Script: The Michigan Public Health Training Center welcomes you to this module, Supporting Population Health through Policy and Advocacy. At this point in the course you should have a good idea of what public health is and how your role as a board of health member fits in with improving population health outcomes in your community. In addition to learning about financing public health, you have also explored health equity and health disparities and discovered how collaboration in public health is vital to improving the health of those in your community. This 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.
Module Objectives

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

Script: This video explores the differences between policy and advocacy. Additionally, we will explore strategies for creating effective public health policy. Acting as an advocate for public health in your community will help make your time as a board of health member both productive and fulfilling. Not only is Policy Development a key function of boards of health, but you may recall it is also one of the Core Functions and Ten Essential Services conducted by public health agencies under the leadership of health officers.
Script: It is the responsibility of boards of health to support and partner with their state and local health departments to facilitate the development, enforcement, and evaluation of policy that makes a difference. The goal is to promote policies within your state or local jurisdiction that will address the social determinants of health and work towards equitable health outcomes in your community.
Policy:

"...an agreement on issues, goals, or a course of action by the people with the power to carry it out and enforce it."

- Public Health Institute and American Public Health Association

**Script:** When you think of policy, you may think about legislation. However, the Public Health Institute and American Public Health Association further describe policy as, "...an agreement on issues, goals, or a course of action by the people with the power to carry it out and enforce it."
Boards of Health & Policy

- 79% of local boards of health are responsible for setting policies and goals
- Scope of responsibility to establish policy varies across states

Script: The scope of responsibility of local boards of health to establish policy may vary across states. In fact, 79 percent of local boards of health in the U.S. are responsible for setting policies and goals for their public health agency, the community, or both. However, the scope of this responsibility to establish policy may vary across states. Alongside their responsibility for policy development, boards of health may function as advocates for public health.
As a public health advocate you can...

"...help influence the way the public and policymakers think and act on public health issues."

- American Public Health Association

Script: So, what is meant by public health advocacy? And what does it mean for boards of health? The American Public Health Association suggests that as a public health advocate, you can, "...help influence the way the public and policymakers think and act on public health issues."
Script: Boards of health relate to advocacy in two ways. First, as policymakers, they will be approached by other advocates trying to influence them. Second, boards of health and their members may also partner with their local health officer to advocate for public health issues and related policies.
Boards of Health & Advocacy:

- Deliberate, intentional process
- Be clear about the outcomes and decision-makers you want to influence
- What is your ultimate goal?
- How do you want the public and policymakers to think about a certain issue in order to support that goal?
- Who has the power to make decisions about this issue?

Script: The Indiana Association of Local Board of Health describes advocacy as a deliberate, intentional process. It is important to be clear about the outcomes and key decision-makers you want to influence. What is your ultimate goal? How do you want the public and policymakers to think about a certain issue in order to support that goal? Who has the power to make decisions about this issue?
Script: Look back at the policy changes that have impacted the health of the U.S. the most, and strong advocacy was the driving force. Advocates for tobacco control, led by former U.S. Surgeon General C. Everett Koop, caused a series of policy changes, from warnings on cigarette packages to complete bans on smoking in public places. Now that we have defined policy and advocacy, let’s examine how they are intertwined.
Script: The concept of Health in All Policies introduces another way that boards of health may support strategic policy and advocacy efforts. Consider the social determinants of health – many health outcomes are affected by structural social and environmental factors that cross disciplines. This means that every aspect of government and the economy has the potential to affect health and health equity – finance, education, housing, employment, transportation, and health. Health in All Policies, then, is a process that emphasizes the importance of assessing a policy’s potential health impacts regardless of its intended sector or policy area. Keeping this collaborative approach to population health in mind may provide a useful context in which to partner with others in policy and advocacy around a shared goal.
Strategies for Effective Policy

- Legal Authority
- Resource Stewardship
- Oversight
- Continuous Improvement
- Partner Engagement
- Policy Development

Script: With this understanding of policy and advocacy, let’s turn to identifying strategies that boards of health can use to create effective policy. As we do so, consider the six functions of public health governance and how these strategies align with the responsibilities of a board of health.
Strategies for Policy and Advocacy

- Work with local health officer
- Support health officer’s leadership and expertise
- Be aware of the health status, assets, and needs of community
- Health officer should keep board of health informed

**Script:** First and foremost, it is vital that boards of health work in tandem with the local health officer to establish local and organizational policies that support the community’s health. Boards of health are responsible for supporting the health officer’s leadership and expertise in advocating for public health solutions. Second, board of health members must be aware of the health status, assets, and needs of their community. Boards of health should require the health officer to keep them informed of emerging issues and should seek out additional ways to become knowledgeable about issues affecting the community and possible solutions to them.
Strategies for Policy and Advocacy

- Research what other communities have done
- Present need for new policies
- Examine all new policies
- Consider needs of all stakeholders

Script: In keeping with evidence-based public health, boards of health may also consider researching what other communities have done to address similar issues. For example, a board of health might convene an expert panel to present recommendations for strategies to address a particular health outcome. The orientation guide for board of health members in Orange County, North Carolina also suggests that the need for new policies may become apparent while board members serve on other community groups or committees. This guide further emphasizes the need to consider the needs of all stakeholders who would be affected by a policy change, such as community members, businesses, and others. As with other population health work, an important part of the advocacy process is creating strategic partnerships, with your local public health agency and others.
Strategies for Effective Policy

- Understand the policy-making process
- Identify community resources and funding sources
- Access the necessary information or data

**Script:** Other strategies that boards of health and their members may take include understanding the policy-making process in your jurisdiction, identifying additional community resources or funding opportunities, and accessing necessary information or data to support a policy.
• Advocates who will have done their research and will present their information with an intentional frame

• It is important to know the health status and social determinants of health of the community

• Consider the credibility and quality of data being presented

Script: In addition to being an advocate for public health alongside your health officer, boards of health will be approached by advocates who will have done their research and will present their information with an intentional frame. This is another reason it is important for the board to know the community well in terms of health status and social determinants of health, as well as to consider the credibility and quality of data being presented in order to make the best possible policy decisions.
Resources for Policy and Advocacy

- Community Tool Box (http://ctb.ku.edu/en)
- The Community Guide (http://thecommunityguide.org/)
- Health in All Policies: A Guide for State and Local Governments (www.phi.org)
- National Association of Local Boards of Health (http://www.nalboh.org/)
- Network for Public Health Law (https://www.networkforphl.org/)

**Script:** Along with resources mentioned in previous modules about financing public health and continuous improvement for health equity, there are several others that may be useful guides to boards of health seeking to create change through policy and advocacy. These include the Community Tool Box, the Community Guide, Health in All Policies: A Guide for State and Local Governments, the National Association of Local Boards of Health, and the Network for Public Health Law. Additionally, your state association for local boards of health may also have valuable information.
Script: Let's now look at an example of a board of health performing the policy development function of public health governance. While we have shared examples of boards of health establishing policies in other modules, this is an example of a board responding to community advocates. This is just one of many possible examples from various settings across the country of an effective board of health. As you listen, think about the role the board of health plays in promoting population health.
**Effective Board of Health Example**

- Utah County, Utah
- More than 540,000 people
- Nine member board of health

**Script:** Utah County in the state of Utah has a population of more than 540,000 people. The Utah County Board of Health is comprised of nine members appointed by the Utah County Commissions. The board represents the citizens of Utah County by meeting regularly to discuss public health issues, adopt regulations, and set the fees charged for services.
Identified Problem

- **March 2013**: Utah County Board of Health listened to a Physician’s Assistant (PA)

- Injuries at commercial trampoline facilities

- PA requested that measures be taken to address the commercial gyms

**Script:** In their March 2013 meeting, the Utah County Board of Health listened to a presentation from a Physician Assistant (PA) who worked in trauma care at a local hospital’s emergency room. The PA, as an advocate for public safety in the community, was concerned about the number of injuries caused by trampoline use in commercial facilities commonly referred to as “Jump Gyms.” The PA requested that measures be taken to address the commercial gyms. The board of health decided that the Utah County Attorney should write the proposed regulation, with the board’s input.
Draft Regulation

- Reviewed national safety and trampoline use initiatives and recommendations
- Required to post warning and education signs
- All serious injuries to be reported to the Utah County Health Department

**Script:** The board reviewed national initiatives regarding safety and trampoline use, such as standards released by the American Society for Testing and Materials, and recommendations from the American Academy of Pediatrics and American Academy of Orthopedic Surgeons. In their draft regulation, the board of health considered requiring gym owners and operators to post warning and education signs. They also suggested that all serious injuries be reported to the Utah County Health Department by gym owners and operators, Emergency Departments, or other urgent care providers. The purpose of the regulation at this point would be to gather injury statistics and to provide education to the public about the potential dangers.
Hold Public Comment & Manage Political Aspects

- Over 20 stakeholders spoke at public hearing
- Addressed concerns about regulation

Script: On September 23, 2013, the Utah County Board of Health conducted a public hearing about the proposed regulation. They heard from more than 20 people such as those from the trampoline gyms, medical personnel, a State Legislator, an attorney, and others from the community. At this meeting, the board addressed concerns regarding the potential business and health consequences of the regulation by clarifying its limited and specific purpose.
Decision

- **September 23, 2013**: Tabled the proposed regulation
- Collect and review **injury data**
- Insufficient data to compare the numbers

**Script:** At the end of the public meeting, the Utah County Board of Health tabled the proposed regulation and moved to collect and review injury data from three trampoline gyms in the county and the hospital. The board asked the three trampoline parks to voluntarily provide data about the last six months of injuries. That information would then be compared to the hospital data. Ultimately, the Utah County Health Department reported that there was not enough data available to compare the numbers being reported by the hospital and the gyms.
Results

- Standardized, voluntary reporting
- Continue to monitor community health
- The board communicates with the health department, trauma centers, urgent care facilities, and trampoline gyms

Script: The Utah County board of health opted to request that gyms voluntarily report injuries to the health department. They continued to revisit the issue at subsequent meetings and, in the fall of 2014, implemented a standardized form to collect this information from the gyms, trauma centers, and urgent care facilities in the county. It is important to note that the Utah County Board of Health, even after tabling the Trampoline Gym Regulation, has continued to monitor the health of the community. The board communicates with the health department, the trauma centers and urgent care facilities, and the trampoline gyms.
Results

- **January 2014**: Publicity of the regulation had a health impact
- Evidenced by decrease of injuries reported by county doctors

**Script**: At the January 2014 board meeting, the board pointed out that the publicity of the proposed regulation had an apparent impact on the public by increasing the awareness of potential hazards. This was evidenced by a decrease in the number of injuries reported by doctors in the county. Though formal policy was not established in the end, this is one example of a board of health working with the local health department to navigate the policy development process and promote collaborative strategies for population health improvement.
Supporting Population Health Through Policy and Advocacy

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

Script: You have now completed this module, Supporting Population Health through Policy and Advocacy. You learned about the differences between policy and advocacy and explored strategies for creating effective public health policy. This concludes the Governance in Action for Public Health course. We hope that you now have a better understanding of the role of boards of health in supporting population health outcomes and strategies for doing so in partnership with your health department and others.
**Script:** This training is provided by the Michigan Public Health Training Center at the University of Michigan School of Public Health, Office of Public Health Practice. Funding for this project was made possible by the Health Resources and Services Administration, Bureau of Health Workforce. This training was developed in collaboration with the Michigan Public Health Institute.
Special Thanks To:

- National Association of Local Boards of Health (NALBOH)
  - Phyllis Meadows, PhD, MSN, RN, University of Michigan School of Public Health

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This Course is in Memory of Marie Fallon
Photo References

- **00:08** - 15230 CDC Director by CDC/Kathryn Foti (2012) from CDC PHIL
- **00:08** - 11618 Grassroots lobbying by CDC/Dawn Arlotta (2009) CDC PHIL
- **05:04** - 14865 Partnerships by CDC/Nasheka Powell (2012) from CDC PHIL
- **07:14** - 11565 Advocates influence by CDC/Dawn Arlotta (2009) from CDC PHIL
- **08:42** - Utah counties map Licensed under Public domain via Wikimedia Commons -
  http://commons.wikimedia.org/wiki/File:Utah_counties_map.png#mediaviewer/File:Utah_counties_map.png
- **09:43** - Matrix-trampoline-2 by House of Air (2010) from
  http://www.flickr.com/photos/houseofair/5633947052/in/set-72157626403214600
- **10:30** - 11603 Public Meeting by CDC/Dawn Arlotta (2009) from CDC PHIL
References for Supporting Population Health Through Policy and Advocacy


