Summer 2023

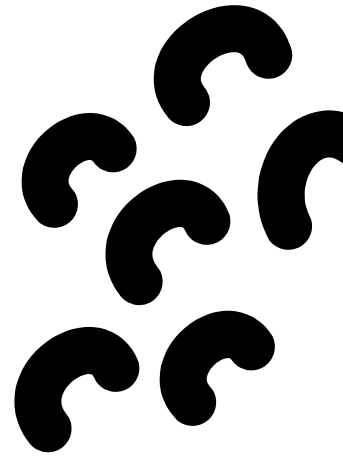# Resources for Those New to Public Health

Compiled by the
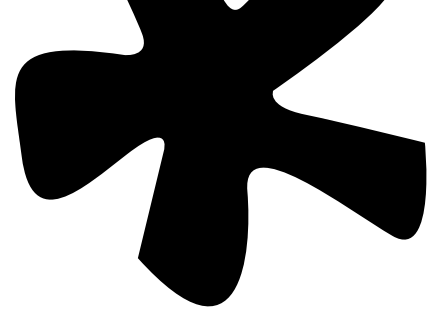
Michigan Associaton for Local Public Health

Table of Contents

Welcome

to local public health! This document is meant to get you started on the basic principles and tenets of public health in Michigan. Local public health is the backbone to the United States' public health system, working on the frontlines of clean water, emergency preparedness and response, disease control, and much more.

The cohort of public health promotes and protects the health of those in their community and maintains an environment in which people can be healthy. Public health as a whole looks to promote wellness by intervening "upstream" against causes of illness, but also being prepared to serve their communities in the event of an emergency or outbreak.

This guide is meant to be a *first step* to get you started in local public health. The Resources page (p 13) is there for references, further reading, and to serve as a place to find data and rules to inform programs. Updated in 2023, we also recommend referring to the Michigan Local Public Health Accreditation Program's Guide to Public Health for Local Governing Entities (linked on p 7) for another overview of local public health in the state.
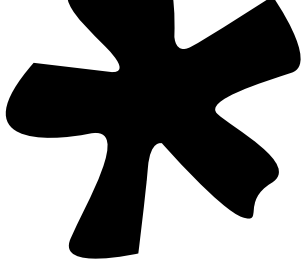
Thank you for choosing local public health!

Michigan Association for Local Public Health

Norm Hess, MSA, CPH
Executive Director

Jodie Shaver, MPA, GMS
Director of Member Services

Gwen Tithof, MPH
Project Coordinator

Public Health 3.0

is a paradigm for public health that builds upon the success of previous public health efforts and emphasizes collaboration within local communities. First introduced in 2016-17, Public Health 3.0 is based on **health equity** and the **Social Determinants of Health (SDoH)** (see more on p 8 - 9), and builds upon two centuries' worth of public health work in America.

PH 3.0 recommends that local public agencies become Chief Health Strategists in their communities, working with community organizations and residents to address SDoH upstream: the goal is healthy and safe communities in which every person has the opportunity for wellness.

Public Health 1.0

Tremendous growth of knowledge and tools for both medicine and public health

Uneven access to care and public health

Public Health 2.0

Systematic development of PH (public health) governmental agency capacity across the U.S.

Focus limited to traditional PH agency programs

Public Health 3.0

Engage multiple sectors & community partners to generate collective impact

Improve social determinants of health

Public Health 3.0 Timeline

Source: US Department of Health and Human Services, Office of the Assistant Secretary for Health

Public Health's Evolution

Public Health 1.0 began with the expansion of public health strategy and science in the late 1800s. Public Health 2.0, the next movement, focused on traditional agency roles in public health and encompassed the 1988 Institute of Medicine's (IOM) *The Future of Public Health Report*. Public Health 3.0 began post-Great Recession and the passage of the Affordable Care Act, and includes the 2012 IOM *For the Public's Health* Reports.

Resources: Public Health 3.0

- *Public Health 3.0: A Call to Action for Public Health to Meet the Challenges of the 21st Century*
- NACCHO: Public Health 3.0 Issue Brief
- Ohio University: *How the US Public Health System Works* infographic

The Framework

at the core of modern public health is the **Ten Essential Services** (below); it creates the contemporary model for public health services. In September 2020, a revised version of the Ten Essential Public Health Services framework was released, based on the work of a taskforce convened by the Public Health National Center for Innovations (PHNCI) and the de Beaumont Foundation.

Resources: The Basics of Public Health

- [APHA: What is Public Health?](#)
- [APHA: Public Health Fact Sheet](#)
- *[Foundational Values for Public Health](#)* by Lisa Lee and Christina Zarowsky

- *[Crash Course](#)* on YouTube: Public Health
- The [Ten Essential Services](#) explained
- [US Centers for Disease Control and Prevention: PH 101](#)

This version emphasizes that all people should have a "fair and just opportunity to achieve optimal health and wellbeing." Public health works toward this by actively promoting and implementing policies and systems that remove systemic barriers to health equity.

In the US, the Ten Essential Services are grouped into three major process categories:

- **Assessment** — the mechanism to determine the effectiveness of the system and its programs
- **Assurance** — activities that address whether people's health needs are being safely and effectively met; this includes regulation, health education, and direct services
- **Policy development** — the development of goals, standards, and priorities for health services

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Access the Public Health National Center for Innovations' (PHNCI) 2020 **Ten Essential Services toolkit** [here](#).
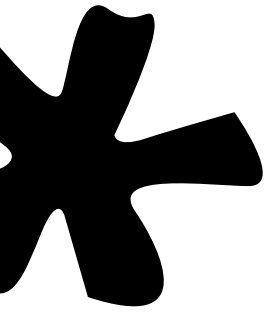
Michigan's Public Health Structure

is largely decentralized. The state's 83 counties are covered by 45 health departments; some local health departments are single-county and some are multi-county (known as *district*) health departments. As of 2023, the City of Detroit has the only single-city health department. Each health department is part of its local respective government and considered separate from the state and the state Department of Health and Human Services (MDHHS).
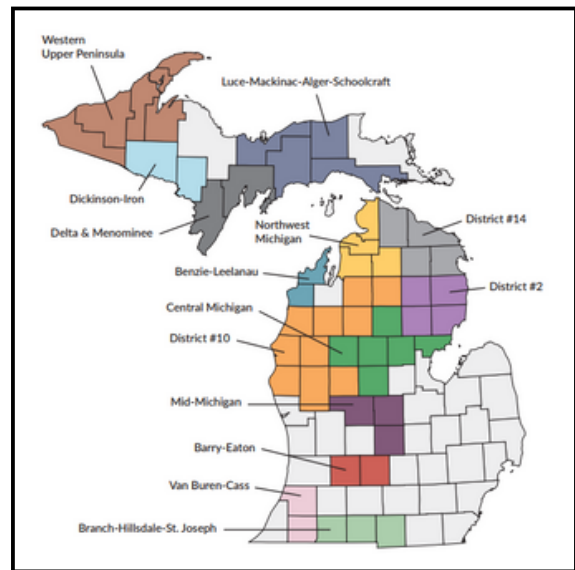
Health Officers

Each local health department in Michigan is led by a health officer, a position that requires specific qualifications and approval from MDHHS. They are the administrative head of their health department, and in select cases, qualified health officers also serve as medical director. Health officers have the authority to declare public health emergencies, as well as to take other measures to protect public health.

The local health departments of Michigan: single-county health departments are represented in light gray.

Common activities (as referenced in sections of the Public Health Code) performed by health officers include:
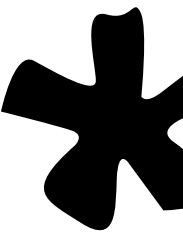
- Planning, implementing, and evaluating public health programs designed to prevent disease and promote health
- Directly performing or delegating the duties assigned to the local health department
- Issuing emergency orders to control an outbreak or epidemic
- Ordering an autopsy when of interest to public health

Medical Directors

The medical director for the health department is a licensed physician; the position may have other requirements depending on the health department. Medical directors oversee the development and standards of medical care, advise the health officer in medical policy, and provide medical direction to the health department's staff.

Visit the MALPH LHD Directory here.

Local Public Health Standards

vary across regions and states, but in 2005, the National Association of County and City Health Officials (NACCHO) developed a document outlining universal standards for a functioning local health department. The ten core elements NACCHO defined as the evidence of a functioning local health department align with the Ten Essential Public Health Services and are listed below:

- monitor health status and understand health issues facing the community
- protect people from health problems and health hazards
- give people the information they need to make healthy choices
- engage the community to identify and solve health problems
- develop public health policies and plans

- enforce public health laws and regulations
- help people recieve health services
- maintain a competent public health workforce
- evaluate and improve programs and interventions
- contribute to and apply the evidence base of public health

Find the full version of the NACCHO *Operational Definition of a Functioning Local Health Department* booklet here.

Accreditation

Michigan's local health departments are accredited by the Michigan Local Public Health Accreditation Program, which is overseen by MDHHS. Through the three-step accreditation process, local health departments are evaluated on their ability to meet program requirements.

Local Public Health Structure, Responsibilities, and Accreditation

The State of Michigan DHHS updated their *Guide to Public Health for Local Governing Entities* in 2023. It serves to give members of local government and local public health a guide on public health in Michigan and the responsibilities of a local health department and its health officer. Find it here.

Local Public Health Required Services

are enumerated through the state government by the Michigan Constitution and **Public Health Code (Act 368 of 1978);** these act in conjunction to give local health its mandates and powers. The core of these duties is referred to as the **Essential Local Public Health Services (ELPHS)** (listed below), although other services are required of local public health through a matrix of federal and state statutes, administrative rules, federally-identified needs and funding, and community health needs.

It is also important to note that certain public health activities are shared by and conducted in coordination with other agencies:

- Food protection is conducted in conjunction with the **Michigan Department of Agriculture and Rural Development (MDARD)**
- Water supply and sewage management services are conducted with the **Michigan Department of Environment, Great Lakes, and Energy (EGLE)**

Essential Local Public Health Services

Food protection	**Onsite sewage management**
Public and private water supply	**Hearing screening**
Immunization	**Vision services**
Infectious disease control	**STI control & prevention**

Other Required LPH Programs:

- Tuberculosis control
- HIV/AIDS-related services
- Serving as an emergency management hub
- Family planning services and prenatal care

- General health education
- Nutrition services and WIC administration
- Public swimming pool inspections
- Campground inspection

Find the Michigan Public Health Code here.

Muskegon County houses a list of the laws applicable to public health for LHDs on this site.

Social Determinants of Health

are - as defined by the World Health Organization - are **non-medical factors that affect health outcomes**. These are a wide range of factors, but social determinants of health (SDoH) can be considered the conditions in which people are born, develop, work, and live, which in turn are all affected by the systems that shape a person's daily life, like economic policies, political systems, and social norms. Some of the dominant SDoH in the US are represented below. (The acronym SDoH can also refer to *social drivers of health*, which emphasizes that these factors can be overcome and changed.)

SDoH have an important, inextricable impact on health. Some studies suggest that SDoH can account for up to 50% of health outcomes. Life expectancy and healthy life expectancy have both increased across the world, but those gains have been made unequally. Significant gaps remain between those who have the best and worst health, and those gaps remain due to continuing inequitable structures. **Using SDoH as a framework** can help public health strengthen commitment to health equity and counter the systems that contribute to poorer health.

Healthy People 2030

HP 2030 is the fifth iteration of an initiative that began in 1979 under the Surgeon General. It has its own framework for healthy living and several dozen objectives for national progress on health metrics. Read more about them here.
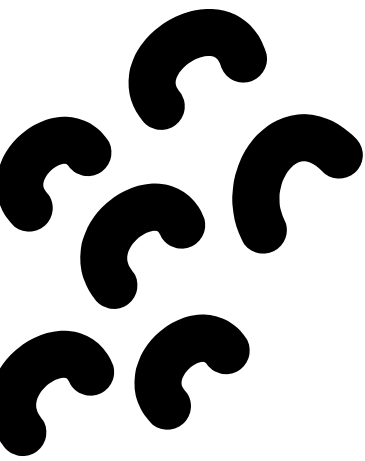
Sustainable Development Goals

The SDGs were adopted by the United Nations in 2015 and are a call to action for global partnership in strategies to improve health, education, economic growth, and other development. The 17 SDGs are listed here.

Health Equity

is the state in which every individual has an equal opportunity to live their **healthiest life possible**, according to Tulane University. Achieving health equity involves examining inequalities in health and healthcare, as well as those inequalities' roots in systems.

SDoH and health equity are intertwined concepts: many of the factors that are considered SDoH also contribute to health inequity, like race, sexual and gender identities, occupation, housing status, geography, and education level. In many cases, government, healthcare, and/or public health structures can perpetuate health disparities through historical and entrenched discrimination. Incorporating an equity framework into local public health programming is essential in order to remove barriers to health and care for all clients.

Health Disparities

preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations

Resource for this definition and further reading found here.

Cultural Humility

Cultural humility, an expansion of **cultural competence**, is an approach to care in which people recognize and address their unconscious biases and view each interaction as an opportunity to create a shared understanding between two worldviews. Click here for further reading.

Resources: Equity

- AAFP: Cultural Humility
- *Cultural Humility* YouTube video
- TEDx Talk by Juiana Mosley: *Cultural Humility*
- CAP: Communities of Color and Environmental Justice
- NACHC: Using "Social Drivers"

- Tulane University: *Why Racism Is a Public Health Issue*
- APHA: *Health Equity*
- APHA: *Advancing Health Equity* factsheet
- AJPH: *Four Levels of Racism*

Communications in Public Health

is paramount in order to be able to serve our communities. The people that local health departments in Michigan serve are best able to achieve wellbeing and access client services when they understand their own health and the programs their health department is offering.

Effective communications are also necessary to influence policymakers, deliver calls to action, and establish trust in times of crisis. Through effective communications, local health departments can promote their value to their communities, inspire behavioral change, promote health and wellness, and build relationships.

Plain Language

It is recommended that communications meant to be consumed by the public be written in plain language and simple formatting, so that the reader can find what they need, understand what they find, and use it. For the general public, it is recommended to avoid writing for above a middle-school reading level.

When creating a document for the public: **write for your audience**, focus on what your audience wants to know, and guide them through that information. Other tips from the General Services Administration:

- Try to use conversational language.
- Write short sentences, with only one idea in each sentence.
- Write short sections with useful headings.
- Design for reading when choosing typeface, headings, and color schemes.

Translation is an essential component of outreach and program success. To find the most common non-English languages in your community, visit lep.gov.

Resources: Comms

- GSA: plainlanguage.gov
- Inter-Tribal Council of Michigan: Lesson in Health Communications presentation
- Ohio University: Social Media in Government infographic
- CDC / NPIN: Health Communications Strategies and Resources
- MALPH: Communications Trainings (2022) resources
- Michigan Translator Resource List (2018)
- Limited English Proficiency (lep.gov) data and mapping tool

MALPH

is the **Michigan Association for Local Public Health**, a non-profit state association founded in 1985 to represent and serve Michigan's city, county, and district health departments. Our membership consists of Michigan's 45 health departments, and our offices are headquartered in Lansing, MI.

The founders of MALPH originally established MALPH to serve as a unified voice for local health departments. We function in advocacy, as a liaison to state and national agencies, as a resource for our members, and as a home for our public health professional forums.

MALPH's Mission

to strengthen Michigan's system of local public health departments and local governing boards to promote, protect, and advocate improving the health of Michigan's people and their communities

Forums

One of MALPH's core functions is to ensure that public health professionals across health departments can correspond and share best practices. In order to coordinate between already-existing organizations, MALPH's structure includes these forums:

- Administrative officers
- Management information systems (MIS) professionals
- Environmental health directors
- Nurse administrators
- Public health physicians
- Public information officers and health educators

In addition to the forums, MALPH also hosts email listservs, keeps resource hubs on its website, and is a primary committee member for the annual **Michigan Premier Public Health Conference**.

Michigan's Local Health Departments:
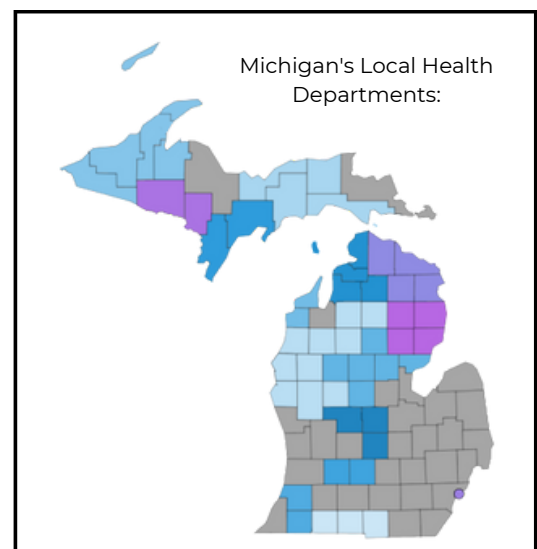
Resources: MALPH

- MALPH Local Health Department directory
- MI Manual for Public Health Leaders
- MALPH latest news & events
- Other resources on the MALPH website require log-in credentials

Resources

STATE AGENCIES

Michigan Department of Health and Human Services (MDHHS)
Michigan Department of Agriculture and Rural Development (MDARD)
Michigan Department of Environment, Great Lakes, and Energy (EGLE)
Michigan Department of License and Regulatory Affairs (LARA)
Michigan Local Public Health Accreditation Program
Center for Medicare and Medicaid Services

FEDERAL & GLOBAL

US Centers for Disease Control and Prevention (CDC)
US Food and Drug Administration (FDA)
US Environmental Protection Agency (EPA)
USDA Food and Nutrition Service
National Institutes of Health (NIH)
World Health Organization (WHO)
Global Health Council

TRAINING & TOOLS

Public Health Center for National Innovations (PHCNI)
Network for Public Health Law (NPHL)
Region V Public Health Training Center (RVPHTC)
Frameworks Institute Toolkits
PHRASES, from the de Beaumont Foundation

ASSOCIATIONS & ORGS

Michigan Association for Local Public Health (MALPH)
Michigan Public Health Institute (MPHI)
American Public Health Association (APHA)
Michigan Public Health Association (MPHA)
National Association of County and City Health Officials (NACCHO)
Association of State and Territorial Health Officials (ASTHO)
Inter-Tribal Council of Michigan
American Journal of Public Health (AJPH)
Michigan Association of Counties (MAC)

DATA SOURCES

US Census data
Michigan BRFS data
Michigan PRAMS data
Michigan Overdose Data and Dashboard
Michigan Profile for Health Youth (MiPHY)
County Health Rankings
Congressional District Health Dashboard (RWJ Foundation)

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