

Preparing for Transformation: Developing LHD Capacity to Build Healthy Communities

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Presenter Disclosures

Ken Smith

- (1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:**

No relationships to disclose

Background

- Community Transformation Grants and other funding opportunities
 - Growing recognition of the need to address chronic disease prevention and management through policy, environmental, and systems change (PSE)
 - Is your LHD prepared for these opportunities?
- What does it take to “transform communities?”
- What capacities must LHDs have to do it?

The Paradigm Shift for LHDs

- Change risk factors and choice architecture of environments where people live, learn, work, play, are born and age.
- Improve functioning of systems that help people manage chronic disease
- Implement Policy, Systems, and Environmental Change strategies
- What kind of competencies are needed?

Roadmap to Chronic Disease Prevention—Methods (1)

- CDC-funded NACCHO policy brief on the capacities LHDs need to address chronic disease prevention from population health perspective.
- Based on literature review and intensive discussions with NACCHO workgroups
 - Chronic Disease Workgroup
 - Big Cities Chronic Disease Community of Practice
 - Workforce & Leadership Development Committee

Roadmap to Chronic Disease Prevention—Methods (2)

- NACCHO workgroups include
 - Local Health Officers
 - Mid-level managers in health promotion
- Developed a comprehensive list of activities LHDs are doing to improve population health through PSE A4
- Also included promising policy change strategies implemented in communities even when the LHD was not the lead organization

Slide 6

A4

is not clear

Author, 10/10/2011

Roadmap to Chronic Disease Prevention—Methods (3)

- The comprehensive list of activities was grouped into 7 key functions
- Note: These 7 key functions map into each of the critical capacities listed in the Operational Definition of a Local Health Department
- Based on these functions
 - Identified range of minimal staffing to implement the activities across different sized LHDs
 - Identified strategies and resources to build capacity

Seven Key Functions (1)

1. Mobilize community partners and broker relationships
2. Conduct community health assessment and planning
3. Implement chronic disease surveillance and conduct evaluations
4. Implement policy, systems, and environmental change strategies

Seven Key Functions (2)

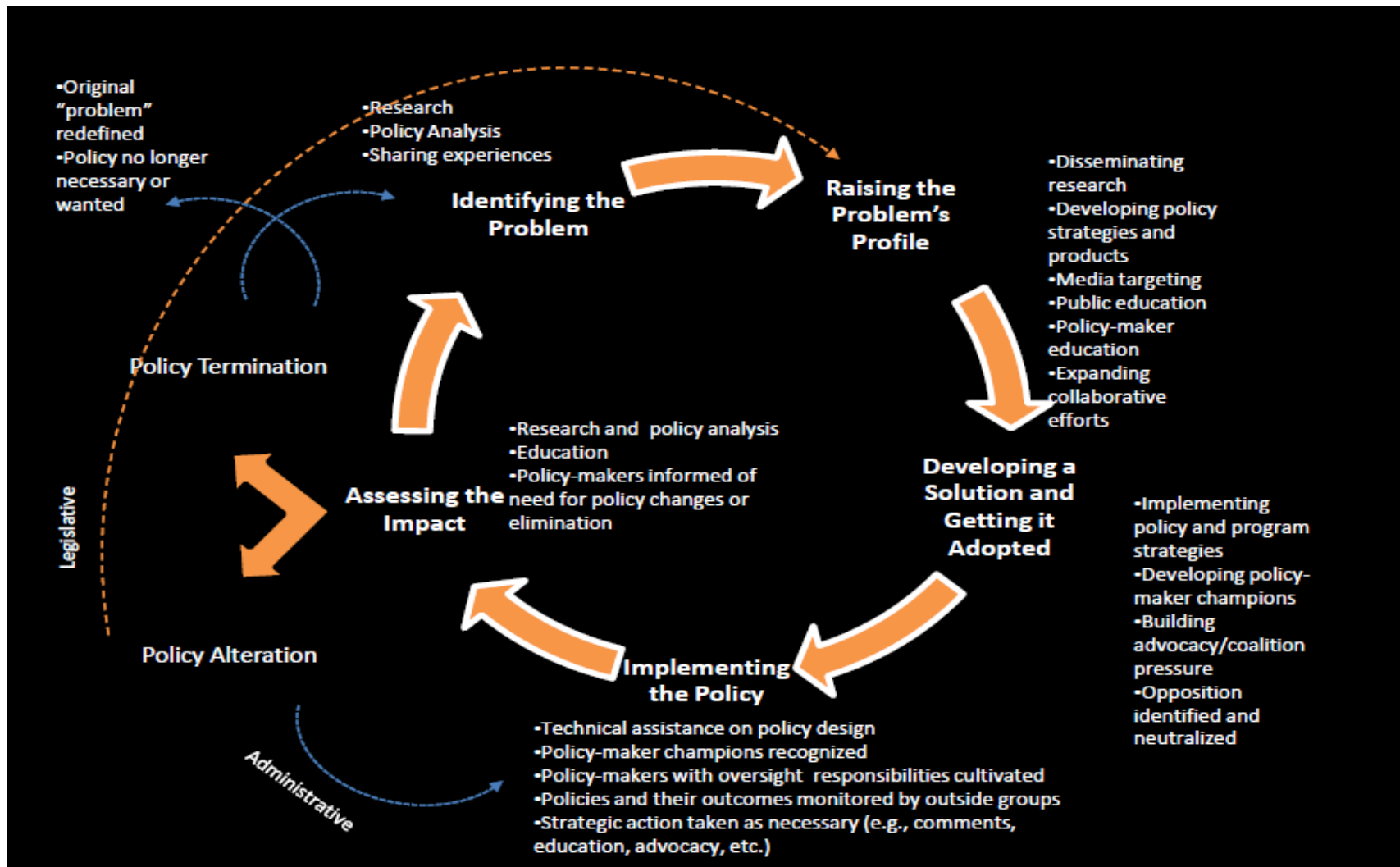
5. Pursue health equity
6. Execute administrative and management activities
7. Provide LHD leadership

Competency: Understand and identify proven PSE strategies in different settings

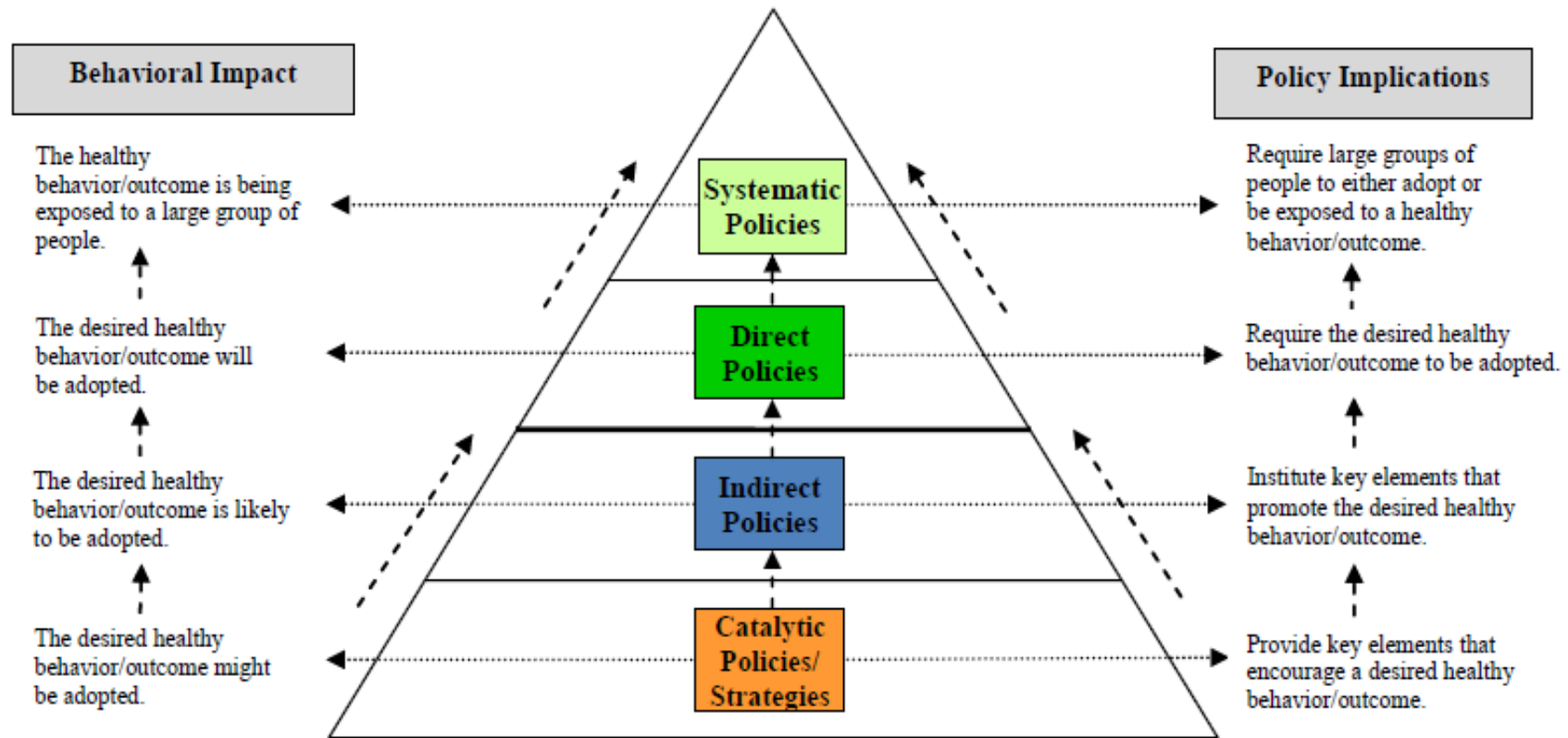
Setting	Programs/Events	Policy, Systems and Environmental Change
School	Celebrate national nutrition month	Add fruits and vegetables to the a la carte options in schools
Community	Host a community bike ride and parade	Implement a Complete Streets policy to ensure community roads are constructed for safe biking, walking and driving
Worksite	Hold health screenings for staff	Implement a healthy vending machine policy that offers healthy snacks at an affordable price
Hospital	Hold free breastfeeding courses for new moms	Implement the WHO 10 Steps to Successful Breastfeeding and become a baby friendly hospital

Source: Cook County Department of Public Health

Competency: Understand how to move a local policy agenda



Competency: Understand and measure the potential impacts of alternative policies



Source: CDC, Healthy Communities Program, Policy Guidance Document, 2011

TABLE 4**Building Capacity for the Chronic Disease Workforce: Three Strategies**

Note: The figures were rounded for simplicity, but the distributions are exact. The U.S. population is rounded from 308 million to 300 million and the number of LHDs is rounded from 2,794 to 2,800.

*=Highly recommended staff for the LHD.

	Small LHDs Under 50,000 Persons Served	Medium LHDs 50,000 to 499,999 Persons Served	Large LHDs 500,000 Persons or More Served
Percent of LHDs	64	31	5
Percent of U.S. Population	12	42	46
Average Population per LHD	20,000	145,000	986,000
Leadership Emphasis	Proactive leadership in chronic disease prevention	Strengthening public health authority for chronic disease prevention	National leadership in developing, implementing, and diffusing innovative, high-impact strategies to reduce chronic disease and health inequities.
Potential Staff	<ul style="list-style-type: none"> • Chronic disease lead* • Administrative support (clerical)* • Health educator* • Chronic disease nurse 	<ul style="list-style-type: none"> • Chronic disease manager* • Chronic disease epidemiologist* • Administrative support (clerical and fiscal)* • Health educator* • Public health planner • Urban planner • Chronic disease nurse 	<ul style="list-style-type: none"> • Chronic disease director* • Administrative support (clerical and fiscal)* • Chronic disease epidemiologist* • Public health planner* • Health educator* • Urban planner • Media/communications specialist • Community organizer* • Geographic information systems specialist
Minimum Chronic Disease Staffing	1.5 fulltime employees (FTEs)	3–11 FTEs	12+ FTEs
Staff per 100,000 persons	7.5	2–7.5	1.2+

Source: 2008 National Profile of Local Health Departments

Leadership

- Build and train staff
 - Identify a chronic disease lead
 - Use peer assistance and mentoring
 - Utilize online and free training
- Navigate a complex political and bureaucratic environment
- Create and strengthen relationships with traditional and non-traditional partners
 - Practice-Academic partnerships
 - Public works, planning, cooperative extension
 - Requires Meta-leadership

Conclusion

- It is possible to make these changes
- Communities across the country are already making a difference
 - Putnam County, Missouri
 - Franklin County, Kentucky
- As more LHDs prepare for change, we anticipate greater ability to make a difference

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