

ILLINOIS PUBLIC HEALTH NURSING TOOLBOX MANUAL

Prepared by

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Public Health Nursing Roundtable
Orientation Subcommittee*

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Module III: Local Health Agencies

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MODULE III LOCAL HEALTH STRUCTURES

Description

This self-learning module provides a brief overview of Local Health Departments (LHD) structure, Community Based Organizations (CBOs), and Federally Qualified Health Centers (FQHCs).

Learning Objectives: At the completion of this module, the participant will be able to:

1. Explain the Local Health Department Structure.
2. Explain the requirements for Health Department Certification.
3. Describe and give an example of a CBO.
4. Describe a Federally Qualified Health Center.

Required References:

Edelman, I. (2000). Evaluation and Community Based Organizations. *Social Policy*. 31(2), 13-24.

HRSA. (2002). *Opportunities to Use Medicaid in Support of Access to Health Services*. Retrieved January 25, 2002, from http://www.hrsa.gov/medicaidprimer/rural_health_part3only.htm

IDPH. (2002). *Certified Local Health Department Code (77 Ill. ADM CODE 600)*. Retrieved March 8, 2002, from <http://www.idph.state.il.us/rulesregs/77-0600.htm>

IDPH. (2002). *Illinois Rural Health Code (77 Ill. ADM. CODE 596)*. Retrieved March 7, 2002, from <http://www.idph.state.il.us/rulesregs/77-0596.htm>

IPHCA. (2002). *IPHCA and the Illinois Coalition for School Health Centers form Partnership to Increase Health Care Access for Children*. Retrieved February 20, 2002, from <http://www.iphca.org/news/nov2.htm>

IDPH. (2002). *Local Health Departments in Illinois*. Retrieved March 14, 2002, from <http://www.idph.state.il.us/about/lhdq&a.htm>

Minnesota State Health Department. (2002). *Federally Qualified Health Center Program (FQHC)*. Retrieved February 19, 2002, from <http://www.health.state.mn.us/divs/chs/fqhc.htm>

Swanson, J. M. & Albrecht, M. (1993). *Community Health Nursing*. Philadelphia: W.B. Saunders.

Turnock, Bernard. (2001). *Public Health. What it is and How it Works*. Gaithersburg: Aspen Publishers, Inc.

Additional Resources

Cornell University Law Library Public Health Svc Act	www4.law.cornell.edu/uscode www.4.law.cornell.edu/uscode/42/201.html
Health Resources and Services Admin. 1-888-Ask-HRSA	www.hrsa.gov
Illinois Department of Public Health Local Health Department Code	www.idph.state.il.us www.idph.state.il.us/rulesregs/77-0600
Illinois Primary Health Care Association	www.iphca.org
Local Community Access CBO information by state	www.nmac.org/localaccess/CBOsByState.asp

Content Outline

- A. Local Health Departments
 - 1. Definition and History
 - 2. Formation and Funding
 - 3. Local Health Departments in Illinois
 - 4. Certification
 - 5. Structure
- B. Community Based Organizations
 - 1. Definition
 - 2. Function
 - 3. Funding
- C. Federally Qualified Health Centers
 - 1. Definition
 - 2. Funding
 - 3. Designation and requirements

Study Guide

Read the following summary and the reference material and be prepared to answer the following questions:

1. What is the purpose of the Board of Health?
2. How does an FQHC differ from the office of a private physician? What are the similarities?
3. What is the result of an IPLAN process?
4. What is the unique feature that distinguishes a Certified Local Health Department from other public health providers?
5. All Illinois counties are served by local health departments? T or F

6. A Federally Qualified Health Center must be a/an:
- a. Migrant Health Center
 - b. American Indian Clinic
 - c. Look-A-Like
 - d. Any of the above.
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A. Local Health Departments

1. Definition and History

The Illinois Department of Public Health (IDPH) defines a local health department as a county, multi-county, municipal or district public health agency certified by the Illinois Department of Public Health.

“The first county health department was established in 1911 in Yakima County, Washington. The opening of this health department was deemed necessary after a successful sanitation campaign to control a typhoid epidemic” (Turnock, 2001).

It is the duty of local health departments to develop and administer programs and services that help to maintain healthy communities.

2. Formation and Funding

The decision to establish a local health department is done by either county board resolution or countywide referendum. Health departments created by resolution are funded by the county’s general fund. Health departments created by referendum are funded by a separate tax levy based upon assessed property evaluation. In addition to the funds received from the county or tax levy, health departments also receive funds from local fee-for-services, donations, state and federal grants, and non-governmental grant sources (Local Health, 2002).

3. Local Health Departments in Illinois

As of March 2002, the State of Illinois has 92 certified local health departments serving 102 counties in the state. Four Illinois counties (Carroll, Edwards, Richland, and Warren) remain without access to the essential services provided by local health departments (Local, 2002).

4. Certification

“A certified local health department is a local governmental agency that carries out the core functions of public health: assessment, policy development, and assurance within its jurisdiction.” (IDPH, 2002). Any local health department currently recognized by the Illinois Department of Public Health (IDPH) is eligible to seek certification.

Performance of the core public health functions is the unique feature that distinguishes a Certified local health department from any other public health provider in a local area” (Certified Local, 2002).

Certification is granted to local health departments that meet the requirements as outlined in Certified Local Health Department Code, 77Ill. ADM. Code 600. This includes completion of the Illinois Project for Local Assessment of Needs (IPLAN) or equivalent, and adherence to the Public Health Practice Standards. Certification is valid for five years following the date of certification and is renewable after that time. The IPLAN must also be completed every five years.

Local health departments that do not have an IPLAN completed at the time of application may apply for a Provisional Certification. A Provisional Certification application must include a written commitment to complete the IPLAN within two years after the Provisional Certification is granted. Provisional Certifications expire upon Certification of the local health department or two years after the date the Provisional Certification was granted, whichever is sooner.

a. Illinois Project for Local Assessment of Needs (77 ILL. ADM.CODE 600.410)

IPLAN is a series of planning activities conducted within the local health department that results in the development of an organizational capacity assessment, a community health needs assessment, and a community health plan. Health department activities are prioritized and directed according to the top three identified needs. IPLAN shall meet the following requirements:

The process shall involve community participation in the identification of community health problems, priority setting, and completion of the community health needs assessment and community health plan.

Community health indicators contained in the IPLAN Data System provided by IDPH for assessment purposes or a similar, equally comprehensive data system developed by the local health department should be utilized to structure the minimal content of the assessment. A local health department may use in its assessment such additional data available, describing the health of its population including natality, mortality, morbidity and risk factors for illness in its jurisdiction.

The process shall result in the setting of priority health needs.

The process shall include an analysis of priority problems that shall lead to the establishment of objectives and strategies for intervention.

The process shall include board of health adoption of the community health plan.

The process for developing a self-assessment of the health department's organizational capacity shall address the following categories:

- Legal authority and counsel
- Intergovernmental relations
- Constituency development and education
- Agency mission and role
- Data analysis, planning, evaluation, and assurance
- Public policy issues and implementation
- Budget development and administration, reporting and auditing
- Personnel administration and staff development
- Organizational structure and shared resources
- Management information systems

b. Public Health Practice Standards (77 ILL. ADM CODE 600.400)

- 1). Assess the health needs of the community by establishing a systematic needs assessment process that periodically provides information on the health status and health needs of the community.
- 2). Investigate the occurrence of adverse health effects and health hazards in the community by conducting timely investigations that identify the magnitude of health problems, duration, trends, location and populations at risk.
- 3). Advocate for public health, build constituencies and identify resources in the community by generating supportive and collaborative relationships with public and private agencies and constituent groups for the effective planning, implementation and management of public health activities. The local health department shall develop and strengthen communication with units of government, health-related organizations, health providers, citizens, and news media.
- 4). Develop plans and policies to address priority health needs by establishing goals and objectives to be achieved through a systematic course of action that focuses on local community needs and equitable distribution of resources, and involves the participation of constituents and other related governmental agencies. Develop a community health plan that addresses at least three priority health needs, identified pursuant to Section 600.400, during each certification period.
- 5). Manage resources and develop organizational structure through the acquisition, allocation and control of human, physical and fiscal resources, maximizing the operational functions of the local public health systems through coordination of community agencies' efforts and avoidance of duplication of services.

- 6). Implement programs and other arrangements assuring or providing direct services for priority health needs identified in the community health plan by taking actions which translate plans and policies into services.
- 7). Evaluate programs and provide quality assurance in accordance with applicable professional and regulatory standards to ensure that programs are consistent with plans and policies, and provide feedback on inadequacies and changes needed to redirect programs and resources.
- 8). Inform and educate the public on public health issues of concern in the community, promoting an awareness about public health services availability, and health education initiatives which contribute to individual and collective changes in health knowledge, attitudes and practices towards a healthier community.
- 9). Documentation of each activity conducted pursuant to Subpart D of this Part shall be available for review by IDPH upon request.

5. Local Health Department Structure

There must be a board of health to govern the health department. Boards of health initiate and assure programs and activities necessary for the promotion and protection of ordinances and regulations for the health department. Most recommend or approve budgets, establish community health priorities, and hire the executive director. By law, the board must be composed of two physicians, one dentist, one county board member, and four citizens-at-large (Local Health, 2002).

Personnel requirements for health departments include an Executive Office, Public Health Administrator, and Medical Health Officer (77 ILL.ADM CODE 600).

Local health departments are structured differently, depending on the staff size and programs provided. Although there are some organizational differences among health departments, most are structured similarly to chart depicted in Figure 1.

Although local health departments develop and administer programs and services that are aimed at maintaining a healthy community (Certified Local, 2002), health services are provided from other types of public health agencies as well. These may be Community Based Organizations (CBOs) or Federally Qualified Health Centers (FQHCs).

B. Community Based Organizations (CBOs)

1. Definition

The Illinois Rural Health Code 596.20 defines community-based organizations as “a locally organized and recognized group of individuals whose goals include efforts to maintain or increase the availability or accessibility of necessary health care for the citizens of their community”.

Swanson and Albrecht define community organization as “the process whereby community change agents empower individuals and aggregates to solve community problems and achieve community goals”. This process often leads to organizations, which are established to address the identified needs.

Figure 1.
Sample Local Health Department Structure

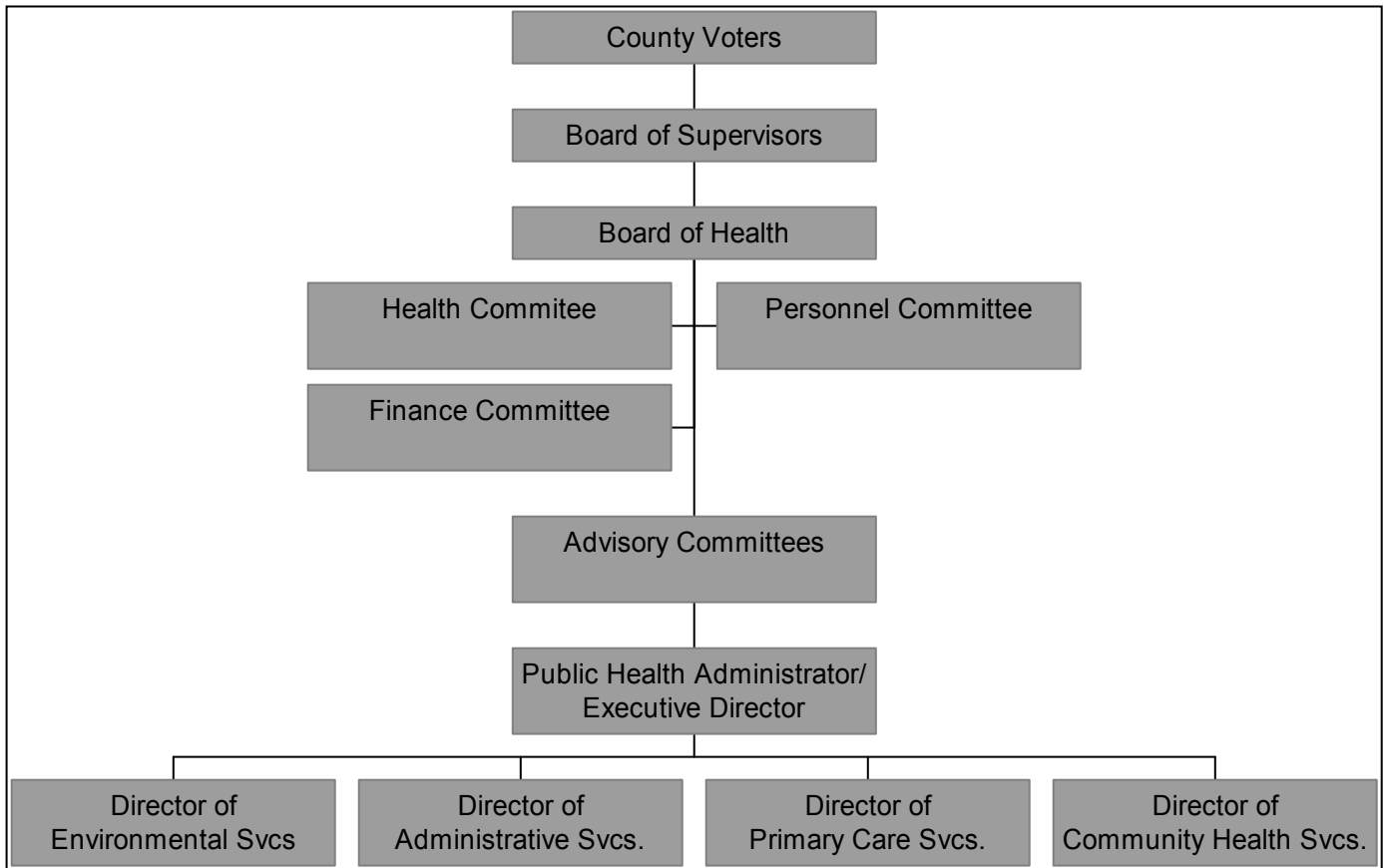


Figure created by Kelly Tisdale, modified by Nancy Sexton

2. Function

There is a vast array of community-based organizations. Some address health and social issues; others address educational, legal, environmental and cultural concerns. The key component of any community-based organization is the focus on the community with “meaningful inclusion of individuals, associations and institutions” in the neighborhood, according to Edelman. He goes on to say that the goal of these organizations is often to deliver comprehensive and integrated services in a community site.

CBOs can be a great resource for public health nurses seeking to identify needed services for an identified population.

3. Funding

The funding for these organizations comes from a wide variety of sources. Federal grants and local and state dollars fund many. Others are funded by foundation grants. Some are funded by donations. Some are funded at high levels and others are minimally funded and use extensive volunteer services. Local health departments are often considered community-based organizations. Other organizations may include Catholic Charities, churches, Boys and Girls Clubs, legal aid organizations, and many more.

C. Federally Qualified Health Centers (FQHCs)

1. Definition

Federally Qualified Health Centers (FQHCs), also referred to as community health centers (CHCs), are federally funded health centers that receive grants under section 330 of the Public Health Service Act (Opportunities, 2002).

2. Funding

“FQHCs receive cost-based reimbursement for Medicare and Medicaid patients as a mechanism to increase primary care services to high risk populations in under served areas” (Federally Q, 2002). “To receive this funding, the FQHC must be located in a medically under served area (MUA) or provide services to medically under served populations (MUPs)” (IPHCA, 2002).

3. Designation

Clinics receive automatic designation as an FQHC if they are:

a. A Federal Community and Migrant Health Center.

Community and Migrant Health Centers provides the following services to current and former migratory agricultural workers, seasonal agricultural workers, and their families:

- Primary health services.
- Supplementary health services as needed for adequate:
 - 1) Support of the primary health services.
 - 2) Referral to providers of supplementary health services
 - 3) Payment for the provision of such services.
 - 4) Environmental health services.
 - 5) Infectious and parasitic disease screening and control.
 - 6) Accident prevention.

- 7) Linguistically appropriate health education.
- 8) Patient case management services (outreach, referral, & follow-up).

- b. An American Indian outpatient clinic operating under section 638 of the American Indian Self-Determination Act.

“Clinics not falling into one of the above categories must apply for FQHC designation with a “Look-a-like” application. This requires the applicant conduct a needs assessment of their patient population, describe other primary care services in the service area, and provide assurance of compliance with FQHC governance, financial, and clinic requirements” (Federally Q, 2002).

Additionally, all FQHCs must:

- Have nonprofit, tax exempt, or public status
- Have a Board of Directors, a majority of whom must be consumers of the centers health services.
- Provide culturally competent, comprehensive primary care services to all age groups.
- Must offer a sliding fee scale, accept Medicaid/Medicare, and provide services regardless of ability to pay.

Learning Activities

Choose one or more activities as meets your needs and interests.

Shadow a nurse in your local FQHC to observe how a community health center runs and what services are provided the clients. Spend time in OB, Peds, Immunizations, the lab, Family Planning, Medical Records, and Communicable Diseases.

Spend observation days in the other divisions of your health department (i.e. Environmental Health, Mental Health, Dental, Hearing/Vision, and WIC).

Attend the staff meeting of another division within your health department. Note the priority goals for that division.

Interview the Director of another division of your health department. Discover that division’s role in coordination with other divisions to promote a healthy community.

Spend time with a leader/ administrator of your agency. Discuss how numerous divisions integrate their illness prevention and interventions for the community.

Attend a County Board meeting to gain perspective on current community concerns and issues.