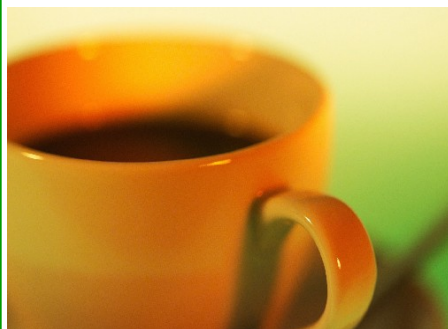


Indiana Association of Local Boards of Health

INDIANA LOCAL BOARDS OF HEALTH ORIENTATION MANUAL

**An Introduction to Public Health and Board
of Health Responsibilities for New and
Current Board Members**



April 2011

Acknowledgements

A special thanks to:

Pam Aaltonen, Tippecanoe County Board of Health

Cathy Engel, Vanderburgh County Board of Health

Jim Howard, Clark County Board of Health

Nancy Sennett, Montgomery County Board of Health

Debbie Swinehamer, Johnson County Board of Health

Orientation Manual adapted from
the Indiana State Department of Health
Guide for Local Boards of Health and Health Officers
5th Edition, 2006

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Introduction

Welcome to your local board of health!! As a board member, you have an amazing opportunity to make a significant public health contribution in your community, county and state. This manual is intended to introduce you to the field of public health and to give you helpful information about your role as a board of health member.

The first part of the manual explains what public health is and how it differs from medicine. You'll learn about the guiding principles of public health, the core functions and the ten essential services, and gain a better understanding of the determinants of health. Throughout the guide will be information boxes highlighting the historical happenings in public health as well as people and organizations that have made a difference in the field. Information came from the Southeast Public Health Training Center.

The second part of the manual focuses on your role as a board of health member. You will find an explanation of what a board of health is and the Indiana Code that defines and gives the board its responsibilities. You will learn about the five functions of a board and what is expected of each member as well as the characteristics of an effective board member. Because much of your role involves working with the health officer and oversight to the local health department, a section is dedicated to each so as to increase your understanding of those relationships and make your interaction with each more effective.

The last part has additional resources that will be helpful to you. In this section, you'll find information on accreditation, questions to guide your board in doing an evaluation, explanations of Healthy Communities and Healthy People 2020, membership information for two organizations your board would benefit from joining and the principles that shape the public health field. Lastly, you will find an explanation of common public health terms and a list of common acronyms to refer to as they come up in your work.

The hope is that this manual will give you the understanding and tools to be the best advocate for public health that you can possibly be thus making your time as a board member enjoyable and effective.

Good luck!

The mission of public health is to fulfill
society's interest in assuring conditions in
which people can be healthy.

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Public Health

What is Public Health?

Public health is "the science and art of preventing disease, prolonging life and promoting health through the organized efforts and informed choices of society, organizations, public and private, communities and individuals." (1920, C.E.A. Winslow) It is concerned with threats to the overall health of a community based on population health analysis. A population can be as small as a handful of people or as large as all the inhabitants of several continents (for instance, in the case of a pandemic). Public health is typically divided into epidemiology, biostatistics and health services. Important subfields include nursing, environmental, social, behavioral and occupational health.

There are two characteristics of public health that differ from medicine:

1. The focus of public health is on **preventive** rather than curative aspects of health
2. The target audience for public health is on the **population** as a whole rather than on individual health issues (specific disease or injury)

The goal of public health is to improve lives by promoting the health of the population through organized community efforts. Examples of these efforts include: inspecting restaurants to reduce the probability of food borne illnesses, assuring that children are immunized in sufficient numbers to protect both themselves and others in the community.

The United Nations' World Health Organization defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

1500 B.C.

Leviticus is believed to be the first written health code in world. The book dealt with personal and community responsibilities and included guidance regarding the cleanliness of body, sexual health behaviors, protection against contagious diseases and the isolation of lepers.

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Public Health Symbol

Because local governmental health departments historically lack a universally-recognized visual identity, many health departments have their own logos, but some do not.

In response, the National Association of County and City Health Officials (NACCHO) developed a national identity for public health departments to raise awareness of the value of governmental public health. This branding effort offers health departments a common visual symbol and thematic message, which has the potential to unify governmental public health departments, and promote the value of public health to all members of the community. Only when all health departments across the country embrace the national identity will the goal to become universally recognized and understood be achieved.



Public Health
Prevent. Promote. Protect.



Salud Pública
Prevenir. Promocionar. Proteger.

Source: NACCHO (www.naccho.org)

10 Great Public Health Achievements in the United States during the past 100 years

- Vaccination
- Motor-vehicle safety
- Safer workplace
- Control of infectious diseases
- Decline in deaths from coronary heart disease and stroke
- Safer and healthier foods
- Healthier mothers and babies
- Family planning
- Fluoridation of drinking water
- Recognition of tobacco use as a health hazard

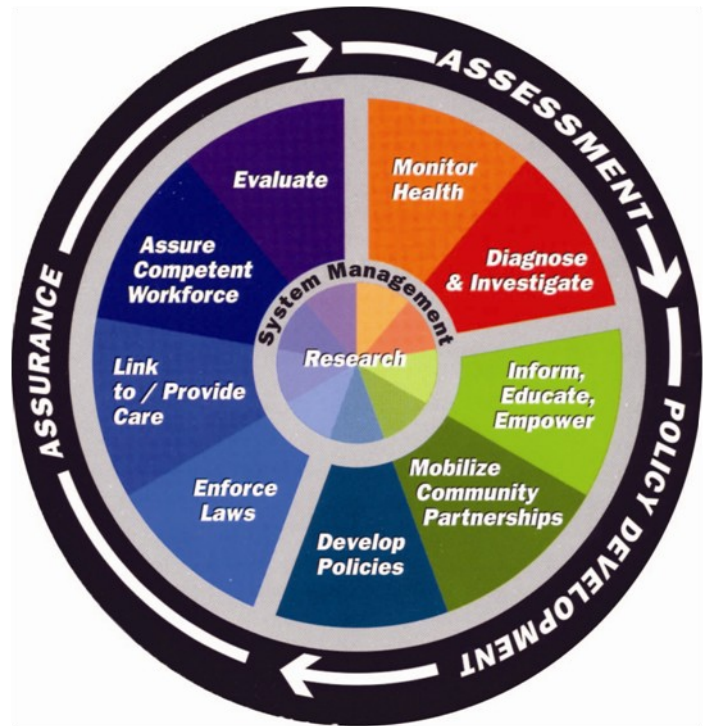
Source: CDC (www.cdc.gov)

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Core Functions and Ten Essential Services

- **Assessing** the status of public health in the community
- **Developing** policies to address public health needs
- **Assuring** that public health needs are met

The three core functions constitute the job of the local boards of health. Assessment of the community involves scanning, weighing and balancing the community's needs, resources, statistics and politics. A community assessment is the best way to gather this information and an appropriate first step for boards to take before developing policies that will assure that public health needs are met.



Early Ideas about Disease

500-1500 A.D.

The Middle Ages were also known as "The Dark Ages. Health problems were considered to have spiritual causes and solutions. Illness was considered to be the result of sin thus stigmatizing the victim. Bloodletting and alchemy were common practices. Most importantly, this failure to consider the role of the environment in health led to epidemics and the inability to control them.

1500-1700 A.D.

During the Renaissance, there was rebirth of thinking about nature and humans. Careful accounts of disease outbreaks showed that saints as well as sinners got sick and critical observations led to more accurate descriptions of symptoms and outcomes. The rise of mercantilism highlighted the value of a healthy and productive population, leading to advances in occupational health. There was also an increased concern about infant mortality as a threat to long term availability of a productive working society.

1700-1800

There were two prevailing views of the causes of epidemics. **Miasmic** theory held that epidemics stemmed from certain atmospheric conditions and from miasmas rising from organic materials. **Contagion** theory held that epidemics resulted from transmission of germs.

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Assessment

- ♦ **Monitor** health status to identify community health problems
- ♦ **Diagnose and investigate** health problems and health hazards in the community
- ♦ **Evaluate** effectiveness, accessibility and quality of personal and population-based health services

Policy Development

- ♦ **Develop** policies and plans that support individual and community health efforts
- ♦ **Enforce** laws and regulations that protect health and ensure safety
- ♦ **Research** for new insights and innovative solutions to health problems

Assurance

- ♦ **Link** people to needed personal health services and assure the provision of health care when otherwise unavailable
- ♦ **Assure** a competent public health and personal health care workforce
- ♦ **Inform, educate, and empower** people about health issues
- ♦ **Mobilize** community partnerships to identify and solve health problems

People of Importance in Public Health

1796

Edward Jenner (1749-1843) published his first paper on the potential for inoculation, which led to the development of the small pox vaccine.

1842

A social reformer, Edwin Chadwick (1800-1890), published his landmark report, *Report on the Inquiry into Sanitary Conditions of the Laboring Population of Great Britain*. This report outlined the major public health challenges facing England at the time leading to the beginnings of reform.

1850

In Boston, Lemuel Shattuck (1793-1859) released what was to be another seminal public health report. This report outlined the public health needs in the state of Massachusetts and included recommendations to create the first state board of health.

1854

John Snow (1813-1858) was the first to link the cholera epidemic in London to one particular water source—the Broad Street Pump. When the pump handle was removed the disease incidence drastically decreased. This was the birth of applied epidemiology

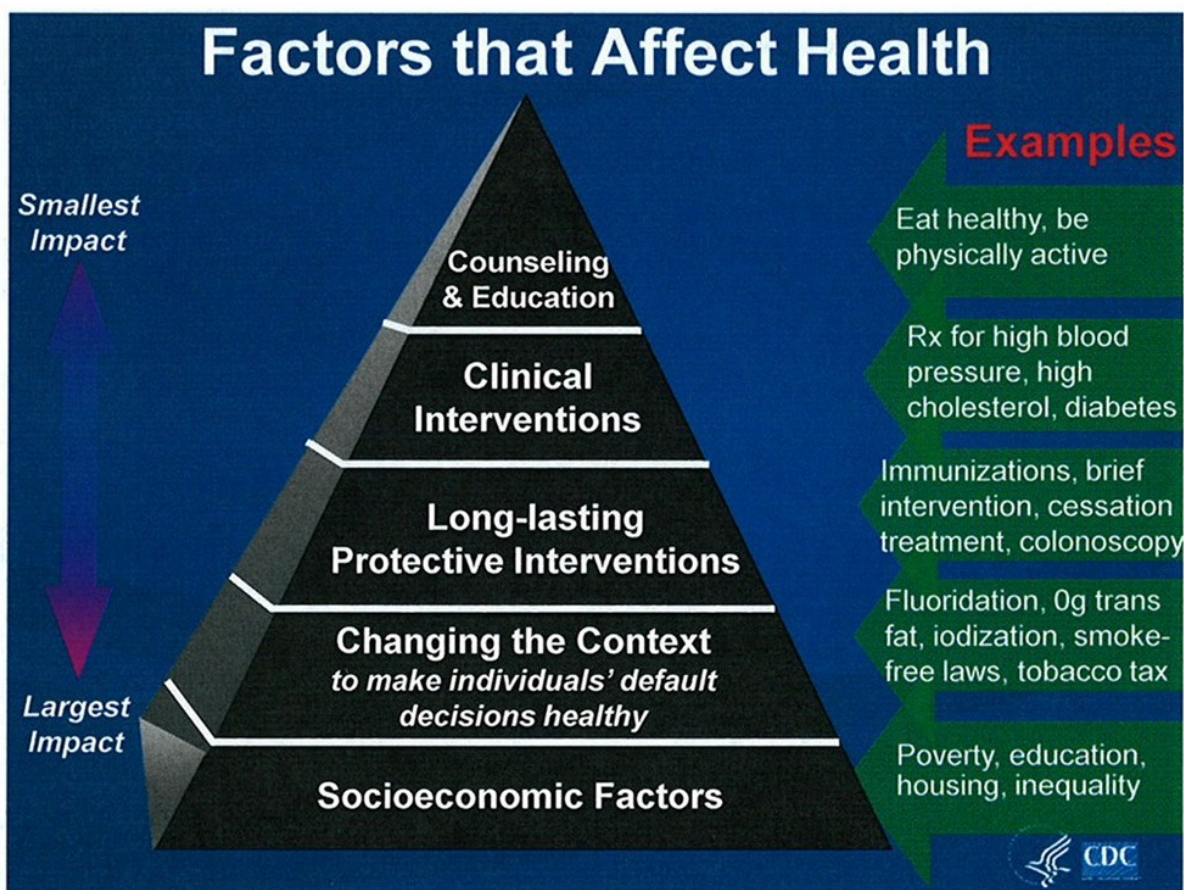
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Health Impact Pyramid

The five-tier pyramid describes the impact of different types of public health interventions and provides a framework to improve health. At the base are efforts to address socioeconomic determinants of health. Interventions in this area offer the greatest potential impact. In ascending order are interventions that change the context to make individuals' default decisions healthy, clinical interventions that require limited contact but confer long-term protection, ongoing direct clinical care and health education and counseling.

Interventions focusing on lower levels of the pyramid tend to be more effective, because they reach broader segments of society and require less individual effort. However, implementing interventions at each level can achieve the maximum possible sustained public health benefits.

Source: A Framework for Public Health Action: The Health Impact Pyramid (American Journal of Public Health, April 2010, Vol 100, No. 4)

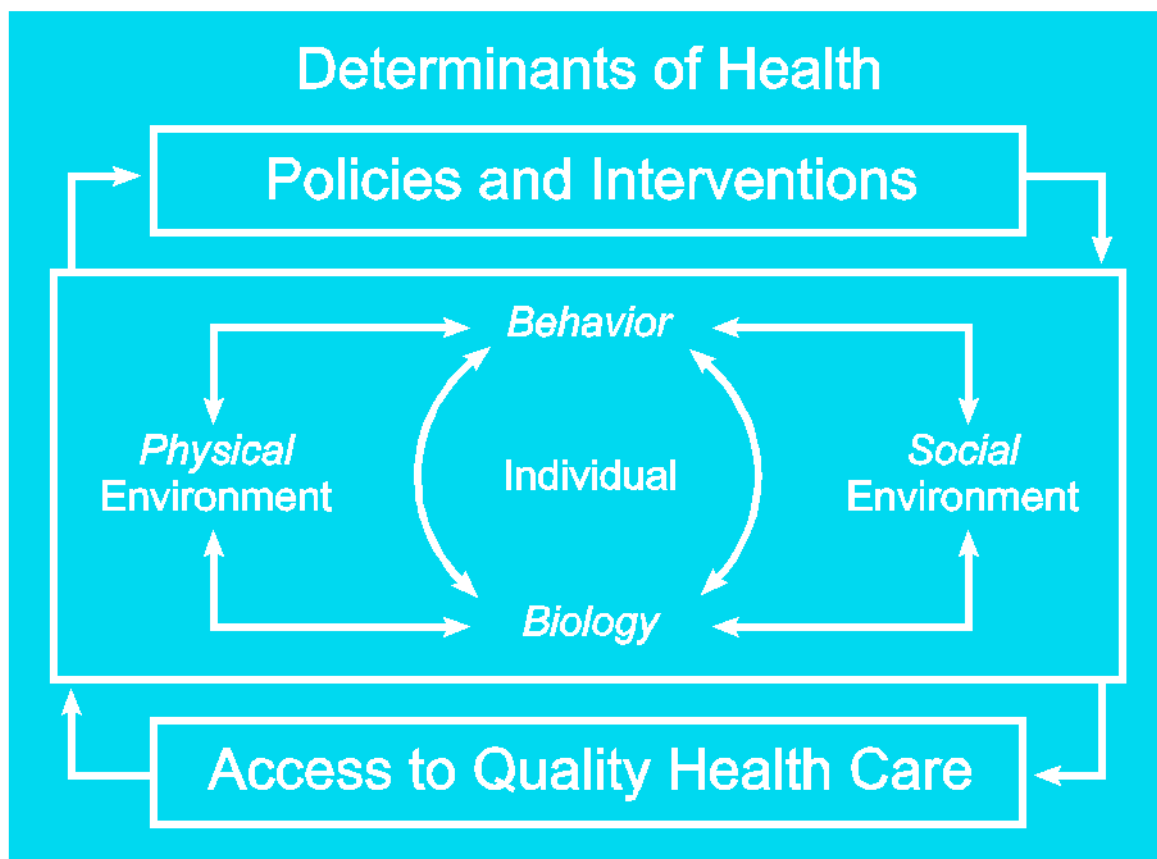


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Determinants of Health

Individual behaviors and environmental factors are responsible for about 70 percent of all premature deaths in the United States. Developing and implementing policies and preventive interventions that effectively address these determinants of health can reduce the burden of illness, enhance quality of life, and increase longevity.

Individual biology and behaviors influence health through their interaction with each other and with the individual's social and physical environments. In addition, policies and interventions can improve health by targeting factors related to individuals and their environments, including access to quality health care.



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Biology refers to the individual's genetic makeup (those factors with which he or she is born), family history (which may suggest risk for disease), and the physical and mental health problems acquired during life. Aging, diet, physical activity, smoking, stress, alcohol or illicit drug abuse, injury or violence or an infectious or toxic agent may result in illness or disability and can produce a “new” biology for the individual.

Behaviors are individual responses or reactions to internal stimuli and external conditions. Behaviors can have a reciprocal relationship to biology; in other words, each can react to the other. For example, smoking (behavior) can alter the cells in the lung and result in shortness of breath, emphysema, or cancer (biology) that then may lead an individual to stop smoking (behavior). Similarly, a family history that includes heart disease (biology) may motivate an individual to develop good eating habits, avoid tobacco, and maintain an active lifestyle (behaviors), which may prevent his or her own development of heart disease (biology).

Personal choices and the social and physical environments surrounding individuals can shape behaviors. The social and physical environments include all factors that affect the life of individuals, positively or negatively, many of which may not be under their immediate or direct control.

Social environment includes interactions with family, friends, coworkers, and others in the community. It also encompasses social institutions, such as law enforcement, the workplace, places of worship, and schools. Housing, public transportation and the presence or absence of violence in the community are among other components of the social environment. The social environment has a profound effect on individual health, as well as on the health of the larger community, and is unique because of cultural customs; language; and personal, religious or spiritual beliefs. At the same time, individuals and their behaviors contribute to the quality of the social environment.

Physical environment can be thought of as that which can be seen, touched, heard, smelled, and tasted. However, the physical environment also contains less tangible elements, such as radiation and ozone. The physical environment can harm individual and community health, especially when individuals and communities are exposed to toxic substances; irritants; infectious agents; and physical hazards in homes, schools and worksites. The physical environment also can promote good health, for example, by providing clean and safe places for people to work, exercise and play.

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Policies and interventions can have a powerful and positive effect on the health of individuals and the community. Examples include health promotion campaigns to prevent smoking; policies mandating child restraints and safety belt use in automobiles; disease prevention services, such as immunization of children, adolescents and adults; and clinical services, such as enhanced mental health care. Policies and interventions that promote individual and community health may be implemented by a variety of agencies, such as transportation, education, energy, housing, labor, justice and other venues, or through places of worship, community-based organizations, civic groups and businesses.

The health of individuals and communities also depends greatly on **access to quality health care**. Expanding access to quality health care is important to eliminate health disparities and to increase the quality and years of healthy life for all people living in the United States. Health care in the broadest sense not only includes services received through health care providers but also health information and services received through other venues in the community.

The determinants of health—individual biology and behavior, physical and social environments, policies and interventions, and access to quality health care—have a profound effect on the health of individuals, communities, and the Nation. An evaluation of these determinants is an important part of developing any strategy to improve health.

Source: Healthy People 2010 (www.healthypeople.gov)

More People of Importance in Public Health

1862

French microbiologist, Louis Pasteur (1822-1895), conducted experiments that supported the germ theory and effectively debunked the theory of spontaneous generation. He invented a process in which liquids such as milk were heated to kill all bacteria and molds. This process was soon afterwards known as pasteurization.

1928

Scottish physician Alexander Fleming (1881-1955) inadvertently discovered Penicillin while studying molds. Fleming had served as a physician during WWI and had seen the horrific effect of infection in military hospitals. This discovery would be one of the most important discoveries of the Twentieth Century for its ability to kill bacteria and fight infectious disease.

1962

Rachel Carson (1907-1964)'s book *Silent Spring* led to greater awareness of the dangers of chemical pesticides to humans. *Silent Spring* played in the history of environmentalism roughly the same role that Uncle Tom's Cabin played in the abolitionist movement.

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Boards of Health

What is a Board of Health?

Boards of health are part of state and local public health systems and are charged to address health promotion, disease prevention, and public protection. They provide the necessary guidance and oversight of a local health department to assure the community's health.

Boards of health are a powerful part of a local public health system. Board roles vary across the country. In Indiana, boards set policies, hire and fire the health officer, review operational data and challenge any organizational activity when necessary. Boards also have financial oversight of the local health department.

Indiana Code

Indiana is a "Home Rule" state which means that county government has a degree of autonomy to manage local affairs such as land use, public safety and public health without interference from the state.

IC 16-20-2: Local Boards of Health

IC 16-20-2-1

Application of chapter

Sec. 1. This chapter does not apply to a county that is subject to IC 16-22-8.

As added by P.L.2-1993, SEC.3.

IC 16-20-2-2

Establishment and maintenance of local health department; adoption of health ordinances

Sec. 2. (a) Except as provided in IC 16-20-3, the executive of each county shall by ordinance establish and maintain a local health department.

(b) The executive of a county having a population of more than one hundred forty-eight thousand (148,000) but less than one hundred seventy thousand (170,000) may only establish and maintain one (1) local health department having countywide jurisdiction.

(c) The county executive in a county having a population of more than one hundred forty-eight thousand (148,000) but less than one hundred seventy thousand (170,000) may adopt health ordinances that apply to the entire county.

(d) A health ordinance adopted by a city legislative body after December 31, 1993, in a county having a population of more than one hundred forty-eight thousand (148,000) but less than one hundred seventy thousand (170,000) is void.

As added by P.L.2-1993, SEC.3. Amended by P.L.2-1993, SEC.127; P.L.87-1994, SEC.7;

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In 1799, Boston formed the first board of health. Paul Revere, silversmith and dentist, was the chairperson of this board. The Indiana State Board of Health was established in 1881 and renamed the Indiana State Department of Health in 1992.

IC 16-20-2-3

Management of local health departments

Sec. 3. A local board of health shall manage each local health department established under this chapter.

As added by P.L.2-1993, SEC.3.

IC 16-20-2-4

Composition of board

Sec. 4. A local board of health is composed of seven (7) members, not more than four (4) of whom may be from the same political party.

As added by P.L.2-1993, SEC.3.

IC 16-20-2-5

Membership selection criteria

Sec. 5. The members of a local board of health shall be chosen as follows:

(1) Four (4) persons knowledgeable in public health, at least two (2) of whom are licensed physicians. The other two (2) appointees may be any of the following:

- (A) A registered nurse licensed under IC 25-23.
- (B) A registered pharmacist licensed under IC 25-26.
- (C) A dentist licensed under IC 25-14.
- (D) A hospital administrator.
- (E) A social worker.
- (F) An attorney with expertise in health matters.
- (G) A school superintendent.
- (H) A veterinarian licensed under IC 25-38.1.
- (I) A professional engineer registered under IC 25-31.
- (J) An environmental scientist.

(2) Two (2) representatives of the general public.

(3) One (1) representative described in either subdivision (1) or (2).

As added by P.L.2-1993, SEC.3. Amended by P.L.2-2008, SEC.39.

IC 16-20-2-6

Appointment of members

Sec. 6. Except as provided in section 7 of this chapter, the county executive shall appoint the members of a local board of health.

As added by P.L.2-1993, SEC.3.

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IC 16-20-2-7

Appointment of members in certain circumstances

Sec. 7. (a) In the following counties, the county executive and the executive of the most populous city located in the county shall appoint the members of the local board of health:

(1) A county having a population of more than three hundred thousand (300,000) but less than four hundred thousand (400,000).

(2) A county having a population of more than one hundred seventy thousand (170,000) but less than one hundred eighty thousand (180,000).

(3) A county having a population of more than seventy thousand (70,000) but less than seventy-one thousand (71,000).

(b) Except as provided in subsection (c), the executive of each second class city shall appoint a number of members of the board in the proportion that the city's population is to the total county population to the nearest whole fraction. The appointments made under this subsection shall be made in order, according to the population of a city, with the city having the largest population making the first appointments. The county executive shall appoint the remaining number of members of the county board of health.

(c) The members of the local board of health in a county having a population of more than three hundred thousand (300,000) but less than four hundred thousand (400,000) shall be appointed as follows:

(1) Three (3) members shall be appointed by the executive of the most populous city in the county.

(2) Four (4) members shall be appointed by the county executive.

*As added by P.L.2-1993, SEC.3. Amended by P.L.191-1995, SEC.1;
P.L.170-2002, SEC.99.*

IC 16-20-2-8

Removal of members

Sec. 8. A member of a local board of health may be removed by the appointing authority if the board member does any of the following:

(1) Is absent from three (3) consecutive regular board meetings.

(2) Is absent from four (4) regular board meetings during a calendar year.

(3) Fails to perform the statutory duties of the office.

As added by P.L.2-1993, SEC.3.

IC 16-20-2-9

Compensation of members

Sec. 9. Members of a local board of health may receive compensation for the performance of their duties as determined by the county fiscal body.

As added by P.L.2-1993, SEC.3.

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IC 16-20-2-10

Term of office; staggered terms

Sec. 10. (a) All members of a local board of health shall be appointed for a term of four (4) years.

(b) Unless otherwise required by law, after December 31, 1991, the board members serve staggered terms. The appointing authority shall appoint the members of a board in existence on December 31, 1991, and the initial members of a board established after December 31, 1991, as follows:

- (1) One (1) member must be appointed for one (1) year.
- (2) Two (2) members must be appointed for two (2) years.
- (3) Two (2) members must be appointed for three (3) years.
- (4) Two (2) members must be appointed for four (4) years.

As added by P.L.2-1993, SEC.3.

IC 16-20-2-11

Vacancies; qualified replacements

Sec. 11. (a) Members of a local board of health continue to serve until their successors are appointed.

(b) When a vacancy occurs, the original appointing authority shall appoint a qualified person to serve the remainder of the unexpired term. A local board of health shall provide to the appointing authority a list of five (5) individuals, at least three (3) of whom must have professional experience in one (1) of the following areas:

- (1) Medicine.
- (2) Nursing.
- (3) Hospital administration.
- (4) Pharmacology.
- (5) Social work.
- (6) Dentistry.
- (7) Veterinary medicine.
- (8) Engineering.
- (9) Environmental science.
- (10) Legal profession.
- (11) School administration.

(c) The list must include at least one (1) licensed physician. The appointing authority may select an individual from the list when filling a vacancy.

As added by P.L.2-1993, SEC.3.

1798

The U.S. federal government created the Marine Hospital Service to address health issues relating to maritime trade, such as yellow fever, scurvy and health threats brought to the U.S. from other countries on ships.

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IC 16-20-2-12

Conditions of membership

Sec. 12. A member of a local board of health must meet the following conditions:

- (1) Be a citizen of the United States.
- (2) Reside in a county to which the local board of health provides health services.

As added by P.L.2-1993, SEC.3.

IC 16-20-2-13

Conflict of interest

Sec. 13. An individual who has a vested interest or stands to gain financially from any activity of the local health department or a policy decision of the board is ineligible to serve on a local health board.

As added by P.L.2-1993, SEC.3.

IC 16-20-2-14

Election of chairman

Sec. 14. At the first meeting of a local board of health each year, the members shall elect a chairman.

As added by P.L.2-1993, SEC.3.

IC 16-20-2-15

Meetings; call; quorum

Sec. 15. (a) Meetings may be called by any of the following:

- (1) The chairman.
- (2) Four (4) members of the local board of health.
- (3) The local health officer.

(b) A majority of the members constitutes a quorum for the transaction of business.

As added by P.L.2-1993, SEC.3.

IC 16-20-2-16

Health officer; appointment; certification; reappointment; duties

Sec. 16. (a) Each local board of health shall appoint a health officer to serve for a term of four (4) years. The health officer must be a licensed physician.

(b) The appointment shall be certified by the county executive and sent to the state department. The state department shall maintain a record of the certification.

(c) The health officer is eligible for reappointment.

(d) The health officer is the executive officer of the local health department and shall serve as secretary of the local board of health.

As added by P.L.2-1993, SEC.3.

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IC 16-20-2-17

Annual levy for maintenance of department; county health fund; appropriations; exception

Sec. 17. (a) The fiscal body of a county in which a local health department has been authorized shall assess a levy annually on the assessed valuation of taxable property for the maintenance of the county health department.

(b) The taxes shall be paid into the county treasury and placed in a special fund to be known as the county health fund. The fund shall be used only for the purpose of this title and shall be drawn upon by the proper officers of the county upon the properly authenticated vouchers of the local health department.

(c) Each county fiscal body shall appropriate from the county health fund money necessary to maintain the local health department.

(d) A tax levy provided for in this chapter may not be made upon property within the corporate limits of any city maintaining the city's own full-time health department.

As added by P.L.2-1993, SEC.3.

IC 16-20-2-18

Transfer of revenue to community health clinic in certain counties

Sec. 18. (a) This section applies to a county having a population of more than one hundred forty-eight thousand (148,000) but less than one hundred seventy thousand (170,000).

(b) Each year the county fiscal officer shall transfer to the community health clinic located in the county an amount equal to the revenue raised from a property tax rate of one hundred sixty-seven thousandths of one cent (\$0.00167) for each one hundred dollars (\$100) of assessed valuation of the taxable property in the county.

(c) The transfer shall be made in four (4) equal installments before the end of January, April, July, and October. The transfer shall be made without the necessity of an appropriation.

As added by P.L.2-1993, SEC.128. Amended by P.L.6-1997, SEC.164; P.L.170-2002, SEC.100.

Organizations Established

1872

The American Public Health Association was founded. APHA is the oldest and largest organization of public health professionals in the world.

1902

The Marine Hospital Service became the Public Health and Marine Hospital Service in recognition of its expanding activities in the field of public health. In 1912, the name was shortened to the Public Health Service.

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Five Functions of a Board of Health

Administration

The Board defines the organization's purpose and helps establish direction for the organization by:

- Regularly scheduling and allocating funds for strategic planning for board members
- Defining a mission and establishing clear, measurable objectives to assure the successful performance of the local health department and its staff
- Regularly evaluating the board of health's responsibilities and performance

Program Planning and Budgeting

The Board ensures a program plan to address and serve specific needs and populations by:

- Establishing and prioritizing goals and objectives that are consistent with the organization's mission statement
- Adopting a realistic budget to support the program plan
- Assessing the program plan and budget annually to determine its ongoing feasibility and effectiveness

Evaluation of Organizational Effectiveness

The Board regularly evaluates the health department by:

- Setting short and long term strategic objectives
- Evaluating them with department staff on a regular basis

Retention and Evaluation of the Health Officer

The Board hires the health officer by:

- Establishing compensation and conditions of employment
- Annually evaluating the health officer's performance

Financial Stewardship

The Board takes a leadership position in the development of the financial resources by:

- Setting conditions and standards for all funds solicited in the health department's name
- Exercising fiduciary care of the funds entrusted to the agency's use through its approval of budgets and audit procedures as well as the establishment of appropriate policies and procedures for financial spending
- Engaging in sound long range financial planning

Source: Tri-County Health Department Board of Health Orientation Manual
(http://www.tchd.org/pdfs/boh_orientation_manual.pdf)

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Roles and Responsibilities

Roles of Indiana Local Boards of Health

(Legal responsibilities and limits are set by the state)

- **Adopt** procedural rules for the board's guidance and establish administrative and personnel policies of the local health department that are consistent with the administrative operating policy of the appointing authority. (IC 16-20-1-3)
- **Take** any action authorized by statute or rule of the state department of health to control communicable disease. (IC 16-20-1-21)
- **Develop and recommend** local ordinances for the protection of the public's health to the jurisdiction executive which has legal authority to adopt ordinances.
- **Set** policies for the health department to ensure:
 - * That the organization is run effectively, legally, and ethically.
 - * That administrator and staff know which direction to take in implementing the policies and managing the health department in accordance with them.
- **Guide** strategic planning and development of long-range goals ranging at least three to five years in the future.
- **Advocate** for public health.
- **Elect** a board chairman at the first meeting of the year. (IC 16-20-2-14,15)
- **Appoint** a health officer to serve a four-year term. (IC 16-20-2-16). Board evaluates the health officer.
- **Set** fee-collection policy for specific services and records (with approval of jurisdiction executive). (IC 16-20-1-27)
- **Submit** an annual budget to the executive and fiscal body of the jurisdiction at the regular time for consideration of annual budgets. (IC 16-20-1-5)
- **Publish** an annual report. (IC 16-20-1-7)
- **Authorize** payment of salaries and department expenses from the proper fund. (IC 16-20-1-16)

Indiana Association of Local Boards of Health

Board Chairperson Responsibilities

The Chairperson of the Board is responsible for the management, development and effective performance of the Board of Health, and provides leadership to the Board for all aspects of the Board's work.

Board Member Responsibilities

Role of board of health members:

- ⇒ Being prepared for meetings by reading all pertinent material prior to the meeting, being informed about issues in order to discuss them responsibly, and researching additional information, as needed.
- ⇒ Attending and actively participating in board of health meetings.
- ⇒ Becoming familiar with and understanding the meeting process and following the rules of order.
- ⇒ Ensuring that time at board of health meetings is set aside for updates on public health problems and what the LHD is doing, or needs to do, in response to existing challenges.
- ⇒ Involving others in LHD functions, special events, and activities to promote and support programs and services.
- ⇒ Advocating for public health by communicating regularly with community leaders and elected officials about perceived needs and possible resources.
- ⇒ Serving as a liaison between the community and the LHD, and between the health agency and the community.
- ⇒ Working cooperatively with the health officer or health commissioner.
- ⇒ Learning about every aspect of the LHD and the local public health system, including identifying possible partners.
- ⇒ Being patient. Changing health status, enforcing procedures, and solving public health problems takes time.
- ⇒ Identifying priorities to ensure that the appropriate resources are available to meet the LHD's long-term goals and objectives.
- ⇒ Making decisions that must be made, even in the midst of adverse public reactions and/or opinions of the governmental body responsible for the appointment or election of board members.
- ⇒ Knowing the difference between private problems and those that actually impact the public's health.
- ⇒ Taking responsibility when asked and following through on commitments.
- ⇒ Being visionary by planning where the board and the LHD should be in two to three years and actively participating in identifying and training new board members who support this vision.

Source: Being an Effective Local Board of Health Member, NALBOH (www.nalboh.org)

Indiana Association of Local Boards of Health

Characteristics of an Effective Board Member

- Allows others to voice opinions
- Accepts collective decision-making
 - Solves problems
 - Is open-minded
- Develops a sense of Board camaraderie
 - Has community interest
 - Builds relationships
- Focuses on long-range planning
 - Works with the health officer
- Learns his or her board responsibilities
 - Develops a unifying purpose
 - Is willing to compromise
- Constantly looks for ways to improve

Organizations Established

1946

The Centers for Disease Control and Prevention (CDC) was established in Atlanta as the Communicable Disease Center.

1948

The World Health Organization (WHO) was established by the United Nations. The WHO inherited much of the mandate and resources of its predecessor, the Health Organization (HO), which had been an agency of the League of Nations.

1970

The Environmental Protection Agency (EPA) was established under the Nixon Administration. The EPA is charged with protecting human health and with safeguarding air, water, and land.

Working with the Health Officer

Indiana Code

Below is a quick reference tool providing an overview of Health Officer duties. Although these duties are assigned to the Health Officer in many cases the health department administrator or staff performs the activities. For a complete legal description of these duties, please consult the Indiana Code.

IC 16-20-1-10 Records; minutes: The local health officer shall keep full and permanent records of the public health work of the local health department and minutes of all meetings of the board of the local health department.

IC 16-20-1-11 Monthly reports; approval; permanent records: The local health officer shall make a monthly report of the work done by the local health department to the board of the local health department. After the report is approved by the board, the local health officer shall make the report a permanent record.

Indiana Association of Local Boards of Health

IC 16-20-1-13 Local health officer or representative; consultative meetings with state department; expenses: (a) The local health officer or a representative of all county or city boards of health shall attend meetings of the state department, when requested by the state department, for consultation concerning any matter concerning public health. (b) The expenses of the local health officer or representative must be paid out of the health fund of the county or the city where the board of health is established, in an amount determined by the local board of health.

IC 16-20-1-14 Personnel; delegation of duties on agent-principal relationship; requirements: (a) Local health officers may appoint and employ public health nurses, environmental health specialists, computer programmers, clerks, other personnel, and an administrator of public health, subject to the confirmation of the local board of health, as is necessary and reasonable to carry out and perform the duties of the local health department. (b) Except as provided in subsection (d), the employees of local health departments shall perform any of the duties of the health officer delegated by the health officer, with the approval of the local board of health, on the basis of an agent-principal relation. (c) The public health personnel of local health departments: (1) must meet the minimum qualification requirements of the local board of health; (2) by local ordinance, become part of the county classification system for the respective public health personnel positions; and (3) shall perform additional duties prescribed by the rules of the state department and local board of health under the general supervision of the local health officer. (d) If an appointee or employee of a local health officer is not a licensed water well driller under IC 25-39-3, the appointee or employee may not inspect the drilling of a water well.

IC 16-20-1-17 Vital statistics; birth and death records: (a) The local health officer shall collect, record, and report to the state department the vital statistics for the local health officer's area of jurisdiction. (b) The local health officer shall be the registrar of births and deaths. After making a birth or death record, the local health officer shall, by the fourth day of each month, forward the original record to the state department.

IC 16-20-1-18 Financial assistance; approval: A health officer may, on behalf of the local board of health, receive financial assistance from an individual, an organization, or the state or federal government. The financial assistance must be approved by the county executive or city fiscal body and the local board of health.

IC 16-20-1-19 Enforcement: Local health officers shall enforce the health laws, ordinances, orders, rules, and regulations of the officer's own and superior boards of health.

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IC 16-20-1-22 Sanitary inspections and surveys of public buildings/ institutions: Local health officers may make sanitary inspections and surveys of all public buildings and institutions.

IC 16-20-1-23 Inspection of private property; property in which officer has interest: (a) Except as provided in subsection (b), the local health officer or the officer's designee may enter upon and inspect private property, at proper times after due notice, in regard to the possible presence, source, and cause of disease. The local health officer or designee may order what is reasonable and necessary for prevention and suppression of disease and in all reasonable and necessary ways protect the public health. (b) However, a local health officer, or a person acting under the local health officer, shall not inspect property in which the local health officer has any interest, whether real, equitable, or otherwise. Any such inspection or any attempt to make such inspection is grounds for removal as provided for in this article. (c) This section does not prevent inspection of premises in which a local health officer has an interest if the premises cannot otherwise be inspected. If the premises cannot otherwise be inspected, the county health officer shall inspect the premises personally.

IC 16-20-1-24 Epidemic control; powers: (a) Local health officers may order schools and churches closed and forbid public gatherings when considered necessary to prevent and stop epidemics. (b) An individual who takes action under this section shall comply with state laws and rules.

IC 16-20-1-25 Unlawful conditions; abatement order; enforcement: (a) A person shall not institute, permit, or maintain any conditions that may transmit, generate, or promote disease. (b) A health officer, upon hearing of the existence of such unlawful conditions within the officer's jurisdiction, shall order the abatement of those conditions. The order must: (1) be in writing if demanded; (2) specify the conditions that may transmit disease; and (3) name the shortest reasonable time for abatement. (c) If a person refuses or neglects to obey an order issued under this section, the attorney representing the county of the health jurisdiction where the offense occurs shall, upon receiving the information from the health officer, institute proceedings in the courts for enforcement. An order may be enforced by injunction. If the action concerning public health is a criminal offense, a law enforcement authority with jurisdiction over the place where the offense occurred shall be notified.

1964

Luther L. Terry, M.D. (1911-1985), Surgeon General of the U.S. Public Health Service, released the report of the Surgeon General's Advisory Committee on Smoking and Health. That landmark document, now referred to as the first Surgeon General's Report on Smoking and Health, was America's first widely publicized official recognition that cigarette smoking was a cause of cancer and other serious diseases.

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IC 16-20-1-26 Injunctive enforcement; legal representation of health authorities: (a) A local board of health or local health officer may enforce the board's or officer's orders by an action in the circuit or superior court. In the action, the court may enforce the order by injunction. (b) The county attorney in which a local board of health or local health officer has jurisdiction shall represent the local health board and local health officer in the action unless the county executive employs other legal counsel or the matter has been referred through law enforcement authorities to the prosecuting attorney.

IC 16-20-1-28 Removal of local health officers; grounds; hearing rights: (a) A local health officer may be removed only for failure to: (1) perform the officer's statutory duties; or (2) enforce the rules of the state department. (b) Except as provided in IC 16-19-3-12, IC 16-19-3-13, and IC 16-19-3-15, a local health officer may be removed only by the board that appointed the health officer. (c) When removal of a local health officer is sought by the appointing authority, the local health officer is entitled to the following: (1) At least five (5) days notice. (2) An open hearing. (3) Representation by counsel.

1966

The International Smallpox Eradication Program was established and led by the U.S. Public Health Service. The worldwide eradication of smallpox was accomplished in 1977.

Expectations

A Health Officer Expects that a Board Will:

- Consult with the health officer on issues that the Board is considering
- Counsel and advise the health officer using professional expertise and familiarity with the community
- Delegate responsibility for all administrative functions
- Support the health officer and staff in the performance of their professional duties
- Share all relevant communications with the health officer
- Support the health officer in all decisions and actions consistent with policies of the Board and the standards of the health department
- Hold the health officer accountable for the operation of the health department, including employee supervision
- Recognize that agency staff is responsible to the health officer
- Evaluate and recognize the work of the health officer
- Refrain from micromanaging administrative details

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A Board of Health Expects that Its Health Officer Will:

- Serve as Chief Executive Officer of the health department
- Develop and recommend policies for consideration
- Advise the Board on issues under discussion
- Make professional recommendations on all issues being considered by the Board
- Effectively implement Board policies
- Keep the Board informed fully and accurately on activities of the agency
- Develop the agency budget and keep the Board advised of budget problems
- Recruit and retain the most competent personnel and supervise accordingly
- Devote time to professional development for the staff and health officer

Policy vs. Management

Board members may encounter the problem of distinguishing between making policies and actually managing policy implementation. It can be confusing for boards of health, because the Indiana Code mandates some administrative duties for them. However, understanding what responsibilities are the board of health's and which are the health officer's will enhance working relationships and is less likely to result in conflict. Policy decisions affect your organization as a whole whereas management decisions affect individual people, programs, or services.

If you answer “yes” to these questions, it is a policy decision:

- “Will this decision help determine procedures, activities, programs, or services that affect the entire organization?”
- “Is this decision required by law or regulatory agencies?”
- “Is this an issue on which the administrator has requested our assistance?”

The board **SHOULD** get involved.

If you answer “yes” to these questions, it is a management decision:

- “Does this issue affect an individual on staff?”
- “Does this issue relate to the efficiency and quality of service provided by a specific program or department?”
- “Is this an administrative area that is of an operational nature?”
- “Does this issue affect specific parts of the organization not the entire organization?”

The board **SHOULD NOT** get involved. The administrator should handle it.

Indiana Association of Local Boards of Health

Responsibility	Board of Health	Health Officer
Long term goals (more than one year)	Approves	Recommends & provides input
Short term goals (less than one year)	Monitors	Establishes & carries out
Day to day operations	No role	Makes all management decisions
Budget	Approves	Develops & recommends
Capital purchases	Approves	Prepares & requests
Decisions on building renovations, leasing, expansion	Makes decision & assumes responsibility	Recommends (could sign contracts if given authority)
Supply purchases	Establishes policies & budget	Purchases according to policy & maintains adequate audit trail
Major repairs	Approves	Obtains estimates & prepares recommendations
Minor repairs	Establish policy on dollar amount	Authorizes repairs up to re-arranged amount
Emergency repairs	Work with Health Officer	Notifies chairperson & acts with concurrence from the chair
Cleaning & maintenance	Oversight only	Sets up schedule
Fees	Adopts policy	Develops fee schedule
Billing, credit, collection	Adopts policy	Proposes policy & implements
Hiring staff	No role (approves new position)	Approves all hiring
Staff development & assignment	No role	Establishes
Firing staff	No role	Makes termination decisions
Staff grievances	No role	Grievances stop with Health Commissioner (depends on county)
Personnel policies	Adopts policies	Recommends & administers
Staff salaries	Allocates line item in budget	Approves salaries with recommendations from supervisory staff
Staff evaluations	Evaluates Health Officer only	Evaluates other staff

Indiana Association of Local Boards of Health

Working with the Local Health Department

What Does the Local Health Department Do?

The local health department (LHD) is a leader in improving the health and well-being of the community.

Protects the community from health threats, the everyday and the exceptional.

The LHD guards multiple fronts to defend the community from any health threat, regardless of the source, and works tirelessly to prevent disease outbreaks. The LHD makes sure the tap water, restaurant food, and the air are all safe as well as being ready to respond to any health emergency (bioterrorism, SARS, West Nile Virus, or an environmental hazard).

Educates the community about health issues. The LHD gives provides information to the community that allows people to make healthy decisions every day, like exercising more, eating right, quitting smoking, or simply washing hands to keep from spreading illness. It provides this information through public forums in the community, public service announcements in the media, programs in schools, health education in homes and clinics, and detailed Web sites. During a public health emergency, the LHD provides important alerts and warnings to protect the community's health.

Provides healthy solutions for everyone. The LHD offers the preventive care to the community so people can avoid chronic disease and to help maintain their health. It provides flu shots for the elderly and helps mothers obtain prenatal care that gives their babies a healthy start. The LHD also helps provide children with regular check-ups, immunizations, and good nutrition to help them grow and learn.

Advances community health. The LHD plays a vital role in developing new policies and standards that address existing and emerging challenges to the community's health while enforcing a range of laws intended to keep you safe. The LHD is constantly working—through research and rigorous staff training—to maintain its unique expertise and deliver up-to-date, cutting-edge health programs.

Source: NACCHO (www.naccho.org)

Indiana Code

IC 16-20-1 Powers and Duties of Local Health Departments

Defines the powers and duties of Local Health Departments which apply to all local health officers and local health boards.

<http://www.in.gov/legislative/ic/code/title16/ar20/ch1.html>

Indiana Association of Local Boards of Health

IC 16-20-2 Local Boards of Health

Defines the composition of a Board of Health, including membership selection, appointment , term of office and removal.

<http://www.in.gov/legislative/ic/code/title16/ar20/ch2.html>

IC 16-20-3 Multiple County Health Departments

Defines the conditions should county executives of at least two (2) adjacent counties decide to establish and maintain a multiple county health department.

<http://www.in.gov/legislative/ic/code/title16/ar20/ch3.html>

IC 16-20-4 City Health Departments in Second Class Cities

Defines the formation, establishment, jurisdiction and authority of a city health department.

<http://www.in.gov/legislative/ic/code/title16/ar20/ch4.html>

IC 16-20-5 Area Boards of Health

Defines the authority of area boards of health including jurisdiction, membership, term of office, meetings and officers.

<http://www.in.gov/legislative/ic/code/title16/ar20/ch5.html>

IC 16-20-6 Acceptance of Gifts for County or City Health Department Buildings

Defines the authority to accept gifts to erect and equip buildings, the form of the gifts and the construction and equipment of buildings.

<http://www.in.gov/legislative/ic/code/title16/ar20/ch6.html>

IC 16-20-7 Assistance by Cities and Counties to Public Health Nursing Associations

Defines the authority of how a city or county may appropriate money out of the general fund of the city or county to assist incorporated public health nursing associations.

<http://www.in.gov/legislative/ic/code/title16/ar20/ch7.html>

IC 16-20-8 Food Service Inspections

Defines the checklist and narrative report regarding food service establishment inspections.

<http://www.in.gov/legislative/ic/code/title16/ar20/ch8.html>

IC 16-20-9 Penalties

Defines that a person who recklessly violates or fails to comply with this article commits a Class B misdemeanor.

<http://www.in.gov/legislative/ic/code/title16/ar20/ch9.html>

Source: Indiana State Department of Health (www.in.gov/isdh/24832.htm)

Indiana Association of Local Boards of Health

Ten Essential Services in Action at the Local Health Department

1. Monitor health status to identify community health problems
2. Diagnose and investigate health problems and health hazards in the community
3. Inform, educate and empower people about health issues
4. Mobilize community partnerships to identify and solve health problems
5. Develop policies and plans that support individual and community health efforts
6. Enforce laws and regulations that protect health and ensure safety
7. Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable
8. Assure a competent public health and personal healthcare workforce
9. Evaluate the effectiveness, accessibility and quality of personal and population-based health services
10. Research new insights and innovative solutions to health problems

Monitor health status to identify and solve community health problems

Activities by state and/or local public health agencies

- Determine and monitor water quality
- Monitor water wells
- Monitor wastewater treatment and disposal
- Identification of water-quality problems
- Mosquito surveillance
- Immunizations
- STD/HIV testing and counseling
- Food-borne illness investigations
- Bio-emergency preparation and coordination
- Tracking of number of wells, abandoned wells
- Screening for diabetes
- Needs assessment
- Collection of child oral health data
- Child lead-poisoning surveillance

1981

A mysterious epidemic was identified as Acquired Immune Deficiency Syndrome (AIDS). It was found to be caused by the Human immunodeficiency virus (HIV). It is now a global pandemic.

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Diagnose and investigate health problems and health hazards in the community

Activities by state and/or local public health agencies

- Medical examiners
- Epidemiology
- TB
- HIV/AIDS
- Investigation and evaluation of nuisance complaints
- Wellhead assessments and site evaluations

Inform, educate and empower people about health issues

Activities by state and/or local public health agencies

- Community health education and health promotion
- Public health education through the media, presentations, the Internet, displays, etc.
- HIV/AIDS risk reduction curriculum
- Child-abuse education
- Domestic violence education
- WIC educational programs
- Informing, educating parties involved in nuisance investigations
- Public education about well construction

Mobilize community partnerships and action to identify and solve health problems

Activities by state and/or local public health agencies

- Tobacco-free coalitions
- Bio-emergency regional collaboration
- Collaborative efforts with private industry to combat domestic violence
- Community partnerships with law enforcement, county attorneys, community betterment groups, housing authorities
- Referrals and collaboration with health-care providers
- Collaboration with WIC, public health nursing, special-population advocates to meet the needs of special populations

1990

The Nutrition Labeling Education Act was signed into law. The act required food manufacturers to disclose the fat (saturated and unsaturated), cholesterol, sodium, sugar, fiber, protein, and carbohydrate content in their products.

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Develop policies and plans that support individual and community health efforts

Activities by state and/or local public health agencies

- State board of health oversight and regulatory functions
- Local board of health oversight and regulatory functions
- Public hearings
- Administration of state and local public health departments
- Monitoring of contractors/providers
- Community health planning
- Strategic and performance planning
- Development of a plan to address housing needs
- Updating of health and nuisance ordinances
- Development of policies on investigations, police assistance and trespass and safety issues
- Board of health adoption of rules that require better management of water systems in small, rural subdivisions
- Determination of need for community water supplies
- Development of variance procedures
- Establishment of procedures for water well permits
- Establishment of civil citation authority
- Establishment of procedures to deal with contaminated or high risk sites
- Establishment of financial assistance for well sampling, plugging or rehabilitation

Enforce laws and regulations that protect health and ensure safety

Activities by state and/or local public health agencies

- Hazardous materials and sites inspections and certifications
- Milk inspections
- Professional licensure and regulation
- Food inspections
- Tanning and tattoo inspections
- Enforcement of state/county/local health-related rules and ordinances

1998

The Master Settlement Agreement was signed with the tobacco industry. Forty-six states settled lawsuits in which they sought to recover tobacco-related health care costs and to hold the tobacco companies accountable for decades of wrongdoing.

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Link people to needed personal health services and assure the provision of health care when otherwise unavailable

Activities by state and/or local public health agencies

- TB program
- Public health nursing services
- Breast and Cervical Cancer Early Detection program
- Maternal and child health
- WIC
- Critical Access Hospitals
- Linkages to regional landfills for disposal options
- Informing the public on useful nuisance-abatement web sites

Assure a competent public and personal health-care work force

Activities by state and/or local public health agencies

- Food-service worker Safety Certification Course
- Public health certification
- Learning management system
- Regional bio-emergency meetings
- Public health practitioner performance evaluations
- Sanitarian, water-contractor training
- Certification of environmental health professionals

Evaluate effectiveness, accessibility, and quality of personal and population-based health services

Activities by state and/or local public health agencies

- Data management
- Performance-plan monitoring
- Public health contract requirements
- Health needs assessments
- Tracking responses to complaints
- Permit issuance for nuisances
- Ensuring that wells drilled by certified people
- Sealing unused, unsafe wells

Indiana Association of Local Boards of Health

Research new insights and innovative solutions to health problems

Activities by state and/or local public health agencies

- Health needs assessments
- Bio-emergency survey participation
- Lighten Up survey participation
- Customer service evaluations
- Promotion of recycling and composting
- Study of successful public health programs in other jurisdictions
- Research on water-treatment methods

Source: Iowa Department of Public Health (www.idph.state.ia.us)

Working with the Indiana State Department of Health

What Does the State Department of Health Do?

The Indiana State Department of Health (ISDH) supports Indiana's economic prosperity and quality of life by promoting, protecting and providing for the health of Hoosiers in their communities.

To achieve a healthier Indiana, the Indiana State Department of Health will:

- ⇒ Focus on data-driven policy to determine appropriate evidence-based activities.
- ⇒ Evaluate activities to ensure measurable results.
- ⇒ Engage its partners and include appropriate intra-agency programs in policy-making and programming.
- ⇒ View its essential partners to include local health departments, physicians, hospitals and other health care providers, other state agencies and officials as well as local and federal agencies and officials, community leaders, businesses, health insurance companies, Medicaid, health and economic interest groups, and other groups outside the traditional public health model.
- ⇒ Actively facilitate the integration of public health and health care activities to improve Hoosiers' health.

2003

The Human Genome Project was completed after 13 years of work. There were clear practical results even before the work was complete. The field of public health genomics appeared, assessing the impact of genes and their interaction with behavior, diet, and the environment on the population's health.

Indiana Association of Local Boards of Health

ISDH has several programs staffed with knowledgeable individuals available to help and support boards of health and local health department (LHD) activities. For assistance, contact ISDH at 317.234.1325. However, ISDH does not provide legal counsel or interpret Indiana code. Please be sure to consult the county attorney about legal matters.

Local Health Department Outreach Division

One division of importance to boards of health and LHDs is the Local Health Department Outreach Division. Their mission is to strengthen the partnerships between ISDH and the LHDs through multiple modes of communication, education and training and customer services. Their vision is to improve the delivery of public health services to Hoosiers through collaboration with LHDs.

The LHD Outreach Division offers monthly webcasts which give boards and LHDs an opportunity to receive updates on current state and national public health issues. During the webcasts, LHDs have the opportunity to email or call in with questions and comments. Currently the webcasts are every second Friday at 9:30am (Indianapolis Time). The LHD Outreach Division also offers LHD funding opportunities. These include the Local Health Maintenance Fund Grant and the Indiana LHD Trust Account (formerly titled "Tobacco Settlement").

For more information, contact the LHD Outreach Division at 317.234.6623 or LHDinfo@isdh.in.gov.

Source: Indiana State Department of Health (www.in.gov/isdh/)

2005

Hurricane Katrina devastated the U.S. Gulf Coast. The levees in New Orleans broke leading to massive flooding destroying much of the city. The accompanying contamination of the water from decaying bodies and other organic matter as well as chemical toxins resulted in the largest public health disaster the U.S. has ever seen. Federal cuts in funding for public health infrastructure left the city and the rest of the Gulf coast unable to adequately respond.

Indiana Association of Local Boards of Health

Additional Information

Accreditation

In order to improve the health of the public, the Public Health Accreditation Board (PHAB) is developing a national voluntary accreditation program for state, local, territorial and tribal public health departments. The goal of the accreditation program is to improve and protect the health of every community by advancing the quality and performance of public health departments.

What is the purpose of the national accreditation program?

The goal of the national public health accreditation program is to improve and protect the health of the public by advancing the quality and performance of *all* health departments in the country – state, local, territorial and tribal. Accreditation will drive public health departments to continuously improve the quality of the services they deliver to the community.

Why now?

Public health departments play a critical, but often unrecognized role in promoting and preserving the health of people in communities across the country. Despite the important role health departments play in our communities, there has not been a national system for ensuring their accountability and quality – until now. Other community services and organizations have seen the value of accreditation, such as schools, daycare centers, police departments and hospitals. Now, there is an opportunity for public health departments to measure their performance, get recognition for their accomplishments and demonstrate accountability within their communities. Also, as the public health field faces increasing challenges from epidemics and disaster preparedness, it is more important than ever that systems are in place to ensure their effectiveness and quality of services.

What is the timeline?

By 2015, PHAB aims to have 60 percent of the U.S. population served by an accredited public health department.

Who is eligible to apply for national accreditation?

The governmental entity that has the primary statutory or legal responsibility for public health in a state, territory, tribe or at the local level is eligible for accreditation. This includes state health departments, territorial health departments, local (city and county) health departments and tribal health departments.

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What is the difference between public health accreditation and public health credentialing?

Both credentialing and accreditation efforts are active in the public health community right now. Accreditation is a voluntary program that measures the degree to which state, local, tribal and territorial public health departments meet nationally recognized standards and measures. Credentialing is a process that measures the knowledge and skills of individuals with graduate level degrees in public health.

Will there be certain staff credentials (for example, training, certifications, licenses, etc.) that will be required for a health department to have in order to receive accreditation status?

The standards, as they are currently drafted, do not require specific credentials or licenses to achieve PHAB accreditation. The health department however, will need to demonstrate that it has the capacity to meet the standards and provide the public health services.

When will national accreditation start for health departments?

Program development is currently underway at PHAB, with an expected launch of the national program in 2011. PHAB's Committees and Workgroups developed the standards and measures, the procedures to assess health departments and a research and evaluation plan. The standards, measures and processes were formally adopted for the national beta test and will be revisited following the completion of the beta test.

How long will a health department be accredited for?

A five-year accreditation cycle has been adopted by the PHAB Board.

What are the benefits of accreditation?

Several states have accreditation programs for local health departments, and PHAB continues to learn from their experiences. The following benefits have been realized by accredited local health departments, and PHAB surmises that states receiving accreditation status also stand to enjoy these benefits:

- The accreditation assessment process provides valuable, measurable feedback to health departments on their strengths and areas for improvement.
- Engaging in the accreditation process provides an opportunity for health departments to learn quality and performance improvement techniques that are applicable to multiple programs.
- Gaining accreditation status has resulted in increased credibility among elected officials, governing bodies and the public.
- The recognition of excellence brought on by meeting accreditation standards has positively impacted staff morale and enhanced the visibility of the health departments.
- Accreditation is a means of demonstrating accountability to elected officials and the community as a whole.

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Is there a connection between accreditation and improved public health outcomes?

The ultimate goal of an accreditation program is to improve the public's health through improved quality and performance of public health departments. To date, however, there is little research supporting the outcomes correlated with public health interventions. Whether improved health outcomes are realized through implementation of quality improvement processes is a primary research question, and one that PHAB's Research & Evaluation Committee will pursue as the accreditation program is developed and implemented.

How can I prepare for accreditation?

Public health departments can start preparing for accreditation now, before the launch of the national program in 2011. We encourage you to:

Review your agency's practices against the standards and measures.

- Engage in quality improvement efforts by learning, educating your colleagues, and building internal capacity for ongoing quality improvement.
- Develop and/or improve your department's community health assessment, community health improvement plan, and strategic plan.
- Review accreditation materials and share your feedback with us. Your input will be collected and considered in revisions to the program.
- Start working on three specific documents that will help to prepare your agency for accreditation. The following will be required for health departments to complete for the national accreditation process, so it's not too early to start on them now:
- A community health assessment, in which a health department assesses the health needs in the community, the health status of the community and plans its services through the second document.
- A community health improvement plan, which maps out exactly what a health department is going to do as it works with partners to improve the health status of its jurisdiction.
- A strategic plan for the health department, which indicates a health department's service priorities and how it plans to accomplish its strategic goals.

What resources are available to help me?

ASTHO provides tools, resources, and technical assistance to state and territorial health agencies working on quality improvement and accreditation preparation. ASTHO's Accreditation and Performance Improvement Guide provides a framework for assessing readiness for accreditation, identifies opportunities and strategies for performance improvement, provides information and resources designed to assist health departments prepare for applications for accreditation, and suggests ways to continue performance improvement between accreditation cycles.

Indiana Association of Local Boards of Health

NACCHO offers tools and resources for local health departments interested in accreditation preparation and quality improvement. A good starting point is to determine the degree to which your local health department is meeting the Operational Definition standards and metrics. NACCHO offers an agency self-assessment tool for the Operational Definition metrics to score the health departments capacity in meeting each indicator. NACCHO also provides information on strategies for smaller local health departments (such as joint applications and regionalization).

NALBOH recognizes that governing bodies, boards of health and public health governmental entities are becoming more interested and engaged in quality improvement activities, and are eager to play a significant role in the accreditation process. Currently, NALBOH is supporting several quality improvement activities.

How much does accreditation cost?

PHAB has convened a Fees and Incentives Workgroup to determine application fees, with an underlying principle of developing a fee structure that does not present financial barriers to health departments wishing to participate in the accreditation process.

How much does it cost to prepare for accreditation?

These costs have not yet been quantified. Health departments participating in the beta test will document the resources required to undertake the process, which will inform the national accreditation program. Additionally, many local health departments (LHDs) accredited by state-based programs attest that the cost of preparing is worth it. LHDs have received funding based on accreditation status, have noted areas where cost efficiencies can be gained based on self-assessment results or site visit reports, and noted many other benefits that justify the cost.

What are the incentives to participate?

The Exploring Accreditation Project Steering Committee determined that all incentives should be uniformly positive, supporting public health departments in seeking accreditation and achieving high standards. PHAB will devote significant attention to securing specific, tangible incentives and benefits for those who participate. A workgroup will address the need for robust incentives for participation. Further, research on incentives conducted at the University of North Carolina is guiding PHAB's work, including a survey of potential applicants on categories of incentives including:

- Financial incentives (for accredited agencies and for agencies applying for accreditation)
- Grants administration
- Grants application
- Infrastructure and quality improvement
- Technical assistance and training

Source: The Public Health Accreditation Board (PHAB) (www.phaboard.org)

Indiana Association of Local Boards of Health

Board of Health Evaluation and Assessment

It is important to the success of your board to regularly evaluate your activities and process for doing business. Below are a few questions to get you started. For a more in-depth analysis, the National Public Health Performance Standards Program's Local Public Health Governance Performance Assessment Instrument can be helpful. Additional information is found on page 46.

1. Does your board devote most of its time to developing and setting policies for your agency?
2. Is your policy manual current?
3. Does your board have working committees to initiate and monitor much of the board's work?
4. Does a current job description exist for your board members?
5. Does your board have a systematic planning process?
6. Is your board knowledgeable about current issues in public health?
7. Does your board have a mission statement?
8. Do your board members understand their responsibility for the finances of your organization?
9. Are your bylaws reviewed regularly and do you operate in accordance with them?

Healthy Communities

The Centers for Disease Control and Prevention's Healthy Communities Program works with communities through state and national partnerships to improve community leader's skills and commitments of establishing, advancing and maintaining effective population-based strategies that reduce the burden of chronic disease and achieve health equity. Through this program, communities are able to implement policies that sustain environmental and systems changes that address the major risk factors — tobacco, physical inactivity, and unhealthy eating. Currently, 306 communities and 50 state health departments have been funded. Additional communities will be added each year.

Today, chronic diseases affect almost 50% of Americans and account for 7 of the 10 leading causes of death in the United States. Chronic diseases and conditions such as heart disease, stroke, diabetes, cancer, obesity, and arthritis cause suffering and limitations to daily functioning. Preventable health risk factors such as tobacco use and exposure, insufficient physical activity, and poor nutrition contribute greatly to the development and severity of many chronic diseases. The Healthy Communities Program is helping to prevent chronic diseases by working to reduce health risk factors and attain health equity.

Source: The Centers for Disease Control and Prevention (www.cdc.gov/healthycommunitiesprogram)

Indiana Association of Local Boards of Health

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across sectors.
- Guide individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Vision: A society in which all people live long, healthy lives.

Mission

Healthy People 2020 strives to:

- Identify nationwide health improvement priorities.
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress.
- Provide measurable objectives and goals that are applicable at the national, State, and local levels.
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.
- Identify critical research, evaluation, and data collection needs.

Overarching Goals:

- Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death.
- Achieve health equity, eliminate disparities, and improve the health of all groups.
- Create social and physical environments that promote good health for all.
- Promote quality of life, healthy development, and healthy behaviors across all life stages.

Source: Healthy People (www.healthypeople.gov)



Indiana Association of Local Boards of Health

Indiana Association of Local Boards of Health

The mission of the Indiana Association of Local Boards of Health (InALBOH) is to strengthen local boards of health through education, training, networking, advocacy, and technical assistance, thus enabling them to effectively support the core functions and the ten essential services of public health that promote and protect the health of their communities.

For more information or to join, visit www.inpha.org and click on the InALBOH tab.



National Association of Local Boards of Health

The mission of the National Association of Local Boards of Health (NALBOH) is to strengthen and improve public health governance. The Vision of NALBOH states boards of health are:

- Appointed as a result of a well-informed selection process.
- Comprised of individuals who have demonstrated the knowledge, skills, and abilities to effectively represent and serve.
- Well-connected to other stakeholders in public health and government.
- Effectively and competently serving the public health needs of their community in accordance with the core functions and essential public health services.
- Aware of NALBOH's resources and actively engaged in its success.

NALBOH has been engaged in establishing a significant voice for local boards of health on matters of national public health policy. Their satellite office in Washington, DC has allowed them to have a permanent presence with other national public health organizations while maintaining their grassroots with their main office in Bowling Green, Ohio.

For more information or to join, visit www.nalboh.org.



Indiana Association of Local Boards of Health

National Public Health Performance Standards Program

What is the National Public Health Performance Standards Program (NPHPSP)?

The NPHPSP is a partnership initiative of national public health organizations that have worked collaboratively to establish national performance standards. The standards identify the optimal level of performance for state and local public health systems (all organizations that contribute to public health in a given area) and governing bodies. The NPHPSP provides a framework to assess capacity and performance of a public health system and seeks to ensure that strong effective public health systems are in place to deliver essential public health services.

What are the mission and goals of the NPHPSP?

To improve the quality of public health practice and the performance of public health systems by:

- Providing performance standards for public health systems and encouraging their widespread use;
- Engaging and leveraging national, state, and local partnerships to build a stronger foundation for public health preparedness;
- Promoting continuous quality improvement of public health systems; and
- Strengthening the science base for public health practice improvement

What is the value of using the NPHPSP?

The NPHPSP is a valuable tool in identifying areas for system improvement, strengthening state and local partnerships, and assuring that a strong system is in place for effective response to day-to-day public health issues as well as public health emergencies. NPHPSP instrument users at all levels report numerous such benefits, including:

- Improves organizational and community communication and collaboration, by bringing partners to the same table.
- Educates participants about public health and the interconnectedness of activities, which can lead to a higher appreciation and awareness of the many activities related to improving the public's health.
- Strengthens the diverse network of partners within state and local public health systems, which can lead to more cohesion among partners, better coordination of activities and resources, and less duplication of services.
- Identifies strengths and weaknesses to address in quality improvement efforts. Responses to the assessment can be tracked over time to identify system improvements or changes.
- Provides a benchmark for public health practice improvements, by providing a “gold standard” to which public health systems can aspire.

Indiana Association of Local Boards of Health

Can the NPHPSP be used to evaluate or assess public health agencies, programs, or organizations?

The NPHPSP is not intended to serve as an evaluation of program or agency performance or capacity. It is an assessment of overall system performance and how current performance and capacity measure up against optimal benchmarks. NPHPSP results represent the collective performance of all organizational participants in the public health system and should not be interpreted to reflect any single agency, organization, or program. State and local public health systems should use the information as a planning tool for quality improvement.

The local public health governance instrument is unique in that it focuses on the governing body ultimately accountable for public health at the local level. Examples of governing bodies include local boards of health, county councils, or commissions. A governing body has legal authority over the primary governmental public health agency within the local public health system, usually defined as the health department.

What instruments are provided within the NPHPSP?

The NPHPSP includes a set of three instruments:

1. The State Public Health System Performance Assessment Instrument (State Instrument) focuses on the state public health system, which includes state public health agencies and other partners that contribute to public health services at the state level.
2. The Local Public Health System Performance Assessment Instrument (Local Instrument) focuses on the local public health system or all entities that contribute to public health within a community. This system includes all public, private, and voluntary entities, as well as individuals and informal associations.
3. The Local Public Health Governance Performance Assessment Instrument (Governance Instrument) focuses on the governing body ultimately accountable for public health at the local level. Such governing bodies may include boards of health or county commissioners.

Each instrument lays out standards that public health systems or governing entities should strive to achieve. For each standard, there are questions to which users respond in determining how well they meet that standard.

The NPHPSP instruments, supporting documents, and other technical assistance materials are located at <http://www.cdc.gov/od/ocphp/nphpsp/>.

Source: National Public Health Performance Standards Program (<http://www.cdc.gov/nphpsp/PDF/FAQ.pdf>)

Indiana Association of Local Boards of Health

Principles of the Ethical Practice of Public Health

- Public health should address principally the fundamental causes of disease and requirements for health, aiming to prevent adverse health outcomes.
- Public health should achieve community health in a way that respects the rights of individuals in the community.
- Public health policies, programs, and priorities should be developed and evaluated through processes that ensure an opportunity for input from community members.
- Public health should advocate and work for the empowerment of disenfranchised community members, aiming to ensure that the basic resources and conditions necessary for health are accessible to all.
- Public health should seek the information needed to implement effective policies and programs that protect and promote health.
- Public health institutions should provide communities with the information they have that is needed for decisions on policies or programs and should obtain the community's consent for their implementation.
- Public health institutions should act in a timely manner on the information they have within the resources and the mandate given to them by the public.
- Public health programs and policies should incorporate a variety of approaches that anticipate and respect diverse values, beliefs, and cultures in the community.
- Public health programs and policies should be implemented in a manner that most enhances the physical and social environment.
- Public health institutions should protect the confidentiality of information that can bring harm to an individual or community if made public. Exceptions must be justified on the basis of the high likelihood of significant harm to the individual or others.
- Public health institutions should ensure the professional competence of their employees.
- Public health institutions and their employees should engage in collaborations and affiliations in ways that build the public's trust and the institution's effectiveness.

Source: Principles of the Ethical Practice of Public Health (www.apha.org)

Indiana Association of Local Boards of Health

Public Health Acronyms

ADA	Americans with Disabilities Act
AHCPR	Agency for Health Care
AIDS	Acquired Immune Deficiency Syndrome
APEX/PH	Assessment Protocol for Excellence in Public Health
APHA	American Public Health Association
ASTHO	Association of State and Territorial Health Officers
BCMh	Bureau of Children with Medical Handicaps
BEST	Biomonitoring of Environmental Status and Trends
CDC	Centers for Disease Control and Prevention
CHIP	Child Health Insurance Program
DAC	District Advisory Council
DASA	Division of Alcohol and Substance Abuse
DHHS	Department of Health and Human Services
DPT	Diphtheria/Pertussis/Tetanus Vaccine
EHS	Environmental Health Specialist
EMS	Emergency Medical Technician
EPA	US Environmental Protection Agency
EPO	Epidemiology Program Office
FDA	US Food and Drug Administration
FEMA	Federal Emergency Management Agency
HHS	US Department of Health And Human Services
HIV	Human Immunodeficiency Virus
HMO	Health Maintenance Organization
HO	Health Officer
InALBOH	Indiana Association of Local Boards of Health

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Public Health Acronyms

IEHA	Indiana Environmental Health Association
IPHA	Indiana Public Health Association
IOM	Institute of Medicine
ISDH	Indiana State Department of Health
JCAHO	Joint Commission for Accreditation of Health Care Organizations
LBOH	Local Boards of Health
LHD	Local Health Departments
MCH	Maternal Child Health
MCO	Managed Care Organization
MMR	Mumps/Measles/Rubella Vaccine
MMWR	Morbidity, Mortality Weekly Report
NACCHO	National Association of City and County Health Officials
NALBOH	National Association of Local Boards of Health
NIH	National Institute of Medicines
NIOSH	National Institute of Occupational Safety and Health
PHF	Public Health Foundation
PHN	Public Health Nurse
RS	Registered Sanitarian
SIDS	Sudden Infant Death Syndrome
STD	Sexually Transmitted Disease
TB	Tuberculosis
USDA	US Department of Agriculture
USP	United States Pharmacopeias
WHO	World Health Organization
WIC	Women, Infant, and Children Supplemental Food Program

Indiana Association of Local Boards of Health

Public Health Terms

Assessment: Regular and systematic collection, assembly, analysis, and the availability of community health information.

Assurance: Public health agencies assure that necessary services are provided to achieve community goals and objectives for healthy people.

Capacity Standards: Statements of what public health agencies must do as part of ongoing daily operations to adequately protect and promote health, prevent disease, injury and premature death.

Core Functions: The three basic functions of the public health system: assessment, policy development and assurance.

Environmental Health: An organized community effort to minimize the public's exposure to environmental hazards and prevent transmission of the disease or injury agent.

Epidemic: The occurrence in a community or region of disease cases in excess of expectancy.

Epidemiology: The study of diseases and injuries in the human population, their distribution and determinants.

Essential Services: Provide a working definition of public health and a guiding framework for the responsibilities of local public health systems.

Fee-for-service: A charge made for each unit of health service, usually set by the provider. Some service fees may be controlled by the State. Fees for state mandated programs are determined by cost methodology set by the State.

Foodborne Illness: Illness caused by the transfer of disease organisms or toxins from food to humans.

Groundwater: Water beneath the earth's surface between saturated soil and rock that supplies wells and springs.

Healthy People 2020: A prevention initiative that presents a national strategy for improving the health of America.

Human Immunodeficiency Virus (HIV): The retrovirus (and RNA based virus) which causes AIDS.

Incidence: The number of new cases of a specific disease diagnosed or reported during a defined period of time.

Infectious Disease: A disease caused by organisms that cause infection in a human host and may be communicable (contagious) to other persons, animals or through other intermediaries.

Local Board of Health: Governing or advisory bodies who are appointed to protect and improve the health of the community.

Indiana Association of Local Boards of Health

Public Health Terms

Local Health Department: Local (county, city, combined city-county or multi-county) health agency with oversight and direction from local boards of health who provide health services throughout the defined geographic area.

Managed Care: Health care provided within a system using a defined network of providers.

Medicaid: A program authorized under Title XIX of the Social Security Act to provide medical services to clients who meet eligibility requirements.

Medicare: Federal insurance program covering delivery of medical services to people ages 65 or older.

Morbidity: Incidence of disease or the state of being diseased.

Mortality: Incidence of death or the state of being deceased.

Outcome Standards: Long-term objectives that define optimal, measurable future levels of health status, maximum acceptable levels of disease, injury or dysfunction or prevalence of risk factors.

Point Source: Sources of pollution that can be readily identified because of their location of origin.

Policy Development: The process whereby public health agencies evaluate and determine health needs and the best way to address them.

Population-based: Pertaining to the entire population in a particular area.

Prevention: Actions taken to detect and reduce susceptibility or exposure to health problems.

Promotion: Health education and the fostering of healthy living conditions and lifestyles.

Public Health: Prevention of disease, injury or disability and promotion of good physical and mental health.

Quality Assurance: Monitoring and maintaining the quality of public health services through licensing and discipline of health professionals, licensing of health facilities and the enforcement of standards and regulations.

Risk Assessment: To identify and measure the presence of causes and risk factors that are thought to have a direct influence on the level of a specific health problem, based on scientific evidence or theory.

Risk Factor: Any personal or societal condition that leads to the possibility of a problem.

Sexually-transmitted Disease: Infectious disease that leads to the possibility of a problem.

Standards: Accepted measures of comparison having quantitative or qualitative value.

Sudden Infant Death Syndrome (SIDS): Unexplained sudden death of an infant under one-year of age.

Surface Water: Any freshwater located above ground, such as rivers, lakes, and ponds.

Third-party Payment: Payment for health services provided through public or private insurance.

Indiana Association of Local Boards of Health

Annual Meeting

October 10-12, 2024

Indianapolis, Indiana

Registration Fee: \$150

Hotel Accommodations: \$120/night

Breakfast: \$10/day

Lunch: \$10/day

Dinner: \$15/day

Transportation: \$20/day

Travel Insurance: \$10/day

Conference Materials: \$10/day

Networking: \$10/day

Continuing Education: \$10/day

Registration: \$150