



WICHITA STATE
UNIVERSITY

**COMMUNITY ENGAGEMENT
INSTITUTE**

Center for Public Health Initiatives

Engaging Your Board of Health: 2016 Edition

KALHD District Meetings



Vision for Public Health

If you thought of the highest level of engagement with your Board of Health - the very best EVER - what would it look like?

If you had the highest level of engagement with your Board of Health - the very best EVER - what would the public health system look like as a result?

Getting to Know Your Board of Health

Currently, who are the individual members of your Board of Health?		
Name	What do you know about him/her?	What was your last interaction like?
Who is “The Board”?		
What do you know about the Board as a whole?		
How did you feel the last time you engaged the Board?		

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Credibility Matrix

Who are the credible people in your county?	What observable behaviors do they exhibit to be credible?	What are some behaviors that reduce credibility?
What are strategies that you can use to boost your own credibility?		

Relationships between Kansas Health Departments and Boards of Health

Spring 2016

Introduction

The relationships between Boards of Health and local health departments in Kansas have been well-documented in a variety of ways in recent years.

The Kansas Association of Local Health Departments has collected perceptions and background from both county commissioners/members of Boards of Health and local health department directors. One of the most recent opportunities to explore these issues came during the “Why Public Health Matters: Disease Surveillance and Investigation” workshops in August and September, 2015. Conversation leaders held separate and concurrent discussions with commissioners and health department directors about their views of successful strategies, pitfalls to avoid, and what each group needed from the other.

The KALHD “Public Health and Local Governance: A Board of Health Workshop” series in 2013 also polled both health directors and local commissioners on their views of how the two groups could more effectively work together.

And, in 2008, Becky Springer and Susan Norton studied these relationships in detail in their Kansas Public Health Leadership Institute capstone project, titled “Engaging the Electeds: A Baseline Study on Legislators’ and Commissioners’ Perceptions of Public Health Issues in the State of Kansas.”

There are common themes from these three sources that are insightful in 2016. These sources have been briefly summarized below.

Bottom line: there is an opportunity for effective communication between elected officials and health department directors in Kansas.

What we know in Kansas...

...about elected officials’ views on Public Health:

THEME: “Please talk to us!”

- We need more communication! Preferably face-to face, but also follow-up with email.
- We want regular communication and updates.
- Tell us - Who is using your services? Which ones? What do you think this means? (Not just “everyone.”)
- We prefer stories about the “why” of public health. What do the numbers mean? How does this work fit in to other efforts of the County and/or of the Community?
- Bring us potential solutions to your problems.
- Be persistent.
- Prioritize requests.
- Tell us what’s coming.

...about Public Health officials' views on their Boards of Health:

THEME: "Please understand us!"

- Make investments! Provide leadership!
- Participate with us – engage with us – visit us.
- We're on the same team! Respect us.

...about the five things Commissioners/Boards of Health want to avoid:

- Being unprepared including being reactive rather than proactive
- Failure to report diseases
- Misinformation, miscommunication, mistrust and duplication of efforts (silos)
- Limited training for the health department, Inactive Board of Health
- Lack of funding

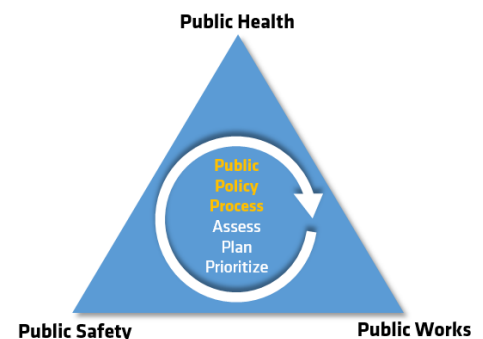
...about preferred methods of communication with elected officials:

- There's room for improvement on communication. E-mail may not be enough; face-to-face time preferred.
- "...the best methodology is to have a relationship with your elected and the opportunity to have an ongoing conversation on topics as they become relevant and timely."
- Asking, "What is the best method for building relationships with the elected? How do we continue the trust in public health once the relationship is built? What are the "hot buttons" for the upcoming election, session, or year? How is public health sure that all of the varied pieces of public health are all in sync with the same messages?"

Communication Tip:

Commissioners who participate in the Kansas Association of Counties/KALHD public health orientation receive the slide pictured at right which encourages commissioners to engage in a strategic planning process using the needs and the priorities of the community as a starting point. Feedback from commissioners indicates that this a model that resonates with them and their work in their communities.

In this model, public health is explained as a core function of county government, much like public safety and public works. In all three functions, data is essential. So, before embarking on a road/bridge project, they would want to see a traffic study. Before building a new jail, they would want to understand crime statistics, as well as budget and staffing information. It might be useful to explain public health data in similar ways.



The Governance Functions

NALBOH is the national voice for the boards that govern health departments and shape public health policy. Since its inception, NALBOH has connected with board of health members and elected officials from across the country to inform, guide, and help them fulfill their public health responsibilities in their states and communities. Driven by a mission to strengthen and improve public health governance, NALBOH worked with CDC and other national partners to identify, review, and develop the following model of six functions of public health governance.

Policy development: Lead and contribute to the development of policies that protect, promote, and improve public health while ensuring that the agency and its components remain consistent with the laws and rules (local, state, and federal) to which it is subject. These may include, but are not limited to:

- Developing internal and external policies that support public health agency goals and utilize the best available evidence;
- Adopting and ensuring enforcement of regulations that protect the health of the community;
- Developing and regularly updating vision, mission, goals, measurable outcomes, and values statements;
- Setting short- and long-term priorities and strategic plans;
- Ensuring that necessary policies exist, new policies are proposed/implemented where needed, and existing policies reflect evidence-based public health practices; and
- Evaluating existing policies on a regular basis to ensure that they are based on the best available evidence for public health practice.

Resource stewardship: Assure the availability of adequate resources (legal, financial, human, technological, and material) to perform essential public health services. These may include, but are not limited to:

- Ensuring adequate facilities and legal resources;
- Developing agreements to streamline cross-jurisdictional sharing of resources with neighboring governing entities;
- Developing or approving a budget that is aligned with identified agency needs;
- Engaging in sound long-range fiscal planning as part of strategic planning efforts;
- Exercising fiduciary care of the funds entrusted to the agency for its use; and
- Advocating for necessary funding to sustain public health agency activities, when appropriate, from approving/appropriating authorities.

Legal authority: Exercise legal authority as applicable by law and understand the roles, responsibilities, obligations, and functions of the governing body, health officer, and agency staff. These may include, but are not limited to:

- Ensuring that the governing body and its agency act ethically within the laws and rules (local, state, and federal) to which it is subject;
- Providing or arranging for the provision of quality core services to the population as mandated by law, through the public health agency or other implementing body; and
- Engaging legal counsel when appropriate.

Partner engagement: Build and strengthen community partnerships through education and engagement to ensure the collaboration of all relevant stakeholders in promoting and protecting the community's health. These may include, but are not limited to:

- Representing a broad cross-section of the community;
- Leading and fully participating in open, constructive dialogue with a broad cross-section of members of the community regarding public health issues;
- Serving as a strong link between the public health agency, the community, and other stakeholder organizations; and
- Building linkages between the public and partners that can mitigate negative impacts and emphasize positive impacts of current health trends.

Continuous improvement: Routinely evaluate, monitor, and set measurable outcomes for improving community health status and the public health agency's/governing body's own ability to meet its responsibilities. These may include, but are not limited to:

- Assessing the health status of the community and achievement of the public health agency's mission, including setting targets for quality and performance improvement;
- Supporting a culture of quality improvement within the governing body and at the public health agency;
- Holding governing body members and the health director/health officer to high performance standards and evaluating their effectiveness;
- Examining structure, compensation, and core functions and roles of the governing body and the public health agency on a regular basis; and
- Providing orientation and ongoing professional development for governing body members.

Oversight: Assume ultimate responsibility for public health performance in the community by providing necessary leadership and guidance in order to support the public health agency in achieving measurable outcomes. These may include, but are not limited to:

- Assuming individual responsibility, as members of the governing body, for actively participating in governing entity activities to fulfill the core functions;
- Evaluating professional competencies and job descriptions of the health director/health officer to ensure that mandates are being met and quality services are being provided for fair compensation;
- Maintaining a good relationship with health director/health officer in a culture of mutual trust to ensure that public health rules are administered/enforced appropriately;
- Hiring and regularly evaluating the performance of the health director; and
- Acting as a go-between for the public health agency and elected officials when appropriate.

All public health governing entities are responsible for some aspects of each function. No one function is more important than another. For more information about the six governance functions, please visit www.nalboh.org.

Approved by the NALBOH Board of Directors – November 2012



National Association of Local Boards of Health

www.nalboh.org

Boards of Health and Public Health Accreditation

NOVEMBER 2014

Boards of Health are Governing Entities

PHAB uses the phrase governing entity to describe those bodies or individuals who have the legal authority for public health functions in the jurisdiction served by the health department.

Governing entities perform critical roles and are important to the effective functioning of a health department.

The governing entity is accountable for the health department's achievement of its mission, goals, and objectives.

Health department governing entities across the country differ in their structure, definition, roles, and responsibilities. Governing entities may be boards of health.

Public Health Accreditation

Public health accreditation establishes that the health department has the capacity, structure, and processes in place to implement its responsibility to protect and preserve the health of the population within its jurisdiction.

Meeting PHAB standards and measures through public health accreditation assures that the health department has the capacity to perform the ten Essential Public Health Services.

Boards of Health Support for Accreditation

A board of health plays a key role in its health department seeking public health accreditation. The board of health can provide leadership through the process. Their written support is required for a PHAB accreditation application. PHAB site visitors will ask to meet with representatives of the board of health.

Maintaining Accreditation

Accreditation drives public health departments to continuously improve the quality of the services they deliver to their community. Accredited health departments report to PHAB annually on their continuous quality improvements.

Roles of a Health Department Board of Health

- Provide the point of accountability for the health department.
- Directly and indirectly influence the direction of the health department.
- Advise, advocate, or consult in policy making, priority setting, resource allocation, collaboration, quality improvement, and/or governing.
- Maintain a working knowledge of roles and responsibilities of the health department.
- Maintain a working knowledge of the roles and responsibilities of the governing entity and its working relationship with the health department.
- Play a key role in the health department's accreditation efforts.

Resources for Boards of Health to Learn About Public Health Accreditation:

- Review the overview of accreditation on the PHAB or NALBOH websites.
- Complete the PHAB Online Orientation (<http://www.phaboard.org/education-center/phab-online-orientation/>).
- Watch other support videos on PHAB's website and download PHAB materials.
- Review the PHAB Standards and Measures, Version 1.5, especially Domain 12, that addresses the engagement of the governing entity/board of health in the work of the health department.
- Meet with your health department's Director and Accreditation Coordinator to learn about the health department's accreditation efforts.

Roles of the Board of Health in Seeking Accreditation:

- Make accreditation a standing agenda item at your regular meetings.
- Provide the letter of support that is required for the PHAB accreditation application.
- Participate in your health department's accreditation site visit. Meet with the PHAB site visitors.
- Celebrate the success of achieving accreditation.

Roles of the Board of Health in Maintaining Accreditation:

- Read the Site Visit Report that outlines areas of excellence and opportunities for improvement.
- Assist the health department director and staff engage in continuous quality improvement.
- Make continuous quality improvement a standing agenda item at your regular meetings.

Governance

(PHAB Standards and Measures, 1.5)

DOMAIN 12: Maintain capacity to engage the public health governing entity

Standard 12.1:

Maintain Current Operational Definitions and Statements of the Public Health Roles, Responsibilities, and Authorities

Standard 12.2:

Provide Information to the Governing Entity Regarding Public Health and the Official Responsibilities of the Health Department and of the Governing Entity

The health department must document communications provided to the governing entity concerning the health department's responsibilities, as set forth in the health department's authorizing document(s).

- a. The health department must document its sharing with the governing entity operational definitions and/or statements of the public health governing entity's public health related roles and responsibilities.
- b. The health department must document its process for orientation of new members of the governing entity.

Standard 12.3:

Encourage the Governing Entity's Engagement in the Public Health Department's Overall Obligations and Responsibilities

12.3.1 The health department must document communications with the governing entity regarding important public health issues and/or recent actions of the health department.

12.3.2 The health department must document that it has consistently reviewed the governing entity's 1) patterns of issues discussed; 2) opinions of the governing entity members; and/or 3) positions taken.

12.3.3

1. The health department must document communications with the governing entity on plans and processes for improving health department performance.
2. The health department must document communication with the governing entity on its performance improvement efforts as a result of performance improvement processes and/or activities.

Part II: How do I make this a standard practice?

1. What are some things I can do to make sure that I'm building this work into my routine? Do I need to go to more Commission meetings, talk to other department heads, interact more with each Commissioner?
2. What do I need to figure out about the Board of Health? What excites them? What brings them down?
3. In one year, what will my relationship look like with my Board of Health?
4. I know SOMETHING will change in the next year. What will I do if relationships, funding, commission members, etc. change? How will I hold to this plan?

