

**THE ROLE OF PUBLIC HEALTH
AND THE HEALTH OF THE COMMUNITY**

RECOMMENDATIONS FOR
CONTINUOUS PERFORMANCE IMPROVEMENT

The Friedell Committee
for Health System Transformation

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The mission of the Friedell Committee is “to improve the health of Kentuckians by promoting an effective, values-based health system, advocating for community action, and measuring the system’s performance”. The Committee defines health system as a group of organizations and individuals united to achieve agreed upon health objectives. Directed by this mission, the Committee has identified several principles on which to base criteria for assessment and change in Kentucky’s health systems.

One of the first principles that guide the Committee is that “Health systems are **accountable to the public** in every aspect of care and resource use.” It is necessary then that the public be informed and able to understand the system and its purpose and outcomes in order to be able to hold it accountable.

Another Committee principle is that “Individuals and communities **share responsibility** for their health and for the cost of care.” Both individuals and communities must be responsible for community health.

Early in its history, the Committee determined it was important to explore the role of public health and more specifically, the role of local health departments in transforming the health of Kentucky. This paper is the product of background research and several meetings of the Friedell Committee Public Health Task Force to address the issue.

The Committee believes that the local governing Board of Health has primary responsibility for the health of the community by statute and function, and that it is through its Board of Health that a community can take responsibility for its health. **The purpose of this policy statement of the Friedell Committee is to support local health departments and their governing boards in their mission to improve the health of the populations for whom they bear this responsibility.**

Consistent with national priorities, this is to be accomplished through community engagement, strategic planning, adherence to high performance standards and accreditation.

VISION FOR PUBLIC HEALTH IN KENTUCKY

The Friedell Committee’s vision is that all health departments in Kentucky will become highly visible and proactive in their communities and demonstrate full operational and financial transparency. Their core strategy will require active mutually beneficial partnering with all community entities such as schools, business, providers, faith communities and local government. They will assume a leadership role in developing healthy community coalitions and partnerships. They will maintain a commitment to accreditation, performance measurement and improvement, and establishing local collaborative goals for improving the health status of the population for whom the Board is responsible.

As stated by the National Association of County and City Health Officials:

“Governmental public health departments are responsible for creating and maintaining conditions that keep people healthy.”

The public health department must “strategically plan its services and activities, evaluate performance and outcomes, and makes adjustments as needed to continually improve its effectiveness, enhance the community’s health status and meet the community’s expectations.

“All local health departments exist for the common good and are responsible for demonstrating strong leadership in the promotion of physical, behavioral, environmental, social and economic conditions that improve health and well-being, prevent illness, disease, injury and premature death; and eliminate health disparities.

“Everyone, no matter where they live, should reasonably expect local health departments to meet certain standards.

“Each community has a unique ‘public health system’ comprising individual, public and private entities that are engaged in activities that affect the public’s health.”

(The quotes are from Operational Definition of a Functional Public Health Department NACCHO, 2005. NAACCHO has subsequently added an emphasis on a public health responsibility to promote health equity as an essential objective.)

HISTORY

Kentucky's early public health systems were established in response to various communicable disease threats including influenza. Successful public health efforts and scientific advances have greatly extended life expectancies since then, and the primary threats to health have transitioned from communicable diseases such as influenza and tuberculosis to chronic conditions such as heart disease, diabetes and cancer.

The science of public health has continued to advance. Evidence-based approaches that focus on population health and the social and emotional context of individual behavior rather than individual clinical care and education have been identified as the most effective ways to improve health, particularly related to preventable chronic conditions and injuries. Technology has greatly improved the capacity to collect, analyze and share health data.

LEGAL AUTHORITY

State law, specifically KRS 194.010, establishes the Cabinet for Health and Family Services as “the primary state agency for operating the public health...in the Commonwealth. The function of the cabinet is to improve the health of all Kentuckians, including the delivery of population, preventive, reparative, and containment health services in a safe and effective fashion”

KRS 194A.030 authorizes the Department for Public Health to develop and operate all programs of the cabinet that provide health services and all programs for assessing the health status of the population for the promotion of health and the prevention of disease, injury, disability, and premature death.

KRS 212.240 requires that county health departments “(2) Under the general supervision of the county board of health and the Cabinet for Health and Family Services, formulate, promote, establish, and execute policies, plans, and programs to safeguard the health of the people of the county and establish, maintain, implement, promote, and conduct facilities and services for the purpose of protecting the public health”.

CURRENT CHALLENGES AND OPPORTUNITIES

At the present time there are converging factors that pose serious challenges and bring opportunities to the capacity and sustainability of Kentucky's local public health system as it is currently operating.

Changes in the broader health system are occurring partially as a result of the recent Affordable Care Act, which includes greater emphasis on prevention and care coordination, potential expanded coverage for those who were previously uninsured and served by the public health safety net services, and new opportunities to improve quality through data integration and electronic health records.

A national accreditation program for state, local and tribal public health was introduced in 2011 providing new opportunities for performance assessment and quality improvement. At the same time, Kentucky's public health agencies have experienced repeated cuts in national and state funding over several years that have caused significant loss of staff and programs. Nevertheless, the state and local health departments are committed to achieving accreditation by the Public Health Accreditation Board.

For many years, Kentucky public health has focused attention on care for underserved patients, as the result of the availability of Medicaid funding, in some cases neglecting their population protection functions. With the expansion of Medicaid Managed Care in 2011, available funds for patient care have become more limited.

The impact of the scope and rapid pace of these changes is profound. In this context, health departments are being asked as part of accreditation prerequisites, to reassess community health needs, re-establish a community health plan, and do strategic planning for their programs and services. Local health departments are now being encouraged to assume the role of provider of services only where they are not otherwise available and, instead, transition to being responsible for assessment, program development and assurance of population public health services, notably the ten essential services.

TEN ESSENTIAL PUBLIC HEALTH SERVICES

The Ten Essential Public Health Services provide a working definition of public health and a guiding framework for the responsibilities of local public health systems. These services are divided into three groups corresponding with the major responsibilities of public health: Assessment (services 1 and 2), Assurance (services 6-9) and Policy Development (services 3-5). The Essential Services also provide the fundamental framework for the accreditation process by describing the public health activities that should be undertaken in all communities. They are stated as follows:

1. Monitor health status to identify and solve 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 and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Link people to needed personal health services and assure the provision of health care when otherwise unavailable
7. Enforce laws and regulations that protect health and ensure safety.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

ACCREDITATION OF LOCAL HEALTH DEPARTMENTS

In order to better define these essential services and create a pattern for improvement of the health system nationwide, a national accreditation program has been established that:

- Promotes high performance and continuous quality improvement
- Recognizes those health departments that meet nationally accepted standards.

- Illustrates health department accountability to the public and policymakers
- Increases the visibility and public awareness of governmental public health, leading to greater public trust and increased health department credibility, and ultimately a stronger constituency for public health funding and infrastructure
- Clarifies the public's expectations of health departments
- In order to apply for accreditation, a health department must prepare the following:
 1. Community Health Assessment

A community health assessment involves a process of collecting, analyzing, and using data to educate and mobilize communities, develop priorities, garner resources, and plan actions to improve the public's health. It is one of the core functions of public health. It involves the systematic collection and analysis of data in order to provide the health department and the community it serves with a sound basis for decision-making.

It should be conducted in partnership with other organizations in the community and include collecting data on health status, health needs, community assets, resources, and other community or state determinants of health status. Partnerships with hospitals, academic institutions, other governmental agencies (such as schools or police), community mental health centers, and non-profit health promotion organizations will help to access additional data needed to assess the health of the community or state.

2. Community Health Improvement Plan

A community health improvement plan is a long-term systematic effort to address issues identified by the assessment and community health improvement process. It is broader than the health department agency and should include participation of a broad set of community partners. A solid community health improvement plan can be used by partners to prioritize activities and set priorities. For accreditation purposes, the community health improvement plan should be updated at least every five years.

3. Health Department Strategic Plan

The department strategic plan is internal to the health department, although may have been developed with input from partners. It shapes and guides what the

health department does and why it does it; it sets forth the department's vision, mission, guiding principles and values, and strategic priorities; and describes measurable and time-framed goals and objectives. The strategic plan should include steps to implement portions of the community health improvement plan as well as other strategic issues for the department.

From the point of view of the Friedell Committee, the development of the Community Health Improvement Plan and its use by partners to set priorities are key components in the improvement of the health of a population and accountability for results.

Communities should also identify outcome measures that all of the partners will use to evaluate the community's success in improving the health of its population. There should also be a process of regular review of the activities and priorities and their success in improving population health. These may be based on documents such as Healthy People 2020 or Healthy Kentucky 2020.

The National Association of Local Boards of Health (NALBOH) has as its objective – “working to strengthen and improve public health governance” and is dedicated to assisting in the governing and leadership role of boards of health by providing them with guidance in areas such as advocacy, public health law, financial planning, strategic planning, and health officer relationships.

Kentucky has an affiliated organization (KALBOH) that seeks to further the same objectives. Its purpose is to provide education and advocacy for local boards of health and promote the concept of citizen involvement in the local public health system as members of local boards of health.

One of the programs of NALBOH, in partnership with the Public Health Accreditation Board (PHAB) is to support the voluntary national public health accreditation program. The goal of the accreditation program is to improve and protect the health of the public by advancing the quality and performance of state and local public health departments. Of particular interest for Kentucky is Domain 12 of the accreditation process – Board Governance.

Standard 12.1 states that a governmental public health department operates with specific authorities to protect and preserve the health of the population within its jurisdiction. This standard assures that the health department understands its authority and that of its governance entity for the department's roles and responsibilities and that such authority is put into practice.

Standard 12.2 states that the governing entity is the point of accountability for the health department. The governing entity is accountable for the health department achieving its mission, goals and objectives to protect and preserve the health of the population within its jurisdiction.

The accreditation process is designed to require documentation and assure that an accredited health department has a board that meets these standards.

It is through the public processes of assessment, community planning, strategic planning and the achievement of accreditation standards that the accreditation process can be used to advance the quality and performance of local boards of health and can positively impact the health of the population.

FRIEDEL COMITTEE PUBLIC HEALTH TASK FORCE

The Friedell Committee Public Health Task Force met several times with the leadership of public health practice in Kentucky. At its first meeting, the group completed a SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis of current public health practice in Kentucky.

At its second meeting, the group prioritized the top strengths, weaknesses, opportunities and threats and chose as its action item “Building Strong Local Board of Health.” It was determined that a survey of local boards of health would be conducted to assess the current status of their current roles and functions.

Partially as a result of these meetings, actions have been taken to increase training for local boards of health, including presentations by the Commissioner of Public Health at board meetings and several training sessions at the state level for board members. On a related matter, the College of Public Health at the University of Kentucky, as a part of its land grant mission and as the result of funding of its Public Health Training Center, is currently engaged in an effort to assist in preparing public health departments and their boards for the newly established national accreditation process.

Results of Local Health Departments Survey

The Public Health Task Force offered local health department boards and directors the opportunity to participate in an electronic survey in October 2011 . There was a 60% response rate (35 of 58) from health department directors. The results are as follows:

- 91% indicated the Board of Health (BOH) talks about its role in the overall health of the community;
- 90% routinely support the orientation of new members of the BOH;
- 73% of directors provide access to continuing education and training for all BOH members;
- 82% indicate BOH members are aware of the 10 Essential Services;
- 44% indicate their BOH is tracking compliance with the 10 Essential Services;
- 96% indicate they have a mission statement overseeing local health department operations;
- 50% indicate they have a Strategic Plan;
- 77% of those Strategic Plans are approved by the BOH;
- 93% of directors indicate they are either conducting or finished with MAPP, or some other similar community health assessment;
- 46% indicate the BOH has a vision for the next three (3) years to improve the health status of their community.

It is clear from these results that there is still work to be done in order to fulfill the vision for local health departments to achieve accreditation and achieve visibility, transparency, relevance and credibility.

NOTE: Prior to this survey, a pilot study was conducted in which seven directors and board chairs were interviewed face to face. The results of these interviews provided a significantly less optimistic estimate of the performance of their boards. While no conclusions are based on this observation, it is likely that nuances evident in those conversations may alter the implications of the above results.

FURTHER ACTIONS

In response to a request from the Acting Commissioner of Public Health, the Task Force was asked to meet with representatives of the University of Kentucky's

College of Public Health to integrate the work currently being done to prepare local health departments for accreditation.

Subsequently, the Department for Public Health, the College of Public Health and the Friedell Committee Task Force met and determined that the University, in conjunction with the Task Force, would initiate a study of the governance of local boards of health and the appointment process. This group is currently reviewing the actual membership of local boards and the process used to appoint members. It is also examining other issues related to local board governance and board effectiveness.

Additional and more definitive surveys of board members should also be undertaken. For example, since a number of boards have expressed the intention of increasing community engagement, results could be compared between this group and a comparable control group who had chosen not to sign on to this initiative.

RECOMMENDATIONS

Based on research and study of the role of public health in Kentucky, the Friedell Committee has the following recommendations.

Each local board of health should:

- Develop educational programs and strategies for local boards and promote their regular use, consistent with national performance standards and accreditation requirements.
- Assume responsibility for educating their population about improving their health status, including oral and mental health.

- Get educational content into **every** board meeting in collaboration with the Kentucky Department for Public Health.
- Track progress of their strategic plan and the health status of the population they serve. This should be done in collaboration with Kentucky Department for Public Health.

The Department for Public Health should:

- Develop state requirements and **accountability** for results/outcomes, use of resources, tracking health status indicators and relevant strategic planning, consistent with national performance standards and accreditation requirements.
- Encourage a local role for academic public health programs across Kentucky through discussions with the academic community.

In addition:

- Small county health departments should collaborate regionally to decrease overhead and optimize effectiveness of use of available resources

It is also recommended that there be a review of relevant statutes related to public health, with the intent of revision as needed to more effectively promote public health in today's environment.

SUMMARY AND CONCLUSION

The Friedell Committee has concluded that many local health departments currently exert leadership in the health of their community and should be strengthened in their ability and visibility as that leader and catalyst. We believe

that the process of accreditation has the opportunity to solidify this position in every community, to further identify community health needs, and to engage the community in improving the health of its population.

To that end the Friedell Committee will continue to:

1. Work with interested parties such as KDPH, KHDA, KPHA, KALBOH, academic institutions and others to expedite state-wide accreditation and health department performance consistent with national standards.
2. Work with the same interested parties to encourage and support local health department leadership that leads to the development of coalitions and partnerships as the preferred and ‘most likely to succeed’ mechanism to accomplish the mission and leverage resources.
3. Create the expectation that members of the Friedell Committee will participate in the work of the local health departments of their respective communities. This may mean attendance at local board of health meetings, communication with board of health members and advocacy for plans, policies and activities that improve local health status and meaningfully address local health priorities.
4. Create the expectation that members of the Friedell Committee will participate, influence and in some cases lead in the development of healthy community coalitions in their own communities. The Committee may offer to provide technical assistance and training to promote coalitions in conjunction with the Foundation for a Healthy Kentucky.
5. Advocate for the recommended changes through varied venues both locally and at the state level.

SOURCES/REFERENCES

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The Friedell Committee is a statewide non-partisan and non-profit, independent citizen's organization of community leaders from varied backgrounds and different regions of the state who have organized to improve the health of Kentucky citizens

Mission

To improve the health of Kentuckians by promoting an effective, values-based health system, advocating for community action, and measuring the system's performance.

Goals

1. All Kentuckians are included in an effective health system based on the following Friedell Committee values:

- Health systems are **accountable to the public** in every aspect of care and resource use.
- Health systems are responsible for **promoting the health of individuals and populations**.
- Health professionals are responsible for providing **safe and effective care**.
- Each individual has **equal access to effective care** without regard to race, gender, culture, geography or socioeconomic status.
- Care for each individual is **safe and of high quality**.
- Care for each individual is **affordable**.
- Care for each individual is **efficient and of high value** to recipient and family.
- Patients and families are **treated with respect**.
- **Patient rights** are clearly expressed and honored.
- Individuals and communities **share responsibility** for their health and for the cost of care.

2. Every Kentucky County has a method to measure and improve health status.

3. The performance of Kentucky's health system proves to be measurably excellent.