# 2015 Local Board of Health National Profile

June 2016

NACCHO
National Association of County & City Health Officials

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# Local boards of health govern health departments and shape public health policy

Local boards of health play an important role in our public health system. They work with local health departments (LHDs) in a variety of ways, including establishing public health priorities, approving budgets, and overseeing local public health regulations.

## Local boards of health are an essential link between public health services and a healthy community.

Local boards of health serve as the link between LHDs and the communities they serve. In this capacity, the board of health represents the community's interest in adopting priorities and establishing needed services, while also communicating with the community about health department goals and services available. Local boards of health play important role in shaping and balancing community demand with available supply of public health services.

The National Association of County and City Health Officials (NACCHO) conducted a survey of LHD administrators to determine the characteristics and functions of local boards of health. The following report summarizes the findings from that survey. The information collected can be used to establish a link between governance characteristics and effectiveness of the local public health system.

The report is organized around the six functions of public health governance: policy development, resource stewardship, legal authority, partner engagement, continuous improvement, and oversight. All public health governing entities are responsible for some aspects of each function. No one function is more important than another.

These functions were identified, reviewed, and developed by the National Association of Local Boards of Health (NALBOH) and other partners. The descriptions of each function at the beginning of each section come from a document developed by NALBOH.

For more information about the National Association of Local Boards of Health (NALBOH) and its development of local board of health governance functions, visit **www.nalboh.org**



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# Varying sizes of LHD jurisdictions

## LHDs, and their local boards of health, serve jurisdictions of different sizes across the United States

Throughout this document, data are analyzed by the size of the population served by LHDs. This means statistics are compared for subgroups of LHDs defined by the number of people living in the LHD jurisdiction.

LHDs in small jurisdictions serve populations of less than 50,000 people

LHDs in medium jurisdictions serve populations of between 50,000 and 500,000 people

LHDs in large jurisdictions serve populations of 500,000 or more people

# Identifying the study population and study sample

## The study population was LHDs with one or more local boards of health

NACCHO took several steps to identify this study population. First, data on the presence or absence of a local board of health from NACCHO's 2005, 2008, 2010, and 2013 National Profile of Local Health Departments (Profile) surveys were merged to analyze responses over time.

NACCHO reviewed LHD responses to whether or not they had a local board of health from each of the four Profile surveys. In cases where responses were not consistent over the four Profile surveys, NACCHO reviewed additional information (e.g., from LHD websites) or contacted a representative from the state health department or state association of county and city health officials (SACCHO) to verify whether the LHD had a local board of health.

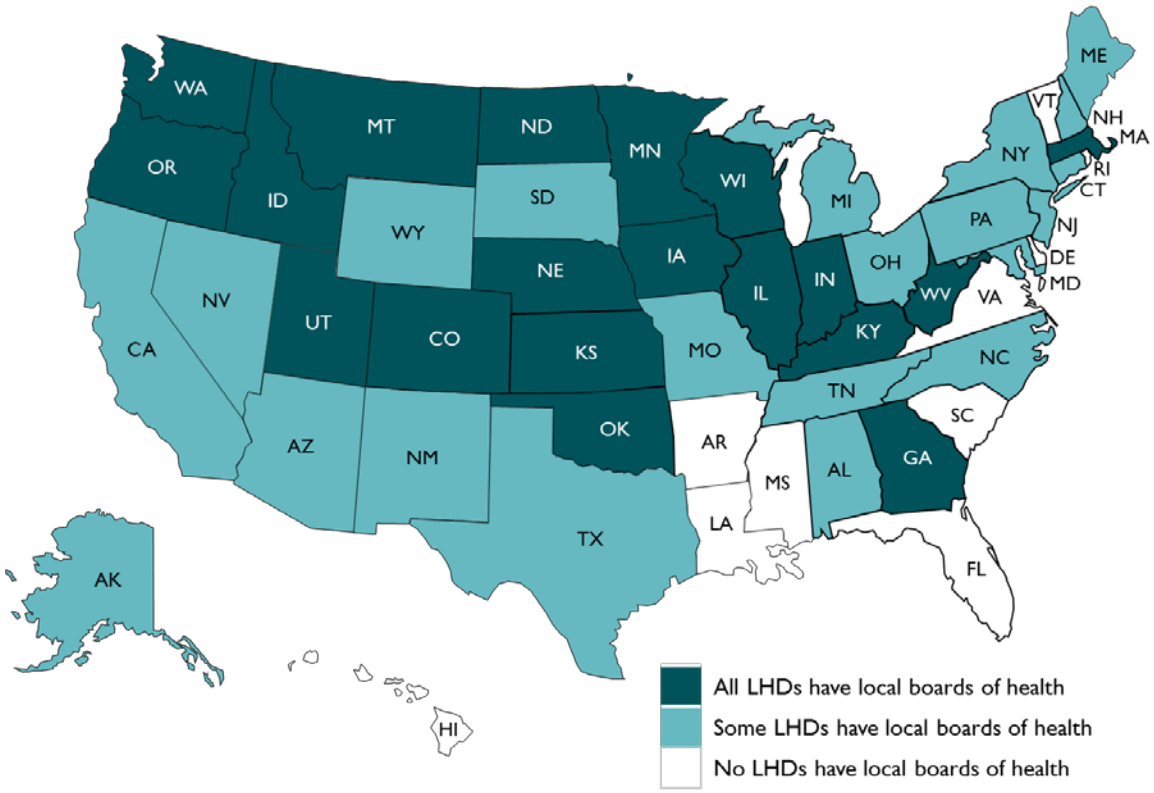
The verified list of LHDs with local boards of health was considered the study population from which sample was drawn.

From this list, NACCHO identified a statistically representative sample of 685 LHDs with one or more local boards of health. The sample was stratified by the size of the population served by the LHD and the state; because LHDs with large population sizes represent a relatively small portion of all LHDs, these LHDs were oversampled to ensure a sufficient number of responses for analysis.

Refer to **www.nacchoprofilestudy.org/other-materials** for a detailed description of survey methodology.

# More than three-quarters of LHDs have a local board of health

The proportion of LHDs with local boards of health varies by state




n=2,664

As indicated above, using data from NACCHO's 2005, 2008, 2010, and 2013 Profile studies, and additional information when needed, NACCHO identified a verified list of LHDs with one or more local boards of health serving its jurisdiction.

Based on these data, NACCHO identified more than three-quarters (77%) of LHDs have a local board of health.

The proportion of LHDs with local boards of health varies by state: All LHDs in 19 states have a local board of health; some LHDs in 21 states have a local board of health; and no LHDs in ten states have local boards of health.



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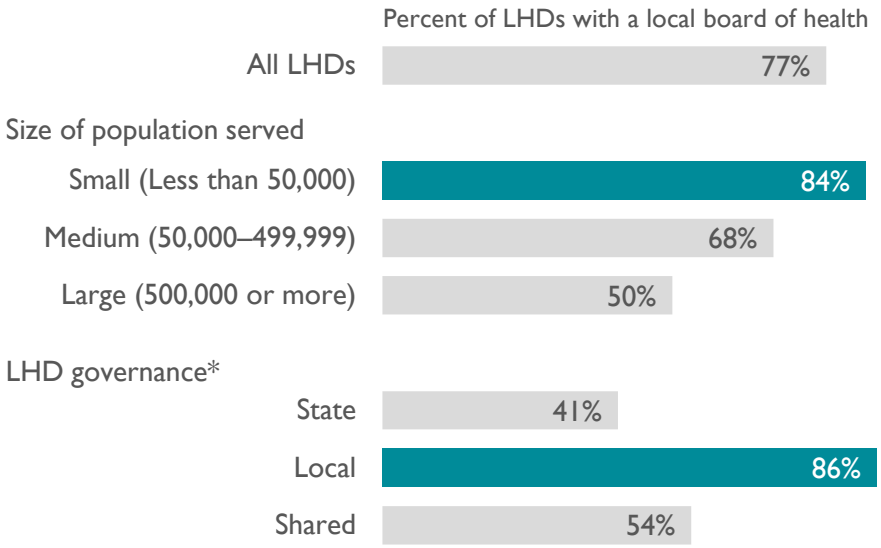
# The percent of LHDs with local boards of health varies by size of jurisdiction served and LHD governance

LHDs that serve small jurisdictions and locally governed LHDs are more likely to have local boards of health




*LHDs vary in their relationship to their state health department. Some are agencies of local government (referred to as locally governed). Others are local or regional units of the state health department (referred to as state-governed). Some are governed by both state and local authorities (called shared governance).

n=2,664

A larger proportion of LHDs that serve small jurisdictions (less than 50,000 people) have local boards of health compared to LHDs that serve larger jurisdictions (50,000 people or more).

Locally governed LHDs (LHDs that are agencies of local government) are more likely to have a local board of health (86%) compared to LHDs that are units of their state health department (41%) or governed by both state and local authorities (54%).



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# Survey methods

Survey questions for the local board of health national Profile were developed to measure different aspects of governance function, including policy development, resource stewardship, legal authority, partner engagement, continuous improvement, and oversight. Subject matter experts reviewed questions for face validity and cognitive interviews were conducted with 10 LHD administrators to determine whether questions were interpreted consistently as intended. The instrument was then piloted in April 2015 with eight LHDs.

NACCHO administered the survey to LHD top executives using Qualtrics, an online survey tool, from July to September 2015.

**A total of 394 LHDs completed the survey (response rate of 58%).**

NACCHO generated nationally representative statistics using estimation weights to account for sampling and non-response.

The number of responses to each question varied and is represented by the "n" located at the bottom of each figure throughout the report. When the n is listed as a range, responses to each item represented in the figure also varied (because some respondents skipped an item or selected the "do not know" option).

A few limitations should be noted. First, while most states are represented in responses, no LHDs responded to the survey in New Mexico, and less than half of LHDs with local boards of health in the sample responded in California, Oregon, Georgia, New Jersey, Oklahoma, West Virginia, and Massachusetts.

Second, all data were self reported; NACCHO did not independently verify the data provided by LHDs.

Lastly, because the survey was administered to LHDs, the responses reflect the perspective of LHD leaders rather than local board of health members.

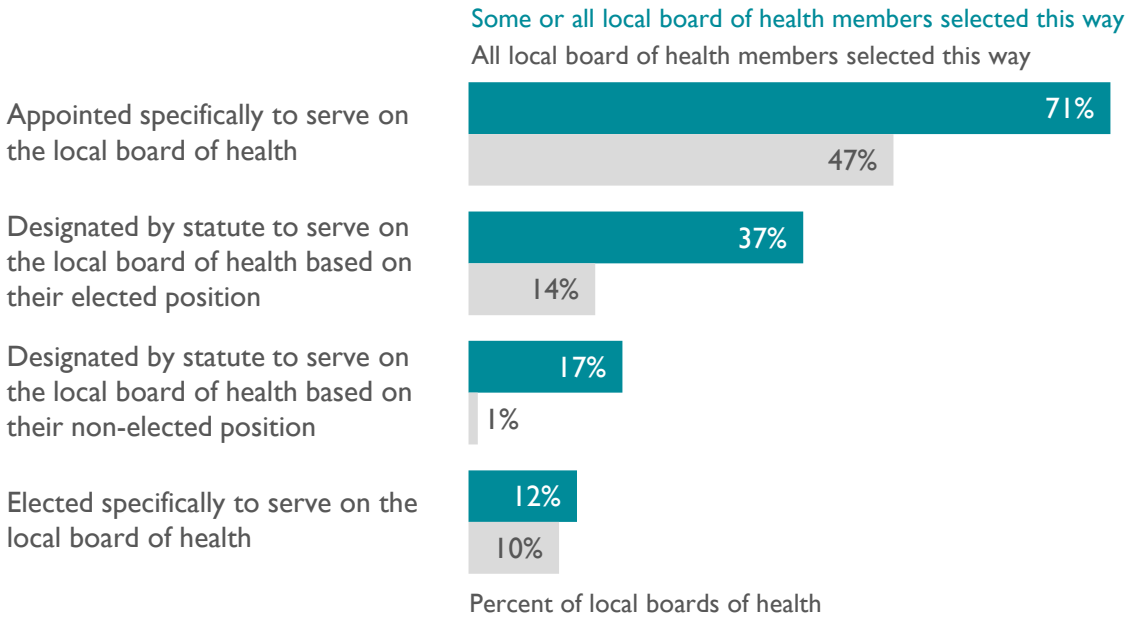
Refer to **www.nacchoprofilestudy.org/other-materials** for a detailed description of survey methodology.

# Characteristics of Local Boards of Health

01

# Local board of health members are most frequently appointed specifically to serve on the board

Seven in 10 local boards of health have members appointed specifically to serve on their local board of health

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Almost three-quarters (71%) of local boards of health include at least some members who were appointed to serve. All members are appointed on nearly half (47%) of local boards of health.

Fourteen percent of local boards of health are composed exclusively of members (and 37% have some members) designated by statute to serve based on their elected position (e.g., the county council or board of supervisors also serves as the local board of health).

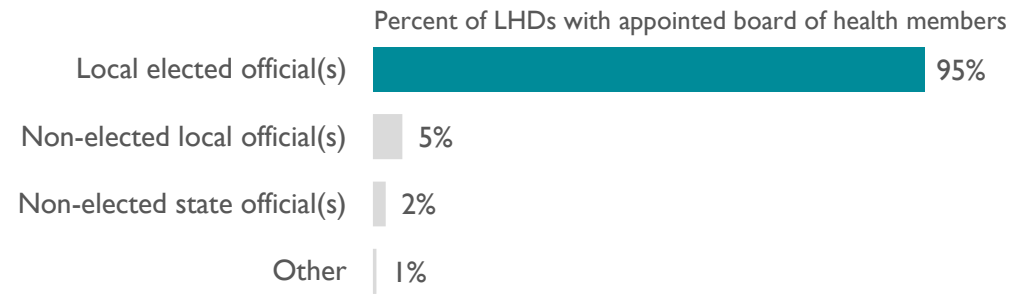
Twelve percent of local boards of health include at least some members specifically elected to serve on the local board of health.

# Local elected officials are almost always responsible for appointing local board of health members

Almost all (95%) LHDs reported their local elected officials were responsible for appointing their local board of health members.

Few reported non-elected local officials (5%), non-elected state officials (2%), or others are responsible for appointing local board of health members. No LHDs reported that state elected officials were responsible for appointing their local board of health members (not shown).

## Officials responsible for appointing local board of health members

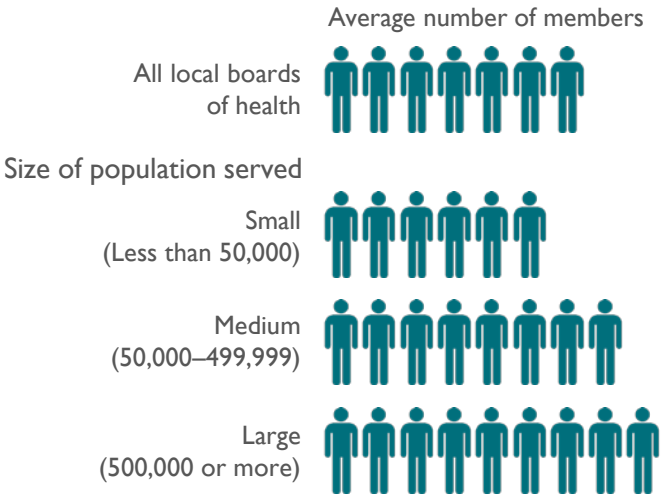



Note: No LHDs selected that state-elected officials were responsible for appointing their local board of health members

n=187

# Local boards of health vary greatly in number of members

## Local boards of health that serve larger jurisdictions have more members on average

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On average, local boards of health have seven members. Survey respondents reported local boards of health ranging from three to 33 members, including four local boards of health with more than 20 members (not shown).

Eighty percent of LHDs indicated their local boards of health have between five and 11 members (not shown).

The average number of members on a local board of health varies by the size of the population served by the LHD: LHDs that serve larger populations (500,000 or more people) have nine members on average on their local boards of health while LHDs that serve smaller populations (less than 50,000 people) have six members on average on their local boards of health.

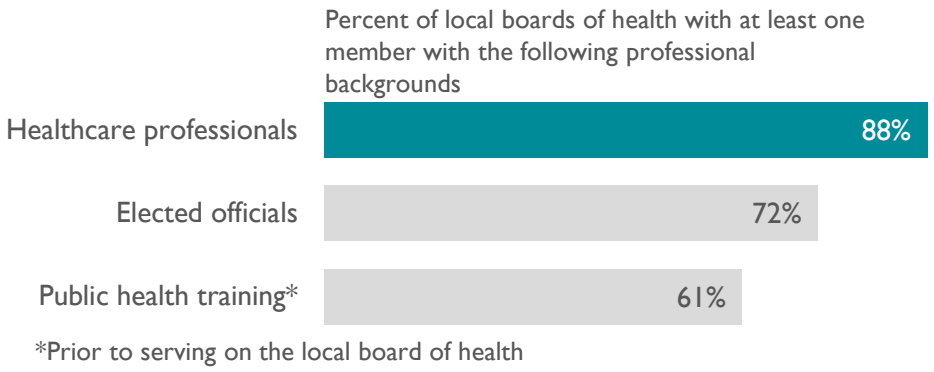
# Local board of health members are more likely to have training in healthcare than public health

Most local boards of health (88%) have at least one member who is a healthcare professional. However, healthcare professionals make up the majority of members on only one-third of all local boards of health (not shown).

Three-quarters of local boards of health have at least one elected official (72%) and 61% have at least one member with prior public health training.

Nationally, 40% of all local board of health members are healthcare professionals and 18% of all members had public health training prior to their selection (not shown).

Most local boards of health have at least one member who is a healthcare professional

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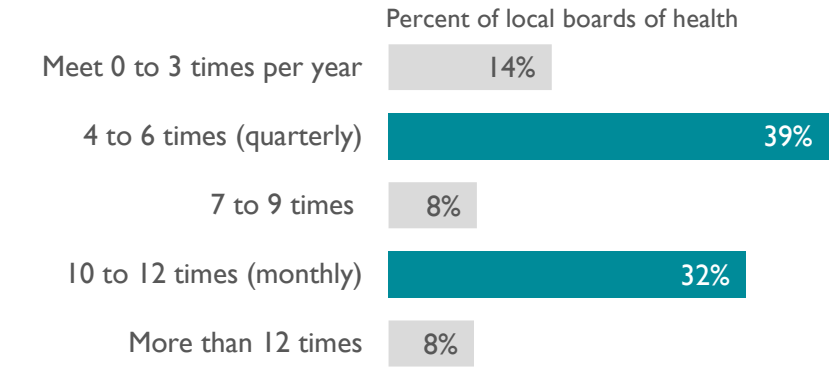
# Local boards of health meet at different frequencies

Local boards of health most commonly meet between quarterly and bimonthly (39%) or monthly or nearly so (32%). Only 8% meet more frequently than monthly and 14% meet less frequently than quarterly.

Local boards of health of large LHDs meet more frequently on average (10 times a year) than local boards of health of small or medium LHDs (eight times per year) (not shown).

Almost 80% of local boards of health meet between quarterly and monthly




n=384



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# Policy Development

02

**Definition of policy development as a public health governance function**

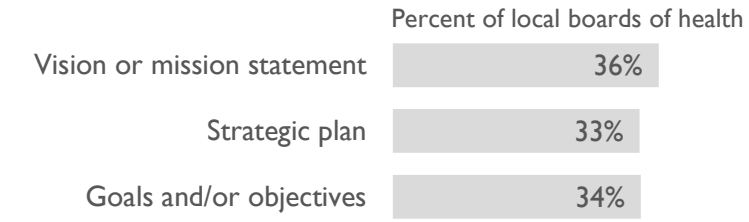
Lead and contribute to the development of policies that protect, promote, and improve public health while ensuring that the agency and its components remain consistent with the laws and rules (local, state, and federal) to which it is subject.

These may include, but are not limited to:

- Developing internal and external policies that support public health agency goals and utilize the best available evidence;
- Adopting and ensuring enforcement of regulations that protect the health of the community;
- Developing and regularly updating vision, mission, goals, measurable outcomes, and values statements;
- Setting short- and long-term priorities and strategic plans;
- Ensuring that necessary policies exist, new policies are proposed/implemented where needed, and existing policies reflect evidence-based public health practices; and
- Evaluating existing policies on a regular basis to ensure that they are based on the best available evidence for public health practice.

# Less than half of local boards of health have at least one document that guides their activities

## Approximately one-third of local boards of health have a vision or mission statement, strategic plan, or goals or objectives

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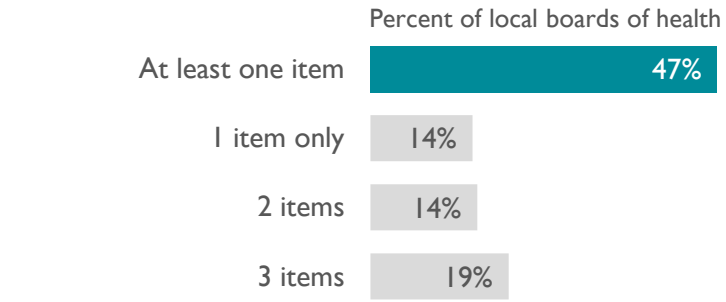
## Almost half of local boards of health have at least one of these documents that guides their activities

A vision or mission statement, strategic plan, or goals or objectives




n=334

Less than half of local boards of health (47%) have at least one document that guides their activities, namely a vision or mission statement, a strategic plan, or goals or objectives.

One in five local boards of health (19%) have all three of these documents. Approximately one third of local boards of health have each of these documents.



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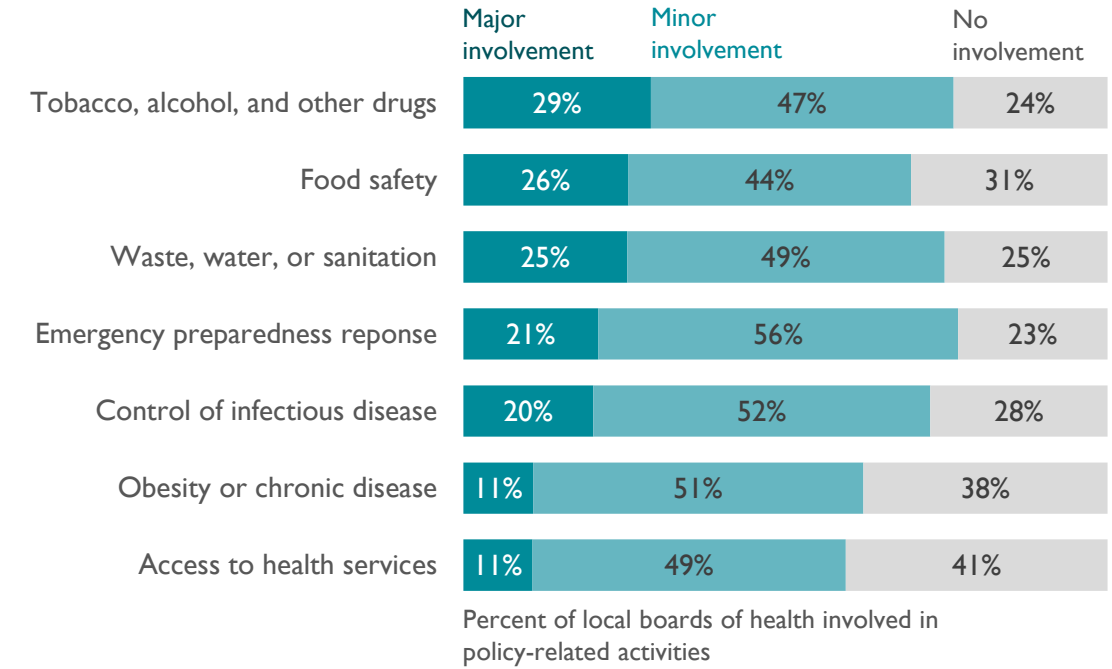
# Local boards of health are involved in a variety of policy-related activities

Local boards of health are most likely to be involved in policies related to tobacco, alcohol, or other drug use

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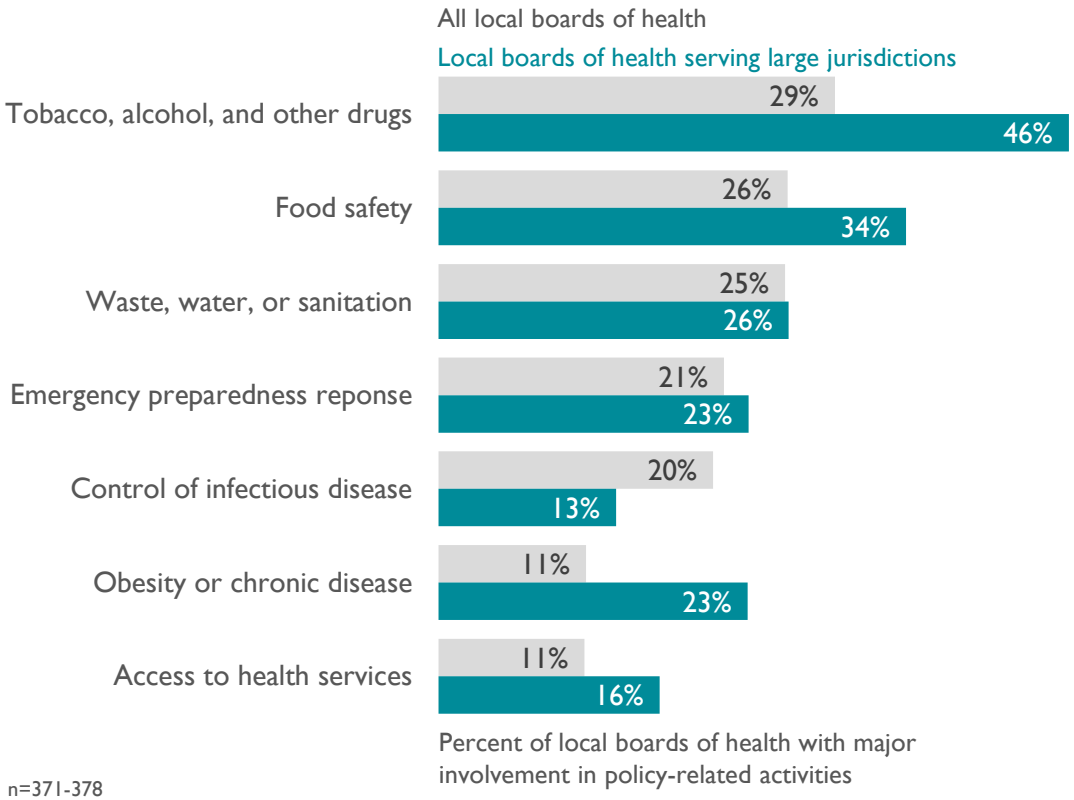
Local boards of health are involved in a variety of policy-related activities, at various levels of involvement. They are most likely to play a major role in tobacco, alcohol, and other drug policy-related activities (29%), food safety (26%), and waste, water, or sanitation (25%). On the other hand, few boards of health have a major role in obesity or chronic disease policy-related activities (11%) or providing access to health services (11%).

Half of local boards of health have a major role in at least one policy area listed; 7% have no involvement in any policy-related activities (not shown).

# Local boards of health serving large jurisdictions are more likely to be involved in policy-related activities

Local boards of health serving large jurisdictions are more likely to be involved in policies related to tobacco, alcohol, and other drugs, food safety, and obesity or chronic disease

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Local boards of health serving large jurisdictions (500,000 or more people) are more likely to play a major role in policy-related activities. In particular, they are much more likely to play a major role in policy areas related to tobacco, alcohol, and other drugs; food safety; and obesity or chronic disease.

On the other hand, local boards of health serving large jurisdictions are less likely to play a major role in the control of infectious disease.



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# Resource Stewardship

03

**Definition of resource stewardship as a public health governance function**

Assure the availability of adequate resources (legal, financial, human, technological, and material) to perform essential public health services.

These may include, but are not limited to:

- Ensuring adequate facilities and legal resources;
- Developing agreements to streamline cross-jurisdictional sharing of resources with neighboring governing entities;
- Developing or approving a budget that is aligned with identified agency needs;
- Engaging in sound long-range fiscal planning as part of strategic planning efforts;
- Exercising fiduciary care of the funds entrusted to the agency for its use; and
- Advocating for necessary funding to sustain public health agency activities, when appropriate, from approving/appropriating authorities.

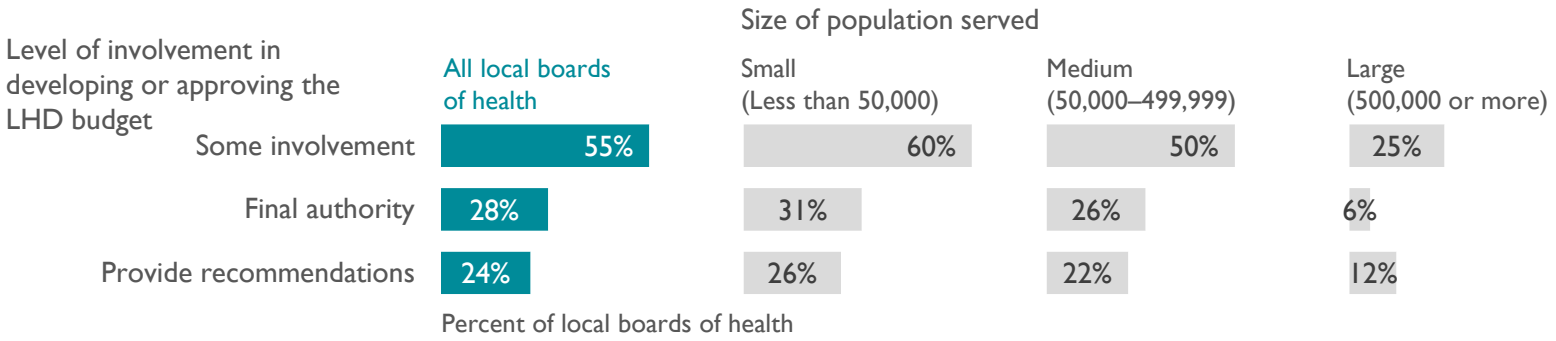
# Half of all local boards of health are involved in developing or approving the LHD budget

More than half of all local boards of health are involved in developing or approving the LHD budget; 28% have final authority to do so.

Local boards of health serving smaller populations (less than 50,000 people) are more likely to be involved in LHD budgets, compared to those serving larger populations.

## Almost three in 10 local boards of health have final authority to approve the LHD budget

Few local boards of health serving large jurisdictions have this authority

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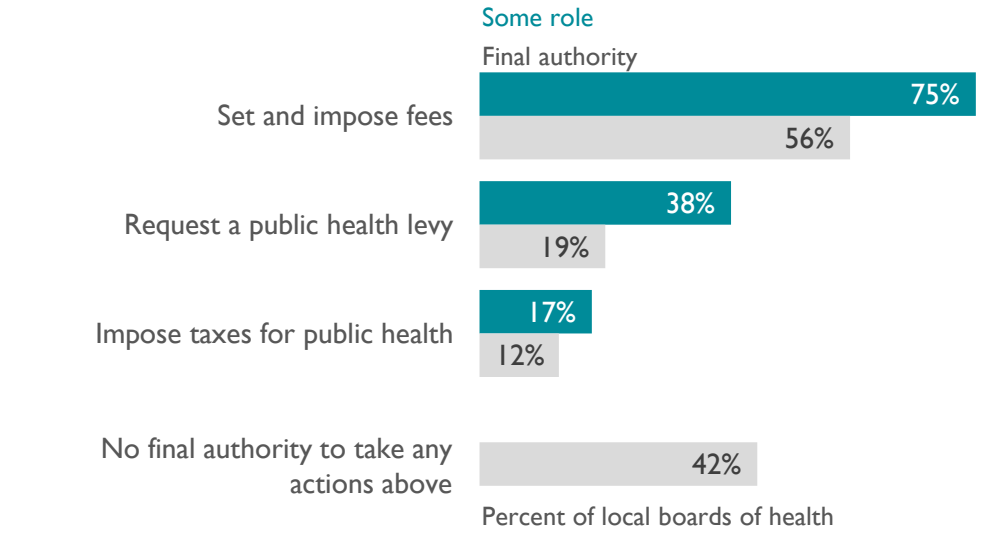
# Local boards of health have varied authorities to generate revenue to support public health activities

Local boards of health are involved in various revenue-generating activities to support public health activities. Three-quarters (75%) have some role in setting and imposing fees, 38% in requesting public health levies, and 17% in imposing taxes for public health. Fewer local boards of health have final authority to take these actions.

Forty-two percent of LHDs lack final authority to take any of these actions.

Two in five local boards of health do not have final authority to take any revenue generating actions

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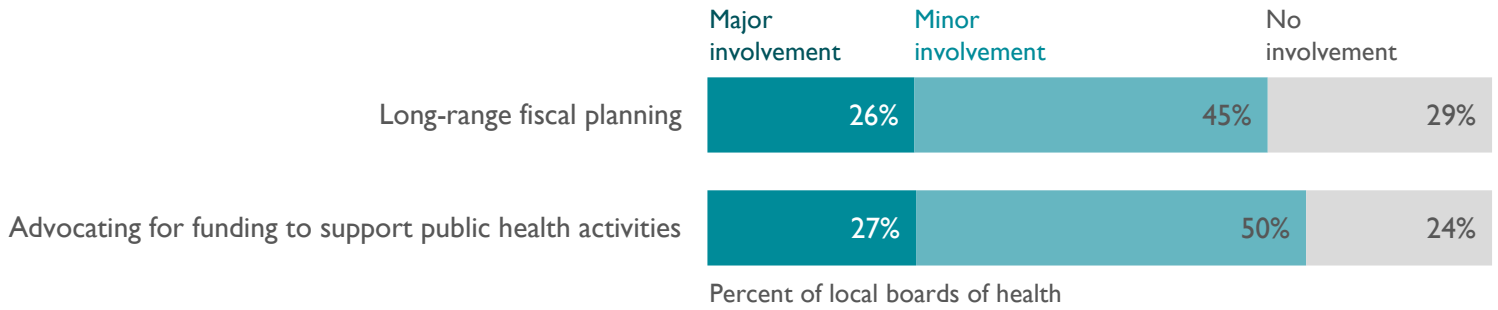
# Most local boards of health are involved in planning or advocating for financial resources

Almost three-quarters (71%) of local boards of health have some involvement in long-range fiscal planning; 26% play a major role and 45% play a minor role.

More than three-quarters (77%) of local boards of health have some involvement in advocating for funding to support public health activities; 27% play a major role and 50% play a minor role.

Three-quarters of local boards of health have some involvement in long-range fiscal planning and advocating for funding

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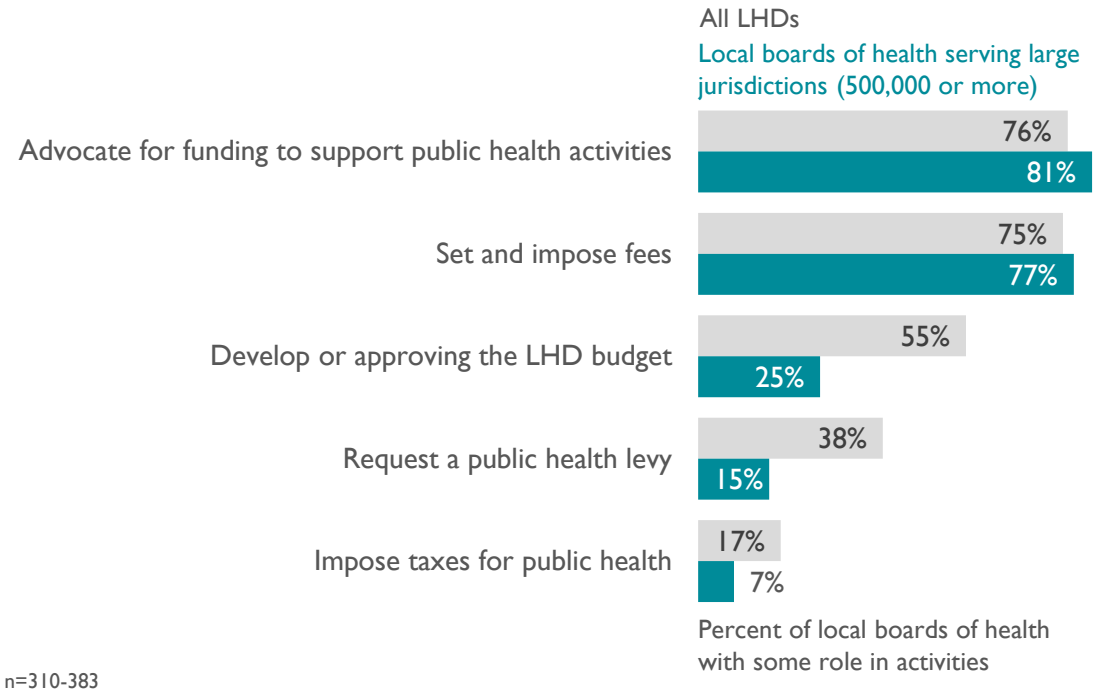
# Local boards of health serving large jurisdictions are less likely to have budget or revenue generating authority

Local boards of health serving larger jurisdictions are less likely to develop or approve the LHD budget, request a public health levy, or impose taxes for public health, compared to local boards of health serving smaller jurisdictions.

On the other hand, most local boards of health serving large jurisdictions (500,000 or more people), advocate for funding to support public health activities (81%) or set and impose fees (77%). They are also just as likely as local boards of health serving smaller jurisdictions to do these activities.

Local boards of health serving large jurisdictions are just as likely to advocate for funding or set and impose fees as local boards of health serving smaller populations

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# Legal Authority

04

**Definition of legal authority as a public health governance function**

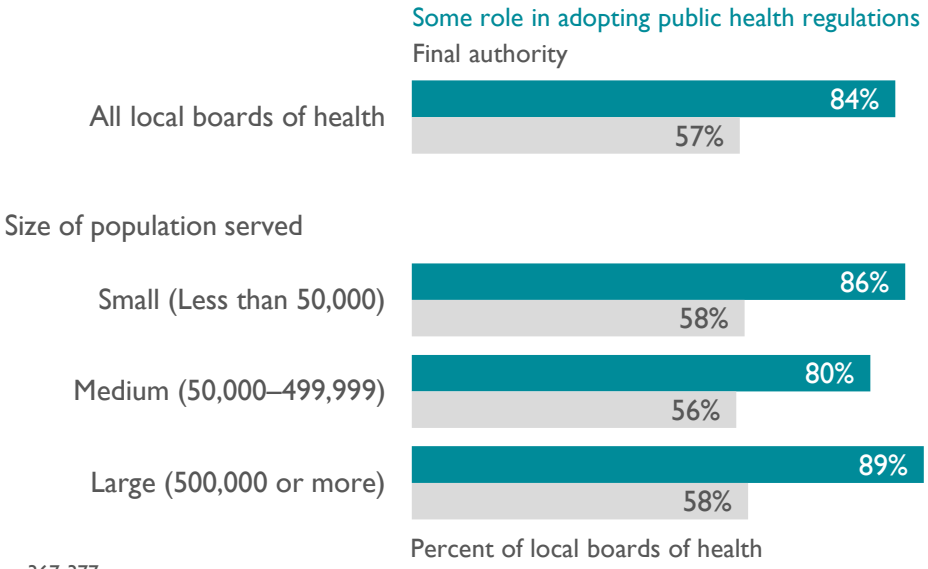
Exercise legal authority as applicable by law and understand the roles, responsibilities, obligations, and functions of the governing body, health officer, and agency staff.

These may include, but are not limited to:

- Ensuring that the governing body and its agency act ethically within the laws and rules (local, state, and federal) to which it is subject;
- Providing or arranging for the provision of quality core services to the population as mandated by law, through the public health agency or other implementing body; and
- Engaging legal counsel when appropriate.

# Most local boards of health play a role in adopting public health regulations

Local boards of health serving all jurisdiction sizes are equally likely to have a role in adopting public health regulations

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Most local boards of health have some role in adopting public health regulations (84%) and over half have final authority to do so (57%).

A similar proportion of local boards of health serving different jurisdiction sizes have some role in adopting public health regulations or final authority to do so.



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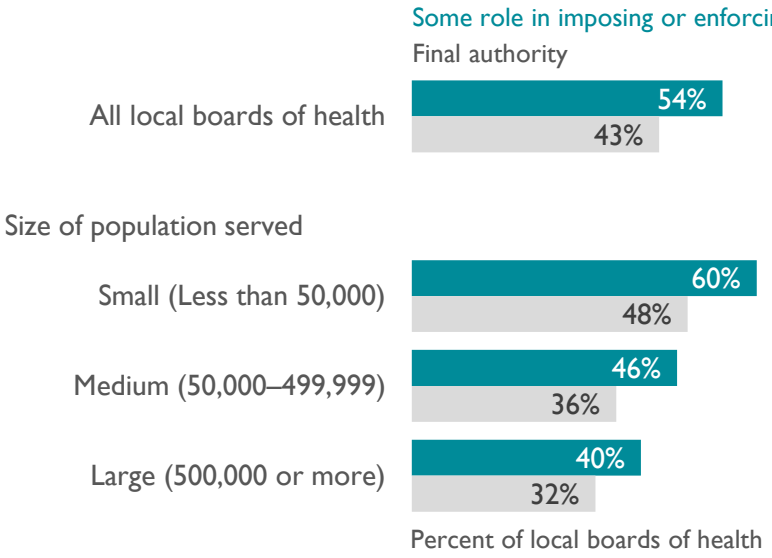
# Half of all local boards of health play a role in imposing or enforcing quarantines or isolation orders

Local boards of health serving smaller jurisdictions are more likely to have a role in imposing or enforcing quarantines

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Approximately half of all local boards of health (54%) have some role in imposing or enforcing quarantine or isolation orders and 43% have final authority to do so.

Local boards of health serving small jurisdictions (less than 50,000 people) are more likely to be involved in quarantine or isolation orders than local boards of health serving larger populations.



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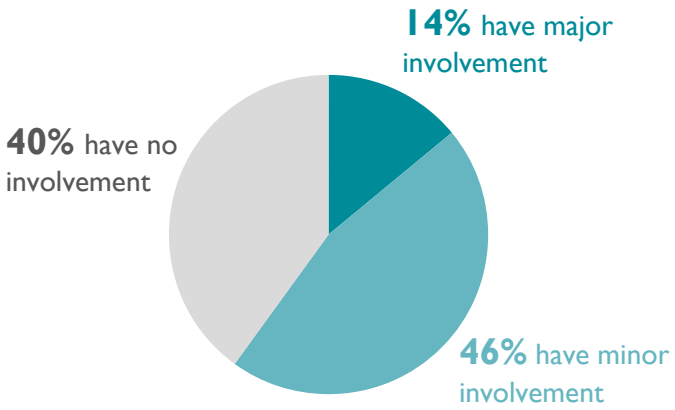
# More than half of local boards of health help determine whether public health services meet legal requirements

Few local boards of health play a major role in assessing public health services against legal requirements

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Sixty percent of local boards of health have some involvement in assessing public health services against legal requirements: 14% play a major role and 46% play a minor role.



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# Partner Engagement

05

**Definition of partner engagement as a public health governance function**

Build and strengthen community partnerships through education and engagement to ensure the collaboration of all relevant stakeholders in promoting and protecting the community's health.

These may include, but are not limited to:

- Representing a broad cross-section of the community;
- Leading and fully participating in open, constructive dialogue with a broad cross-section of members of the community regarding public health issues;
- Serving as a strong link between the public health agency, the community, and other stakeholder organizations; and
- Building linkages between the public and partners that can mitigate negative impacts and emphasize positive impacts of current health trends.

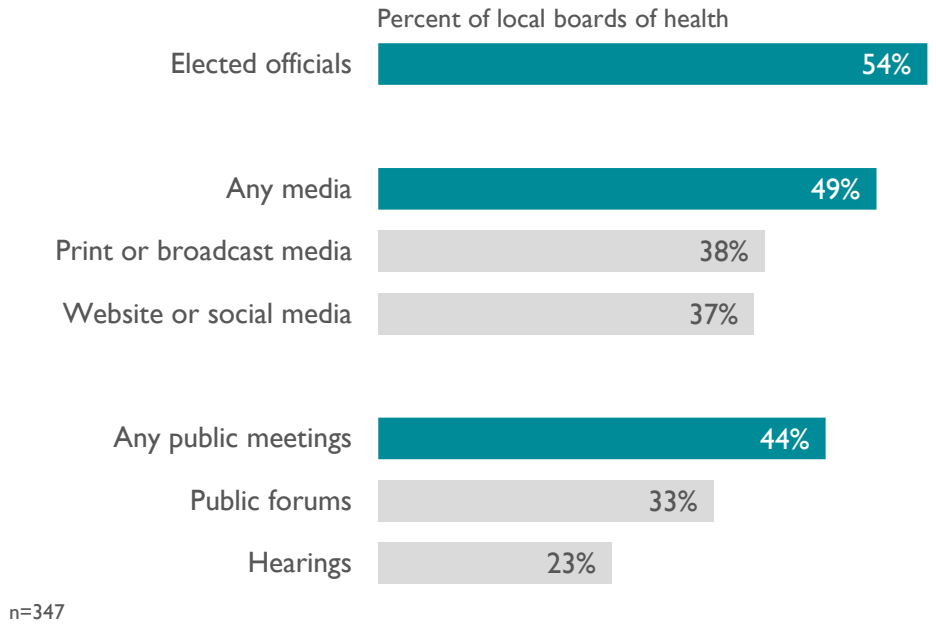
# Local boards of health solicit community input in a variety of ways

Three-quarters (75%) of local boards of health seek community input via one or more channels (not shown). For example, local boards of health solicit community input from elected officials (54%) or via the media (49%) or public meetings (44%).

Local boards of health are equally likely to seek input via traditional (print or broadcast) media as websites and social media.

Local boards of health are more likely to seek input via public forums than hearings.

Local boards of health solicit community input via elected officials, media, and public meetings

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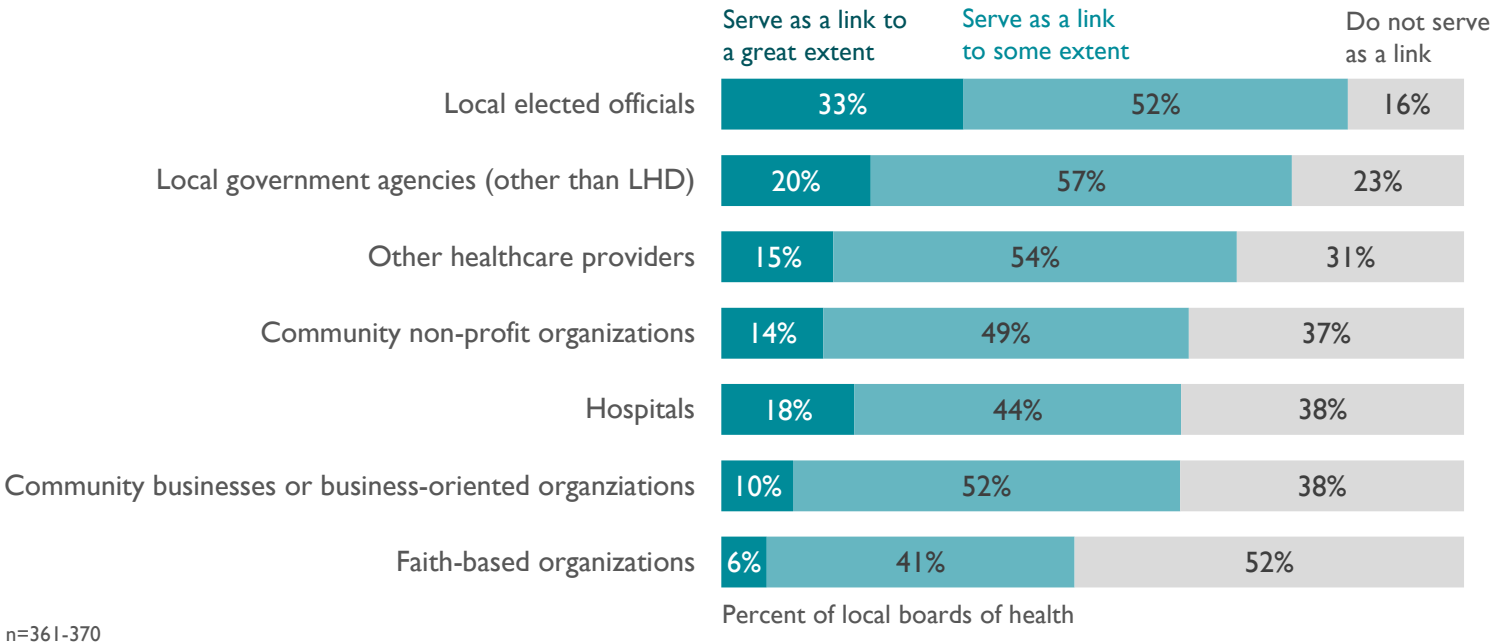
# Local boards of health serve as a link between the LHD and community organizations

Local boards of health serve as a link between the LHD and a variety of community organizations, such as local elected officials and local government agencies.

Local boards of health are the least likely to serve as a link between the LHD and faith-based or business-oriented organizations (only 6% and 10%, respectively serve as links to a great extent).

Local boards of health most often serve as a link to local elected officials and local government agencies

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# Continuous Improvement

06

**Definition of continuous improvement as a public health governance function**

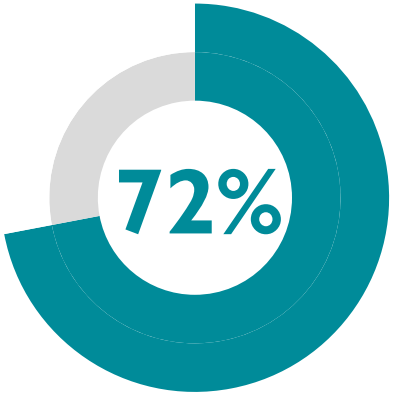
Routinely evaluate, monitor, and set measurable outcomes for improving community health status and the public health agency's/governing body's own ability to meet its responsibilities.

These may include, but are not limited to:

- Assessing the health status of the community and achievement of the public health agency's mission, including setting targets for quality and performance improvement;
- Supporting a culture of quality improvement within the governing body and at the public health agency;
- Holding governing body members and the health director/health officer to high performance standards and evaluating their effectiveness;
- Examining structure, compensation, and core functions and roles of the governing body and the public health agency on a regular basis; and
- Providing orientation and ongoing professional development for governing body members.

# Most local boards of health have bylaws

Almost three in four local boards of health have bylaws



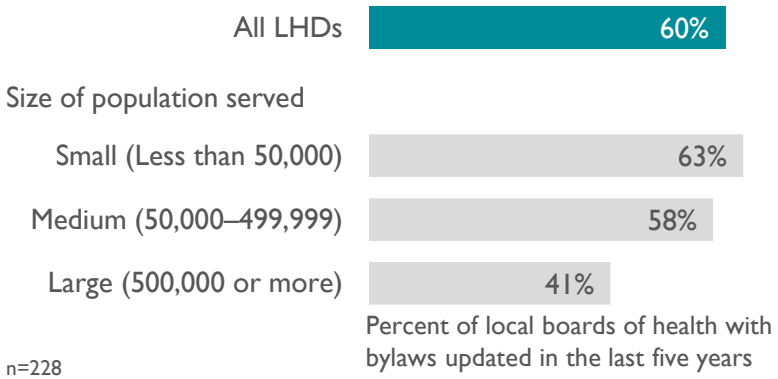

n=353

Almost three in four local boards of health have bylaws (rules and regulations adopted by the board of health to provide a framework for its own operations and management).

Sixty percent of local boards of health have developed or updated their bylaws within the past five years. Local boards of health serving small and medium-sized jurisdictions (less than 500,000 people) are more likely to have recently updated their bylaws than local boards of health serving larger populations.

Three out of five local boards of health have developed or updated their bylaws in the last five years

Local boards of health serving smaller jurisdictions are more likely to have updated their bylaws

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# Most local boards of health have some involvement in community health assessments (CHA) or community health improvement plans (CHIP)

Among LHDs engaged in CHAs, approximately one in five local boards of health have major involvement in developing or implementing these CHAs. Three in five have had a minor involvement and one in five have had no involvement.

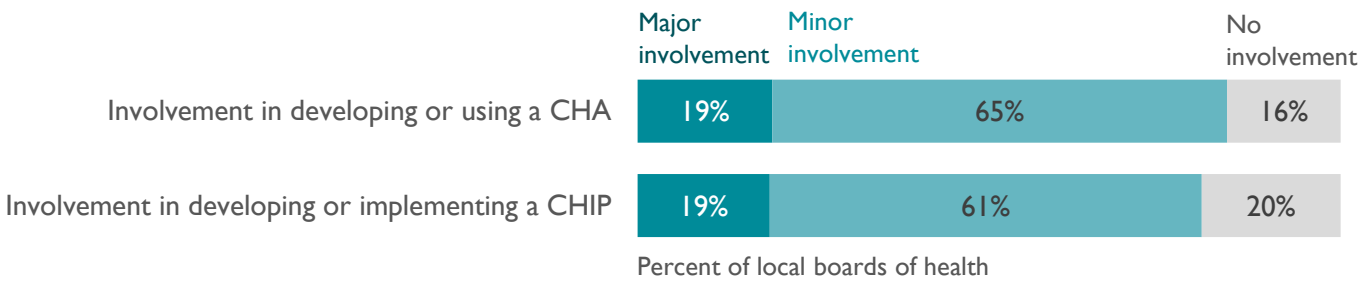
A similar proportion of LHDs reported this level of local board of health involvement in CHIPs (among LHDs engaged in CHIPs).

The same local boards of health are likely involved in both their LHD's CHA and CHIPs: 85% are involved in both (not shown).

**CHA: Community Health Assessment**
Process that helps LHDs assess their community's health and well-being and identify the unique health needs of their communities

**CHIP: Community Health Improvement Plan**
Long-term, systematic plan to address the public health problems identified in the community health assessment

One in five local boards of health have major involvement in their LHD's Community Health Assessment (CHA) or Community Health Improvement Plan (CHIP)




Note: The percentage of local boards of health are among those boards whose LHD has completed a CHA (68% of LHDs) or CHIP (52% of LHDs) within the past five years.

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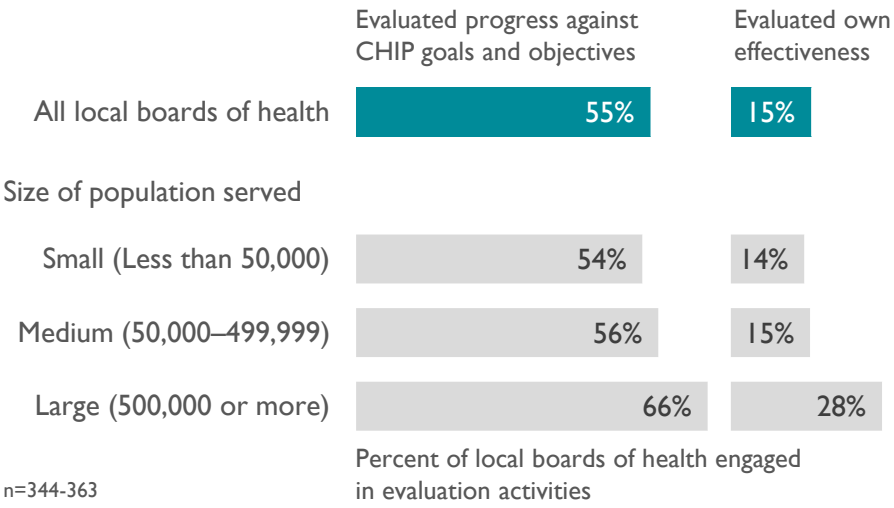
# Local boards of health are more likely to have evaluated progress against CHIP goals and objectives than evaluated their own effectiveness

All local boards of health are more likely to have evaluated progress towards LHD's CHIP goals and objectives (55%) than evaluated their own effectiveness (15%).

Local boards of health serving large jurisdictions (500,000 or more people) are more likely to be engaged in evaluation.

While most local boards of health have evaluated progress against CHIP goals, few have evaluated their own effectiveness

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**CHIP: Community Health Improvement Plan**
Long-term, systematic plan to address the public health problems identified in the community health assessment



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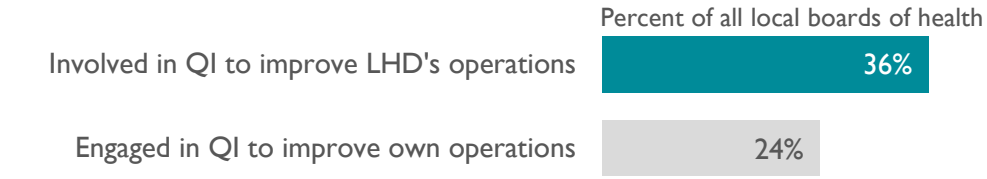
# Few local boards of health are involved in quality improvement (QI) activities

## Local boards of health are more likely to be involved in QI to improve LHD's operations than their own operations

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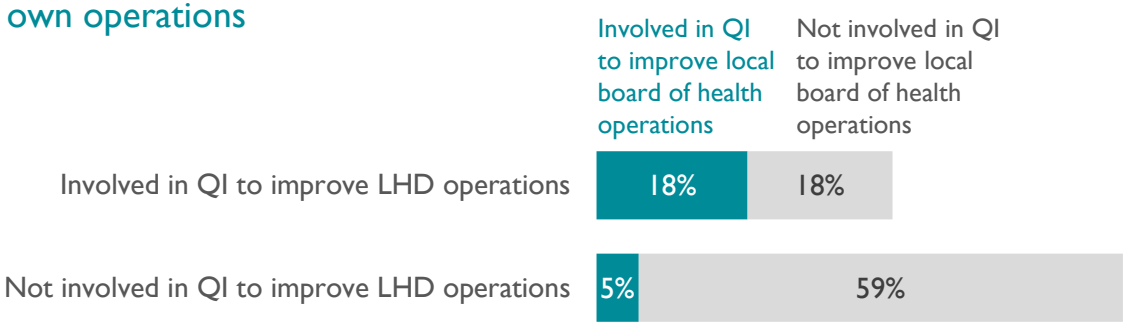
## Local boards of health involved in QI efforts to improve LHD performance are more likely to have engaged in QI to improve their own operations

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A little over one third of local boards of health (36%) are involved in QI to improve their LHD's operations while one-quarter (24%) are engaged in QI to improve their own operations.

Local boards of health are more likely to be involved in QI to improve their own operations if they have been involved in QI to improve the LHD's operations. Among boards of health involved in QI at their LHD, half have been involved in QI to improve their own operations, compared to fewer than one in 10 who have not been involved in QI to improve their LHD operations.

**QI: Quality Improvement**
Use of a deliberate and defined improvement process to achieve measurable improvements in efficiency, effectiveness, and performance.



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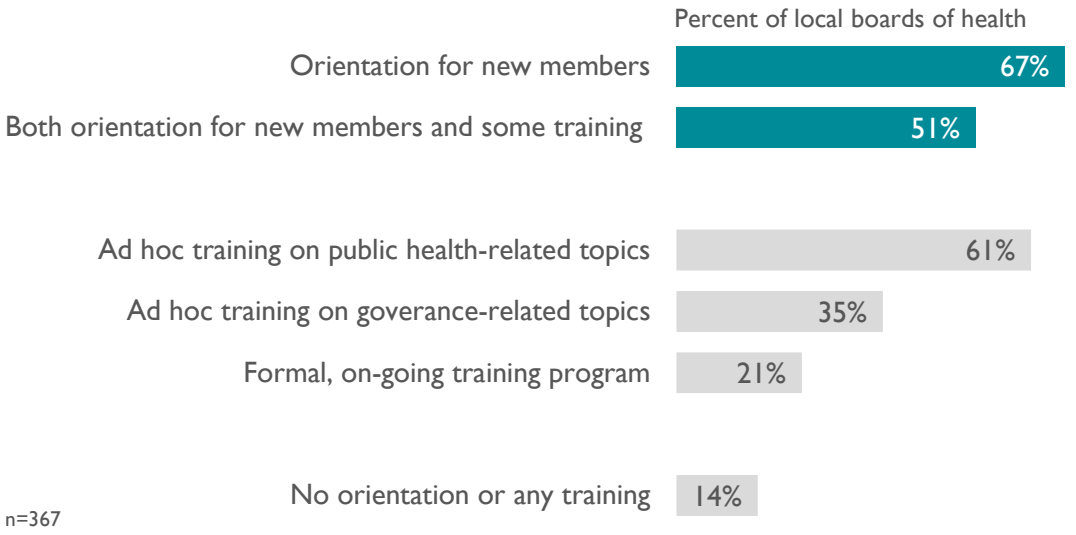
# Nearly all local boards of health receive some kind of training

Two-thirds of local boards of health (67%) provide orientation for new members and half (51%) provide both orientation for new members and additional training. Fourteen percent provide neither new member orientation nor any kind of training.

Local board of health members are more likely to receive ad hoc training on public health-related topics (61%) than ad hoc training on governance-related topics (35%) or a formal, on-going training program (21%).

Two thirds of local boards of health provide orientation for new members and half provide both orientation for new members and some other training

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# Oversight

07

**Definition of oversight as a public health governance function**

Assume ultimate responsibility for public health performance in the community by providing necessary leadership and guidance in order to support the public health agency in achieving measurable outcomes.

These may include, but are not limited to:

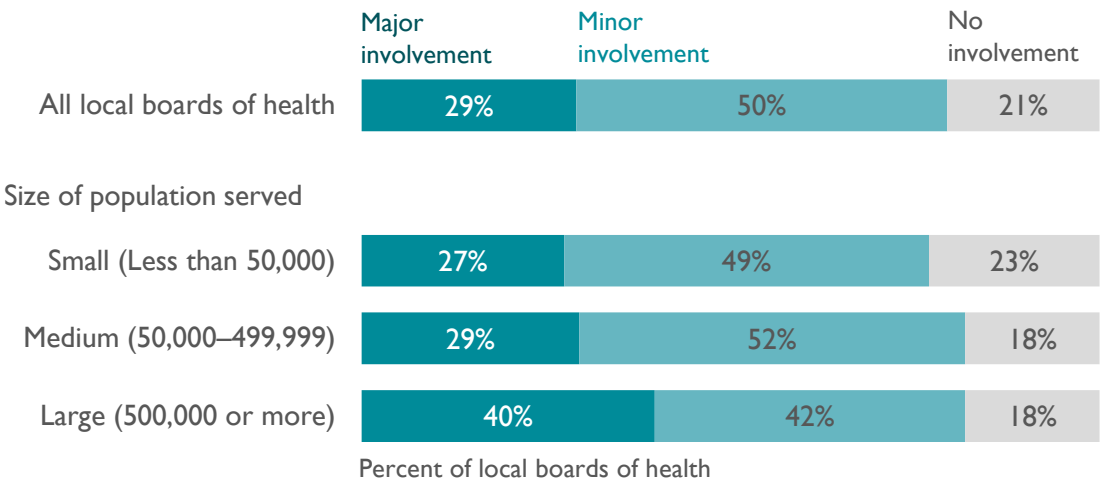
- Assuming individual responsibility, as members of the governing body, for actively participating in governing entity activities to fulfill the core functions;
- Evaluating professional competencies and job descriptions of the health director/health officer to ensure that mandates are being met and quality services are being provided for fair compensation;
- Maintaining a good relationship with health director/health officer in a culture of mutual trust to ensure that public health rules are administered/enforced appropriately;
- Hiring and regularly evaluating the performance of the health director; and
- Acting as a go-between for the public health agency and elected officials when appropriate.

# Most local boards of health are involved in their LHD's strategic planning process

Among LHDs engaged in strategic planning, 29% of local boards of health had major involvement in their LHD's strategic planning process and 50% had minor involvement. Only 21% of local boards of health had no involvement in their LHD's strategic planning process.

Local boards of health serving large jurisdictions (500,000 or more people) are more likely to have a major role in their LHD's strategic planning process (40%) compared to local boards of health serving small (27%) or medium (29%) jurisdictions.

Among LHDs engaged in strategic planning, local boards of health serving large jurisdictions are more likely to have a major role in their LHD's strategic planning process




Note: The percentage of local boards of health are among those boards whose LHD has completed or started a strategic plan within the past five years (60% of LHDs have completed strategic plan).

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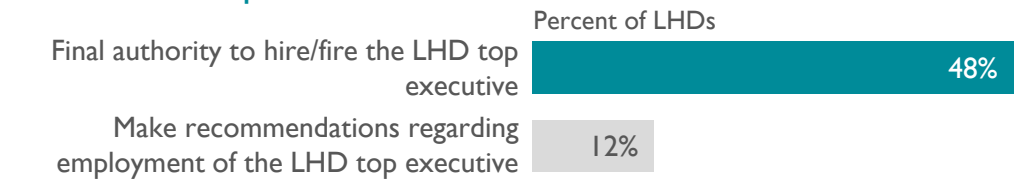
# More than half of local boards of health are involved in decisions around the employment of the LHD top executive

Forty-eight percent of local boards of health have final authority to hire or fire the LHD top executive. Only 12% make other recommendations regarding the employment status of the LHD top executive.

Local boards of health that have final authority to hire or fire the LHD top executive are more likely to conduct performance evaluations of the LHD top executive, both formal and informal, than those that do not have final authority to hire or fire the LHD top executive.

## Almost half of local boards of health have final authority to hire or fire the LHD top executive

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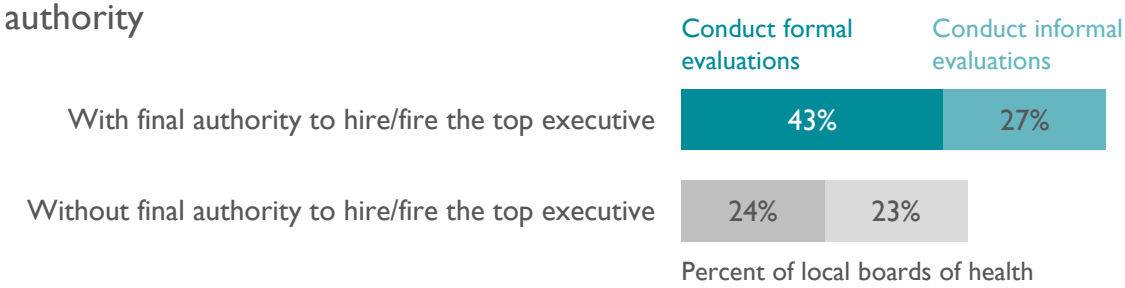
## Local boards of health with final authority to hire or fire the LHD top executive are more likely to conduct performance evaluations of the LHD top executive (both formal and informal) than those without final authority

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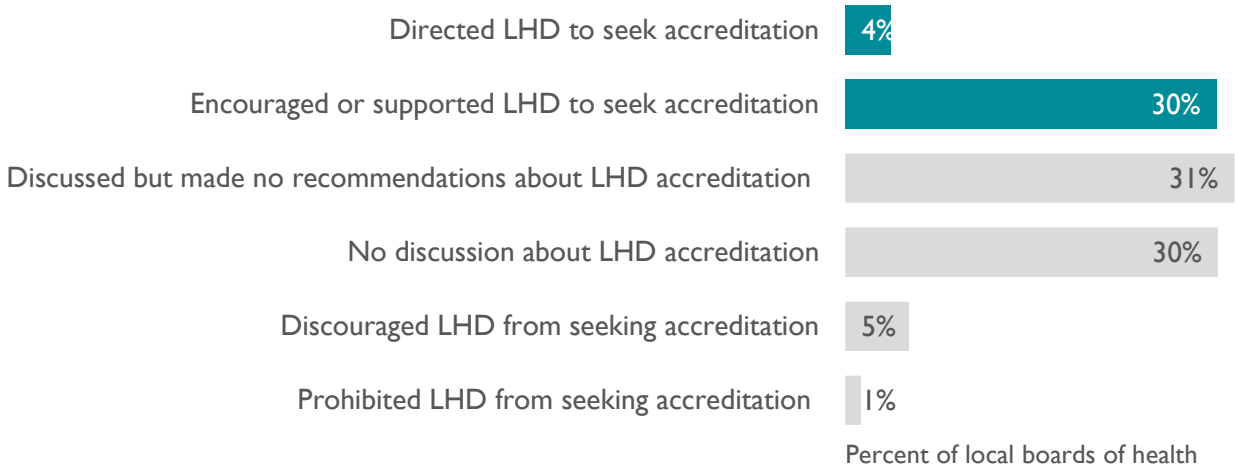
# More than two-thirds of local boards of health have discussed Public Health Accreditation Board (PHAB) accreditation with their LHD

One-third (34%) of local boards of health have directed, encouraged, or supported LHDs to seek accreditation.

Just under one-third (30%) of local boards of health have not discussed accreditation with their LHD. Only 6% of local boards of health prohibited or discouraged LHDs from seeking accreditation.

**PHAB: Public Health Accreditation Board**
Non-profit entity in charge of implementing and overseeing the voluntary national accreditation program for state, local, territorial, and Tribal health departments.

## One-third of local boards of health have directed, encouraged, or supported LHDs to seek accreditation

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# Implications & Recommendations

08

# Local board of health membership composition and growth

## Strive for diversity in local board of health membership.

Local boards of health should strive to include members on their boards that reflect the diversity of their communities and represent key community sectors (such as healthcare, business, and faith communities) in order to ensure diversity in perspectives and enhance recommendations and decisions. The personal and professional connections of local board of health members are essential to link boards to their communities and are a critical part of successful policy development. Since local elected officials often appoint members to local boards of health, LHD leaders may assist in promoting the selection of a diverse board by ensuring that their elected officials understand the functions of the local board of health and the importance of diversity among local board of health members. Reviewing membership requirements prescribed by law (such as membership compensation) may also help with recruiting diverse members.

## Assure a strong education program for local board of health members.

Only one in five LHDs report that there is a formal, on-going training program for their local board of health members, only one third report that their members receive training on governance-related topics, and less than 20% of local board of health members had public health training prior to their local board of health service. In addition, local board of health members may not fully understand their duties and functions since many have not developed a unique vision or mission statement or created a strategic plan for their board, nor have they assessed the LHD's public health services against legal requirements. Thus, local boards of health need more comprehensive education programs that focus on both governance functions and public health concepts and issues. National organizations (such as CDC, NALBOH, and NACCHO) and state organizations (such as state health agencies, State Associations of Local Boards of Health, and State Associations of County and City Health Officials) can assist by developing curricula that could be used or adapted for local situations.

The following implications and recommendations are based on semi-structured interviews with or written feedback from key stakeholders about the findings from the survey. Key stakeholders included LHD leaders, researchers of local boards of health, and staff from CDC and NALBOH.

# Commitment to policy development

## Develop a vision or mission and a strategic plan for the local board of health.

Although many local boards of health are involved in strategic planning for their LHDs, only one-third of boards have their own vision or mission statement, strategic plan, or goals and objectives to guide their activities. Only one in five have all three guiding documents and over half do not have any of them. Local boards of health work collaboratively with LHDs, but have different roles that should be reflected in their own guiding documents. Without a vision, plan, or goals, local boards of health are unlikely to operate strategically or efficiently, or act as leaders in the local public health system. Many local boards of health can bring skills built through participating in strategic planning for the LHD or in community health improvement planning to the process of developing their own vision, strategic plan, goals, and objectives. LHD leaders, most of whom also have experience in agency and community planning, should encourage and support local boards of health as they develop these guiding documents.

## Build on local board of health strength in policy development.

Nearly all local boards of health have some involvement in public health policy-related activities and half have a major role in at least one policy area (i.e., tobacco, alcohol, and other drugs; food safety; waste, water, or sanitation; emergency preparedness response; control of infectious disease; obesity or chronic disease; access to health services). LHD leaders, who may be limited in the kinds of policy-related activities they can undertake, should encourage their boards to build on their past work and become more active in public health policy development. In addition to more traditional areas of public health (such as tobacco control, food safety, sanitation), local boards of health should become more involved in the broad range of policies that can also help improve the public's health, such as access to healthcare, the built environment, and economic development. Recruiting a diverse board with personal and professional connections to a broad range of policy stakeholders can be a critical part of successful policy development. In addition, an ongoing education program could also ensure that local board of health members understand their role in how to influence other policy-makers throughout the community to support health-promoting policies.

# Local board of health improvement and oversight

## Focus on local board of health continuous improvement.

Few local boards of health have evaluated their own effectiveness or engaged in quality improvement (QI) activities focused on their own operations. On the other hand, most local boards of health have evaluated progress against community health improvement goals and approximately one-third of local boards of health have been involved in QI focused on their LHD operations. Thus while unaccustomed to assessing their own work, local boards of health likely have some of the skills needed to undertake their own continuous improvement activities. In fact, local boards of health that have been involved in LHD QI activities are more likely to engage in their own QI activities than local boards of health that have not been involved in LHD QI. In addition to leading by example, LHD leaders can also promote training in continuous improvement for the local board of health and share resources, tools, and techniques that have proven useful in LHD QI activities.

## Maintain or strengthen ties between the local board of health and the LHD.

Most LHDs report a number of ways that that local boards of health interface with the activities of the LHD, including participating in LHD strategic planning, evaluating the performance of the LHD top executive, and approving or advocating for the LHD budget. However, these ties are not universal. One in five LHDs report that the local board of health is not involved in their strategic planning process, and over half of LHDs where local board of health has the final authority to hire or fire the LHD top executive report that their local board of health had not conducted a formal performance evaluation of their top executive within the past year. One-quarter of LHDs reported that their local board of health has not advocated for funding to support public health activities, and 30% reported that they had not discussed LHD accreditation with their local board of health. In these cases, LHD and local board of health leaders should work together to identify and institutionalize mechanisms to ensure LHD oversight and improve communication between the LHD and local board of health.

# Thank You



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The mission of the National Association of County and City Health Officials (NACCHO) is to be a leader, partner, catalyst, and voice with local health departments.

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