

GOVERNANCE IN ACTION FOR PUBLIC HEALTH

This document provides an outline of the content featured in Governance in Action for Public Health. **As you review each module, refer to the Companion Guide document for additional resources, examples from the field, and discussion questions.**

Contact us at mphtc@umich.edu with further questions.

MODULE 1 – PUBLIC HEALTH: A PRIMER – PART A

This module provides an introduction to public health. This module will provide a basic definition of public health and identify how it is different from medical and primary care. This presentation will also give examples of how public health has impacted population health outcomes. Finally, this video explores the three core functions and ten essential services of public health.

MODULE 1 OBJECTIVES

- Define public health
- List examples of the public health field's impact on population health outcomes
- Identify the three core functions and ten essential services of public health

MODULE 2 – PUBLIC HEALTH: A PRIMER – PART B

This module continues the introduction to public health by exploring the components of the public health system. Additionally, the video explains the structures and functions that support local public health, such as the public health workforce. As governing bodies with responsibility for oversight, boards of health help assure that health departments have an efficient and effective infrastructure to carry out their work.

MODULE 2 OBJECTIVES

- Identify components of the public health system
- Discuss the structures and functions of local public health, including the local public health workforce

MODULE 3 – OPERATING AS A BOARD OF HEALTH

This module will detail some important concepts about public health governance, starting with the various structures at state and local levels. Next, the video looks at the key functions of public health governing bodies established by the National Association of Local Boards of Health. By the end of this module, board of health members should have a better understanding of how a board of health functions and how members might integrate the information into their work.

MODULE 3 OBJECTIVES

- Distinguish between state and local public health governing entities
- Describe the six functions of public health governance

MODULE 4 – FINANCING PUBLIC HEALTH

This module explores the role of boards of health as stewards of public health resources. The video also looks at the importance of funding for boards of health and for public health in general. Finally, the video describes various sources of funding and the best way to access them.

MODULE 4 OBJECTIVES

- Describe the role of boards of health as stewards of public health resources
- Identify importance of funding for boards of health and public health
- List four sources for funding and how to access them

MODULE 5 – CONTRIBUTING TO HEALTH EQUITY

This module explores the concept of health equity, a driving force behind the essential services provided by public health agencies and an important aspect of the governance function of continuous improvement. The video looks at the social determinants of health and explores how they relate to health equity and health disparities. Finally, the video identifies strategies for addressing causes of health inequity. The knowledge gained from this video will help boards of health to make equitable decisions for their communities.

MODULE 5 OBJECTIVES

- Define the concept of health equity
- Describe the social determinants of health
- Identify strategies for addressing causes of health inequity

MODULE 6 – PARTNERSHIPS TO IMPROVE HEALTH OUTCOMES

This module explains the importance of cross-sectoral partnerships to improve population health outcomes. Additionally, the video explores how boards of health can contribute to fostering those partnerships.

MODULE 6 OBJECTIVES

- Define the role of other sectors in enhancing public health
- Describe the board of health's role in fostering partnerships

MODULE 7 – SUPPORTING POPULATION HEALTH THROUGH POLICY AND ADVOCACY

The last module focuses on the board of health governance function of policy development and the role of governing bodies in working toward population health change through advocacy. This video explores the differences between policy and advocacy. Additionally, the video describes strategies for creating effective public health policy.

MODULE 7 OBJECTIVES

- Explain the difference between policy and advocacy
- Identify strategies for effective policy

2015



Governance in Action for Public Health

Michigan Public Health Training Center



Michigan PHTC

Governance in Action for Public Health

Introduction

Thank you for your participation in this training for boards of health and their members. This companion guide is meant to supplement the online modules. Included for each of the seven modules are:

1. Suggested resources for further exploration
2. Potential discussion questions for use during group viewing
3. Additional examples of effective boards of health from a variety of settings. These are organized by the Six Functions of Public Health Governance. Special thanks to Tim Tegge and Ned Baker, consultants, who developed these narratives.

Please be sure to complete the quiz and evaluation surveys and let us know your feedback on the course. Contact mphtc@umich.edu with any questions.

Thank you!

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Module 1: Public Health – A Primer: Part A

Suggested Resources

Please see the list below for links to major organizations and resources related to public health:

- **American Public Health Association (APHA)** <https://www.apha.org/>
 - The American Public Health Association (APHA) is a Washington, D.C.-based professional organization for public health professionals in the United States whose mission is to improve the health of the public and achieve equity in health status.
- **Association of State and Territorial Health Officials (ASTHO)** <http://www.astho.org/>
 - ASTHO is the national nonprofit organization representing public health agencies in the United States, the U.S. Territories, and the District of Columbia, and over 100,000 public health professionals these agencies employ. ASTHO's mission is to transform public health within states and territories to help members dramatically improve health and wellness.
- **Centers for Disease Control and Prevention (CDC)** <http://www.cdc.gov/>
 - The CDC is a federal agency under the Department of Health and Human Services whose main goal is to protect public health and safety through the control and prevention of disease, injury, and disability.
- **Centers for Disease Control and Prevention (CDC) – Winnable Battles** <http://www.cdc.gov/winnablebattles/>
 - CDC's Winnable Battles are public health priorities with large-scale impact on health and known effective strategies to address them.
- **Healthy People 2020** <https://www.healthypeople.gov/>
 - The Healthy People 2020 initiative provides science-based, 10-year national objectives for improving the health of all Americans.
- **Health and Medicine Division of the National Academies (formerly IOM)**
<https://www.nationalacademies.org/hmd/>
 - The National Academies of Sciences, Engineering, and Medicine are private, nonprofit institutions that provide independent, objective analysis and advice to the nation to solve complex problems and inform public policy decisions related to science, technology, and medicine.
- **National Association of County & City Health Officials (NACCHO)** <http://www.naccho.org/>
 - The National Association of County and City Health Officials (NACCHO) is a national nonprofit organization representing 2,800 local public health departments in the U.S. These city, county, metropolitan, district, and tribal departments work to protect and promote health and well-being for all people in their communities by coordinating programs and services that make it easier for people to be healthy and safe from public health emergencies.

- **National Association of Local Boards of Health (NALBOH)** <http://www.nalboh.org/>
 - The National Association of Local Boards of Health (NALBOH) is the national nonprofit organization representing the local boards of health across the United States. NALBOH's mission is to strengthen and improve public health governance.
- **Public Health Foundation (PHF)** <http://www.phf.org/>
 - The Public Health Foundation (PHF), a private, non-profit, 501(c)3 organization based in Washington, DC, improves the public's health by strengthening the quality and performance of public health practice.
- **World Health Organization (WHO)** <http://www.who.int/en/>
 - The WHO is a specialized agency of the United Nations (UN) that is concerned with international public health and whose primary role is to direct and coordinate international health within the UN system.

Discussion Topics: Module 1

- Provide an overview of major services provided by the health department in your county.
- Describe examples of how the board of health and health officer work together to support the health department's work.

Module 2: Public Health – A Primer: Part B

Suggested Resources

Please see the list below for links to major organizations and resources related to the public health infrastructure and workforce:

- **Association of State and Territorial Health Officials (ASTHO) – Profile of State Public Health**
<http://www.astho.org/profile/>
 - The ASTHO Profile of State Public Health is the only comprehensive source of information about state public health agency activities, structure, and resources.
- **National Association of County & City Health Officials (NACCHO) – 2013 National Profile of Local Health Departments** <http://nacchoprofilestudy.org/>
 - NACCHO's National Profile of Local Health Departments (LHDs) represents the largest, most reliable source of data on LHDs and collects information on infrastructure, workforce, finance, governance, activities, and services.
- **Public Health Accreditation Board (PHAB)** <http://www.phaboard.org/>
 - PHAB is a nonprofit organization dedicated to improving and protecting the health of the public by advancing the quality and performance of Tribal, state, local, and territorial public health.
- **Public Health Foundation – Core Competencies for Public Health Professionals**
http://www.phf.org/resourcestools/pages/core_public_health_competencies.aspx
 - The Core Competencies for Public Health Professionals are a consensus set of skills for the broad practice of public health, as defined by the 10 Essential Public Health Services.
- **Public Health Foundation – TRAIN Learning Management System** <https://www.train.org/DesktopShell.aspx>
 - TRAIN is a unique web-based platform for public health professionals that provides a robust clearinghouse of on-site training and distance learning opportunities available in local, state, and national jurisdictions.
- **Public Health Learning Network** <https://nnphi.org/phln/>
 - The Public Health Learning Network offers training and resources on topics such as leadership and management, epidemiology, and basic public health skills as well as resources and publications with tools and information relevant to public health practitioners.
- **Michigan Public Health Training Center** <http://www.mittrainingcenter.org>
 - The Michigan PHTC strengthens the skills of the workforce by supporting public health professionals to promote and protect the health and well-being of their communities through competency-based training.

- **U.S. Department of Health and Human Services (DHHS), Health Resources and Services Administration (HRSA), Bureau of Health Workforce** <http://www.hrsa.gov/about/organization/bureaus/bhw/>
 - The Bureau of Health Workforce programs help America build a health care workforce prepared and eager to improve the public health by expanding access to quality health services and working to achieve health equity.

Discussion Topics: Module 2

- Discuss the health department's structure and workforce.
- Identify major players in the local public health system.
- Review the health department's national accreditation status as applicable.

SPOTLIGHT ON OVERSIGHT #1

Board in Action: Henry County Board of Health (OH)

- Henry County is located in Northwest Ohio. The county population is 28,000 and the county seat is Napoleon.
- The health department is governed by the Henry County Board of Health, whose seven members are appointed by a District Advisory Council which consists of the County Commissioners, mayors, and township representatives.
- The Henry County Health Department is currently (2015) seeking accreditation from the Public Health Accreditation Board (PHAB).

Focus: Board Accountability

As the Henry County Health Department took steps toward national accreditation through PHAB, a growing amount of information was reviewed during its Board of Health meetings. Cognizant of their governance responsibilities and growing time commitment, the Board began to examine the concept of a "consent agenda" format to increase accountability and improve meeting efficiency. BoardStar, a capacity-building resource for nonprofit Boards, defines a consent agenda as "a meeting practice which packages routine committee reports, board meeting minutes, and other non-controversial items not requiring discussion or independent action as one agenda item."

After researching the concept and examining a similar meeting format implemented by the Delaware County Board of Health (OH), the Henry County Board of Health adopted a comparable practice.

On June 10, 2015, the Board passed a resolution.

"The Henry County Board of Health will use a consent agenda format for its monthly meetings to expedite the approval of agenda items that are non-controversial, routine in nature, or may have been thoroughly discussed during previous meetings."

Procedures outlined in the adopted resolution include:

1. Meetings of the Board of Health will proceed according to the agenda prepared by the Health Commissioner in collaboration with the Board President.
2. The full agenda, including minutes of the previous meeting and consent items, will be sent electronically to all Board members at least three business days, and preferably one week, in advance of each meeting so that Board members can do their due diligence and review materials prior to voting.
3. The Consent Agenda is voted on as a single item, but any item may be removed from the Consent Agenda and moved to the full agenda for further discussion at the request of any Board member (excluding simple requests for clarification or correction).

By including items such as meeting minutes, routine reports, and other items requiring no action in the consent agenda, the Board has more time to focus on action and discussion items including personnel actions, financial transactions, and contractual agreements. In addition, this format enables the Board to comply with recently enacted state standards for board of health continuing education.

SOURCES

- Anne Goon, Health Commissioner (interview)
- Henry County Health Department website (<http://www.henrycohd.org/>)
- Henry County Board of Health Consent Agenda Policy Resolution
- BoardStar (www.boardstar.org)

SPOTLIGHT ON OVERSIGHT #2

Board in Action: St. Clair County Board of Health (IL)

- St. Clair County is located on the western edge of Illinois, across the Mississippi River from St. Louis, Missouri. The county population is 266,955 and the county seat is Belleville.
- The health department is governed by the St. Clair County Board of Health, whose nine members are appointed by the County Board of Commissioners.
- The St. Clair County Health Department was established in October 1985, by Resolution of the St. Clair County Board, the governing authority of the county.
- In January 1986, the Board of Health was organized to govern the new health department and officers were elected.
- The Board of Health proceeded with recruitment of a Public Health Administrator, Kevin Hutchison, who assumed duties on May 12, 1986. Mr. Hutchison served as the Executive Director until his retirement on June 30, 2015.
- The Health Department has received national accreditation through the Public Health Accreditation Board (PHAB).

Focus: Succession Planning

In 2012, motivated by the new standards and measures for national accreditation through PHAB, the St Clair County (IL) health department embarked on a journey to formalize processes in the area of workforce development. Emphasis was given to the intentional grooming of the health department's leadership team and the creation of a formal succession plan to ensure continuity of operations. This process was conducted under the governance of the St. Clair County Board of Health.

The board of health chairman created a 3-person workgroup consisting of two Board members and the Health Officer to work with staff leadership. The workgroup began compiling information regarding the health department's informal processes of staff training, leadership development, and succession planning. They identified best practices from other health departments as well as from the corporate and non-profit sectors. The workgroup also utilized resources from NACCHO, NALBOH, The Robert Wood Johnson Foundation (RWJF), and others to provide a well-researched set of recommendations. With an eye on the appropriate roles for board and staff leadership, the Board members on the workgroup focused on creating development milestones and a succession plan for the health officer. Meanwhile, the Health Officer led a similar effort focused on staff training, leadership development, and succession planning.

A stated goal in developing the succession plan was to address unplanned absences in leadership and to ensure continuity of services for the health department. The draft succession plan developed by the workgroup outlined the following stepwise process:

1. Appointment of an interim director, if necessary.
2. Conduct an internal candidate application phase to provide qualified internal candidates first priority for consideration.
3. If no internal candidate was selected, conduct an external search.

In 2013, the draft succession plan was adopted by the St. Clair County Board of Health. Subsequent board review and reconfirmation of the plan occurred one year later. In January 2015, Mr. Hutchison, their only executive director to date, announced his intent to retire. The Board of Health reviewed and followed their succession plan and stepwise process and took the following actions:

- The Board of Health Chairman elected to assign the standing Personnel Committee to serve as the Search Committee as allowed for in the bylaws.
- Job descriptions were reviewed, candidate qualifications were discussed and established, and the position was posted internally according to the plan.
- The Deputy Director, who had been groomed along with the rest of the leadership team as part of the workforce development plan, applied for the position and was interviewed by the search committee.
- The Board performed its due diligence and conducted a thorough process. The decision was made to hire the Deputy Director as the new Executive Director and the announcement was made in the spring of 2015.
- To ensure a smooth transition, the Board of Health retained the outgoing Executive Director on a limited part-time basis to serve as a resource to the new Executive Director.

The successful hiring process for the new Health Officer was a result of the Board of Health's intentional plan and a well-conceived process that identified workforce development as a priority, invested in leadership training, and was designed to ensure continuity of operations for the health department.

SOURCES

- Jan Allen, retired member, St. Clair County Board of Health (interview)
- Kevin Hutchison, former Executive Director, St. Clair County Health Department (interview)
- St. Clair County Health Department website (<http://www.health.co.st-clair.il.us/>)
- St. Clair County Board of Health Succession Plan

Module 3: Operating as a Board of Health

Suggested Resources

Please see the list below for links to organizations and resources related to public health governance:

- **Association of State and Territorial Health Officials (ASTHO) – Profile of State Public Health**
<http://www.astho.org/profile/>
 - The ASTHO Profile of State Public Health is the only comprehensive source of information about state public health agency activities, structure, and resources.
- **BoardSource** <https://boardsource.org/>
 - BoardSource is a 501(c)(3) nonprofit organization that supports a community of more than 100,000 individuals with customized diagnostics, live and virtual trainings, membership programs, and a comprehensive library of governance resources and publications that include original content.
- **BoardStar** <http://www.boardstar.org/>
 - BoardStar is a nonprofit organization whose mission is to increase individual involvement in nonprofit boards & strengthen the capability of the boards of nonprofit organizations through training, consultation, podcasts, networking, and access to resources.
- **Kentucky Population Health Institute – Local Board of Health Toolkit** <http://www.kypophealth.org/projects.html>
- **Public Health Training Centers**
 - Michigan Public Health Training Center <http://www.mittrainingcenter.org>
- **National Association of County & City Health Officials (NACCHO) – 2013 National Profile of Local Health Departments** <http://nacchoprofilestudy.org/>
 - NACCHO's National Profile of Local Health Departments (LHDs) represents the largest, most reliable source of data on LHDs and collects information on infrastructure, workforce, finance, governance, activities, and services.
- **National Association of Local Boards of Health (NALBOH)** <http://www.nalboh.org/>
 - NALBOH informs, guides, and serves as the national voice for boards of health. Uniquely positioned to deliver technical expertise in governance and leadership, board development, health priorities, and public health policy, NALBOH strives to strengthen good governance where public health begins—at the local level.

- **National Association of Local Boards of Health (NALBOH) – The Governance Functions**

<http://www.nalboh.org/?page=GovernanceResources>

- NALBOH worked with CDC and other national partners to identify, review, and develop the following model of six functions of public health governance.

- **The Network for Public Health Law** <https://www.networkforphl.org/>

- The Network for Public Health Law provides insightful legal assistance, helpful resources and opportunities to build connections for local, tribal, state and federal officials; public health practitioners; attorneys; policy-makers; and advocates.

- **Robert Wood Johnson Foundation (RWJF) – State Boards of Health: Governance and Politics**

http://www.rwjf.org/content/dam/farm/articles/journal_articles/2011/rwjf69744

- This article distinguishes and identifies state boards of health and state public health advisory boards, examines state boards of health in practice, and discusses their role in advocacy and policy development in the context of state politics.

- **The University of Georgia Carl Vinson Institute of Government – Meetings Procedure, Organization, and Public Participation** <https://www.cviog.uga.edu/handbook/handbook-meeting-procedures.pdf>

- This handbook, along with others from the Carl Vinson Institute, help promote excellence in government.

- **State Associations of Local Boards of Health (SALBOHs)** <http://www.nalboh.org/?page=SALBOHs>

- A state association of local boards of health (SALBOH) is an identified and recognized state organization representing local boards of health within a state. SALBOHs help strengthen local boards of health through advocacy and by providing training, technical assistance, and networking opportunities. SALBOHs are present in the following states:

- Colorado - Colorado Association of Local Boards of Health <http://www.publichealthalliance.org/calboh>
- Connecticut - Connecticut Association of Boards of Health <http://www.cpha.info/?page=CABOH>
- Idaho - Idaho Association of District Boards of Health
- Illinois - Illinois Association of Boards of Health
- Indiana - Indiana Association of Local Boards of Health <http://inalboh.org/>
- Kentucky - Kentucky Association of Local Boards of Health
- Massachusetts - Massachusetts Association of Health Boards <http://www.mahb.org/>
- Michigan - Michigan Association for Local Public Health <http://www.malph.org/>
- Missouri - Missouri Association of Local Boards of Health <http://www.moalpha.org/malboh/>
- Nebraska - Public Health Association of Nebraska SALBOH <http://publichealthne.org/phan-sections/salboh/>
- New Jersey Local Boards of Health Association (NJLBHA) <http://www.njlbha.org/>
- North Carolina - Association of North Carolina Boards of Health <http://www.ancbh.org/>
- Ohio - Ohio Association of Boards of Health <http://www.ohiopublichealth.org/>
- Utah - Utah Association of Local Boards of Health
- Washington - Washington SALBOH
- Wisconsin - Wisconsin Association of Local Health Departments & Boards <http://www.walhdab.org/>

Discussion Topics: Module 3

- Review the scope and role of your board of health (e.g. advisory role with or without certain authority, etc.).
- Identify which of the Six Functions of Public Health Governance align with your board's specific role in your community.
- Describe available resources for your board, such as your state association for local boards of health.

SPOTLIGHT ON LEGAL AUTHORITY

Board in Action: Wood County Board of Health (OH)

- Wood County is located in Northwest Ohio. The county population is 130,000 and the county seat is Bowling Green. Wood County ranks third largest in land area in Ohio and is home to Bowling Green State University which has an enrollment of approximately 18,000 students.
- In 1919, the Ohio legislature created two types of health districts in the state - City Health Districts & General (County) Health Districts. On January 20, 1920, the Wood County District Advisory Council determined the townships of Wood County and the city of Bowling Green would form one health district. A board of health was appointed and a health commissioner hired.
- Today the Wood County Combined Health District consists of the cities of Bowling Green, Perrysburg, Rossford, Northwood and all villages and townships in Wood County.
- The Health District is governed by a ten member board of health consisting of one representative from each of the four cities and six appointed by the District Advisory Council including representatives from the townships, villages, and a county commissioner. One board member must be a physician.

Focus: Ensuring Adequate Legal Resources

Working to ensure adequate legal resources for the Board of Health and the Health Department, the Wood County Health District has built a close relationship with the Wood County Prosecutor's Office. An Assistant Prosecutor has been directly assigned to the Wood County Health District to ensure all legal questions are readily researched and answered, making the Prosecutor's Office one of the Health Department's greatest partners in its day-to-day work. The Board has also set the standard that all contracts and agreements have the prosecutor's approval and signature prior to authorization.

Key benefits of this partnership include:

- The practice of obtaining the prosecutor's approval on legal documents ensures the Board and the Health Department always act within applicable laws and rules.
- The services of the Assistant Prosecutor are provided to the Health District without time limits or cost due to the relationship of both entities with the County Commissioners.
- The Health District is able to obtain needed guidance without hiring outside attorneys and paying large legal fees.



SOURCE

- Benjamin Batey, RN, MPH, Health Commissioner, Wood County Health District (written report)

Module 4: Financing Public Health

Suggested Resources

Please see the list below for links to organizations and resources regarding public health funding opportunities and strategies:

- **Association of Schools & Programs of Public Health (ASPPH) – Funding Opportunities**
<http://www.aspph.org/educate/funding-opportunities/>
 - ASPPH is the voice of accredited academic public health, representing schools and programs accredited by the Council on Education for Public Health (CEPH). As a service to its members, ASPPH's grants staff regularly provide timely information about grant opportunities for faculty.
- **Blue Cross Blue Shield of Michigan Foundation – Grant Programs**
<http://www.bcbsm.com/foundation/grants.html>
- **Centers for Disease Control and Prevention (CDC) – Grant Writing Guidance and Tips**
<http://www.cdc.gov/stltpublichealth/GrantsFunding/grant-writing.html>
 - The CDC grants information website provides policy guidelines, references, answers to frequently asked questions, and more.

- **Community Tool Box – Writing a Grant Application for Funding** <http://ctb.ku.edu/en/writing-grant-application>
 - The Community Tool Box is a free, online resource for those working to build healthier communities and bring about social change. The mission is to promote community health and development by connecting people, ideas, and resources.
- **Grantmakers In Health (GIH)** <http://www.gih.org/>
 - Grantmakers In Health (GIH) is a nonprofit, educational organization dedicated to helping foundations and corporate giving programs improve the health of all people. Its mission is to foster communication and collaboration among grant-makers and others, and to help strengthen the grant-making community's knowledge, skills, and effectiveness.
- **Grants.gov** <http://www.grants.gov/web/grants/home.html>
 - Grants.gov is the place to find and apply for federal grants.
- **National Association of County & City Health Officials (NACCHO) – Funding Opportunities** <http://www.naccho.org/topics/funding/>
 - NACCHO offers a variety of grant opportunities to local health departments and communities.
- **Robert Wood Johnson Foundation (RWJF) – Grants** <http://www.rwjf.org/en/grants.html#q/maptype/grants/ll/37.91,-96.38/z/4>
 - The Robert Wood Johnson Foundation is the nation's largest philanthropy dedicated solely to health.
- **Robert Wood Johnson Foundation (RWJF) – Grantee Resources** <http://www.rwjf.org/en/grants/grantee-resources.html>
 - RWJF and its grantees have a shared responsibility to run effective programs that fulfill the Foundation's mission. The resources provided here can help grantees explore useful tools to keep RWJF properly informed about grant activities, and undertake projects more effectively.
- **University of Michigan – Proposal Writer's Guide** <http://orsp.umich.edu/proposals/pwg/pwgcontents.html>
 - This tool provides useful information about writing proposals for funding.
- **W.K. Kellogg Foundation** <http://www.wkkf.org/>
 - The W.K. Kellogg Foundation (WKKF), an independent, private foundation, is among the largest philanthropic foundations in the United States. It works with communities to create conditions for vulnerable children so they can realize their full potential in school, work and life.
- **W.K. Kellogg Foundation – Logic Model Development Guide** <https://www.wkkf.org/resource-directory/resource/2006/02/wk-kellogg-foundation-logic-model-development-guide>
 - This guide, which helps nonprofits demonstrate the effectiveness of their program activities, provides an orientation to the underlying principles of "logic modeling" as a tool to enhance program planning, implementation, and dissemination activities.

Discussion Topics: Module 4

- Explain how your health department is financed.
- Identify areas where funding is currently needed (programmatic areas of focus, etc.).

SPOTLIGHT ON RESOURCE STEWARDSHIP #1

Board in Action: Central District Board of Health (ID)

- Idaho's Central District Health Department (CDHD) provides public health services for the four counties of Ada, Boise, Elmore, and Valley with offices in Boise, Mountain Home, and McCall. The population of the district is 437,685.
- The governing responsibilities of the Central District Board of Health are defined in the Idaho Code. The board consists of seven members with representation from among the four counties as follows: Ada County (3), Elmore County (2), Boise County (1), and Valley County (1).
- The board meets seven times a year. Board members also represent the District in meetings with elected officials at the city, county and state level.

Focus: Cross-Jurisdictional Sharing of Resources

In recent years, budget cuts have challenged many local boards of health to develop new resources to ensure essential public health services. In the spirit of resource stewardship, the Central District Health Department (CDHD) Board of Health has embraced the concept of cross-jurisdictional sharing. The CDHD Board has established a memorandum of agreement with six other health districts in the state to share resources. The primary focus of the agreement is to share staff during times of high demand for public health services, such as a significant communicable disease outbreak. Agreements were made with emergency responders, hospitals, law enforcement, transportation, and warehouse facilities for large-scale events including natural or man-made disasters.

In addition to sharing resources among other health districts, CDHD also has agreements with the State Division of Public Health and the State Department of Environmental Quality on topics ranging from food licensing and inspection to public drinking water systems. Most recently, in addition to a Behavioral Health Contract with the Idaho Department of Health & Welfare, the CDHD Board has approved agreements with the Region 4 Behavioral Health Board which represents a new role for local public health in the community.

Recognizing the need to ensure convenient and coordinated access clinical, dental, and public health services to its rural communities, CDHD has forged numerous partnerships with other agencies and organizations. Through these effort services are being delivered through facilities in rural communities that include a low income apartment complex, a library, and a rural health clinic. In one of Idaho's cities with the highest poverty rate, a community center is home to a Federally Qualified Health Center where free dental, behavioral, and medical care are available. To address additional public health needs, CDHD has an agreement with the community center to provide WIC services.

Embracing the concept of cross-jurisdictional sharing has been a successful practice for the Central District Health Department Board in performing its function of resource stewardship.

SOURCES

- Steve Scanlin, Member, CDHD Board of Health (written report)
- Russ Duke, Health Officer and Executive Director, Central District Health Department (written report)

SPOTLIGHT ON RESOURCE STEWARDSHIP #2

Board in Action: Horizon Community Health Board (MN)

- Located in west central Minnesota, Horizon Public Health is an integrated health department serving the counties of Douglas, Grant, Pope, Stevens, and Traverse.
- Horizon Public Health began on January 2, 2015, as the result of a merger of three health departments serving the five Minnesota counties.
- The Horizon Community Health Board is comprised of 13 members consisting of two county commissioners from each member county, one additional member from the largest population county, and two at-large members who cannot represent the same county.
- The population of the five-county region is approximately 67,000 with over half residing in Douglas County.

Focus: Cross-Jurisdictional Sharing of Resources

As economic realities increased pressure on local health departments across the country, local governing boards began to explore new alternatives to ensure public health services for the communities they serve. In particular, rural communities were faced with the unique challenge of developing and maintaining sufficient resources despite their smaller population bases. In west-central Minnesota, from this new reality was born Horizon Public Health.

Horizon Public Health is the culmination of a multi-year process undertaken by five counties that operated three health departments. Thanks to the support of the Center for Sharing Public Health Services, the three original health departments, with the approval of the five counties they represent, embarked on a journey to explore the feasibility of merging into a single department. After more than three years of exploration, planning, and implementation, a new public health entity was emerging.

Adopted on November 3, 2014, the vision for the future was articulated by the Horizon Community Health Board through its bylaws, “The purpose of the joint powers entity is to develop and maintain a system of community health services under local administration and within a system of state guidelines and standards.”

The new Horizon Public Health was officially launched on January 2, 2015. While resulting in greater administrative efficiencies, this new organization retains much of the original staff, office locations, and dedication to public health that existed before the merger.

In this rural region of Minnesota, the five boards of county commissioners demonstrated the governance function of resource stewardship by working together to integrate three independent public health departments into one with a unified mission to promote health, prevent disease, and protect the citizens of Douglas, Grant, Pope, Stevens, and Traverse Counties.

SOURCES

- Center for Sharing Public Health Services website <http://phsharing.org/>
- Horizon Community Health Board bylaws <http://phsharing.org/2015/05/22/by-laws-of-horizon-community-health-board/>

Module 5: Contributing to Health Equity

Suggested Resources

Please see the list below for organizations and resources related to implementing initiatives to address health equity:

- **Active Living by Design** <http://activelivingbydesign.org/>
 - Active Living By Design works to create healthier places by addressing policies, systems and the built environment.
- **The California Endowment – Why Place Matters: Building a Movement for Healthy Communities** http://www.policylink.org/sites/default/files/WHYPLACEMATTERS_FINAL.PDF
- **Centers for Disease Control and Prevention (CDC) – Compendium of Evidence-Based Interventions and Best Practices for HIV Prevention** <http://www.cdc.gov/hiv/prevention/research/compendium/>
- **Centers for Disease Control and Prevention (CDC) – Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health** <http://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/tools/pdf/SDOH-workbook.pdf>
- **Centers for Disease Control and Prevention (CDC) – Tools for Implementing an Evidence-Based Approach in Public Health Practice** http://www.cdc.gov/pcd/issues/2012/11_0324.htm
- **The Community Guide (The Guide to Community Preventive Services)** <http://www.thecommunityguide.org/>
- **Community Tool Box** <http://ctb.ku.edu/en>
- **Healthy People 2020** <https://www.healthypeople.gov/>
- **National Academies – Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care** <http://www.nationalacademies.org/hmd/Reports/2002/Unequal-Treatment-Confronting-Racial-and-Ethnic-Disparities-in-Health-Care.aspx>
- **Michigan Department of Community Health (MDCH) – Practices to Reduce Infant Mortality through Equity (PRIME) Project** <http://prime.mihealth.org/>
- **National Association of County & City Health Officials (NACCHO) – Health Equity and Social Justice** <http://www.naccho.org/topics/justice/>
- **National Association of County & City Health Officials (NACCHO) – Tackling Health Inequities through Public Health Practice: A Handbook for Action** http://www.naccho.org/topics/justice/upload/naccho_handbook_hyperlinks_000.pdf
- **National Rural Health Association (NRHA)** <http://www.ruralhealthweb.org/>
- **Prevention Institute** <http://www.preventioninstitute.org/>
- **Robert Wood Johnson Foundation (RWJF) – Beyond Health Care: New Directions to a Healthier America** <http://www.rwjf.org/en/research-publications/find-rwjf-research/2009/04/beyond-health-care.html>
- **Rural Assistance Center** <http://www.raconline.org/>

- **Smart Growth America – National Complete Streets Coalition** <http://www.smartgrowthamerica.org/complete-streets>
- **Unnatural Causes...is inequality making us sick?** <http://www.unnaturalcauses.org/>
- **U.S. Department of Health and Human Services (DHHS) Health Resources and Services Administration (HRSA) – Rural Health** <http://www.hrsa.gov/ruralhealth/>
- **World Health Organization (WHO) – The Commission on Social Determinants of Health** http://www.who.int/social_determinants/thecommission/finalreport/about_csdh/en/

Discussion Topics: Module 5

- Present major health issues and disparities present in your community.
- Share current health equity initiatives being taken by the health department and other stakeholders.

SPOTLIGHT ON CONTINUOUS IMPROVEMENT

Board in Action: Columbus Board of Health (OH)

- The city of Columbus, Ohio, is located in Franklin County. Columbus is the county seat and the capital of Ohio. The population of the city is 835,957.
- Columbus Public Health is governed by the Columbus Board of Health, whose five members are appointed by the Mayor and approved by the Columbus City Council.
- The Board functions as a policy, governance, advisory, and regulatory board and provides oversight of major financial and programmatic decisions.
- Columbus Public Health has received national public health accreditation through PHAB.

Focus: A Culture of Quality Improvement

Motivated by national public health accreditation standards, the Columbus Board of Health took steps to ensure continuous quality improvement within the department and the board itself. After the development of a strategic plan, the staff was charged with the task of identifying programmatic performance measures that tied departmental goals to the strategic plan priorities. The Board works to sustain the Department's culture of quality improvement through the following activities:



1. On a quarterly basis, measure programmatic performance of departmental goals with alignment to strategic plan priorities.
2. On an annual basis, review updates from the Quality Team regarding improvements to departmental processes and functions.
3. On an annual basis, receive and discuss updates on status of the department's overall quality improvement efforts.

To foster a culture of continuous improvement within the Board itself, the Columbus Board of Health has embraced the importance of a well-informed board and has invested in orientation and training for its members. When a new member joins the Board, they attend a face-to-face orientation with the Health Commissioner where a myriad of topics are discussed, including: (1) Board of Health authority; (2) History of public health in Ohio and Columbus, (3) Changes in public health at the national and state level; (4) Overview of Columbus Public Health services; and (5) Columbus Public Health publications.

Due to recent changes in Ohio law, all public health department staff and board of health members are required to receive a minimum of two hours of continuing education units each year. To ensure compliance, the Columbus Board of Health dedicates a portion of its meetings to the presentation of topics such as ethics, public health principles, member responsibilities, budgets, performance measures, quality improvement, key community health indicators, and public health policy updates.

These activities help keep the Columbus Board of Health and Columbus Public Health together on a path of continuous quality improvement.

SOURCES

- Laurie Dietsch, MPH, Accreditation Coordinator, Columbus Public Health (written report)
- Columbus Public Health website <https://columbus.gov/publichealth>

Module 6: Partnerships to Improve Health Outcomes

Suggested Resources

Please see the list below for links to organizations and resources related to partnering in public health activities:

- **Association of State and Territorial Health Officials (ASTHO) – Public Health and Faith Community Partnerships: Model Practices to Increase Influenza Prevention Among Hard-to-Reach Populations**
<http://www.astho.org/Infectious-Disease/Public-Health-and-Faith-Community-Partnerships-Model-Practices-to-Increase-Influenza-Prevention-Among-Hard-to-Reach-Populations/>
 - This fact sheet series describes populations and partnerships with which state/territorial health agencies work to reach at-risk populations.
- **Centers for Disease Control and Prevention (CDC) – A Framework for Improving Cross-Sector Coordination for Emergency Preparedness and Response: Action Steps for Public Health, Law Enforcement, the Judiciary and Corrections** http://www.cdc.gov/phlp/docs/CDC_BJA_Framework.pdf
 - This CDC resource provides information and actions steps for improving collaboration across sectors, including public health, law enforcement, the judiciary, and corrections systems.
- **Centers for Disease Control and Prevention (CDC) Agency for Toxic Substances and Disease Registry (ATSDR) – Principles of Community Engagement**
http://www.atsdr.cdc.gov/communityengagement/pdf/PCE_Report_508_FINAL.pdf
 - This CDC primer serves as a resource for involving the community in efforts to improve public health.
- **Community Tool Box – Creating and Maintaining Partnerships** <http://ctb.ku.edu/en/creating-and-maintaining-partnerships>
 - This toolkit provides guidance for creating a partnership among different organizations to address a common goal.
- **National Association of County & City Health Officials (NACCHO) – Mobilizing for Action through Planning and Partnerships (MAPP)** <http://www.naccho.org/topics/infrastructure/mapp/>
 - Mobilizing for Action through Planning and Partnerships (MAPP) is a community-driven strategic planning process for improving community health.
- **Prevention Institute – Building Cross-Sector Collaboration**
<http://www.preventioninstitute.org/tools/partnership-tools.html>
 - Prevention Institute's collaboration tools are presented for practitioners—both new to and seasoned in collaboration—who are interested in building, strengthening, and sustaining inter-sectoral partnerships designed around an integrated prevention approach.

Discussion Topics: Module 6

- Discuss current interdisciplinary initiatives in which the health department is involved.
- Talk about opportunities for cross-sector partnership building based on the current board's network. What connections exist that are relevant to health equity initiatives or health issues in the county? What about at the state level?

SPOTLIGHT ON PARTNERSHIPS

Board in Action: Cincinnati Board of Health (OH)

- Cincinnati is located in Southwest Ohio. The city population is 298,165 and it is the county seat of Hamilton County.
- The Cincinnati Health Department is governed by the Cincinnati Board of Health, whose nine members are appointed by the Mayor of Cincinnati.
- The City of Cincinnati provides half of the Health Department's \$40 million annual budget.

Focus: Build and Strengthen Community Partnerships

In 2010, economic pressures and ensuing budget cuts resulted in the layoff of over 40 school nurses, which had been provided by the Cincinnati Health Department to the local public schools. To address this gap, the Board joined intense collaborations with local private and non-profit organizations to develop and implement a self-sustaining alternative business model to provide school nursing support, as well as community health services, using School-Based Health Care Centers.

A broad collaboration, led by the Health Foundation of Greater Cincinnati (now Interact for Health) and Growing Well had been assembled to define and implement a self-sustaining model to address not only student health needs but also the health needs of the surrounding communities. Representatives from the Board of Health and the Health Department joined other partners including public schools, hospitals, health foundations, non-profit organizations, mental health agencies, and other funding institutions as part of this coalition. Their meetings resulted in the identification of mutual goals for the collaboration including:

1. Assess and identify needs of Cincinnati Public School students
2. Determine which schools had sufficient services and which had gaps
3. Develop a sustainable financial model for the overall program
4. Attract other funders to participate in the planning and start-up of new School-Based Health Centers (SBHCs)
5. Develop sustainable financial models for FQHC (federally qualified health center) and hospital medical partners to use in their planning and staffing

The strong links between the partner organizations and the broader community led to a business model that included major funding from private and non-profit partners to build new SBHCs in several locations. The result has been a nationally recognized model of SBHCs in the Cincinnati region

(http://www.communityschools.org/oylet_school.aspx). To date, the Cincinnati Health Department is staffing 11 of the 21 established SBHCs and health outcomes in many areas have improved tremendously.

Using the partnership model, several Health Department clinics have expanded to include full vision and dental services. These health improvements, using a self-sustaining model, were made possible by the strong partnership of the Cincinnati Board of Health and Health Department with private and non-profit groups sharing the goal of improved health care for students and the community.



SOURCE

- Richard Schwen, PhD, Chair, Cincinnati Board of Health (written report)

Module 7: Supporting Population Health through Policy and Advocacy

Suggested Resources

Please see the list below for links to organizations and resources related to public health policy development and advocacy:

- **Centers for Disease Control and Prevention (CDC) – Public Health Policy** <http://www.cdc.gov/stltpublichealth/policy/>
 - This CDC resource offers information that can help improve the public's health through public policy.
- **The Commonwealth Fund** <http://www.commonwealthfund.org/>
 - The Commonwealth Fund is a private foundation that aims to promote a high performing health care system that achieves better access, improved quality, and greater efficiency, particularly for society's most vulnerable.
- **The Guide to Community Preventive Services (The Community Guide)** <http://thecommunityguide.org/>
 - The Community Guide is a website that houses the official collection of all Community Preventive Services Task Force findings and the systematic reviews on which they are based. It is a credible resource based on a scientific systematic review process that answers questions critical to community health and well-being.
- **Community Tool Box – Advocating for Change** <http://ctb.ku.edu/en/advocating-change>
 - This toolkit supports planning for advocacy efforts and responding to opposition.
- **Community Tool Box – Influencing Policy Development** <http://ctb.ku.edu/en/influencing-policy-development>
 - This toolkit provides guidance for bringing about policy change in organizations and communities.
- **National Association of Local Boards of Health (NALBOH)** <http://www.nalboh.org/>
 - NALBOH informs, guides, and serves as the national voice for boards of health, and provides technical expertise in governance and leadership, board development, health priorities, and public health policy.
- **Network for Public Health Law** <https://www.networkforphl.org/>
 - The Network for Public Health Law provides insightful legal assistance, helpful resources and opportunities to build connections for local, tribal, state and federal officials; public health practitioners; attorneys; policy-makers; and advocates.
- **The Office of Disease Prevention and Health Promotion (ODPHP)** <http://health.gov/>
 - An office of the U.S. Department of Health & Human Services, ODPHP sets national health goals and objectives and supports programs, services, and education activities that improve the health of all Americans.
- **Public Health Institute – Health in All Policies: A Guide for State and Local Government** <http://www.phi.org/resources/?resource=hiapgguide>
 - Health in All Policies is a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas.

Discussion Topics: Module 7

- Inform the board about current policy and advocacy initiatives taking place in your county.
- Provide examples of how the concept of Health in All Policies has looked in your community to date.

SPOTLIGHT ON POLICY DEVELOPMENT #1

Board in Action: Franklin County Board of Health (KY)

- Franklin County is located in eastern Kentucky. The county population is 49,648 and the county seat is Frankfort.
- Franklin County Health Department is overseen by the 12 member Board of Health, which is comprised of the county judge executive, a fiscal court appointee, nine health professionals, and an engineer.
- The Health Department has received national accreditation through the Public Health Accreditation Board (PHAB).

Focus: Developing Policies to Support a Healthy Community

The vision of the Franklin County Board of Health is “Live. Work. Play. Pray. *Healthy!*” This vision reflects their desire that no matter what individuals may be doing in Franklin County, they will have the opportunity to enjoy health. The Franklin County Board of Health has taken action to support the achievement of this ideal through the development of policies to address tobacco use and an acute Hepatitis C epidemic.

The Franklin County Board of Health has been very active in the passage of internal and external smoke-free policies. The Board of Health passed an internal policy disallowing any tobacco product and electronic cigarettes on the Franklin County Health Department property. The Board also successfully worked with the Franklin County MAPP (Mobilizing for Action through Planning and Partnerships) Coalition, the Franklin County Fiscal Court, and the Frankfort City Commission to pass smoking ordinances for both the county and city. The Board of Health has conducted a survey on electronic cigarettes and is now working with county and city legislative bodies to amend their ordinances to include these products.

Recently, the Franklin County Board of Health has begun to address Kentucky’s acute Hepatitis C epidemic. On August 17, 2015, the Board of Health unanimously passed a resolution authorizing the operation of a needle exchange program. They will once again be working with the Franklin County Fiscal Court and Frankfort City Commission to obtain the additional consent needed for the program under state law.

SOURCES

- Judy Mattingly, MA, Public Health Director III, Franklin County Health Department (written report)
- Franklin County Health Department website <http://www.fchd.org>
- Kentucky Administrative Reference for Local Health Departments <http://chfs.ky.gov/dph/AR2015.htm>

SPOTLIGHT ON POLICY DEVELOPMENT #2

Board in Action: Benzie Leelanau District Health Department (MI)

- Located north of Traverse City on Michigan's western side, the Benzie-Leelanau District Health is a two county health department with offices in Benzonia and Lake Leelanau.
- The population of this rural district is approximately 39,000.
- The board of health is comprised of six members who are all county commissioners. Each county is represented by three members.

Focus: Adoption of Environmental Health Regulations

Local boards of health in Michigan are responsible for adopting sanitary codes relating to sewage disposal systems and water well systems. Benzie-Leelanau Board of Health adopted a policy to prevent or minimize the degradation of ground and surface water by improper or malfunctioning sewage disposal systems or water well systems. This policy empowers the Health Department to regulate the transfer or sale of property or premises. As stated in the regulation:

"An owner of premises or a dwelling shall not sell, convey, assign nor transfer ownership of, or exclusive rights in, any dwelling and/or habitable building or premises unless and until the owner or his designated agent has requested a health officer to evaluate the existing on-site water well system and the existing on-site sewage disposal system and unless and until such evaluation by the health officer has been conducted and the results thereof have been reduced to writing and furnished to any prospective purchaser or transferee and the seller or transferor as part of the said transaction on a form established by the Health Department."

If there is not substantial conformance or if there is endangerment of water well systems, groundwater, surface water or public health, then the septic system or water supply will be subject to enforcement as provided in the code. Before the completion or closing of any real estate transaction, the Health Department must be notified that the sewage system is in conformance. If not in conformance, then one of three assurances must be provided:

1. Copy of a written contract to bring the system into conformance
2. Deposit of a surety or performance bond
3. Covenant that performance of contract shall be completed within (150) days of sale or transfer

By adoption of this policy, the Benzie-Leelanau Board of Health protects the health of the communities they serve by ensuring the enforcement of regulations that prevent or minimize the degradation of ground and surface water

SOURCES

- Dodie Putney, Director of Administrative Services, Benzie-Leelanau District Health Department (written communication)
- Environmental Health Regulation – Article 9, in Benzie County– Notification and Transfer of Premises with Sewage Disposal Systems.

SPOTLIGHT ON POLICY DEVELOPMENT #3

Board in Action – District Health Department #2 (MI)

- Located in eastern Michigan, District Health Department #2 serves Alcona, Iosco, Ogemaw, and Oscoda counties. The combined population of the counties is approximately 65,600.
- The district's Board of Health has eight members comprised of two county commissioners from each of the four counties.
- The Board of Health recently approved changes to the sanitary codes.

Focus: Adopting Regulations

In Michigan, individual sanitary codes may be developed by each local health department with the approval of the board of health and the county commissioners of the county served. District Health Department #2, serving four counties, had not fully updated its sanitary code since 1972. During that time, new policies had been approved but never officially codified, potentially making the department vulnerable to legal challenges. To address this issue, the District #2 Board of Health approved the updating and aligning of the sanitary codes across the four-county district. The endeavor began with the Board of Health and staff reviewing Michigan's public health codes which define the process by which a local health department can update sanitary codes. The Board of Health enlisted legal council to ensure compliance and monitor progress by assigning their Water Supply Committee to oversee the research and development phase which included the following steps:

- Environmental health staff met with advisors from the Michigan Department of Environmental Quality (DEQ) for guidance prior to seeking industry and public comment.
- Two ad hoc industry committees were formed to seek input in the areas of on-site water and sewage treatment.
- Draft proposals were developed and presented at public hearings in each of the four counties.
- The draft of updated codes was presented and approved by the Board of Health.
- The draft of updated codes was sent to each board of county commissioners for final approval.

However, one board of county commissioners objected to certain aspects of the draft. This presented a dilemma for the Board of Health. They could either revise the codes for that one county or incorporate changes and present a new draft to all four counties. As the goal of the Board was to have a single, consistent set of codes for the entire district, revisions were made and a new draft presented to each board of county commissioners. The new version was approved by all. As a result of the Board of Health and staff performing their respective functions and working together during this multi-year process, the new sanitary codes went into effect on April 15, 2015.

SOURCES

- Denise Bryan, Health Officer, District Health Department #2 (interview)
- Doug Getty, Environmental Health Director, District Health (interview)

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