

## Introduction

The health care system in Nebraska is undergoing significant transformation.

Two key questions to be addressed are: First, what role will Nebraska's public health system have in the revolution of health care, and second, will public health be a critical player in the health care system?

The answer to these and many other questions depends upon the actions taken by public health professionals.

Public health in Nebraska can evolve as a significant role model in the health care system by focusing on the provision of population-based services and effectively collaborating with community organizations and private providers in the community and by continuing to build the public health system so all Nebraskans have access to basic public health services.

## Definition of Public Health

Public health is the responsibility of state and local health departments to protect and promote health and prevent disease and injury. These services are population-based, that is, services which are focused on improving the health of the general population, as opposed to the treatment of individuals. Population-based services are a major contributor to the overall improvement of a community's health status. Prevention, promotion, and protection strategies need to be thought of as an integral part of the larger health care system.

## Public Health Mission

The mission of public health is to prevent disease, injury, disability and premature death. This includes protecting people's health from environmental dangers and health promotion through risk reduction and public education.

## Building Healthy Communities

Building healthy communities encompasses the

work of public health. A healthy community demands more than medical care. It requires protection from health concerns that can endanger the health of the entire population. It requires accurate information about the nature, magnitude, and causes of health problems, and education about risk reducing behaviors. An environment in which its members can work and play safely is a healthy community.

Historically, efforts to promote personal health, protect community health and prevent disease are effective. Yet, nationally only three percent of current health system care dollars are spent on these services. In other States, many local health departments continue to expend far more dollars on the provision of individual services than population-based services. The delivery of public health services in Nebraska is greatly influenced by the geographic environment and available funding. The sparse population base in the state's rural areas adds to the difficulty in delivering public and private health services.

## Population-Based Services

The application of population-based health service in this century has saved millions of lives and resulted in the virtual elimination of a number of infectious diseases. Throughout history humans have suffered under the scourge of communicable disease. Diseases such as small pox, rubella, pertussis, cholera, mumps, measles and polio once ravaged society. Fortunately these diseases no longer wreak such devastation in the US. The number of cases of many communicable diseases has decreased dramatically due to immunizations, safe drinking water, milk pasteurization, rodent control and other public health programs. In its first 20 years, the measles vaccine is estimated to have prevented 52 million measles cases, 17,400 cases of mental retardation and 5,200 deaths. Every dollar spent on measles vaccine prevents an estimated \$16 in direct medical costs and five dollars in lost productivity. By eradicating small pox, the US saves not only the cost to treat the disease, but no longer spends some \$150 million a year in prevention programs.

## Public Health in Nebraska

In 2001 the State Legislature passed LB692 which provided funding to develop and improve the state's public health infrastructure by creating district health departments and supplementing existing public health programs. Local health departments were developed to provide an organized approach to public health activities in our communities.

## Infrastructure Development

LB692 established a fund of \$5.6 million to be allocated annually for the local public health system. \$100,000 is dedicated to staffing the State Office of Public Health. Funding for infrastructure development is allocated annually to local health departments to build public health capacity, as follows:

- \$100,000 – awarded to three contiguous counties with 30,000 to 50,000 residents
- \$125,000 – awarded to counties with 50,000 to 100,000 residents
- \$150,000 – awarded to counties with 100,000 plus residents

The remainder of the fund is distributed for population-based activities to assist health departments in addressing community health priorities. The amount is based on the number of people residing in the health department's jurisdiction. An additional \$2.8 million of population-based funding is allocated annually to assist Nebraska communities for implementation of minority health initiatives to reduce health disparities.

## Intent

All persons in Nebraska have access to public health services. A local health department means a county, district or city/county health district. A full-time health director *must be* hired to carry out pertinent activities. The local health department should work collaboratively with local providers and community organizations to assure public health services are provided. It is the responsibility of the local health department to carry out the Core Government Public Health Functions and the Ten Essential Elements.

## Core Functions and Essential Elements

Public health departments balance three core government public health functions. Directly related to these core functions are essential services that exist to assure the maintenance of the population-based services in the community.

CORE FUNCTIONS	ESSENTIAL ELEMENTS
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### Assessment

<p><b>ASSESS</b> the health needs of the community</p> <p><b>INVESTIGATE</b> the occurrence of health effects and hazards</p> <p><b>IDENTIFY</b> and analyze risks and other factors that contribute to specific health problems or concerns</p>	<p><b>MONITOR</b> health status to identify community health problems</p> <p><b>DIAGNOSE</b> and investigate health problems and concerns</p> <p><b>INFORM</b>, educate, and empower people about health issues</p>
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### Policy Development

<p><b>ADVOCATE</b> community support and identify resources</p> <p><b>PRIORITIZE</b> the community's health needs</p> <p><b>PLAN</b> and develop policies and strategies to address priority needs</p>	<p><b>MOBILIZE</b> community partnerships</p> <p><b>DEVELOP</b> policies and rules that support health efforts</p> <p><b>ENFORCE</b> laws and regulations that protect health and the environment, and assure safety</p>
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### Assurance

<p><b>MANAGE</b> resources and develop organizational structure</p> <p><b>IMPLEMENT</b> programs and services otherwise not available</p> <p><b>EVALUATE</b> programs and provide quality assurance</p> <p><b>INFORM</b> and educate the public</p>	<p><b>LINK</b> people to needed medical and mental health services</p> <p><b>ASSURE</b> a competent public health workforce</p> <p><b>EVALUATE</b> effectiveness, accessibility, and quality of health services</p> <p><b>RESEARCH</b> new insights and innovative solutions</p>
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LB692 created a changing public health environment in Nebraska. At the end of 2000, 18 local health departments served 24 of the 93 counties. There are currently 22 county or district local health departments providing services to all counties in Nebraska. This bill also created a vehicle for the State's district health departments to provide the core functions. Public health priorities are identified as a result of the health departments or the board of health's assessment of the community.

The State Association of City County Health Officials (SACCHO) is the state organization that provides training opportunities for the staff of the local health departments and local boards of health through workshops, presentations, and printed material. SACCHO is a section of the Public Health Association of Nebraska and receives all of the benefits of a 501(c) 3 organization.

The Mission of the **SACCHO** is:  
To promote and support a comprehensive  
statewide integrated public health system  
based upon core function activities.

Various public health programs are part of the Health and Human Services System (HHSS) which is made up of three agencies; Regulation and Licensure, Finance and Support, and Services. The HHSS is administered by a Policy Cabinet which is comprised of the following; the Director of Regulation and Licensure, the Director of Finance and Support, the Director of Services/Chief Medical Officer, and the Policy Secretary. The Chief Medical Officer is responsible for overseeing public health in Nebraska. The Nebraska Office of Public Health was formed under the Services agency in 1999.

# Laws Guiding Public Health in Nebraska

## Brief Overview of Public Health Law in Nebraska Legislative Bill 692

Below are excerpts from LB 692 that establishes funding to build public health infrastructure in Nebraska. The statute changes in its entirety can be seen on the unicameral website at [www.unicam.state.ne.us](http://www.unicam.state.ne.us)

### 71-7611.03

#### **Nebraska Health Care Cash Fund; appropriations for public health services; legislative intent.**

It is the intent of the Legislature to appropriate from the Nebraska Health Care Cash Fund as follows:

1. Five million seven hundred thousand dollars in fiscal year 2001-02 and five million seven hundred thousand dollars in fiscal year 2002-03 for local public health services, public health planning, and public health infrastructure development. Funds appropriated under this subdivision shall be distributed in each fiscal year as follows:
  - (a) One hundred thousand dollars to the Department of Health and Human Services for two full-time employees with public health expertise and related operating costs;
  - (b) Five million six hundred thousand dollars to the Department of Health and Human Services Finance and Support for public health planning grants to counties and for aid to local public health departments as provided in sections 71-1628.02 and 71-1628.08.

Any funds not expended in fiscal year 2001-02 and fiscal year 2002-03 shall be re-appropriated each fiscal year; and

2. Two million eight hundred thousand dollars in fiscal year 2001-02 and two million eight hundred thousand dollars in fiscal year 2002-03 for minority public health services. Funds appropriated under this subdivision shall be distributed in each fiscal year as follows:
  - (a) One million dollars to federally qualified health centers in a congressional district which has a minority population of over seventy-five thousand inhabitants pursuant to section 71-1628.07;
  - (b) One million five hundred eighty thousand dollars to the Department of Health and Human Services Finance and Support for minority public health services in counties having a minority population equal to or exceeding five percent of the total population of the county in the first and third congressional districts as determined by the most recent federal decennial census. The department shall distribute the funds on a per capita basis for the purpose of implementing a statewide minority health initiative which may target, but shall not be limited to, infant mortality, cardiovascular disease, obesity, diabetes, and asthma; and
  - (c) Two hundred twenty thousand dollars to the Department of Health and Human Services to establish and operate a satellite office of minority health in the second and third congressional districts to coordinate and administer state policy relating to minority health.

Source:

Laws 2001, LB 692, § 22.

Effective date May 17, 2001.

### 71-1628.02

#### **Establishment of local public health department; application; procedure.**

1. Beginning July 1, 2001 and ending June 30, 2002:
  - (a) The county board of a county which does not have or is not a part of a local public health department may apply to the Department of Health and Human Services for five thousand dollars to be used solely
  - (b) for the development of (i) a plan for the establishment of a local public health

department if the county has more than fifty thousand residents or (ii) an interlocal agreement between counties for the establishment of a local public health department if at least three contiguous counties are involved and the counties involved have a total of at least thirty thousand residents; and

- (c) The county board of a county which has or is part of a local public health department may apply to the Department of Health and Human Services for five thousand dollars to be used solely for the development of an interlocal agreement for the establishment of a local public health department with at least two other counties if the counties involved have a total of at least thirty thousand residents.
2. An application under subsection (1) of this section may be made jointly by two or more counties for the development of an interlocal agreement, and each county which is a party to the application shall receive five thousand dollars under such subsection.
  3. An application shall include, but not be limited to, (a) the name of the county or counties making the application, (b) the number of residents of the county or group of counties, and (c) the projected date of implementation of the plan or agreement.

Source:

Laws 2001, LB 692, § 5.

Effective date May 17, 2001.

#### **71-1628.03**

##### **Petition to join existing county or district health department; procedure.**

One or more counties may petition to become part of an existing county or district health department. As part of the petition, the county board may agree to abide by the existing interlocal agreement or may ask for negotiation of a new interlocal agreement. If the petition is denied by the county or counties which have established such existing department, the denial may be appealed to the Director of Regulation and Licensure. Failure of such county or counties to respond within one hundred twenty days after receiving the petition shall constitute a denial of the petition under this section. The director may review the petition, including the terms of the existing or new agreement, and make a determination as to whether the petition should be granted and fair and reasonable terms in regards to the agreement. If the director determines that the petition should be granted but the county or counties which have established such existing department refuse to accept the petition or refuse to accept the terms determined to be fair and reasonable, the director shall prohibit any future payment of funds under section 71-1628.08 or 71-7611.03 to the county or district health department established by such county or counties.

Source:

Laws 2001, LB 692, § 6.

Effective date May 17, 2001.

#### **71-1628.04**

##### **Core public health functions.**

1. Each local public health department shall carry out the core public health functions within its geographically defined community.
2. Each local public health department shall include the essential elements in carrying out the core public health functions to the extent applicable within its geographically defined community and to the extent funds are available. The essential elements include, but are not limited to,
  - a. monitoring health status to identify community health problems
  - b. diagnosing and investigating health problems and health hazards in the community
  - c. informing, educating, and empowering people about health issues
  - d. mobilizing community partnerships to identify and solve health problems
  - e. developing policies and rules that support individual and community health efforts

- f. enforcing laws, rules, and regulations that protect public health and the environment and ensure safety
- g. linking people to needed medical and mental health services and assuring the provision of health care when not otherwise available
- h. assuring a competent workforce within the health care industry and the public health departments
- i. evaluating effectiveness, accessibility, and quality of services within the health care industry and the public health departments
- j. researching to gain new insights and innovative solutions to health problems

Source:

Laws 2001, LB 692, § 7.

Effective date May 17, 2001.

#### **71-1628.05**

##### **Reporting.**

Each local public health department shall prepare an annual report regarding the core public health functions carried out by the department in the prior fiscal year. The report shall be submitted to the Department of Health and Human Services by October 1. The department shall compile the reports and submit the results to the Health and Human Services Committee of the Legislature by December 1.

Source:

Laws 2001, LB 692, § 8.

Effective date May 17, 2001.

#### **71-1628.06**

##### **Core public health functions; personnel.**

The Department of Health and Human Services shall employ two full-time persons with expertise in the public health field to provide technical expertise in carrying out core public health functions and essential elements and coordinate the dissemination of materials to the local public health departments.

Source:

Laws 2001, LB 692, § 9.

Effective date May 17, 2001.

#### **71-1628.08**

##### **County Public Health Aid Program; created; funds; distribution.**

1. The County Public Health Aid Program is created. Aid as appropriated by the Legislature shall be distributed as provided in subsections (2) through (4) of this section.
2. The department shall reserve two million dollars in each fiscal year for purposes of this subsection. One hundred thousand dollars shall be distributed each fiscal year to each local public health department established under sections 71-1626 to 71-1636 and sections 71-1626.01 to 71-1628.08 which is composed of at least three contiguous counties and has at least thirty thousand and not more than fifty thousand residents within its geographically defined community. One hundred twenty-five thousand dollars shall be distributed each fiscal year to each local public health department established under sections 71-1626 to 71-1636 and sections 71-1626.01 to 71-1628.08 which has more than fifty thousand and not more than one hundred thousand residents within its geographically defined community. One hundred fifty thousand dollars shall be distributed each fiscal year to each local public health department established under sections 71-1626 to 71-1636 and sections 71-1626.01 to 71-1628.08 which has more than one hundred thousand residents within its geographically defined community. Each local public health department shall use such funds for establishment, management, and operation of such department and its core public health functions. The Health and Human Services Committee of the Legislature shall annually review the number of local public health departments accessing funds pursuant to this subsection.

3. The department shall allocate a percentage of the remainder of funds appropriated under the County Public Health Aid Program to each county on a per capita basis as determined by the most recent federal decennial census. The funds for each county shall be distributed to the local public health department of the county if the county has more than fifty thousand residents or the local public health department of which the county is a part if the department is composed of at least three counties and has at least thirty thousand residents within its geographically defined community. If a county does not have or is not a part of such a local public health department, the county's share of funds under this subsection shall be held for the remainder of the fiscal year and may be distributed to the county at any time during such year if the county establishes a local public health department pursuant to section 71-1628.02 or enters an interlocal agreement to establish or become a part of a local public health department pursuant to section 71-1628.02 or 71-1628.03.
4. Funds received by a local public health department under this section shall not be used to replace or reduce existing county funding to such department. Funds distributed under this section shall be reduced to offset any such replacement or reduction.

Source:

Laws 2001, LB 692, § 11.

Effective date May 17, 2001.

## Local Health Services Act

The legal authority for boards of health and local health departments is found primarily in the Nebraska Statute *Local Health Services* - Article 16, Sections 71-1601 through 71-1636.

The following summary, based upon Nebraska State Statute, is not a complete list of all laws pertaining to local health departments and their boards but it does define how health departments can be created and some specific responsibilities (see *Chapter 71* - State Statutes in Attachment I for complete law). At the time of this writing, the Nebraska Health and Human Services System is undertaking a study of all of the State Statutes that affect public health and local health departments.

### NEBRASKA

#### Summary of State Statutes Relating to Local Health Departments Local Health Services - Article 16, Sections 71-1601 through 71-1636

##### ***Responsibilities of Local Health Departments - General Provisions***

- Assume the responsibility concerning public health and remedial care and treatment of the indigent sick people
- Adopt measures for the control and eradication of preventable or communicable diseases
- Use modern scientific methods of hygiene and sanitation
- Educate the public in matters relating to public health
- Protect the health of the public and prevent communicable diseases
- Make all necessary sanitary and health investigations and inspections
- Investigate the existence of any contagious or infectious disease and adopt measures to arrest the progress of the same
- Distribute free as the local needs may require all vaccines, drugs, serums, and other preparations obtained from the Department of Health and Human Services or purchased for public health purposes by the county board
- Upon request, give professional advice and information to all city, village, and school authorities on all matters pertaining to sanitation and public health
- Establish fees for the cost of all services, including those services for which third-party payment is available
- Implement and enforce an air pollution control program



***Additional Responsibilities of Local Health Departments in Counties having a population of more than 200,000***

- **Assessment** of community health status and available resources for health matters, including collecting and analyzing relevant data and annually reporting and making recommendations on improving public health matters to the mayor, city council, and county board;
- **Policy development** for proposals before the board of health, the city council, and the county board to support and improve public health, including appointing advisory committees to the board of health to facilitate community development functions and coalition building related to public health and adopting and approving official health department policies in the following areas:
  - Community health services and health promotion and outreach, specifically including policies related to the following:
    - Client services and fees
    - Standing orders, supervision, screening, and emergency and referral protocols and procedures
    - Monitoring and reporting
    - Communicable disease investigation, immunization, vaccination, testing, and prevention measures, including measures to arrest the progress of communicable diseases
  - Environmental health, specifically including policies related to the following:
    - Permitting, inspection, and enforcement
    - Monitoring, sampling, and reporting
    - Technical assistance and plan review
    - Prevention measures
  - Investigating and controlling diseases and injury, specifically including policies related to the following:
    - Permitting, inspection, and enforcement
    - Monitoring, sampling, and reporting
    - Technical assistance and plan review
    - Prevention measures
  - Other health matters as may be requested by the city council or county board
- **Assurance** that needed services are available through public or private sources in the community, including:
  - Acting in an advisory capacity to review and recommend changes to ordinances, resolutions, and resource allocations before the city council or county board related to health matters
  - Annually reviewing and recommending changes in the proposed budget for resource allocations related to the health department
  - Monitoring and reviewing the enforcement of laws and regulations of the board of health, city council, and county board related to public health in the community

## **Open Meeting Law**

**84-1408**

**Declaration of intent; meetings open to public.**

It is hereby declared to be the policy of this state that the formation of public policy is public business and may not be conducted in secret.

Every meeting of a public body shall be open to the public in order that citizens may exercise their democratic privilege of attending and speaking at meetings of public bodies, except as otherwise provided by the Constitution of Nebraska, federal statutes, and sections 79-317, 84-1408 to 84-1414, and 85-104.

Source: Laws 1975, LB 325, § 1; Laws 1996, LB 900, § 1071.

**SAMPLE FORM**

**Resolution to establish a county, district, or city/county district health department**

**RESOLUTION OF AGREEMENT OF  
THE BOARD OF COUNTY COMMISSIONERS OR SUPERVISORS  
OF \_\_\_\_\_**

WHEREAS, the Board of Commissioners or Supervisors of \_\_\_\_\_ County has determined there are public health needs in the county not currently being met and as a result, there is need for the establishment of a District Health Department to meet these needs;

IT IS HEREBY resolved by the Board of County Commissioners or Supervisors of \_\_\_\_\_ County, Nebraska, that an agreement be submitted to the Health & Human Services Regulation and Licensure for the purpose of establishing a full-time District Health Department, for the counties of \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_, pursuant to Neb. Rev. Stat. §§ 71-1626 to 1636, as amended.

IT IS FURTHER RESOLVED that the District Health Department be subject to approval of the Department of Health and Human Services Regulation and Licensure of the State of Nebraska, and the adoption of a like resolution in \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_ Counties, Nebraska.

THAT this resolution shall, in conjunction with approval of a like resolution in \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_ County, Nebraska, and upon approval by the Department of Health and Human Services Regulation and Licensure, be and constitute an agreement between the counties of \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_ and the Department of Health and Human Services Regulation and Licensure, for the establishment and maintenance of a District Health Department for \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_ Counties.

IT IS FURTHER RESOLVED that the management of the District Health Department shall be governed by the local health district statutes (Neb. Rev. Stat. §§ 71-1626 to 71-1636) and managed by the Local Health Department Director, subject to the oversight of the Board of Health.

IT IS FURTHER RESOLVED that the duties of the District Health Department shall be those core functions of public health as determined by the appointed Board of Health and approved by the Boards of Commissioners of each county which is a part of the Local Health Districts.

IT IS FURTHER RESOLVED that this agreement shall continue from year to year under the same terms and conditions until the District Health Department is terminated in accordance with Nebraska Revised Statutes §§ 71-1626 to 71-1636, as amended.

IT IS FURTHER RESOLVED that said District Health Department shall be funded by state and federal grants, private donations, donations and other monies for which the District Health Department is eligible.

THAT copies of the Agreement between the Counties of \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_ and with the State of Nebraska shall be kept on file with the County Clerks of \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_ counties.

BE IT FURTHER RESOLVED that this Resolution shall become effective from and after its approval by the \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_ County Commissioners or Supervisors and the Department of Health and Human Services Regulation and Licensure of the State of Nebraska. Motion made by Commissioner or Supervisor \_\_\_\_\_, seconded by Commissioner or Supervisor \_\_\_\_\_, to approve the foregoing Resolution \_\_\_\_\_. Voting in favor of said Resolution of \_\_\_\_\_

Agreement: Commissioners or Supervisors \_\_\_\_\_. Voting  
against said Resolution of Agreement: Commissioners or Supervisors \_\_\_\_\_.

WHEREUPON the Chairman declared this Resolution No \_\_\_\_\_ duly passed and approved  
contingent upon approvals of said Resolution by \_\_\_\_\_, \_\_\_\_\_, and  
\_\_\_\_\_ County Commissioners or Supervisors and Department of Health and Human  
Services Regulation and Licensure of the State of Nebraska.

Dated this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Chairman

\_\_\_\_\_  
Member

\_\_\_\_\_  
Member

ATTEST:

\_\_\_\_\_  
\_\_\_\_\_  
(Official Seal) County Clerk

## Current National Trends

Many organizations and governmental authorities are currently attempting to address problems in the US health care system and its related payment mechanisms. Federal task forces and many Nebraska health-related agencies and organizations are making efforts to resolve health care access and financing. To focus on health issues and desirable outcomes, the US Public Health Service has worked with citizens, health care professionals, state health departments, and other organizations to establish specific goals for public health efforts.

The document resulting from this effort, ***Healthy People 2000 and Healthy People 2010*** has provided goals designed to set a public health agenda and to help Americans achieve better health, increase their span of healthy life, reduce injuries and disabilities, and improve access to preventive health services. In response to this effort, the Nebraska Health and Human Services System, with input from organizations throughout Nebraska, has taken goals from ***Healthy People 2000 and 2010*** and applied them to specific public health initiatives for this state. Local health departments, in conjunction with their boards of health and citizens, set 2010 goals for their local jurisdictions. ***Healthy People 2010*** can be viewed at [www.healthypeople.gov](http://www.healthypeople.gov).

## What is a Local Board of Health and What Do They Do?

Local health departments were developed to provide an organized approach to public health activities in our communities. In this context, local health department boards plan and or authorize and enable activities benefiting the department's purpose. The major types of such activities may include:

**PREVENTION** - the underlying theme of most health department work

- Prevention activities might include adopting a housing code to prevent disease resulting from poor living conditions, or enforcing standards relating to plumbing systems and sewage disposal. It might also mean promoting better diet and exercise habits among area residents, thus reducing the incidence of heart disease, diabetes, and cancer.

**EDUCATION** - a component of every public health program

- Virtually anything that helps people make themselves healthier is part of health education. Classes in prenatal care, school programs, and interviews with media on health-oriented topics or consultations on environmental health problems may all be considered health education efforts.

**ENVIRONMENTAL HEALTH** - a basic element of public health work

- Health departments employ or contract with at least one environmental health specialist (sanitarian) who ensures restaurants, other food establishments, and residential sewage systems meet local and state standards. He or she also monitors "public nuisances", such as weed and trash control, rodent and vector control, and conducts follow-up examinations on these and other potential public health problems.

**NURSING** - one of the most visible elements of public health

- The work of public health nurses is found in virtually all the other activities undertaken by local health departments. Public health nurses utilize professional knowledge to assess health risk factors and define the service needs of the community. They provide immunizations and conduct migrant, rural, pre-natal, well-child and school-based clinics. Public health nurses also provide outreach intervention services; patient education; deliver home care services to families; provide case management services to coordinate needed care; and many other direct public health services.

**SCREENING AND IMMUNIZATIONS** - an extremely important activity of public health

- Many local health departments conduct immunization clinics for infants, children, and adults. Most vaccines are provided through the Nebraska Health and Human Services System. There may also be a need for additional programs to screen adults or children for illnesses, such as high blood pressure, cancer, heart disease, and diabetes. Additionally, many health departments screen for hearing and sight loss, lead poisoning, and developmental delay.

**COMMUNICABLE DISEASE CONTROL** - a coordinating and control function of public health work

- Local health departments are responsible for coordinating the control of any outbreak of a reportable disease. This involves working with the Nebraska Health and Human Services System and local health care providers. Boards of health members need to consider what actions to take at a school, day care facility, or the community at large, if there has been an outbreak of a communicable disease.

**NETWORKING** - an essential activity of board of health members

- Many organizations in a community provide health-related services. Board of health members are in a unique position to network with these providers and organizations to be aware of how community needs are (or are not) being met, in order to coordinate services and expand them appropriately. Assessment and assurance activities performed with medical providers and associations may save the local health department from duplicating effort, while enabling the department to collaborate on health fairs, school talks, or other prevention/health promotion activities.

## **Who Conducts Public Health Activities?**

Various individuals and facilities in the health care system provide primary care services, which may include certain preventive measures. Public health activities, however, concentrate on population-based prevention and education services to promote healthy communities.

Most public health activities within a community are initiated by the local health department, with approval of the board of health. The basic types of health departments are county, district, and city/county.

Activities of the health department are typically conducted by public health nurses, health educators, inspectors, sanitarians, and others.

## **What is the Relationship between Local Health Departments and Other Governmental Authorities?**

Health department functions are performed within a particular jurisdiction, which would be a city, county or district health department. Like school districts, a health district must be of sufficient size to attract support and effectively utilize professional personnel to provide public health services. As a result, in several parts of Nebraska, local authorities have combined forces and health departments to appropriately meet these needs.

## Why would my Community need a Local/District Health Department?

### A. We already provide all the local public health services our community needs.

Not if your community offers only part-time local public health services. Part-time services are just that – part time. Public health problems, however, don't respect a time clock. They can occur at any time of day and often do. A quick, competent response can arrest a potential problem before it gets out of control. Pooling of resources in health districts provides time for staff training, vacations and illness. Adequate staffing allows time for the adoption of planning and prevention measures as opposed to operating in a crisis mode. Relying on the state and federal government to provide local public health services is also increasingly risky due to budget cuts and the demand to reduce state funding.

### B. Don't the doctors, Community Action Agencies, and others take care of our community's public health needs?

While some public health services do happen in doctors' offices, service agencies, and hospitals, these groups do not address policy development or population-based health assessments, and do not always provide all of the needed services. Local Health Departments, by providing the core functions of *assessment, policy development, and assurance*, protect us from diseases and injury and help us change harmful behaviors to keep us out of doctors' offices and emergency rooms. This is accomplished by monitoring the health condition of the population, protecting the environment, preventing epidemics, promoting healthy behavior and assuring that public health services are of high quality and are being provided by either the health department or another service agency in the community. Local public health services focus on the community as a whole and advocate for the health of all residents-sick or well.

### C. Are health departments costly?

The cost depends on the community. But as the saying goes, you get what you pay for. Lack of accountability, limited access to services, poor health planning and crisis management may be more expensive in the long run. The resulting legal liability can cost communities thousands and even millions of dollars. Ironically, communities will often form or join a public health department in response to a crisis, looking to prevent further damages.

Local Health Departments are also eligible for additional grant moneys available for special problems. Finally, communities are able to pool resources including staff, space, utilities and administrative costs. This effort results in more comprehensive full-time services for the entire region for less money than if the community were to bear the cost on its own.

### D. Do communities with health departments receive services they do not need, causing waste?

Local Health Departments are designed to cut waste and improve efficiency. By assessing the specific needs of your community and providing a comprehensive analysis, wasteful and costly programs can be identified and eliminated. Departments provide a "core package" of services for all their member communities. Health problems and potential health problems can be identified that are specific to your community. Priorities can be agreed upon to target these issues. Existing resources in the community can be coordinated with additional resources from the state and federal government to address problems.

**E. Our community is healthy – do we have any public health problems here?**

Perhaps it's just that the "easy" problems have been solved. But public health problems vary over time and place. New health threats and issues are constantly emerging – and many old public health problems return to communities that neglect to control them. Examples are the spread of Lyme disease, unheard of only 15 years ago, and the return of tuberculosis, rabies and the plague. Environmental threats such as poor groundwater quality and air pollution are also a public health concern. Local Health Departments provide an ongoing system to counter threats to the community's health by identifying health problems and monitoring the health condition of the population. The staff is trained to recognize potential health hazards and to act promptly to prevent or contain illness and injuries.



## Board of Health Checklist

- By Laws in Place and Include Terms of Appointment
- Board Composition follows Statutory Requirements
- Established Time and Location for Regular Meetings
- Board President works with Health Director to set Meeting Agenda
- Identified Parliamentary Procedure for Conducting Meetings
- Established Standing Committees (e.g. Executive, Finance)
- Develop a Basic Understanding of the Budget
- Process in Place for Performance Evaluation of the Director
- All Board Members have an Orientation Manual
- Board Members have been Oriented to the Health Department
- Health Director provides a Monthly Report to the Board
- Understand the Principles of Community Assessment for Setting Public Health Priorities

## Primary Role

The primary role of a board of health member is to study and learn:

- obligations of the board
- health department and staff
- health problems in the community
- planning and funding efforts to address identified problems

In this context, the following may be helpful to consider as a position description for a board of health member. This is a working board position.

**Potential board members should be representative of the community in which he or she resides. Nebraska State law defines this process. In most cases, members of the board include a physician, dentist, County Commissioner and/or City Council member, along with “public-spirited” men and women. Each should display a willingness to participate in determining and setting public health policy and be willing to devote the time necessary to accomplish the goals and objectives of the Board, and be an advocate for public health services and programs in the community. In addition, a board member shall possess no conflicts of interest, and may not use the Board for personal gain.**

## Main Areas of Responsibility

- **Policy Development**
- **Evaluation**
- **Community Relations**
- **Hiring and Evaluating the Health Director**
- **Approve Health Department Budget**
- **Approve Health Department Programs**

## Expectations

- regularly attending and actively participating in board of health meetings
- ensuring that time at board of health meetings is set aside for updates on public health problems and what the health department is doing, needs to do, in regard to such challenges
- involving others in health department functions and funding efforts, special events and programs to promote and support programs and services
- advocating for public health by communicating regularly with community leaders and elected officials about perceived needs and possible resources
- supporting majority opinions of the board

While fulfilling their responsibilities, board of health members must be mindful of their position as trustees of the public's health and should be aware of the legal ramifications of their actions, including possible liabilities.

## **Job Responsibilities**

1. Recruitment, appointment, and evaluation of the Health Director.
2. Establishing, implementing, and updating the Personnel and Fiscal Policies of the Health Department.
3. Promulgation and adoption of regulations and policies to protect the health and safety of all Health District residents.
4. Attend Board meetings and committee meetings as required.
5. Develop an Annual Report that includes financial and statistical information.
6. Keep the public informed on all matters affecting health of the District.
7. Promulgate and adopt an annual appropriation measure (budget) for the Health Department and monitor that budget on a regular basis.
8. Review and authorize payment of all bills brought to the Board for consideration.
9. Receive by gift, devise, or bequest money, land, or other properties for the benefit of the board.
10. Review and evaluate the programs of the Board of Health and the Health Department.
11. Annually, determine the goals and objectives of the Board and evaluate progress toward those goals.
12. Conduct a cost analysis on the various programs of the Board to determine the adequacy of program fees versus program cost.
13. Determine the need for tax support (public health levy) for the programs and services of the Health District and advise the County Commissioners or City Council on such needs.
14. Recruitment and orientation of new Board Members.

# Sample Commitment Statement for Board Members

## Commitment to Serve

I, \_\_\_\_\_ recognizing the important responsibility I am undertaking in serving as a member of the Board of Health of \_\_\_\_\_ hereby personally pledge to carry out in a trustworthy and diligent manner all the duties and obligations inherent in my role as a board member.

## My Role

I acknowledge that my primary role as a board member is (1) to contribute to the defining of the \_\_\_\_\_ mission and governing the fulfillment of that mission, and (2) to carry out the functions of the office of Board Member and/or Officer as delineated in the bylaws.

My role as a Board Member will focus on the development of broad policies that govern the implementation of institutional plans and purposes. This role is separate and distinct from the role of the Chief Executive Officer/Health Director to who is delegated the determining of the means of implementation.

## My Commitment

I will exercise the duties and responsibilities of this office with integrity, collegiality and due care.

## I Pledge

1. To establish as a high priority my attendance at all meetings of the board, committees and task forces on which I serve.
2. To come prepared to contribute to the discussion of issues and business to be addressed at scheduled meetings, having read the agenda and all background support material relevant to the meeting.
3. To work with and respect the opinions of my peers who serve this board and to leave my personal prejudices out of all board discussions.
4. To always act for the good of this organization.
5. To represent this organization in a positive and supportive manner at all times and in all places.
6. To observe the parliamentary procedures and the Roberts Rules of Order and display courteous conduct in all board, committee and task force meetings.
7. To refrain from intruding on administrative issues, which are the responsibility of management, except to monitor the results and prohibit methods not in congruity with board policy.
8. To avoid conflicts of interest between my position as a board member and my personal life. If such a conflict does arise, I will declare that conflict before the board and refrain from voting on matters in which I have a conflict.
9. To support in a positive manner all actions taken by the Board even when I am in a minority position on such actions.
10. To agree to serve on at least one committee or task force, attend all meetings, and participate in the accomplishment of its objectives. If I chair the Board, a committee, or a task force, I will:

- a. call meetings as necessary until objectives are met;
- b. ensures that the agenda and support materials are mailed to all members in advance of the meetings;
- c. conduct the meetings in an orderly, fair, open and efficient manner; and
- d. make committee and task force progress reports/minutes to the Board at its scheduled meetings, using the adopted format.

11. To participate in:
- (a) annual strategic planning,
  - (b) board self-evaluation programs, and
  - (c) board development workshops, seminars, and other educational events that enhance my skills as a board member.

If, for any reason, I find myself unable to carry out the above duties as best as I can, I agree to resign my position as board member/officer.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

# How Do Boards of Health Work?

## Use of Committees

The work process of the board of health is often affected by the area being served. In smaller health districts, board of health members may routinely consider all areas of board responsibility. In other districts, the board of health may rely upon standing or ad hoc committees to perform detailed work and present findings and recommendations to the entire board for decision making. Each committee should have a written job description which clearly states the board's expectations of the committee's work.

Boards of health could benefit from the use of committees. Committees help to divide the work and shorten board meetings. Standing committees are relatively permanent with members appointed to carry out specific functions. Committee membership may change, but the committee itself continues to exist as provided for in the bylaws.

## Bylaws

Bylaws are laws (rules) which govern the organization. They include all the rules of importance that can be amended or modified only in accordance with the rules/procedures within the bylaws themselves. Usually changes require advance notice and two-thirds majority vote.

Bylaws pertain to the rules governing the overall affairs of the organization while rules of order pertain specifically to the manner in which business is transacted in meetings.

Standing Rules are those rules or regulations that are of a continuing nature, but actually pertain to matters of administration. They specify the hour of regular meetings, the day of the week for regular meetings, frequency of an activity, etc. Standing Rules may be adopted without notice and passed by a majority vote.

Bylaws generally contain rules that pertain to the following:

- official name of the organization;
- the object or purpose of the organization; requirements for membership;
- officers and designations relative to titles, duties, election and terms of office;
- designations of regular, special and annual meetings; composition, powers and special rules pertaining to the board and the executive committee;
- establishment, composition and duties of committees; parliamentary authority that will be used; methods or procedures for amending the bylaws.

## Forming Committees

The committee chairperson is usually chosen by the board president. Committees often include 4-5 people, usually selected by the committee chairperson from the board, appropriate agency staff, and non-board community members. Committee members should actively seek the skills of non-board professional and community members. This provides for pertinent expertise, while involving others as proponents of public health concerns. This selection process can also become a source for recruitment of new board members.

Boards should be careful not to re-do a committee's work at the board meeting itself. If committee recommendations are questionable or inadequate, the issue should be sent back to the committee for additional work. Additionally, committees should work closely with agency staff to ensure that information is the most recent available and resources are accurately assessed.

When the committee has completed its assigned responsibilities and given its report, the committee typically ceases to exist. Each year, all committees should identify specific goals, objectives, and action

plans, and share them with the board. Also the board and committees should evaluate their work at the end of the year, making recommendations for continued or new work for the next year.

Before forming a committee, the board should consider answers to the following questions:

- What is the specific purpose of the committee?
- What will committee members be expected to do to meet this purpose?
- What role should the committee's work play in the context of organizational goals?
- To whom should the committee report?
- How will staff support be supplied for this committee?
- How will committee members be recruited and who will appoint them?
- What are the anticipated financial needs, i.e. expenses, of the committee?
- To what extent will the health director or board president be expected to interact with the committee?

Answers to these questions will assist the board in determining if new committees are necessary, or if existing committees could be combined to complete the task.

## **Standing Committees**

Committees serve to provide information and to make recommendations to the board, not to do all the work. For example, a development committee may create fundraising plans; but the plans are implemented by the entire board, not just the committee. While local health boards may organize their efforts in any combination of ways, boards usually have the following typical standing committees:

***Executive Committee*** - responsible for the overall development of programs and projects adopted by the department.

### **Responsibilities:**

- Conceptualize and develop department programs that implement overall agency mission
- Recommend department programs to the board
- Review and monitor-program activities and budgets
- Provide regular program reports to the board
- Develop a program evaluation or curtailment of programs based on evaluation results

***Finance Committee*** - responsible for the overall direction and control of the finances and financial development activities of the department.

### **Responsibilities:**

- Review, comment and revise annual budget for adoption by the board
- Examine monthly reports on income and expenditures
- Review budgets of special projects or committees
- Study and evaluate current sources of funding and seek out new alternatives
- Participate in audits and report findings to the board
- Prepare an annual fund development plan for the board
- Oversee funding efforts
- Train board members in financial development

Ad hoc or special committees are created as the need arises to carry out a specified task and may include the following:

***Board Management/Development Committee*** - responsible for the overall development of the board.

### **Responsibilities:**

- Develop recommendations for new board members based on determined needs of the board
- Develop a plan for new board member orientation, including a new board member packet, as well as on-going training needs

- Review board and committee descriptions and update as needed
- Develop a board evaluation process for board approval
- Review/update policies on board management issues
- Review/update policies on interaction of board, staff, community organizations, etc.

**Public Relations Committee** - responsible for the overall direction and control of the public relations activities of the organization.

**Responsibilities:**

- Prepare an annual public relations plan for board approval;
- Train and advise board members in public relations matters;
- Oversee all public relations efforts, including coordination of public service announcements, brochures and printed materials, and speaker's bureau;
- Prepare a budget for public relations activities and evaluate PR activities for the board;
- Develop an agency newsletter.



## Parliamentary Procedure

One of the most widely known and time-tested methods of effectively conducting meetings is the use of parliamentary procedure, which provides for the orderly control of an organization's business, fair participation by board members, and decisions made by the majority. Strict adherence to all elements of parliamentary procedure may vary according to the size and structure of the group. However, boards and committees often rely on such procedure for an orderly structure which discourages extraneous discussion from the concerns at hand.

Individual boards must decide on the degree to which they will adhere to the rules of parliamentary procedure. But whether the board decides to use strict, very formal procedures, or a more relaxed approach, some method should be adopted to provide standardized protocol for the conduct of meetings. Another typical guide used for conducting meetings is Robert's Rules of Order. Once the board decides on procedures pertaining to the agenda and format of the meeting, other elements of meeting arrangements should be considered. **Attachment: Robert's Rules of Order Made Easy**

## Parliamentary Procedure - A Synopsis of Most Frequently Used Procedures and Associated Wording

### 1. To Start a Meeting

Chair: (raps gavel once and says), "The meeting will come to order."  
Quorum should be present. If there is not a quorum, board can: a) fix time at which to adjourn; b) adjourn; c) recess; or, d) take steps to obtain quorum.

### 2. Minutes

Chair: The secretary will read the minutes. (May have group read the minutes silently):  
Are there any corrections?  
If there are no corrections (further corrections), the minutes are approved (or, as corrected).

### 3. Treasurer's Report

Chair: May we have the treasurer's report?  
Are there any questions?  
The treasurer's report will be placed on file.

### 4. Main Motion – Used to Introduce Business

(Can be introduced only if no other business is pending).

Member: Mr./Madam President.

Chair: The chair recognizes...

Member: I move that...

(Motion must be seconded by another member)

Chair: It is moved and seconded that...

Is there any discussion? (discussion may follow)

Are you ready for the question? (time to vote)

All those in favor, say aye. (Pause)

All those opposed, say no. (Pause)

(The ayes have it and- the motion is carried -or- the nays have it and the motion is lost.)

### 5. Amend a Motion - Used to modify the wording of a pending motion; often used after discussion of original motion.

Member: (After being recognized) I move to amend the motion by: (wording depends on amendment intended) inserting... adding ... striking ... and inserting... substituting (substitute motion). (Motion must be seconded by another member)

Chair: It is moved and seconded to amend the motion by .. (wording as moved).

- 6. Postpone a Motion Indefinitely** - Used to reject motion.  
 Member: (After being recognized), I move that the motion be postponed indefinitely.  
 (Motion must be seconded)  
 Chair: It is moved and seconded that the motion be postponed indefinitely. (Chair asks for discussion, puts motion to vote)
- 7. Postpone a Motion Definitely** - Used to move consideration of a motion to a later time.  
 Member: (After being recognized) I move to postpone the motion until...  
 (Motion must be seconded)  
 Chair: It is moved and seconded to postpone the motion until ... (Chair asks for discussion puts motion to vote)
- 8. Refer or Commit** - Used to allow further study of the question at hand.  
 Member: (After being recognized) I move to refer the motion to ... Committee.  
 (Member should name specific committee).  
 (Motion must be seconded)  
 Chair: It is moved and seconded to refer the motion to ... committee, (as moved).  
 (Chair asks for discussion, puts motion to vote.)
- 9. Lay on the Table** - Used to set aside motion, temporarily.  
 Member: (After being recognized) I move to lay the motion on the table.  
 (Motion must be seconded)  
 Chair: It is motioned and seconded to lay the motion on the table.  
 (Chair calls for question, puts motion to vote.)
- 10. Limit or Extend Debate** - Used to regulate debate.  
 Member: (After being recognized) I move to limit (or extend) debate to ... (states number of minutes, speakers or time).  
 (Motion must be seconded)  
 Chair: It is moved and seconded to limit (or extend) debate ... (as moved).  
 (Chair calls for question, puts motion to vote.)
- 11. Previous Question** - Used to stop debate.  
 Member: (After being recognized) I move to the previous question.  
 (Motion must be seconded)  
 Chair: The previous question has been called for. (Chair calls for question, puts motion to vote.)
- 12. Object to Consideration of Question** - Used to prevent consideration of the main motion.  
 Member: (Interrupts speaker before he/she starts discussion) I object to consideration of the question.  
 Chair: Consideration of the question has been objected to. Shall the question be considered? (Chair calls for question, puts to vote. Refer to the by-laws to see what percentage of the board is required in order to pass).
- 13. Call for Orders of the Day** - Used to insist on following agenda.  
 Member: (May interrupt if Chair allows) I call the for Orders of the Day.  
 Chair: The orders of the day have been called for. If there is no objection, we will proceed to the proper order of business.
- 14. Recess** - Used to allow a short intermission in proceedings.  
 Member: (After being recognized) I move that we recess for.. (Motion must be seconded)  
 Chair: It is moved and seconded that we recess for .. (Can amend as to time.)  
 (Chair calls for question, puts to vote.)

- 15. Take from the Table** - Used to take a motion off the table.  
Member: (After being recognized) I move to take from the table the motion that...  
(Motion must be seconded)  
Chair: It is moved and seconded to take from the table the motion that... (Chair calls for question, puts to vote, if tabled at the same or preceding meeting.)
- 16. Adjourn** - Used to adjourn or close the meeting.  
Member: (After being recognized) I move we adjourn.  
(Motion must be seconded)  
Chair: It is moved and seconded that we adjourn. (May call for a vote)

## Tips on Planning and Conducting Effective Meetings

1. Provide adequate notice of meetings. On an annual basis, consider establishing a yearly calendar of events, or establish a fixed meeting time, such as the first Monday of the month. If this is not possible, establish the next meeting date and time at the end of your meeting, and send reminder emails or notes with this information to all board members and others, as appropriate. Prior to meetings, a reminder of meeting time and place should be sent to board members.
2. Provide adequate information prior to the meeting. At least a week prior to the meeting, board members should receive background material on discussion topics and/or decisions to be made at the next meeting. If possible, this packet of information should also include the proposed agenda.
3. Consider physical arrangements of meeting. Location, accessibility, safety, parking, and adequate meal service should be carefully considered when planning your board meetings. If possible, use a round table, or an open square, so all participants will have a reasonable view of one another. Also, consider having name plates at each board member's place.
4. Ensure meeting arrangements have been carried out. At least one person should be designated to arrive at the meeting place early, to ensure requested room setup and equipment is in order.
5. Consider a special place for a meeting. Sometimes interest can be sparked in a routine meeting by having it at a special setting, such as the facilities of interest to a board of health (i.e. a clinic, water treatment plant, etc.) If board members are not amenable to such arrangements, consider sponsoring board field trips to such sites.
6. Distribute minutes on a timely basis. Some organizations hand out minutes at the beginning of a meeting. By distributing the minutes prior to the meeting, board members can spend more time reviewing the document and preparing questions and concerns for the meeting. Also, distribution of the minutes can serve as a reminder of the time and place of the next meeting.

The central purpose of any meeting is to inform and make decisions and therefore, it is helpful for any board to evaluate its meetings. Since a board of any organization is charged with utilizing meeting time to formulate and implement policy the board must be prepared to serve in this capacity.

## Sample Meeting Evaluation

To be filled out by board members, as a means to make meetings shorter, more efficient, and more productive.

Rate each area as follows:

A = Meets Expectations

B = Needs Improvement

- \_\_\_\_\_ We are businesslike and always function as a team.
- \_\_\_\_\_ Discussion was not dominated by a few board members.
- \_\_\_\_\_ We limited discussion to agenda items only.
- \_\_\_\_\_ Our agenda included information items and decision making items.
- \_\_\_\_\_ We discussed policy issues and avoided day-to-day issues.
- \_\_\_\_\_ We followed parliamentary procedures.
- \_\_\_\_\_ The Chairperson guided the meeting and kept us on track.
- \_\_\_\_\_ We dealt successfully with decision making items and developed solutions acceptable to board members.
- \_\_\_\_\_ All board members received materials in advance, and were informed for discussions.
- \_\_\_\_\_ Reports were clear, concise, and well prepared.
- \_\_\_\_\_ Our meeting room was comfortable.
- \_\_\_\_\_ Our meeting location was convenient, safe, and in a location where all board members would feel welcome.
- \_\_\_\_\_ Board members were punctual and accounted for.
- \_\_\_\_\_ The meeting began and ended on time.

Suggestions for improvement of board meetings:

## Funding

In any not-for-profit governmental organization, funding for agency expenses and programs is a concern demanding a great deal of attention from the board. For a health department, expenses and projects may justify the need for a local tax levy. In such circumstances, it is the responsibility of the board to raise the funds necessary to stage a successful levy campaign.

Due to the community leadership role played by most board of health members, these individuals are often in a unique position to provide ideas and contacts for funding, prospective donors, and other resources. Therefore, it is in the best interest of the organization to ensure individual board members have a general knowledge of grant-writing, fundraising, and the willingness and capability to pursue activities which generate needed resources. Fundraising activities are initiated by the board, with input from the health department staff. Once the project is initiated, it can be implemented by the board, the health department staff or volunteers. Before initiating a fundraising effort, board members should consider the following questions:

### Tips for Board Members Regarding Fundraising Efforts

- What is the organization's justification for raising funds?

Potential contributors will expect you to know this - and they will want specific answers or information. Be involved in the development of a comprehensive fundraising plan and know the details of the project. Potential contributors will shy away from projects seen as questionable, poorly managed, or unnecessary. This is also an opportunity to advocate for the levy, which will appear on a ballot.

- Does the community really know your organization - what is its public image?

The answer to this question may directly affect the project's success and the specific type of fundraiser you pursue. A positive image within the community can be one of the most important components to successful fundraising.

- The board, staff, and volunteers must agree the project is worthwhile.

If those directly involved with the organization are not fully supportive, why should anyone else support it? Board members have an obligation to support actions pursued by the majority. Select an effective and knowledgeable staff member to be in charge of fundraising efforts and keep that person informed on the project. Set examples for others by making a personal financial commitment to the organization and to fundraisers authorized by the board. The board, in turn, must garner support for the project from others involved.

- Volunteers are critical.

Be a leader in motivating and directing volunteers. Many wonderful fundraising ideas have floundered due to lack of well-trained volunteers to organize, facilitate, or manage the detailed elements that contribute to a fundraiser's success. Even if the fundraising project is monetarily successful, the image of the organization may be hurt by the appearance of disorganization or confusion among those facilitating the project.

- If the project is a capital campaign, can you obtain one-tenth of the goal from one gift?

The time and effort invested in recruiting one major donor will pay off through the resulting validation of the capital campaign. Professional fundraisers know that one of the best ways to encourage donations is to be able to report the immediate and generous financial response

from a well-respected source. Potential donors may be more easily recruited if they can be told, "We're off to a great start with a major donation from the XYZ Corporation, and now we need your help....."

- Determine how much money you hope to raise.

Make sure that the budget for development is adequate. If you do not know this, you need to re-evaluate the information and planning process used to develop your fundraising project. While money may be needed for very valid reasons, the information used to identify this need should also provide a firm perception of how much money is necessary to accomplish a goal. Ongoing, random fundraising efforts could hurt the image of your health department and its management, if the organization seems to be constantly in need of money.

- Identify and/or know prospective donors.

Assist with the identification of prospective donors or project participants and solicit prospective donors, when appropriate. A well-planned fundraising project will identify possible donors and other prospects that might support the project. Contacting such persons or organizations in an orderly way will lend credibility to your cause and the health department it is intended to benefit. Keep in touch with donors. The best prospect of the future is usually the satisfied donor of the past. Be sure donors are thanked, in person, by telephone, or by mail-but thank them! If appropriate, provide reports, data, or other tangible materials to donors of the project's success.

- Know what's going on in the community.

Is there anyone else in the community doing what you are doing? Can the project be a collaborated effort? In the planning stages of your project, consideration must be given to other community organizations which may also be sponsoring a fundraiser. Sometimes the projects are similar, staged on the same dates, or both. Since you will have identified your prospective donors or those most likely to participate in your department's event, you will be able to determine if there is going to be a serious conflict with another group's activities. There may not be a problem. However, both groups and their projects could suffer unless the boards reach some resolution if there is a conflict. Coordinating a jointly sponsored event or re-scheduling one of the events may be in the best interest of both groups.

It should be noted that there are ways other than actually raising campaign funds for a levy which can financially benefit a health department. Donations of office equipment, technical expertise and consultation, and volunteer staff are all resources which allow the board to channel campaign or levy funds to other areas of the health department's operations and programs.

Again, because of their role in the community, individual board members often know of sources for such donations, as well as potential donors for monetary funding. For the benefit of the organization, this knowledge should be fully utilized. A critical element in any fundraising function is for the activity to be consistent with the mission of the organization and the principles it upholds. A health department fundraising effort should be associated with positive activities and donors. For example, a walk-a-thon with sports-related prizes would be more consistent with a health department mission than a sedentary activity with prizes donated by a cigarette company. While this example is extreme, it makes a point of the prudence with which a health department board should consider a fundraising activity and those involved with it.

## Legal Liabilities of Board Membership

When participating on a board of health, there is the possibility that the board or its individual members may be accused of wrong-doing or conflict of interest. While most board decisions will be immune from liability, this is not always the case. Health department affiliation with city and/or county government provides the legal review for the boards and can address liability.

Boards and individual members may be held liable for their actions (or lack of action) if they can be shown to be acting outside the scope of official responsibilities; or if actions (or lack of action) are performed in a reckless or wanton manner, with malicious purpose, or in bad faith. In this context, effective risk management tools which can be used to help avoid liability are a commitment statement and a job description. While these documents will not exempt the board/member from liability, they can serve to clarify the scope of responsibility of the board and its members, and verify personal knowledge of these duties and the way in which they are to be performed.

Even if commitment statements have been utilized, it is still imperative for board members to exercise the standard, legal duties associated with membership on any sort of board, in order to avoid a liability issue. These duties typically include the following:

**Duty of Care:** Board members must perform their responsibilities in good faith and with the same care as an ordinarily prudent person would use in managing, his or her own affairs.

**Duty of Loyalty:** Board members have a fundamental duty to give undivided allegiance to the organization when making decisions affecting the organization. Board members can never use information for personal gain, and must avoid any conflicts of interest or appearances of impropriety.

**Duty of Obedience:** Board members must comply with the provisions of the bylaws and state laws, and must be faithful to the organization's mission. Board members are not permitted to act in a way that is inconsistent with the central goals of the organization.

By operating under these guidelines, board members will lend credibility to themselves, their board, and the department they serve. In order to ensure board members have the most recent information available, boards or other public health associations should consult with their city or county attorney on a regular basis, and consider sponsoring occasional seminars, conducted by experts in a particular legal field. Such activities could save boards of health from incurring undue liability and expending resources to correct mistakes that could have been avoided. While fulfilling their responsibilities, board of health members must be mindful of their position as trustees of the public's health and should be aware of the legal ramifications of their actions.

## Principles of Good Faith

- Regularly attend and actively participate in board of health and committee meetings. If unable to attend, be able to provide a valid excuse for absence.
- Ensure that time at board of health meetings is set aside for updates on public health problems and what the health department is doing, or needs to do, in regard to such challenges.
- Have a thorough knowledge of the duties and provisions found in the bylaws and charter of the organization.
- Involve others in health department functions and funding efforts, special events, and activities to promote and support programs and services.
- Heed corporate affairs and keep informed of the central activities and operations of programs.
- Support majority opinions of the board.
- Advocate for public health by communicating regularly with community leaders and elected officials about perceived needs and possible resources.
- Ensure minimum statutory or technical requirements are met regarding filing annual report, withholding employee taxes, etc.
- Record personal conduct and register dissents in the minutes, or by letter.
- Avoid any semblance of self-dealing or enrichment; discourage any business transactions between directors and the organization.
- Accept no pecuniary profits except that which is expressly provided in compensation or reimbursement within the bylaws or laws of the city, county, and state.



## What Else Can Board Members Do to Accomplish Their Purpose?

Practical suggestions which may further enhance the contributions of board of health members include those listed below.

1. Understand the meeting process and follow protocol. Be careful not to take too much meeting time for items that could be accomplished before or after the session.
2. Work cooperatively with your health director. Rely on his/her expertise; do not duplicate his/her efforts.
3. Learn about every aspect of your health department.
4. Be patient. Your health board or health department cannot solve all public health problems immediately. Enforcement procedures and health status take time to change. Identify priorities and ensure appropriate resources are available to meet them.
5. Be prepared for meetings! Read all pertinent material prior to the meeting and be informed about issues in order to discuss them responsibly.
6. Be involved at meetings; ask questions, discuss and participate in the decision making process. Speak up in meetings about ideas you do not favor! Silence is often interpreted as consent.
7. Make decisions that need to be made, even in the midst of adverse public reaction and/or opinions of the governmental body that appointed you.
8. Know the difference between private problems and those which actually have an impact on the public.
9. Take responsibility when asked and follow through on commitments.
10. Be a health proponent in your community. Take an active role in planning and zoning issues to stop potential problems before they start.
11. At all times, even in the midst of crisis, the health director, appointed staff, or the board president AND NOT A MEMBER OF THE BOARD, should be the designated liaison with the media.
12. Be a visionary - know where you, your board and department should be in 2-3 years. Participate in identifying and training new board members who will enable this vision.
13. Encourage new board members to sign a formal commitment statement, which clearly defines the expectations of the board member's role.

# Evaluation Form for Individual Board Members

Name of Board Member being evaluated \_\_\_\_\_

Date of Evaluation \_\_\_\_\_

## I. Performance as a Member of the Board, as an Entity

1. Does the member attend the board meetings?
2. Does the member read materials sent to him/her after and between meetings?
3. Does the member ask questions at board meetings?
4. Does the member insist that the organization be engaged in long range planning?
5. Does the member take an active role in ensuring that the organization achieves its goals?
6. Does the member insist that the organization give a proper account of its goals and programs to its constituencies?
7. Does the member work to help cultivate new, influential men and women for your board?
8. Does the member contribute to resolving critical issues?

OVERALL RATING (CIRCLE ONE) High Moderate Low

## II. Performance as a Member of a Board Committee

1. Does the member know to which committee or committees he/she is assigned?
2. Does the member attend committee meetings?
3. Does the member suggest the areas in which he/she could best serve the organization?
4. Does the member ask questions at committee meetings?
5. Does the member read committee materials sent to him/her between meetings?

OVERALL RATING (CIRCLE ONE) High Moderate Low

## III. Performance as an Individual Board Member

1. Does the member take initiative in representing the organization?
2. How long has it been since the member has made it a point to introduce the Health Director to influential friends or prospects?
3. When your newspaper or radio or TV stations give the organization an unusually helpful story or treatment, does the member express his/her appreciation to the editor or owner?
4. Has the member helped to make the organization better known in his/her community?

OVERALL RATING (CIRCLE ONE) High Moderate Low

## IV. Performance in the Development Function

1. Does the member make suggestions for prospective donors, and offer to go with someone to make a contribution call?
2. Does the member offer to make an appointment for the Health Director with prospective donors?
3. Does the member make calls him/herself?
4. Does the member assist the organization in obtaining volunteers?
5. Has the member made a gift this year to the annual fund?
6. Has the member talked to the organization about making a capital gift?

7. Has the member executed at least one planned giving instrument?

OVERALL RATING (CIRCLE ONE) High Moderate Low

**V. General Performance**

In contributing to the three Ws (Work, Wealth, Wisdom), the rating is:

(CIRCLE ONE) High Moderate Low

**VI. Recommendation of Nominating Committee**

1. Continue
2. Continue with improvement needed in the following areas:

3. Other comments:

Submitted by \_\_\_\_\_

Chairman's Signature \_\_\_\_\_

## Roles and Responsibilities of the Board, as an Entity

While individual board members greatly impact the success of the entire board of health, the group must be able to function as a unit. For this reason, it is important to consider how the board functions as an entity relative to the health department and the community.

Health boards have tremendous responsibility and power in regard to the protection of the health of the public. This becomes especially obvious in times of disaster, emergency, or outbreaks of illness. The board has the power to review and recommend changes to ordinances, resolutions, and resource allocations in order to assure that needed services are available through public or private sources in the community.

Local Boards of Health are the GOVERNING BOARDS for Local Health Departments (County/District). The board is a powerful part of the organization because of the functions they perform, which include but are not limited to:

- **Establish policy framework** for the agency and **review operational data**
- **Hire the Health Director** who is responsible for hiring agency staff and **recruit and approve new members of the board**
- **Enact rules and regulations** subsequent to public hearing and **approve all financial actions for the department, including the budget**
- **Develop the local public health vision**, mission, and advocacy
- **Encourage community involvement** in selecting public health priorities
- **Approve health department programs**

While these functions are integral to any board, the board of health must be cognizant that decisions made by the board will be a matter of public record and may become highly visible in the community. Consequently, the board must ensure that it is operating within its legal duties and is operating under the principles of good faith. Essential board functions are further explained as follows:

### Policy Decisions

As a governing body, the board is concerned primarily with policy decisions. To perform this task effectively, the board must have a purpose or mission statement and a specific set of goals to be accomplished, which may include passing a levy to help fund the health department, computerization of certain program areas, or other identified goals. Some goals may change from year to year while others may remain constant. When necessary, the board should make recommendations for changes that reflect the environment and needs of the community. Policy decisions are also extended to the board itself. In order to help meet the goals set for the health department, the board needs to evaluate its own effectiveness in facilitating the department's progress. Boards may develop policies for themselves regarding meeting times, absences, meeting format (i.e. parliamentary procedure), requirements and recruiting, criteria of board members, and grounds for removal of members, if that should become necessary. Additionally, the board should establish clear guidelines on the administration of the health department. Guidelines should address matters such as personnel procedures and the chain of command in answering to local officials and the media.

### Appointment of Health Director

The board of health is directly responsible for hiring the local health director. Ultimately, the board of health is responsible for the hiring of other staff, but typically acts on recommendations of the health director. Since the board is directly responsible for the employment of the health director, the board should develop criteria for evaluations of their employee, and should be prepared to conduct an evaluation, at least on an annual basis, handle employment related problems, and terminate health director, as necessary. Further, the board should be aware of current regulations including report

filing and employment issues, and ensure that the health director is implementing appropriate procedures. **See Section D. Health Director**

### **Review of Operational Data**

It cannot be stressed enough that board members have an obligation to stay abreast of the activities of the board and the department. To this end, board members should review and question operational data on the activities and outcomes of both the department and the board. Further, if such data is not readily available, or completely non-existent, board members have an obligation to demand it immediately.

### **Approval of Health Department Programs**

The board of health should approve all programs to ensure their consistency with the department's mission, priorities, community needs and resources. In most cases, the health department staff will apprise the board of the program concept and implementation. But since the board will ultimately bear responsibility for programs, members should be fully aware of the need and expectations associated with health department programs.

### **Approval of the Budget**

Like other boards, the board of health will need to approve and adopt the budget for the department. While virtually all pertinent information will be supplied by the staff, individual board members should study and question budget information and make suggestions for changes, as appropriate. It is important to remember that the board is responsible for the financial stability of the organization and that all board members understand the department's financial statements and ask questions to maintain a clear understanding of these matters.

### **Recruitment and Approval of New Board Members**

An integral duty of a board of health will be to recruit and approve new board members, as they are needed. To do this, the board must first evaluate itself and the health department to determine particular needs which could be met by specific areas of expertise, and recruit board members, accordingly. For example, if a board determines it needs to be stronger in the area of finance, the board can seek out a potential board member from area residents with expertise in finance.

Further, in formulating a pool of potential candidates, the "balance" of the board needs to be considered. The board members should assure that the board of health is generally representative of the people and population distribution within the group's jurisdiction.

In keeping with this recommendation, the board should consider the demographic aspects of its jurisdiction and make every reasonable attempt to reflect that diversity when recruiting board members. It should be noted that greater diversity among board members tends to strengthen the group and its credibility. This is because varying viewpoints and areas of expertise can help the board to consider various sides of an issue and how it and possible solutions may be perceived by the public.

Sometimes the board will establish an ad hoc search committee to solicit suggestions for potential candidates from board members and other persons. The committee then compiles a list of board candidates to be approached in the order of their placement on the candidate list. New members are approved by the board and the appropriate appointing authority.

# Board Recruiting Considerations

## FIRST

- Review the mission of your organization.
- Assess the current needs of your organization.
- Review the present status of your board.

## SECOND

- **Representation.** The board should represent a geographical and population-based cross section of the area serviced. This helps assure that programs and services are evenly distributed throughout the service area. Although some expertise in areas like finance, legal, personnel, program development and others is helpful, the primary criteria for choosing a board member is commitment. Private sector skills sometimes do not work properly in the administration of a government agency. A person with commitment to the board will develop the necessary expertise once they begin working in the system.

## THIRD

- **Recruitment.** Remember it is a two-way street. You know what your organization needs. What will the board member get out of it? People volunteer:
  - to express commitment to a cause
  - to help an organization they believe in
  - to be good citizens
  - to improve their social or business status
  - because they have political aspirations
  - to be identified with something good
  - to increase their visibility in the community
  - to use a talent that is not being used in their job
  - because their boss told them to ... etc., etc., etc.

## FOURTH

- **Expectations.** Be positively honest and honestly positive. Tell them what is expected of them in terms of hours, tasks and responsibilities. Be prepared to tell them why they have been invited, why they are special and needed. No puffery.

## **Planning: Setting the Vision and Direction**

Planning is a necessary function whether resources are plentiful or limited.

The plan can be focused on the:

- Agency, internally, including how resources will be allocated, programs and services to be provided, type and number of staff to be hired, how to sustain current capacity or generate resources to increase capacity
- Community, looking at the community's health status as a whole or within population subgroups to develop strategies for health improvement
- Community's public health emergency preparedness response

### **Agency Planning**

There is no single model or method for planning within an agency. However, at the least, governing body members, agency administration, and staff members should be involved in the process. Public health partners such as schools, health care providers, and coalition members play an important role in agency planning.

The product of agency planning is:

- a clear statement of the agency's mission and vision
- an outline of the planned agency structure in 2 to 5 years
- what products and services it will provide
- what outcomes it expects to achieve
- strategies needed to accomplish desired outcomes
- generate the resources for any needed capacity development

## Public Health Agency Policy

Policy conveys the values of the organization and creates boundaries of acceptability in how the agency operates. The governing bodies have a fiduciary responsibility to operate the public health agency. Establishing operational rules creates agency accountability and helps secure the public's trust. Policies are established to provide structure, predictability, and order to assure consistency in management practices and decisions. Internal policy gives guidance to the agency administrator in carrying out the business of the agency and standardizes personnel actions. In addition, policies may be enacted in order to solve a specific problem or to address a major concern.

Each agency staff member should have access to the written policies so that there is consistency in service delivery, standards for employee conduct, and awareness of the consequences for failure to meet performance expectations. Although agency staff may draft particular policies, the governing body should review and approve them.

### Establishing Policies

Policy making is one of the primary responsibilities of the board. Because of its importance, it should be recognized that policy making is the function which gives the board its power. In order to carry out this responsibility, the board must be capable of formulating viable policy for itself and the health department it serves. The first step in this process is to ensure that all members of the board understand the meaning of "policy".

### What is Policy?

An official policy is a written understanding which facilitates the governing of operations and determines the direction of the health department. In this context, policy may include personnel actions, a policy and procedure manual used by the health department or an official response to a public health problem by proposing new or updated ordinances or zoning actions that affect the public's health.

When establishing policy, it is the responsibility of the board to reflect on the mission in light of its evaluation of itself, the agency, and the relationships between the board and staff. The mission statement is central to the work of the health department. Although the board may decide to change the mission statement itself, or revise older policies adopted to further the mission statement, the board must ensure that the mission is clearly defined so the public, constituents, and other political entities will understand the purpose and goals of the board and the health department and can support them. Equally important is that staff clearly know and understand how to direct their efforts.

### Developing a Mission Statement

Planning and evaluation, however simple or complex, always stem from who you are, what you're trying to do, with or for whom, and the way you're trying to do it. People get involved with organizations for different reasons and put different levels of importance on the organization's various activities - but general agreement about the purposes of the organization is most often what attracts them and holds them together.

The purpose for which your organization was founded – its reason for being – is stated in its mission, found in your charter or articles of incorporation.

**A mission statement is a broad, usually brief description of:**

- what populations you seek to serve
- what problems, concerns or opportunities you seek to address
- what you want to achieve in the long run



### **Your mission statement...**

- provides the definitive purpose of your organization to the rest of the world
- is the point of reference around which your board, staff, members and volunteers develop common understandings of the organization's reason for being, its work and its style
- is the touchstone from which all planning proceeds and to which all evaluation returns

Generally, the mission statement remains the same over time. But there are some important exceptions. Organizations respond to current social needs, and these change. Demographics may show that the population you serve is declining, or is no longer needy, or the age group of your clients has shifted dramatically. New governmental priorities or the services of other organizations may have created overlap or duplication.

All of these are factors that may influence you to consider a new mission statement.

### **Sample Mission Statement**

The \_\_\_\_\_ Health Department is a combined health district dedicated to preserving and improving the health of the residents of the various municipalities and townships with \_\_\_\_\_ Counties. Our mission is to provide those services mandated by the statutes of the State of Nebraska in a courteous, efficient and effective manner within the limits of sound economic responsibility. Through interaction with other community agencies and leaders, the Board and staff will determine which public health services are needed and how that need may best be met and financed. The Board will conduct continuing review of these activities to judge their effectiveness and continued need.

## **What Is the Board Policy Development Process?**

It is particularly important for boards to occasionally review existing policies to ensure they are in compliance with legal requirements of organizations, or that they reflect the changing needs of the community.

When boards decide that policies need to be changed, they need to adopt a planning process to facilitate the process and ensure that all involved will have a chance to participate in policy formulation. A suggested process would include the elements listed here, in order of their occurrence.

## **The Policy Planning Process**

1. Prepare organization for planning. Review mission statement.
2. Gather data; review internal and external needs of the organization. Assess the capabilities and short-comings of the department and the board.
3. Set goals for the organization and the board.
4. Write objectives for the organization and the board.
5. Plan specific action steps to achieve objectives and goals.
6. Review the budget in relation to proposed objectives and goals. Consider necessary changes in the budget, or in realistic measurement of the objectives.
7. Adopt and implement action steps.
8. Evaluate results and reassess goals.

By following an established policy planning process, the board can pursue necessary policy changes in an orderly manner, while avoiding the semblance of impropriety, i.e. the appearance that the board is making major changes without due consideration of all elements concerned.

It should be stressed that while performing policy planning functions, board members must always:

- Be aware of the mission and goals of the organization
- Be knowledgeable about policies and procedures
- Understand the roles and functions of board
- Be informed on the background of issues
- Maintain lines of communication between board members and staff
- Understand and question financial statements presented
- Maintain the confidentiality of board members
- Participate in recruiting new board members
- Support and participate in revenue raising efforts and assist in identifying prospective sources of funding

Following an evaluation process, the board may consider current policies in place, and policies needed to meet the future.

## **How Does the Board Formalize Policy?**

In formulating policy, the role of the board is to:

- draft and/or approve policy
- ensure that policies are implemented
- review policies on a regular basis and evaluate their success or failure

Once the board is satisfied that it has a workable mission statement, policy may be considered. In this regard, it is important to note the following levels of policies.

Governing Policy - This type of policy directly reflects the mission, philosophy, goals and objectives of the organization. The board is directly involved in this area of policy since it is responsible for the formulation and approval of these statements.

Executive or Administrative Policy - These policies govern areas such as fiscal concerns, the physical plant housing the organization, and personnel. These policies are developed with significant input from the administrative staff of the health department.

Operating Policy - These policies govern the procedures and practices of the working environment, and expectations set by the administrators and department heads. The board does not establish these procedures, but must be aware of them and assure itself of compliance and consistency with legal requirements, administrative and governing policies.

## **Policy Impact on Board Management Activities**

In order to successfully implement and update policies, the board should annually review its own performance in meeting goals and working as a group, as well as assessing the overall management and environment of the health department. In some instances, a management committee is given the responsibility for ensuring that the board of health and the health department of the community operate in a manner conducive to policy implementation.

Whether or not a board of health chooses to establish a management committee, the board must be aware of the need to evaluate its members, the board itself, and to clarify its own role in policy development and implementation. To help with such activities, this manual contains general forms that can be used to measure the performance of the board, individual members, and the board's role in relation to the community and the health director.

In conclusion, by following an established policy planning process the board can fulfill one of its most important functions, and facilitate its own ability to govern the health department.

## Policy Development Checklist

Yes No

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Written and readily accessible to agency staff                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Include sections on agency administration and personnel administration    |
| <input type="checkbox"/> | <input type="checkbox"/> | Reviewed annually   |
| <input type="checkbox"/> | <input type="checkbox"/> | Revised as needed   |
| <input type="checkbox"/> | <input type="checkbox"/> | Include detail to define the administrator's independent authority to act |
| <input type="checkbox"/> | <input type="checkbox"/> | Dated   |
| <input type="checkbox"/> | <input type="checkbox"/> | Outdated policies removed from active file                                |

## **Recommended Recordkeeping Procedures and Controls**

### **Receipts and Deposits**

Receipts should be written and issued for all monies received and the mode of payment (cash or check) should be indicated on the receipt slips. Appropriate detail should be included on the receipt to allow proper identification by source and purpose. Monies should be deposited intact daily and reconciled to the composition of the receipt slips. For voluntary donations or other small cash amounts received, procedures should be established to safeguard the cash received.

### **Disbursements**

Checks should be written for all monies disbursed. Payments should be made from original invoices only and such invoices should be marked paid. Additionally, the acknowledgement of receipt of goods and services should be noted for all invoices and the mathematical accuracy of invoices should be checked and re-computations made.

### **Procurement**

Any agreements the health department enters into should be supported by written contracts detailing the responsibilities of each party. The health department should ensure adequate services are being received for all payments made and that contractual provisions are adhered to before processing payments. Purchases of goods and services should be bid as required by state law.

### **Payroll and Time Records**

Payroll and fringe benefit expenses comprise a large percentage of health department expenditures. Each employee should prepare a time sheet documenting hours worked and vacation and sick leave taken. These time sheets should be approved by the applicable supervisor and filed in a central location. Such records will help ensure compliance with the Fair Labor Standards Act (FLSA) and assist in tracking time spent on various state/federal programs.

### **Budget Review**

All of the above-mentioned items relate to and affect the health departments overall budget. Proper planning and documentation make it easier to compare revenues and expenditures to line items in the budget and maintain control over resources. A health department should prepare periodic comparisons between budget and actual information and review such information for overall reasonableness. Strict compliance with the board approved budget is required; however, if there are valid reasons which necessitate excess expenditures, budget amendments should be made following the same process by which the annual budget is approved.

### **Investment and Banking Procedures**

An investment policy should be adopted and adhered to. Monies should be placed in interest bearing accounts and other investment vehicles. Documentation of the purchase and sale of investments should be maintained. The health center should have a written depository agreement with its bank(s) and ensure that adequate collateral securities are pledged to cover funds on deposit less the amount insured by the Federal Deposit Insurance Corporation (FDIC).

### **Accounting Records**

Ledgers should be maintained showing receipts, disbursements, and the fund balance. It may also be helpful to maintain receipt ledgers and check registers which account for the numerical sequence of such source documents and provide balances for reconciliation purposes.

### **Segregation of Duties**

The duties of cash custody and record keeping should be segregated when possible. Segregating the functions of receiving, recording, depositing and distributing monies provides protection for both the supervisor and employees. At a minimum, supervisory review of all operations is necessary and generally accepted accounting standards should be followed at all times.

### **Reconciliations**

Bank accounts should be reconciled monthly. The reconciled balance should agree with the fund balance.

### **Petty Cash and Change Funds**

Good internal controls require a petty cash fund, if necessary, to be set at an established amount and for replenishment when it has been expended. Change funds should also be maintained at a set amount.

### **General Fixed Assets**

The health department should tag all property items, maintain property records for each item and perform periodic physical inventories.

## Oversight to Agency Operations

Even though the local public health agency is a governmental entity, in many respects it operates like any business. An effective business can track its sources and uses of revenue to assure accountability in financial matters. A business hires and trains staff to be productive and keep its customers satisfied with the services or products the business offers.

Similarly, a local public health agency needs to be able to track its use of revenue and hire productive staff, who value customer satisfaction, to be effective in the community. Agency policy development, which is covered in the Policy Development section of this manual, is the foundation for effective agency administration. Responsibility for business and administrative issues is assigned to the Health Director by the agency's governing body.

Following is a list of broad administrative topics, and a checklist to assist in assessing whether the governing board and agency staff is satisfied the attention they gave to relevant issues was appropriate:

### PERSONNEL ADMINISTRATION

#### YES NO

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Personnel policy is written, reviewed, updated periodically, and available to staff. Policy includes a process for handling disciplinary actions. |
| <input type="checkbox"/> | <input type="checkbox"/> | Policy/process to report sexual harassment and to file a grievance is available to staff. Job expectations are written for all staff.             |
| <input type="checkbox"/> | <input type="checkbox"/> | Position descriptions include necessary qualifications for key staff.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Staff performance appraisal is conducted at least annually.   |
| <input type="checkbox"/> | <input type="checkbox"/> | A personnel system and pay plan are adopted.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Staff benefits are administered equitably.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Fair Labor Standards Act</u> (FLSA) is followed with regard to overtime pay.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Staff rights under the <u>Familv Medical Leave Act</u> (FMLA) are assured.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Hiring decisions are done in consideration of <u>Americans with Disabilities Act</u> (ADA).   |
| <input type="checkbox"/> | <input type="checkbox"/> | A Worker's Compensation Plan covers staff.  |
| <input type="checkbox"/> | <input type="checkbox"/> | New staff receives thorough orientation of job duties and responsibilities.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Agency supports ongoing professional staff development.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Staff size is maintained to adequately carry out the responsibilities of the agency.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Licensed professional staff are current and in good standing with licensing body.   |

## FINANCIAL ADMINISTRATION

YES NO

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | The governing body approves an annual budget of revenue and expense.                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Quarterly reports of revenue and expense are reviewed with the governing body.          |
| <input type="checkbox"/> | <input type="checkbox"/> | Policy guides staff handling of purchases (bid requirement over certain dollar amount). |
| <input type="checkbox"/> | <input type="checkbox"/> | Checks and balances are in place to account for all cash and other receipts.            |
| <input type="checkbox"/> | <input type="checkbox"/> | Cost accounting is used to determine unit cost of each of the agency's services.        |
| <input type="checkbox"/> | <input type="checkbox"/> | Fees for selected services are set based upon cost to provide.                          |
| <input type="checkbox"/> | <input type="checkbox"/> | Audits by public or private auditors show generally accepted accounting standards.      |
| <input type="checkbox"/> | <input type="checkbox"/> | A system is in place to monitor and age accounts receivable.                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Timely billing is submitted for contracted work.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Staff follows up on any late payment of invoices.                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | A system is in place to assure timely payment of agency's accounts payable.             |

## RISK MANAGEMENT

YES NO

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Agency provides professional and general liability insurance for staff and the premises.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Privacy of client records is protected by limited access, locked storage location, and having written confidentiality policies. |
| <input type="checkbox"/> | <input type="checkbox"/> | Computer system is secured by use of passwords, screensavers, etc.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Clinical services are provided according to written protocol signed by a physician.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Staff uses universal precautions in provision of clinical services.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Buildings and sidewalks are kept clear and in good repair.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Only licensed and insured drivers operate vehicles conducting agency business.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Legal counsel is obtained when needed, such as clarifying agency enforcement authority, preparing a position if sued, etc.      |
| <input type="checkbox"/> | <input type="checkbox"/> | Agency complies with state and federal laws (Sunshine Law, FMLA, etc.)  |

- Staff is provided appropriate orientation to duties and responsibilities.
- Professional development is ongoing to assure staff and volunteers maintain needed skills and competency.
- Agency complies with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requirements for client confidentiality.

**PUBLIC RELATIONS**

YES   NO

- Agency has designated a spokesperson to communicate with the media.
- There is regular and frequent dissemination of information to the public.
- Agency staff is involved in coalitions and groups working on community health issues.
- Networking occurs on a routine basis with public health system partners such as schools, social service organizations, and medical care providers.

**PROGRAM AND SERVICE DELIVERY**

YES   NO

- Agency evaluates the programs and services it provides to assure that intended outcomes are met.
- Cost of services are evaluated along with assessing the benefit from the services.
- Customer satisfaction with services, hours of operation, and access is evaluated.
- Agency promotes its services to potential clients; outreach efforts are made with hard to reach and at-risk, vulnerable populations.
- Agency evaluates its processes for delivery to assure efficiency.
- Health director or governing body communicates with local and state elected officials.

**NOTE: IF YOUR AGENCY HAS MORE “NO” THAN “YES” RESPONSES TO THE ABOVE, YOU NEED TO RE-EVALUATE YOUR AGENCY’S OPERATIONS.**



## **Board President's Role**

The President of a board of health sets the tone of his or her administration within the first few months of holding office and this performance will influence the effectiveness of the entire board and the local health department it governs. It is imperative, therefore, that board presidents have a clear understanding of their duties and two to three goals they wish to accomplish during their administration. If these goals are realistic and presented to the board for input on implementation strategies, goals will likely be accomplished even if the president's full attention is demanded for other responsibilities.

## **President's Responsibilities**

The primary responsibility of the board of health president is to act in concert with the health director to provide leadership in the areas of administration, program planning and organization, and leadership development.

Specifically, the president's responsibilities include:

- chairing board meetings
- enforcing by laws
- selecting and supervising committee chairs
- representing the agency to the community
- assuring committees function appropriately
- ensuring that board members receive adequate training and perform their function effectively
- working closely with the health director on issues affecting the agency
- confirming that the agency is meeting all fiduciary responsibilities
- ensuring the work of the health director is evaluated
- serving as an advisor and partner for the health director

In fulfilling these duties, the president exercises essential leadership skills and is successful in showing that he or she is:

- willing to work
- cares about others
- recognizes the need for goals and assists the group in establishing meaningful goals
- maintains a disciplined but flexible and open atmosphere
- asks questions to stimulate group member participation
- comments to remarks made by other group members is done in a complimentary and encouraging manner
- obtains maximum participation from each member
- keeps group members on track
- is open minded but has a good grasp of the problems
- is a good listener
- willing to assist in eliminating group tension
- closes discussions effectively

## The President and the Health Director

As noted earlier, a primary responsibility of the president is to ensure the work of the health director is evaluated, and to serve as an advisor and partner for the health director. To be successful in this role, the president must establish an open, working relationship with the health director; and must maintain sufficient objectivity to serve as a liaison between the health director and the board.

Important elements of an evaluation include the following:

- Input from people who know different aspects of the health director's work. This might include the board, board president, staff, key community contacts, as well as other public health professionals
- Input from the health director
- Consideration of standard management skills as well as the agency's particular needs and situation
- Consideration of performance in regular, on-going work and the handling of unusual circumstances
- Future expectations
- Measurable data to the job description

While the board should have a written procedure regarding the health director's evaluation, the president must coordinate the procedure, typically with the Executive Committee.

It is important to note that, during the president's tenure, he or she may also have to lead the board in a candidate search for a new health director. A candidate search of this nature is typically initiated by the president, who establishes an ad hoc search committee. The committee may be comprised of board members knowledgeable about administrative needs of the agency, or other persons with expertise in personnel recruitment.

Clearly, decisions made regarding a new health director will have enormous impact on the board, the health department and the community. For this reason, the president must immediately ensure that the search committee is aware of board needs and expectations. Further, the president assumes an extra role of liaison between the board, search committee, and candidates. **See Section D. Health Director**

## Board Member Training

One of the president's primary responsibilities is to ensure that board members are trained and have received appropriate background information to perform their jobs on the board. Even if the health director is willing to provide an orientation for new members, the president is still responsible for the outcome. For this reason, the president should be aware of the information provided and the extent to which the new board member feels comfortable to perform duties based upon this knowledge.

This document, **Local Board of Health Training Manual**, is a work in progress and serves as a guideline and resource for all members of the board.

## The Roles and Responsibilities of Board and Staff

Directions: Consider the following questions. In the spaces provided, note the entity responsible by using the letters that follow:

B = BOARD

S = STAFF

B/S = BOARD AND STAFF

- \_\_\_ Makes final decision on policies concerning personnel, finance, public relations, and programs.
- \_\_\_ Makes the day-to-day decisions required to do the work of the agency.
- \_\_\_ Supervises and directs work of assigned staff members; defines duties and offers support.
- \_\_\_ Is expected to understand the duties delegated to the staff.
- \_\_\_ Implements the work authorized by the policy making body.
- \_\_\_ Consults with other professionals in order to make wise decisions.
- \_\_\_ Is expected to interpret the work of the agency in both formal and informal situations.
- \_\_\_ Represents needed leadership qualities, in a variety of areas.
- \_\_\_ Is responsible for understanding and completing assignments, and identifying new areas of concern.
- \_\_\_ Represents the educational, experiential and professional skills needed by the agency to implement its programs.
- \_\_\_ Acts as a bridge between the board and the agency, and as a bridge between constituents in a culturally diverse organization.
- \_\_\_ Helps the staff to implement program activities based on the identification of program needs.
- \_\_\_ Insures financial support of the agency's work through funding activities.
- \_\_\_ Is expected to know the history, purpose, program, policies and practices of the agency.

Possible Answers:

- |    |     |     |              |
|----|-----|-----|--------------|
| 1. | B   | 8.  | B            |
| 2. | S   | 9.  | S            |
| 3. | S   | 10. | S            |
| 4. | B/S | 11. | S            |
| 5. | S   | 12. | S (Director) |
| 6. | B/S | 13. | B            |
| 7. | B/S | 14. | B/S          |

## Management of the Board

An essential element in the success of the president is the ability to effectively manage the board. To this end, it may be effective for a new president to have a preliminary meeting with his or her board to discuss goals, foreseeable challenges, expectations of the president and the staff, and the unique contribution each board member is capable of providing. This provides positive involvement of the board, while setting a clear course for all to follow. While the president may see the need for various changes, too many or inappropriate ones can be destructive to an organization. A sample questionnaire which allows individuals to rate the board's performance can be a useful tool for substantiating necessary changes and the relative support for them from the board.

## Rating the Board

Rate each question in terms of its importance to you, using a scale of 1 through 10. One (1) equals low priority and ten (10) represents high priority.

- \_\_\_ Does the board membership represent a variety of interests, skills and points of view?
- \_\_\_ Is there representation that reflects the client population?
- \_\_\_ Is the board efficient in relation to size, attendance, and activity?
- \_\_\_ Is there an open process for receiving nominations for the board and/or its offices?
- \_\_\_ Does the board encourage all of its members to be active and to contribute their ideas?
- \_\_\_ Do board meetings begin on time with a written agenda?
- \_\_\_ Does the board attend to its business or is much of its time spent on ways to implement programs?
- \_\_\_ Is the board active in fund raising?
- \_\_\_ Is there interaction between the board and the staff?
- \_\_\_ Do all board members understand the goals and programs of the agency and do they have a commitment to them?
- \_\_\_ If board members are concerned about the activity of the board, is there an opportunity to raise questions and concerns?

## Delegation

In addition to displaying leadership skills, the president must be willing to delegate responsibility to the fullest extent possible. Successful delegations helps directly involve all members in the activities of the organization and lets the group accomplish more tasks than if only one person did them alone. Further, greater involvement of members allows for greater "ownership" of organizational goals and accomplishments, and encourages board members to use their own contacts to further the goals of the organization.

## Tips for Effective Delegation

1. Define responsibilities clearly. Describe freedoms and limitations. This allows for consistency.
2. Delegate complete segments rather than bits and pieces.
3. Maximize strengths by choosing the right people for the appropriate task. Determine strengths and weaknesses of volunteers and staff and delegate accordingly.
4. Provide adequate feedback. Be honest and accurate in assessment of how they are doing. Emphasize what went wrong, not who did it.
5. Set goals and performance standards together.
6. Provide support through sharing knowledge, information, and plans.
7. Give those with responsibility for implementing a program a voice in the decision making. Freely consult with those involved.

8. Commend and encourage. Reward accomplishments.
9. Let go! Fully delegate and allow for personal success or failure. Delegation also involves the transfer of authority.
10. Send a Thank-you after the job is done and acknowledge the contribution.

## General Board Meeting Protocol

### Board Dialogue: Handling Conflict and Maintaining Order

- Only Board members and director sit at table and are allowed to speak
- Must be recognized by the chair before speaking
- Taken in order of raised hands
- Everyone has a chance to speak before repeating a turn
- Listen to and respect everyone's point of view
- Be courteous
- A little humor doesn't hurt
- Avoid members repeating themselves (chair reminds)
- Use time limits if necessary (chair)
- Avoid drifting from the subject (chair)
- Probe quiet members when necessary (chair)
  - Silence implies concurrence
    - Chair may repeat statements to assure understanding if position unclear
- Wind it up if there is nothing new
  - (Do I hear a motion?)
- Staff may address Board as requested by Board or when recognized by Chair

### Public (non-Board, non-staff) allowed to address Board only on limited basis

Each meeting should have a specific agenda item for public input on any topic

- Testifiers stand at a podium or sit in chair specified for testimony
- Timed
- Vacate when finished

Or during discussion on other agenda items when requested by Board member:

- Vote to allow? ("Shall we allow public input here?")
- Timed; use podium or testimony chair; vacate when finished
- Board member Q and A allowed (raise hands, etc)

### Handling Conflict - Public Forums

- Testifiers stand at a podium or sit in chair specified for testimony
- Have testifiers sign up ahead of time (divide into pro, con, neutral?)
- Call in order; have place for next testifier to wait
- Set time limits
- Even-handed and fair
- No applause or other public display
- Ask for specific position or recommendations
  - General condemnation not helpful

- Ditto Counts
- Not your job to counter-argue
- Only Board members allowed at table
- Board members raise hands to ask questions

## Conducting On Target Meetings

Once a board and committees are organized, thought should be given on how to make their meetings most productive. Good meetings will promote good attendance, follow through, and the capability of the group to make informed decisions. The information presented here is intended to promote better meetings and further the capability of boards to work together and serve their communities.

The beginning of the meeting provides an opportunity to give participants a chance to consciously set aside previous work, thoughts and problems and focus on the meeting. Effective "forming and norming" activities can include:

- a welcome to participants
- introduction of the board for the benefit of visitors
- introduction of visitors
- review of the agenda
- creation of a sense of context by updating people on issues or decisions

Some organizational matters that should be addressed at the beginning of the meeting include clarifying roles and responsibilities. For example:

- The chair has an obligation to keep the group on track; the chair suggests procedures to help the group move ahead and develops and distributes the agenda
- The secretary keeps track of decisions and writes the minutes

In order for a board to accomplish its goals, the group must have meetings which are productive and efficiently run. To do this, board members must decide on meeting times and places conducive to good attendance and determine procedures geared toward productive use of board time. An invaluable tool in this regard is the meeting agenda. The agenda is finalized by the president, who considers requests for discussion and/or action from committee chairs, other board members and health department leadership.

## Sample Board Meeting Agenda

ABC Board of Health  
Location of Meeting

Date of Meeting

- I. Call to Order
- II. Roll Call (and introduction of non-board members in attendance)
- III. Approval of Previous Minutes
- IV. Financial Report
- V. Committee Reports

- VI. Comments from Visitors, Relative to Agenda
- VII. Business
  - 1) Old Business
  - 2) New Business
- VIII. Health Director's Report
- IX. Communications
- X. Comments from Board Members
- XI. Comments from Visitors, Relative to Other Items

Note: The order of business on the agenda varies according to the needs of the board and when certain matters must be resolved. For example, if an important matter demands a vote, the item might be placed immediately after Approval of the Minutes. However, if some board members are chronically late, the board president may wish to place an action item later in the agenda.

Some boards find it helpful to utilize a form stating the concern or action item to be discussed, and the name of the individual or committee bringing the item to the board. Typically, such a form is required to be submitted to the president of the board within a particular time frame prior to the board meeting.

## Sample Board Action Request Form

### Next Board Meeting

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Day	Date	Time
-----	------	------

### Items I would like to have placed on the Agenda

**Item:** (Explanation of what the item is, desired outcome of having it on the agenda and any other pertinent information).

**Priority:** (circle one)

1. Very high priority. Must be on next meeting's agenda.
2. High priority. Would like to have on the next meeting's agenda, but the following meeting would be preferred.
3. Lower priority. Discussion at one of the next few meetings would be satisfactory.

---

Signature of Board Member or Health Department Staff

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Date

When determining the priority of items the board will consider, the president must be aware of immediate needs of the organization or the board. If board action is needed on time-limited issues, the president should make this a priority item. For this reason, the president may have to postpone less urgent matters to another board meeting.

Further, if action items at hand require the utmost attention from board members, the president may consider placing the action items at the beginning of the meeting, to be followed by committee reports, public participation or other less urgent matters.



# Role of the Health Director

## Health Director Responsibilities

- Makes final decision on policies concerning personnel, finance, public relations, and programs.
- Makes the day-to-day decisions required to do the work of the agency.
- Supervises and directs work of assigned staff members; defines duties and offers support.
- Is expected to understand the duties delegated to the staff.
- Implements the work authorized by the Board of Health.
- Consults with other professionals in order to make wise decisions.
- Is expected to interpret the work of the agency in both formal and informal situations.
- Represents expertise in a variety of leadership areas needed by the agency.
- Is responsible for understanding and completing assignments and identifying new areas of concern.
- Represents the educational, experiential and professional skills needed by the agency to implement its programs.
- Acts as a bridge between the board and the agency, and as a bridge between constituents in a culturally diverse organization.
- Helps the staff to implement program activities based on the identification of program needs.
- Insures financial support of the agency's work through funding activities such as grants.
- Is expected to know the history, purpose, program, policies and practices of the agency.

## Relationship with the Board

- Keeps board informed of organization activities, progress and problems.
- Is receptive to board member ideas and suggestions.
- Makes sound recommendations for board action.
- Maintains a friendly, courteous attitude toward board members.
- Facilitates the decision-making process for the board.
- Accepts board criticism as constructive suggestion for improvement.
- Gives constructive criticism in a friendly, firm and positive way.
- Follows up on all problems and issues brought to his/her attention.

## Effective Leadership of Staff

- Encourages staff development.
- Deals with staff honestly and fairly.
- Maintains open, concerned and congenial relations with staff.
- Delegates effectively.
- Involves staff in appropriate decision-making.
- Communicates well with staff.
- Assesses the performance of employees fairly and reasonably.

## Management Skill and Abilities

- Prepares all necessary reports and keeps accurate records.
- Speaks and writes acceptably.
- Plans well in advance.
- Is progressive in attitude and action.
- Ability to take on tasks/issues presented by board, staff and community and find successful resolution.

## Personal and Professional Attributes

- Displays good grooming.
- Projects professional demeanor.
- Participates in professional activities such as association activities.

- Ability to work with different groups in the community, i.e. Commissioners, City Council, Trustees, Grange, etc.
- Participates in after hour events, activities, organizations, etc. for the benefit of the organization.

### **Fiscal Management**

- Prepares a balanced budget.
- Completes the year with a balanced budget.
- Displays common sense and good judgment in business transactions.
- Involves administrative team in active participation in the budget formulation process.
- Is conscientious of the fiscal condition of the agency.
- Explains the budgeting process, reports, etc., to the board either during monthly meetings or brainstorming meetings.
- Cognizant of auditor's annual findings and observations and recommends adjustments to the board.

### **Community and Public Relations**

- Represents the organization in a positive, professional manner.
- Actively promotes the organization to the public.
- Accepts public criticism and responds appropriately.

### **Hiring Process for a Health Director**

1. Determine the needs of the organization (Board)
  - A. Immediate, short-term needs
  - B. 3-5 year priorities
- II. Determine minimum qualifications and experience the health director should have to meet the organization's needs (Search Committee/Board)
  - A. Divide qualifications into "required" and preferred"
  - B. Match health director qualifications with organizational needs
- III. Establish policy governing salary arrangements, fringe benefits, job description, and targeted hiring date (Board)
- IV. Recruit and pre-screen candidates (Search Committee)
  - A. Publicize position widely
  - B. Rank resumes according to "required" and "preferred" qualifications
  - C. Select some candidates (usually 4-5) for in-depth interviewing
  - D. Verify by telephone important resume information
- V. Interview candidates with best qualifications (Search Committee)
  - A. Get to know candidates
  - B. Answer candidates questions
- VI. Verify candidates' qualifications (Search Committee)
  - A. In-depth interview
  - B. Reference check
  - C. Examination of past work and credentials
- VII. Recommend one or two candidates to Board for a final hiring decision (Search Committee and Board President)
- VIII. Conduct final employment discussion (Board President)

- IX. Write employment letter, (Board President and Search Committee Chair, with approval of the Board) stating conditions of employment, and discussing:
- A. Salary and fringe benefits
  - B. Personnel policies
  - C. Date of assumption of duties
  - D. Date of end of probation, or first evaluation
  - E. Any other conditions of employment
- X. Letter is sent to new health director who signs and returns one copy to the Board.

## **Sample Evaluation Questions for the Health Director**

### **Relationship to Board and Committees**

- Does he/she relate well to Board members?
- Does he/she communicate his/her ideas clearly and show leadership?
- Does he/she listen and help discern the direction of the Board?
- Does he/she propose directions, assist Board and committee leadership develop agenda and identify critical issues for decision making?
- Does he/she show enthusiasm, vision, and encouragement in the development of the health department?
- Does he/she see to it that enough material is provided for Board and Committee decision making?
- Does he/she assist the Board in being an independent and accountable policy-making body?

### **Relationship to Members and Community Leaders**

- Does he/she work effectively with?
  - the leadership of the Board?
  - leaders in government, especially in those agencies that relate to human services?
  - the leaders of voluntary organizations?
  - leadership in the grassroots community?
  - leadership in related foundations/associations?
  - corporate leadership which relate to the department?
- What image of the health department does he/she project?

### **Relationship to Staff**

- Does he/she employ staff that can carry out the work of the health department?
- Does he/she establish a good working relationship among staff?
- Does he/she communicate well with staff, individually and as a group?
- Does he/she contribute to staff development?
- Does he/she encourage creativity and enthusiasm among staff?
- Does he/she provide adequate supervision and evaluation for the staff?

### **Professional and Personal Competencies**

- Does he/she keep up with changes in policies, practices, and personnel in public health agencies in the community, state, and nation?
- Does he/she show evidence of developing his/her knowledge of community planning and administrative skills?
- Does he/she show ability to carry out the financial management of the health department, including budgeting, financial reporting and control?
- Does he/she show flexibility and creativity in relating the health department to the current needs of the community?
- Does he/she show commitment to the goals of the health department and to the betterment of the community?

# Sample Evaluation Form for the Health Director

## Process of Evaluation

The evaluation is divided into seven categories. The first six categories will be rated by each board member, placing the numerical rating, ranging one (1) through five (5) in the space provided, while the last category will allow the board members to articulate their responses in an open-ended question format. The rating system utilized in the first six categories as follows:

- 5 - Always True - 90-100% of the time
- 4 - True most of the time - 70-90% of the time
- 3 - True about half of the time - 30-70% of the time
- 2 - Seldom true - 10-30% of the time
- 1 - Not true - 1 - 1 0% of the time
- N/A - Not enough information to formalize opinion

Tabulation of the numerical observations will be averaged into a final score by the Personnel Committee. A summation report and recommendations will be presented by the Personnel Committee in executive session at a regular monthly board meeting once each year. Recommendations of finding will be considered by the full board and utilized as benchmark information in the development of a specific work plan for the health director.

Before the administrative evaluation is complete, the health director will have an opportunity to respond in writing to further clarify any misunderstandings or assumptions crucial to the evaluation. Written administrative responses will be a part of the final evaluation and included in the official personnel record of the health director.

## ► Section One - Rating ◀

### Relationship with the Board

- \_\_\_ Keeps board informed of organization activities, progress and problems.
- \_\_\_ Is receptive to board member ideas and suggestions.
- \_\_\_ Makes sound recommendations for board action.
- \_\_\_ Maintains a friendly, courteous attitude toward board members.
- \_\_\_ Facilitates the decision-making process for the board.
- \_\_\_ Accepts board criticism as constructive suggestion for improvement.
- \_\_\_ Gives constructive criticism in a friendly, firm and positive way.
- \_\_\_ Follows up on all problems and issues brought to his/her attention.

### Effective Leadership of Staff

- \_\_\_ Encourages staff development.
- \_\_\_ Deals with staff honestly and fairly.
- \_\_\_ Maintains open, concerned and congenial relations with staff.
- \_\_\_ Delegates effectively.
- \_\_\_ Involves staff in appropriate decision-making.
- \_\_\_ Communicates well with staff.
- \_\_\_ Assesses the performance of employees fairly and reasonably.

### Management Skill and Abilities

- \_\_\_ Prepares all necessary reports and keeps accurate records.

- \_\_\_ Speaks and writes acceptably.
- \_\_\_ Plans well in advance.
- \_\_\_ Is progressive in attitude and action.
- \_\_\_ Ability to take on tasks/issues presented by board, staff and community and find successful resolution.

**Personal and Professional Attributes**

- \_\_\_ Displays good grooming.
- \_\_\_ Projects professional demeanor.
- \_\_\_ Participates in professional activities such as association activities.
- \_\_\_ Ability to work with different groups, i.e. Commissioners, City Council, Trustees, Grange in community.
- \_\_\_ Participates in events, activities, organizations, etc., after hours-for the benefit of the organization.

**Fiscal Management**

- \_\_\_ Prepares a balanced budget.
- \_\_\_ Completes the year with a balanced budget.
- \_\_\_ Displays common sense and good judgment in business transactions.
- \_\_\_ Involves administrative team in active participation in the budget formulation process.
- \_\_\_ Is conscientious of the fiscal condition of the agency.
- \_\_\_ Explains the budgeting process, reports, etc., to the board either during monthly meetings or brainstorming meetings.
- \_\_\_ Cognizant of auditor's annual findings and observations and recommends adjustments to the board.

**Community and Public Relations**

- \_\_\_ Represents the organization in a positive, professional manner.
- \_\_\_ Actively promotes the organization to the public.
- \_\_\_ Accepts public criticism and responds appropriately.

**► Section Two - Open-Ended Discussion ◀**

- 1) Do you have any additional comments regarding the Health Director that have a bearing on this evaluation?
- 2) How can this evaluation process be improved?
- 3) What specific recommendations do you have for the Health Director to improve performance?
- 4) What impressed you the most about the Health Director's performance this year?
- 5) What should be the priorities for the Health Director during the next year?
- 6) In what areas has the Health Director shown exceptional improvement or outstanding performance?

**► Section Three - Health Director's Comments ◀**

## The Key to Unlock the Barrier: Prevention Efforts

The first and foremost intervention to improve health is prevention. The Institute of Medicine and the Centers for Disease Control have recently emphasized the importance of population-based efforts to the health of the nation, i.e. services which target the health status of the entire population, as opposed to personal health care services administered after a person becomes ill. Some preventive efforts include:

- \*Surveillance of the health status of the community to identify unusual patterns of illness, and death, and to investigate their causes.
- \*Monitoring drinking water, food sanitation and waste disposal in order to protect the health of the entire community.
- \*Providing immunization or screening to high risk individuals to protect them as well as their families and communities from communicable disease. .
- \*Offering education and information on healthy behaviors and healthy living in order to promote better health for all.
- \*Improving access to health care through information, referral, outreach and case management, as well as community planning and program development

Public health efforts directed at preventing present day health problems are expected to produce similar results. The greatest advances in health are made when all sectors of society work together. Public health is a major part of our complex health system and provides the leadership in efforts to build healthier communities. Activities designed to reach the population of a community also help meet the health goals of individuals, families and whole communities.

These population-based activities provide health surveillance, education, early disease detection, injury prevention and environmental health programs in a way that affects the entire population or a part of the population such as a neighborhood. Examples of this type of work include:

- Keeping pollutants out of ground water, rivers, and recreational water (for example, through regulation of on-site sewage systems), reduces exposure of people to disease causing toxins and infectious agents.
- Advising people about the correct temperature to cook hamburger helps prevent the very serious consequences of food borne diseases such as E-coli, through restaurant inspections.
- Preventing communicable diseases through immunization programs and screening for hypertension and other controllable diseases to enhance the quality of life.

Population-based services focus on health promotion, community health protection, personal prevention and assistance in gaining access to care. The new emphasis on population-based services allows public health to impact a larger group of individuals than an individual focus does with scarce resources. Both approaches to care are necessary and appropriate. The individual approach to care or "illness care" is more appropriate for the medical care model and population-based services lend themselves to the public health model.

The application of population-based health services in this century has saved millions of lives and resulted in the virtual elimination of a number of infectious diseases in this country, e.g., cholera and yellow fever. Smallpox has been eradicated worldwide.

Earlier in this century, it was increasingly recognized that people could transmit disease to one another. The role of state and local public health agencies greatly expanded, and mortality and morbidity rates from diphtheria, polio, typhoid, and other contagious diseases were significantly lowered.

Efforts to promote personal health, protect community health and prevent disease are known to be effective. However, an inadequate amount of current health system dollars is spent on these services. Increased emphasis on population-based services will help contain avoidable costs and decrease premature loss of life. Six percent of national health care expenditures should be set aside to fund public health services.

Population-based services are a major contributor to overall improvement of health status. Prevention, promotion and protection strategies need to be thought of as an integral part of the larger health care system.

## **Core Functions**

### **Assessment of community health status and available resources**

### **Policy Development resulting in proposals to support and encourage better health**

### **Assurance that needed services are made available**

The mission of state and local health agencies is to protect and promote health, and prevent disease and injury. This is the responsibility of the federal public health agencies, the 50 state departments and the 3,000 local public health agencies nationwide. Public health services are population-based that is, services which are focused on improving the health status of the population, as opposed to the treatment of individuals.

To accomplish this mission, public health agencies balance three core government public health functions. These functions are essential to the maintenance of population-based services:

- ❖ First, public health agencies assess community health status and whether the community has adequate resources to address the problems that are identified.
- ❖ Second, they must use the data gathered through assessment to develop health policy and recommend programs to carry out those health policies.
- ❖ Third and final, they must assure that necessary, high quality, effective services are available. This includes a responsibility for quality assurance through licensing and other mechanisms.



## The Core Functions of Public Health

The responsibility of state and local health departments is to protect and promote health and prevent disease and injury. To accomplish this mission, public health departments balance three core government public health functions, which are essential to the maintenance of population-based services:

### Assessment

- **ASSESS the health needs of the community.** To systematically collect, assemble, and make available information on the public health status of the community, in cooperation with others, including statistics on health status, community health needs, environmental health, epidemiologic, and other studies of health problems.
- **INVESTIGATE the occurrence of health effects and health hazards in the community.** To systematically develop in collaboration with others in the community, more detailed information on the magnitude of a health problem, duration, trends, location, population at risk, and how best to proceed to prevent or control the problem.
- **ANALYZE the determinants of identified health needs.** This is the process of examining etiologic, risk, and contributing factors that precede and contribute to specific health problems or reduced health status in the community. Identifying these factors helps in working with the community in planning intervention efforts for prevention or control.

### Policy Development

- **ADVOCATE for public health, build constituencies, and identify resources in the community.** This is the process of generating support among constituent groups that address community health needs and issues, establishing collaborative relationships between a public health agency and the public it serves, the government body it represents, and other health and human-related organizations in the community.
- **PRIORITIZE among health needs.** To facilitate a community process to rank health needs according to their importance, the magnitude, the seriousness of the consequences, economic impact and community readiness or the ability to prevent or control the problem.
- **PLAN and develop policies to address priority health needs.** This is the process by which agencies, working with community constituents and other groups facilitate the formulated goals and objectives to meet the priority health needs of the community, identify a course of action to achieve the goals and objectives in a way that fosters community involvement and ownership, and is responsive to local needs.

### Assurance

- **MANAGE resources and develop organizational structure.** To acquire, allocate influence, resources (people, facilities, and equipment) and to encourage or enable them to meet priority community health needs in the best way possible.
- **IMPLEMENT programs.** Work with other organizations, agencies and individuals to assure the implementation of programs in the community that fit community priorities. Work with the community to change community policy, practice or mores.
- **EVALUATE programs and provide quality assurance.** This is a process of continuous inquiry to determine the efficiency and effectiveness of efforts so that corrections can be made to improve activities and outcomes.
- \* **INFORM and educate the public.** This is the process of informing the community about health problems, the availability of services; gaining the attention of individuals, high-risk groups, and constituents concerning public health issues; and providing health education to help develop beliefs, attitudes, and skills conducive to good individual and community health.

## The Essential Elements of Core Functions

These essential elements are more explicit statements of work that must be accomplished in order for the core functions to be implemented. They are the broad-based functions of public health and provide the framework for public health services. In order to more clearly define the role of public health the Centers for Disease Control and Prevention working collaboratively with other organizations identified the ten essential elements derived from the core functions which are:

### Assessment

1. Monitor health status to identify community health problems
  - Data Collection and Analysis
    - Health status data
    - Disease surveillance
    - Analyze trends, patterns and cycles of disease
2. Diagnose and investigate health problems and health hazards in the community
  - Investigate and control diseases and injury
    - Communicable disease
    - Immunizations
    - Sexually transmitted diseases
    - Food borne disease outbreaks
    - Environmental problems
    - Disease detection and monitoring
3. Inform, educate and empower people about health issues
  - Public information and education
    - Health education
    - Culturally-sensitive health materials
    - Community development
    - Technical assistance

### Policy Development

4. Mobilize community partnerships to identify and solve health problems
  - Leader in coordinating partnerships
    - Coalition building
    - Volunteerism
5. Develop policies and rules that support individual and community health efforts
  - Leadership, Policy Development and Administration
    - Advocacy
    - Political action
    - Setting health priorities
6. Enforce laws and regulations that protect health and the environment and ensure safety
  - Inspections
    - Restaurants and food operations
    - Solid waste and sanitary facilities
    - Clean air, land, and water

## Assurance

7. Link people to needed medical and mental health services and assure the provision of health care when otherwise unavailable
  - Targeted Outreach and Linkages
    - Elimination of cultural barriers
    - Language-specific services
    - Case management
    - Elimination of missed opportunities
8. Assure a competent public health and personal health care workforce
  - Licensure and standards
  - Quality assurance
  - Training
  - Certifications
9. Evaluate effectiveness, accessibility, and quality of personnel and population-based health services
  - Assessment
  - Surveys
  - Statistical information
10. Research for new insights and innovative solutions to health problems
  - Research and innovation for the future
  - Outcome-oriented research
  - “Forward-thinking” initiatives
  - Opportunities for project duplication

## Critical Issues for Public Health and Strategies for Addressing Them

- Building local constituencies and alliances
- Framing the public health message for impact
- Communicating and advocating values and strategies in the political arena
- Public health role in the environmental debate and the environmental health role in public health

### Building Local Constituencies and Alliances

#### Local health officials should:

- convey a balanced image of the Local Health Departments (LHDs) educational, consultative, and enforcement roles;
- publicize the fact that LHDs are in some cases the **only** providers of certain services;
- build local constituencies and alliances beyond their beneficiaries; and
- make the delivery of services more user-friendly.

#### Local Level Strategies

- Sell public health services in a similar way that a business might try to sell a product. For example, if there is a shift away from personal health services, LHDs might try to create a market niche as providers of the core functions or assessment-related services. By offering these services to non-traditional partners, LHDs could create a greater demand for their services and, consequently, become more visible in the "marketplace."
- Rethink relationships with Managed Care Organizations (MCOs). Form partnerships around the oversight and prevention components of managed care, offering MCOs new resources.
- Offer the business community more "win-win" approaches to voluntary compliance, while retaining regulatory authority. One example might be to help restaurants move through inspection processes more easily
- Build relationships with non-traditional partners. Become a source of information for communities outside of the traditional public health clientele (i.e., the faith community or arts community).
- Build linkages with the academic community.
- Build linkages with health and other professional associations. Become involved with local Chambers of Commerce, United Way Chapters, human service organizations, and other community forums. Take a more conscious approach to media relations, rather than simply providing the reactive response in a crisis. Find ways to become more proactively engaged with newspaper editorial boards on an on-going basis.
- Acknowledge public information as a legitimate, ongoing management responsibility within public health.
- Take a proactive marketing and information dissemination approach by hiring a public information officer or finding a way to share one with another department.
- Sell the public health role to the business community as an economic advantage. Link the assurance of a healthy community to the community's economic base.
- Take any opportunity to speak on behalf of public health. Get out in front of any group and "never quit selling" the importance of public health activities.
- Use Nebraska Public Health Month (April) to attract media attention.

### Framing the Public Health Message for Impact

Effectively demonstrate and communicate the value of public health activities to communities and policy makers. Local health officials need to play a key role in health policy development, maintain the assurance role, and find new methods of generating stable funding resources to support public health activities.

#### Local health officials should:

- become attuned to the most important impact data
- learn to communicate it effectively by humanizing it with relevant anecdotes

- sell prevention as something that leads to a better quality of life
- encourage citizens to look to their LHDs for information about the health of their communities.

### Local Level Strategies

- Chart outcome data on geographical maps and place them on local and national web pages.
- Find innovative, user-friendly ways to distribute public health data. (One example is using computerized kiosks in Laundromats and other public places where, with a little instruction, patrons could peruse through LHD data. Another idea is to disseminate public health data through Automatic Teller Machines (ATMs).
- Become proactive. Don't wait for the community to come to the health department; get out into the community and tell it what the health department does.
- Learn to talk about public health as if it were an "economic engine." Explain the cost savings and benefits attributable to public health programs. Take examples like the Women, Infants and Children (WIC) Program to political leaders and the community to show the cost benefits of public health.
- Frame public health messages so that they convey the idea that LHDs are "investors in the future," not just spenders of money.
- Make sure all messages are targeted to specific audiences.
- Pay attention to language. Use polls to clarify how the public perceives the term "public health."

## **Communicating and Advocating Values and Strategies in the Political Arena**

Develop political savvy and assertiveness for advocating important public health activities. Assert the "core function" role in a more powerful way; ensuring access to health care for the uninsured; and maintaining the safety net role in an era of devolution.

### Local health officials should:

- become key players in community issue decisions
- develop better political skills
- learn to communicate more effectively with constituents
- build relationships with political leaders at all levels

### Local Level Strategies

- Actively seek to strengthen your state public health association and other health-related associations in an effort to build political clout in states.
- Develop local coalitions of hospital administrators, community leaders, educators, and others to advocate on behalf of public health issues. Become actively involved in "healthy community" coalitions. Find the "movers and shakers" in communities and encourage them to deliver public health messages.
- During Nebraska Public Health Month (April), invite politicians into local health departments for a first-hand look at operations. Persuade them to invest in and become advocates for public health by taking them out on inspections and other field visits.
- Involve politicians who want to help and encourage them to become champions for your issues.
- During election seasons, host candidate fairs where candidates are invited to visit LHDs to learn about public health issues. Encourage them to carry the public health message.
- Use Nebraska Public Health Month as a way to build relationships or "work-along" with politicians and other local leaders.

## **Re-emphasizing the Public Health Role in the Environmental Debate and the Environmental Health Role in Public Health**

Strengthen environmental health expertise and establish a public health identity in environmental health issues.

#### Local health officials should seek to:

- better understand the difference between environmentalism and environmental health
- re-emphasize public health's intrinsic role in the environmental debate
- focus on the economic development interests and social and human realities of environmental health issues
- move beyond the negative image of environmental policing to emphasizing prevention

#### Local Level Strategies

- Create environmental health linkages among various local and state departments
- Cross-train public health nurses and environmental health staff. Break down the walls between the people who are doing environmental health and the people who are doing community health. (For example, when the public health nurse identifies a child with a lead problem, the environmental health worker can go out and identify the lead issue in the home or school.)
- Create linkages with the parks and recreation and planning and zoning professionals around environmental health problems.
- Build partnerships with restaurant associations around smoking, the health and safety of workers and patrons, and other issues. Take a proactive rather than regulatory approach to these potential partners. Partner with local medical societies and hospitals on source reduction issues. (For example, try to find innovative ways to dispose of convenience packing plastics that contribute to environmental degradation.)
- Market environmental health by linking it to kids and families. The general message should be, "What we're doing is keeping our kids safe today and preserving the environment for them to stay safe tomorrow." (Examples include the link between air pollution and asthma, the importance of proper food storage and preparation safety, the role of pesticides in foods, and keeping the pools safe to swim in.) Take leadership roles in local emergency planning efforts.

### **Other Key Issues**

Adapt to the organizational structures, staff skills, automation, and technical capabilities of LHDs to meet the demands of currently evolving public health practices. This is especially important to understanding and applying the essential public health functions.

Adjusting to rapidly changing local health department roles will require a substantial commitment to formal training in public health competencies, particularly for staff that come into the field from areas outside of public health. Continuing education programs focusing on emerging health issues should be developed and encouraged for health officers.

Role definition in a changing political and professional environment and new challenges to the assumptions upon which public health has "always operated" need to be reevaluated. Decisions should be made concerning shifting the public health agency role to a broader role in the health system; the impact of reform measures, such as the welfare-to-work transition, on community health; ensuring access to care in a managed care environment; and finding the best balance between personal and population-based services.

#### To accomplish this, local health department's should:

- Build alliances and work within community health systems to define specific roles and leverage managed care resources.
- Develop better skills for influencing individual life styles.
- Become the repositories of technical information and expertise by making information and data readily accessible to the community.

## The Core Function of Assessment

Assessment means the regular collection, analysis and sharing of information about health conditions, risks and resources in a community and is needed to identify the following:

- trends in illness, injury and death and the factors which may cause these events
- health resources and their application
- unmet needs
- community perceptions about health issues.

Through the assessment function, a series of questions are addressed:

What are the major health problems?  
What population groups are at risk?  
How are risks distributed geographically?  
What services are available?  
What is the quality of available services?  
Are health resources adequate?  
What do citizens perceive to be health concerns?  
What do providers perceive to be community health issues?

Local Health Departments work in collaboration with communities to assess their strengths and weaknesses. Assessment results are then shared with the community, policy makers, and the health care community for the purpose of developing resources and health policies to solve community health issues.

Local Health Departments have the responsibility of serving as local collectors of the data needed for their own services. This data is also used by the state to assemble a picture of the health status of their citizens. Local Health Departments collect another piece of valuable information—citizen's perceptions of their community health status, or what people believe to be the most important health issues facing their community.

In most instances the state is responsible for establishing and maintaining surveillance systems, collecting and assembling health status and utilization information, and performing analysis. Expertise is needed at the state level for comparative analysis and forecasting regional and state trends. The state department of health also needs the capacity to provide technical assistance to local health departments for local forecasting and interpretation of data. Local health departments perform health resource inventories, hold public forums, conduct polls, collect information from private and not-for-profit providers, and engage in research.

With the assistance of the state, local health departments provide local interpretations and forecasts of health status and other related information, and serve as the repository of such information for the jurisdiction served.

The assessment process is multi-disciplinary. The contributions of each discipline to the community assessment provide a diverse and integrated result. This provides a holistic perspective when making policy and budget decisions.

Historically policy was driven by the availability of funding. In this new public health era, data, both quantitative and qualitative, is available for an information-based decision making process. Public health policy must be driven by this assessment data.

Local health departments provide leadership at the local level in disseminating information to the public on community health status. It is their responsibility to provide information directly to the news media and community officials, and to publish easily understood reports. Finally, the state department of health provides leadership in communicating about health issues and concerns with the public, generates public awareness through the news media, and issues state health reports.

## Community Health Planning

A completed community health assessment is the foundation for community health planning.

- Through the assessment process, health problems in the community are identified. Using one of a variety of possible methods to prioritize health problems, a coalition made up of local public health agency staff and broad representation of the community to determine which problems the community wants/needs to, and has the capacity to address.
- A series of special initiative teams may be formed, each focusing on one of the identified priority health issues in the community. Using data that is available to measure the extent of the problem, a baseline is established. The initiative team establishes time lines and sets short-term and long-term objectives so that improvement can be measured, evaluated, and substantiated.
- It is important to investigate proposed strategies before initiative teams determine which strategy they will incorporate into their plan for implementation.
- A number of resources are available to guide the choice of strategies, such as the Guide to Community Preventive Services, located at [www.thecommunityguide.org](http://www.thecommunityguide.org). Choosing strategies based upon science, with evidence of their effectiveness in improving outcomes, will help assure success in achieving set goals.
- It is important to assure that community organizations involved in implementing chosen strategies are also involved in developing them. Consideration should be given to the level of commitment on the part of those who will be instrumental in implementation before deciding which strategies to use.

## Emergency Response Planning

Local public health agencies play an important role in emergency response.

- Public health has a lead role in response to outbreaks of infectious disease, whether the result of biological terrorism or a diseased food service worker. Natural disasters like fires, floods, or tornadoes may require public health response to assure safety of food, water, or air.
- Prevention of communicable disease by immunizing segments of the population, and providing public education on how to reduce risk and avoid exposure to dangerous environmental contaminants, are other important roles in public health response to emergencies.
- Emergency response planning cannot be done in isolation by any organization. A community emergency response plan identifies each organization and the roles it will be expected to carry out in a variety of emergency situations. Local public health agency staff must be involved in development of a local emergency response plan and in exercising the plan. The agency must have staff trained to fulfill the responsibilities as outlined in the plan.

In addition to the community emergency response plan, the agency should develop an internal operations plan to outline how staff will be expected to respond. An internal operations plan delineates lines of authority, methods of communication internally and with the public, and a plan for back up if sustained effort is required.



## **Data Sources**

### Personal Health Data:

- Vital statistics
- Epidemiology-surveillance, disease reporting and investigation, sentinel events
- Health screening
- Special disease or population registries
- Laboratory test data
- Hospital discharge data
- Research
- Behavioral Risk Factor Surveys

### Environmental Health Data:

- Sanitary surveys
- Air and water monitoring
- Facility inspections
- Laboratory test data
- Research

### Data about community concerns and resources:

- Health resource inventory
- Public forums
- Polling
- Special methods-APEX/PH Part II, PATCH, etc.
- Information from private and not-for-profit providers
- Research

### Data on the range and quality of services:

- Selected treatment management review data
- Consumer complaint follow-up information
- Facility and professional licensure data
- Research

## **Methods of Distribution of Findings**

- Annual vital statistics report
- Special project reports
- State Health Report
- Monographs
- Fact sheets
- Professional publications
- Media research

Community assessment tools may be accessed at The Centers for Disease Control and Prevention at [www.cdc.gov](http://www.cdc.gov) and the Nebraska Association of City County Health Officers at [www.naccho.org](http://www.naccho.org).

## The Core Function of Policy Development

After the assessment process is completed, many communities ask, "***Where do we go from here?***"

### Public Policy

The Centers for Disease Control and Prevention (CDC) defines policy as the purposeful action by an organization or institution to address an identified problem or issue through executive, legislative, or administrative means.

Laws, ordinances, and rules are examples of public policy. Such policy is intended to affect actions by a collective group of people such as a community, county, state, or nation. Creating structures and policies that support healthy lifestyles and reductions of hazards in the social and physical environment can enhance the collective well being of communities. Setting public policy is deemed a population-based strategy to improve health. Governing bodies have the responsibility for setting policies that safeguard the health of their community.

Examples of public policy that have been effective in improving population health are:

- Laws requiring use of seat belts and child safety seats have decreased fatalities from motor vehicle crashes.
- Ordinances prohibiting smoking in public buildings reduce the number of people exposed to environmental tobacco smoke and the overall use of tobacco products.
- Ordinances that direct the design of neighborhoods, improve lighting and safety, or provide for public access to certain facilities, increase levels of physical activity by residents.
- Food code ordinances requiring establishments to meet certain standards, thereby reducing the incidence of food borne illnesses.

Public health policies are based on the assessed health needs of the community and whether the policy, if enacted, could reduce health risks that contribute to significant health problems. Information concerning board authority to establish regulations is located in LB692, Article 16, Sections 71-1601 through 71-1636.

In its public health leadership role, the governing body may also influence and encourage schools, worksites, city or county councils, and businesses to implement health improvement policy and practices.

Action steps to bring about improvement in a community's health status begin with planning and policy development. The likelihood of success in achieving goals improves when the involvement of community members increases. To assure the broadest input will be given to political, organizational, and community values, it is helpful to include diverse groups and the underserved in the process. Community participation is vital in prioritizing community health problems, sharing information, and subsequently empowering and mobilizing to solve the problems.

The State Legislature performs the policy development function when it deliberates and passes legislation. In communities, the local public health agencies perform the policy development and planning function when they use assessment information to set priorities. Local agencies work in collaboration with their governing bodies, or other local policy makers, to develop policy, allocate resources, and implement strategies to improve the health of their communities.

## **Examples of planning and policy development activities include:**

- Identify the most significant health risks and problems and bring people in the community together to solve them.
- Identify existing community assets and resources that can be used in reducing health problems and removing health risks.
- Use data, information, and scientific evidence to make informed decisions about what needs to be done.
- Enact ordinances to prevent problems from occurring (e.g. an ordinance related to the inspection of food establishments).
- Set standards of practice for health professionals, facilities, businesses, and employers to assure quality care and a healthy and safe environment for all residents and visitors.
- Encourage schools, childcare providers, businesses and other partners to adopt health promoting policies.
- Emergency response planning.

Information gathered from assessment activities is used to develop local and state health policies. Policy development includes consideration of political, organizational and community values. Good public policy development includes information sharing, citizen participation, compromise and consensus building. The process nurtures shared ownership of the policy decisions. Policy makers review the recommendations and decide what will be done.

The State plays several roles in policy development. The state department of health is responsible for assembling and providing a periodic state health report, identifying statewide priorities and goals which reflect a series of local community planning efforts.

In partnership with local public health agencies, the State initiates and/or develops policies on health issues that require statewide action or standards (e.g. clean air, water quality, tobacco control). The state department of health should also serve as a clearinghouse for the State Executive Branch, taking a leadership role in health policy and collaborating with other state agencies where overlapping responsibilities exist.

Many health policy issues first develop at the local level. Regional or state policy development efforts should occur only when local leaders agree that such centralized policy development is more efficient and effective, and then only with active participation of local communities. This approach is based on the assumption that the strongest public health policy is developed and owned by citizens at the local level.

Local health departments should provide a leadership role in developing local priorities and plans in partnership with the entire community. Local health departments should also have the authority to initiate, develop and draft local ordinances or rules for health-related issues requiring a specific local response.

## Policy Development and Planning

Principal elements and key activities of the core public health function of policy development and planning are as follow

### Principal Elements

#### *Planning*

### Key Activities

Lead the community in a systematic and periodic process to identify community priorities and desired outcomes.  
Formulate and prioritize alternative solutions.  
Develop strategies to achieve desired outcomes.  
Identify costs and effects of proposed strategies.

#### *Policy Analysis and Formulation*

Review policies and procedures within the existing legal scope of authority.  
Involve the community in developing and analyzing policies within the public health jurisdiction.  
Identify community and agency resources.  
Identify costs and effects of proposed policies.

#### *Legal Authority Establishment*

Identify the public health jurisdiction's legal authority to develop, implement, and enforce public health policy.  
Promote state and local legislation and regulation appropriate for implementing core public health functions.

#### *Policy Implementation*

Translate adopted policies into operating program procedures.  
Involve and educate affected parties and communities.  
Perform timely assessment of adopted policy (ies) and associated programs.  
Identify need for change in policy (ies) and/or programs, evaluate on a regular basis and communicate the findings.

## **The Process**

### The policy development process utilizes:

- Scientific information
- Data from the assessment process
- Information from concerned citizens and providers
- Concepts of political and organizational feasibility
- Community values
- An open process, involving all private and public sectors by communicating, networking, and building constituencies

### The policy development process:

- Defines health needs
- Sets priority health issues by analyzing the outcome of assessment
- Develops policies and plans to address the most important health needs by setting goals and objectives with measurable outcomes
- Develops alternative strategies for implementing plans
- Identifies necessary and available resources

## **Public Health Policy Development**

Components of public health policy development is driven by data but not limited by data. Keeping in mind the best interest of public health the board needs to consider:

- Sound facts and information
- Prioritized needed based on a broad assessment of all issues
- Scientific basis
- Program evaluation
- Willing to operate within a certain degree of uncertainty

### **Public input and collaboration:**

- Based on the interest of public health
- Involve those affected and the underserved
- Understand community values
- Encourage broad public debate
- Goals should apply to all populations and subpopulations
- Based on future expectations
- Educate and lead the public
- Use the media to provide information
- Focus and prioritize public input and be sensitive to the non-dominant view

### **The Health Department's vision, capacity, and resources:**

- Vision and support that is the same as the Board of Health
- Based upon resources but not limited to them
- Law based
- Commitment and follow through
- Identifies multiple factors involved in health status

- Prevention based
- Equitable in distributing services and programs
- Willing to take a stand
- Recognizes that public health policy goes beyond what the health department does

### **The Public's Role in Policy Development:**

- Guided by information
- Gives a voice to all groups
- Enables the board to listen to public input
- Forum for people to interact
- Improves the political process

### **Types of Policy:**

- Governance/Community consensus  
Improving access to care, flu vaccine distribution, emergency response plan
- Ordinances  
Restaurant inspections, waste disposal, leash laws, smoking ban
- State law  
Seat belt safety, food codes, underage drinking
- Federal law  
Drug free work place, children's health insurance funding

## Regulation Check List

The Turning Point Model State Public Health Act defines “conditions of public health importance” as referring to a disease, syndrome, symptom, injury, or other threat to health that is identifiable on an individual or community level and can reasonably be expected to lead to adverse health effects in the community

### Definition of the Problem

- Is it a public health importance (threat/ hazard)
- Scope of the issue, widespread versus isolated
- Location
- Consequences of inaction

### First Step

- Conduct on site evaluation
- Consult with HHSS District Environmental representative and other local officials such as zoning
- Speak to offender and follow up with letter requesting the situation be corrected
- Offender addresses issues and resolves, no further action is needed.

### Second Step

- Establish working relationship and review issue with City or County Attorney as appropriate in your district
- Review current BOH Regulations if available
- Review for existing State Statutes, Village and City regulations

### Third Step

- Meet with BOH
- Provide complete definition of the problem including public health importance that is posed
- Receive BOH approval to proceed with implement rule making process
- Meet with County Commissioners/Supervisors to review above steps and receive approval to proceed
- Initiate rule making process
  - Define why the situation is a public health threat
  - Print Public Notification in newspaper of hearing
  - Conduct Public Hearing
  - Publish Rules and Regulations in entirety in newspaper(s)
  - BOH approves and adopts
  - County Commissioners/Supervisors sign and adopt
  - County Attorney signs off

The local health department can send out a notice of enforcement action citing the rules and regulations. The actual enforcement action is through the County Attorney where the offense takes place.

## Ordinances and Rules

The county commissions and the local health agency boards may make and promulgate ordinances or rules to enhance the public health.

Ordinances or rules are required if your local health agency is charging a fee for a service. Fees set a professional tone and are most effective with the environmental programs.

To adopt an ordinance or rule, it must:

1. Be printed and available in the county clerk's office.
2. Be published in a newspaper in the county for three successive weeks no later than 30 days after the order or ordinance, or rules and regulations are passed.
3. State the statutory authority for its existence.
4. Set forth the formula for determining the fee.
5. Include definitions such as unit of service, reasonable fees, total cost of service, etc.
6. Be in compliance with county budget laws.
7. State the county treasurer's duties.
8. State method to amend or change fee schedule.
9. Be numbered for identification.
10. Include date adopted and passed by Commission and/or Board of Health, if applicable.
11. Be signed by appropriate party or parties.
12. Be attested by the clerk of the county.
13. Include the seal of the county involved.
14. If the ordinance is specific for one service, then the document must identify that service.



**ENVIRONMENTAL HAZARDS ORDINANCE EXAMPLES  
NOT A LEGAL DOCUMENT  
FOR INFORMATIONAL PURPOSES ONLY**

NOTE: This document of Environmental Hazards Ordinances is NOT A LEGAL DOCUMENT and is for INFORMATIONAL PURPOSES ONLY. These provisions have been compiled from various rural community codes and MUST be evaluated and edited by a County Attorney before incorporation into local codes.

The information below is intended to give Local Health Departments and Boards of Health a starting point when evaluating Health Codes within their own District. Not every type of environmental health hazard situation will be found below and Health Districts must use their Community Health Assessments and the will of the residents to determine what Codes are best for them.

**EXAMPLE ONE**

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HEALTH AND SANITATION

1. GENERAL PROVISIONS
2. GARBAGE DISPOSAL
3. NUISANCES
4. PENAL PROVISIONS

**ARTICLE 1: GENERAL PROVISIONS**

HEALTH; REGULATIONS.

For the purpose of promoting the health and safety of the residents of the (Municipality, County, Health District), the Board of Health shall, from time to time, adopt such rules and regulations relative thereto and shall make such inspections, prescribe such penalties, and make such reports as may be necessary toward that purpose.  
(Ref. 17-121 RS Neb.)

ENFORCEMENT AGREEMENT.

In order to facilitate the enforcement of its health ordinances, the (Health District) may enter into such agreements and contracts with the (Enforcement Agency) the Board of Health shall deem necessary. A minimum of one (1) copy of such agreements and contracts shall be kept on file at the Municipal Clerks office and shall be available for public inspection during reasonable business hours.

BOARD OF HEALTH; COUNTY BOARD OF COMMISSIONERS / SUPERVISORS.

It shall be the duty of the Board of Health to work closely with the County Board of Commissioners / Supervisors in protecting the health and welfare of the residents of the (Municipality, County, Health District).

**ARTICLE 2: GARBAGE DISPOSAL**

GARBAGE; DEFINED.

The term "garbage" as used herein shall be defined to mean kitchen refuse, decayed waste, dead animals, or anything that may decompose and become offensive to the public health.

RUBBISH; DEFINED.

The terms "rubbish" or "trash" as used hereto shall be defined as discarded machinery, chips, pieces of wood, sticks, dead trees, branches, bottles, broken glass, crockery, tin cans, boxes, papers, rags, or any other litter or debris that is not an immediate hazard to the health of the residents of the (Municipality, County, Health District).

**WASTE; DEFINED.**

The term "waste" as herein defined shall mean cinders, ashes, plaster, brick, stone, sawdust, or sand.

**GARBAGE; TRASH, AND WASTE.**

It shall be unlawful for any person to keep in, on, or about any dwelling, building, or premise, or any other place in the (Municipality, County, Health District), decayed vegetable or animal substance, garbage, or refuse matter of any kind that may be injurious to the public health or offensive to the residents of the (Municipality, County, Health District), unless the same is kept in receptacles not exceeding a thirty (30) gallon capacity and as nearly air-tight as may be practical.

It shall be unlawful to throw or sweep into the streets, alleys, parks, or other public grounds any dirt, paper, nails, pieces of glass, refuse, waste, or rubbish of any kind.

No person may permit garbage, rubbish, waste, or refuse to collect and all persons shall remove the same from their property within twenty-four (24) hours after being notified to do so by the (Enforcement Agency) who shall represent the Board of Health.

Any person having garbage, rubbish, waste, or refuse that is subject to decay or fermentation within a short period of time shall be required to place the same in a standard garbage can with a tight cover, or a durable plastic container that is securely tied at its opening. All persons shall have the contents of their garbage cans removed at least once a week.

(Ref. 19-2106 RS Neb.)

**GARBAGE COLLECTION RECEPTACLES PROHIBITED ON PUBLIC RIGHT-OF-WAY AND IN FRONT YARDS IN ZONED RESIDENTIAL DISTRICTS; EXCEPTION.**

It shall be unlawful for any person to keep, maintain or store receptacles used for the collection and containment of decayed vegetables or animal substance, garbage or refuse matter of any kind on public right-of-way and in the front yards of any property located in a zoned Residential District at any time other than during the eighteen (18) hour period of time immediately preceding the time period specifically designated for garbage collection by the holder of a valid garbage removal service permit.

**DEAD ANIMALS.**

All dead animals shall be immediately removed and buried by the owner of such animals; and if the owner of such animal cannot be found within two (2) hours after discovering the same, then such animal shall be removed by and at the expense of the ((Municipality, County, Health District), County, Health District). Dead animals shall not be buried within the corporate limits of the ((Municipality, County, Health District), County, Health District), nor within one (1) mile thereof, nor in or above the course of ground water that is used for drinking purposes by the ((Municipality, County, Health District), County, Health District) or its inhabitants. Such animals may, however, be buried in the Municipal Dumping Ground.

(Ref. 17-114, 17-123 RS Neb.)

**ARTICLE 3: NUISANCES**

**NUISANCES; GENERALLY DEFINED.**

A nuisance consists in doing any unlawful act, or omitting to perform a duty, or suffering or permitting any condition or thing to be or exist, which act, omission, condition or thing either:

1. Injures or endangers the comfort, repose, health, or safety of others,
2. Offends decency,
3. is offensive to the senses,
4. Unlawfully interferes with, obstructs, tends to obstruct or renders dangerous for passage any stream, public park, parkway, square, street, or highway in the (Municipality, County, Health District)
5. In any way renders other persons insecure in life or the use of property, or essentially interferes with the comfortable enjoyment of life and property, or tends to depreciate the value of the property of others.

(Ref. 18-1720 RS Neb.)

**NUISANCES; SPECIFICALLY DEFINED.**

The maintaining, using, placing, depositing, leaving, or permitting of any of the following specific acts, omissions, places, conditions, and things are hereby declared to be nuisances:

1. Any odorous, putrid, unsound or unwholesome grain, meat, hides, skins, feathers, vegetable matter, or the whole or any part of any dead animal, fish, or fowl.
2. Privies, vaults, cesspools, dumps, pits or like places which are not securely protected from flies or rats, or which are foul or malodorous.
3. Filthy, littered or trash-covered cellars, house yards, barnyards, stable-yards, factory-yards, mill yards, vacant lots, houses, buildings, or premises.
4. Animal manure in any quantity which is not securely protected from flies and the elements, or which is kept or handled in violation of any ordinance of the (Municipality, County, Health District).
5. Liquid household waste, human excreta, garbage, butcher's trimmings and offal, parts of fish or any waste vegetable or animal matter in any quantity; Provided, nothing herein contained shall prevent the temporary retention of waste in receptacles in a manner provided by the health officer of the (Municipality, County, Health District), nor the dumping of non-putrefying waste in a place and manner approved by the health officer.
6. Tin cans, bottles, glass, cans, ashes, small pieces of scrap iron, wire metal articles, bric-a-brac, broken stone or cement, broken crockery, broken glass, broken plaster, and all trash or abandoned material, unless the same be kept in covered bins or galvanized iron receptacles.
7. Trash, litter, rags, accumulations of barrels, boxes, crates, packing crates, mattresses, bedding, excelsior, packing hay, straw or other packing material, lumber not neatly piled, scrap iron, tin or other metal not neatly piled, old automobiles or parts thereof, or any other waste materials when any of said articles or materials create a condition in which flies or rats may breed or multiply, or which may be a fire danger or which are so unsightly as to depreciate property values in the vicinity thereof.
8. Any unsightly building, billboard, or other structure, or any old, abandoned or partially destroyed building or structure or any building or structure commenced and left unfinished, which said buildings, billboards or other structures are either a fire hazard, a menace to the public health or safety, or are so unsightly as to depreciate the value of property in the vicinity thereof.
9. All places used or maintained as junk yards, or dumping grounds, or for the wrecking and dissembling of automobiles, trucks, tractors, or machinery of any kind, or for the storing or leaving of worn-out, wrecked or abandoned automobiles, trucks, tractors, or machinery of any kind, or of any of the parts thereof, or for the storing or leaving of any machinery or equipment used by contractors or builders or by other persons, which said places are kept or maintained so as to essentially interfere with the comfortable enjoyment of life or property by others, or which are so unsightly as to tend to depreciate property values in the vicinity thereof.
10. Stagnant water permitted or maintained on any lot or piece of ground.
11. Stockyards, granaries, mills, pig pens, cattle pens, chicken pens or any other place, building or enclosure, in which animals or fowls of any kind are confined or on which are stored tank age or any other animal or vegetable matter including grain is being processed, when said places in which said animals are confined, or said premises on which said vegetable or animal matter is located, are maintained and kept in such a manner that foul and noxious odors are permitted to emanate there from, to the annoyance of inhabitants of the (Municipality, County, Health District), or are maintained and kept in such a manner as to be injurious to the public health.

12. All other things specifically designated as nuisances elsewhere in this Code. (Ref. 18-1720 RS Neb.)

**NUISANCES; ABATEMENT PROCEDURE.**

It shall be the duty of every owner, occupant, lessee, or mortgagee of real estate in the (Municipality, County, Health District), to keep such real estate free of public nuisances. Upon determination by the Board of Health that said owner, occupant, lessee, or mortgagee has failed to keep such real estate free of public nuisances, the Board of Health shall thereupon cause notice to be served upon the owner, occupant, lessee, mortgagee or agent thereof, by publication and by certified mail. Such notice shall describe the condition as found by the Board of Health and state that said condition has been declared a public nuisance, and that the condition must be remedied at once.

If the person receiving the notice has not complied therewith or taken an appeal from the determination of the Board of Health within five (5) days after receipt of certified mail or within five (5) days after date of publication whichever is later, the Board of Health shall cause a hearing date to be fixed and notice thereof to be served upon the owner, occupant, lessee, or mortgagee, or agent of the real estate. Such notice of hearing shall be by personal service or certified mail and require such party or parties to appear before the Board of Health to show cause why such condition should not be found to be a public nuisance and remedied.

A return of service shall be required by the Board of Health. Such notice shall be given not less than five (5) days prior to the time of hearing, provided that whenever the owner, lessee, occupant, or mortgagee of such real estate is a non-resident or cannot be found in the State, then the Municipal Clerk shall publish, in a newspaper of general circulation in the (Municipality, County, Health District), notice of hearing for two (2) consecutive weeks, the last publication to be at least one (1) week prior to the date set for the hearing.

Upon the date fixed for the hearing and pursuant to notice, the Board of Health shall hear all objections made by interested parties and shall hear evidence submitted by an Investigating Health Officer. If after consideration of all of the evidence, the Board of Health shall find that the said condition is a public nuisance, it shall, by resolution, order and direct the owner, occupant, lessee, or mortgagee to remedy the said public nuisance at once; Provided, the party or parties may appeal such decision to the appropriate court for adjudication, during which proceedings the decision of the Board of Health shall be stayed.

Should the owner or occupant refuse or neglect to promptly comply with the order of the Board of Health, the Board of Health shall proceed to cause the abatement of the described public nuisance. Upon completion of the work by the (Municipality, County, Health District) a statement of the cost of such work shall be transmitted to the Board of Health, which is authorized to bill the property owner or occupant, or to cause a levy of the cost as a special assessment against the land. Such special assessment shall be a lien on the real estate and shall be collected in the manner provided for special assessments.

(Ref. 18-1720 RS Neb.)

**NUISANCES; ADJOINING LAND OWNERS; INTERVENTION BEFORE TRIAL.**

In cases of appeal from an action of the Board of Health condemning real property as a nuisance or as dangerous under the police powers of the (Municipality, County, Health District) the owners of the adjoining property may intervene in the action at any time before trial. (Ref. 19-710 RS Neb)

**ARTICLE 4: PENAL PROVISIONS**

**VIOLATION; PENALTY.**

Any person who shall violate or refuse to comply with the enforcement of any of the provisions of this Chapter, set forth at full length herein or incorporated by reference shall be deemed guilty of a misdemeanor and upon conviction thereof, shall be fined not more than (\$\_\_\_\_\_)for each

offense. A new violation shall be deemed to have been committed every twenty-four (24) hours of such failure to comply.

#### ABATEMENT OF NUISANCE.

Whenever a nuisance exists as defined in this Chapter, the (Municipality, County, Health District) may proceed by a suit in equity to enjoin and abate the same, in the manner provided by law. Whenever, in any action, it is established that a nuisance exists, the court may, together with the fine or penalty imposed, enter an order of abatement as part of the judgment in the case.

(Ref. 18-1720, 18-1722 RS Neb.)

#### HOUSING CODE; ADOPTED BY REFERENCE.

To provide certain minimum standards, provisions, and requirements to safeguard life, limb, health, property, and public welfare, and to protect neighborhoods from hazardous, blighting, and deteriorating influences or conditions that have a negative impact on area property values and discourage property owners to improve their properties by regulating and controlling the use and occupancy, location, and maintenance of all residential buildings and structures and premises within the (Municipality, County, Health District), the most recent edition of the (local) Housing Code is hereby incorporated by reference in addition to all amended additions as though printed in full herein insofar as said code does not conflict with the statutes of the State of Nebraska.

A copy of the Housing Code is on file at the office of the Municipal Clerk, and is available for public inspection at any reasonable time. The provisions of the Housing Code shall be controlling throughout the (Municipality, County, Health District), and throughout its zoning jurisdiction.

All premises and all buildings, or portions located thereon, within the (Municipality, County, Health District) shall be adequately maintained in accordance with the Housing Code so as to be free of deterioration that endangers or is likely to endanger the life, limb, health, property, safety, or welfare of the public or occupants thereof. All exposed exterior surfaces, windows, and doors of buildings, structures, and the premises upon which they are located shall be adequately maintained so as not to present a deteriorated or blighted appearance.

Inadequate maintenance of buildings shall include, but not be limited to, the following:

- (a) Any building or portion thereof which is determined to be an unsafe building in accordance with the Uniform Housing Code (International Conference of Building Officials).
- (b) Buildings which for a period of six (6) months or more are boarded up, left in a partial state of destruction, or left in a state of partial construction after expiration of a building permit for such construction.
- (c) Broken windows constituting hazardous conditions.
- (d) Unpainted buildings which have begun to dry rot, warp, or become infested with termites.
- (e) Buildings which have substantial and noticeable conditions of blight or deterioration.
- (f) Buildings which have cracked, chipped, flaking, peeling, or missing paint over 50 percent (50%) or more of any wall or face of the building.

Inadequate maintenance of the premises shall include, but not be limited to, the following:

- (a) Accumulations of debris, litter, rubbish, rubble, and similar materials or conditions.
- (b) Dead and dying trees and limbs or other natural growth which by reason of rotting or deteriorating condition or storm damage constitute a health or safety hazard to persons in the vicinity thereof.
- (c) Sources of infestation.
- (d) Premises which have substantial or noticeable conditions of blight or disrepair.

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## EXAMPLE TWO

### NUISANCES

#### NUISANCES: DEAD OR DISEASED TREES.

It is hereby declared a nuisance for a property owner to permit, allow, or maintain any dead or diseased trees within the right-of-way of streets within the corporate limits of the (Municipality, County, Health District).

It is hereby declared a nuisance for a property owner to permit, allow, or maintain any dead or diseased trees on private property within the corporate limits of the (Municipality, County, Health District). For the purpose of carrying out the provisions of this section, the (Enforcement Agency) shall have the authority to enter upon private property to inspect the trees thereon. Notice to abate and remove such nuisance and notice of the right to a hearing and the manner in which it may be requested shall be given to each owner or the owner's duly authorized agent and to the occupant, if any, by personal service or certified mail. Within thirty (30) days after the receipt of such notice, if the owner or occupant of the lot or piece of ground does not request a hearing or fails to comply with the order to abate and remove the nuisance, the (Municipality, County, Health District) may have such work done and may levy and assess all or any portion of the costs and expenses of the work upon the lot or piece of ground so benefited in the same manner as other special taxes for improvements are levied or assessed.

(Ref. 17-555, 18-720, 28-1321 RS Neb.)

#### GARBAGE AND REFUSE COLLECTION AUTHORITY.

The Board of Health may provide for the collection and removal of garbage or refuse found upon any lot or land within its corporate roads, or alleys abutting such lot or land which constitutes a public nuisance. The (Municipality, County, Health District) may require the owner, duly authorized agent, or tenant or such lot or land to remove the garbage or refuse from such lot or land and streets, roads, or alleys.

(Ref. 18-1303 RS Neb.)

#### GARBAGE AND REFUSE COLLECTION: NOTICE; REMOVAL.

Notice that removal of garbage or refuse is necessary shall be given to each owner or the owner's duly authorized agent and to the tenant if any. Such notice shall be provided by personal service or by certified mail. After providing such notice, the (Municipality, County, Health District) through its proper offices shall, in addition to other proper remedies, remove the garbage or refuse, or cause it to be removed, from such lot or land and streets, roads, or alleys.

(Ref. 1801303 RS Neb.)

#### GARBAGE AND REFUSE COLLECTION; NUISANCE.

If the Board of Health declares that the accumulation of such garbage or refuse upon any lot or land constitutes an immediate nuisance and hazard to public health and safety, the (Municipality, County, Health District) shall remove the garbage or refuse, or cause it to be removed, from such lot or land within forty-eight hours after notice by personal service or following receipt of a certified letter if such garbage or refuse has not been removed.

(Ref. 18-1303 RS Neb.)

#### GARBAGE AND REFUSE COLLECTION; LIEN.

Whenever the (Municipality, County, Health District) removes any garbage or refuse, or causes it to be removed, from any lot or land pursuant to this Article, it shall, after a hearing conducted by the Board of Health, assess the cost of the removal against such lot or land as provided in local Codes.

(Ref. 18-1303 RS Neb.)

#### LITTERING

No person shall throw or deposit or accumulate upon any street, public way or lot or parcel of ground in the Village:

1. Any glass bottle, glass, nails, tacks, wire, cans or other substance likely to injure any person or animal or damage any vehicle upon the street, public way or other property;

2. Materials that may make the street, public way or property unsightly, such as rubbish, sewage, garbage, paper or any other material of such nature.

Any person who deposits, or permits to be deposited, upon any street, public way or other property any litter or destructive or injurious material shall immediately remove such or cause it to be removed so as to abate any nuisance occasioned thereby.

Any person who removes a wrecked or damaged vehicle from a street shall also remove any glass or other injurious substance deposited on the street from such vehicle.

If the owner fails to remove such litter, after five days notice by publication and by certified mail, the (Municipality, County, Health District) or the (Enforcement Agency) shall remove or cause the litter to be removed and shall assess the cost thereof against the property benefited.

Source: Neb. Rev. Stat. 28-523

## ABANDONED VEHICLES

### Terms Defined

No person, firm, partnership, association, corporation or organization of any kind shall abandon any vehicle, as defined by Nebraska law. Within the (Municipality, County, Health District) a motor vehicle shall be deemed to be an abandoned vehicle if left unattended:

1. With no number plates affixed thereto, for more than six hours on any public property;
2. For more than 24 hours on any public property, except any portion thereof on which parking is legally permitted;
3. For more than 48 hours, after the parking of such vehicle shall have become illegal if left on a portion of public property on which parking is legally permitted;
4. For more than seven days on private property if left initially without the permission of the owner, or after permission of the owner shall be terminated.

No person in charge or control of any private property, whether as owner, tenant, occupant, lessee or otherwise, shall allow any partially dismantled, non-operating, wrecked, junked or discarded vehicle to remain on such property longer than seven continuous days. Any vehicle described in this paragraph shall be deemed to be an abandoned vehicle for purposes of this article.

For purposes of this article, "public property" shall mean (1) any public right of way, street, highway, alley, park or other village-owned property, and (2) any privately owned property which is not included within the definition of public property. A vehicle in an enclosed building, appropriate storage pound or depository licensed by the Village, or owned and being restored or repaired with satisfactory progress being shown by the controller of the real property where said vehicle is located, is specifically hereby excluded from this section.

## ENFORCEMENT

The (Municipality, County, Health District) shall remove or cause to be removed any abandoned vehicle. Such vehicle shall be impounded until lawfully claimed or disposed of, provided, any such abandoned vehicle which is located on private property shall not be removed or impounded until the Board of Health has given written notice of intent to remove said abandoned vehicle ten days prior thereto to the property owner upon whose property said abandoned vehicle is located.

The Board of Health or its duly authorized agent may enter upon private property at all reasonable hours for the purpose of inspecting such abandoned vehicle, posting notice thereon and/or removing or impounding such abandoned vehicle. It shall be unlawful for any person to prevent the Board of Health or its agent(s) from entering on private property for the purpose of carrying out his/her/their duties. Neither the owner, lessee, occupant of the premises from which any abandoned vehicle shall be removed nor the (Municipality, County, Health District) shall be liable for any loss or damage to such abandoned vehicle which occurs during its removal, while in the possession of the (Municipality, County, Health District), or as a result of any subsequent disposition.

## NOTICE

Except for vehicles automatically becoming the property of the (Municipality, County, Health District), the Board of Health shall make an inquiry concerning the last registered owner of such abandoned vehicle as follows:

1. Abandoned vehicles with numbered plates affixed: to the jurisdiction which issued said plates; or
2. Abandoned vehicles with no numbered plates affixed: to the Department of Motor Vehicles.

The Board of Health shall notify the last registered owner, if any, that the vehicle in question has been recovered as an abandoned vehicle and that, if unclaimed, it will be sold at public auction after five days from the date that such notice was mailed. If the agency described in Subsections 1 or 2 above also notifies the Board of Health that a lien or mortgage exists, such notice shall also be sent to the lien holder or mortgagee. Any person claiming such vehicle shall be required to pay the cost of its removal and storage.

In the event the owner does not appear within the time prescribed herein, or in the event the owner cannot be determined, such abandoned vehicle shall be disposed of as hereinafter provided.

## DISPOSITION

The Board of Health shall sell said abandoned vehicle at public auction to the highest bidder with 60 days from the day that title to such abandoned vehicle is vested in the (Municipality, County, Health District). Such sale and the time and place thereof shall be advertised for one week in a newspaper of general circulation in the (Municipality, County, Health District). Any proceeds from the sale of an abandoned vehicle, less any expenses incurred by the (Municipality, County, Health District), shall be held by the (Municipality, County, Health District) without interest for the benefit of the owner of such abandoned vehicle for a period of two years. If not claimed within such two-year period, such proceeds shall be paid into the general fund of the (Municipality, County, Health District).

## TRANSFER OF TITLE

If an abandoned vehicle at the time of abandonment has no numbered plates of the current year affixed and is of a wholesale value of (\$\_\_\_\_\_) or less, taking into consideration the vehicle's condition as determined by the Board of Health, title shall immediately vest in the (Municipality, County, Health District) and the Board of Health is not required to follow above Sections herein.

With respect to those abandoned vehicles governed by above Section herein, title to such vehicles, if unclaimed, shall vest in the (Municipality, County, Health District) five days from the date the notice referred to therein is mailed or, if the last registered owner cannot be determined, when notice of that fact is received by the Board of Health. Upon the sale of an abandoned vehicle at auction, the (Municipality, County, Health District) shall furnish the purchaser with the requisite affidavit to provide to the county clerk where the vehicle was last registered that said vehicle was abandoned and became the property of the (Municipality, County, Health District) prior to the sale.

## PENAL PROVISIONS

Any person who violates any of the prohibitions or provisions of this article shall be deemed guilty of a misdemeanor and fined in a sum not to exceed (\$\_\_\_\_\_).

Source: Neb. Rev. Stat. 60-1901 through 60-1911



## **The Core Function of Assurance**

Assurance means making sure that needed health services and functions are available. Assurance focuses on maintaining the capacity of public health agencies to manage day-to-day operations and provide the core public health functions. Part of that capacity includes the ability to respond to critical situations and emergencies, such as disease outbreaks, toxic spills or product recalls.

The assurance function also requires monitoring the quality of health services provided in both public and private sectors. Population-based health protection and health promotion services are most often provided directly by public health agencies, as are quality assurance activities.

While it is the responsibility of government health agencies to assure that necessary health resources are available. The actual provision of health services can come from a variety of sources: private practitioners, not-for-profit agencies such as community action agencies, community health centers, and public health agencies. It does not mean the local health departments provides all services needed in the community. However, in cases where no other resources are available in the community, local health departments need the capacity to purchase or provide directly those personal health care services identified locally as priorities.

The state department of health needs adequate legal authority, resources and trained leadership and staff to provide a range of services, including maintenance of emergency response capacity at the state level, enforcement of standards and laws, and maintenance of quality assurance of the service delivery system.

Local health departments need the capacity to advocate, serve as catalysts for, coordinate and organize responses to priority needs in the communities served. Local health departments also need the capacity to respond to major regional or local emergencies, enforce regulations, and provide essential outreach functions, including transportation and foreign language assistance, to assure that people experiencing barriers to getting necessary health care services have access to the service delivery system.

If public health is to be an effective component of health care reform, the public health system must be improved. A stronger government health system working actively to protect and promote health, and prevent disease and injury – will ultimately result in cost savings and less demand for more expensive illness care.

Finally, local health departments and/or other community organizations need the capacity to provide population-based health promotion, health protection and preventive health services to the community. Such efforts are crucial if costs of the overall system are to be contained.

## **Making Sure Necessary Resources are Available**

The assurance function calls upon public health agencies to:

- Provide public health nursing services
- Provide environmental health services
- Encourage, purchase, or provide additional population-based services
- Personal preventive services through private and public providers
- Improved access to care for individuals and families e.g. providing bilingual and multicultural services, addressing transportation, etc.
- Health promotion and education programs, comprehensive school health education, public education campaigns, and worksite health promotion

Maintain emergency response capacity

- Disease outbreaks
- Toxic spills
- Food and pharmaceutical recall
- Emergency systems
- Natural disasters

Administer quality assurance

- Health professional licensing and discipline
- Facilities licensing
- Public health services monitoring
- Enforcement of standards and laws

Help recruit and retain health care practitioners

Maintain administrative capacity

- Personnel
- Contracting services
- Budgeting and accounting
- Legal counsel

## Examples of Services

### Health Surveillance Programs:

- Vital statistics - monitoring death certificates for unusual patterns of infant and other mortalities according to cause, race or residence.
- Communicable disease reporting - following the incidence of cases of gastroenteritis to find epidemics such as the hamburger related E-coli illness in Washington State in 1993.
- Chronic disease registries - such as the birth defects registry which helps identify unusual clusters of birth defects and their causes.

### Health Protection Programs:

- Drinking water monitoring - to identify bacterial or chemical contamination of wells or water supplies before people in the community are made ill.
- Food sanitation - inspecting restaurants to prevent poor food handling practices that could spread hepatitis or gastroenteritis.
- Toxic chemical regulation - monitoring storage and disposal of chemicals to protect neighbors, children, or workers from toxic exposure.
- Occupational safety - conducting studies of occupational illness and injury, and intervening as necessary.

### Personal Preventive Services:

- Immunization - requiring school entry immunization to protect children and the community from outbreaks of diphtheria, measles, and polio.
- Communicable disease investigation - investigating cases of tuberculosis to identify contacts and protect others from spread of the bacteria.

#### Health Promotion Programs:

- Alcohol and drug education - informing teenagers of consequences of alcohol and drug use; drinking and driving--to protect others in the community as well as protecting youth.
- Tobacco control - smoking education and regulation of availability of tobacco to youth in order to prevent lung cancer and heart disease.
- Injury and violence prevention - organizing community-wide initiatives to prevent intentional injuries and violence.

#### Services Which Improve Access to Care:

- Information and referral - assisting the needy and disabled in finding appropriate health care facilities.
- Public health nursing home visits - identifying families needing prenatal care, child health care or child abuse prevention.
- Case management - providing supervision and coordination of health care for the chronically mentally ill and disabled.
- Facilitating new resource development - working with hospitals and physicians to establish needed services, clinics or programs.

## Public Health Performance Standards

Each local health department has a current set of the Performance Standards. All local boards of health should utilize the Governance Tool to measure the effectiveness of the board in carrying out its duties. Much work has been done by the public health community since the publication of the 1988 IOM, (Institute of Medicine), report titled *The Future of Public Health*. Performance Standards have been developed for public health that define the minimum level of function accountability that any health department should hold itself. The standards allow the public and policy makers to hold Local Health Departments accountable for the public's investment in public health. More importantly they give public health a common language with which to describe itself.

This has done much to bring the system out of the state of disarray that was defined in the 1988 IOM report. However, it is not enough. It is not sufficient, because many agencies and public health practitioners agree with the concepts, but have not incorporated the concepts into their practice. Public health cannot transform itself in theory alone – it must quickly and decisively commit itself to the implementation of the core functions.

The standards provide a governance tool as well as the state and local health department tool. The Performance Standards are divided in three categories:

- State Health Performance Tool
- Local Health Performance Tool
- Governance Performance Tool

## Why Measure Public Health Performance?

The need to effectively measure public health performance is urgent. The lack of focus on population-based services which prevent disease and disability has led to outbreaks of infectious and chronic diseases that weaken the health of communities. A performance measurement system will provide information to advocate for public health at state and local levels, shape policy decisions, and target resources to ultimately improve the health of the public. The Centers for Disease Control and Prevention, along with many partners have developed a set of tools for measuring the performance of state and local health departments and governance bodies such as boards of health. They are constantly being tested and updated, with the latest version being available at [www.cdc.gov](http://www.cdc.gov) or by calling 1-800-747-7649.

## Benefits of Performance Measurement

**QUALITY IMPROVEMENT** - Objective performance measures will define performance expectations, provide data for benchmarking, and become an impetus for action.

**ACCOUNTABILITY** - Performance measures will provide objective data for defining the value of public health, initiating community action, and highlighting best practices.

**INCREASED SCIENCE BASE FOR PUBLIC HEALTH PRACTICE** - Performance measurement data will provide a scientific basis for better decision making, useful comparative data for evaluation, and will strengthen external leverage in partnership.

## **Holding Public Health Accountable**

Performance measures are statements of the work to be completed. Indicator statements are explicit statements which allow an agency to determine if it accomplished what it said it was going to do. The level and scope of services will vary greatly from department to department. Each department, however, regardless of its size or scope of services, must commit to setting performance measures and indicator statements for each service it provides.

In order for public health in Nebraska to become a significant leader in health care it must be accountable to its mission: promoting and protecting the health of the public. Public health must clearly state what it is we are going to do through performance measures, and then how well we did in indicator statements. To accomplish this, infrastructure is required to provide data, which measures our progress towards meeting our indicator statements and show that our work and solutions are paying off.

## **Exploring Our Infrastructure**

Most governmental Local Health Departments have had inadequate resources to provide the infrastructure necessary to support the core public health functions. This is due in part to the categorical nature of public health funding. In order to expand the infrastructure necessary to support local public health, official governmental Local Health Departments must receive state and local government support (funding) statewide.

For public health to be an effective component of health care reform, the government health system must be enhanced. Cost savings and less demand for uneconomical illness care are the benefits to be reaped from a stronger government health system working actively to protect and promote health and prevent disease and injury.

## **GLOSSARY OF ABBREVIATIONS**

### **A**

ACO – Animal Control Officer  
ACS - American Cancer Society  
ADA – Americans with Disabilities Act  
ADM - Archer Daniels Midland  
AED - Automated External Deliberator  
AHA - American Hospital Association  
American Heart Association  
AHD - Assistant Health Director  
ALL - Active Living Lincoln  
APHA - American Public Health Association  
ARF - All Recreate on Fridays  
ASP - Active Server Pages  
ASTHO - Association of State and Territorial Health Officers  
ATM – Automated Teller Machine

### **B**

BEL - Businesses for Environmental Leadership  
BNSF - Burlington Northern Santa Fe Railroad  
BP - Blood Pressure  
BRFS - Behavior Risk Factor Survey  
BT - Bioterrorism

### **C**

CAEI - Community Asthma Education Initiative  
CARD - Citizens against Racism and Discrimination  
CDC - Centers for Disease Control  
CEH - Children’s Environmental Health  
CEHPI - Children’s Environmental Health Protection Initiative  
CESQG - Conditionally Exempt Small Quantity Generator  
CHC - Community Health Center  
CHE - Community Health Endowment  
CHEL - Community Health Endowment of Lincoln  
CHIRP - Communities Helping Immigrants and Refugees Progress  
CHPF - Community Health Partners Foundation  
CLC - Community Learning Center  
CLAS - Cultural Linguistic Appropriate Services  
CLPPP - Childhood Lead Poisoning Prevention Program  
CLC - Community Learning Center  
CMHC - CMHC Systems, Inc.  
CMS - Centers for Medicaid and Medicare Services  
CO - Carbon Monoxide  
COAHP - Coalition for Older Adult Health Promotion  
CODES - Crash Outcomes Data Evaluation System  
CPS - Child Protective Services  
Child Passenger Safety  
CRIB - Community Resources for Infants and Babies  
CRS - Client Resource Specialist  
CSI - Community Services Initiative  
CT - Census Tract

## **D**

DDST - Denver Developmental Screening Test  
DEA - Drug Enforcement Administration  
DHS - Department of Homeland Security  
DIS - Disease Investigation Specialist  
DOT - Direct Observation Therapy

## **E**

EBL - Elevated Blood Level  
ECDN - Early Child Development Network  
EHS - Early Head Start  
ELR - Electronic Lab Reporting  
EMMA - Expectant Mothers Managing Asthma  
EPA - Environmental Protection Agency  
EPH - Environmental Public Health  
EQC - Environmental Quality Council  
ER - Emergency Response  
ERC - Employee Relations Committee  
ETS - Environmental Tobacco Smoke  
EWM - Every Woman Matters

## **F**

FDA - Food and Drug Administration  
FDIC – Federal Deposit Insurance Corporation  
FEMA – Federal Emergency Management Agency  
FEN - Food Enforcement Notice  
FFA - Future Farmers of America  
FLSA – Fair Labor Standards Act  
FMLA – Family Medical Leave Act  
FOBT - Fecal Occult Blood Test  
FOME - Faces of the Middle East  
FRC - Family Resource Center  
FTE - Full Time Equivalent  
FTKA - Failure to Keep Appointment

## **G**

GA - General Assistance  
GAC - Great American Cleanup  
GIS - Geographic Information System

## **H**

HAACP - Hazardous Analysis and Critical Control Point  
HAPS - Hazardous Air Pollutants  
H & C - Home and Community  
HCL - Hydrogen Chloride  
HCV - Hepatitis C Virus  
HDE - Health Data and Evaluation  
HF - Hydrogen Fluoride  
HHW - Household Hazardous Waste  
HIPAA – Health Insurance Portability and Accountability  
HP2010 - Healthy People 2010  
HPO - Health Promotion and Outreach  
HUD - Housing and Urban Development  
HV - Home Visit  
HVAC - Heating, Ventilation and Air Conditioning

**I**

IAP - Immunization Action Program  
IAQ - Indoor Air Quality  
IOM – Institute of Medicine  
IRB - Institutional Review Board  
IRIS - Information and Referral Software  
ISCST3 - Industrial Source Complex Short Term (Version 3)

**J**

JAVA - Joint Antelope Valley Authority  
JBC - Joint Budget Committee

**K**

KAB - Keep America Beautiful  
KLLCB - Keep Lincoln and Lancaster County Beautiful Program  
KW - kilowatt

**L**

LAP - Lincoln Action Program  
LARTA - Lincoln Area Retired Teachers Association  
LBW/P - Low Birth Weight/Premature Infants  
LCMS - Lancaster County Medical Society  
LEOP - Lancaster Emergency Operations Plan  
LEPC - Local Emergency Planning Council  
LES - Lincoln Electric System  
LFD - Lincoln Fire Department  
LFR - Lincoln Fire and Rescue  
LHD - Local Health Departments  
Local Health Directors  
LLCAPPRS - Lincoln-Lancaster County Air Pollution Control Program Regulations and Standards  
LLCHD - Lincoln-Lancaster County Health Department  
LMEF - Lincoln Medical Education Foundation  
LMEP - Lincoln Medical Education Partnership  
LOM - Lincoln on the Move  
LPD - Lincoln Police Department  
LPS - Lincoln Public Schools  
LSAA - Lincoln Smoke Free Air Act  
LWS - Lincoln Water System

**M**

MAC - Medicaid Access Coordination Program  
MAPP - Mobilizing for Action through Planning and Partnerships  
MCH - Maternal and Child Health  
MCM - Medical Case Manager  
MHC - Mental Health Center  
Mobile Health Clinic  
MICA - Missouri Information for Community Assessment  
MMRS - Metropolitan Medical Response System  
MSDS - Material Safety Data Sheet

**N**

NACA - National Animal Control Association  
NACT - Nebraska Alliance to Control Tobacco



NACCHO - National Association of County and City Health Officials  
NAF - Naturalization/American Farm workers  
NALBOH - National Association of Local Boards of Health  
NANG - Nebraska Army National Guard  
NCAPP - Nebraska Coalition on Adolescent Pregnancy Prevention  
NCHS - National Center for Health Statistics  
NCIAA - Nebraska Clean Indoor Air Act  
NDEQ - Nebraska Department of Environmental Quality  
NEDSS - National Electronic Disease Surveillance System  
NESHAPS - National Emission Standards for Hazardous Air Pollutants  
NHC - Nebraska Health Connection  
NHC/KC - Nebraska Health Connection/Kids Connection  
NHHSS - Nebraska Health and Human Services System  
NLV - Norwalk-Like Virus  
NOHS - Nebraska Office of Highway Safety  
NOV - Notice of Violation  
NOx - Nitrogen Oxide  
NPDES - National Pollution Discharge Elimination System  
NPHL - Nebraska Public Health Lab  
NPPD - Nebraska Public Power District  
NRA - Nebraska Restaurant Association  
NRD - Natural Resource District  
NSPS - New Source Performance Standards  
NHTSA - National Highway Traffic Safety Administration

## **O**

OER - Office of Emergency Response  
OSHA - Occupational Safety and Health Administration

## **P**

PCC - Primary Care Clinic  
PCP - Primary Care Physician  
PELS - Providers Exceeding Licensing Standards  
PFD - Personal Floatation Device  
PHAC - Public Health Awareness Committee  
PHAN – Public Health Association of Nebraska  
PHC - People's Health Center  
PHN - Public Health Nursing  
PM - Particulate Matter  
PMD - Primary Medical Doctor  
POD - Point of Distribution  
POV - Point of Vaccination  
PPE - Personal Protective Equipment  
PPM - Parts Per Million  
PTO - Parent Teacher Organization

## **Q**

QI - Quality Improvement

## **R**

RCRA - Resource Conservation and Recovery Act  
RFP - Request for Proposal  
RMP - Risk Management Program  
RSV - Respiratory Syncytial Virus

**S**

SAAC - Substance Abuse Action Coalition  
SACCHO – State Association of City County Health Officers  
SAMMEC - Smoking Attributable Mortality, Morbidity and Economic Cost  
SARS - Severe Acute Respiratory Syndrome  
SCP - Services Coordination Program  
SEP - Supplemental Environmental Plan  
SERC - State Emergency Response Commission  
SERMC - Saint Elizabeth Regional Medical Center  
SHS - Second Hand Smoke  
SIECUS - Sexuality Information and Education Council of the United States  
SOS - Street Outreach Services  
SO<sub>2</sub> - Sulphur Dioxide  
SPSS - Statistical Package for Social Sciences  
STD - Sexually Transmitted Disease  
STEEP - Traffic Education and Enforcement Program

**T**

TB - Tuberculosis  
TBC - Teddy Bear Cottage  
TCEP – The Clark Enersen Partners  
TLC - Teaching and Learning Center  
TPPC - Teen Pregnancy Prevention Coalition

**U**

ULV - Ultra Low Volume  
UNMC - University of Nebraska Medical Center  
USHHS - United States Health and Human Services

**V**

VFC - Vaccine for Children  
VOAD - Volunteer Organizations Active in Disasters  
VOC - Volatile Organic Compound/Chemical

**W**

WCC - Well Child Clinic  
WIC - Women, Infants, and Children Nutrition Program  
WNV - West Nile Virus  
WWTP - Waste Water Treatment Plant

**Y**

YDTP - Youth Driver Training Program  
YPLL – Years of Potential Life Lost

## **GLOSSARY OF FREQUENTLY USED TERMS**

**Board Of Health** – Policy-making, governing body of the local health department. Appoints health director, assesses community needs, proposes ordinances, sets policy for department, and evaluates department policies and operations.

**Health Department** – a governmental organization functioning as a focal point for organized public health efforts within an area comprised of one or more health districts. Each health department is governed by a board of health.

**Health District** – A geographical area comprised of a specific municipality, county, or combination of cities and counties.

**Medical Director** – A physician employed by the board of health.

**Public Health Levy** – A local health department funding source voted upon by residents of areas served by the health department. (Nebraska Statute 71-11)

**Public Health Nurse** – A registered nurse who renders personal health care services to residents served by a local or state health department.

**Sanitarian** – Person providing environmental expertise and sanitation inspection services to a health district.

# Roberts Rules of Order Made Easy

## Order of Business:

- The meetings agenda should be drafted by the President, Vice-president, and the Secretary.
- The President must check that a quorum is present to conduct business. Quorum is to be established by the organization.
- Meeting are then called to order
- The Secretary is to read the minutes from the previous meeting.
- Reports from officers and committees are to be read.
- Unfinished business from the previous meeting as read in the minutes is to be addressed. If a special order is motion it must receive a 2/3 vote to be addressed before unfinished business.
- After unfinished business the President will go on to New business
- Meeting is motioned to be adjourned

## Motions Simplified:

- Motions made by stating "Mr./Madam President I move to/that..."
- A motion must be seconded
- President restates the motion before passing the motion to the assembly. "It is moved and seconded that .....is there any discussion?" After this the membership may discuss and then vote on the motion.
- President then announces the results of the vote and restates the motion as it is approved or rejected. "The ayes have it and the motion is carried, state the motion."
- A motion is null and void if it conflicts with federal, state, or local law; with the rules of the parent organization; our organizations constitution, or the standard operating procedures of the university/college.
- A motion that proposes action outside the scope of the organization's objective is not in order unless 2/3 vote allows it to be considered.
- A motion is not in order if it conflicts with a motion that was previously adopted and still in force. For example say that a club adopted a motion to give \$100 year to the local boy scouts. If a member makes a motion to give \$200 yearly to the boy scouts, the motion conflicts with what was already adopted and is therefore not in

order. However, if the member phrases it as a motion to amend something previously adopted, it is in order and requires a 2/3 vote.

- A motion is not in order when it presents substantially the same question as a motion that was rejected during the same meeting same session. However, a member can bring up the motion at another meeting, this is know as "renewing the motion".

## Debating the Motion:

- A member must obtain the floor and the recognition of the presiding officer before beginning to speak.
- The member who has made the motion has the right to speak on it first.
- A member can speak twice on a motion only when everyone who wants to speak has already spoken.
- Debate must be germane
- Members must not use inflammatory statements such as "he's a liar", "it's a lie". Rather a member should say "I believe that there is strong evidence that the member is mistaken". Profane language is NEVER to be used. Officer should always be referred to by their title or last name.
- When speaking to a motion, it is important for the member to first let the assembly know which side of the issue he/she is on. Ex: "I speak for the motion...(then the reasons)".
- The member who makes the motion can not speak against it. Although the person who seconds it can. Remember, seconding a motion simply means "let's discuss it" not " I agree". Sometimes a member seconds a motion to speak against it.
- During debate members should not disturb the assembly by whispering, talking, walking across the floor, or causing other distractions.
- A member can not talk against a previous action that is not pending.
- As the President, the presiding officer must remain impartial. As a member, the presiding officer has a right to debate. Thus, if the presiding officer wishes to speak to an issue, he/she must relinquish

the chair to another officer. The presiding officer resumes the chair when the motion has been either voted on or temporarily put aside by a motion to refer it to a committee, postponed to another time, or laid on the table,

- In debating an issue, members also have the right to conclude their debate with a higher ranking motion than the one pending.

#### Types of Motions:

- Main: Used to present new business
- Subsidiary, privileged, and incidental: Can either help adopt the main motion or help business move forward.
- Motions that bring back a question before the assembly

#### I. **Main:**

- Only used to present new motions

#### II. **Subsidiary, privileged, and incidental:**

- Also known as secondary motions
- While a main motion is pending a member can propose a secondary motion. Secondary motions must be taken up in the order in which they are made. The assembly discusses the most recently proposed secondary motion instead of the main motion or the previously pending secondary motion.
- Members can make motion of higher rank while a motion of lower rank is pending; but can not make a lower ranking motion while a higher ranking motion is pending.
- Privileged:
  - Do not relate to the pending main motions. Instead, they relate to special matters of immediate importance that may come up in the meeting. Since these are usually important matters, they must be addressed immediately. Thus, Privileged motions are of higher ranking than secondary motions. They are not debatable or amendable. After they have been made and seconded, the chair votes without discussion.
- Incidental:
  - Deal with questions of procedure arising from pending business, but they do not affect the pending business.
  - They have no rank because they are taken up immediately

#### **Motion that bring a question again before the assembly:**

- All the motion are made when no other business is pending
- They need a second and are debatable except for "take it from the table".
- Previous notice must be given to the entire membership if they are proposed amendments to the constitution or standard operating procedures in writing.
- Amendments can be amended as long as they are germane to the primary amendment and can not go to the third power amendments.

#### Previous question: (motion)

- Stop debate and take vote immediately
- Not debatable
- Needs 2/3 vote
- The chair never has the authority to close a debate as long as one person wants to discuss the motion. The chair can close the debate when the members adopt the previous question.
- If a controversial issue is presented to the membership, it is unfair to close the debate before someone in the opposition has the right to speak.

#### Lay on the table: (motion)

- When to motion is laid on the table, and if the meeting adjourns before the motion is taken from the table from the table, it is not put on the agenda for the next week.
- When a motion is laid on the table, all adhering subsidiary motions go with it. The motion is recorded but not put on the following agenda. A member must remember to make the motion "take it from the table". If the motion is laid on the table and is not taken from the table by the next meeting, it dies, and then a member must present it as a new motion.

#### Call for the orders of the day:

- To make the assembly conform to the agenda
- The chair must immediately go to the orders of the day or take a vote to set aside the orders of the day. A 2/3 vote in the negative must adopt it. If a member moves to set aside the orders of the day, it requires a 2/3 vote in the affirmative to adopt it.

Appealing from the decision of the Chair:

- Members make an appeal immediately after the ruling of the chair. This motion needs a second and is debatable unless it is made while an undebatable motion is pending or relates to the priority of business. The chair has the first opportunity to speak to the appeal. After members of the assembly have spoken to the appeal, the chair has the right to speak last before taking the vote. A majority vote is needed to sustain the decision of the chair.

Requests and inquiries:

- Inquiry= a parliamentary inquiry, which refers to a parliamentary procedure.
- Request= point of information, refers to a members request for more information.
- Either one is presented as follows: a member needs only state "parliamentary inquiry...(and then state question)" or "point of information...(and then state question)".
- Either is to be taken up immediately before pending business.

Request for permission to withdraw or modify a motion:

- If the chair has not stated the motion, the member can withdraw it without the permission of the person who seconded it.
- If the member modifies the motion and the person who seconded it withdraws his/her second, someone else must second the motion.
- After the chair states the motion, the motion belongs to the assembly, not the maker of the motion. The assembly, not the person who seconded the motion, must give permission to withdraw the motion or modify it.

Object to the consideration of the motion:

- If 2/3 of the members vote in the negative, the motion cannot be considered for the duration of the meeting. However, members can propose it again at another meeting.
- This motion does not need a second and is not debatable or amendable. The chair takes a vote immediately on whether the motion is to be considered.

Division of the question:

- To divide a motion that has several topics that be stated as separate motions. For example: a member states "Madam president, I move that we paint the clubhouse blue, by a new stove for the kitchen, and give the janitor a \$100 bonus for spring clean-up". This motion has three distinct part to it that can easily stand alone.

Reconsidering a motion:

- Only a member who voted on the prevailing side can make the motion.
- Needs a second
- Debatable if the type of motion it reconsiders is debatable
- Majority vote needed to adopt
- This motion can be made but not considered when other business is pending

This (reconsidering a motion) CAN NOT be done:

- When the provisions of the motion in question has already been partially carried out
- When a vote has caused something to be done that can not be undone
- When a contract has been made and the other party has been notified of the vote.

Rescind and amend something previously adopted:

- To change something previously adopted either by striking out the entire action or changing part of it.
- Needs a second
- With previous notice require a majority vote to adopt
- Without previous notice requires 2/3 vote to adopt

Previous notice can be given by a member by simply stating "Madam President, I rise to give previous notice that at the next meeting I will make a motion to rescind the action that we...". Or an email sent to the entire membership via email no later than five business days prior to the next meeting.

Discharge a committee:

- Needs a second
- Amendable
- If no previous notice was given requires a 2/3 vote to adopt.

- If previous notice was given a majority vote is needed to adopt it.

**Debatable and non-debatable Motions:**

**Debatable:**

- Main motion
  - Postpone indefinitely
  - Amend
- Refer to a committee
- Postpone to a certain time
  - Appeal from the decision to the chair
  - Rescind
  - Amend something previously adopted
  - Reconsider
  - Recess (as an incidental motion)
  - Fix the time to which to adjourn (as an incidental main motion)

**Non-debatable:**

- Limit or extend the limits of debate
- Previous question
- Lay on the table
- Take from the table
- Call for the orders of the day
- Raise a question of privilege
- Recess
- Adjourn
- Fix the time to which to adjourn
- Point of order
- Withdraw a motion
- Suspend the rules
- Object to the consideration of the motion
- Division of the assembly

- Division of the question
- Incidental motions relate to voting , when the subject is pending
- Dispense with the reading of the minutes

**Ranking of Subsidiary Motions: (in order from highest to lowest)**

- Lay on the table
- Previous question
- Limit of extend limits of debate
- Postpone to a certain time
- Refer to a committee
- Amend
- Postpone indefinitely

**Ranking of Privilege Motions: (in order from highest to lowest)**

- Fix the time to which to adjourn
- Adjourn
- Recess
- Raise a question of privilege
- Call for the orders of the day

**Ranking of Incidental Motions:**

- Point of order
- Appeal
- Division of the assembly
- Requests and inquiries
- Suspend the rules
- Division of the question

## Resources

National Association Local Boards of Health (NALBOH)

Upper Midwest Public Health Training Center (UPMHTC)

Mobilizing for Action through Planning and Partnerships (MAPP)

The Future of Public Health Report, 1988, Institute of Medicine (IOM)

The Turning Point Model State Public Health Act, September, 2003

Legal Basis of Public Health, Training Modules 1-10, available at [www.cdc.gov](http://www.cdc.gov) under Public Health Law Training Resources.

The Guide to Community Preventive Services is a resource for evaluating various population-based strategies to improve health. It can be located at [www.thecommunityguide.org](http://www.thecommunityguide.org)

"Assessment, Policy Development and Assurance: The Role of the Local Board of Health", (VHS tape)

## Websites

Centers for Disease Control and Prevention  
Health and Human Services System

[www.cdc.gov](http://www.cdc.gov)

[www.hhs.state.ne.us](http://www.hhs.state.ne.us)

Healthy People 2010

[www.healthypeople.gov](http://www.healthypeople.gov)

National Association of Local Boards of Health

[www.nalboh.org](http://www.nalboh.org)

National Public Health Performance

Standards Program

[www.phppo.cdc.gov/nphpsp](http://www.phppo.cdc.gov/nphpsp)

Nebraska Unicameral

[www.unicam.ne.state.us](http://www.unicam.ne.state.us)

Public Health Association of Nebraska

[www.publichealthne.org](http://www.publichealthne.org)

State Association of City County Health Officials

[www.saccho.org](http://www.saccho.org)

The Turning Point Model State Public Health Act

[www.turningpointprogram.org/Pages/publichealth2.html](http://www.turningpointprogram.org/Pages/publichealth2.html)

Upper Midwest Public Health Training Center

[www.publichealth.uiowa.edu](http://www.publichealth.uiowa.edu)