

## Genesee County Health Equity in All Policies Workshop Report



### Background

In 2016, in response to the ongoing lead water crisis, the Genesee County Board of Health in Michigan proposed a Health Equity in All Policies (HEiAP) Resolution to address inequitable health outcomes. HEiAP, also known as Health in All Policies (HiAP), is defined as a change in systems that determine how decisions are made and implemented at the local, state, and federal levels.<sup>1</sup> The goal of HiAP at the local level is to interrupt the status quo of local government by incorporating health and community priorities into the decision-making processes of every government sector.

The *Resolution in Support of Adopting a Health-Equity-in-All-Policies Approach to Decision Making in Genesee County Government* states the following:

“In most communities that have successfully adopted a HiAP approach, the primary mechanism for applying it has been an interdepartmental body with representation from all sectors of community life over which the governing body (in the case of a county, the Board of Commissioners) has influence. The members of this interdepartmental body receive training and technical assistance in understanding the ways in which decisions about housing, employment, education, transportation, land use, etc., can create conditions that promote or discourage health, especially for residents who are already marginalized by virtue of their race or ethnicity, socio-economic status, mental or physical disability, language of origin, age, or other aspect of their identify. The primary function of the interdepartmental body is to serve the governing body by 1) considering any new governmental policy for which the likely health impacts are not clear; 2) considering current governmental policy whose negative health impacts have been called into question by the public; 3) analyzing the health impacts of any such policy; 4) providing recommendations to the governing body on any changes in these policies that would reduce negative health impacts.”<sup>2</sup>

The resolution provides a roadmap for implementation without identifying next steps for how the intergovernmental body would be developed and held accountable. The resolution was

approved by the Genesee County Board of Commissioners on Aug. 22, 2016. See Appendix I for the full resolution. Taking steps to implement the resolution, the Genesee County Health Department (GCHD) worked with community groups to offer trainings and host public health conferences that incorporate aspects of HiAP.<sup>3</sup> Building off these actions, GCHD decided to host a HEiAP workshop for community members, local government officials, and legislators.



Workshop participants talk and network during a break.

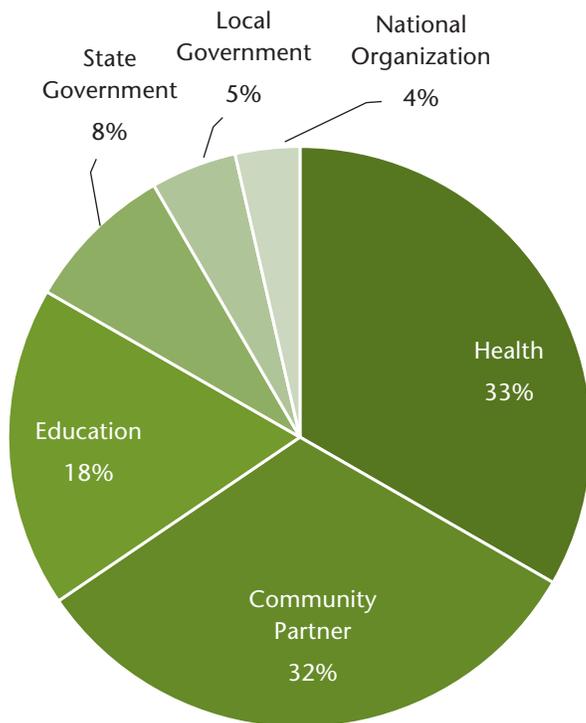
### Workshop Overview

The goal of the HEiAP workshop was to provide a forum for different audiences, including community members and policy makers, to learn about HiAP and offer feedback on the direction of HiAP in Genesee County. A planning committee was convened and met regularly to develop the workshop agenda, identify appropriate presenters, and ensure that a diverse and representative group of policy-makers, citizens, and government staff were invited to participate. The planning committee included GCHD, National Association of County and City Health Officials (NACCHO), Community Foundation of Greater Flint, Community Based Organization Partners (CBOP), City of Flint Mayor’s Office, and Michigan Department of Civil Rights. For more information

about the planning committee organizations, see Appendix II. The planning committee engaged several partners, governmental representatives, and academics to provide presentations throughout the workshop on various aspects of HEiAP.

Due to limited seating at the workshop venue, save-the-date flyers and e-mail invitations were sent directly to the individuals, government agencies, legislators, and community-based organizations that the planning committee determined to be the target audience. Ultimately, 90 participants registered for the workshop.

**FIGURE 1. Workshop Participants by Sector**



The HEiAP workshop took place on Monday, June 4, 2018, at the Holiday Inn Gateway Centre in Flint, MI. The detailed workshop agenda can be found in Appendix III. Financial support for the workshop was provided by the Community Foundation of Greater Flint, NACCHO, and GCHD.

**Introduction**

The workshop began with an introduction from GCHD’s Suzanne Cupal, public health division director, and John McKellar, health officer, as they welcomed participants to join in the conversation about HEiAP. After the welcome, participants engaged in an interactive activity designed to learn what everyone was hoping to get out of the workshop. These are some of the desired outcomes identified by participants:

- Learn how their organization can contribute to this effort
- Use this work to help Flint be effective in the water crisis

- Learn how to educate and inform elected officials and policy-makers so they can understand the importance of their decisions and how they affect health
- Find out how to engage non-health sectors
- Be clear and intentional about the difference between inequalities and inequities
- Find out what role community members play in advancing HEiAP
- Make sure clinicians are treating all patients equitably
- Understand how to translate policies to the community using the equity lens
- Learn what to do when they see inequities

**Laying the Groundwork: Health Equity and Social Determinants of Health**

The workshop expectations were followed by a panel discussion led by Dr. Agustin Arbulu, executive director of the Michigan Department of Civil Rights. Dr. Arbulu discussed the ways in which implicit bias and structural racism affect community health and well-being:

<p>“To build an equitable, inclusive society, we must organize and hear all voices, especially those that have been marginalized.”</p>	<p>“Equity is about fairness. Equality is about sameness.”</p>
	<p>“We need to shift policies and practices we’re employing to have different outcomes.”</p>

After Dr. Arbulu’s presentation, Dr. Lawrence Reynolds, Dr. Kent Key, and Dr. Pamela Pugh provided short overviews of their work as it relates to HiAP.

Dr. Reynolds, former director of Mott Children’s Health Center, presented on the concepts of environmental justice and the precautionary principle:

<p>“Just because you speak up, it doesn’t mean power will concede. You must be persistent.”</p>
-------------------------------------------------------------------------------------------------

Dr. Key, representing CBOP, presented on the root causes of health inequities. He highlighted that the water crisis in Flint was a threefold crisis:

1. It was a crisis of democracy because of the emergency manager law;
2. The decisions of the emergency manager led to the actual water crisis; and
3. The community will experience a long-term public health crisis over generations because of the contaminated water.

Moving forward, Dr. Key said changes need to be made in the way policy is developed and implemented:

“Given the breach of trust in Genesee County, it’s critical to engage community members, businesses, and non-traditional sectors in how we operationalize and roll out HiAP.”

Dr. Pugh, public health advisor for the City of Flint, spoke about the role of community members in developing health policy and initiatives moving forward:

“Emotions are data. When residents are speaking out, that is data. Data doesn’t have to come in numbers.”

### Health in All Policies 101

After the panel, Bridget Kerner, senior program analyst at NACCHO, presented an introduction and overview of HiAP from a national perspective. Local health officials have been implementing HiAP initiatives at the local level for over a decade. However, information is scarce regarding where and how HiAP implementation is occurring.

In 2017, NACCHO released a report, *Health in All Policies: Experiences from Local Health Departments*, detailing how local health departments are implementing HiAP.<sup>4</sup> Ms. Kerner presented findings from this report, illustrating the challenges faced and strategies used by other local health departments to implement HiAP.

### Health in All Policies: Current Trends

Following Ms. Kerner’s presentation, Dr. Peter Jacobson, professor emeritus at the University of Michigan, presented on recent HiAP research he conducted and published with co-author Richard L. Hall.<sup>5</sup>



Professor Jacobson presents on current HiAP trends.

Professor Jacobson’s work confirms that communities find HiAP to be very desirable as an organizing principle. However, evidence showing the connection between HiAP and policy change is in question. Successes are based on interpersonal relationships measured through process evaluation; outcome evaluations are not yet available.

Professor Jacobson also stated that in some jurisdictions, local health departments may achieve more by talking about change in terms of health equity rather than HiAP. In others, the opposite will be true. Communities need to build on small victories. The primary challenge faced is limited staff capacity at local health departments.

Professor Jacobson also made the following points:

“Most changes occurred in practices, not in policies. It’s not just up to elected officials, but people throughout the health department, transportation, education, etc. Bureaucrats can make this work regardless of how elected officials respond.”

“Practice is just as important as policy to change the lives of the people we want to help.”

“People see HiAP as a health department initiative, so you need to frame it in a broader health equity lens.”

“An official HiAP policy is useful but not necessary.”

### Overview of the Genesee County HEiAP Resolution and City of Flint Combined Efforts to Address Health Inequity

After lunch, participants returned for a dual presentation from Kay Doerr, a member of the Genesee County Board of Health, and Dr. Pugh. Ms. Doerr provided an overview of the HEiAP resolution and noted that HiAP is not a “cookie cutter approach.” She recognized that Genesee County’s HiAP experience differed from that of many other communities because the policy was passed before a HiAP initiative was started in the county.

Ms. Doerr then reviewed some policy successes that have resulted from the HiAP resolution, including a new resolution to expand the Board of Health from five to nine members.

Dr. Pugh provided a second presentation, describing in detail her role within the City of Flint government as the public health voice of the city, ensuring health is a constant priority. Dr. Pugh said she regularly hosts one-on-one meetings with community members because she feels it is important to hear from residents. Dr. Pugh also noted that the expansion of the Board of Health will help with HEiAP implementation moving forward.

## Policy Efforts to Address Health Inequities in the Aftermath of the Water Crisis

Next, Ms. Cupal led a discussion, making the following points:

- GCHD does not control municipal water. However, water systems and public health need to be integrated because of the direct impact water quality and access have on community health.
- Water regulatory standards should conform with public health standards, not engineering standards.
- Research needs to be translated into practice more effectively and efficiently.
- GCHD wants to create an engagement team of partners to work with the health department to address community concerns.

## Concluding Thoughts and Ideas

The final portion of the workshop involved a facilitated discussion led by Ms. Cupal during which participants provided thoughts and ideas for moving the work forward.

These are a few of the overall thoughts from participants, including a couple of direct quotes:

- Lead and copper rules are also written by engineers, not health professionals.
- How do we make other city programs and services accessible to people with hearing and other challenges/disabilities?
- How do we better leverage funding to make broader impact quicker, and how do we leverage coalitions to do some of the work?

"I'm tired of talking. Let's do it."

"When will we get in the room with policymakers?"



Workshop participants talk and network after the workshop.

These are some next steps identified by participants, including a couple of direct quotes:

- We need to include community-based people in the meetings where decisions are being made, including all different generations.
- Use social media to gather information and include more people in the decision-making process.
- Other environmental health issues were sidelined during the water crisis. How do we balance?
- Make sure there's conversation within government first, between departments, before engaging with outside partners.

"We try to do so many things on one budget, and we can't do any one thing very well. We need to all focus on one thing at a time."

"How can we get state assistance? There are state-level issues that can affect the local level."

## Workshop Evaluation

After completing the workshop, GCHD developed a workshop evaluation using SurveyMonkey and shared it with the participants. The evaluation response rate was 30%. The following numbers represent people who selected "agree" or "strongly agree."

- 66% of the attendees said the workshop met their expectations.
- 77% thought the workshop content was presented clearly and effectively.
- 88% said the facilitators and presenters encouraged and effectively managed discussions.
- 77% said they had a better understanding of HEiAP as a result of the workshop.
- 85% intended to share the information they learned at the workshop with others.
- 88% intended to use what they learned at the workshop in their jobs or in other activities.
- 85% said they would be likely to attend a policy advocacy training, a health impact assessment training, and/or a follow-up session to the HEiAP workshop.

Overall, participants were pleased with the workshop and found it to be a valuable experience.

Compared to previous conferences GCHD has held, "this one was by far the most engaging and relevant," according to one participant. Another participant agreed:

“The event was well organized; the materials and presentations were thought out and added knowledge to the community.”

Some participants expressed a desire for more action-focused and solution-oriented discussion:

“I feel that there was too much time spent going over accomplishments and less with solution finding. The room was filled with great thinkers and problem solvers in our community and the afternoon could have been spent with more active problem solving.”

“Great concept and good discussion but still unclear of tangible steps I can take in a non-health care sector to make lasting systematic change.”

Other participants provided recommendations for next steps and future gatherings:

“Maybe there needs to be a small delegation of community members/health workers that can develop a presentation for governmental policy makers so that we develop an agreed language to begin the process of equity in all policies. Many policy makers matured in their positions at a time when equal was the goal, now we are looking more at equity and then health in policy making. Without a common language we may be impeded. We don’t want folks who unnecessarily yell but those who can negotiate bridging these troubled waters (pun intended)!”

“I would like to see events occur on the weekend where teachers and possibly physicians can attend. I would like to see more of a presence from the Genesee County Medical Society with regard to their embracing Health Equity. They really should be at the table with this work. Physicians are in a unique position to REALLY push equity in their own practices with regard to their patients.”

## Next Steps

The next priority for the partners leading the HEiAP efforts in Genesee County is to operationalize the work — moving from talking to action. Additionally, the health department will continue working with community members to clarify what HEiAP is and why the health department is implementing the initiative in Genesee County. The health department also plans to connect workshop attendees with additional opportunities, such as webinars and other events focused on water and preparedness.



Workshop participants listen and take notes during a presentation.

## References and Notes

1. Gase, L.N., Pennotti, R., & Smith, K.D. (2013). “Health in All Policies”: Taking Stock of Emerging Practices to Incorporate Health in Decision Making in the United States. *Journal of Public Health Management and Practice*, 19(6), 529-540.
2. Genesee County Board of Health. (2016). *Resolution in Support of Adopting a Health-Equity-in-All-Policies Approach to Decision Making in Genesee County Government*.
3. GCHD hosts an annual public health conference and also recently held a policy training on “Communities Working in Partnership.” This is a full-day training with curriculum developed by the Urban Research Center of Detroit, within the School of Public Health at the University of Michigan.
4. NACCHO. (2017). *Health in All Policies: Experiences from Local Health Departments*. Retrieved August 7, 2018, from <http://bit.ly/2CwsA8R>
5. Hall, R., & Jacobson, P. (2018). Examining Whether the Health-in-All-Policies Approach Promotes Health Equity. *Health Affairs*, 37(3), 364-370.

## Related Materials

- a. NACCHO. (2015). Statement of Policy: Health in All Policies. <http://bit.ly/2RVhein>
- b. NACCHO. (2014). *Local Health Department Strategies for Implementing Health in All Policies*. <http://bit.ly/2pXEOOu>

## [REPORT]

October 2018



- c. NACCHO. (2018). *Five Promising Strategies for Local Health Department Health in All Policies Initiatives*. <http://bit.ly/2EzcWLO>
- d. NACCHO. (2018). *Recommendations and Opportunities for Local Health Department Health in All Policies*. <http://bit.ly/2P1rc2R>
- e. NACCHO. (2018). *Key Assets for Implementing Health in All Policies Initiatives*. <http://bit.ly/2EIGuLM>

## Appendices

- I. Genesee County Board of Health – Health-Equity-in-All-Policies Resolution
- II. Health Equity in All Policies Workshop Planning Committee Mission Statement
- III. Health Equity in All Policies Workshop Agenda
- IV. Expanded Membership of Genesee County Board of Health Resolution
- V. Genesee County Health Department Strategic Plan

## Acknowledgments

This fact sheet was supported by Award Number NU38OT000172 from the Centers for Disease Control and Prevention. NACCHO is grateful for this support. The contents do not necessarily represent the official views of the sponsor.

### FOR MORE INFORMATION, PLEASE CONTACT:

#### **Bridget Kerner**

Senior Program Analyst, Environmental Health  
National Association of County and City Health Officials  
[bkerner@naccho.org](mailto:bkerner@naccho.org)

#### **Suzanne Cupal**

Community Health Division Director  
Genesee County Health Department  
[scupal@gchd.us](mailto:scupal@gchd.us)



*The National Connection for Local Public Health*

[www.naccho.org](http://www.naccho.org)



The mission of the National Association of County and City Health Officials (NACCHO) is to improve the health of communities by strengthening and advocating for local health departments.

1201 Eye Street, NW, Fourth Floor • Washington, DC 20005

Phone: 202-783-5550 • Fax: 202-783-1583

© 2018. National Association of County and City Health Officials.

APPENDIX I

Genesee County Board of Health

RESOLUTION IN SUPPORT OF ADOPTING A HEALTH-EQUITY-IN-ALL-POLICIES APPROACH TO  
DECISION MAKING IN GENESSEE COUNTY GOVERNMENT

Over several months, the Genesee County Board of Health has reviewed and considered the benefits of an approach to decision-making that has been adopted by many municipal and county governments across the nation. This approach is commonly referred to as "Health in All Policies." Health Equity ensures that everyone has the opportunity to attain their highest level of health and is a crucial component of population health. If applied in a concrete and rigorous way, this approach provides both a mindset and a process for incorporating considerations of health equity into all public policy decisions.

In most communities that have successfully adopted a Health in All Policies approach, the primary mechanism for applying it has been an interdepartmental body with representation from all sectors of community life over which the governing body (in the case of a county, a Board of Commissioners) has influence. The members of this interdepartmental body receive training and technical assistance in understanding the ways in which decisions about housing, employment, education, transportation, land use, etc., can create the conditions that promote or discourage health, especially for residents who are already marginalized by virtue of their race or ethnicity, socio-economic status, mental or physical disability, language of origin, age, or other aspect of their identity. The primary function of the interdepartmental body is to serve the governing body by 1) considering any new governmental policy for which the likely health impacts are not clear; 2) considering current governmental policy whose negative health impacts have been called into question by the public; 3) analyzing the health impacts of any such policy; and 4) providing recommendations to the governing body on any changes in these policies that would reduce negative health impacts.

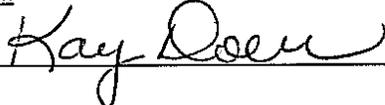
There are several important tools that members of such an interdepartmental team can use in carrying out their analyses. The most important of these are various forms of Health Impact Assessment. The Genesee County Health Department has considerable experience in developing and applying Health Impact Assessments with varying levels of sophistication. The department's considerable work and collaboration with the Medical Community, Universities and Community Based Partners in promoting health equity and environmental justice are additional assets that can inform the development and orientation of an interdepartmental team.

The Genesee County Board of Health believes that the promotion of good health requires attention to the underlying conditions in which people live, in addition to behavioral choices and access to quality health care. It further believes that every Genesee County resident should have the opportunity to make choices that will allow for a long and healthy life, and that policies in all aspects of community life may limit or expand those choices for some people.

The health consequences resulting from changes to the Flint Water Supply in 2014 highlight the urgency for adoption of Health Equity In All Policies. **Therefore, we encourage the Genesee County Board of Commissioners to adopt a Health Equity in All Policies approach to decision-making in Genesee County government, and that in doing so Genesee County serve as a model for other units of government throughout Michigan.**

The Genesee County Board of Health, confirms its support for each and all the above statements. The undersigned authorizes and encourages the Genesee County Board of Commissioners to use this signed Resolution to promote the above-stated objective.

Organization Name: Genesee County Board of Health Number of Members: 5  
Contact Person (Print): Mrs. Kay Doerr  
Address: 630 S. Saginaw Street, Suite 4, Flint, MI 48502  
Phone, Fax, E-mail: Phone: (810) 210-8618, Fax: (810) 257-3147,  
E-mail: doerrkay@gmail.com.

Authorized Signature:  Date: 7-7-16

Please Print Name: Kay Doerr Title: Chairperson

# Planning Committee Mission Statements

The goal of the Health Equity in All Policies Workshop is to bring together legislators, local government officials, and community stakeholders to discuss the implementation of the 2016 Health Equity in All Policies resolution in Genesee County. The workshop planning committee represents a variety of organizations and state and local departments in Genesee County, including the Genesee County Health Department, the National Association of County and City Health Officials (NACCHO), the Community Foundation of Greater Flint, the Board of County Commissioners, the Michigan Department of Civil Rights, the Mayor's Office of the City of Flint, and the Community Based Organization Partners.

Below are the mission statements from each of the organizations and governmental departments represented on the committee.

## NACCHO

National Association of County & City Health Officials

*The National Connection for Local Public Health*

NACCHO's mission is to be a leader, partner, catalyst, and voice for local health departments in order to ensure the conditions that promote health and equity, combat disease, and improve the quality and length of all lives.



**Genesee County  
Health Department**

**Your Health. Our Work.**

To improve the quality of life in Genesee County by preventing disease, promoting health, and protecting the public from environmental hazards to health.



To provide an effective and efficient government to our residents promptly, courteously, and compassionately; To ensure an open, transparent, and financially sustainable county government; To be a leader in county government by providing a highly trained and professional staff of elected officials, appointed officials, and employees through encouraging development, openness, challenge, accountability, diversity, teamwork, and respect for every colleague; To encourage orderly and planned growth through cooperation with residents, businesses, non-profits, and institutional partners to ensure a vibrant community; and To provide a high standard of ethics on behalf of, and for, all residents.



### Enforce Civil Rights Laws

MDCR's primary purpose is to investigate complaints of discrimination in employment, education, housing, public accommodation, law enforcement and public service. The alleged discrimination must have taken place in the last 180

days and must be based on religion, race, color, national origin, arrest record, genetic information, sex, age, height, weight, marital status or disability.

### Prevent Discrimination

MDCR is committed to preventing discrimination and working to bridge gaps in understanding and trust. We engage with community and faith-based organizations, advocates and law enforcement agencies to address civil rights issues and build partnerships to promote voluntary compliance with civil rights laws.

MDCR offers training on a range of topics including cultural competency, disability, sexual harassment, housing discrimination, hate crimes and civil rights law. We also partner with communities to examine racial and ethnic disparities and the role they play in Michigan's economic and social environment.

### Serve Communities

MDCR works to support diversity and inclusion, and to serve the needs of specific residents.



To assure that residents, businesses, students and visitors in the City of Flint receive municipal services in a customer friendly, financially responsible, and equitable manner in order to insure equality of opportunity for all persons. (The mission of the City Government)



For good. For ever.™

The Community Foundation of Greater Flint serves the common good in Genesee County – building a strong community by engaging people in philanthropy and developing the community's permanent endowment – now and for generations to come.



To build the capacity of Community Based Organizations while establishing the community as a recognized and respected institution in collaborative partnerships.



Health Equity in All Policies Workshop  
June 4, 2018 | Flint, MI  
Hosted by the Genesee County Health Department  
Holiday Inn Gateway Center  
5353 Gateway Center, Flint, MI 48507

*Workshop Objectives*

- Understand HiAP as a whole government approach to address social determinants of health
- Recognize the strategies tactics for implementing HiAP to address the social determinants of health
- Learn about ongoing efforts at the city and county level to address Health inequity through a Health in All Policies approach

**Monday June 4, 2018**

**Coffee Available in the Lobby**

**9:00-9:45 Welcome, Overview and Workshop Expectations**

Objective: This session provides a welcome to participants and an overview of the agenda, in both content and logistics.

- *Bridget Kerner, National Association of County and City Health Officials (NACCHO)*
- *Phyllis Meadows, The Kresge Foundation*
- *Kent Key, Community Based Organizations Partners (CBOP)*

**9:45-10:45 Laying the Groundwork: Health Equity and Social Determinants of Health**

Objective: This Panel Discussion will focus the social determinants of health and on ongoing work in Genesee County to address the root causes of health inequity.

- *Dr. Agustin Arbulu, Michigan Department of Civil Rights*
- *Dr. Kent Key, CBOP*
- *Dr. Lawrence Reynolds*
- *Pamela Pugh, Public Health Advisor - City of Flint*

**10:45-11:00 BREAK**

**11:00-11:30 Health in All Policies 101**

Objective: Understand Health in All Policies and how a HiAP approach can be used to address health inequities.

- *Bridget Kerner, NACCHO*

**11:30-12:00 Health in All Policies: Current Trends**

Objective: Learn about new findings from Dr. Jacobson's HiAP research and the empirical connections between Health in All Policies and Health Equity.

- *Dr. Peter Jacobson, University of Michigan*

**12:00-1:00 LUNCH Served in the Atrium**

**1:00-2:30 Overview of Genesee County Health Equity in All Policies Resolution and City of Flint Combined Efforts to Address Health Inequity**

Objective: Review the 2017 HEiAP resolution passed in Genesee County and learn from the City of Flint’s Chief Health Strategist about city led efforts to incorporate health into decision-making processes.

- *Pamela Pugh, City of Flint – Mayor’s Office*
- *Kay Doerr, Board of County Commissioners*

**2:30-2:45 BREAK**

**2:45-4:00 Policy Efforts to Address Health Inequities in the Aftermath of the Water Crisis**

Objective: Provide an overview of the policy efforts to address health inequities in the aftermath of the water crisis and discuss priority policy areas to address through this work moving forward.

- *Suzanne Cupal, Genesee County Health Department*
- *Kay Doerr, Board of County Commissioners*
- *Dr. Kent Key, CBOP*

**4:00-4:30 Conclusion: Looking Ahead**

Objective: Discuss next steps and concluding thoughts for the workshop.

- *Suzanne Cupal, Genesee County Health Department*

**We will be in touch with a post-workshop evaluation!**

**Thank you.**

APPENDIX IV

**Expanded Membership of Genesee County Board of Health RESOLUTION**

**WHEREAS:** It is important that Boards of Health build and strengthen community partnerships through education and engagement to ensure collaboration of all relevant stakeholders in promoting and protecting the community's health.

**WHEREAS:** The Genesee County Board of Commissioners adopted "Health Equity in All Policies" regulation in 2016, to better understand and address health impacts of policy decisions on specific populations.

**WHEREAS:** Flint residents' health and wellbeing was compromised as a result of the Flint Water Crisis (2014) and enhanced public health services and health monitoring will be required for decades to come.

**WHEREAS:** The Genesee County Board of Commissioners has the authority to appoint members to the Genesee County Board of Health, and to determine the size and composition of the Board of Health's membership.

**WHEREAS:** Five (5) appointed members currently serve on the Genesee County Board of Health, which is lower than an average of 8 members serving on Boards of Health representing communities of similar population, according to the National Association of County and City Health Officers Officials (NACCHO).

**WHEREAS:** Boards of Health in neighboring Michigan Communities are have representation from more than 5 members (e.g. Ingham County=10 members: Saginaw County = 8 members.)

**WHEREAS:** The current structure of the Board of Health includes representation from three (3) Genesee County Commissioners, one (1) community physician and one (1) community member with expertise and/or experience in community public health.

**WHEREAS:** It is desirable and appropriate to assure that Genesee County, Board of Health Membership Structure promotes collaboration and representation of from those best prepared to address the needs of underserved county residents equitably

**BE IT RESOLVED:** The Genesee County Board of Health recommends that the Genesee County Board of Commissioner expand of the Board of Health structure to include up to four (4) additional appointees. Two appointees will include (1) City of Flint employee or official with public health expertise or experience and one (1) resident of Flint with public health knowledge and interest in addressing health inequities. Representation criteria and timing for filling the remaining two slots will be at the discretion of the Board of Commissioners.

**Organization Name:** Genesee County Board of Health **Number of Members:** 5

**Contact Person (Print):** Mrs. Kay Doerr

**Address:** 630 S. Saginaw Street, Suite 4, Flint, MI 48502

**Phone, Fax, E-mail:** Phone (810) 210-8618, Fax (810) 257-3147, e-mail doerrkay@gmail.com

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please Print Name:** Kay Doerr **Title:** Chairperson



# Genesee County Health Department

Healthy Genesee County 2020



**Public Health**  
Prevent. Promote. Protect.

## VISION, MISSION, GOAL, VALUE & PRINCIPLES

### Vision

Better Life Through Better Health

### Mission

To improve the quality of life in Genesee County by preventing disease, promoting health, and protecting the public from environmental hazards to health.

### Goal

To improve the health status of Genesee County residents, with particular attention to eliminating racial, social, and economic inequities and using prevention and intervention strategies that target underlying causes.

### Value & Principles

**Responsibility:** To the public we serve; to the government of which we are a part; and to our staff, who carry out the mission with which we are charged.

**Excellence:** In all areas of work and among those we encounter and serve.

**Goodwill:** In our treatment of the public and each other, with dignity, cultural competency, equality, and confidentiality.

**Effectiveness:** Through services that are convenient, customer-oriented, quality-focused, and evidence-based, and that result in measurable improvements in the community's health.

**Collaboration:** In work with community members, agency partners, and each other to build trust, to ensure work is respectful and equitable, and to develop solutions that draw upon the unique strengths of all.

**Positive Attitude:** In approach to and expectations for our work, colleagues and community.

**Social Justice:** By recognizing local inequities in health status and working with others to change the social, economic, political, and environmental conditions that are among the root causes of these inequities.

## ORGANIZATIONAL PRIORITIES

- Foster a Learning Organization and Academic Health Department
- Evaluate Programs and Improve Quality Continuously
- Implement Evidence-Based Practices
- Enhance Communication Internally and Externally
- Develop an Effective Media and Marketing Strategy
- Partner with Community Residents and Organizations
- Convene Public Health System Agencies
- Coordinate Across Disciplines
- Work for Health Equity and Social Justice
- Encourage Diversity and Assure Cultural Competence
- Encourage Worksite Wellness and Health Promotion
- Secure Adequate Resources



BETTER LIFE THROUGH BETTER HEALTH

Genesee County Health Department  
Floyd J. McCree Courts & Human Services Center  
630 S. Saginaw Street, Suite 4  
Flint, MI 48502  
Phone: 810-257-3612  
Fax: 810-257-3147

John D. McKellar, MPA  
Health Officer

Gary K. Johnson, MD, MPH  
Medical Director

Visit us on the Web at [www.gchd.us](http://www.gchd.us)

## FIVE BIG RESULTS

### 1. Champion healthy public policy by gathering, analyzing and disseminating information on health and the determinants of health

Assessment and policy development are two of the three key functions of public health. Public health is a science that uses data to provide guidance for planning, delivery and evaluation of public health services.

### 2. Create and sustain healthy environments and assure compliance with environmental health regulations under our authority and jurisdiction

Improving the environments in which people live, work and play improves health outcomes. It also makes healthy choices easier. Assuring safe and healthy water, food, housing and recreational resources are at the core of good public health policy.

### 3. Maximize impact on community health by encouraging healthy lifestyles

Health outcomes can be greatly improved by avoiding exposure to toxins like tobacco smoke, eating right, moving more and maintaining a healthy weight.

### 4. Create health equity and social justice

There is disparity in the distribution of factors that contribute to health outcomes. Addressing these disparities contributes to creating health equity.

### 5. Be a fully accredited local health department that embraces excellence and promotes communication, collaboration, diversity and mutual respect

We must recruit, develop and maintain a competent and flexible workforce, promote collaboration and meet the accreditation standards for local public health in Michigan.

## TOP TEN COMMUNITY PRIORITY OUTCOMES

**1. Ensure all Genesee County Residents have a “medical home”** - A “medical home” offers a home base for health care where a primary doctor provides culturally appropriate, consistent care and coordinates with other professionals to meet a family’s health care needs. Having a “medical home” helps ensure individuals and families get appropriate preventive care and addresses health care needs sooner thereby improving health outcomes.

**2. Promote Healthy Kids becoming Healthy Adults** - By providing Genesee County children a healthy start we can prevent them from developing chronic illness as adults. Healthy lifestyles learned as children promote healthy lifestyles as adults.

**3. Promote Obesity Reduction** – Many Genesee County residents are overweight or obese. Excess weight is a contributing factor to chronic diseases. Maintaining a healthy weight can improve health outcomes.

**4. Improve Healthy Eating** - Eating healthy foods can prevent disease and contributes to a healthy lifestyle.

**5. Improve Active Living** - Being physically active can prevent chronic disease and contributes to a healthy lifestyle.

**6. Create and Support Healthy Environments** - Healthy environment includes our physical environment, our built environment (infrastructure) and our social environment. It includes emergency preparedness, healthy homes, smoke free air, access to clean safe water, healthy foods and violence prevention.

**7. Promote Immunizations Across the Lifespan** - Immunizations are public health’s greatest tool to prevent disease in individuals and communities. By promoting proper immunization across the lifespan we can dramatically improve our community’s health.

**8. Promote Healthy Sexuality** - Making wise and informed choices, taking care of your reproductive health and accepting and expressing your sexual identity are all vital to staying sexually healthy throughout your life. Promoting awareness of healthy sexuality means encouraging communication about feelings and values, family planning, condom use and knowing HIV and STD status through routine testing.

**9. Increase the Use of Preventive Care** - Preventing disease before it occurs is a cornerstone of public health. Preventing disease through early detection, proper reporting, follow-up and treating it early improves individual and community health.

**10. Improve the Social Determinants of Health** - Where we live impacts our health. The social conditions in which we live impact our health. Inequity in these social conditions creates health disparity. By addressing the social conditions that contribute to poor health outcomes in our community we can create health equity.