



Health Board Bulletin

Summer 2011

"Accreditation

is an investment in our public health system. It is taking the time to reflect on what we do, why we do it, and how we do it with the benefit of peer review. Whether governing, policy making or advisory, boards of health have a unique leadership role in the accountability and quality improvements efforts of their health department. The end results of these efforts will be what we are all working for - improved public health and health outcomes."

- Marie Fallon,
Chief Executive
Officer, National
Association of Local
Boards of Health

Boards of Health have an Important Role in Accreditation

By Jerry King, Indiana Public Health Association Executive Director

Most local boards of health have heard the talk about accreditation for health departments. The Public Health Accreditation Board (PHAB) has been at work for more than two years creating a nationwide program for voluntary accreditation of state, local and tribal health departments. With funding from the Centers for Disease Control and Prevention (CDC) and the Robert Wood Johnson Foundation, several leading national public health associations, including the National Association of Local Boards of Health (NALBOH), collaborated to create the accreditation board. The first health departments in the nation are expected to begin applying for accreditation in 2011 and 2012.

In Indiana, many local health departments (LHDs) have taken important first steps to prepare for eventual accreditation. Approximately half of the state's LHDs have conducted Public Health System Quality Improvement Project (PHSQIP) assessments and strategies. Others are preparing to conduct community health assessments and community health improvement plans (two large requirements for accreditation) and some are starting to review whether they are able to document that they follow standard agency policies and procedures. Moreover, we hear frequent reports that local boards of health are asking health officers what steps are planned to begin their departments' preparation for accreditation. In Indiana we could see some LHDs begin to apply in 2012 and 2013.

That all bodes well for public health in Indiana. One objective of the national accreditation program is that by establishing uniform standards based on public health's Ten Essential Services, we will begin to see a higher common denominator among health departments across the nation and in Indiana. Whether LHDs are large and well-resourced or very small, the accreditation framework gives LHD leadership and boards a very useful way to talk to local elected officials about the work that LHDs do in their communities and the resources they require to do that work.

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Meet your InALBOH Advisory Board President



Please welcome Nancy Sennett as the Indiana Association of Local Boards of Health (InALBOH) new president. Nancy has a nursing degree from Purdue University and is currently the Vice President/Chief Nursing Officer at St. Elizabeth Health-Crawfordsville. She has been at the hospital over 29 years.

Nancy has served on the Montgomery County Board of Health as chair since 2006 and on the InALBOH Advisory Board for the past two years as Secretary/Treasurer and now president. She also serves on the Waynetown United Methodist Church Administrative Council and several boards: Montgomery County Chamber of Commerce, the League of Women Voters of Montgomery County, the Montgomery County Community Foundation, Montgomery County Central Communications Center Governing and Operations, and the Old National Northwest Region Board.

Nancy moved to Montgomery County from her hometown of New Castle, Indiana, when she married Clark. They farm in Montgomery County where they have lived the past 39 years. Nancy and Clark have two children: Lance and Jill. Lance and his wife Margaret have three daughters: Ellie (11), Emily (9) and Claire (2). Jill and her husband David Duncan have two children: Hattie (10) and Ray (7). Nancy loves spending time with her five grandchildren, cooking, knitting and reading.

19th Annual NALBOH Conference
September 7–9, 2011 ♦ Coeur d'Alene, Idaho
 Register at www.nalboh.org

InALBOH Advisory Board

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Nancy Sennett,
Montgomery County
Board of Health

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Harley Robinson,
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As boards of health begin to think about accreditation, they should become familiar with the very first sections of the assessment which are about the governing aspects of the LHD. The accreditation process seeks to ensure that boards of health – whether they are governing or advisory boards – take up their important functions thoughtfully and diligently. So accreditation standards include things such as whether the local board ensures that policies and procedures are in place that support effective agency and financial management and whether it is knowledgeable of public health services that are legally required.

Seeking accreditation is definitely a demanding and time-consuming commitment, but those who have experienced accreditation in states where it already exists attest that it brings benefits worth the effort in terms of staff performance and morale and better informed local elected officials. One element for a successful outcome will be that boards of health take their role seriously with their health officers and LHD leadership.

A Quick Look at the CDC Community Guide

Is your community tired of wasting money on interventions that don't impact health outcomes? The **Guide to Community Preventive Services** is a valuable, free resource available to your board to help you choose programs and policies to improve health and prevent disease and save money by implementing only effective programs that make a real difference in your community.

The Guide's systematic reviews are used to answer these questions:

- ◇ Which program and policy interventions have been proven effective?
- ◇ Are there effective interventions that are right for my community?
- ◇ What might effective interventions cost and what is the likely return on investment?

Community Guide Topics:

| | |
|----------------------|----------------------------|
| Adolescent Health | Alcohol |
| Asthma | Birth Defects |
| Cancer | Diabetes |
| Health Communication | HIV/AIDS, STIs & Pregnancy |
| Mental Health | Motor Vehicle |
| Nutrition | Obesity |
| Oral Health | Physical Activity |
| Social Environment | Tobacco |
| Vaccines | Violence |
| Worksite | |

Benefits:

- ◇ Increase the legitimacy of board of health decisions
- ◇ Optimize use of limited resources
- ◇ Ensure documented effectiveness
- ◇ Increase communication
- ◇ Increase effectiveness in programs, policies, and practices (improve health outcomes)

Uses in other States:

- ◇ Michigan: Working toward the development of evidence-based policies
- ◇ North Carolina: Justified funding decisions
- ◇ Missouri: Orientation, on-going education, and community outreach
- ◇ Washington: Discussed evidence-based public health with health officials and key decision-makers

Visit www.thecommunityguide.org to learn more or check out the archived webinar below.

Archived Webinars

If you were hoping to participate in the two recent InALBOH Webinars but weren't able to, here's your opportunity! The webinars have been archived so you can view/listen to them at your convenience. Just visit the links below to access the webinars. Please ignore the call-in number listed on the first slide.

You will not need the phone, but you will need speakers to hear the audio portion.

All About Advocacy - <https://cc.readytalk.com/play?id=hcuij6>
CDC Community Guide - <http://cc.readytalk.com/play?id=36e05>

“Evidence-based public health is the process of integrating science-based interventions with community preferences to improve the health of populations.”

-Kohatsu, et al. Am J Prev Med 2004

Too Many Lives at Risk to Settle for Anything Less

By **Danielle Patterson**, Indiana Campaign for Smokefree Air Chair



We had one simple goal: to protect ALL Indiana workers from the harmful effects of secondhand smoke. While we did not reach this panacea, the Indiana Campaign for Smokefree Air (ICSA) is pleased we held firm in our efforts to protect workers.

Indiana legislators fell far short of that goal this session. HB1018, originally introduced with language that would have protected all workers from secondhand smoke, was carved up with so many exemptions and giveaways to special interests that it was defeated 8 – 1 by the Senate Committee on Public Policy. By the time the bill died, workers from casinos, bars, taverns and many restaurants would no longer have been protected by the legislation.

Passage of a bill this weak would do nothing to add Indiana to the list of the 23 states that have comprehensive smokefree legislation, nor would it have protected the vast majority of Hoosiers who currently work in smoke-filled environments.

Had HB1018 passed, it would have been a hollow victory for many workers who still would go to work every day in smoke-filled buildings while having to hear legislators celebrate passage of a bad bill, saying “95% is better than nothing”. The majority of Hoosiers who are currently exposed to deadly smoke at work are restaurant, bar, tavern and casino employees. Passing a bill leaving most of them out and then calling it a success is worse than disingenuous, it is a sham.

No matter whose estimates you use, if Indiana is going to prevent tens of thousands of Hoosiers from dying and save up to \$74 million in health care expenses, we need a good smokefree workplace law that will bring real protection to the employees who really need it.

The 23 states that have passed real smokefree laws include Ohio, Michigan, Illinois and Wisconsin. These states are seeing drops in heart attacks and lung cancer and are realizing the cost savings in decreased health care expenses. They all passed far-reaching legislation, including bars and taverns, which truly made a difference.

In 2012, our legislators will have another opportunity to put Hoosier’s lives before special interests. We urge them to do the best job possible at passing REAL smokefree legislation that is on par with the other 23 states that don’t allow smoking in any workplace, restaurant or bar.

Too many lives are at risk to settle for anything less.

To get involved in or support the efforts of the
Indiana Campaign for Smokefree Air, visit www.smokefreein.com.

Smokefree Air Victory in Delaware County

By **Cecilia B. Williams, M.A., CHES**, Tobacco-Free Coalition of Delaware County Coordinator

Delaware County's 2011 clean indoor air campaign was all about timing, support and strong advocacy efforts by supporters of the Tobacco-Free Coalition of Delaware County. It all started when the Delaware County Board of Health felt that the time was right to pursue a stronger piece of legislation that would protect more residents in Delaware County and push forward the negative perception of smoking in public places. Even though an ordinance already existed in the county, the board felt that supporting a stronger ordinance was the right move to make. The Tobacco-Free Coalition of Delaware County worked alongside the Delaware County Board of Health to conduct research on the economic and health impact of comprehensive smokefree laws in other parts of the state. A town hall meeting to discuss the issue was also conducted in the Fall of 2010 to reintroduce the idea to the public, which resulted in a packed room full of supporters for the campaign. Many planning, research and advocacy activities were conducted in preparation for an effective clean indoor campaign. Advocacy activities included the recruitment of supporters in the community and within 18 months, the number of supporters increased from 1200 to around 3000. Over 100 physicians and health care professionals joined the effort to address this issue as a united entity and were very proactive in advocating with local legislators on the issue. Corporate entities such as First Merchants Bank became visible supporters of the campaign for the very first time and helped secure representation from all areas of community, health and business.

Once a comprehensive smoking ordinance proposal was developed and approved by the Delaware County Board of Health, the proposal moved forward to the commissioners. There was push back from county commissioners from the beginning when the proposed ordinance was introduced, but with encouragement from supporters, a public hearing was planned to hear both sides of the issue. The success of the effort was questionable at first, but between the time of the proposal's introduction and the public hearing, the supporters campaigned aggressively to ensure that their views were heard by the local decision makers. As a result, what was considered an effort with a questionable result ended up being a historic success, because all three county commissioners voted in favor of a comprehensive smoking ordinance. The Tobacco-Free Coalition of Delaware County believes that the success of the county's clean indoor air campaign was a result of a unified effort that included the board of health, the medical and business community, and supporters that care about the health and welfare of Delaware County residents.



Smokefree Air Action: What Boards Can Do Webinar

July 27, 2011 ♦ 5:30 to 6:15pm

Learn about

- ♦ National trends
- ♦ Why your role matters
- ♦ What board members can do
- ♦ Steps for success

To register, visit <https://cc.readytalk.com/r/khx747t456jo>

Advocacy with Attitude: Beyond Boring Basics

Glenn E. Schneider, MPH
The Horizon Foundation

Indiana Public Health Association
Fall Policy Conference and Annual Meeting

November 9th, 2011
8am to 4pm

Valle Vista
755 East Main Street, Greenwood

SAVE THE DATE

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

