CPH Exam Review Webinar

Health Policy Process & Program Management

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Credentialing Public Health Leaders

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CPH Study Resources

1. Content Outline
2. Sample Exam Questions
3. Practice Exams
4. Webinars
5. ASPPH Study Guide
6. APHA Study Guide

www.nbphe.org/cph-study-resources/

Content Outline

- Evidence-based Approaches to Public Health (10%)
- Communication (10%)
- Leadership (10%)
- Law and Ethics (10%)
- Public Health Biology and Human Disease Risk (10%)
- Collaboration and Partnership (10%)
- Program Planning and Evaluation (10%)
- Program Management (10%)
- Policy in Public Health (10%)
- Health Equity and Social Justice (10%)

Sample Exam Questions

Sample questions in the format of the CPH exam

Practice Exams

Online mini-exam of 50 questions from the CPH item-bank

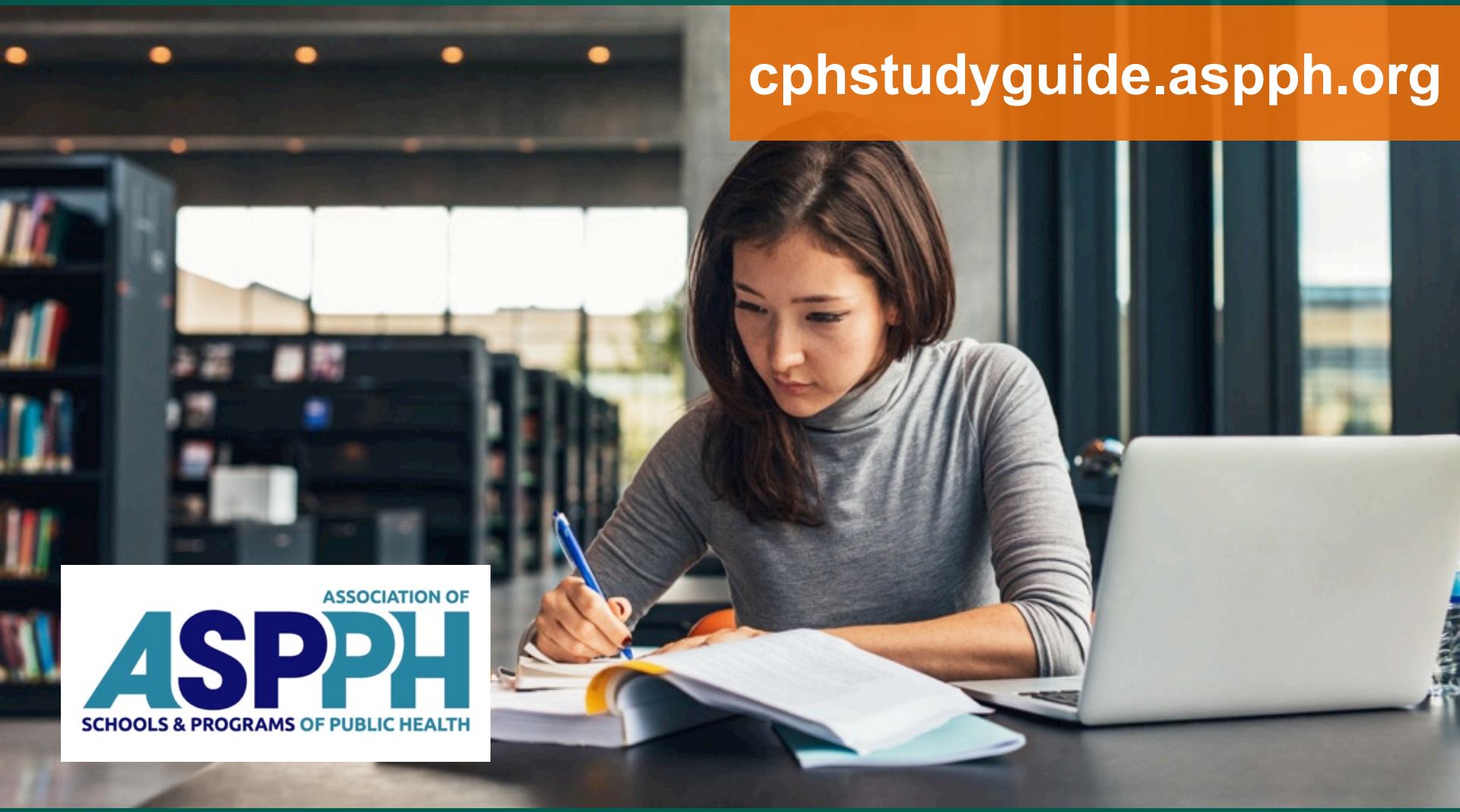
Study Webinars

Upcoming Webinars Lecture and Q&A

- **Public Health Biology and Human Disease Risk**
  September 27, 1-3 pm ET
- **Evidence Based Public Health: Biostatistics**
  October 22, 1-3 pm ET

These and all past webinars /presentations are posted on https://www.nbphe.org/cph-study-resources/

ASPPH CPH Study Guide



cphstudyguide.aspph.org

ASSOCIATION OF ASPPH
SCHOOLS & PROGRAMS OF PUBLIC HEALTH

APHA Press Study Guide

APHA
AMERICAN PUBLIC HEALTH ASSOCIATION
For science. For action. For health.

Editors: Karen Liller, Jaime Corvin and Hari Venkatachalam
University of South Florida College of Public Health
Certified in Public Health Exam Review Guide
$41.95 APHA member /$51.95 non-member
eBook and print available via the APHA Bookstore at https://www.apha.org/publications-and-periodicals


Let’s Get Started!

Health Policy Process

Zachary Pruitt PhD, MHA, CPH

University of South Florida College of Public Health

ASPPH CPH Exam Webinar Series

September 17, 2019

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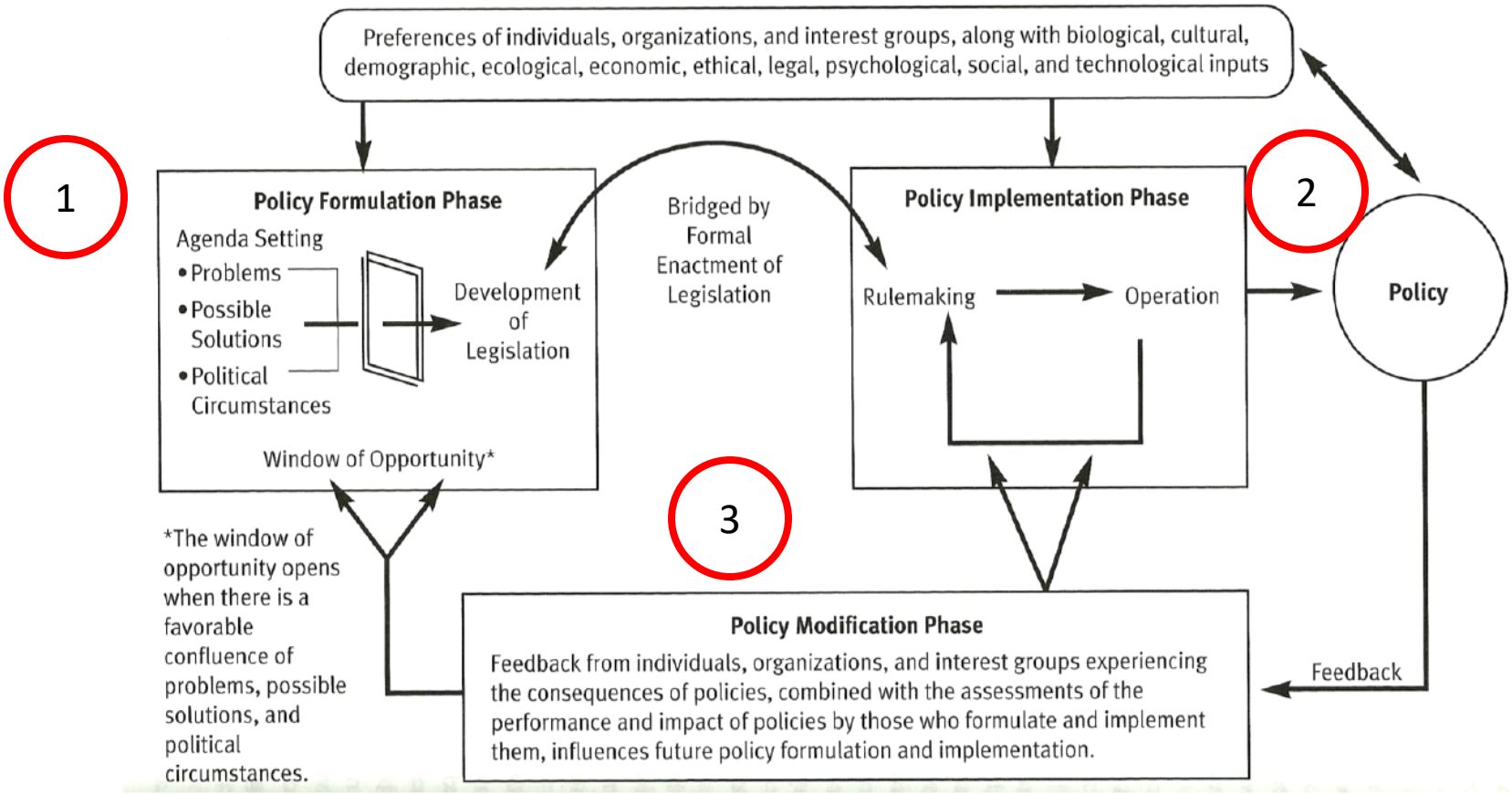
Session Objectives

1. Develop positions on health issues, law, and policy
2. Use scientific evidence, best practices, stakeholder input, or public opinion data to inform policy and program decision-making
3. Educate policy and decision makers to improve health, social justice, and equity

Policymaking process



Longest, B. B. (2002). *Health policymaking in the United States*. AUPHA/HAP.

Identify a public health problem

What is your position on health issues, law, and policy?

Examples of positions

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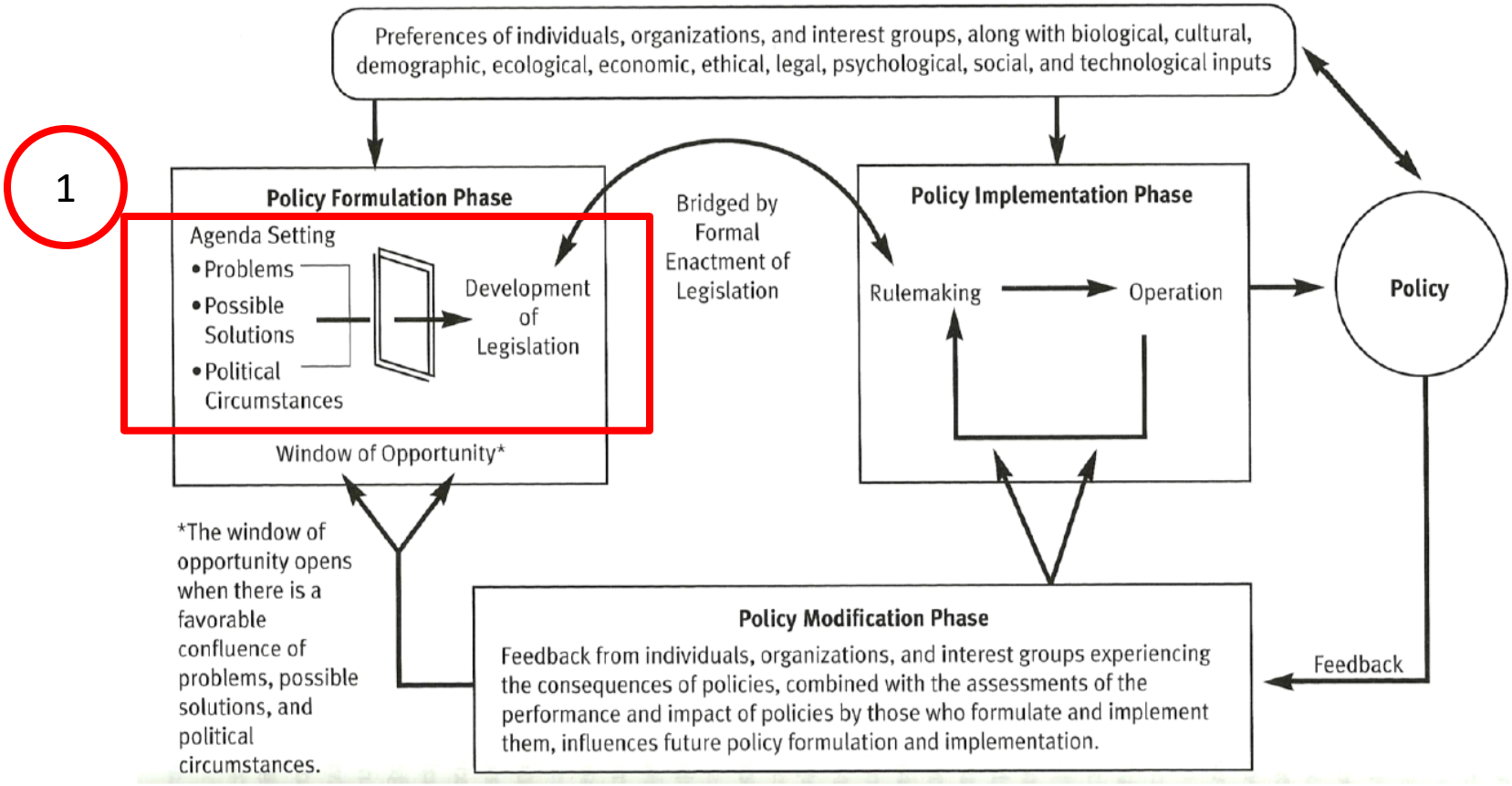
Measure the problem

- Drowning ranks fifth among the leading causes of unintentional injury death in the United States.
- About one in five people who die from drowning are children 14 and younger.
- For every child who dies from drowning, another five receive emergency department care for nonfatal submersion injuries.

https://www.cdc.gov/homeandrecreationalsafety/water-safety/waterinjuries-factsheet.html

Policy Formulation Phase



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Possible Solutions?

Swimming Skills

Lifeguard CPR Training

Lifejackets

Safety Barriers

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Window of Opportunity

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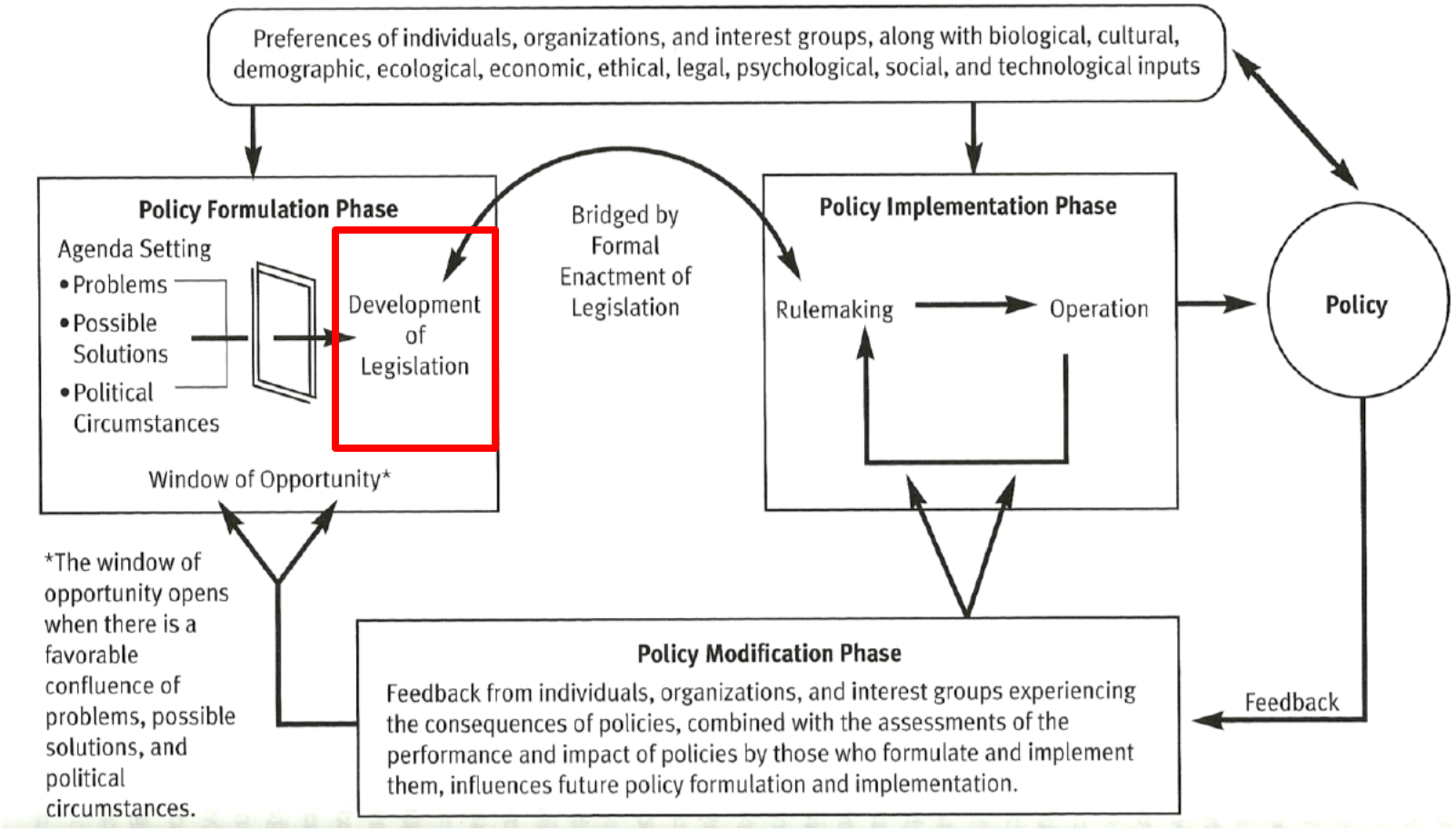
Tragedy

- McKenzie Merriam (18 mo.) slipped away from her mother and drowned in her Jacksonville family's pool in January 1998.
- Preston Ibern (5 ys.) slipped away from his mom's supervision at a BBQ, hit his head and fell into the pool unconscious.
- Florida bill passed in 2000.
- Preston de Ibern/McKenzie Merriam Residential Swimming Pool Safety Act (chapter 515, Florida Statutes)

https://www.sun-sentinel.com/news/fl-xpm-2000-05-06-0005050974-story.html

Development of legislation



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Possible Solutions?

Safety Barriers

Inform and advocate

1. Scientific Evidence
2. Best Practices
3. Stakeholder Input
4. Educate policy-makers and decision-makers to improve health, social justice, and equity.

Scientific Evidence: Data Sources

- CDC's National Center for Health Statistics
- County Health Rankings & Roadmaps
- AHRQ's National Guideline Clearinghouse
- Cochrane Database of Systematic Reviews

Best Practices

Stakeholder input

Educate policy- & decision-makers

campaign for what works

THE One-Pager

6,000 Homeless Infants Need Our Support—NOW

Remove Hurdles to Early Intervention Services

Each year, an estimated 6,000 Pennsylvania infants (birth to 3 years old) are homeless. Some are in homeless shelters, some are in temporary housing, or they move from one place to another where anyone will take in their mother.

Most of these homeless babies suffer the kinds of trauma and neglect that most of us will never experience. If they don't receive help early in their lives, most will very likely lead a life of poverty and dependence on government. C4WW believes homeless infants must automatically qualify for early intervention services.

Here are five reasons why:

1. **Pay me now, or pay me more later** — According to the American Academy of Pediatrics, trauma, and poverty impact infants in unique ways, leading to low learning capacities, maladaptive behaviors, and lifelong physical and mental health problems. So does homelessness. Many will be enrolled in costly special education programs, then drop out of school, and become dependent on government assistance.

2. **Lead poisoning is dangerous, and so is homelessness** — Babies with lead poisoning, victims of abuse or neglect, exposed prenatally to illegal drugs, admitted into a neonatal care unit, or born with a very low birth weight, by law automatically qualify for Early Intervention services. It's time to add another danger—homelessness—to the list of automatic qualifiers.

3. **Remove bureaucratic barriers to help** — Imagine you're a mother fleeing with your baby in arms from a violent partner. It happens every day. Then imagine that someone from the "system" tells you that they want to help your baby, but only if your infant fails a test. You're hurt, confused, and afraid that someone might take your baby. It's time to remove this barrier and automatically provide mother and baby Early Intervention services.

4. **Counties are ready to help** — Pennsylvania's Birth-to-Three Early Intervention services are administered by county governments. By adding homelessness as a category, counties will be able to develop a customized service plan for these babies and their mothers that complement other homeless services. These services work.

5. **It's the right thing to do** — *Anyone can find themselves homeless.* A returning veteran and her family, a victim of domestic violence, the long-term unemployed, someone struggling with addiction. While there are many services for these unfortunate Pennsylvanians, homeless babies are on their own. They didn't ask to be homeless.

Helping them is the right thing to do!

Early intervention services for homeless infants *works for Pennsylvania.*

www.campaignforwhatworks.org

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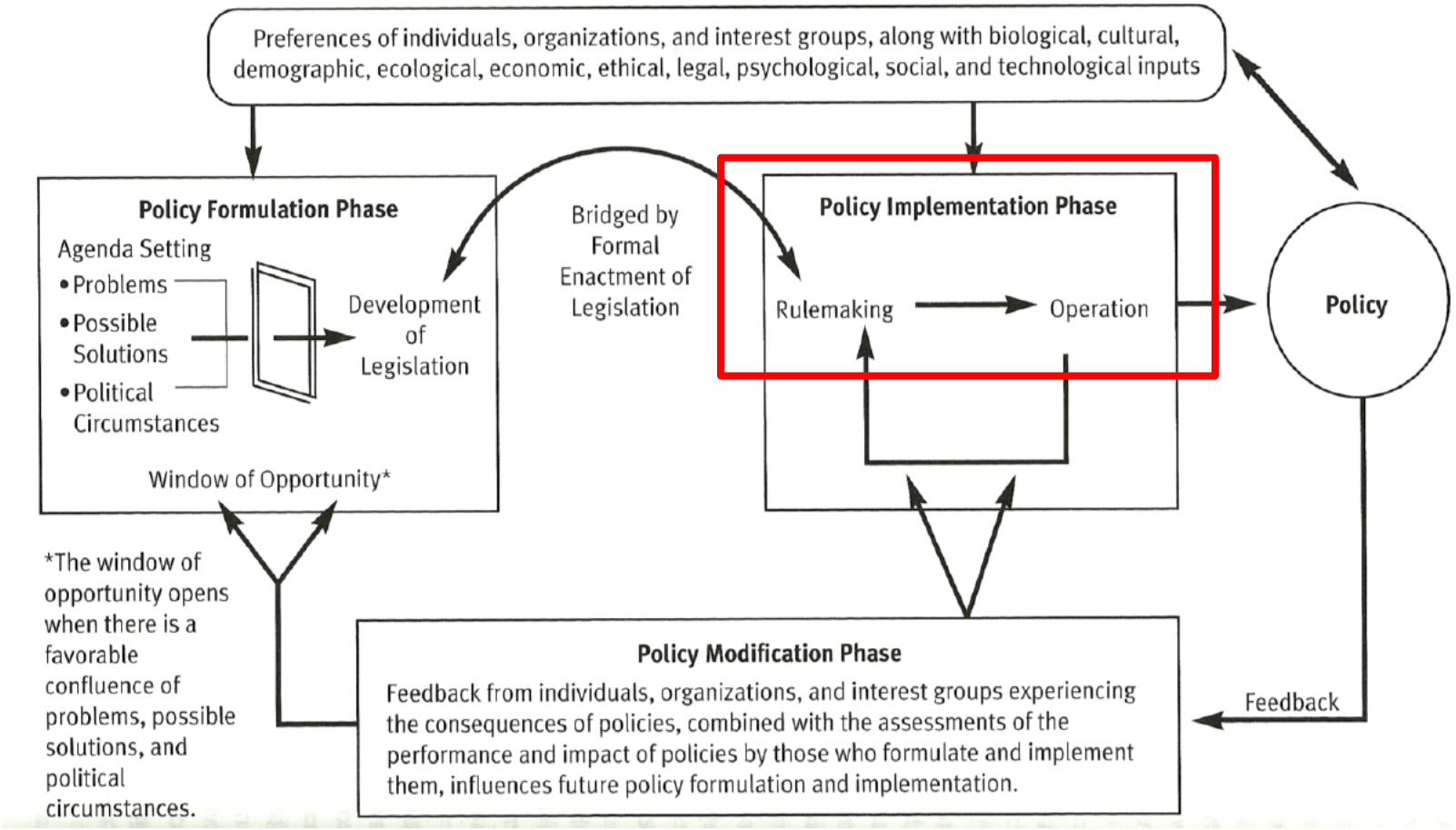
Enactment of legislation

- Florida bill passed in 2000.
- Preston de Ibern/McKenzie Merriam Residential Swimming Pool Safety Act (chapter 515, Florida Statutes)

http://www.leg.state.fl.us/STATUTES/index.cfm?App_mode=Display_Statute&URL=0500-0599/0515/0515.html

Policy implementation phase



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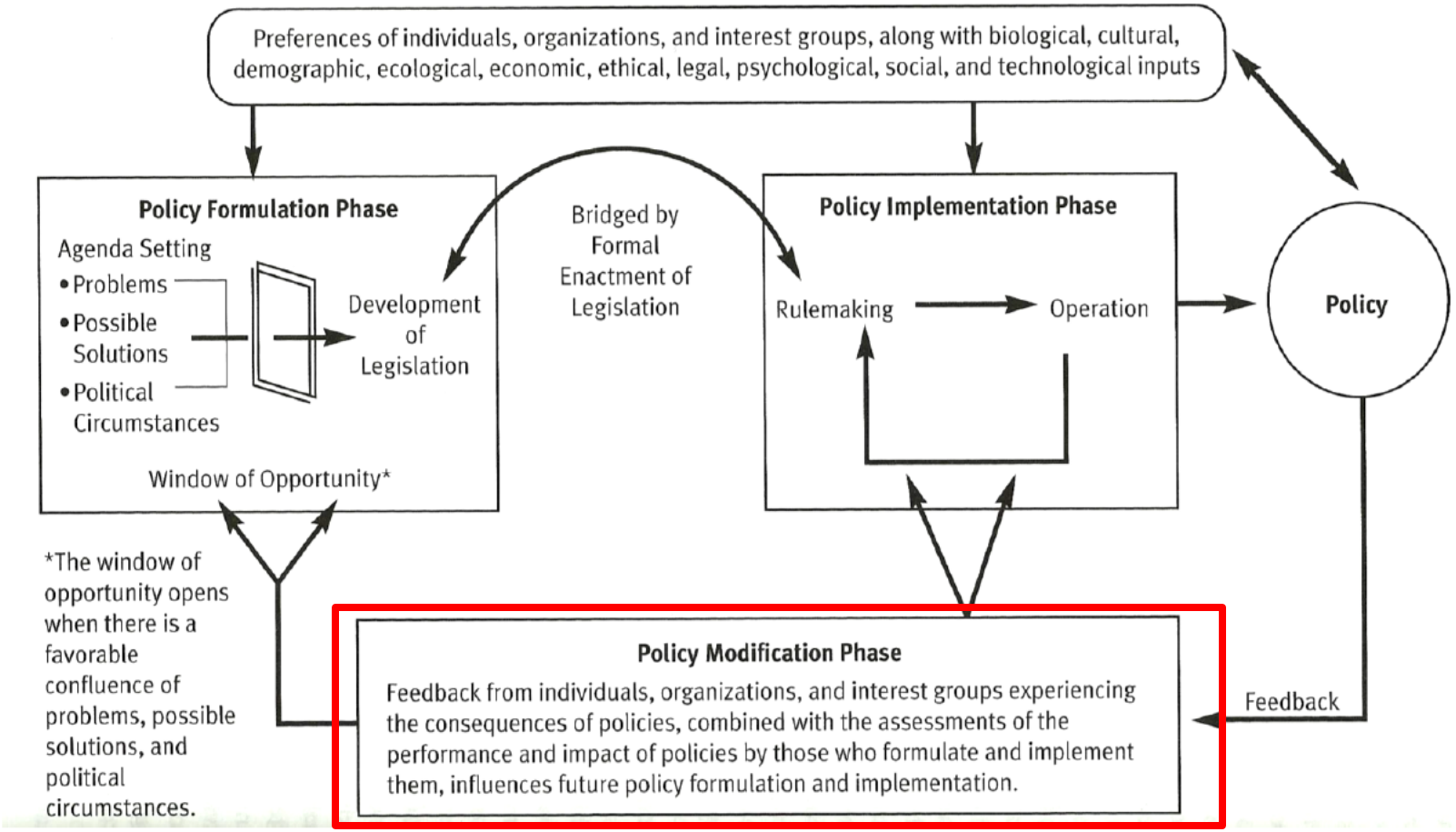
Laws vs. Regulations

- Public health **laws** are the system of rules created for the protection or promotion of community health.
  - Legislative branch
- **Regulations** are the set of rules that describe the implementation of legislation.
  - Executive branch

Policy modification phase



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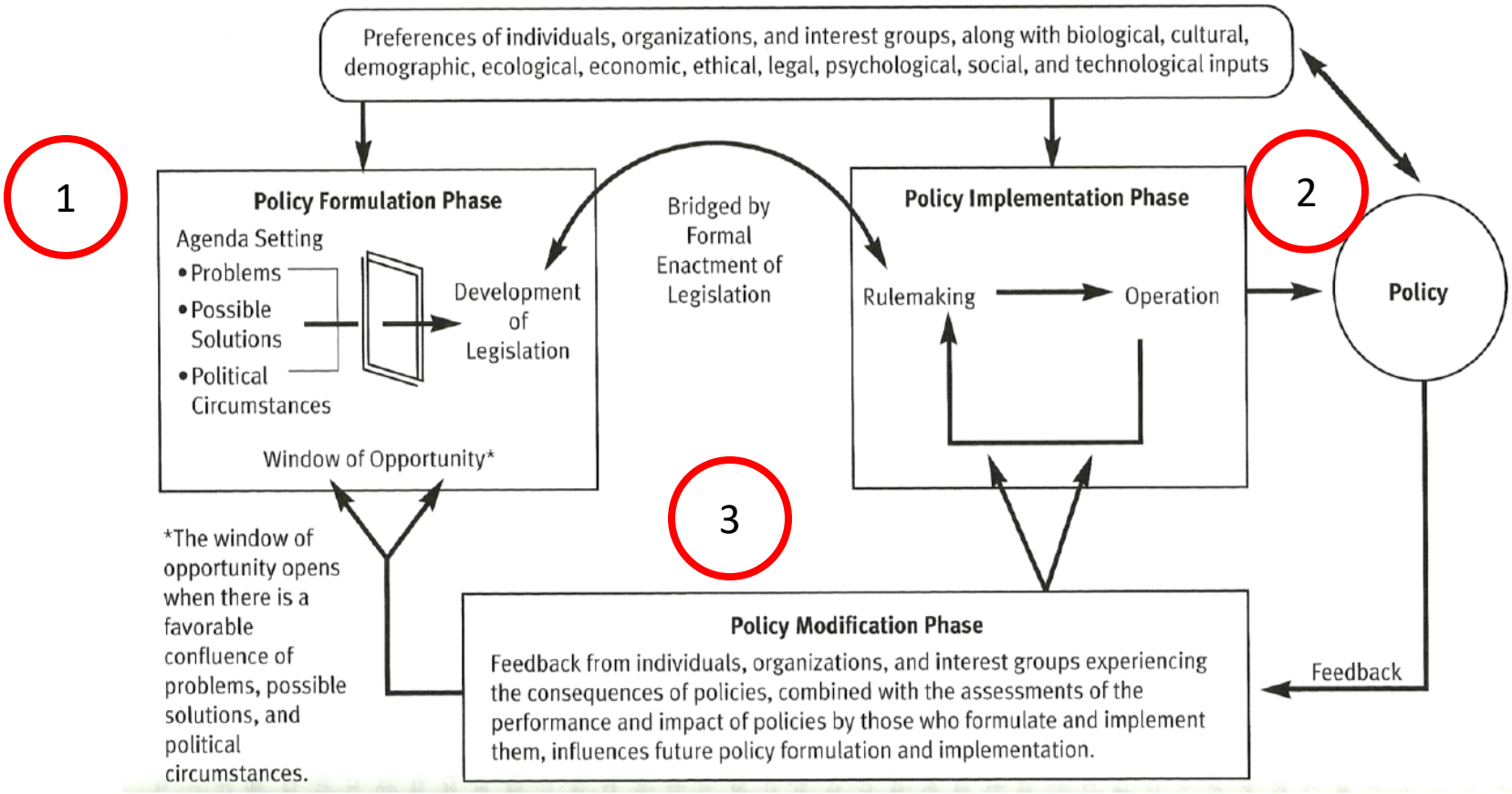
Feedback

- Limitation of pool fencing intervention
  - "81% of all drowning occurred in pools in areas regulated by pool fencing ordinances."
  - "Inadequate enforcement of the ordinances & inadequate operation or maintenance of pool-barrier equipment by owners may have reduced effectiveness of pool fencing codes."
- Who is checking compliance?

New regulation proposals

- Inspect pools at the time of sale of properties.
- Increase fine to $1,000.

Policymaking process



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Program Management

Zachary Pruitt PhD, MHA, CPH

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Program Management

1. Develop program or organizational budgets with justification
2. Implement a contract, program, or community health plan
3. Sustain workforce, financing, and programs
4. Develop monitoring and evaluation frameworks to assess programs

Budgeting

- Revenue
  - Services provided
  - Grant and contract funding
  - Investment income
  - Donations
- Expenses
  - Staffing
  - Fringe benefits
  - Supplies & equipment
  - Rent
  - Utilities
  - Printing
  - Postage
  - Travel

Examples of Expense Types

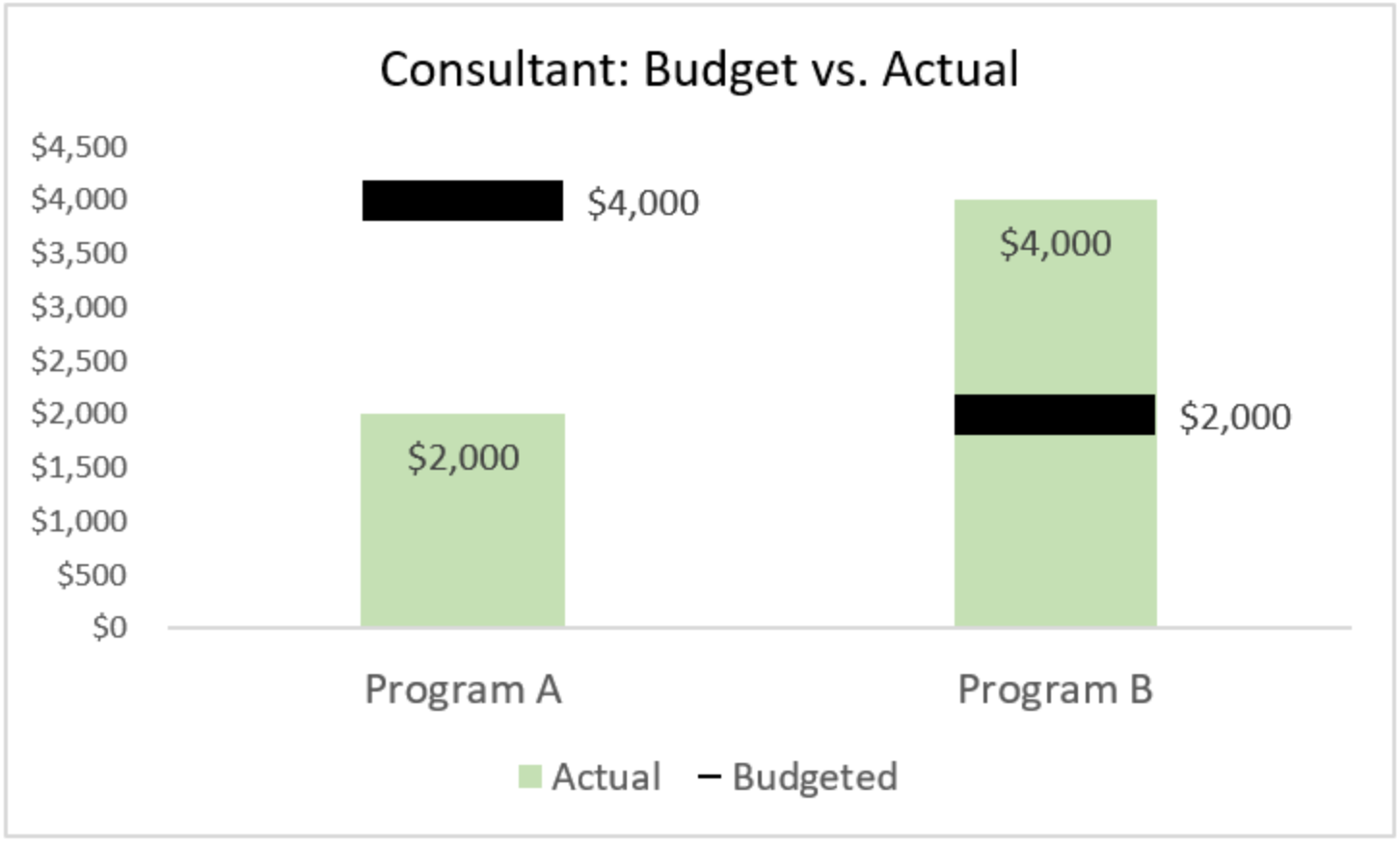
	Direct	Indirect (Overhead)
Variable	Supplies used for each unit of service provided	Electricity costs that vary on the basis of units of services provided *
Fixed	Staff costs, if paid an annual salary regardless of volume of units of service provided	Rent, insurance, management support services

* Unusual to have variable indirect costs

Staffing

- Staffing
  - Full-time equivalents (FTEs)
  - Consultants and contract services
- Fringe benefits
  - FICA, vacation, PTO, health insurance

Budget variance chart



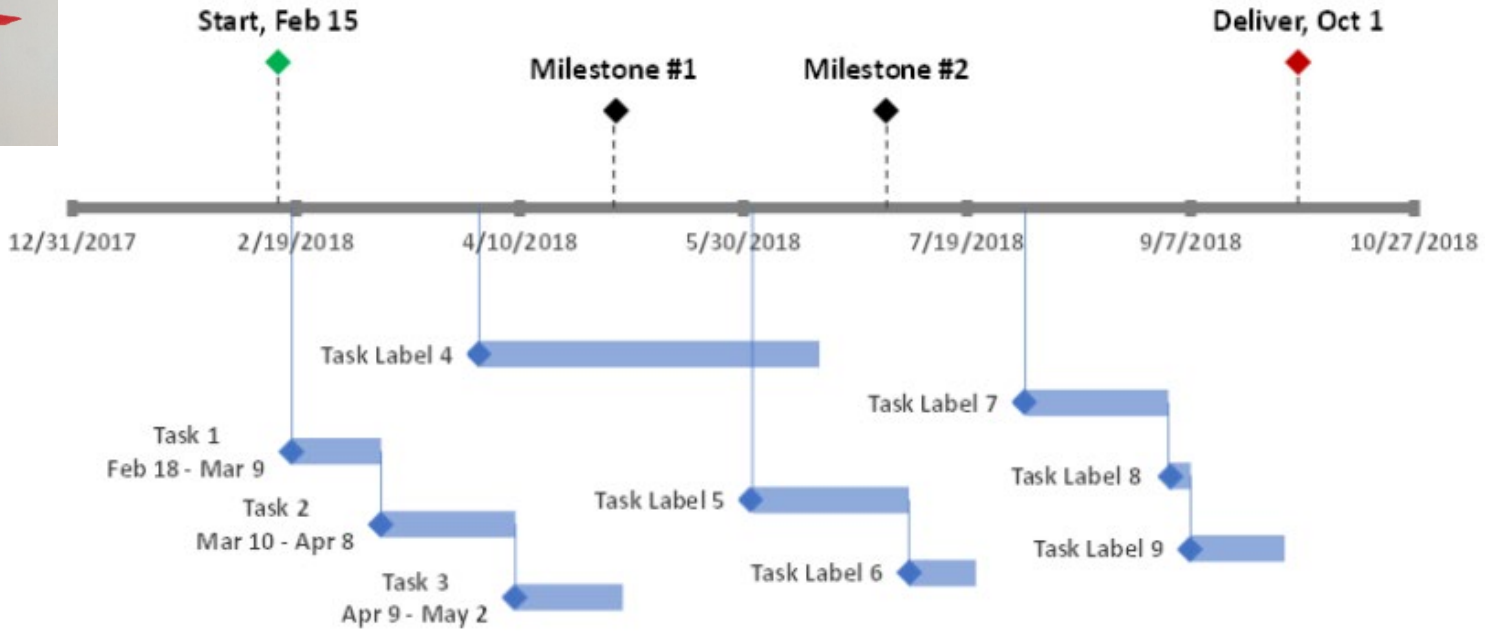
Budget justification

- Explain budget proposal or changes.
- Should support the purpose and goals of your program.

Implementing programs

1. Task lists and timelines
2. Gantt charts
3. Flow charting or process flows
4. Continuous quality improvement

Task lists and timelines



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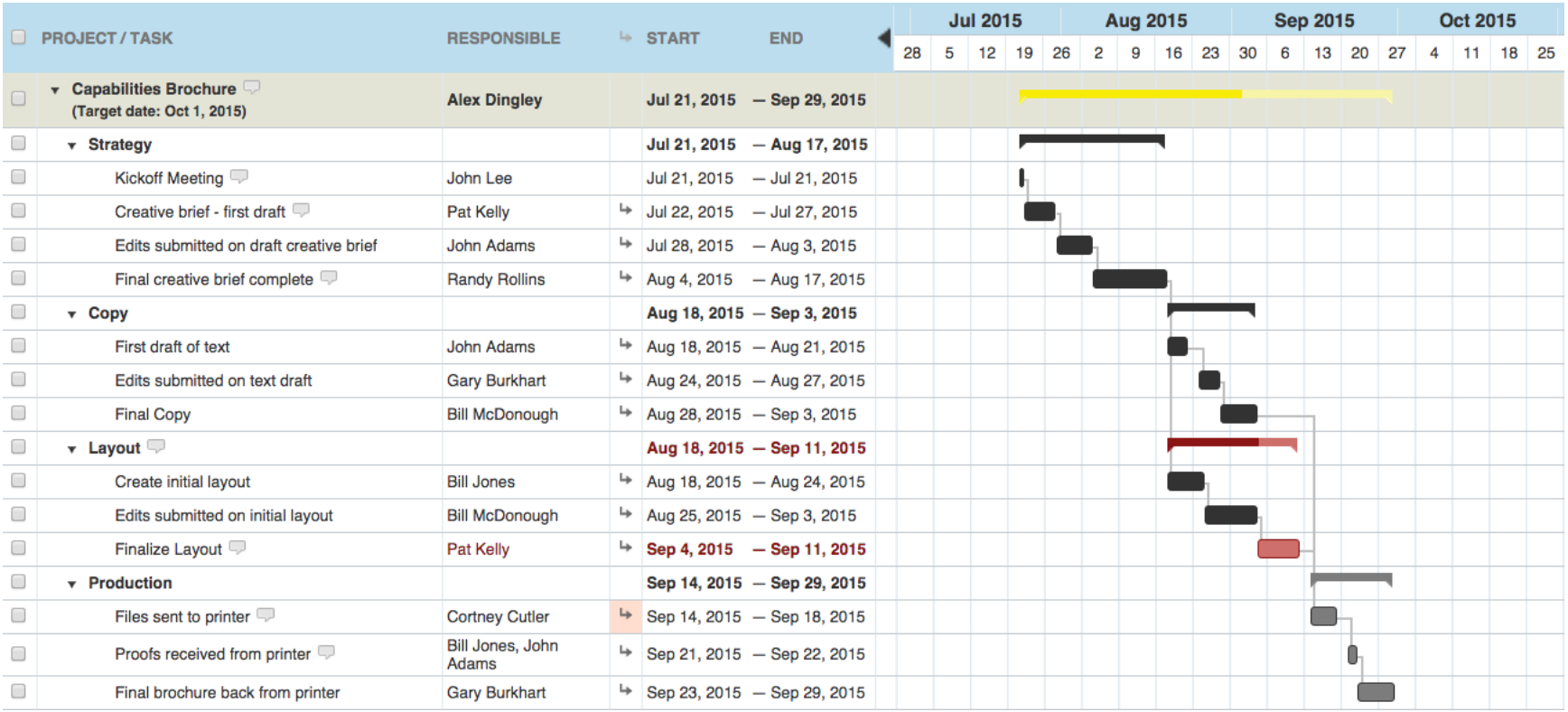
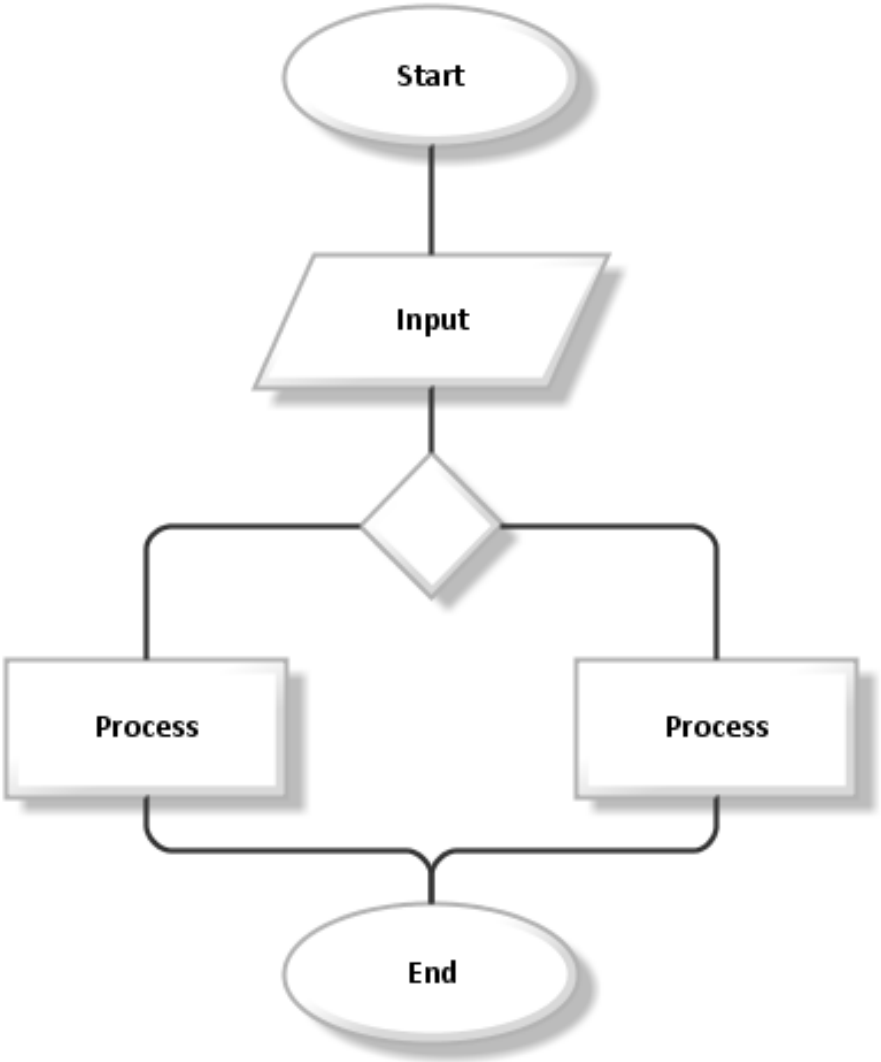
Gantt chart

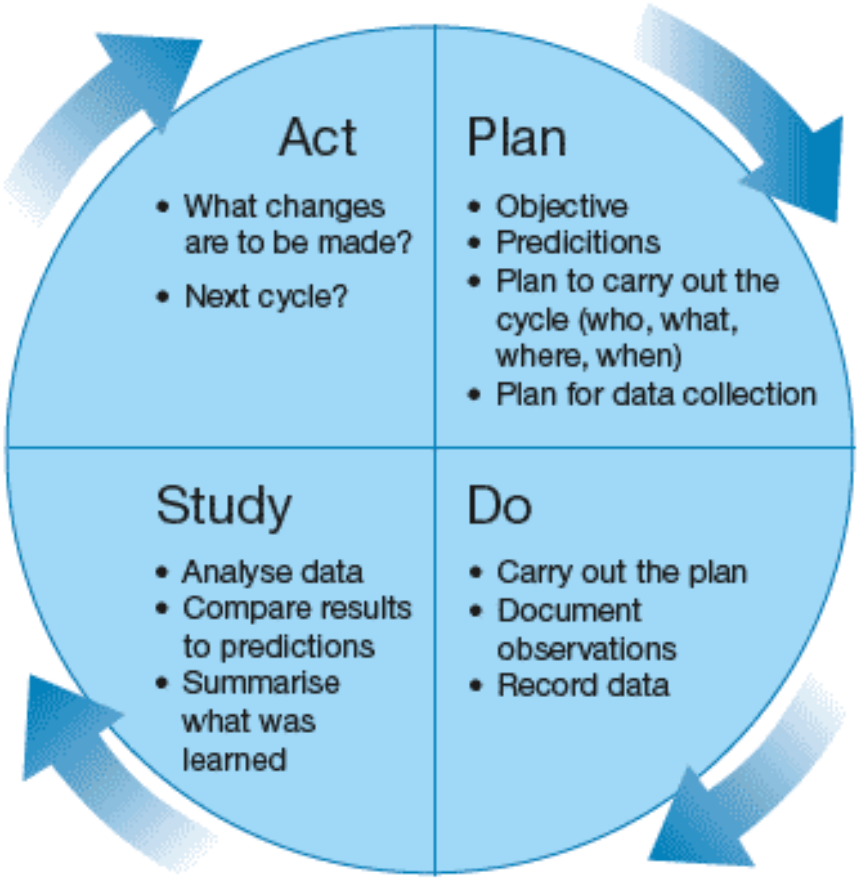


PROJECT / TASK	RESPONSIBLE	START	END
Capabilities Brochure (Target date: Oct 1, 2015)	**Alex Dingley**	**Jul 21, 2015**	**Sep 29, 2015**
Strategy		**Jul 21, 2015**	**Aug 17, 2015**
Kickoff Meeting	John Lee	Jul 21, 2015	Jul 21, 2015
Creative brief - first draft	Pat Kelly	Jul 22, 2015	Jul 27, 2015
Edits submitted on draft creative brief	John Adams	Jul 28, 2015	Aug 3, 2015
Final creative brief complete	Randy Rollins	Aug 4, 2015	Aug 17, 2015
Copy		**Aug 18, 2015**	**Sep 3, 2015**
First draft of text	John Adams	Aug 18, 2015	Aug 21, 2015
Edits submitted on text draft	Gary Burkhart	Aug 24, 2015	Aug 27, 2015
Final Copy	Bill McDonough	Aug 28, 2015	Sep 3, 2015
Layout		**Aug 18, 2015**	**Sep 11, 2015**
Create initial layout	Bill Jones	Aug 18, 2015	Aug 24, 2015
Edits submitted on initial layout	Bill McDonough	Aug 25, 2015	Sep 3, 2015
Finalize Layout	Pat Kelly	**Sep 4, 2015**	**Sep 11, 2015**
Production		**Sep 14, 2015**	**Sep 29, 2015**
Files sent to printer	Cortney Cutler	Sep 14, 2015	Sep 18, 2015
Proofs received from printer	Bill Jones, John Adams	Sep 21, 2015	Sep 22, 2015
Final brochure back from printer	Gary Burkhart	Sep 23, 2015	Sep 29, 2015

Flow charting or process flows



Continuous quality improvement



Deming, W. E. (2000). *The new economics: for industry, government, education*. MIT press.

Ensuring sustainability

1. Workforce
2. Financing
3. Programs

Workforce sustainability

1. Effort to professionalize: the CPH!
2. Education and training
3. Setting career progression paths
4. Clear job specifications
5. Give constructive feedback about performance

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Financing sustainability

- Acknowledge need for diversified and reliable long-term funding base
- Engage in active financial planning, including costs and revenues
- Strategize: Prioritize your program within existing government budget
- Market effectiveness to funders and supporters

http://www.eblcprograms.org/docs/pdfs/Financial_Sustainability_-_NCOA.pdf

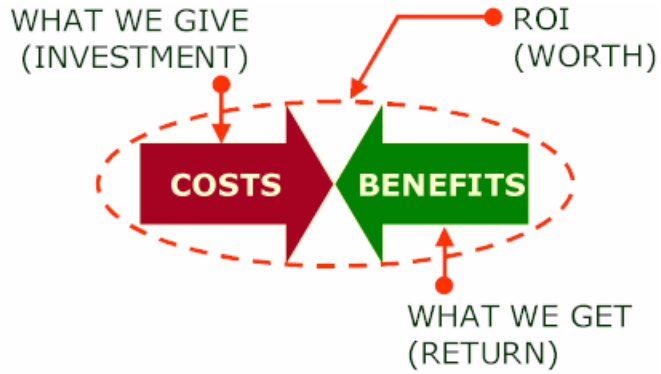
Sustaining programs: “value proposition”

- Cost competitiveness of public health vs. medical interventions is high!
- Methods for communicating the value of public health programs
  1. Benchmarking
  2. Calculating return on investment (ROI)
  3. Economic evaluation

Benchmarking

- Compare to “best in class” or other standard

Return on investment (ROI)



$$ROI = \frac{(\text{Investment Gain} - \text{Investment Cost})}{(\text{Investment Cost})} \times 100$$

https://www.youtube.com/watch?v=TVZxtuZhN_M

Economic evaluations

- **Cost–benefit analysis** quantifies tangible and "soft" outcomes into a monetary number.
- **Cost-effectiveness analysis** measures program outcomes in similar units across programs (e.g., life-years saved) rather than trying to quantify the outcome in dollars.
- **Cost-utility analysis** measures outcomes by using a standardized morbidity or mortality measure, often a metric called a quality-adjusted life-year (QALY).

Develop Monitoring and Evaluation Frameworks to Assess Programs

A cycle:

1. Performance standard setting
2. Performance measuring
3. Quality improvement (QI)
4. Reporting progress

1. Performance Standard Setting

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1. Healthy People 2020

- "Provide measurable objectives" …
- "To engage actors at the national, state, and local levels" … "to take actions to strengthen policies"

2. Performance Measuring

2. County Health Rankings

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

Adult smoking

Percentage of adults who are current smokers. Learn more about this measure.

Map | Data | Description | Data Source | Policies

Place	% Smokers	Error Margin	Z-Score
Riverside	12%	12-13%	-0.07
Sacramento	13%	12-13%	0.02
San Benito	11%	10-11%	-0.85
San Bernardino	13%	13-13%	0.30
San Diego	11%	11-11%	-0.74
San Francisco	10%	10-10%	-1.26
San Joaquin	12%	12-13%	-0.14
San Luis Obispo	11%	11-12%	-0.69

http://assets.thehcn.net/content/sites/tampabay/2011_HEALTHY_1FINAL.PDF
http://www.healthytampabay.com/index.php

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3. Quality Improvement (QI)

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3b. Quality Improvement Intervention

FRESHSTART

A TOBACCO CESSATION PROGRAM

Classes will be held at the
Jackson County Department of Public Health
12:00pm– 1:00pm
January 12, January 19, January 26, February 2

This class has been approved to be taken on County time, and also earns you 1 Well @ Work point!

To register and for more information,
contact Janelle Messer, Health Education Specialist,
at (828) 587-8238 or janellemesser@jacksonnc.org.

4. Reporting Progress

4. Public Reporting of Quality

TOBACCO USE SCORECARD

The scorecard reflects how we are doing at promoting tobacco-free policies, helping smokers/tobacco users quit, and reducing the percentage of adults and youth who use tobacco.

		Time Period	Actual Value	Target Value	Current Trend
R Tobacco	Reduce the number of Vermonters who smoke				
I VAOA Tobacco	% of adults who smoke cigarettes	2016	18%	12%	↗ 1
I VAHS Tobacco	% of adolescents in grades 9-12 who smoke cigarettes	2017	9%	10%	↘ 4
I Tobacco	% of adult smokers who attempted to quit smoking in the past year	2016	49%	80%	↘ 2
I Tobacco	# of statewide laws on smoke-free indoor air to prohibit smoking in public places	2018	11	16	→ 4
I Tobacco	% of adults using smokeless or other tobacco products	2016	11%	9%	→ 1
I Tobacco	% of adolescents in grades 9-12 who use e-cigarettes	2017	12%	12%	↘ 1

http://www.floridahealthfinder.gov/index.html

Thank You!

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