⁵ As such, key public health legal topics will change over time, with recent examples including: Good Samaritan Laws, designed to encourage bystanders to intervene if they witness an overdose⁹ and competitive food policies, which may restrict food and beverages that are sold in schools competition with reimbursable meal programs.¹⁰

Health Departments' Roles in Public Health Law and Policy

The Essential Public Health Law Services help define public health's role in legal matters:

- Ensure access to evidence and expertise (including scientific expertise to understand the problem and its drivers, knowledge about the local setting, political expertise to generate support, and legal expertise to determine the most effective use of laws, regulations, or other levers)
- Design legal solutions (including statutes, regulations, executive orders, enforcement guidance, case laws)
- Engage communities, forge partnerships, and build political will
- Enforce and defend legal solutions
- Monitor and evaluate policy¹¹

Consistent with those services, one public health policy training program identified the following steps: identify local health problem/need; quantify local health problem need; synthesize evidence about effective public health policy options; assess current local policy; assess local stakeholders; select and describe policy; plan for adoption/enactment; communicate with stakeholders; implement policy; and measure performance.¹²

It is important to understand the breadth of legal and policy options that are available. For example, the IOM notes the following as options within the “toolbox of public health legal and policy interventions”:

- “The power to regulate (e.g. seat belt laws, restaurant licensure and inspections);
- The power to tax and spend (e.g. alcohol taxes; conditioning highway funding on motor vehicle safety requirements);
- The power to modify the built environment (e.g. urban development rules to encourage walking and biking; land use planning to limit proliferation of fast-food outlets and provide incentives for supermarkets).”⁴

In addition to supporting the adoption of new laws, legal interventions may also include modifying existing legal rules or enforcement protocols, clarifying existing laws through official statements, and removing harmful or ineffective laws.⁵ Additionally, “public health advocacy in the courts,” as defined by Kromm and colleagues, can include filing suits, serving as expert witnesses, writing amicus briefs, among other activities.¹³

In addition, there are many components of policy advocacy, ranging from direct lobbying, to coalition building and community mobilization, and community-based participatory action research.¹⁴ Several articles note the critical importance of framing policy issues, using both anecdotes and quantitative information.^{15,16} Meyerson et al. list a range of activities associated with evidence-based policy communication including:

- “prepare issue briefs for policy makers;
- publish a state policy agenda;
- publish consensus or other evidence-based document aimed at policy change;
- advance model public health legislation, regulation or ordinance;
- publish policy implications as part of research publications;
- give public testimony to policy makers;
- communicate with legislators, regulatory officials, or other policy makers regarding proposed regulations, legislation or ordinances;
- provide technical assistance to a legislative, regulatory or advisory group for drafting proposed legislation, regulation, or ordinance;
- participate on a board or panel responsible for health policy;

- conduct policy surveillance;
- conduct media advocacy."¹⁶

Providing health communication in conjunction with new laws may also increase their likelihood of passage or the efficacy after they become law.¹⁷

Status of Health Department Law/Policy Work

In the 2016 National Association of County and City Health Officials (NACCHO) National Profile of Local Health Departments, over 90% of LHDs reported involvement in at least one policy area. The most common areas are:

- Tobacco, alcohol, or other drugs (74%)
- Emergency preparedness and response (72%)
- Infectious disease (68%).

42% of LHDs were involved in developing new or revising existing public health ordinances or regulations in the previous two years.¹⁸

A 2015 study of local health departments found that agencies serving smaller populations tended to be engaged in a larger number of regulatory activities than larger agencies.¹⁹

In the Association of State and Territorial Health Officials (ASTHO) Profile of State and Territorial Public Health, 71% of state health departments report that they provide technical assistance (TA) for public health law to LHDs, and 75% provide TA for policy development to LHDs. State health departments also provide TA for public health law and policy development to other entities, including emergency medical services, hospitals, laboratories, and nonprofits.²⁰

In addition, both state and local health departments report regulation, inspection, and/or licensing services. In states, top areas for regulatory activities include labs, food service, trauma system, swimming pools, and hospitals; for locals, top areas include food service establishments and schools/daycare.^{18,20}

Legal Expertise

One of the recommendations from the IOM's 2011 report, *Revitalizing Law and Policy to Meet New Challenges*, is to ensure that all public health departments have adequate access to lawyers with public health expertise.⁴ According to Burris et al., to help inform policy discussions, health departments need access to attorneys who "possess knowledge and experience in the following areas: laws that establish the public health agency and set forth its jurisdiction and authorities, programmatic aspects of the agency's work, and procedures and processes consistent with applicable laws and policies."³ Despite this, by 2016, Burris et al. noted that "there has been little progress in increasing dedicated, qualified legal counsel for health agencies," particularly smaller ones.¹ In addition, non-attorney staff working on policy are not always adequately prepared for such work; the public health field could benefit from more inclusion of policy-related content in schools of public health and relevant internships in order to strengthen the pipeline of future employees with relevant skills.²¹ Efforts have been made to define and develop law-based competencies for public health practitioners.^{22,23}

Evidence Informed Policymaking

A European project identified several indicators of evidence-informed policy making. In addition to staffing and communications, as described above, they also highlighted domains related to documentation (e.g., procedures for reviewing literature and citing relevant reports) and monitoring and evaluation.²⁴

With regard to documentation, there are a number of resources that list evidence-based policies. For example, the Trust for America's Health identified 11 such policies and highlighted them in their Promoting Health and Cost Control in States project, by pulling from such sources as CityHealth, HI-5, County Health Rankings & Roadmaps, Pew-MacArthur Results First Initiative, Community Guide.⁸ Other resources include CDC's Prevention Status Reports²⁵ and Healthy People 2020.²⁶

Another key resource are model laws. The Turning Point Model State Public Health Act is an example of a model that states can use in developing infrastructural laws,²⁷ while a number of other model laws have been developed to address particular policy areas.²⁸

With regard to evaluation of policy, the IOM recommended that it should occur both before and after enactment.⁴ Policy surveillance, which entails systematic collection and analysis about laws on a particular topic, is one key component of evaluating the efficacy of laws.²⁹

Health in All Policies

The 2011 IOM report also encouraged the implementation of health in all policies (HiAP) approaches to address a range of policies (e.g., housing, employment, education) that have an impact on health.⁴ Common strategies in HiAP approaches include: "developing and structuring cross-sectoral relationships; incorporating health into decision-making processes; enhancing workforce capacity; coordinating funding and investments; integrating research, evaluation, and data systems; synchronizing communications and messaging; and implementing accountability structures."³⁰

¹ Burris S, Ashe M, Levin D, Penn M, Larkin M. A transdisciplinary approach to public health law: the emerging practice of legal epidemiology. *Annu Rev Public Health*. 2016;37:135-148.

² Burris S, Wagenaar AC, Swanson J, Ibrahim JK, Wood J, Mello MM. Making the case for laws that improve health: a framework for public health law research. *Milbank Q*. 2010;88(2):169-210.

³ Burris S, Mays GP, Scutchfield DF, Ibrahim JK. Moving from intersection to integration: public health law research and public health systems and services research. *Milbank Q*. 2012;90(2):375-408.

⁴ Institute of Medicine. *For the Public's Health: Revitalizing Law and Policy to Meet New Challenges*. Washington, DC: National Academies Press; 2011.

⁵ Mello MM, Wood J, Burris S, Wagenaar AC, Ibrahim JK, Swanson JW. Critical opportunities for public health law: a call for action. *Am J Public Health*. 2013;103(11):1979-1988.

⁶ Centers for Disease Control and Prevention. Ten great public health achievements--United States, 1900-1999. *MMWR Morb Mortal Wkly Rep*. 1999;48(12):241-243.

⁷ Centers for Disease Control and Prevention. Ten great public health achievements--United States, 2001-2010. *MMWR Morb Mortal Wkly Rep*. 2011;60(19):619-623.

⁸ Lustig A, Cabrera M. Assisting states in considering evidence-based and promising policies to advance health, well-being, and opportunity. *J Public Health Manag Pract*. 2019;25(4): 303-307.

⁹ Latimore AD, Bergstein RS. "Caught with a body" yet protected by law? Calling 911 for opioid overdose in the context of the Good Samaritan Law. *Int J Drug Policy*. 2017;50:82-89.

¹⁰ Dinour LM. Conflict and compromise in public health policy: analysis of changes made to five competitive food legislative proposals prior to adoption. *Health Educ Behav*. 2015;42(1S):76S-86S.

¹¹ Burris S, Ashe M, Blanke D, et al. Better health faster: the 5 essential public health law services. *Public Health Rep*. 2016;131(6):747-753.

¹² Luck J, Yoon J, Bernell S, et al. The Oregon Public Health Policy Institute: building competencies for public health practice. *Am J Public Health*. 2015;105(8):1537-1543.

¹³ Kromm JN, Frattaroli S, Vernick JS, Teret SP. Public health advocacy in the courts: opportunities for public health professionals. *Public Health Rep*. 2009;124:889-94. Quoted by: Burris S, Mays GP, Scutchfield DF, Ibrahim JK. Moving from intersection to integration: public health law research and public health systems and services research. *Milbank Q*. 2012;90(2):375-408.

- ¹⁴ Cohen BE, Marshall SG. Does public health advocacy seek to redress health inequities? A scoping review. *Health Soc Care Community*. 2017;25(2):309-328.
- ¹⁵ Shelton RC, Colgrove J, Lee G, Truong M, Wingood GM. Message framing in the context of the national menu-labelling policy: a comparison of public health and private industry interests. *Public Health Nutr*. 2017;20(5):814-823.
- ¹⁶ Meyerson BE, Haderxhanaj LT, Comer K, Zimet GD. Learning in the zone: toward workforce development of evidence-based public policy communication. *BMC Public Health*. 2018;18(1):700.
- ¹⁷ Gielen AC, Green LW. The impact of policy, environmental, and educational interventions. A synthesis of the evidence from two public health success stories. *Health Educ Behav*. 2015;42(1S):20S-34S.
- ¹⁸ National Association of County & City Health Officials. *2016 National Profile of Local Health Departments*. Washington, DC: National Association of County & City Health Officials; 2017
- ¹⁹ Costich JF, Rabarison KM, Rabarison MK. Regulatory enforcement and fiscal impact in local health agencies. *Am J Public Health*. 2015;105(suppl 2):S323-S329.
- ²⁰ Association of State and Territorial Health Officials. *ASTHO Profile of State and Territorial Health, Volume 4*. Arlington, VA: Association of State and Territorial Health Officials; 2017.
- ²¹ Moreland-Russell S, Zwald M, Golden SD. Policy help needed, experience required: preparing practitioners to effectively engage in policy. *Health Promot Pract*. 2016;17(5):648-655.
- ²² Ransom MM, Yassine B. Exploring the development of three law-based competency models for practitioners. *J Soc Behav Health Sci*. 2019;13(1):128-148.
- ²³ The Legal Epidemiology Competency Model Version 1.0. Centers for Disease Control and Prevention Web site. <https://www.cdc.gov/php/publications/topic/resources/legalepimodel/index.html>. Accessed October 1, 2019.
- ²⁴ Tudisca V, Valente A, Castellani T, et al. Development of measurable indicators to enhance public health evidence-informed policy-making. *Health Res Policy Syst*. 2018;16(1):47.
- ²⁵ Young AC, Lowry G, Mumford K, Graaf C. CDC's Prevention Status Reports: monitoring the status of public health policies and practices for improved performance and accountability. *J Public Health Manag Pract*. 2018;24(2):121-128.
- ²⁶ Law and Health Policy. HealthyPeople 2020 Web site. <https://www.healthypeople.gov/2020/law-and-health-policy>. Accessed September 5, 2019.
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- ²⁸ Hartsfield D, Moulton AD, McKie KL. A review of model public health laws. *Am J Public Health*. 2007;97(suppl 1):S56-S61.
- ²⁹ Burris S, Hitchcock L, Ibrahim J, Penn M, Ramanathan T. Policy surveillance: a vital public health practice comes of age. *J Health Polit Policy Law*. 2016;41(6):1151-1173.
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VERSION 2.0 WORK IN PROGRESS: Public Health Law & Policy – What Have We Learned from Accredited Health Departments? August 2019



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This document summarizes what PHAB has learned about how accredited health departments (HDs) are dealing with public policy and law. In particular, it focuses on the reasons that health departments struggled with measures across various domains related to public health policy and law.

Below is a summary of the distribution of assessments for related measures. These data are for 179 HDs assessed under Version 1.0 and 124 HDs assessed under Version 1.5. The assessments are from the Site Visit Report written by the peer reviewers. HDs may have been required to address these measures prior to accreditation (as part of an Action Plan) or following accreditation (as part of an Annual Report). As such, the data reflect HDs at a point in time in their accreditation journey; HDs may have strengthened their capacity in these areas as part of their accreditation work.

Measure	%Fully Demonstrated	%Largely Demonstrated	%Slightly Demonstrated	%Not Demonstrated	N
4.2.1	71.9%	15.8%	6.6%	5.6%	303
4.2.2	86.5%	8.6%	3.3%	1.7%	303
5.1.1	91.7%	4.6%	2.0%	1.7%	303
5.1.2	75.6%	13.5%	7.9%	3.0%	303
5.1.3	61.1%	26.1%	9.2%	3.6%	303
6.1.1 (ver 1.0)	53.6%	27.9%	17.3%	1.1%	179
6.1.1 (ver 1.5)	28.2%	48.4%	23.4%	0.0%	124
6.1.2	80.2%	9.6%	5.6%	4.6%	303
6.2.1	68.3%	24.1%	6.6%	1.0%	303
6.2.2	96.4%	1.7%	1.0%	1.0%	303
6.2.3	94.7%	3.0%	1.3%	1.0%	303
6.3.1	85.5%	12.2%	2.0%	0.3%	303
6.3.2	64.7%	25.7%	8.3%	1.3%	303
6.3.3	67.0%	24.8%	7.9%	0.3%	303
6.3.4 (ver 1.0)	50.8%	27.9%	19.0%	2.2%	179
6.3.4 (ver 1.5)	33.9%	41.1%	23.4%	1.6%	124
6.3.5	53.1%	30.4%	14.5%	2.0%	303
12.1.1	90.8%	7.6%	1.7%	0.0%	303

To better understand HDs' performance on these Measures, PHAB conducted an analysis of the conformity comments of HDs that were assessed as Not or Slightly Demonstrated (ND/SD) in at least 5% of the first 303 Site Visit Reports. The results of those analyses are shown below. For each Measure, the most common reasons for the assessment are listed, including the number of HDs for which that reason was indicated. One HD could have multiple reasons listed. The reasons are linked to specific required documentation listed in the PHAB Standards and Measures. For reference, please see: https://www.phaboard.org/wp-content/uploads/2019/01/PHABSM_WEB_LR1.pdf.

Measure 4.2.1: Engagement with the community about policies and/or strategies that will promote the public's health

Among the 31 HDs assessed as ND/SD, the most common challenges were documentation that failed to demonstrate:

- Engagement (dialogue) with the group that will be most affected by a policy (17 HDs)
- Engagement (dialogue) with the community in general (15 HDs)
- How activities related to a policy or strategy (11 HDs)

Measure 4.2.2: Engagement with governing entities, advisory boards, and elected officials about policies and/or strategies that will promote the public's health

Among the 15 HDs assessed as ND/SD, the most common challenges were documentation that failed to demonstrate:

- Addressing policies/strategies to promote/support public health (e.g., education materials) (9 HDs)
- Engagement with the governing entity (7 HDs)

Measure 5.1.2: Engagement in activities that contribute to the development and/or modification of policy that impacts public health

Among the 33 HDs assessed as ND/SD, the most common challenges included documentation that failed to demonstrate:

- HD influence or advice on policies that impact public health (21 HDs)
- HD provision of two of the three items listed (e.g., HD only provided documentation of one of the following, rather than the required 2: informational materials, public testimony, or participation in an advisory/work group) (9 HDs)

Measure 5.1.3: Informed governing entities, elected officials, and/or the public of potential intended or unintended impacts from current and/or proposed policies

Among the 39 HDs assessed as ND/SD, the most common challenges included:

- Documentation of materials distributed did not address policy impacts (17 HDs)
- Failure to produce a science-based impact statement or factsheet (12 HDs)
- Documentation submitted did not link to policy (10 HDs)

Measure 6.1.1: Laws reviewed in order to determine the need for revisions

Among the 62 HDs assessed as ND/SD, the most common challenges were deficiencies in documentation of the following:

- Requirement 1c – Documentation of stakeholder input on proposed and/or reviewed laws (43 HDs)
- Requirement 1b – Documentation of model public health laws, checklists, templates and/or exercises in reviewing laws (40 HDs)
- Requirement 1a – Documentation demonstrating evaluation of laws for consistence with public health evidence-based and/or promising practices (38 HDs)

Version 1.5 introduced the requirement to evaluate the impact of the law on health equity.

- Of 31 HDs assessed as ND/SD under Version 1.5, 15 didn't document consideration of health equity.

Measure 6.1.2: Information provided to the governing entity and/or elected/appointed officials concerning needed updates/amendments to current laws and/or proposed new laws

Among the 31 HDs assessed as ND/SD, the most common challenge was:

- Documentation submitted did not represent a written review/recommendation of existing or proposed laws (23 HDs)

Measure 6.2.1: Department knowledge maintained and public health laws applied in a consistent manner

Among the 23 HDs assessed as ND/SD, the most common challenges were:

- Requirement 1 – Training not about enforceable laws (13 HDs)
- Requirement 2 – Documentation does not address consistent application of public health laws (12 HDs)
- Requirement 1 – Evidence of who completed training incomplete/missing (6 HDs)

Measure 6.3.2: 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

Among the 29 HDs assessed as ND/SD, the most common challenges were deficiencies in documentation of the following within a database or log of inspection reports:

- Final disposition (16 HDs)
- Follow-up (15 HDs)
- Return inspections (15 HDs)
- Actions taken (14 HDs)
- Current status (14 HDs)

Measure 6.3.3: Procedures and protocols followed for both routine and emergency situations requiring enforcement activities and complaint follow-up

Among the 25 HDs assessed as ND/SD, the most common challenges were deficiencies in documentation of the following:

- Requirement 1 – Standards for follow-up to complaints (15 HDs)
- Requirement 1 – Analysis of situation around complaint (13 HDs)
- Requirement 1 – Actions taken due to investigation/complaint (9 HDs)
- Requirement 2 – Communication with regulated entities regarding complaints (8 HDs)

Measure 6.3.4: Patterns or trends identified in compliance from enforcement activities and complaints

Among the 69 HDs assessed as ND/SD, the most common challenges were incomplete/missing documentation of the following:

- Requirement 1 – Documentation of trends of complaints, enforcement activities, or compliance (50 HDs)
- Requirement 1 – Summary of enforcement activities or compliance (34 HDs)
- Requirement 2 – Documentation of debriefings or other evaluations on enforcement (26 HDs)
- Requirement 2 – Evaluation/debrief that includes process improvements (19 HDs)
- Requirement 1 – Summary or tally of complaints (16 HDs)
- Requirement 1 – Inclusion of an annual report/summary (14 HDs)
- Requirement 2 – Documentation of enforcement activities (12 HDs)

Measure 6.3.5: 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

Among the 50 HDs assessed as ND/SD, the most common challenges among HDs assessed as Not or Slightly Demonstrated fell into two major categories:

- Deficiencies in protocols for communication or application of those protocols
 - Requirement 1 – Protocols for notifying the public of enforcement activities (25 HDs)
 - Requirement 3 – Examples of notification of enforcement activities that tie back to protocols provided (16 HDs)
 - Requirement 1 – Protocol that addresses interagency communication (15 HDs)
- Documentation provided does not address enforcement activities:
 - Requirement 1 – Communication protocol for interagency notifications (20 HDs)
 - Requirement 2 – Protocol for notifying the public of enforcement activities (14 HDs)
 - Requirement 3 – Examples of notification of enforcement activities (14 HDs)