DECEMBER 2008
AGREEMENT
FOR
PUBLIC HEALTH DEPARTMENT CAPACITY BUILDING
BETWEEN
MERCER COUNTY HEALTH DEPARTMENT
PUTNAM COUNTY HEALTH DEPARTMENT
AND SULLIVAN COUNTY HEALTH DEPARTMENT

This agreement herein after referred to as “agreement” is made effective December 1, 2008 by and between the Mercer County Health Department located in Mercer County (Princeton), Missouri, Putnam County Health Department located in Putnam County (Unionville), Missouri and Sullivan County Health Department located in Sullivan County (Milan), Missouri.

The purpose of all projects entered into under this agreement will be to increase the capacity of each participating local health department as they prepare for accreditation and as they develop a coordinated plan among said counties for the purpose of working together to increase the capacity to provide the ten (10) essential services of public health to the populations served in each county.

In consideration of the covenants, conditions, agreements and stipulations herein after expressed, the parties of this agreement do hereby agree to form a committee with the membership being comprised of the Health Department Administrator of each participating health department; herein after referred to as “Committee”.

Selection of Projects
The Committee shall determine projects to increase the capacity of the health departments as determined by the Regional Health Improvement Plan and any other projects deemed necessary to build the capacity of the participating health departments.

Agreements shall be made between Mercer, Putnam, and Sullivan Counties to undertake capacity building projects to assure each local health department has the capacity to provide the Ten Essential Services of Public Health and to prepare for future State and National Accreditation as a three county region.

Administration and Fiscal Agent
The department serving as administrator and fiscal agent, herein after referred to as “Contractor”, for each selected capacity building project shall be selected and agreed upon in writing by the Committee. The selection will be based on the requirements of the project, current staffing capacity of the departments and funding for the project. In addition, if new staff is required for a selected project, the contractor for that project will
have the responsibility to hire, train and supervise the person in the implementation of tasks identified by the Committee.

Should the Contractor not be able to fulfill the role of administrator or fiscal agent for a specific project, the agreement shall be amended to indicate such change.

**Staff for Specific Projects**

It is mutually understood and agreed between the counties that if a regional staff person is required for the selected project, that the selected person, whether designated existing staff or a new hire, will serve all three (3) counties for the project and that requests for service may be made by each county’s health administrator directly to the designated staff person.

**Funding**

Funds for the use of the Committee and for carrying out the projects agreed to under this capacity building agreement will be provided with funds acquired through regional efforts from grants and other funding sources or shared resources from the participating health departments, including in-kind contributions.

It is understood that the counties will contribute monies they receive from local funds or other funding sources that are designated for regional accreditation activities for use on selected capacity building projects.

**Charter:**

A charter will be developed outlining the expectations and tasks of each project and signed by each member of the Committee.

**Budget and Work Plan:**

The Committee shall complete a budget, business plan, and work plan for each project entered into for building the capacity of the participating local health departments.

**Official Domicile:**

The official domicile for selected projects shall be the health department selected to serve as the Contractor for the project.

**Records and reports:**

The Contractor through the administrative responsibilities of the project shall complete all required reporting for a given project and maintain and retain all records of projects per requirements of the law.

**Liability Insurance:**

The Contractor shall furnish the Committee with proof of liability insurance coverage as appropriate for the project to be undertaken.
Terms and Termination:

A. The terms of this agreement will begin on December 1, 2008 through December 1, 2011 and shall be renewable every three years unless terminated as provided herein.

B. Any party to this agreement may terminate said agreement at any time with or without cause during the term of the agreement by providing the other parties with at least thirty (30) days written notice.

[Signatures and dates for authorized authorities from Mercer County Health Department, Putnam County Health Department, and Sullivan County Health Department]
Mercer, Putnam, Sullivan Public Health Department's Regional Collaborative

Project Charter

Project Name: Communicating the Role of Public Health

Date: 9/08

Long Term Goal for the Collaborative: To have a regional system that will help provide the capacity for each local health department in the collaborative to perform the Ten Essential Services of Public Health.

Project Goal: To have a communication plan to educate the public, public health partners, governing bodies, and legislature about the role of public health.

Boundaries:
- Resources will need to be acquired or provided by the members of the collaborative for the purpose of implementing this selected capacity building project.

Expectations:
- Have a clear articulation of the roles each department plays in regard to capacity building activities.
- Efficiencies will be gained for each participating health department for improved capacity through this regional project.
- Partner and share resources when appropriate.
- A communication plan will be developed to facilitate exchange of information between health departments during and after the project.

Guiding Principles/Assumptions
1. Local health departments have many common areas of need.

2. The commonalities in the areas needing increased capacity identified through the Operational Definition for the participating health departments will be the basis for this project and future projects.

3. Many local health departments do not have the resources to independently increase their internal capacity as they move toward accreditation.

4. Strength is created when local health departments identify commonalities in areas of need that can be addressed through collaborative efforts that will strengthen the capacity of multiple local county health departments.

5. The combined population numbers for the counties in the collaborative, provide a significant number to be used in data analysis, for funding efforts, and for promoting public health efforts across the region.

6. A formal process for working together creates an environment for
   - Creative thinking "outside the box",
   - Sharing best and current practices,
▪ Defining future and expanded functions
▪ Continued identification of common health issues and trends.

7. Working together as a coalition to address common areas of need and capacity building, will assist the participating local health departments
▪ Prepare for accreditation
  ▪ Articulate the role each agency plays in regard to capacity building across the region
  ▪ Identify potential areas of strategic alignment across the coalition to build capacity
  ▪ Articulate leverage points and strategic collaboration regarding common issues, populations, and outcomes
  ▪ Identify data and the process for analysis, trending and integration between health departments, public health partners, local state and federal and the community where appropriate.
▪ Assess potential funding sources and develop procedures/processes for seeking funding for the regional capacity building and accreditation efforts.
▪ Produce ongoing summary reports of the coalitions work.

Expected Outcome:
The creation and dissemination of standard communication messages to be used across the collaborative to educate public health partners and the community at large on the role and responsibilities of public health.

Tasks:
1. Partner with local public health partners and the state to determine what materials are already available and what messages should be developed to promote public health in the communities. Using this approach, there is less chance of duplication, and it will be easier to identify best practices in communication and education.
  ▪ MOALPHA
  ▪ Association of Counties
  ▪ Universities and Colleges of Public Health
  ▪ MICH
  ▪ State Health Department
  ▪ Extension
2. Selecting topics for the regional communication materials will be ongoing, but some of the topics that will standard and may be considered for development include:
  ▪ “What is public health?”
  ▪ Relationship between public health and private healthcare providers
  ▪ Difference between disease prevention and treatment
  ▪ Health promotion information/education
  ▪ The cost of public health (not free healthcare)
  ▪ Public health if for everyone, not just the poor
  ▪ Safety and sanitation: i.e. rabies, rats, food inspection, daycare inspection
  ▪ Create advocacy messages, this would make it easier for others in addition to management to provide information and be advocates
  ▪ Messages regarding certain data and how the region compares to others in the state and nation.
  ▪ What is surveillance and why does it make a difference:
  ▪ Emergency preparedness
3. Create a distribution list for routine communication and information pieces. Including locations and organizations to receive the messages, i.e. T.V., Radio, newspapers, schools, faith community, stores, through social organizations, through 4-H, Rotary, Kiwanis, Senior centers, through and to private healthcare providers, to Board of Trustees, State and National legislators, etc.

**Accountability/Reporting Structure:**
The activities undertaken through this charter and related Memorandum of Understanding will be reported to the participating Boards of Trustees, each local health department and the populations being served.

**Start Date:** December 1, 2008

**Members:** Mercer/Putnam/Sullivan Public Health Departments

<table>
<thead>
<tr>
<th>Public Health Administrators</th>
<th>County</th>
<th>Address</th>
<th>Email /Phone</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

**Signature of Authorized Authority**
Mercer County Health Department

**Signature of Authorized Authority**
Putnam County Health Department

**Signature of Authorized Authority**
Sullivan County Health Department

Date: 9/1/08

Date: 9/17/08

Date: 9/18/08
Mercer, Putnam, Sullivan Public Health Department’s Regional Collaborative

Community Health Improvement Plan

**Purpose Statement:** To have a regional community health improvement plan to increase Mercer, Putnam, and Sullivan County Health Department’s capacity to perform the Ten Essential Services and prepare for accreditation. Implementation of this plan will improve the visibility and understanding of the role of public health in the community.

**Guiding Principles/Assumptions**

1. Local health departments have many common areas of need.
2. A regular planned assessment of the public’s health care needs and perception of public health will direct combined social marketing and other public health efforts including shared communication messages.
3. Many local health departments do not have the resources to independently increase their internal capacity as they move toward accreditation.
4. Strength is created when local health departments identify commonalities in areas of need that can be addressed through one effort that will strengthen the capacity of multiple local health departments.
5. The combined population numbers for the counties in the collaborative, creates a significant number of people served which can be used in funding efforts at the local, state, and federal level, grants and other funding opportunities.
6. A formal process for working together creates an environment for
   - Creative thinking “outside the box”,
   - Sharing best and current practices, policies and procedures
   - Defining future and expanded functions
   - Continued identification of common health issues and trends.
7. Working together as a collaborative to address common areas of need, will assist the participating local health departments increase capacity to perform the Ten Essential Services of Public Health and move toward accreditation.

**Long Term Goal:** To have regional collaborative working to increase the local/regional public health capacity to provide the Ten Essential Services for the population being served and to prepare for future accreditation.

**Goals to be addressed over the next three years:**

**Goal I:** To have effective regional public health communication to improve the understanding of public health and improve health outcomes for the population being served.
Objective I-1: By (Insert Date) implement a social marketing community assessment to determine the public’s satisfaction with and perception of the local health department’s, the most effective types of messages and venues for distributing educational information to the public.

Strategies:
I-1-a: Develop a community social marketing survey  
  - Develop survey using samples available and through partnering with other local organizations that would like to have questions asked of the public.  
  - Ask “What do we need to do to inform you?”
I-1-b: Implement written survey and focus groups  
  - Place survey on Web page  
  - Disseminate survey using partners, such as the utility company, grocery stores, school, faith community, and senior centers, WIC clients, Home Health, RHC, Community Action, Amish community, Latino Center, and other special groups as identified.  
  - Hold focus groups regarding the general topics being assessed on the written survey to get the full perception of the public.
I-1-c: Aggregate the data from all surveys to determine how the public health message needs to be packaged to make it culturally and linguistically appropriate.  
  - Use college students or extension to help with data aggregation and analysis.

Objective I-2: By (Insert date), Develop comprehensive communication guidelines and protocols based on the social marketing assessment results,

Strategies:
I-2-a: Develop communication guidelines and protocols to be used in developing all public health educational and informational material

Objective I-3: By (Insert date) create and disseminate standard communication messages to be used across the collaborative to educate public health partners and the community at large on the role and responsibilities of public health in the community.

Strategies:
I-3-a: Partner with the state and other public health organizations to determine what materials are already available and what needs to be developed to inform the public about the roles and responsibilities of Public Health. Using this approach, there is less chance of duplication and it will be easier to identify best practices in communication. Partners in identifying existing messages may include  
  - MOALPHA  
  - Association of Counties  
  - Universities and Colleges of Public Health  
  - MICH
State Health Department
Extension

I-3-b: Selecting topics for the regional communication materials will be ongoing, but some of the topics that might be developed initially may include:
- “What is public health?”
- Relationship between public health and private healthcare providers
- Difference between disease prevention and treatment
- What is health promotion?
- The cost of public health (not free healthcare)
- Public health is for everyone, not just the poor
- Safety and sanitation: i.e. rabies, rats, food inspection, daycare inspection
- Create advocacy messages, this would make it easier for others in addition to management to provide information and be advocates
- Messages regarding certain data and how the region compares to others in the state and nation.
- Surveillance
- Emergency preparedness

I-3-c: Distribute messages:
- Create a list of distribution locations and methods based on the social marketing survey. i.e. T.V., Radio, newspapers, schools, faith community, stores, through social organizations, through 4-H, Rotary, Kiwanis, Senior centers, through and to private healthcare providers, to Board of Trustees, State and National legislators, ethnic groups, etc.

Goal II: To promote and advocate for public health policy.

Objective II-1: By (Insert date) have written policy and procedure for monitoring policy issues and engaging in public health policy development

Strategies:
II-1-a: Develop a regional policy for health policy development that includes
- Who should be involved in policy development
- How issues are identified and moved forward for policy consideration
- How public health policy issues up for debate are going to monitored
- Identify public health partners to include in the process
- Identify and create methods to work with legislative sub committees
- Gain commitment for policy support from identified list of public health partners and include them in the protocols i.e.
  - MOALPHA
  - Association of Counties
  - State Health Department
  - Local community partners
  - Local Private healthcare partners
**Objective II-2:** Each year, have a list of public health issues that have been identified by the regions health departments and public health partners.

**Strategies:**

II-2-a: Work with existing community coalitions and networks to identify public health issues to be considered for policy change.

- Gather a list of local, state and national issues and prioritize with public health partners and other social and private healthcare partners
- Create position papers on top priority issues and distribute to public health partners, local governing body, legislators and interested citizens.

**Goal III:** Health departments in the collaborative will share processes, procedures, and protocol documentation.

Objective III-1-a: By (insert date) all departments in the collaborative will have identified which process, procedures, and protocols they have available and will be able to share.

- A list of needed processes, procedures, and protocols will be shared and each department will identify what resources they have
- A method for sharing the documents will be established to make it possible to share existing documentation as opposed to each department creating each document on their own.
- A schedule for reviewing and updating the process, procedures, and protocols will be established for the region.

For each strategy, identify 1) who is responsible, 2) the timeline for completion, and 3) the output, product or outcome that will demonstrate that the strategy has been successfully completed.