

## Charter for Capacity Building Activities

**Name:** Region G Public Health Collaborative

**Requested By:** Region G Public Health Collaborative Local Public Health Administrators

**Purpose:** To create regional capacity to perform the Ten Essential Services of Public Health for the people of Region G, Missouri through

1. The same community health assessment tools and processes being used by all Region G counties
2. Consistent Processes and Protocols for public health activities and programmatic health outcome evaluation and revision.
3. Increased local health department capacity through use of stakeholder engagement

**Boundaries:**

- Remain within fiscal resources allocated for this project
- Comply with pertinent local, state, and federal regulations

**Expectations:**

- The health departments will retain their individual identity
- Open communication will be maintained between members of the collaborative
- Each county health department will have equal vote/decision making authority
- An Executive Team will be formed with one representative from each cluster to start the process of implementing the components of the strategic plan.
- It is understood that different organizational structures may be developed for each component of this initiative i.e. fiscal, coordinator, etc.
- This charter is only in place for initiatives being approached as a region
- The work plan that is developed to implement the activities of this charter must have a clear articulation of the roles each department plays
- The departments will partner and share resources when appropriate
- Clarity must be established regarding leverage points when the involved health departments may gain efficiencies from improved capacity through regional efforts.
- A communication plan will be developed to facilitate exchange of information between health departments, Board of Trustees, public health partners and the community to share information on needs and activities to assure the efficient use of resources and providing the best outcomes for selected projects and to reduce redundancy.

**Objectives to be accomplished**

1. During first one and one half year after start of project, prepare for implementing a community health assessment in all the counties in Region G. A tool/process will be selected as well as data and data sources to be used in secondary data collection, surveys, and focus group topics/questions
2. Two and one half years after start of project, counties complete Community Health Assessment and aggregate regional data and related information will be available for use in planning and distribution.
3. One year after start of project, identify existing process/protocols available for programmatic health outcome evaluation.

4. By end of year three, have a regional protocol/process/procedure manual for core functions; create formalized process for common procedures. (Start right away sharing documents on line)
5. During all three years of implementation of the strategic plan, expand Region G local health department's capacity through stakeholder engagement and partnering
6. During all three years of implementation of the strategic plan, increase resources through stakeholder engagement by linking the issues to the stakeholders

**Guiding Principles/Assumptions**

1. Local health departments have many common areas of need.
2. A regular planned assessment of health care needs of the communities and internal capacity of local health departments will identify commonalities in needs that may be addressed through ongoing combined efforts across the collaborative.
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 county health departments.
5. The combined population numbers for the counties in the collaborative, provide a significant number to be used in funding efforts at the local level with commissioners, state and federal legislation and through grants.
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 collaborative 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 collaborative 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 collaborative's work.
  - Be a model/resource to other local health agencies on their journey (best practice)

**Accountability/Reporting Structure:**

The activities undertaken through this charter and related service agreement will be reported and accountable to the participating Boards of Trustees, each member's health department, the populations being served and all public health stakeholders.

**Start Date:**

**Completion Date:**

**Members:** *Region G Public Health Collaborative*

<b>Name</b>	<b>Title</b>	<b>County</b>	<b>Email</b>
Debbie Sandarciero	Administrator	Carter	sandad@lpha.dhss.mo.gov
Sandy Pueppke	Administrator	Douglas	puepps@lpha.dhss.mo.gov
Chris Gilliam	Administrator	Howell	gillic@lpha.dhss.mo.gov
Sheila Russell	Administrator	Oregon	russes@lpha.dhss.mo.gov
Rhonda Suter	Administrator	Ozark	suterr@lpha.dhss.mo.gov
Kathleen Zimmerman	Administrator	Reynolds	zimmek@lpha.dhss.mo.gov
Kandra Counts	Administrator	Shannon	countk@lpha.dhss.mo.gov
Jackie Smith	Administrator	Texas	Smithj3@lpha.dhss.mo.gov
Tracy Hardcastle	Administrator	Wright	hardct@lpha.dhss.mo.gov

**Resources:** Where would you look for additional resources?

- In-kind
- QI training with MICH
- Turning Point
- RWJ
- NACCHO
- MFH (MO Foundation for Health)
- Federal Grants
- Grant search service
- MRHA
- DHSS
- CFH (Community Foundation for Health)
- CDC
- Partner with academia (SLU)
- County Organizations
  - Lots of them
- Legislators

Note: A work plan developed from the strategies in the Region G Public Health Collaborative Strategic Plan will need to be created as referenced in this document under "expectations" to further define and clarify the activities necessary to complete the objectives. The work plan will need to include the activity/tasks, who is responsible, a timeline for completion, and measurement or indication that the task has been completed.

Signature page:

Name	Position	County	Signature	Date
Debbie Sandarciero	Administrator	Carter	<i>Debbie Sandarciero</i>	9/29/08
Sandy Pueppke	Administrator	Douglas	<i>Sandy Pueppke</i>	9-29-08
Chris Gilliam	Administrator	Howell	<i>Chris Gilliam</i>	9.29.08
Sheila Russell	Administrator	Oregon	<i>Sheila Russell</i>	9/29/08
Rhonda Suter	Administrator	Ozark	<i>Rhonda Suter</i>	9-29-08
Kathleen Zimmerman	Administrator	Reynolds	<i>Kathleen Zimmerman</i>	9/29/08
Kandra Counts	Administrator	Shannon	<i>Kandra Counts</i>	9/29/08
Jackie Smith	Administrator	Texas	<i>Jackie Smith</i>	9/29/08
Tracy Hardcastle	Administrator	Wright	<i>Tracy Hardcastle</i>	9/29/08

Region G Public Health Collaborative Agreement  
For  
Local Public Health Capacity Building through Regional Efforts

Purpose:

This agreement is for the general purpose of providing regional efforts that will build local public health capacity in the Local Health Departments (LHDs) of Carter, Douglas, Howell, Oregon, Ozark, Reynolds, Shannon, Texas and Wright counties participating in the Region G Public Health Collaborative.

Through these collaborative efforts, each LHD will increase its capacity to perform the Ten Essential Services of Public Health. From previous experience working together as a collaborative, it has been found that it is in the best interest of each LHD to work jointly on efforts of common need.

Funding

Funding for the use by the Collaborative for carrying out the specific project(s) 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.

Selected Project/Fiscal and Administrative Services:

Historically all LHDs represented in the Region G Public Health Collaborative have cemented relationships and ties through previous agreements for the past several years. All of the LHDs have the underlying legal structure in their individual agency Bylaws. It states in the Bylaws that administrators have the authority to enter into contracts and agreements with federal, state, county, school, and municipal governments and with private individuals, partnerships, firms, associations and corporations. The Missouri state statutes reflect that LHDs are recognized as "political subdivisions" with authority to contract with each other, other entities and other states. The governing boards of all nine LHDs have knowledge of this agreement and have given support to these LHDs to work collaboratively to enhance individual agency capacity, fulfill the essential public health functions, better serve the citizens and attempt to be more cost effective.

Due to the diversity of the individual Region G LHDs all administrators will be given the opportunity to review potential projects. After project review, administrators will determine those LHDs who are interested and able to participate. Some LHDs may choose not to participate but all will be given the information and hear the discussion, allowing them to make an informed decision. Those LHDs who choose to participate will collaboratively decide which agency can fulfill the role of fiscal agent.

This will be accomplished by:

- collectively reviewing and discussing the project itself
- determining project fit into the goals and objectives from the "Charter for Capacity Building Activities"
- identifying the potential funding source and project budget
- assessing each agency's capacity and experience to fulfill the role

The selected fiscal agent will then take the lead for this project, with input from the participating LHDs, and carry out the fiscal and administrative functions for the project. This process will be used for each individual project allowing for equity of all members of the collaborative. The

Region G Public Health Collaborative agrees to the following project that will move the region toward fulfilling the goals and objectives from the "Charter for Capacity Building Activities".

General Agreement:

Once a project is chosen all participating LHDs agree:

- To assist with the development and/or approval of a work plan that includes
  - 1) Specific activities to implement the project
  - 2) Each agency's responsibility for implementation
  - 3) The timeline
  - 4) An evaluative component
- That any staff for this specific project, either delegated from existing staff or newly hired, may be utilized by all participating LHDs for assistance in fulfilling the activities necessary for this project
- To assist in ongoing coordination of regional project staff activities in their counties
- To assist in ongoing project planning and reevaluation of the outcomes
- To provide collaboration/participation in any training, documentation, plans, meetings and exercises etc. for the selected project
- Maintain ongoing verbal and written communication with other participating members of the collaborative as necessary for the successful completion of the project
- Any newly hired Region G project staff is subject to all administrative and personnel rules, policies, and guidelines, including but not limited to fringe benefits, cost of living increases and mileage reimbursement rates that are in place for the hiring LHD

Deliverables:

The administrative agency, 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.

Budget/Allowable Costs/Invoicing

Allowable costs and invoicing procedures will be developed based on funding source guidelines and disbursement of the resources. This procedure will be developed by the fiscal/administrative agency and approved by the participating members of the collaborative.

Modification and Waiver

Modification and waiver of any provision(s) of this Agreement shall be effective only if made in writing, agreed to by the participating members of Region G Public Health Collaborative, and attached to this Agreement. Failure of any party to insist upon strict performance of any other provision of this agreement shall not be construed as waiver of any subsequent default of the same or similar nature.

Binding Effect:

This Agreement shall be binding upon and inure to the benefit of the parties hereto, their successors, and permitted assigns.

Term

This agreement shall become effective on November 10, 2008 and shall extend until all parties agree to dissolve.

Termination

Any of the undersigned may terminate their role in this agreement with 30 days written notice prior to termination.

Elborah S. Sandarico  
Administrator, Carter County Health Dept.

Date: 11-10-08

Erin Luppke  
Administrator, Douglas County Health Dept.

Date: 11-10-08

Ch. Gu  
Administrator Howell County Health Dept.

Date: 11-10-08

Shirley Russell  
Administrator, Oregon County Health Dept.

Date: 11-10-08

Shonda Suter  
Administrator, Ozark County Health Dept.

Date: 11-10-08

Heather Zimmerman  
Administrator, Reynolds County Health Dept.

Date: 11-10-08

Kandra Counts  
Administrator Shannon County Health Dept.

Date: 11-10-08

Debra Smith  
Administrator, Texas County Health Dept.

Date: 11-10-08

May Headcastle, Admin  
Administrator Wright County Health Dept.

Date: 11-10-08

**Region G Strategic Plan-September 2008**

(This plan was developed based on the nine county aggregate data from the Operational Definition Prototype Metrics Capacity Assessment.)

**Region G Public Health Collaborative Vision Statement:**

“Region G will be a community of healthy people living in a safe environment that is supportive and conducive to a healthy lifestyle.”

**Region G Public Health Collaborative Mission Statement:**

“Region G Public Health Collaborative shall promote and protect health, and prevent disease in our population. We shall use all available resources to build capacity to assure our communities have the opportunity to achieve their fullest health potential.”

**Goals/Objectives/Activities (Strategies)**

**Goal I:** The same community health assessment tools and processes will be used by all Region G counties

**Objective 1:** During first one and one half year after start of project, prepare for implementing a community health assessment in all the counties in Region G. A tool/process will be selected as well as data and data sources to be used in secondary data collection, surveys, and focus group topics/questions

**Activities:**

1. Select tool/process
  - Identify student through MICH program to ID a tool/process
  - Contact DHHS, NACCHO etc. regarding tools available
  - Research on internet
  - Mini groups organized to evaluate current forms/tools and then come together to finalize selection of tool and process

Barriers: Manpower/time/scheduling:

Suggestions:

- Use small groups early in the process to reduce travel,
- Use conference calls and e-mail,
- Incorporate this activity into already planned meetings.

2. Select data/data sources

- Identify data sources used and gain consensus on what you are going to use in the assessment

Barriers: Not all data is “apples to apples”

Suggestions:

- Identify currently used data that is the same or similar i.e. WIC, environmental data, Immunizations, STD etc.
- Identify data already required for the state’s template for reporting



- Identify other data sources used by some of the departments across the region and determine whether they are important to have identified and/or collected for the whole region.
- 3. Research existing survey/s and revise to meet needs of Region G
  - Engage interagency council about questions etc. (partners/stakeholders) (Regional stakeholders)
  - Add specific section for each county
- 4. Implementation
  - Doing internet research independently and then come together and develop actual protocol for survey implementation
  - Goal will be return rate of 2-5 %. (Possibly color code tool to county etc.)
  - Engage staff to form teams to send survey and record return.
  - Determine if any focus groups are being held in the 9 counties that can be used to complete survey and hold a targeted discussion,
  - Do a review of demographics of the region and determine the population groups
  - Work with Interagency Council to determine audience.
  - What groups are going to be targeted and what topic and questions will be used in the discussion with the groups and determine what information is already available. (Don't take precious time to ask questions about information that is already available.)
  - Use internal regional Web page for sharing information and data.
  - Use external Web page to collect data, survey may be on this Web page
  - Using community resource guides to evaluate the disciplines, social welfare, community coalition...can you combine focus groups across counties? Think regionally!
  - May be good to let your legislators take the survey. (They are part of the public you serve.)
  - Meet in clusters for past experiences, who they contacted and new ideas to reach the populations, (tax forms, utility bills, school system, then tailor to meet the demographics, maybe senior centers, visiting nurses
  - Use DHSS to help with contacting schools and timing of contact

**Objective 2:** Two and one half years after start of project, counties complete Community Health Assessment and aggregate regional data and related information will be available for use in planning and distribution.

**Activities:**

1. Communicate with communities about upcoming survey
  - Inform and education why you are doing the assessment
  - Put a letter with assessment explaining why it is needed and will be a benefit
  - Work with partners that might be a barrier depending on what you decide to ask. Include the people/organizations to work with if the questions risk "stepping on toes"

- Media announcement ahead of time
  - Print the survey in the newspaper
2. Administer the survey and aggregate data
    - Distribute survey ( see above include churches, different venues to distribute)
    - Form the regional committee to aggregate (can tally for counties and aggregate)
    - Meet with student from MICH direct the work to compile the secondary regional data for the assessment
    - Determine if staff or contract person will do the final report
  3. Communicate/distribute results of assessment
    - End product to be formatted in a professional manner for distribution, give to stakeholders, legislators (less expensive in volume, MO Foundation for Health, MICH for resources?)
    - End product, to RHA, DHSS, MPA, MOALPHA, legislators, local public health partners, community stakeholders
    - Report card for health of the population, for internet, Friday Facts, stakeholders, media,
    - Share best practices with staff; take different staff to meetings each month.
    - Share with faith based community

Thoughts to use in planning....

- Who or what other organizations might be involved?
- Social Services (How can you help them understand the assessment results will also be useful to them?)
- Ideas for finding resources i.e. Money, endorsement, and promotion (business, “movers and shakers”, identify the leadership, think like a business)

Partners.....

- Legislators
- Interagency Group
- Faith based
- Schools
- Senior Center Groups
- Youth (surveys distribution, exercises)
- DHSS
- Department of Forestry and Conservation
- University Extension

**Goal II:** Region G will have consistent Process and Protocols for public health activities and programmatic health outcome evaluation and revision.

**Objective 1:** One year after start of project, identify existing process/protocols available for programmatic health outcome evaluation.

**Activities:**

- Research what policies and procedures are currently available in each county and from other sources for programmatic health outcome evaluation
- Working in clusters to adapt, revise, or create the product to fit the region
- Use regional internal Web page to communicate with region partners
- Create regional policy on how frequently to review and revise the process

**Objective 2:** By end of year three, have a regional protocol/process/procedure manual for core functions; create formalized process for common procedures. (Start right away sharing documents on line)

**Activities:**

1. Look at current table of contents in department manuals and identify common processes etc.
2. Determine which policies and procedure need to have physician and/or Board of Trustee sign off and determine which ones it is feasible to make consistent across the region. (Identify and use best practices)
3. Work in clusters and assign certain processes and protocols to be reviewed and revised and then come together to create a Region G policy and procedure manual (Start to develop consistent policies for activities so when you have to share or cover staffing it will be easier).

Who or what other organizations may be included in the process of developing evaluation and other departmental policies and procedures?

- SLU/SLU Student
- Other health departments
- NACCHO
- Extension
- State Department of Health
- Web

**Goal III:** Region G will have increased local health department capacity through use of stakeholder engagement

**Objective 1:** During all three years of implementation of this strategic plan, expand Region G local health department's capacity through stakeholder engagement and partnering

**Activities:**

1. Increase stakeholder awareness of public health's role in the community and need for partnering to create a healthy community.
  - Create a contact list of key stakeholders
  - Media campaigns, County Web sites, Region G external Web site,
  - Expanding the volunteer program to involve more people for more buy in
  - Use the survey to engage stakeholders in assessment and share results with them
  - Do social marketing through normal channels and inquire of stakeholders what are the populations they serve and what is the best way to communicate with them.

- Using public relations activities, newspaper, PSAs etc.
- Develop Regional PPT, reach out to legislators, Chamber, Rotary, fairs, county officials, City Councils, School Boards, School Health Advisory Boards, Hospital Boards, FQHC, Director's Advisory Council of DHSS
- Use the Regional mission statement in outreach

**Objective 2:** During all three years of implementation of this strategic plan, increase resources through stakeholder engagement by linking the issues to the stakeholders

**Activities:**

1. Involve law enforcement, the faith based community, existing community groups, and community service organizations
  - Create strategy to reach law enforcement and other organizations
  - Educate the community stakeholders regarding the shared responsibility for the health of the community
2. Create a why should you care message....What's in it for me?
  - Be specific with what you ask for.
  - Create both regional and agency specific information
  - Serve food and give incentives when you want people to attend meetings
  - Look for areas of commonality, how is it going to benefit the partner/stakeholder i.e. increased referrals, healthier constituents, less crime and disease, less absenteeism etc.
  - Who or what other organizations might be involved in getting the community involved in public health related activities?
    - Governing body
    - Media
    - Economic Development (CAP) Education money from grant opportunity