



Health Board Bulletin

Spring 2011

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Community Assessments: Questions and Answers

By Cynthia Stone, DrPH, RN

What is a community assessment?

A community health assessment is the **foundation for improving and promoting the health** of community members. The role of a community assessment is to identify factors that affect the health of a population and determine the availability of resources within the community to adequately address these factors. It is a "systematic collection, assembly, analysis and dissemination of information about the health of the community" (healthyCarolínians, 2011, p. n.a.).

A community assessment involves gathering information, analyzing and distributing the information on the community's assets, strengths, resources and needs. Typically the community assessment is shared in a written or oral report. The report includes information about the status of the health of the community today and actions that could be taken to improve the lives of community members. Community assessments are typically generated by a team including community leaders, public health agencies, hospitals, health providers, residents and academic partners. The community assessment is the **first step** and provides the baseline information that can be used to positively impact the health of the community residents.

Why would my local board do a community assessment?

The Institute of Medicine (IOM) in 1988 published a report, "The Future of Public Health". They identified the need for changes in the U.S. public health system. The report noted the mission and three core functions of public health. These core functions were assessment, policy development and assurance. For this article only assessment will be addressed.

Assessment according to the IOM calls for all levels of public health agencies to "regularly and systematically collect, assemble, analyze and make available information on the health of the community, including statistics on health status, community health needs and epidemiologic and other studies of health problems" (Turnock, 2011, p. 107). Not every local health department is able to do this alone, but may need to **work cooperatively** with other governmental and nongovernmental agencies to conduct activities to see that an assessment is completed.

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Community Assessment continued from page 1

To further improve public health an initiative to accredit local health departments is under development. This voluntary public health accreditation has as a goal to “to improve and protect the health of every community by advancing the quality and performance of public health departments” (PHAB, 2010, para.1). Any government entity with primary legal responsibility for public health in a state, territory, tribe or local level will be eligible for this accreditation. The first domain to be met for accreditation is to “**monitor health status and understand health issues**” (Goldsteen, Goldsteen, & Graham, 2011, p. 209). Other domains are to protect people from health problems and health hazards, to give them the information they need to make healthy choices and to engage the community to identify and solve health problems. These domains can be met by completing a community assessment, using that information to work with community members to provide health education programs or other activities to address the identified needs.

What are tools to help us conduct a community assessment?

Since the IOM report of 1988 a variety of tools have been developed to assist local health departments and others in conducting community health assessments. The National Association of County and City Health Officials (NACCHO) in 1991, developed the Assessment Protocol for Excellence in Public Health (APEX PH). This tool was modified, and they produced Mobilizing for Action through Planning and Partnerships (MAPP) in 2000. Another tool developed was the Planned Approach to Community Health (PATCH) and Healthy Cities/Healthy Communities. The Centers for Disease Control and Prevention developed Principles of Community Engagement. The University of Kansas developed a Community Toolbox with various resources and the Healthy People 2020 Toolkit is now available from the Public Health Foundation. Individual states have developed their own assessment processes such as the State of New York and North Carolina. Each tool has guidelines on how to initiate the assessment, data collection tools, analysis suggestions and reporting mechanisms. Finally, Health Impact Assessments are now being done in the U.S. to help decision makers predict the impact of a new program, policy or project on the health of the community.

References

- Goldsteen, R.L., Goldsteen, K., & Graham, D.G. (2011). *Introduction to public health*. New York, NY: Springer Publications.
- Healthycarolinians. (2011). *Community assessment*. Retrieved from <http://www.healthycarolinians.org/assessment/guidebook.aspx>
- Institute of Medicine. (1988). *The Future of Public Health*. Retrieved from <http://www.iom.edu/Reports/1988/The-Future-of-Public-Health.aspx>
- Public Health Accreditation Board. (2010). *Public health accreditation board*. Retrieved from <http://www.phaboard.org>
- Turnock, B. (2011). *Essentials of public health* (2nd ed.). Sudbury, MA: Jones and Bartlett

Advocacy Training Webinar

May 10th
5:30 to 6:15pm
(4:40pm Central)

RSVP to 317.221.3138 or
jfague@inpha.org

Welcome to new Advisory Board Members: Louise Hart (Randolph County), Harley Robinson (Ripley County) and Lynda Sereno (Brown County).
Thank you to Jim Howard (Clark County) and Cathy Engel (Vanderburgh County) for their recent leadership on the Advisory Board.

Example of a Community Assessment in Rush County

In fall 2008, a member of the Rush County Health Department Board contacted the Indiana University School of Medicine, Department of Public Health to assist in conducting a community assessment. They wanted to use the North Carolina tool to assess their community. Faculty, staff and students assisted in modifying the North Carolina survey and sent out a mailed survey to a randomly selected group of Rush County citizens.

A total of 425 (27%) surveys were returned. Secondary data analysis was also conducted on key health concerns, telephone surveys were done with key informants identified by the Rush County Health Department and a windshield survey was also completed.

Results indicated several prominent themes:

1. A high level of smoking especially among pregnant women and adolescents
2. A need for community-based prevention practices
3. A need for increased access to health care services

Academic centers around Indiana are available to assist with these types of projects.

Community Assessment Tools

- ◇ **APEX PH:** <http://www.naccho.org/topics/infrastructure/APEXPH/index.cfm>
- ◇ **CDC Principles for Community Engagement:** <http://www.cdc.gov/phppo/pce/>
- ◇ **Health Impact Assessments:** <http://www.humanimpact.org/capacity-building-overview>
- ◇ **Healthy Cities/Healthy Communities:**
http://ctb.ku.edu/en/tablecontents/section_1009.aspx
- ◇ **Healthy People 2020 Toolkit:**
<http://www.healthypeople.gov/2020/consortium/hpConsortium.aspx>
- ◇ **MAPP:** <http://www.naccho.org/topics/infrastructure/mapp/index.cfm>
- ◇ **New York State:** <http://www.health.state.ny.us/statistics/chac/index.htm>
- ◇ **North Carolina:** <http://www.healthcarolinians.org/assessment/guidebook.aspx>
- ◇ **PATCH:** <http://www.lgreen.net/patch.pdf>
- ◇ **University of Kansas. Community Toolbox:** <http://ctb.lsi.ukans.edu>

How does your County compare to others in the State?

A national report that ranks the overall health of every county in all 50 states was recently issued by The Robert Wood Johnson Foundation and the University of Wisconsin's Population Health Institute. The online *Rankings* can be accessed at www.countyhealthrankings.org.

All of Indiana's 92 counties received a ranking in the following categories:

- * Health Outcomes (Morbidity and mortality)
- * Health Behaviors (Tobacco/alcohol use, diet and exercise and unsafe sex)
- * Clinical Care (Access to care and quality of care)
- * Social and Economic Factors (Education, employment, income, family & social support, community safety)
- * Physical Environment (Environmental quality and built environment)



A Message from the President

Remember the television game show “Who Wants to be a Millionaire?” where the contestant had opportunities to (1) phone a friend (2) ask the audience or (3) reduce the choice of answers?

It was amazing how far they could actually proceed just by partnering with friends and supporters. This same line of thinking applies to your Board of Health. How can your Board satisfy its responsibility of developing and recommending local ordinances for the protection of the public’s health if it is not aware of, or in tune with the problems facing the public’s health? This is a good example of why your local Board of Health should participate in a Community Health Assessment; to gain insight to the health concerns the public faces and come up with alternatives to solve these problems.

Think of yourself as the “contestant” and partner with other health-focused organizations within your county or metropolitan area to share the load. Consider hosting a college intern, engaging a class group to perform legwork or conduct surveys, work with a local coalition, reach out to a county that recently completed an assessment to see what they learned. Together you can share the work and assess how to solve your community’s health issues.

This is my last “Message from the President” for the InALBOH Health Board Bulletin. It has been my pleasure to have served as your President for the past year. I’m excited to welcome Nancy Sennett from the Montgomery Board of Health into her new position as president. I also want to welcome three new faces to the Advisory Board: Louise Hart from the Randolph County Board, Harley Robinson from the Ripley County Board and Lynda Sereno from the Brown County Board. I will continue to serve on the board in the Past-President role.

I urge all Boards and individuals who have been InALBOH members to renew your membership and find ways to participate, even if it is just the quarterly teleconference calls. And I urge those Boards that have never been members to join with us now so we can strengthen our association and improve the health of our counties and the state. Together we can all learn new things and better serve our communities as board members.

Debbie Swinehamer, InALBOH President and Johnson County Board of Health Member

The Campaign Continues



Public Health
Prevent. Promote. Protect.

The **Campaign for Sustainable Health Departments** which is a project of the Indiana Public Health Association (IPHA) should be of great interest to local boards of health. IPHA started the Campaign in fall 2008 when concern was mounting about the impact of property tax caps on local health departments (LHDs).

For several years IPHA has relied on its Local Health Department Infrastructure Committee to help shape projects done in partnership with health departments. So the Infrastructure Committee helped design a long range project to support LHDs efforts to cope with this new problem.

The Campaign’s three stages are:

- 1) Research and education to help LHDs navigate the local budgeting process
- 2) Research and dialogue for innovations, efficiencies and new operational models
- 3) Communication to partners, policy makers and the public to support stronger public health.

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A Tool to Help Your Board Meet the Needs of Your Community Efficiently and Effectively

“Evidence-based public health is the process of integrating science-based interventions with community preferences to improve the health of populations” (Kohatsu et al., 2004). Using evidence-based public health can help boards of health efficiently and effectively meet the public health needs of communities. *The Guide to Community Preventive Services* (Community Guide), is a **free resource** designed to help identify evidence-based programs, practices and policies to improve health and prevent disease, injury and disability in your community. The Community Guide findings and recommendations are based on systematic reviews of scientific literature by the Task Force on Community Preventive Services (Task Force) -- an independent, nonfederal, volunteer body of public health and prevention experts. The Task Force has issued evidence-based findings and recommendations for more than 210 population-based interventions covering topics such as: tobacco, alcohol, adolescent health, cancer, diabetes, motor vehicle crashes, nutrition, oral health and many more.

Several benefits are recognized when the Community Guide becomes integrated in the decision-making process, as demonstrated by direct board of health training through NALBOH consultants. A board of health in Michigan can better evaluate program proposals put forward by the local health department, because the Community Guide identifies how much an intervention costs. Another board, in North Carolina, feels empowered by the Community Guide as they can now ask: Is there evidence to support this? Using the Community Guide increases the legitimacy of a board’s decisions, and using systematic reviews as a reference during meetings (with recorded meeting minutes) ensures documentation that can be useful for quality improvement, quality control and accreditation.

NALBOH works to provide the most recent evidence-based information translated in a meaningful way to boards of health across the country by providing updates on the latest recommendations and findings in the monthly email (Prevention Connection NewsAlert), hosting statutory webinars in May to identify specific ways your board can integrate evidence-based approaches into your community, compiling a Stories from the Field Guide with real world examples and lessons learned (expected release: May 2011), and more! If you are interested in receiving any free materials to see how you, your board and boards of health across Indiana can further integrate evidence into public health, please contact Marita Sommer at marita@nalboh.org or call (202) 218-4413; OR visit http://www.nalboh.org/Community_Guide.htm for more information.

The Community Guide in Action

Boards of health are busy using the Community Guide across the country through activities such as:

- * **Developing** a protocol that identifies the health agency’s commitment to use evidence-based approaches, such as those found in *The Community Guide*, when developing new policies, practices, or programs.
- * **Comparing** existing health agency policies, practices and programs to those in *The Community Guide*.
- * **Advising, advocating or assisting** in the development of evidence-based policies for the local health agency.
- * **Justifying** funding decisions and proposals using evidence-based approaches by referencing *The Community Guide* or other scientific reviews.

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In Stage 1, LHD administrators and others created tools to help LHDs work with the county budgeting process, including one to understand how property taxes move from the property owner to the auditor to the health department. Another resource is a compilation of LHD services that are required by law as contrasted to those that are simply permitted. A third resource is a template which LHDs can adapt to research actual costs to provide a service and to weigh that cost against the value that the community places on the service.

During 2010 the Campaign started on the 2nd stage to explore innovations, efficiencies and operational models. IPHA is currently conducting a survey to learn how LHDs' loss of revenue is impacting programs and whether any LHDs have developed innovative programs or sources of revenue that other LHDs can learn from. Indiana's Health Commissioner Dr. Gregory Larkin has also been talking with LHDs and more recently boards of health (on an InALBOH conference call) about finding new efficiencies through collaborations with neighboring health departments or with other local partners.

The IPHA Infrastructure Committee has identified several areas where they want to learn more about how LHDs in other states are accomplishing innovations and efficiencies while also meeting higher performance standards. Therefore IPHA has identified several interesting research projects that make excellent internships for students in public health and related disciplines. IPHA will share the results of the research with local boards of health so that they can be part of shaping the future of public health in their communities.

Working with Others Works

Many groups are available and willing to partner with your board of health to improve the health of the community. Each group brings something different and beneficial to the partnership. Ensuring your partnership has widespread representation will help promote and improve the health and wellness of your community. Working with other organizations is a cost-effective way to enhance resources and the credibility and reach of the board's messages especially with recent budgetary cuts and public health challenges.

Benefits to forming partnerships include:

- * Gaining support from an organization and their members.
- * Bringing credibility to a message, because the partner is a trusted source of information.
- * Expanding the partnership's resources, ideas and contracts.

Things to consider when involving partners:

- * Choose credible organizations that have a voice in the community, who bring needed resources and are focused on similar efforts.
- * Consider the roles for each organization.
- * Involve representatives early in the process.
- * Develop a method for communication and feedback.
- * Provide moral support and show appreciation.
- * Report accomplishments to maintain momentum.



Working together, ordinary people can perform extraordinary feats.

Keeping in touch with partners:

- * Periodically call to find out how each partner's work is progressing. Offer to help when appropriate and congratulate them on accomplishments.
- * Involve partners whenever possible.
- * Give partners updates on board of health progress and partnerships.
- * Give partners credit within board of health communication methods.
- * Share materials and information.
- * Explore future collaboration opportunities.
- * Institute a newsletter featuring updates and showcasing groups that have special events.

Groups a board of health may want to partner with:

Asthma support groups

Business organizations

Community groups

Early childhood intervention agencies

Hospitals and clinics

Labor unions

Law enforcement

Local health departments

Local schools (public and private)

Medical auxiliaries

Nonprofit organizations

Parent/Teacher groups

Religious organizations

Smokefree air or tobacco coalitions

Substance abuse coalitions

Voluntary organizations

Youth groups

Youth tobacco prevention groups

Tobacco Resources in your County and State

One of the best ways to **successfully pass a local smokefree air ordinance** is to work with your county's tobacco coalition. To find out if your county has one and obtain contact information for the coordinator, follow these steps:

1. **Visit** www.in.gov/itpc
2. **Click** on "Community Programs" on the far left
3. **Scroll** down to and **click** on "Local Community-Based and Minority-Based Partners"
4. **Select** your county on the Indiana map

The **Indiana Campaign for Smokefree Air** (ICSA) has a wealth of tobacco information on their website. Visit www.smokefreein.com to view fact sheets, learn about events and sign up to receive important smokefree air updates and actions.



Does your board of health want to:

- ◇ Be a **collective voice** for public health in Indiana?
- ◇ **Share and learn strategies** for overcoming challenges in public health?
 - ◇ **Advance** the public health in Indiana?

Join the Indiana Association of Local Boards of Health

Receive **\$25 off** the \$90 membership fee
when your board joins between now and May 31st.

Make a difference in your community by:

- ◇ Understanding your role as a board member with the orientation manual
- ◇ Learning about advocacy and gaining skills during webinar trainings
- ◇ Staying current on public health topics via conference calls and newsletters

To join today, call **317.221.3138** or email jfague@inpha.org

Indiana Public Health Association
P.O. Box 1705
Indianapolis, IN 46206

