




## Local boards of health using assessment tool to improve health: Tool helps spell out roles, responsibilities

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By Michele Late

Local boards of health around the country are using a performance assessment program to improve the health of their communities, and in the process are learning more about their own roles and responsibilities.

Launched in 2002, the National Public Health Performance Standards Program encourages public health stakeholders to take a close look at the services provided through their state or local health systems. The program includes a public health governance assessment instrument that is aimed specifically at local boards of health and the services they oversee.

Since the inception of the performance standards program, several hundred local boards of health have used the governance instrument, and the number of participants is growing, according to Tiffany Hinton, MPH, liaison director at the National Association of Local Boards of Health. With about 3,000 local boards of health nationwide, organizers are hoping that use of the governance instrument will become more widespread, especially because of recent positive results.

While the instrument has a goal of improving community health, it has also served as a learning tool for local board of health members by educating them about their responsibilities. Such an effort is vital because of the important role local boards of health play, Hinton noted.

In general, local boards of health oversee local health departments and serve as a link between the departments, elected officials and residents. However, board members are more likely to be community volunteers than full-time health professionals, which means they may not be familiar with the essential services that are expected to be provided via public health systems.

“If they have a better sense of their responsibilities, that, in turn, benefits the community,” said Hinton, an APHA member.

Based on the essential services of public health — such as surveillance, regulation enforcement and health promotion — the 26-page governance instrument asks users to rank their health systems’ ability to offer public health services. For example, local boards of health using the instrument are asked whether they have a mission statement, if they advocate for laws that protect public health, whether they monitor progress toward health objectives and if they ensure that their communities have up-to-date public health emergency response plans.

Boards of health rank how well they think they are doing on each of the responsibilities that are outlined in the instrument and then send their data to the Public Health Foundation, which generates a report with performance scores, charts and suggestions on how to use the results for quality improvement.

“Local boards of health are important to the health of the nation,” said Karlene Baddy, MEd, director of the Public Health Innovations Project at APHA. “The better they are able to do their work, the more we benefit.”

While the governance instrument has been used in multiple states, it has been used most widely in New Jersey, which coordinated a statewide governance assessment effort. Through a grant from CDC, the New Jersey Local Boards of Health Association coordinated 20 meetings with members of local boards of health from around the state beginning last October.

As a result, more than 160 governance assessments have been conducted to date in New Jersey, and organizers are expecting that number to rise to more than 200, according to APHA member Paul Roman, president of the New Jersey Local Boards of Health Association.

While some local board of health members initially came to the New Jersey meetings with trepidation, they left with a “sense of accomplishment,” said Roman, who is also president of the Shrewsbury, N.J., Local Board of Health and of the Monmouth County, N.J., Regional Health Commission. Because there has not been much training on the role of local boards of health in the state, he said the meetings were an eye-opening experience for many attendees.

“We believe that this is a wonderful educational opportunity for local board members who don’t fully understand the broader scope of their responsibilities and may not have ever been made aware of them,” Roman told *The Nation’s Health*. “I would encourage every other state to take this on as a project.”

Researchers at Rutgers University, which is assisting in the New Jersey effort, were expected to present a report on the assessments at a statewide meeting in September.

While officials in New Jersey found that conducting the assessments on a statewide basis was key to their success, other local boards of health have used the governance instrument on their own.

In Ohio, the city of Kent’s local board of health saw the governance instrument as “a way to find out what is really going on in the city and the health department,” according to board member John Gwinn, PhD, MPH. The city board of health began using the governance instrument in April 2003, spending time at each of its regular meetings to answer its questions.

Board members found the instrument “very educational,” especially in terms of the information that came to light on the roles of the board and the breadth of public health activities being conducted in Kent, said Gwinn, who is an APHA member. The board worked with the city’s health officer when conducting the assessment, which was particularly helpful, Gwinn said.

In central Connecticut, local board of health members found the governance instrument so beneficial that they have used it twice. The seven-member District Board of Health for Berlin, Rocky Hill and Wethersfield used the instrument in 2002 and again this year, according to board chair Carolyn Wysocki, MA, MHSA.

The board was able to identify its strengths and weaknesses through the assessment, and was so impressed with the results that they were used to shape the district’s strategic plan and take

action. For example, after the assessment showed that the board was lacking an orientation manual, a document and set of procedures was adopted, Wysocki told The Nation's Health. Now, when new members join the board, they receive an orientation manual, a welcome letter, a video on public health and other materials.

The instruments helped clarify the role the Connecticut local board of health was expected to play, with board members discovering that they "had more responsibilities, more authority than we started out thinking we had," said Wysocki, who is an APHA member.

Because of the board's positive experience with the governance instrument, Wysocki said she would recommend its use by other local boards of health.

"I would encourage them to use it both as a self-assessment of their work and to identify their responsibilities," she said.

APHA is one of six national partners working on the National Public Health Performance Standards Program with CDC, which is leading the effort. The other partners are the Association of State and Territorial Health Officials, National Association of County and City Health Officials, NALBOH, National Network of Public Health Institutes and Public Health Foundation.

For more information on the National Public Health Performance Standards Program or to download the governance instrument, visit [www.phppo.cdc.gov](http://www.phppo.cdc.gov) , [www.nalboh.org](http://www.nalboh.org) or [www.apha.org/ppp/hipmain.htm](http://www.apha.org/ppp/hipmain.htm) .

Local boards of health that are interested in using the governance instrument and are looking for guidance should contact Hinton at [tiffany@nalboh.org](mailto:tiffany@nalboh.org) or (202) 223-4034.

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