

Results from North Carolina's BOH Training Task Force

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GILLINGS SCHOOL OF GLOBAL PUBLIC HEALTH

North Carolina Institute for Public Health

BOH Training Task Force Report

**Assessing Board of Health Training in North
Carolina and Informing Future Training
Recommendations**

BOH Training Requirements

- G.S. 130A-34.3 requires LHDs to obtain and maintain accreditation as a condition of receiving state and federal funds through the North Carolina Division of Public Health
- Accreditation Benchmark 36: BOH orientation training is required in the first year of service and must have at least one ongoing training for members during an accreditation cycle to cover any relevant or emerging public health topic.
- NCIPH offers several online trainings sessions for BOHs to satisfy requirements for Benchmark 36; NCIPH is currently the only organization that is contracted to provide online BOH trainings in North Carolina.



NORTH CAROLINA
**Local Health Department
Accreditation**

BOH Training Requirements

- Accreditation is flexible regarding the *mechanisms* by which this training can occur

“The training can be conducted at one time, may be done as modules, and can be done as a group and/or as individuals. A self-guided training which includes each board member documenting their completion of the training on a specific date is acceptable. Training can be in-person, via web-based platforms, or through self-study.”

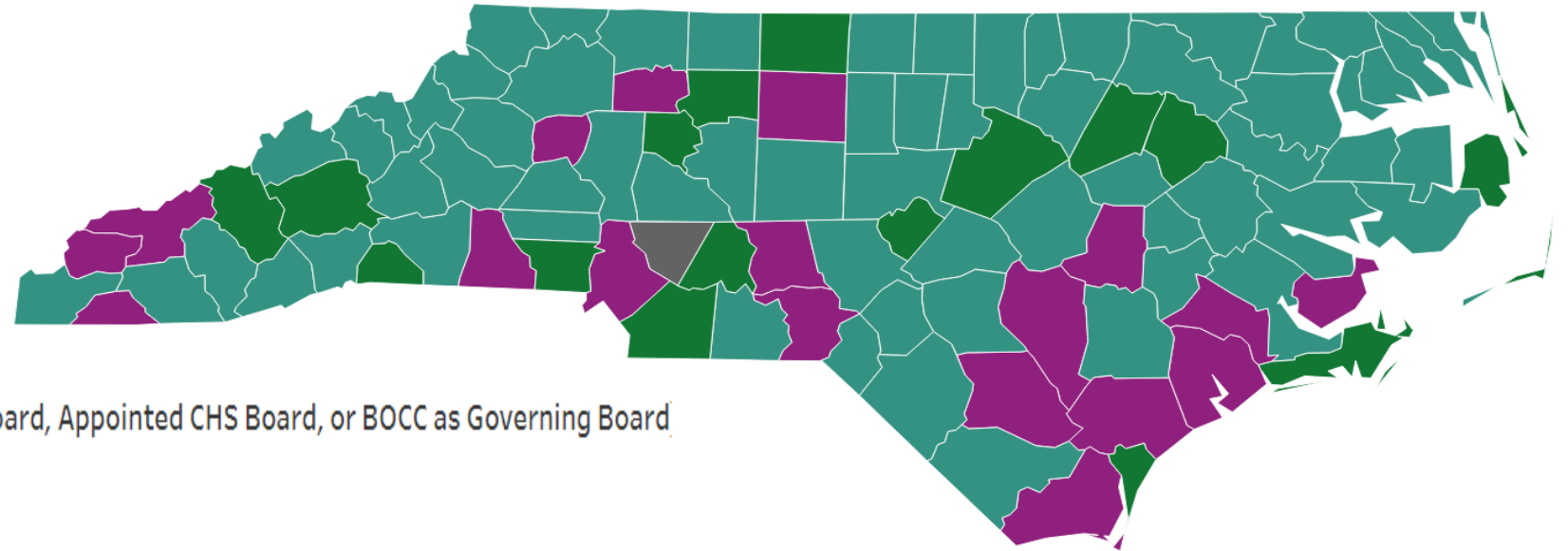


NORTH CAROLINA

**Local Health Department
Accreditation**

Motivations to Expand Training

- ☐ Changes in BOH governance configurations in North Carolina prompt the need for additional and tailored training on effective public health governance



Public Health Governance Structure (Appointed PH Board, Appointed CHS Board, or BOCC as Governing Board)

- Appointed CHS Board
- Appointed PH Board
- BOCC as Governing Board
- Public Hospital Authority - Appointed Board of Commissioners

Motivations to Expand Training

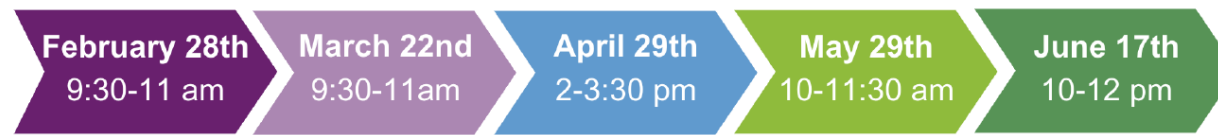
- ❑ Research on the functioning of BOHs across North Carolina has demonstrated that the *BOH is largely an underutilized public health institution* across the state
- ❑ Researchers have recommended the development of additional BOH training:
 1. Goes beyond the “bare minimum” required for accreditation
 2. Context which goes beyond formal legal powers and duties
 3. Emphasis on becoming a strong advocate, advisor, and bridge for the health department
 4. Occur more frequently than accreditation cycles

Johnson, K., Eguizabal, J. Y., Cilenti, D., Wiesman, J., Jensen, T., & Lich, K. H. (2024). Assessing Local Public Health Governance in North Carolina Across Organizational and Governance Configurations. *North Carolina Medical Journal*, 85(5).

Task Force Background

- ❑ Six virtual sessions between February and July, 2024
- ❑ Clear charge for the task force: develop a set of recommendations to expand training for BOHs in North Carolina
- ❑ Sponsored by NC DHHS DPH

BOH Task Force Timeline



Task Force Composition

10 Public Health Professionals representing:

- North Carolina Institute for Public Health
- UNC Gillings Department of Public Health Leadership and Practice
- Association of North Carolina Boards of Health
- North Carolina Association of County Commissioners
- North Carolina Accreditation Board
- North Carolina Association of Local Health Directors
- UNC School of Government
- NC DHHS Division of Public Health

The Board of Health (BOH) Training Task Force was convened by the North Carolina Institute of Public Health to address gaps in current training for BOHs in North Carolina. The Task Force was composed of 10 public health professionals and met over the course of 6 months. The recommendations aim to improve the capacity of BOHs across the state by improving their orientation and ongoing training opportunities. To clearly organize the capacities needed to ensure community health and wellbeing, the following BOH training recommendations are grounded in the Foundational Public Health Services Framework.

Abbreviations

- BOCC: Board of County Commissioners
- CDC: Centers for Disease Control & Prevention
- CHIP: Community Health Improvement Plan
- CHA: Community Health Assessment
- LHD: Local Health Department
- NALBOH: National Association of Local Boards of Health

CAPABILITIES

RECOMMENDATIONS

Assessment & Surveillance

- Strategy 1: Incorporate training on vital conditions into BOH orientation, discussing their role in advancing community health outcomes, and leveraging the Health in All Policies approach for effective policy advocacy.
- Strategy 2: Develop self-assessments that measure their impact based on community outcomes aligned with their LHD's CHA and CHIP to understand how their powers and responsibilities can support improving community health outcomes.
- Strategy 3: Provide comprehensive training initiatives to facilitate collaboration and clarify roles between BOHs and BOCCs, emphasizing joint meetings, expanded joint training, advisory committee involvement, and effective communication strategies.
- Strategy 4: Develop training materials to educate BOCC members on new legal and public health responsibilities when transitioning to serve as a BOH, including tailored orientation sessions and meeting management strategies to distinguish between their roles effectively.
- Strategy 5: Enhance awareness of the County Attorney's role in improving BOH governance by developing training materials for BOHs on effective collaboration, including opportunities for continuing education credit for County Attorney's to take part in such training with the BOH.
- Strategy 6: Create a short annual survey for North Carolina health directors to gather feedback on improving BOH training, including interest in participating in focus group discussions.
- Strategy 7: Develop a repository of multimedia testimonials from BOH members and community partners, focusing on experiences, challenges, and lessons learned, to support training content and highlight initiatives advancing health equity.

Community Partnerships

Equity

Task Force Members: Kevin Austin (NCACC), Jean Douglas (ANCBH), Karl Johnson (UNC-CH) K'Yonna Jones (NCIPH), Ann Kaseberg (UNC-CH), Lillian Koontz (Davidson County Government), Kirsten Lebudis (UNC-CH, SOG), Susan Little (NC DHHS), Stacie Turpin Saunders (NC DPH), & Vaughn Upshaw (UNC-CH).

CAPABILITIES

RECOMMENDATIONS

Organizational Competencies

- Strategy 8: Include comprehensive meeting management guidance, covering prioritization of public health items, strategies for different board dynamics, open meeting laws, consensus-building, realistic agenda time frames, and handling disruptive public members.
- Strategy 9: Encourage BOH training on systems-level strategic planning, incorporating it into regular self-assessments, and aligning BOH strategic plans with the local health department's strategic plan, CHA, and CHIP.
- Strategy 10: Provide a module on understanding the LHD's budget, emphasizing the importance for BOHs, with training on how to analyze and assess the budget to address knowledge gaps identified by health directors.
- Strategy 11: Provide additional training on NALBOH's 6 Governance Functions for BOHs in North Carolina and align these roles with recognized public health frameworks such as Public Health 3.0, the updated 10 Essential Public Health Services, and the Foundational Public Health Services.
- Strategy 12: Develop training on creating a shared values document during BOH orientation, ensuring it evolves with group dynamics and fosters collective input, while also establishing an informal "social contract" to clarify responsibilities between the BOH and agency director.

Policy Development & Support

- Strategy 13: Expand legal training to include detailed topics such as membership requirements, removal procedures, contract negotiation roles, resolution authority, public records law, liability considerations, and conflicts of interest awareness for BOH members.
- Strategy 14: Enhance BOH advocacy by articulating their roles in championing LHD and community needs across various advocacy groups, compiling successful advocacy examples, and providing resources on centering community voices in decision-making processes.

Accountability & Performance Management

- Strategy 15: Enhance guidance on health director performance appraisal by outlining official steps and best practices for hiring, evaluating, and potentially terminating directors across different governance models, emphasizing adherence to legal procedures, collaboration with local government entities, and effective use of interim appointments.

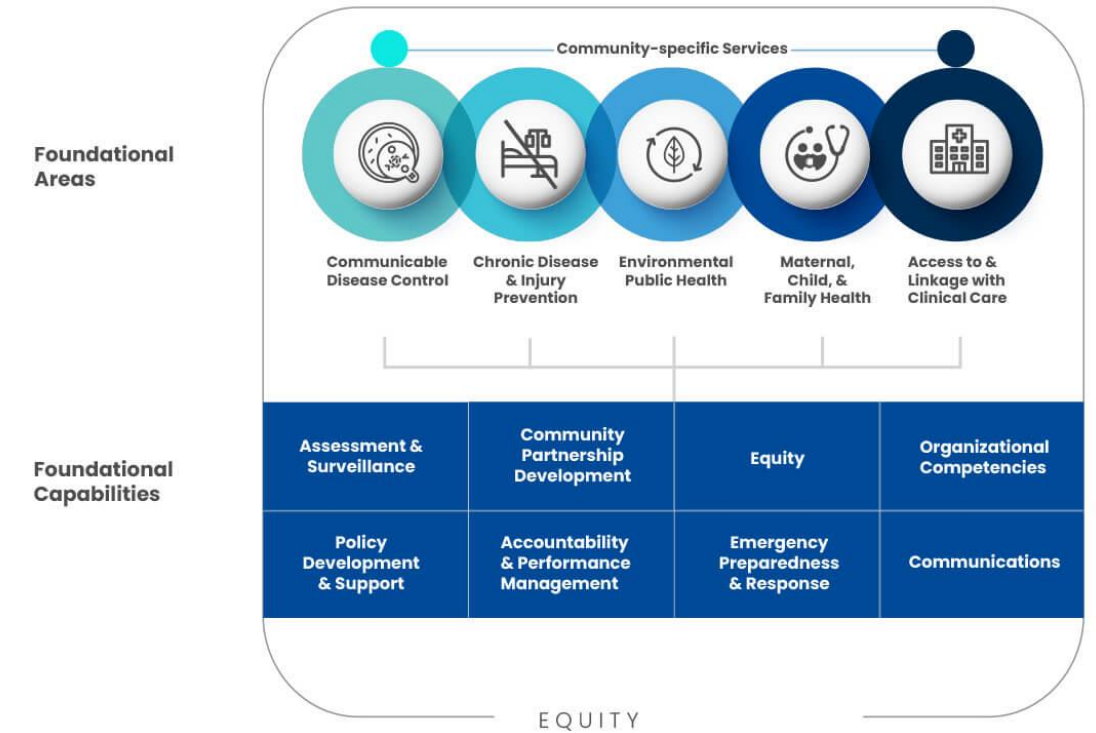
Communication & Emergency Preparedness

- Strategy 16: Further emphasize the importance of public messaging by educating BOH members on tailoring local messaging to align with state and CDC guidelines when appropriate, and providing resources to clarify their roles in public communication, distinguishing between personal and board representation and addressing potential messaging consequences.

Recommendations

- 16 different recommended strategies
- Categorized by Foundational Public Health Services framework

Foundational Public Health Services



Tell us what you think!

With each recommendation, enter into the chat:

- **-2 = Strongly disapprove**
- **-1 = Disapprove**
- **0 = Not sure**
- **1 = Support**
- **2 = Strongly support**
- **? = you have a question about the recommendation**

Recommendations

Foundational Capability: Assessment and Surveillance

1. Incorporate Training on Vital Conditions in BOH Training

- Define the vital conditions in the BOH orientation training.
- Discuss how addressing vital conditions as a BOH can provide a more specific and actionable approach to promote health outcomes.



Recommendations

Foundational Capability: Assessment and Surveillance

2. Self-Assessments Through Community Outcomes

- Community outcomes aligned with CHIP
- Link BOH accreditation requirements to improving community health outcomes.



Recommendations

Foundational Capability: Community Partnership Development

3. Emphasize How to Foster a Strong BOH and BOCC Relationship

- Provide training on community-building strategies between the BOH and the BOCC
- Training initiatives that can be jointly/simultaneously provided to both BOCC/BOH

4. Expand Training to Improve Performance of Commissioner BOHs.

- Provide training for a BOCC when they take on the responsibility of a traditional BOH or CHS board to provide clarity on the new powers they will acquire
- Brief training for BOCCs that are considering adopting the role of the BOH
- Meeting management strategies for a BOCC acting as the governing board vs. BOH

Recommendations

Foundational Capability: Community Partnership Development

5. Improve awareness about how the County Attorney and Manager can help improve BOH governance functions

- How BOHs can best work with county attorneys, who can provide advice on open meeting laws, making local laws, and terminating the director.

6. Increase Engagement Among Health Directors to Improve Trainings

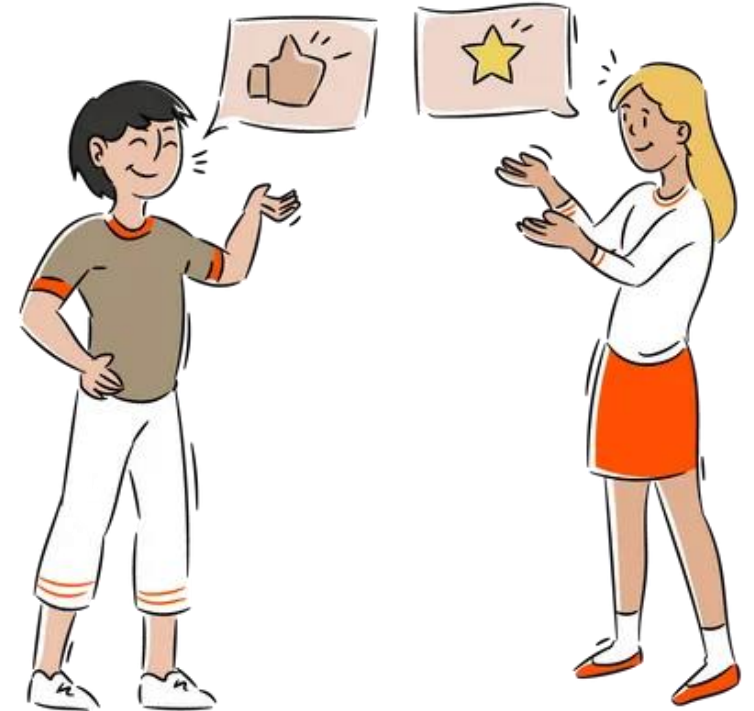
- Circulate a short survey on how to improve BOH training among North Carolina health directors every year, e.g.:
 - What content do you wish your BOHs received better training on?
 - What further training for new health directors would be helpful to foster strong relationships with their BOH?

Recommendations

Foundational Capability: Equity

7. Incorporate Testimonials and Case Studies

- Develop a repository of case studies reflecting diverse scenarios encountered by BOHs
- Examples: navigating accreditation processes, addressing community health issues, promoting health equity, or managing conflicts within the board.
- Aligned to support other content in the training (e.g., how to address vital conditions)



Recommendations

Foundational Capability: Organizational Competencies

8. Include Guidance for Meeting Management

- Emphasize the importance of CHS Boards to prioritize public health items on the agenda
- Distinguish meeting management strategies for a CHS Board vs. BOH
- Clarify open meeting laws in the trainings
- Provide guidance on managing disruptive members of the public

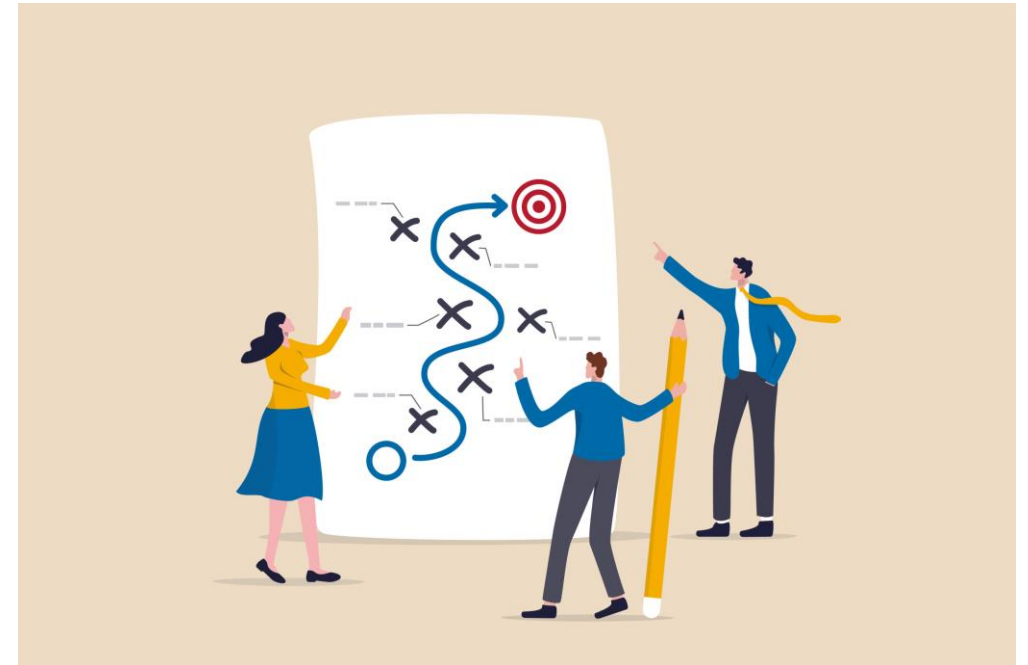


Recommendations

Foundational Capability: Organizational Competencies

9. Incorporate Training on the Development of Comprehensive Strategic Plans

- Align BOH Strategic plan with the strategic plan, CHA, and CHIP of the local health department.



Recommendations

Foundational Capability: Organizational Competencies

10. Provide a Module on Understanding the LHD's Budget

- Provide training on how to analyze and assess LHD budget

11. Standardize a Process for Creating a Document for Shared Values

- How to document shared values for members of the BOH and those whom the BOH often works with (e.g., between BOH, between BOH and Health Director, and BOH and BOCC).
- Create an informal “social contract” which identifies responsibilities for the BOH and LHD director during their engagement

Recommendations

Foundational Capability: Policy Development and Support

12. Provide More Detailed Training on Specific Legal Considerations

- BOH membership requirement (e.g., what does it mean to be a “resident” of what county?).
- How to remove of a BOH member
- BOH’s role into entering contracts
- BOH authority to pass resolutions
- Public records law (e.g., use of personal vs. a county-owned devices for communication)
- Liability (e.g., knowing when individual BOH members become liable for the board’s actions)
- Understanding conflicts of interest as a BOH



Recommendations

Foundational Capability: Policy Development and Support

13. Improve the Advocacy Function of BOHs

- Identify specific advocacy powers of the BOH and their responsibility to champion the needs of the LHD and their community.
- Focus on *different kinds of groups* the BOH can serve as an advocate to (e.g., advocating on behalf of the LHD to the BOCC, advocating on behalf of the community to the LHD, advocating on behalf of the LHD to state policymakers).
- Include resources on strategies to *center community voices* in BOH decision-making



Recommendations

Foundational Capability: Accountability and Performance Management

14. Increase Guidance on Health Director Performance Appraisal

- Outline the *official steps* as well as *best practices* involved in hiring a director--disciplinary options, documentation processes, and legal considerations.
- *Clarify the role of the BOH* in hiring and terminating decisions
- Best practices for the *proper and effective use of interim health director*, including practices to minimize the duration of interim appointments.

Recommendations

Foundational Capability: Communications and Emergency Preparedness

15. Further Emphasize the Importance of Public Messaging and Alignment with Health Guidelines

- How to tailor local messaging with state and CDC guidelines when appropriate
- Understand *positional* role in public communication--when they can speak as individuals vs representing the board.



Recommendations

Bonus recommendation:

16. Update New Health Director Orientation to Include Strategies to Foster BOH-HD Relationships.

- Encourage a newly hired HD to inquire about any events that the prior HD would put on for the BOH.
- Emphasize the utility in the Health Directors and BOH Chair meeting before meetings to go over the agenda.
- Recommend engagement strategies for the Health Director and BOH members to build deeper relationships



1. Incorporate Training on Vital Conditions in BOH Training

2. Self-Assessments Through Community Outcomes

3. Emphasize How to Foster a Strong BOH and BOCC Relationship

4. Expand Training to Improve Commissioner BOHs.

5. Improve awareness about how the County Attorney/Manager can work with BOH

6. Increase Engagement Among Health Directors to Improve Trainings

7. Incorporate Testimonials and Case Studies

8. Include Guidance for Meeting Management

9. Training on the Development of Comprehensive Strategic Plans

10. Provide a Module on Understanding the LHD's Budget

11. Standardize a Process for Creating a Document for Shared Values

12. Provide More Detailed Training on Specific Legal Considerations

13. Improve the Advocacy Function of BOHs

14. Guidance on Health Director Performance Appraisal

15. Emphasize Public Messaging and Alignment with Health Guidelines

16. Update New HD Orientation to focus on BOH-HD Relationships.