

# Board of Health Manual

An Introduction to Public Health and Board of Health Responsibilities for New and Current Board Members



Kentucky Health Departments Association



**Kentucky Public Health**

Prevent. Promote. Protect.



# Acknowledgements

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# Introduction

## Welcome

Welcome to your local board of health! As a board member, you have a unique opportunity to make a significant public health contribution in your community, county and state. This manual will provide you with an introduction to the field of public health and give you helpful information about your role as a board member.

The manual is designed to be a comprehensive resource and provide you with the knowledge and information you need to carry out your role as a board member. There are blue information boxes throughout the manual which highlight the relevant statutes and regulations applicable to Boards of Health. These boxes are hyperlinked to the actual laws for you to further explore how they fit into the overall public health system.

You will note the public health shield below (Figure 1). This is the national logo for public health and has a rich history of its beginnings. Kentucky has adopted the logo and I want to point out that it does not say the Kentucky Department for Public Health but rather Kentucky Public Health. This intentional distinction embodies all of us working together to improve the health of the Commonwealth - the state health department, local health departments, staff and volunteers, which includes YOU!

I encourage you to work closely and collaboratively with your fellow board members and your public health director to identify and address the needs of your community. The Board of Health manual will provide you with tools to be the best advocate for public health, thus making your time as a board member enjoyable and effective.

Thank you for your service and welcome to Kentucky Public Health!

Steven J. Stack, MD, MBA  
Commissioner



**Figure 1.**  
*Public Health Shield*

## Public Health is Everywhere

From the cradle to the grave,  
public health walks alongside Kentuckians.  
Public health is woven into the life course.  
A hidden shield providing protection from unseen threats.  
Remarkable in preventing what does not occur.

Each moment of birth is recorded and tracked,  
providing validation and everlasting record of history and genealogy.  
Healthy babies delivered by healthy mothers,  
screened for HIV, hepatitis C, syphilis and chlamydia.

A pinprick of blood is gathered from each tiny heel.  
One small blot is enough to detect metabolic and genetic disorders  
that may be devastating without early intervention.

A long string of pediatric vaccines starts hours after birth, interrupting the  
perinatal transmission chain of hepatitis B.  
Every few months,  
new injections adding new superpowers to the tiny child.  
Pneumococcal, tetanus, rotavirus, polio, pertussis, measles, mumps.  
Many of these are diseases of the past and yet never too far away.

The child's growth is monitored by the HANDS worker,  
who visits the home and knows it takes a village to raise a child.  
Healthy food is guaranteed through the WIC program.  
Even through shortages of formula and rising food prices,  
the child will be nourished.

Children drink milk pasteurized in clean facilities,  
free from E. coli and campylobacter.

They grow strong and move through a world made safer with car seats, bike  
helmets, cross walks, and gun safes.  
Medicine cabinets are kept locked and expired prescriptions are properly disposed  
of.

Tweens learn to swim in pools with just the right balance of chlorine.  
They can spray their friends with mouthfuls of water without fear of giardia or  
naegleria.

The world of the adolescent is filled with choices.  
As teens navigate their decisions around tobacco, opiates, sex,  
they are also surrounded with messages promoting healthy and safe behaviors.  
Public health offers no judgment and makes even risky behaviors safer through  
harm reduction.

Staff working with syringe services programs seek out those on the margins of society, armed only with naloxone and compassion and the hope of linking just one person into substance use treatment.

Public health is invited to every wedding.  
Documenting the day with a marriage certificate  
and ensuring that the food at the banquet is maintained at a proper temperature.

It is also during times of sickness and infirmity that public health is present.  
Preventing hospital acquired infections  
and slowing the spread of antimicrobial resistant pathogens.

And when the world shuts down during a pandemic,  
the epidemiologists step up.  
Through investigations they enumerate cases and transform data into a story that  
can be used to guide policy.

Even at the end of life,  
public health records the moment of each final breath.

Throughout the life course, and in the most vulnerable moments, public health is  
there.

Protecting, promoting and helping Kentuckians live to their fullest human  
potential.

-Dr. Kathleen Winter, State Epidemiologist



# Overview of Public Health

## Defining Public Health

The two leading public health agencies in the country and the world define public health as follows:

*“Public health is the science of protecting and improving the health of people and their communities. This work is achieved by promoting healthy lifestyles, researching disease and injury prevention, and detecting, preventing and responding to infectious diseases. Overall, public health is concerned with protecting the health of entire populations. These populations can be as small as a local neighborhood, or as big as an entire country or region of the world.”* ([Centers for Disease Control and Prevention](#))

*“Public health refers to all organized measures (whether public or private) to prevent disease, promote health, and prolong life among the population as a whole. Its activities aim to provide conditions in which people can be healthy and focus on entire populations, not on individual patients or diseases.”* ([World Health Organization](#)).

It's important to point out some key words used in each definition:

- Science – public health is based on scientific evidence to deliver proven interventions to prevent disease and injury and promote health.
- Prevention – public health seeks to identify upstream root causes of disease and injury and prevent or lessen occurrences.
- Population – public health works to remove barriers, identify resources and establish policies which will improve and protect the health of entire populations.

The American Public Health Association (2023), another leading public organization which represents public health professionals and advocates across the country agree that *public health promotes and protects the health of people and communities where they live, learn, work and play* (2).

There are several characteristics of public health that differ from clinical medicine outlined in Table 1.

**Table 1 – Difference between Public Health and Clinical Medicine**

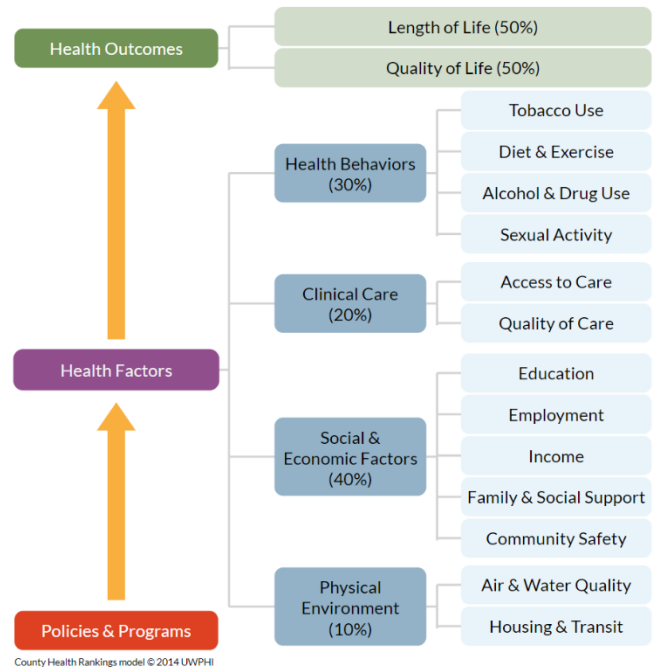
Public Health	Clinical Medicine
A population is the “Patient” (State, County, City)	Focus on Individual Patients
Disease Prevention	Disease Treatment
Monitor Statistics and Devise Preventive Interventions	Diagnosis and Treatment

Public health aims to improve lives by promoting the health of a population through organized community efforts. For example:

- Inspecting restaurants to reduce the probability of food borne illnesses.
- Assuring that children and adults are immunized in sufficient numbers to protect themselves and others in the community.
- Developing school nutrition programs to ensure kids have access to healthy foods.
- Addressing the impact of climate change on our health.
- Advocating for laws to keep people safe, including smoke-free indoor air and seatbelts.

Figure 2. further displays a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play (4).

**Figure 2.**  
*County Health Rankings & Roadmaps Model*



## Public Health in Kentucky

### Kentucky Executive Branch

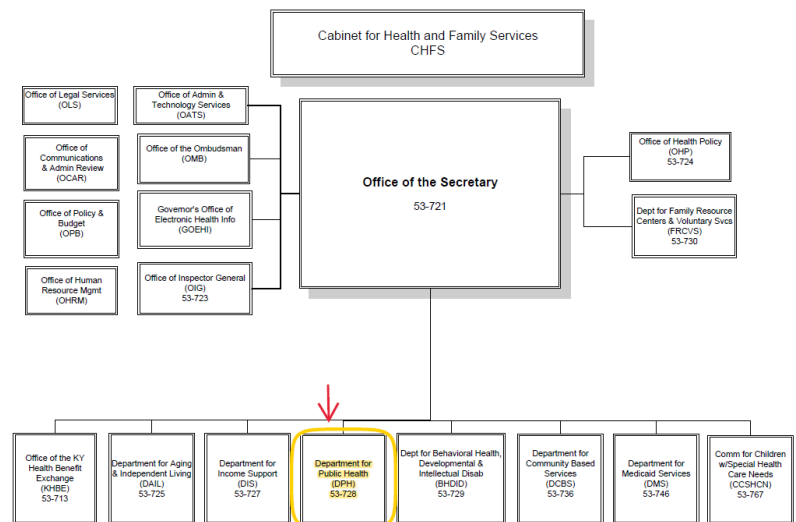
The state Department for Public Health falls under the Executive Branch of the government. The governor is head of the Executive Branch, and he/she appoints secretaries to each of the cabinets to oversee that work. The Kentucky Department for Public Health (KDPH) falls within the Cabinet for Health and Family Services (CHFS), a “super agency” in that there are many departments within this one cabinet, see Figure 3.

In addition to the Kentucky Department for Public Health, there are seven departments within this cabinet including the Department of Medicaid Services, Department for Community Based Services (DCBS), Department for Behavioral Health, Developmental and Intellectual Disabilities (BHDID), and others. The Kentucky Department for Public Health works closely with the Cabinet for Health and Family Services and each of the departments to carry out its mission throughout Kentucky (5).

### Kentucky Department for Public Health (KDPH)

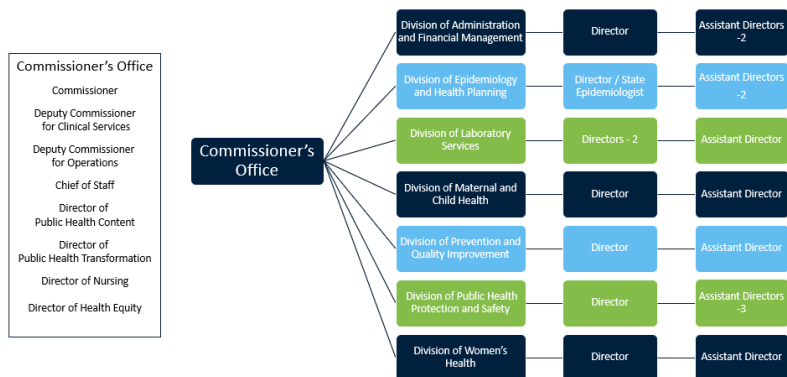
The mission of [Kentucky Department for Public Health](#) is to improve the health and safety of people in Kentucky through prevention, promotion and protection. They are responsible for developing,

**Figure 3.**  
*Cabinet for Health and Family Services Organization Chart*



monitoring and operating state public health programs and activities for the citizens of Kentucky. The department is organized into seven divisions with the Commissioner's Office providing oversight and support for the divisions and programs. There are a number of cross-cutting programs housed in the Commissioner's Office, including the Office of Health Equity, Public Health Director of Nursing, Director of Public Health Content, to name a few. See Figure 4 for additional information.

**Figure 4.**  
*Kentucky Department for Public Health Organization Chart*



The Kentucky Department for Public Health oversees multiple programs aimed at promoting healthy lifestyles, preventing negative health outcomes and safeguarding people from diseases, injuries and environmental health hazards. They are also responsible for enforcing public health laws and regulations, supporting local boards of health and local health departments and taking necessary actions to protect and enhance public health. The Kentucky Department for Public Health also oversees the implementation of programs that impact the daily lives of all 4.5 million residents of Kentucky. They partner with local health departments, universities, private providers, professional organizations, health advocates and others to offer around 150 programs that aim to improve the health of Kentuckians. Public health organizations are accountable to the populations they serve, and public health officials are primarily responsible for the health of the population living in their jurisdiction (county, group of counties, state) through both personal preventive and population-based services (5).

### Kentucky Local Health Department Structure

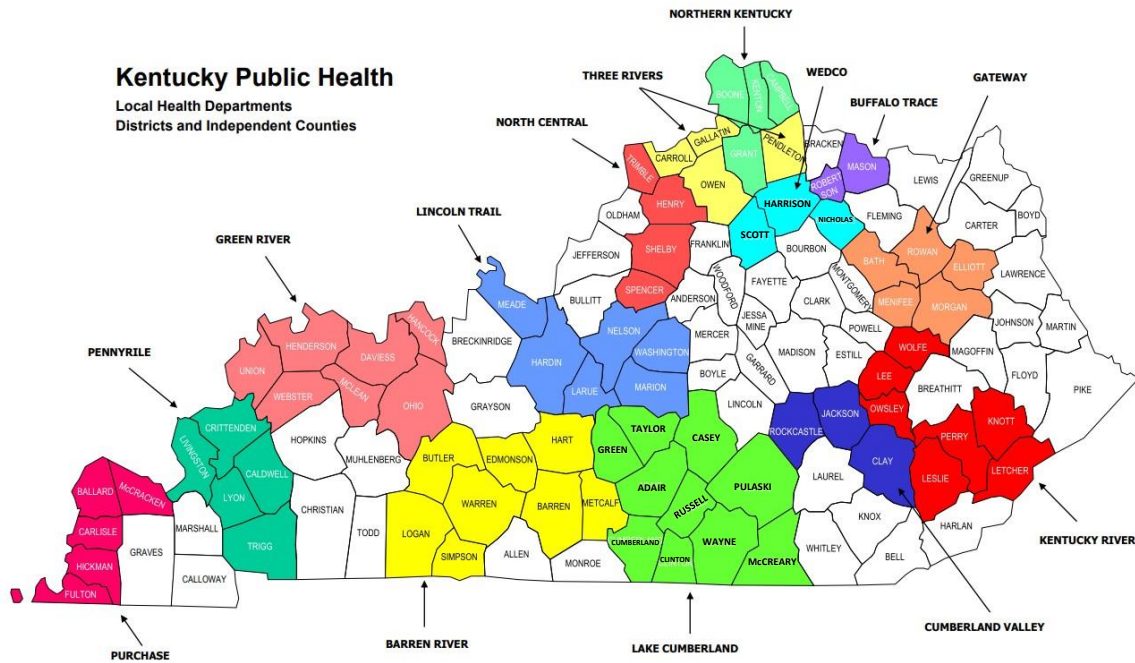
Kentucky has sixty-one local health department jurisdictions, which fall under three distinct types of departments.

- Single county local health departments.
- District local health departments where two or more counties join to form a district. Counties within a district are typically contiguous.
- Independent health departments which have unique regulatory stipulations.

There are 44 single county local health departments, 14 district health departments and 3 independent health departments. All 120 counties in Kentucky are covered by one of these types of health departments. See Figure 5 for a map of Kentucky local health departments.

The Louisville Metro Department of Public Health and Wellness, the Lexington-Fayette County Health Department and the Northern Kentucky District Health Department are independent health departments. As an independent health department, they can enact local ordinances to carryout public health measures and are not subject to the personnel rules of the state department.

**Figure 5.**  
*Kentucky local health department Map*



Kentucky has 44 single county health departments, 14 district health departments and 3 independent departments.  
 Source: [Kentucky local health department Map](#)

## Resources

1. [Local Health Personnel Branch](#)
2. [Kentucky Legislative Research Commission Search](#)
3. [Local Health Departments](#) – Kentucky Cabinet for Health and Family Services.
4. [Welcome to Kentucky Public Health 1115993](#) – Kentucky TRAIN, Kentucky Department for Public Health

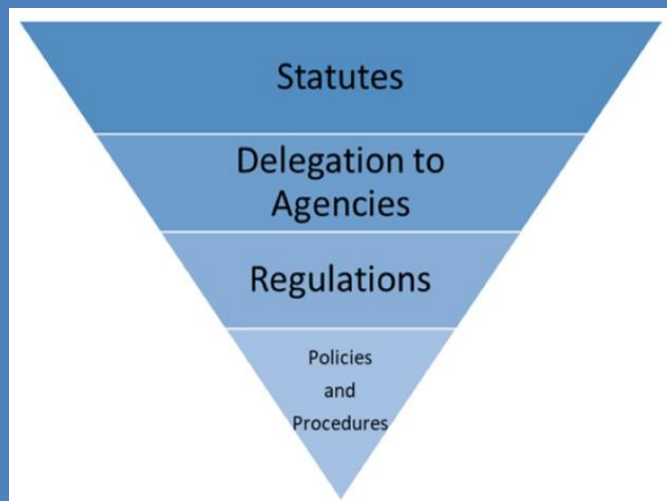
## Public Health Legislation

Public health in Kentucky is authorized through legislation in both statutes and regulations. This manual is designed to give new board members an overview of the legislation applicable to boards of health and where they fit into the overall public health system. Blue boxes noting legislation specific to each section is provided throughout the manual and are hyperlinked to the actual laws.

Kentucky law consists of both statutory and regulatory authority which are contained in Kentucky Revised Statutes (KRS) and Kentucky Administrative Regulations (KAR). Statutes are laws and give legal authority for programs, departments, and boards. Whereas regulations provide an outline on how programs, departments and boards implement the law (or statute).

There cannot be regulations unless there is a law (or statute) that gives the authority to establish regulations (Figure 6.). To fully comply with the law pertaining to boards of health and your role as a board member, it is important to understand both of these sets of legislation.

**Figure 6.**  
*Statute to Regulation Triangle*



## Local Health Governance

State and local agencies and their partners make up the public health system in Kentucky through a shared governance model.

Kentucky's shared governance model provides both statutory and regulatory authority to the Cabinet for Health and Family Services through the role of the Commissioner for Public Health to work alongside boards of health, local health departments and public health directors in carrying out these functions.

Therefore, who does the local health department report to and how does this impact you, as a local board of health member?

While the Kentucky Department for Public Health is responsible for developing, monitoring and operating public health programs and activities for the citizens of Kentucky, local health departments act as agents of the state which means they carry out the programs and activities on behalf of the state.

The local health departments, through the Public Health director, reports to the board of health. There are two types of boards of health – governing and non-governing.

## Governing and Non-governing Boards of Health

In accordance with [902 KAR 8:150](#), a **governing board of health** functions shall include:

1. Interviewing and hiring a qualified agency director in accordance with [902 KAR 8:140](#);
2. Effectively communicating approved board policies and priorities to the agency director.
3. Assuring local health department services meet the needs of local citizenry to protect and promote public health.
4. Establishing agency priorities and objectives based on service delivery, a community health assessment, compliance reviews and the resources of the agency and updating them as needed.
5. Review and approve policies and procedures governing the operations of a local health department.
6. Assuring acceptable financial controls and program evaluation measures are ongoing and facilitate effective and efficient agency services and operations.
7. Reviewing information and data provided by agency director to assess the effectiveness of the agency (e.g., DPH compliance review findings, financial summary and local community health assessment/surveys).
8. Evaluating the performance of the agency director on an annual basis making sure to consider the information and data evidence obtained as outlined above.
9. Authorize by vote all Public Health Director salary increments.

In accordance with [902 KAR 8:150](#), a **non-governing board of health** functions shall include:

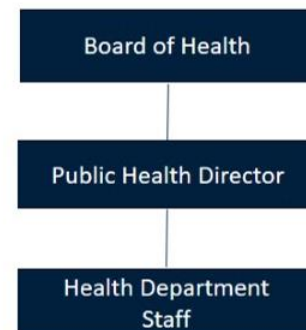
1. Maintain a membership on the county public health taxing district board.
2. Prepare the annual public health tax resolution.
3. Maintain trusteeship of the county public health tax.
4. Provide for maintenance and upkeep of the agency building
5. Determine the appropriate use of the facility by community groups and other agencies; and
6. Provide the district board with information regarding specific public health needs and concerns of the city-county or county board.

It is important to point out the functions of boards of health are clearly defined in regulation and do not include day-to-day oversight of local health department staff or operations.

### **Board of Health: Single County**

Figure 7 displays the reporting structure for a governing board of health for a single county local health department. In this example, the single county board of health is responsible for the financial controls of the local health department, approval of policies and procedures, hiring of a local health department director, and compliance with state and federal laws.

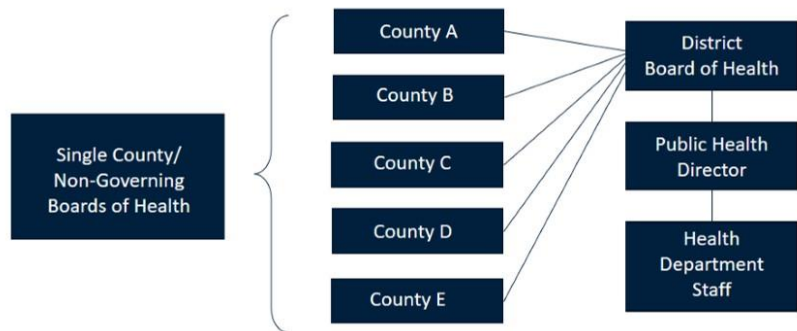
**Figure 7.**  
*Board of Health: Single County*



### Board of Health: District

The reporting structure for a district local health department and board of health is a little different. When single counties join to form a district, the district board of health becomes the governing authority responsible for financial control of the local health department, approval of policies and procedures, hiring of the public health director and compliance with state and federal laws. Figure

**Figure 8.**  
*Board of Health: District*



8 shows the reporting structure for a district board of health. Each county within the district is then considered a non-governing board and while they are responsible for overseeing the taxing district for their county, they mostly serve in an advisory capacity to the district.

### Board of Health: Independent

As described above, there are three independent health departments established in statute:

1. Lexington-Fayette County Health Department

- City of the first class or a consolidated local government.
- All employees are considered county employees.
- Board of Health establishes employee compensation plan.

KRS 212.230 to 212.625

2. Louisville Metro Public Health & Wellness

- City of over 100,000 population creating an urban-county government.
- Board of Health establishes employee compensation plan which includes a 5-member board-appointed personnel board who represent the citizenship.

KRS 212.627 to 212.639

3. Northern Kentucky Independent Health Department

- Includes Boone, Campbell, Grant and Kenton Counties.
- Metropolitan Statistical Area (MSA) exceeding 250,000 population.
- District Board establishes employee compensation plan.
- Additional board members are appointed by the judge executive and based on population served.

KRS 212.780 to 212.794

There are slight differences in the independent health departments described above. However, two major commonalities to point out are the size of the population they serve and that they each establish separate personnel rules and are not subject to the personnel rules established for all other local health departments.

# Boards of Health

Boards of health are part of state and local public health systems. Its primary role is to protect and promote the health and well-being of the community it serves. The board of health provides the necessary guidance and oversight of a local health department to assure the community's health. The board consists of appointed or elected officials, health professionals and community representatives.

## Local Board of Health Duties and Powers

For a board of health to be effective, its members should have an overall understanding of the public health challenges and needs within the community. They should provide support to the public health director who identifies and acquires resources to meet these needs.

Effective boards of health work alongside the public health director to assure services meet the community's needs, establish priorities for service delivery, assure financial controls and review program evaluations based on their local needs assessment.

Duties and powers of a board of health are detailed in both regulation and statutes. The following provides a brief overview of your role:

[KRS 212.230](#)

- Appoint a Public Health Director.
- Approve pay increases for the Public Health Director and local health department staff.
- Hold regular meetings.
- Adopt administrative regulations necessary to protect the health of the people (adopted regulations cannot be in conflict with the Cabinet for Health and Family Services administrative regulations).
- Act in a general advisory capacity to the Public Health Director on matters relating to the agency.
- Hear and issue decisions from appeals to rulings, decisions, and actions of the agency.
- Except as otherwise provided, all powers and authority of the local board of health are transferred to the county department of health.

[902 KAR 8:150 section 3\(1\)](#)

One would assume a non-governing board would be exempt from any aspect of governance, however, they have an important role in the overall local public health infrastructure noting their role as follows:

[902 KAR 8:150 section 3\(2\)](#)

- Membership on the county public health taxing district board.
- Maintain trusteeship of the county public health tax to include preparation of the annual public health tax resolution.
- Maintenance and upkeep of the local public health physical buildings and grounds, including the appropriate use of the facilities by other agencies.
- Serve in an advisory capacity to the district board by providing specific public health needs and concerns of the county board.

It is important to point out the functions of boards of health are clearly defined in regulation and do not include day-to-day oversight of local health department staff or operations.

The Public Health Director and the Department for Public Health through the Commissioner of Public Health share the responsibility of ensuring boards of health remain compliant with the law.



## Meetings of Boards of Health

Governing county boards and district boards of health shall hold a regular meeting at a minimum, quarterly and other special or regular meetings as necessary. Non-governing county or city-county boards (those within a district) shall hold a regular meeting at minimum once every twelve months. Under a governing board, the secretary can remove any member, other than the county judge/executive or fiscal court appointee, who fails to attend three consecutive scheduled meetings.

[KRS 212.020](#)

## Taxing District

One of the most important functions of a board of health, both governing and non-governing, is to oversee the county health taxing district.

[KRS 212.720](#)

The minimum acceptable level of local support shall be determined annually by the Commissioner of the Kentucky Department for Public Health per [902 KAR 8:170](#) Section 3.

The taxing district funds are to be used for the maintenance and operations of local health departments. Operations include initiatives designed to improve the public health status of their citizens. Additionally, the funds are for local health department capital improvements for the purchase or construction of new or additional facilities (1).

It is important to understand not only the role of the board of health but the role of the local health department and the public health director in the overall delivery of public health services in a community.

## Duties & Powers of the Local Health Department:

**Table 2 – Duties and Powers of Kentucky Local Health Departments**

Duties	Powers
<ul style="list-style-type: none"> <li>Administer and enforce public health laws of the Commonwealth and rules and regulations of the Cabinet for Health and Family Services and the Board of Health.</li> <li>Formulate, promote, establish, and execute policies, plans and programs to safeguard the health of the people.</li> <li>Establish, maintain, implement, promote and conduct facilities and services for the purpose of protecting the public health.</li> <li>Complete reports relating to the activities of the department.</li> </ul> <p style="text-align: center;"><a href="#">KRS 212.240</a></p>	<ul style="list-style-type: none"> <li>Utilize services, facilities, equipment and personnel provided by the state to carry out public health activities.</li> <li>Contract for services otherwise not available.</li> <li>Provide public health training to employees.</li> <li>Contribute to a retirement system and maintain workers' compensation.</li> <li>Execute orders to prevent outbreaks and spread of disease.</li> <li>Institute and maintain mandatory or prohibitory injunctions to abate nuisances which may be a menace to the health of the people.</li> <li>Cooperate with other agencies in matters relating to public health.</li> <li>Except as otherwise provided by law, do all other things reasonably necessary to protect and improve the health of the people.</li> </ul> <p style="text-align: center;"><a href="#">KRS 212.245</a></p>

## Duties & Powers of the Public Health Director:

- Enforce the rules and regulations of the Cabinet for Health and Family Services and boards of health.
- Devote their entire time to the duties of the office.
- May serve as the secretary of the board of health.
- Serve as the Chief Administrative Officer of the health department.

[KRS 212.260](#)

An important takeaway as a new board member is that the role of the board of health is clearly defined in oversight and most public health responsibility resides with the local health department, itself under the direction of the public health director.

## Local Board of Health Composition

Typically, a Local Board of Health is composed of 12 members with the following credentials. Some exceptions apply and are detailed in statute.

- 1 mayor, city manager or the designee of the city manager
- 1 county judge/executive
- 3 licensed physicians
- 1 licensed dentist
- 1 registered nurse
- 1 licensed veterinarian
- 1 licensed engineer engaged in the practice of civil or sanitary engineering
- 1 licensed optometrist
- 1 licensed pharmacist
- 1 lay person knowledgeable in consumer affairs residing in each county

[KRS 212.020](#)

[KRS 212.640](#)

[KRS 212.855](#)

### **Board Chairperson**

The board shall elect a chairperson from its membership on an annual basis and that chairperson may serve more than one consecutive term (1).

### **Secretary of Board**

Officers shall be elected or appointed members of the board except that the local health department director may serve as secretary to the board. A local health department director of a district health department may serve as secretary to the district board and as secretary to the non-governing board within the district; or the local health department director may designate an employee to serve as secretary of a city-county or county board. A Public Health director or designated local health department employee serving as secretary, shall have no voting powers.

[902 KAR 8:150  
section 4](#)

### **Bylaws**

There is no requirement for boards of health to have bylaws. Boards of health are established in both statute and regulations and members must comply within those requirements. However, it is best practice for boards of health to establish a set of rules to govern internal decision-making within their group. Bylaws cannot supersede statutory and/or regulatory authority. A sample set of bylaws can be found in [Appendix 5](#).

### **Board Selection**

Board of health members are appointed, with the exception of County Judges and Fiscal Court appointees. The Secretary of the Cabinet for Health and Family Services appoints members to 118 of the 120 county or city-county boards of health based on KRS 212.020 and KRS 212.640. Fayette and Jefferson County board members are appointed by the mayor and fiscal court respectively (1).

[KRS 211.090](#)

[KRS 212.020](#)

[KRS 212.640](#)

Physicians, dentists, pharmacists, and fiscal court appointees are appointed in even-numbered years; nurses, engineers, optometrists, veterinarians, and lay appointees are appointed in odd-numbered years.

### **Rotation and Terms**

Membership is for two years starting January 1<sup>st</sup> and there is no restriction on the number of terms a member may serve, and includes the county judge executive or designee, the mayor, city manager or

designee of the city-county containing a population equal to or greater than 15,000 and a fiscal court appointee. Members term has an end-date, and they must be re-nominated for a new term every two years (1).

### Submission of Nominations

Nominations for board of health members are made by the Secretary for the Cabinet for Health and Family Services by January 1<sup>st</sup> and shall be accepted from any source and shall be solicited and obtained from the county judge/executive, fiscal court and county health department staff.

[KRS 212.020](#)

Nominations of physicians, dentists, nurses, engineers, optometrists, veterinarians and pharmacists shall be solicited and obtained from the county's medical society, dental society, nursing association, engineering association, optometric association, veterinarian association and pharmacists' association, respectively (1).

The Kentucky Department for Public Health has an electronic submission form for Kentucky Board of Health Nominations for initial appointment and/or re-appointment to a Board of Health. This online registry is managed by the Kentucky Department for Public Health Division of Administration and Financial Management, Local Health Personnel Branch, and all information is stored and confidential within the Cabinet for Health and Family Services. For more information regarding Board of Health Nominations visit [Board of Health - Cabinet for Health and Family Services \(ky.gov\)](#)

### Ethical Obligations of Local Board of Health Members

It cannot be overemphasized that the public's trust is of utmost importance in being an effective board of health. When the public trusts the health department as a whole, it is far easier to implement health promotion and disease prevention programs than when there is distrust. The leadership that the board can provide in gaining and maintaining public trust is an important role for the local board of health.

[KRS 45A.340](#)

[902 KAR 8:150  
section 7](#)

Some ethical obligations for board members to note include:

- Board members should excuse themselves from any action or discussion of a particular matter if they have any financial interest, direct or indirect, in that matter.
- Uphold the Constitution, laws and regulations of the United States and the Commonwealth of Kentucky.
- Special favors should not be granted.
- No gifts should be accepted.
- Ensure that resources are being allocated based on evidence-based practices.
- There should be no access to Protected Health Information.

If there is uncertainty with regard to conflicts of interest, members should seek the help and advice of the public health director, and if needed, seek legal advice. It is of utmost importance to maintain the public's trust by being sure there is no perception of personal gain from official actions.

It is strongly recommended that board members complete an annual Code of Ethics and Financial Disclosure Statement provided by the health department. For a sample Code of Ethics for a single county health department, see [Appendix 4](#).

## Resources

1. [Welcome to Kentucky Public Health 1115993](#) – Kentucky TRAIN, Kentucky Department for Public Health
2. [Kentucky Legislative Research Commission Search](#)
3. [Online Board Orientation Materials](#) from the Michigan Public Health Training Center, Lake Cumberland District Health Department
4. [Administrative Reference for Local Health Departments](#)
5. [Board of Health – Cabinet for Health and Family Services](#)
6. University of Kentucky [Local Board of Health Online Modules](#) (Coming Soon)

## Open Records and Open Meetings

It's important to note boards of health must comply with The Kentucky Open Records and Open Meetings Act. It is recommended board of health members complete the Open Meetings training course in TRAIN (refer to resource 1 below).

### Open Records Act

Board of health meeting minutes, including committee meetings, are considered public records and therefore available to the public under the Open Records Act.

[KRS 61.870 – 61.884](#)

### Open Meetings Act

According to state law, board of health meetings must be open to the public and are subject to the [Open Meetings Act of 2012, KRS 61.800-61.850](#). The basic policy of the Open Meetings Act is that the formation of public policy is public business and shall not be conducted in secret. The Act requires that all meetings of a quorum of the members of a public agency where public business is discussed, or action is taken, must occur in meetings open to the public, unless an exemption applies. The exceptions provided for by KRS 61.810 or otherwise provided for by law shall be strictly construed. Members of the public may attend any public meeting and a public agency may not require an individual to identify himself or herself to attend a public meeting (14).

[KRS 61.800 – 61.850](#)

[KRS 61.800](#)

[KRS 61.810\(1\)](#)

For more information regarding the Open Meetings Act refer to the [Kentucky Open Records and Open Meetings: a guide for the public and public agencies](#).

[KRS 61.840](#)

## Resources

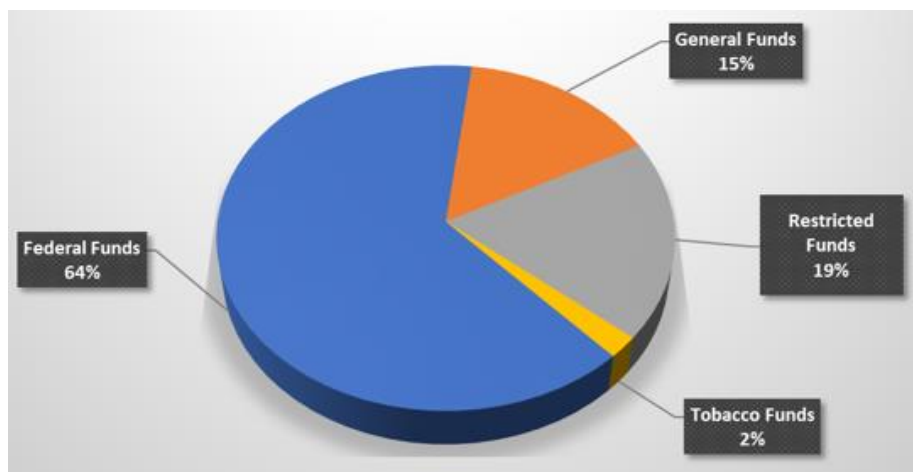
1. [KYDPH Local Health Department Open Meetings Training 1112041](#). – Kentucky TRAIN, Kentucky Department for Public Health
  - a. This 30-minute training is designed to provide additional information on specific requirements of the Open Meetings Act and how those requirements apply to local health departments.
2. [The Kentucky Open Records & Open Meetings Acts](#): A guide for the public and public agencies
3. [Kentucky Revised Statutes Chapter 61 KRS 61.800 – 61.850, Kentucky Open Meetings Act KRS 61.878 – 61.884, Kentucky Open Records Act](#)

## Public Health Funding

The Kentucky Department for Public Health acts as a central hub for receiving federal grants such as the Maternal and Child Health Block Grant, Centers for Disease Control and Prevention’s (CDC) Breast and Cervical Cancer Screening Grant, the Title X Family Planning Grant and many more. Using allocation formulas, the Department equitably distributes the funding to local health departments.

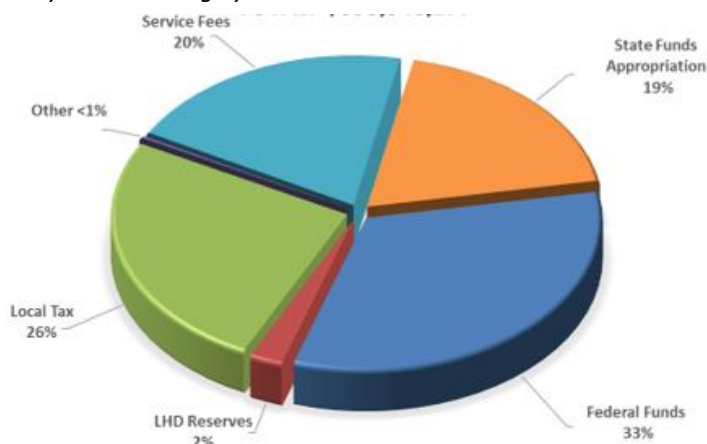
Although it varies from year to year, the Kentucky Department for Public Health’s annual budget is slightly over \$500 million dollars (Figure 9.). Most of the state’s funding comes from federal grants. General fund dollars represent the monies included in the Governor’s biennial budget. Restricted funds represent fees collected or revenue earned through service provision and are typically restricted to future expenses directly related to specific programs. About 37% of the state’s funds are allocated to local health departments.

**Figure 9.**  
*Kentucky Department for Public Health Expenses by Fund Source*



Local health department funds across all 61 local health departments are just under \$400 million and the breakdown is slightly more complex than the state’s funding composition. Of this amount, 20% is generated through service fees, like restaurant inspections and septic system applications. Additionally, just over 25% comes from local taxes collected through the public health taxing district (Figure 10.).

**Figure 10.**  
*Kentucky LHDs Funding by Source*



Many local health departments apply for and receive grants from both state and federal grant opportunities as well as other private and public sources like the National Association of City and County Health Officials (NACCHO) and the Health Resources and Services Administration (HRSA).

# Public Health Transformation (PHT)

## Overview

Public Health Transformation (PHT) is a set of initiatives to dramatically overhaul Kentucky's public health system. PHT occurs through a fundamental shift in the way a public health system is structured and operates, incorporating continuous quality improvement and performance management, innovation, partnerships and community-led initiatives. Many states across the country are launching similar modernization efforts hoping to redesign public health for the primary purpose of improving the health outcomes and health behaviors of communities and populations. Kentucky set out on this journey, originally initiated by local health departments through their leadership organization – the Kentucky Health Departments Association (KHDA) – through a series of strategic planning forums intending to focus their priorities on proposing public health legislation and introducing a new funding mechanism based on foundational public health.

PHT officially launched in January 2019 when a group of local health department leaders and state public health leaders came together to map a plan to restructure public health to rescue Kentucky's local health department infrastructure, which was on the verge of failure as a result of insurmountable pension costs. The Kentucky Department for Public Health established a workgroup consisting of experienced Public Health Directors, who represented various local health department types, such as rural, urban, single county and districts as well as senior leadership from the Kentucky Department for Public Health. The workgroup was formed to tackle the challenge of the imminent closure of many local health departments across the state. Working together, they mapped out a set of goals that provided a framework for PHT.

1. Restore the **fiscal stability** of the current system.
2. Introduce a **modern, simplified and focused public health model** with clearly defined priorities based on nationally recognized models such as Public Health 3.0 principles and the Public Health Accreditation Board's (PHAB) Foundational Public Health Services.
3. Create **accountability** at all levels of the system.
4. Improve public health **leadership capacity** at all levels.
5. **Prevent duplication** of effort, reduce waste and red-tape internally and externally.
6. Support and emphasize **data-driven decisions** to best promote improved community health outcomes.

These goals continue to serve as overarching principles when programs, grants and other planning activities are discussed. PHT is necessary to achieve these goals and rebuild Kentucky's public health into an effective, efficient and sustainable system.

The fundamental principle of Kentucky's PHT is the categorization and prioritization of public health programs and services into **core public health programs** which include mandated **foundational programs** like disease investigation and environmental regulations as well as other programs including the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Health Access Nurturing Development Services (HANDS) Program, and programs designed to address substance use disorders. All remaining public health services and programs fall under the category of **local public health priorities** (Figure 11.).

## House Bill 129

In 2019, Kentucky Department for Public Health representatives and Public Health Directors began

contacting their legislators to sponsor a bill that would put into law these fundamental changes. The bill, known as House Bill 129 or the Public Health Transformation Bill, was passed with significant bi-partisan support in the 2020 Legislative Session. The purpose of the bill was to categorize and prioritize public health services, establish a new funding formula that prioritizes foundational public health services, and require all local health departments to conduct a local needs assessment every five years.

## Public Health Transformation Law

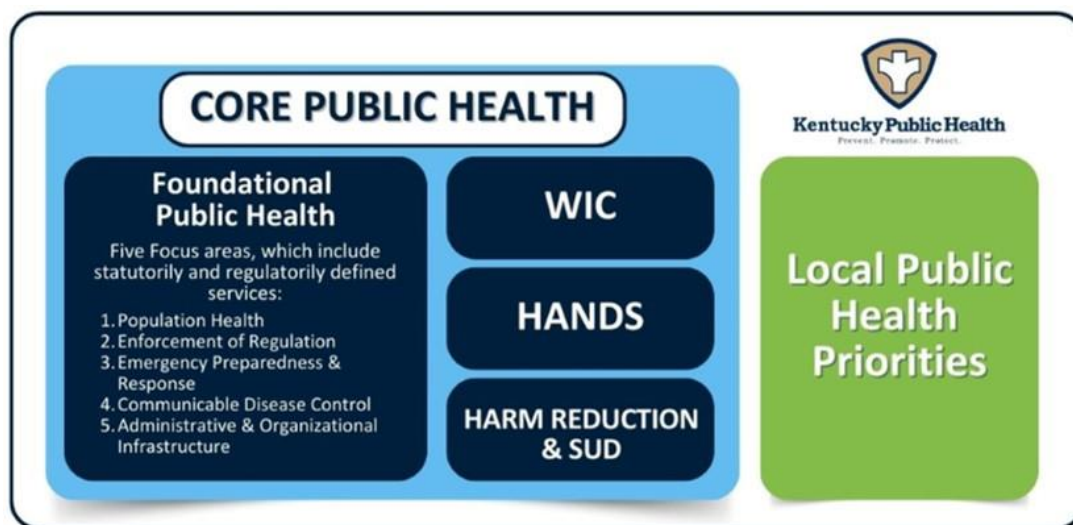
KRS 211.185 categorizes public health programs and services into 3 areas:

**KRS 211.185**

1. **Foundational Services**
2. **Core Services**
3. **Local Public Health Priorities**

**Figure 11.**

*Core Public Health, Foundational Public Health and Local Public Health Priorities*



Let's take a closer look at how each of these three areas are defined.

**Foundational Public Health Services** are mandatory for all local health departments per Kentucky Statute. These services are defined by statutes and regulations and include five focus areas, which are displayed in Figures 11 and 12.

1. Population Health includes services like assuring health equity, setting policies to protect populations, providing health education, conducting community health assessments and partnership development.
2. Enforcement of Regulations are services focused on food and water safety, waste management and nuisance investigation.
3. Emergency Preparedness & Response is the mitigation of disease threats, mass vaccination and disaster response.
4. Communicable Disease Control is the control and reporting of highly contagious diseases like sexually transmitted diseases, tuberculosis, and COVID-19, the epidemiology surrounding those diseases, accessibility of available vaccines and surveillance.
5. Administrative & Organizational Management is the infrastructure required to support overall public health operations and includes important aspects such as finance, information

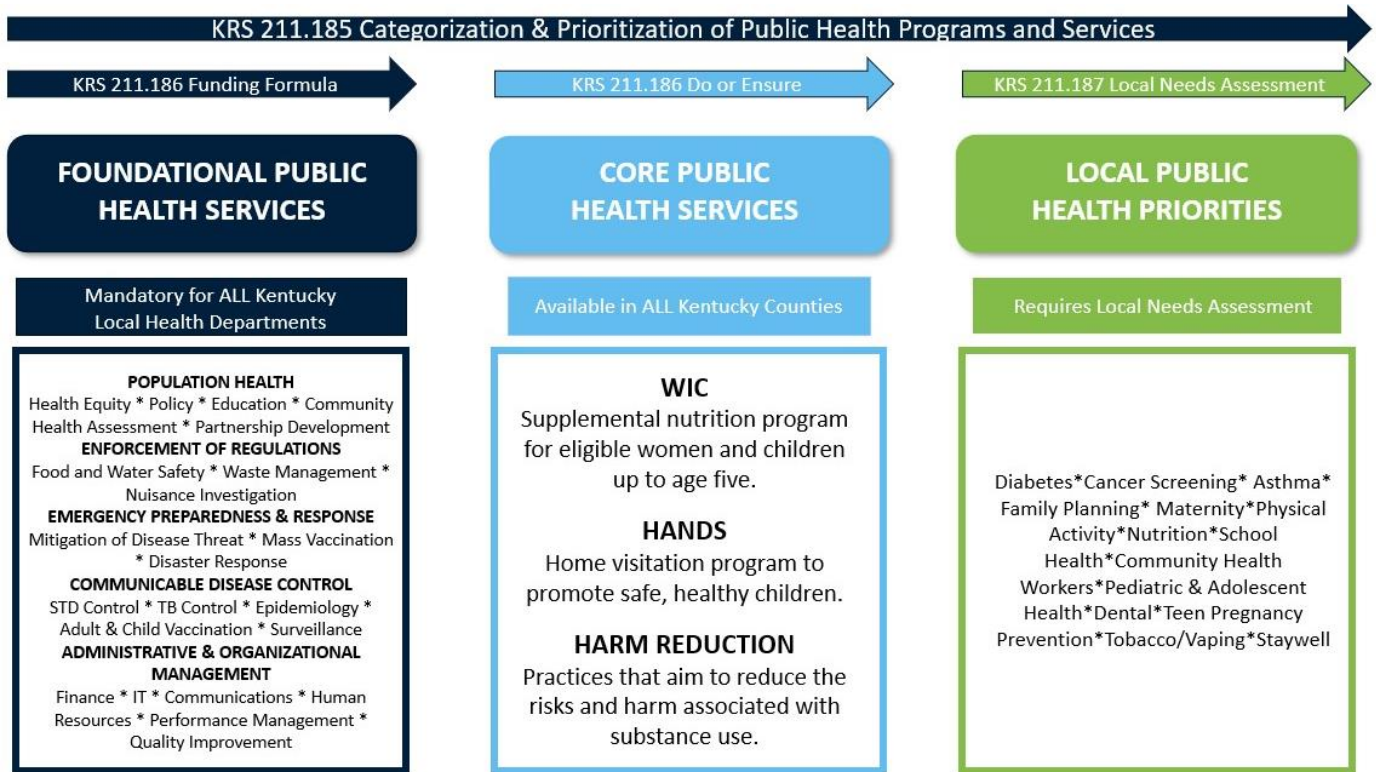


technology, human resources, performance management and quality improvement.

**Core Public Health Services** include all Foundational Public Health Services and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Health Access Nurturing Development Services (HANDS), and Harm Reduction Services. These services must be provided in every county of the state and include foundational services as well as those that can only be provided by a health department.

**Local Public Health Priorities** refer to the public health programs that local health departments can choose to provide once a need is identified through a local needs assessment and have enough funding to support those programs. It is important to note that before this categorization and prioritization, the Kentucky Department for Public Health mandated local health departments to provide all of these programs. Examples of local priorities include diabetes prevention and management, cancer screening, asthma management, family planning, tobacco cessation, and initiatives that promote nutrition and physical activity. Though all these programs are important, PHT provides flexibility to local health departments to prioritize and allocate limited resources based on a local needs assessment. This focused approach increases the likelihood of impactful outcomes and a greater chance of improving the health of individuals and families. Next, we will examine the statute that helps local health departments decide which programs should be prioritized.

**Figure 12**  
*Categorization of Public Health Programs and Services*



KRS 211.187 outlines the requirements for Local Public Health Priority programs. It states that local public health priorities may be provided by the local health department if the following criteria are met:

**KRS 211.187**

- a) Demonstrates data-driven needs.

- b) Uses evidence-based or promising practices.
- c) Adequate funding is identified.
- d) Demonstrates performance and quality management plans; and
- e) A strategy to determine when the service or program is no longer needed.

To meet the criteria for this law, local health departments are required to conduct a local needs assessment at least every five years. Many local health departments have achieved accreditation through the Public Health Accreditation Board (PHAB), which requires completion of a community health assessment (CHA) and a community health improvement plan (CHIP). This satisfies the local needs assessment requirement. In addition, some local health departments collaborate with their local hospital to conduct a community health needs assessment, which is a requirement for non-profit hospitals to comply with the Affordable Care Act (ACA). This will also count toward the local needs assessment requirement.

After identifying an issue within the community through a local needs assessment, the local health department can begin to identify programs, interventions and partners to address it. In addition to the data-driven need identified through the local needs assessment, programs and interventions must be evidenced-based or a promising practice. Sufficient funding also needs to be secured, which can come from several sources such as state or local tax dollars, grants or a combination of all. These programs must be included in the agency's performance management and quality improvement programs, and there must be an exit strategy in place. The exit strategy (or how we know when a program is no longer needed or sustainable) helps the local health department plan and notify patients, participants, the community and other providers if a program is discontinued.

Lastly, we will examine the PHT law that emphasizes a funding formula for local health departments.

KRS 211.186 establishes a new allocation method for funding local health departments, which prioritizes Foundational Public Health Services. The funding formula is now based on population, making it more equitable. Additionally, the local board of health is required to establish a tax rate at the minimum set by the Commissioner of the Kentucky Department for Public Health, which is currently 1.8, or one and eight-tenths cents (\$0.018) per one hundred dollars (\$100) of assessed property valuation. Although House Bill 129 was passed in 2020, PHT funding was not approved and included in the state biennial budget until 2022.

[KRS 211.186](#)

## Operationalizing Public Health Transformation

With the passage of House Bill 129 meetings were held with Kentucky Department for Public Health leadership staff to officially launch the PHT roll-out, provide an overview of the plan and secure commitment to participate and provide input. That was followed by meetings with the Kentucky Health Departments Association and an assurance that local health departments would be invited to actively participate in PHT planning efforts. In order for PHT to be successful and continue to gain momentum toward change, a set of assumptions were established to emphasize the importance.

Transformation is defined as a dramatic change in form or appearance, a marked change, or the conversion of one function into another one of similar value. Bearing this in mind, these are some key assumptions to keep in mind:

1. PHT is irreversible.
2. PHT is the most dramatic operational change in the way we provide public health in Kentucky.
3. PHT is a strategic initiative that will contribute to quality improvement and performance management.
4. PHT is a statewide initiative.

5. PHT is not only important but necessary to acknowledge social determinants of health and remove barriers toward achieving optimal health.

## Board Member Roles in Public Health Transformation

As a board of health member, it is crucial for you to understand Kentucky's PHT initiative and your role in it. The board of health plays a pivotal role in ensuring the agency's compliance with state and federal public health laws under a shared governance model. In the [Public Health Legislation Section](#) of this manual, we have already discussed the regulatory and statutory functions of the board of health, which are quite similar to a board member's role regarding PHT.

- Ensure services meet the needs of the community through conducting periodic local needs assessments.
- Establish priorities for service delivery which align with the categorization and prioritization of public health programs as foundational, core or local public health priorities.
- Ensure the financial controls and program evaluation are accomplished by confirming programs are effective, have adequate funding, and are included in the agency's performance management and quality improvement plans.
- Support of the Public Health Director's role assures an established set of goals and expectations which includes financial oversight, human resource management, program and service delivery, and partnership development.
- Review of information and data to assess the effectiveness and efficiency of the agency in complying with federal and state public health laws and ensures data-driven decision-making to prioritize public health programs and services based on community needs.

## Resources

1. [Introduction to Public Health Transformation 1115996](#) – Kentucky TRAIN, Kentucky Department for Public Health
2. University of Kentucky [Local Board of Health Online Modules \(Coming Soon\)](#)

# Accreditation

## What is the purpose of accreditation?

Public health department accreditation aims to improve the quality of practice and performance within public health departments (Figure 13.). A national public health department accreditation system has been developed to continuously improve the quality of service and accountability of health departments to their stakeholders.

Figure 13.

[Public Health Accreditation Board Logo](#)



Accreditation provides a means for a public health department to identify performance improvement opportunities, enhance management, develop leadership and strengthen relationships with members of the community.

To receive national accreditation through the Public Health Accreditation Board (PHAB), a health department must undergo a rigorous, multi-faceted, peer-reviewed assessment process to ensure it meets a set of public health quality standards and measures.

The PHAB supports health departments in their work to promote the health of the communities they serve through accreditation and recognition, education, technical assistance and research and evaluation (11).

## Why now?

Public health departments play a critical, but often unrecognized role in promoting and preserving the health of people in communities across the country. Despite the important role health departments play in our communities, there had not been a national system for ensuring their accountability and quality – until the PHAB formed in 2007 (10).

## Who is eligible to apply for national accreditation?

The governmental entity that has the primary statutory or legal responsibility for public health in a state, territory, tribe or at the local level is eligible for accreditation. This includes international health departments, state health departments, territorial health departments, local (city and county) health departments and tribal health departments. The PHAB also oversees accreditation of Military Installation Departments of Public Health and the Vital Records/Health Statistics (VRHS) Accreditation Program.

## How long is the accreditation cycle?

A five-year accreditation cycle has been adopted by the PHAB.

## Benefits

Health departments that sustain accreditation over time report a wide range of benefits from accreditation, including:

- **95%** reported that accreditation stimulated **quality and performance improvement**.
- **77%** strengthened **relationships with key partners** in other sectors (e.g., health care, social services, education).
- **90%** improved their ability to identify and address gaps in **employee training** and **workforce development**.

- **74%** reported accreditation helped them use **health equity** as a lens for **identifying and addressing health priorities**.
- **66%** experienced **improved visibility or reputation** to external stakeholders.
- **65%** improved the **use of resources** within their health department.
- **65%** of reaccredited health departments reported **greater collaboration** across health departments or within units.
- **89%** saw increased **accountability** and **transparency** within their health department (9).

The Kentucky Department for Public Health is accredited by PHAB and supports local health departments pursuit of national accreditation.

### Cost

The PHAB has instituted a [fee structure](#) to manage and maintain the national accreditation process.

Fees are based on the size of the jurisdictional population served by the health department. The PHAB's Five Tier Accreditation Fee Schedule is published annually (8).

### Pathways Recognition

Pathways Recognition is a program designed to support performance improvement efforts, strengthen infrastructure and facilitate public health system transformation for public health departments not yet ready for accreditation. Pathways can facilitate accreditation readiness for eligible health departments intending to use the program as a step toward accreditation.

Pathways Recognition assesses health departments on the Foundational Capability measures in the PHAB's initial accreditation Version 2022 Standards and Measures. There are 34 measures assessed in the Pathways Recognition program, and they are divided into two tracks – Services and Partnerships and Health Department Systems (12).

### Reaccreditation

To maintain accreditation status, the health department will be evaluated against a set of national standards 5-years after accreditation status has been awarded. Reaccreditation ensures that accredited health departments continue to evolve, improve and advance their public health practice to serve their community (13).

### Resources

1. [Public Health Accreditation Board \(PHAB\)](#)
2. [Who is Accredited](#) – Kentucky
3. [PHAB Accreditation Fee Schedule](#)

# National Public Health Models

Every state is different in their approach to public health, however, there are nationally recognized models and standards that all states, including Kentucky, refer to in guiding public health work. These models and standards have been formalized by academic institutions, national and global public health organizations, and the collective ideas from state and local health departments across the country.

## Foundational Public Health Services

In 2013, the Public Health Leadership Forum, convened to explore a recommendation from the Institute of Medicine (IOM) report, *For the Public's Health: Investing in a Healthier Future*, to create a “minimum package of services.” In other words, a collection of skills, programs and activities that must be available in state and local health departments everywhere for the health system to work anywhere. A conceptual framework was developed to describe both the foundation and programs that no health department should be without. The result was the Foundational Public Health Services (FPHS), now housed at the Center for Innovation at the PHAB (7).

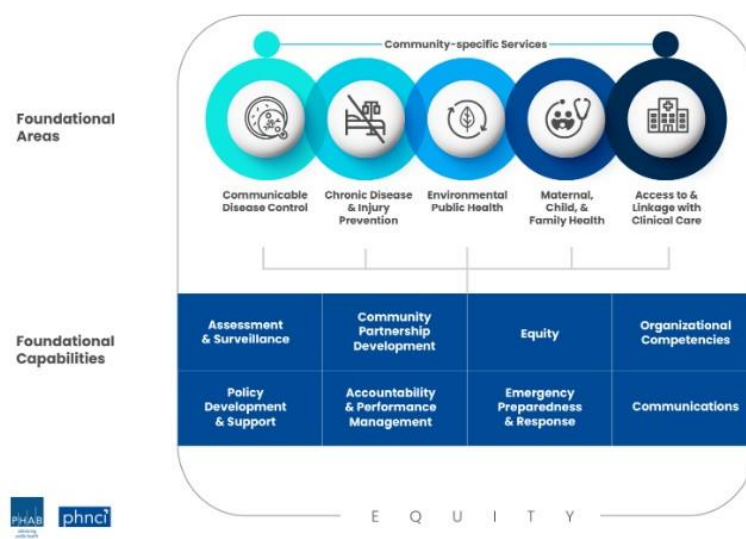
The foundational public health services help describe the vital role and unique responsibilities of governmental public health. There are three components to the framework:

1. Foundational Capabilities.
2. Foundational Areas.
3. Additional services that health departments provide which will vary based on the community's needs.

Foundational Capabilities are the crosscutting skills and capacities needed to support basic public health protections that are key to ensuring the community's health and achieving equitable health outcomes. Figure 14 displays the eight foundational capabilities. These capabilities are built and sustained by the public health workforce, people who have various sets of crosscutting skills and competencies. The eight foundational capabilities also are the infrastructure that is necessary to support the foundational areas.

Foundational Areas are the basic public health, topic-specific programs aimed at improving the health of the community affected by certain diseases or public health threats (Figure 14.).

**Figure 14.**  
*Foundational Public Health Services (FPHS)*



February 2022

Overall, the foundational public health services help guide investment in prevention efforts that will help the United States avoid and/or lessen the disruption of future pandemics and epidemics and focus on chronic issues as well as advance equity. There continues to be strong support that this framework represents the “minimum package of public health capabilities and programs that no jurisdiction can be

without.” (7)

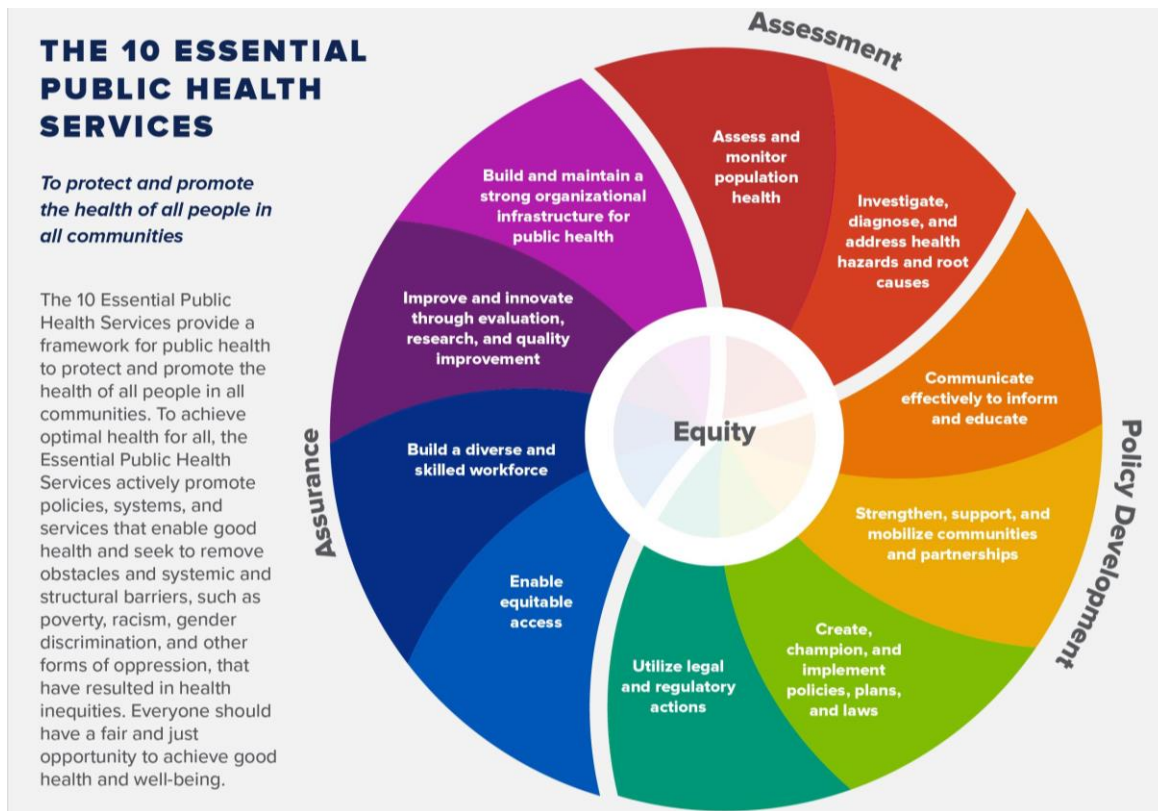
## 10 Essential Public Health Services

The 10 Essential Public Health Services and three Core Functions model was introduced by the Institute of Medicine (IOM) in the year 2000. Since then, it has been widely adopted and continues to play a crucial role in defining the responsibilities of public health at federal, state and local levels. The 10 Essential Public Health Services are intended to provide a comprehensive and flexible approach to public health that can be adapted to meet the unique needs of each community.

According to the Centers for Disease Control and Prevention (CDC), the public health system is made up of all public, private and voluntary entities that contribute to delivering essential public health services within a jurisdiction. This concept recognizes the contributions of all entities towards the health and well-being of a community or state while assessing the provision of public health services. The 10 Essential Public Health Services offer a framework to protect and promote the health of all individuals in every community. To achieve equity, these services aim to establish systems, policies and overall community conditions that enable optimal health for everyone, and work to remove systemic and structural barriers that cause health inequities. These barriers may include discrimination based on race, gender, poverty and ability. Every individual deserves an equal opportunity to achieve optimal health and well-being (3). Figure 15 displays the 3 Core Functions – Assessment, Policy Development, and Assurance – along with the corresponding essential services.

**Figure 15.**

*The 10 Essential Public Health Services<sup>1</sup>*



<sup>1</sup> The Core Public Health Functions Steering Committee developed the framework for the Essential Public Health Services

## Public Health 3.0

Public Health 3.0 is a concept that envisions a new way of approaching public health in the United States. Dr. Karen DeSalvo with the Centers for Disease Control and Prevention (CDC), along with her colleagues, introduced Public Health 3.0 as a way of defining an evolving public health system. Their work, released in 2016, was intended to create an infrastructure to address public health issues facing our society today such as social determinants of health and health behaviors. It also acts as a framework to address modern challenges and improve population health outcomes. Public Health 3.0 goes beyond traditional public health department functions and programs to enhance and broaden public health practice (6). Next, some recommendations that define the conditions needed to support health departments and the broader public health system as it transforms into the Public Health 3.0 model will be explored.

### Recommendations to Achieve Public Health 3.0

- **Chief Health Strategist:** Public health leaders should embrace the role of Chief Health Strategist for their communities – working with all relevant partners so that they drive initiatives including those that explicitly address “upstream” social determinants of health.
- **Enhanced & Modified Funding:** Exploring new ways to fund public health initiatives, including partnerships with private sectors, philanthropic organizations and leveraging new funding streams. Blending of funds from multiple sources should be encouraged. Funding should be identified to support core infrastructure as well as community-level work to address the social determinants of health.
- **Actionable Data:** Timely, reliable and granular-level data should be made accessible to communities throughout the country. Advanced data analytics and technologies should be utilized to inform and guide public health strategies. This involves gathering and analyzing health data to understand trends, disparities and areas needing intervention.
- **Public Health Accreditation:** To foster public health 3.0 principles, Public Health Accreditation Board (PHAB) criteria and processes for health department accreditation should be enhanced. Ensuring that every community is served by an accredited state or local health department requires major investment and political will to enhance existing infrastructure.
- **Cross-Sector Collaboration:** Emphasizes working across multiple sectors, including healthcare, public health, social services, education and more. This includes not only governmental agencies but also community organizations, businesses and other stakeholders. Local health departments should create innovative and sustained organizational structures that include agencies across multiple sectors and with a shared vision, which allows blending of funding sources, capturing savings for reinvestment over time, and a long-term roadmap for creating health, equity and resilience in communities (6) (Figure 16.).

Figure 16.  
Public Health 3.0





## Other Key Principles

- **Health Equity and Social Determinants of Health:** Recognizing that health is influenced by factors beyond medical care, such as economic stability, education, social support networks and access to healthy foods and safe environments. This principle highlights the need to address health disparities and ensure all communities have equal access to resources and opportunities for good health (Figure 17.).
- **Policy and Systems Change:** It focuses on policy and structural changes that can lead to long-lasting improvements in population health. This might involve advocating for changes in local ordinances, state laws or federal policies.
- **Workforce of the Future:** Public Health 3.0 looks at developing a skilled and adaptable public health workforce that is equipped to address complex health challenges. This may involve training in new areas like data analytics, technology and community engagement.

Public Health 3.0 is about shifting the approach to public health towards a more comprehensive, collaborative and community-centered model.

## Resources

1. [A Primer for Local Health Departments to Create a Culture of Health Equity](#)
2. [Foundational Public Health Services \(FPHS\)](#) – Public Health Accreditation Board
3. [10 Essential Public Health Services Overview](#) – Centers for Disease Control and Prevention
4. [Examples of How Social Determinants of Health Can be Addressed Through the 10 Essential Public Health Services](#) – Learn how the EPHS can incorporate interventions to modify social determinants of health – the conditions in the places where people are born, live, learn, work, play, worship, and age
5. [Public Health 3.0](#) – National Association of County and City Health Officials (NACCHO)

Figure 17.  
[Healthy People 2030 Social Determinants of Health](#)



## Best Practices for Local Board of Health Members

To conclude this manual, we have provided an overall list of best practices to help navigate your role as a board member.

- Actively participate in professional organizations like the Kentucky Association of Local Boards of Health (KALBOH) and the National Association of Local Boards of Health (NALBOH).
- Know the laws, regulations and rules of order governing your local board of health.
- Understand and support the vision and mission of the board and health department.
- Be familiar with health department programs.
- Gain a working familiarization with the policies, guidelines and rules of the local health department and fully understand the board of health's role in local public health.
- Be regular and punctual at board and committee meetings, fully prepared in advance by reviewing meeting materials and ready to participate in discussions.
- Provide a leadership voice, ask questions for clarification, join the discussion and participate fully both in and outside of Board of Health meetings.
- Understand the delineation between the roles and responsibilities of the board, key department leadership and department staff (i.e., governance is not management).
- Know and maintain appropriate lines of communication between board and department personnel.
- Develop a working knowledge of all financial statements presented as well as the budget development cycle.
- Maintain confidentiality at all times.
- Participate in recruiting new board members, ensuring they are fully oriented and mentored to the governance process.
- Advocate at the community or state level for sustainable public health funding.
- Liaison between the county, city and other municipalities and the health department.
- Advocate for public health and health equity in your community.
- Complete any recommended hours of continuing education.

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# Appendices

## Appendix 1: Public Health Acronyms

This is a list of public health acronyms that you may encounter as a board member.

<b>AC</b>	Accreditation Coordinator
<b>ACA</b>	Affordable Care Act
<b>ACO</b>	Accountable Care Organization
<b>AFM</b>	Administration and Financial Management
<b>AHL</b>	Area Health Liaisons
<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>APHA</b>	American Public Health Association
<b>ASTHO</b>	Association of State and Territorial Health Officers
<b>BRFSS</b>	Behavioral Risk Factor Surveillance System
<b>CBPR</b>	Community-based Participatory Research
<b>CDC</b>	Centers for Disease Control and Prevention
<b>CHA</b>	Community Health Assessment
<b>CHIP</b>	Child Health Insurance Program
<b>DEI</b>	Diversity, Equity, and Inclusion
<b>EHS</b>	Environmental Health Specialist
<b>EOP</b>	Emergency Operations Plan
<b>EPA</b>	US Environmental Protection Agency
<b>EPI</b>	Epidemiology and Health Planning Division
<b>ERP</b>	Emergency Response Plan
<b>FDA</b>	US Food and Drug Administration
<b>FEMA</b>	Federal Emergency Management
<b>HANDS</b>	Health Access Nurturing and Development Services
<b>HHS</b>	US Department of Health and Human Services
<b>HIPAA</b>	Health Insurance Portability and Accountability Act
<b>HIV</b>	Human Immunodeficiency Virus
<b>ICD</b>	Incident Command System
<b>IOM</b>	Institute of Medicine
<b>KALBOH</b>	Kentucky Association of Local Boards of Health
<b>KDPH</b>	Kentucky Department for Public Health
<b>KHDA</b>	Kentucky Health Department Association
<b>KPHA</b>	Kentucky Public Health Association
<b>LBOH</b>	Local Board of Health
<b>LHD</b>	Local Health Department
<b>MCH</b>	Maternal and Child Health
<b>MCO</b>	Managed Care Organization
<b>MMR</b>	Mumps/Measles/Rubella Vaccine
<b>MMWR</b>	Morbidity, Mortality Weekly Report
<b>MOA</b>	Memorandum of Agreement
<b>MOU</b>	Memorandum of Understanding
<b>NACCHO</b>	National Association of City and County Health Officials
<b>NALBOH</b>	National Association of Local Boards of Health
<b>NIH</b>	National Institute of Health

<b>NIOSH</b>	National Institute of Occupational Safety and Health
<b>NNPHI</b>	National Network of Public Health Institutes
<b>NPHPS</b>	National Public Health Performance Standards
<b>OHE</b>	Office of Health Equity
<b>PHAB</b>	Public Health Accreditation Board
<b>PHF</b>	Public Health Foundation
<b>PHN</b>	Public Health Nurse
<b>PHPS</b>	Public Health Protection and Safety
<b>PHT</b>	Public Health Transformation
<b>PQI</b>	Prevention and Quality Improvement
<b>RS</b>	Registered Sanitarian
<b>SDOH</b>	Social Determinants of Health
<b>SIDS</b>	Sudden Infant Death Syndrome
<b>SMARTIE</b>	Specific, Measurable, Achievable, Relevant, Time-bound, Inclusive, Equitable
<b>STD/STI</b>	Sexually Transmitted Disease/Sexually Transmitted Infection
<b>TB</b>	Tuberculosis
<b>USDA</b>	US Department of Agriculture
<b>WFD</b>	Workforce Development
<b>WH</b>	Women's Health
<b>WHO</b>	World Health Organization
<b>WIC</b>	Women, Infant, and Children Supplemental Food Program

## Appendix 2: Public Health Terms

This is a list of public health terms that you may encounter as a board member.

<b>Assessment</b>	Regular and systematic collection, assembly, analysis, and the availability of community health information.
<b>Assurance</b>	Public health agencies assure that necessary services are provided to achieve community goals and objectives for healthy people.
<b>Capacity Standards</b>	Statements of what public health agencies must do as part of ongoing daily operations to adequately protect and promote health, prevent disease, injury and premature death.
<b>Clinical Care</b>	Prevention, treatment, and management of illness and preservation of mental and physical well-being through services offered by medical and allied health professions; also known as health care.
<b>Core Functions</b>	The three basic functions of the public health system: assessment, policy development and assurance.
<b>Determinant</b>	A factor that contributes to the generation of a trait.
<b>Epidemic</b>	Occurrence in a community or region of cases of an illness, specific health-related behavior, or other health-related event clearly above normal expectancy. Both terms are used interchangeably; however, epidemic usually refers to a larger geographic distribution of illness or health-related events.
<b>Epidemiology</b>	The study of diseases and injuries in the human population, their distribution and determinants
<b>Essential Services</b>	Provide a working definition of public health and a guiding framework for the responsibilities of local public health systems.
<b>Health Outcome</b>	The result of a medical condition directly affecting the length or quality of a person's life.
<b>Health Equity</b>	The state in which everyone has a fair and just opportunity to attain their highest level of health.
<b>Incidence</b>	The number of new cases of a specific disease diagnosed or reported during a defined period of time.
<b>Local Board of Health</b>	Governing or advisory bodies who are appointed to protect and improve the health of the community.
<b>Local Health Department</b>	Local (county, city, combined city-county or multi-county) health agency with oversight and direction from local boards of health who provide health services throughout the defined geographic area.
<b>Medicaid</b>	A program authorized under Title XIX of the Social Security Act to provide medical services to clients who meet eligibility requirements.
<b>Medicare</b>	Federal insurance program covering delivery of medical services to people ages 65 or older.
<b>Morbidity</b>	Incidence of disease or the state of being diseased.
<b>Mortality</b>	Incidence of death or the state of being deceased.
<b>Outcome Standards</b>	Long-term objectives that define optimal, measurable future levels of health status, maximum acceptable levels of disease, injury or dysfunction or prevalence of risk factors.
<b>Pandemic</b>	Denoting a disease affecting or attacking the population of an extensive region, country, or continent

<b>Policy Development</b>	The process whereby public health agencies evaluate and determine health needs and the best way to address them
<b>Population Health</b>	An approach to health that aims to improve the health of an entire population
<b>Prevention</b>	An action to avoid, forestall, or circumvent a happening, conclusion, or phenomenon (e.g., disease)
<b>Promotion</b>	Health education and the fostering of healthy living conditions and lifestyles.
<b>Public Health</b>	Prevention of disease, injury or disability and promotion of good physical and mental health.
<b>Quality Assurance</b>	Monitoring and maintaining the quality of public health services through licensing and discipline of health professionals, licensing of health facilities and the enforcement of standards and regulations
<b>Quorum</b>	The minimum number of members of a deliberative assembly necessary to conduct the business of that group. A quorum refers to the number present, not to the number voting.
<b>Risk Assessment</b>	To identify and measure the presence of causes and risk factors that are thought to have a direct influence on the level of a specific health problem, based on scientific evidence or theory.
<b>Risk Factor</b>	Any personal or societal condition that leads to the possibility of a problem.

## Appendix 3: Agency Resource List

### **Kentucky Public Health Agencies**

- [Kentucky Health Department Association \(KHDA\)](#)
- Kentucky Association of Local Boards of Health (coming soon)
- [Kentucky Public Health Association \(KPHA\)](#)
- [Cabinet for Health and Family Services \(CHFS\)](#)
- [Kentucky Legislative Research Commission Search](#)

### **National Public Health Organizations**

- [American Public Health Association](#)
- [Association of Schools and Programs of Public Health \(ASPPH\)](#)
- [Association of State and Territorial Health Officials \(ASTHO\)](#)
- [National Association of County and City Health Officials \(NACCHO\)](#)
- [National Association of Local Boards of Health \(NALBOH\)](#)
- [Public Health Foundation \(PHF\)](#)
- [de Beaumont Foundation](#)
- [Region IV Public Health Training Center](#)

### **Federal Agencies**

- [Agency for Toxic Substances and Disease Registry \(ATSDR\)](#)
- [Centers for Disease Control and Prevention \(CDC\)](#)
- [Centers for Medicare and Medicaid Services \(CMS\)](#)
- [U.S. Department of Health and Human Services \(HHS\)](#)
- [U.S. Food and Drug Administration \(FDA\)](#)
- [Health Resources and Services Administration \(HRSA\)](#)
- [National Institutes of Health \(NIH\)](#)



## Appendix 4: Sample Documents

For sample documents pertaining to Code of Ethics and Bylaws, please visit the [Local Board of Health Sample Documents](#) page.

## Appendix 5: How to Access TRAIN for Board of Health Training

New users wishing to access TRAIN can easily create an account by following the steps outlined below.

The TRAIN Support team can be reached at [Kytrainsupport@ky.gov](mailto:Kytrainsupport@ky.gov) if you encounter any issues.

# How to create a TRAIN account

Begin your TRAIN journey here.

### 1

Go to [www.train.org](http://www.train.org)  
Click the **Create an Account** button.



### 2

Fill in your information

(a) Create your login name and (b) password. (c) Provide your email address, (d) first and last name, (e) time zone, and (f) zip/postal code.

**? WHY ZIP CODE?**  
Your zip code determines which regional courses you can access on your TRAIN account.

**TIP:** Follow the guidelines listed below each text entry box when creating your account.

**! AFFILIATE SITES**  
When creating your TRAIN account, you may be directed to another page depending on your location. If you are presented with more than one option, use the drop down menu to select your desired site.





How to create a TRAIN account (continued)

## 2 Fill in your information (continued)

Already have an account but forgot your login? Follow these steps:

- (a) If you receive a notification that your email already exists in TRAIN, click the [Forgot Your Login Name / Password](#) link.

### Your Email Address

janedoe@email.com

A user with this email already exists in TRAIN. Please use the [Forgot Your Login Name / Password](#) tool to retrieve your account information.

### Forgot your login name or password?

Enter your login name or email

janedoe@email.com

If you don't remember your login name or email please contact [support](#)

Cancel

Recover Password

- (b) Type your login name or email into the text box. Click the green **Recover Password** button.

- (c) Check your email for instructions about resetting your password. Click the green **OK** button.

### Check your email

If the login name or email you entered is associated with a user account in our records, you will receive an email from us with instructions for resetting your password. If you don't receive this email after 15 minutes, please check your junk mail folder, other email addresses, or contact [support](#) for further assistance.

OK

## 3 Agree and create

Once you have filled in all your account information, review [TRAIN policies](#) and check the box to signal your agreement. Click the **Create Account** button.

I agree to all [TRAIN policies](#)

Create Account



Once your account is created, follow the instructions below to finish setting up your profile.

# How to complete your TRAIN profile

Manage and edit your account information



Click [here](#) for a printable PDF of this document.

## 1 Go to Your Profile

Under the Notifications section on the TRAIN homepage, click the link that says **Your Profile Is Incomplete**.

>> If you do not see the link, click on your name in the upper right hand corner.

>> Click on **Your Profile** in the dropdown menu.



## 2 Update Your Profile

Fill in the required information for each section. Use the dashboard on the left to click through the sections as you complete your profile.


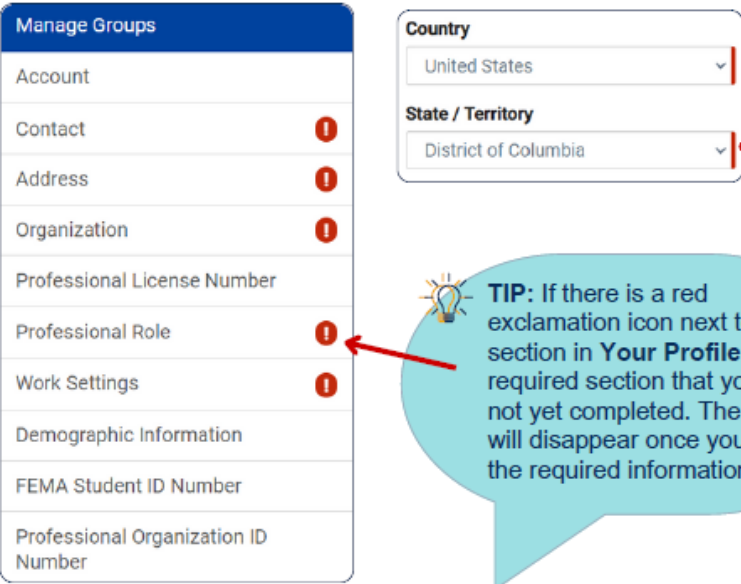
Manage Groups	
Account	
Contact	!
Address	!
Organization	!
Professional License Number	
Professional Role	!
Work Settings	!
Demographic Information	
FEMA Student ID Number	
Professional Organization ID Number	

Country: United States

State / Territory: District of Columbia

**TIP:** Required fields are marked with a red bar.

**TIP:** If there is a red exclamation icon next to a section in **Your Profile**, it is a required section that you have not yet completed. The icon will disappear once you fill in the required information.



## How to manage your TRAIN account (continued)

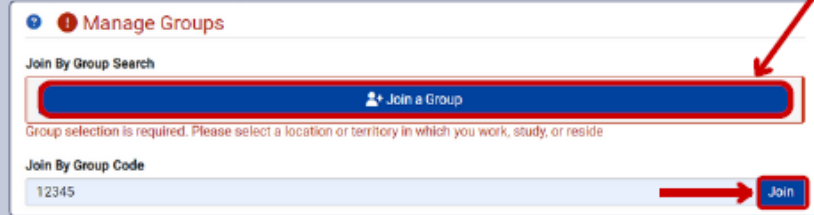
### 3

### Manage Groups

Follow these steps to select your group(s):

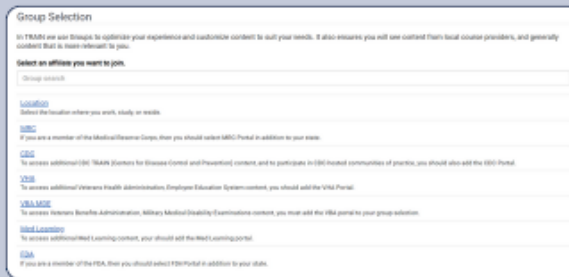
(a) Click the blue **Join a Group** button. This will take you to the Group Selection page.

➤➤ If you have been given a group code, enter it in the **Join by Group Code** text field. Click the blue **Join** button.



(b) Use the Group Selection page to choose your group(s). You are able to select any number of groups.

- Use the **Location** tab to make any additional place-based selections.
- If you are part of an affiliate group, use the search bar or click on the associated tab.



(c) Once you have made a group selection, click the **Confirm these selections** button.

✔ Confirm these selections

➤➤ To remove a selected group, click the red **x**.

➤➤ To finalize your group selections, click the **Confirm Group Selections** button.

✔ Confirm Group Selections

➤➤ To edit your group selections, click the blue **pencil** icon.



➤➤ To add another group, click the **Join Another Group** button.

+ Join Another Group

### ? AFFILIATES

An affiliate is any organization that manages a customized TRAIN website.

These organizations include state public health agencies, regional training centers, and professional associations.

### ? GROUPS

Groups depend on your location and customize your experience so that you see content more relevant to you.

**TRAIN**  
From the Public Health Foundation



Account

Email  
sample@email.com **a**

I would like to allow TRAIN to send me notifications via email **b**  
 Yes  No

I would like to receive annual notifications to keep my account up to date **c**  
 Yes  No

First Name **d**  
First

Middle Name

Last Name **e**  
Last

Login Name  
SampleLoginName


User ID  
4181459

**f** Reset Password

Course Provider  
Request Role

Fill in the required information.

- (a) Verify that the listed email is correct.
- (b) Select whether you would like to allow TRAIN to send you course-related notifications via email.
- (c) Select whether you would like to receive annual notifications reminding you to update your account information.
- (d) Enter your first name.
- (e) Enter your last name.
- (f) See below.

- If you want to reset your password, click the **(f) Reset Password** button.
- Enter your old password. Then enter and confirm your new password.
- Click the green **Submit** button. 

Change your password



Old password

New password

Confirm new password

Password must:

- Contain at least one lower case letter
- Contain at least one upper case letter
- Contain at least one number
- Be at least 8 characters
- Be different from the user's LoginName, FirstName, LastName, and Email


Contact

Enter your phone number.

- (a) Click the blue **Add a Phone Number** button.

Contact (Fields marked below are required)

Phone Numbers

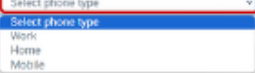


- (b) Use the drop down menu to select your phone type.
- Input your phone number.



Add a phone number

Is this your work, home or mobile number?

Select phone type



Work  
Home  
Mobile

Add a phone number

Is this your work, home or mobile number?

Select phone type

Phone Number



- (c) Click the green **Accept** button.





## How to manage your TRAIN account (continued)

### Address

# 6

**Address** (Fields marked below are required)

<b>Country</b> <b>a</b>	<b>Street Address</b> <b>e</b>
<input type="text" value="United States"/>	<input type="text"/>
<b>State / Territory</b> <b>b</b>	<b>Street Address Cont.</b>
<input type="text" value="District of Columbi"/>	<input type="text"/>
<b>City</b> <b>c</b>	<b>Time Zone</b> <b>f</b>
<input type="text" value="Washington"/>	<input type="text" value="(GMT-05:00) Easte"/>
<b>Zip / Postal Code</b> <b>d</b>	
<input type="text" value="20001"/>	

Fill in your address. Use the drop down menus to view more options.

- (a) Select your country.
- (b) Select your state or territory.
- (c) Enter the name of your city.
- (d) Enter your zip code.
- (e) Enter your street address.
- (f) Select your time zone.

# 7

### Organization

Enter your (a) organization name, (b) department / division, and (c) title.

#### ? ORGANIZATION

Examples of organizations include state public health agencies, regional training centers, and professional associations.

**Organization** (Fields marked below are required)

<b>Organization Name</b> <b>a</b>	<b>Department / Division</b> <b>b</b>
<input type="text"/>	<input type="text"/>
	<b>Bureau / Section</b>
	<input type="text"/>
	<b>Title</b> <b>c</b>
	<input type="text"/>

### Professional Role

# 8

**Professional Role** (Fields marked below are required)

Please take a minute to review all roles before making your selection.

Please select up to three (3) Professional Roles that best match your profession, and select Specialization where available. If the "Other" option is selected, please enter specialization.

Professional Role is not properly filled out! Please choose between 1-3 attributes only.

	Primary
<input type="checkbox"/> <b>Allied Health Professional</b>	<input type="radio"/>
<input type="checkbox"/> <b>Administrator / Director / Manager</b>	<input type="radio"/>
<input type="checkbox"/> <b>Administrative Support Staff</b>	<input type="radio"/>
<input type="checkbox"/> <b>Animal Control Specialist / Veterinarian</b>	<input type="radio"/>
<input type="checkbox"/> <b>Biostatistician</b>	<input type="radio"/>
<input type="checkbox"/> <b>Childcare Provider</b>	<input type="radio"/>

Scroll through the listed professional roles and select up to three (3) that apply to your position.

- (a) Check the box to the left of your role(s).
- (b) To set a role as your primary one, check the circle under the Primary column to the right of your role.

➔ If you do not see your professional role listed, scroll to the bottom and manually enter it in the **Other** section.

**Other (specify)**

**TRAIN**  
From the Public Health Foundation



How to manage your TRAIN account (continued)

9

Work Settings

Scroll through the listed work settings and select up to three (3) settings that apply to your position.

(a) Check the box to the left of the work settings.

(b) To set a setting as your primary one, check the circle under the Primary column to the right of the listed work settings.

➤➤ If you do not see your professional role listed, scroll to the bottom and manually enter it in the **Other** section.

Other (specify) \_\_\_\_\_

Optional sections

10

The Professional License Number, Demographic Information, FEMA Student ID Number, and Professional Organization ID Number sections are recommended, but optional unless you are in a specific group that requires them.

Manage Groups
Account
Contact
Address
Organization
Professional License Number
Professional Role
Work Settings
Demographic Information
FEMA Student ID Number
Professional Organization ID Number

- Depending on your group, there may be more sections available for you to fill out. These will appear in the same dashboard as the standard sections.
- Once you have filled out the necessary information, click the green **Save** button in the upper right hand corner of the screen.
- To close out of your profile, click the yellow **Cancel** button.

