Engaging Governing Boards in Strengthening Local Public Health Infrastructure

Part II: Working with Local Governing Boards,
2015 Local Board of Health National Profile

National Association of County and City Health Officials
June 15, 2016
Part 2: Engaging Local Governing Boards

- Findings from the 2015 Profile of Local Boards of Health
- A Local Health Department experience
Today’s Speakers

• Sarah Newman, MPH  
  Senior Research and Evaluation Specialist, NACCHO

• Sandy Tubbs, RN, PHN  
  Administrator, Horizon Public Health
Engaging Governing Boards in Strengthening Local Public Health Infrastructure

2015 Local Board of Health National Profile

Sarah Newman, MPH
Senior Research & Evaluation Analyst
Background

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

Local board of health governance functions

• Policy development
• Resource stewardship
• Legal authority
• Partner engagement
• Continuous improvement
• Oversight
Study methods

Identify study population and study sample

Field July through September 2015

394 completed (58% response rate)

Responses reflect perspectives of LHD leaders

Data were self-reported
Local board of health members are most often appointed to serve on the board

<table>
<thead>
<tr>
<th>Selection Method</th>
<th>Some or all local board of health members selected this way</th>
<th>All local board of health members selected this way</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appointed specifically to serve on the local board</td>
<td>71%</td>
<td>47%</td>
</tr>
<tr>
<td>of health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Designated by statute to serve on the local board</td>
<td></td>
<td>37%</td>
</tr>
<tr>
<td>of health based on their elected position</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Designated by statute to serve on the local board</td>
<td></td>
<td>17%</td>
</tr>
<tr>
<td>of health based on their non-elected position</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elected specifically to serve on the local board</td>
<td></td>
<td></td>
</tr>
<tr>
<td>of health</td>
<td></td>
<td>12%</td>
</tr>
<tr>
<td>Percent of local boards of health</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

n=393
Members are more likely to have training in healthcare than public health

<table>
<thead>
<tr>
<th>Professional Background</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare professionals</td>
<td>88%</td>
</tr>
<tr>
<td>Elected officials</td>
<td>72%</td>
</tr>
<tr>
<td>Public health training*</td>
<td>61%</td>
</tr>
</tbody>
</table>

*Prior to serving on the local board of health

n=337-372
Most local boards of health meet between quarterly and monthly

- Meet 0 to 3 times per year: 14%
- 4 to 6 times (quarterly): 39%
- 7 to 9 times: 8%
- 10 to 12 times (monthly): 32%
- More than 12 times: 8%

Percent of local boards of health

n=384
Less than half have at least one document that guides their activities

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

- At least one item: 47%
  - 1 item only: 14%
  - 2 items: 14%
  - 3 items: 19%

Percent of local boards of health

n=334
Local boards of health have varied authorities to generate revenue

- Set and impose fees: 56%
- Request a public health levy: 19%
- Impose taxes for public health: 12%
- No final authority to take any actions above: 42%

Percent of local boards of health

n=310-378
Most are involved in planning and advocating for financial resources

<table>
<thead>
<tr>
<th>Activity</th>
<th>Major involvement</th>
<th>Minor involvement</th>
<th>No involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long-range fiscal planning</td>
<td>26%</td>
<td>45%</td>
<td>29%</td>
</tr>
<tr>
<td>Advocating for funding to support public health activities</td>
<td>27%</td>
<td>50%</td>
<td>24%</td>
</tr>
</tbody>
</table>

Percent of local boards of health

n=370-375
More than half determine whether public health services meet legal requirements

- 46% have minor involvement
- 14% have major involvement
- 40% have no involvement

n=358
Local boards of health solicit community input in a variety of ways

<table>
<thead>
<tr>
<th>Input Method</th>
<th>Percent of Local Boards of Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elected officials</td>
<td>54%</td>
</tr>
<tr>
<td>Any media</td>
<td>49%</td>
</tr>
<tr>
<td>Print or broadcast media</td>
<td>38%</td>
</tr>
<tr>
<td>Website or social media</td>
<td>37%</td>
</tr>
<tr>
<td>Any public meetings</td>
<td>44%</td>
</tr>
<tr>
<td>Public forums</td>
<td>33%</td>
</tr>
<tr>
<td>Hearings</td>
<td>23%</td>
</tr>
</tbody>
</table>

n=347
Local boards of health serve as a link between the LHD and the community

<table>
<thead>
<tr>
<th></th>
<th>Serve as a link to a great extent</th>
<th>Serve as a link to some extent</th>
<th>Do not serve as a link</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local elected officials</td>
<td>33%</td>
<td>52%</td>
<td>16%</td>
</tr>
<tr>
<td>Local government agencies (other than LHD)</td>
<td>20%</td>
<td>57%</td>
<td>23%</td>
</tr>
<tr>
<td>Other healthcare providers</td>
<td>15%</td>
<td>54%</td>
<td>31%</td>
</tr>
<tr>
<td>Community non-profit organizations</td>
<td>14%</td>
<td>49%</td>
<td>37%</td>
</tr>
<tr>
<td>Hospitals</td>
<td>18%</td>
<td>44%</td>
<td>38%</td>
</tr>
<tr>
<td>Community businesses or business-oriented organizations</td>
<td>10%</td>
<td>52%</td>
<td>38%</td>
</tr>
<tr>
<td>Faith-based organizations</td>
<td>6%</td>
<td>41%</td>
<td>52%</td>
</tr>
</tbody>
</table>

Percent of local boards of health

n=361-370
Where can I get more information?

www.nacchoprofilestudy.org/other-materials
Thank You

www.nacchoprofilestudy.org/other-materials

snewman@naccho.org
Working with Local Governing Boards

One Local Health Department Experience

June 15, 2016

Sandy Tubbs, PHN, Administrator
Objectives for today

➤ To share with you how we engaged our local governing boards in the merger of 3 LHDs and turned them into Champions
  ➤ The challenges
  ➤ The lessons learned
  ➤ The rewards
Horizon Public Health

County Populations
- Douglas - 36,009
- Grant - 6,018
- Pope - 10,995
- Stevens - 9,726
- Traverse - 3,558
Summary of the Process

- March 2012 - Horizon Board appoints “Restructuring Committee” to explore the benefits and risks of merging 3 LHDs (5 counties) into a single Public Health Organization
- December 2012 - Preliminary approval granted by all of the individual county boards giving the Restructuring Committee the “go-ahead” to continue moving forward
- January 2013 - Awarded 1 of 16 Cross-Jurisdictional Sharing grants from RWJF
- 2013 - Spring 2014 - Project Management and Change Management activities implemented throughout the year in preparation for the final vote
- March - April 2014 - All 5 individual Boards of Commission vote in favor of integration
- January 2015 - Horizon Public Health is launched as an independent 5-county health department
Develop a Change Management Strategy

- Project management
- Current
- Transition
- Future
- Change management
Identify the Stakeholders

- Who are the various groups who will be affected by this change?
- Who’s going to want it?
  Who has the most to gain?
- Who’s going to resist it?
  Who has the most to lose?
- Who’s got the power to decide?
- Who’s got the power to influence?
Focus on Change Management

- Identified key stakeholders that would be impacted by the integration
  - Policy makers, primarily the elected County Commissioners from all 5 counties
  - Public Health staff from 3 PH Departments
  - County Department partners in all 5 counties
  - Public: Current and future residents of Douglas, Grant, Pope, Stevens and Traverse counties
Elected Officials

- Five individual Boards each appointed one elected official to serve on the 5-County Restructuring Committee along with 2 community representatives.
- Over a 3-year period, this “Group of 7” became the center of the exploration and implementation of the integration.
- All but one of them emerged as Champions within their own respective governing boards.
6 Steps to Successful Change

1. **Clarify** WHAT we want to achieve
2. **Articulate** a key idea of WHY it’s worthwhile
3. Stakeholders understand the why (the key idea) and **buy into** it
4. Develop a **plan** for HOW to achieve it
5. Implementers understand how to do it and are able to do it successfully
6. Everyone partners to **celebrate** & **sustain**
Where do you start?

The first step was to agree on the key idea.....the answer to the questions “What and Why”?
A word of advice.....

- Re-state your goal over and over (what and why)
- Do not move on until your stakeholders understand the what and the why....if you do, you’ll eventually have to come back
You know WHAT we ought to do...

Why: Key Idea

Why before How.....Always!

Yes! We can.

Yes! We're on board.

And here's How
And then came the “How”

Identified six primary areas of focus:

- Governance
- Personnel/Staffing
- Programs/Services
- Budget and Finance
- Community Partnerships
- Offices and Facilities
The making of our Champions....

Education, Education, Education
The making of our Champions....

- Committee meetings were held every 1-2 months for almost 3 years
- Analyzed in-depth information related to each of the 6 primary areas of focus
- Engaged elected officials in conversation with other elected officials with similar experiences
- Provided monthly newsletters updating them on the activities of the previous month
- All elected officials from the 5 counties were invited to come together to collectively share their thoughts and concerns
The making of our Champions....

- Engage and empower
  - 5 County Board representatives took a lead role in informing their respective Boards of the progress and the recommendations as they were developed
  - Board representatives attended all-staff meeting to address questions and concerns
  - Staff assumed a support role for the elected officials and provided educational resources/tools

- Elected officials committed to the goal of the initiative and “owned” its successful implementation
And then we took our show on the road...

- Meetings scheduled with each of the 5 individual County Boards of Commission
- Purpose was to provide an update on the information that had been gathered and to gain an understanding of any questions and concerns from the individual County Boards of Commission
- “Group of 7” actually delivered the presentation and engaged in a Q & A discussion with the County Board members
The bumps in the road?

- Elected officials:
  - Variable understanding of core responsibilities of local public health
  - Elected official turnover during process
  - Adjusting to shared decision-making; maintaining trust
  - Equitable distribution of local tax levy
Lessons Learned on our Journey

► Be sure everyone agrees on the “why” and emphasize that in every communication
► Expect a time-consuming process
► Elected officials, when armed with information and commitment, yield a powerful voice
► Find your champions and exploit them; But expect opposition and be willing to accept it
► You cannot over-communicate or over-educate
► Be honest and be transparent
The Payoff: Horizon Public Health

- Horizon Public Health implemented January 1, 2015
- All staff transitioned with no loss of jobs or salary
- One union emerged from 3
- Strong Governing Board support
- Stable and healthy fiscal status
Thank You!

For More Information

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Cell: 320-304-2930
Q&A

• Please type your questions in the Q&A box

• Contact:
  • Sarah Newman, sneuman@naccho.org
  • Sandy Tubbs, sandyt@horizonph.org