

CHAPTER 4

PROGRAM PLANNING, BUDGETING AND EVALUATION

BOARD OF HEALTH ROLE AT A GLANCE

- Prepare an annual budget which reflects the required duties of the board of health and the needs of the community.
- Plan duties and activities of the board and staff on a yearly basis through a process of setting goals and objectives, selecting strategies, and evaluating the process and its outcomes.

OVERVIEW

Each town and city must adopt an annual budget that includes estimated expenses and income of the board of health and all other municipal bodies. The budget process requires that cities and towns determine what services they provide because either state law requires them or the citizens want the services to protect and enhance the quality of their lives. Program planning can be thought of as the mobilization of all resources and facilities to the best possible effect so that problems are solved. It is an active process where support for the board can be built and needs can be met.

BOARD OF HEALTH RESPONSIBILITIES

- Provide for fulfillment of duties (M.G.L. c.111 5, 26-33 and other sections as described in this Guidebook) including enforcement of the state Sanitary and Environmental Codes, reporting diseases dangerous to the public health, and enforcement of other applicable state and local laws and regulations through planning and budgeting.
- Prepare and present an annual budget (city boards of health are required to do so by M.G.L. c.111 28); town boards of health are generally required by town councils and/or finance committees to prepare an annual budget.

BOARD OF HEALTH RECOMMENDED ACTIVITIES

- Determine the health needs of the community (and the health services available to the community) in terms of the size and characteristics of the population, specific health problems, and environmental conditions;
- Determine the resources available for meeting health needs: services, agencies, personnel at local, state and federal levels;

- Plan, organize, manage, and coordinate services within its jurisdiction to meet the collective health needs of the population in an effective and efficient manner.
- Consider the general laws dealing with the power of towns to make contracts and appointments (M.G.L. c. 40 4, 4A, 5), the responsibility and authority of town employees (M.G.L. c.41 1,2,102, 102A, 106A), and the general powers and duties of health departments and town boards of health as stated in M.G.L. c.111 5, 26-33 and as specified elsewhere in the general laws, state regulations and local regulations.

PROGRAM PLANNING PHASES

Phase 1: Assessment of Needs

Phase 2: Evaluation of Financial and Staff Resources

Phase 3: Setting Goals, Objectives, Priorities

Phase 4: Selecting Strategies (including budget and financial strategies)

Phase 5: Evaluation of Process and Outcome or Results

The manner in which responsibilities are discharged may depend in part upon the size of the municipality and the available resources. In smaller towns, the board of health (or selectmen) and the town clerk may contract with one or more nurses, sanitarians, or other health professionals on a part-time basis to provide the few inspections and other services required by law. Regardless of size, however, it is a responsibility of the board of health (or selectmen acting as board of health) to review periodically the health needs of the town and to take appropriate steps to meet whatever needs arise, regardless of the way in which needs have arisen.

For example, protection of water supplies may require increased local attention and expenditure. Towns with substantial growth or shifts in population characteristics may need new, expanded, or different services. Boards of health may have to respond to increasing demands and needs for services with few, if any, additional resources. They should consider innovative approaches to their responsibilities, and participate in town policy-making regarding growth, development and protection of town resources. Costs and benefits of alternatives can be analyzed by the board of health.

Cooperative arrangements with neighboring towns may facilitate more and better services at a lower cost than could be provided by a town on its own, in such diverse areas as sanitation and home health services.

A board of health that employs professional staff retains the responsibility to set policy. Staff carry out policy decisions, keep accurate records and keep the board well-informed about staff activity. The staff can greatly assist the board maintaining contact with staff in other town departments, state and federal officials, and community groups involved in housing and human services. The staff also provide the board with analyses of community needs and report on how

board of health programs relate to those needs.

In order to weigh the advantages and disadvantages of potential policies, programs, and expenditures, the local official health agency, be it board of health or board of selectmen, with the assistance of the health department, if available, begins well in advance of budget deadlines to:

determine the health needs of the community;
set goals and list objectives for its own activities for the coming year or longer periods; and
develop strategies for accomplishing its goals.

If objectives are defined quite specifically, such as providing pre-schoolers with immunizations so that children entering first grade will be fully immunized, then the degree of success can be measured. The Healthy People 2000 Initiative of the U.S. Department of Health and Human Services' National Health Promotion and Disease Prevention Objectives (1990) should greatly aid local health agencies in their effort to establish goals and objectives and to measure progress.

Guidebook chapters on data management and on outreach and education provide more detailed descriptions of methods for handling and using statistics, and for developing community support. The following sections are intended to outline the process local health agencies can follow, given the nature of town-centered politics in Massachusetts, to fulfill the overall goal for administration and supporting services as defined in the Model Standards for Community Preventive Health Services.

1. ASSESSMENT OF NEEDS

Needs assessment, or determining the needs of the community, should include each of the following:

- review of available statistics, reports, surveys and studies relating to community health needs;
- solicitation of information and opinions of town and regional officials, community groups and voluntary agencies regarding their perceptions of needs;
- (optional) conduct of surveys/studies/analyses specifically designed to obtain or refine information on community needs; and
- review of past experience of the board of health/official health agency.

A board of health can begin the process of determining local needs for public health services by reviewing its own information and that available through town selectmen, planners, and finance committees, county commissioners' offices, and regional health planning agencies. Questions such as these should be addressed:

- Is the population growing, shrinking, staying the same?
- Is age or economic mix changing?
- Is unemployment increasing or decreasing?
- Are growth and employment trends affecting the quality of the housing stock adversely or positively?
- Does the town have any policies regarding growth, e.g., desired or acceptable rates and types of growth, designated locations for development?
- Do town commissions and boards cooperate in carrying out town policies, and in anticipating future needs (e.g. water supplies, sewage disposal, solid waste disposal)?

- Are there unusual morbidity (sickness) or mortality figures indicating the need for public services of particular types?

From its own records and those of the school committee, the board should be able to learn a great deal about the immunization status of children in the community, about the frequency and nature of sanitary code violations, the number of new housing starts, and births and deaths in the community.

Meeting with active community groups and other town commissions and committees to share information and concerns may be productive. Health-related problems such as water quality, high teenage pregnancy rates, and housing problems may be dealt with effectively through joint efforts with other groups. If the board is considering adoption of new local public health regulations, it is particularly useful to know the extent of community interest in and support for such changes.

Advisory committees, either standing or ad hoc (set up to consider a particular issue), may be helpful in evaluating needs, suggesting solutions, and endorsing proposed programs. Joint committees with other town boards or assignments of liaison persons to promote communication among town bodies may also facilitate both assessment of needs and plans to address those needs.

Assessment of community health needs may vary from rather simple data gathering as required by law to a much more sophisticated process that is called for by the more complex problems that are more common in larger communities. Even in smaller communities, however, health officials must be alert to the presence of new or unsuspected problems. If a board has specific concerns or questions, detailed data-gathering and analysis may be in order. If the board is interested in an extensive needs assessment, it should be certain to clarify the questions it wants answered. In any event it should seek help from the regional office of DPH if it is uncertain about the extent, or means, of solving health problems.

2. EVALUATING FINANCIAL AND STAFF RESOURCES

In order to establish realistic, achievable objectives, the agency must determine what resources it has currently available, and what additional resources it might be able to acquire.

- **Financial Resources:** Tax revenues, fees for licenses and permits, reimbursements for home health services, and fees collected for other services are the usual revenues supporting local health services, with grants and contracts providing occasional additional funds. In Massachusetts municipalities, however, all "income," or revenue generated by the town's public health programs, goes into the general fund, and all expenditures must be budgeted in the town's operating budget and capital expenditure budget. Thus, any increase in services accompanied by increased expense shows as an increase in the departmental and town budgets, regardless of the degree to which the increased expenditures are offset by increased revenue. This situation poses a serious challenge to municipal health programs in the era of "tax cap" considerations, particularly where expansion of reimbursable services would increase productivity, efficiency, and cost-effectiveness of a program.

There are a few important exceptions to the general rule that all municipal fees must go to the general fund. These are Special Accounts and Revolving Funds (see box). In addition, MGL c.

44 §53A authorizes any office or department to accept grants and gifts from individuals and foundations, and state and federal agencies. The mayor, selectmen or city council cannot block or divert these funds, but they do have the right to make a determination that the funds are being put to their intended use. This is meant as a check against misuse of such funds. Before accepting gifts and grants, it is advisable to notify your town accountant or chief financial officer to prevent later misunderstandings and make sure that provisions are made to properly credit the board of health accountant.

Board of Health Options for Funding from Fees

Boards of health can require a permit, set a fee, or set performance standards as part of a regulation. The fee shall not exceed the cost of the service provided (i.e. for inspection or plan review).

Special Accounts

M.G.L. c. 44 §53G

- BOH must adopt regulation to put the fees in a special account
- Use for private wells, landfill siting, project reviews
- Fees must pay for outside consultants for permit review
- No town meeting or outside approval is necessary
- Any unused funds must be returned to the applicant, but if more money is needed to accomplish purpose, additional fees can be imposed

Funding Offset from Receipts (Revolving Accounts)

M.G.L. c. 44 §53E _

- To be used for specific programs such as restaurant or lead inspections, witnessing percolation tests, review of as-built plans
- Can be used to pay a contractor, or part-time employee, but not a full-time town employee (defined as anyone who receives health, retirement, wand other benefits)
- Town Meeting or city council approval is required
- Specific dollar cap must be voted upon
- Town Meeting can choose to roll over to the same or a different account or terminate the fund at the end of the fiscal year, but within any fiscal year the department has assurance that money collected up to the cap can be spent to pay for the part-time employee who performs the service.
- Town Meeting authorization must include the specific program and purpose for which receipts can be used.
- No department can have a revolving account limit exceeding 1 % of the total amount raised by taxation, and no more than 10% of the total tax levy can be directed to revolving funds town wide.

Thorough documentation of expenditures, services provided, population served, and revenue

generated by programs will help the health agency show the benefits and actual net costs of its programs to the town or city. If the agency wants to expand a program, and anticipates that additional revenue will offset increased expense, it has a strong argument for obtaining the endorsement of advisory groups, town manager or mayor, finance committee and town meeting, aldermen or city council.

- **Staff Resources:** To assess staff resources, the board should consider both number of full-time equivalent employees in each job position and the allocation of time of these staff people. For instance, if five nurses cover school, home health, and community clinic programs, what portion of time is actually devoted to services and to administration in each area? Is the allocation of time consistent with the board's expectation and priorities? The board may profit from consulting with other agencies or with DPH staff in the regional office to learn about workload and productivity in similar settings. The capacity and ability of staff to absorb additional duties may be of interest to the board. Information on the availability of staff from other agencies to perform contracted services is helpful if this option is considered by the board.

3. SETTING GOALS, OBJECTIVES, PRIORITIES

The board reviews needs and resources to come up with goals and objectives. "Needs" may include broad mandatory responsibilities and other perceived or documented needs, and standards and guidelines like those identified in Model Standards for Community Preventive Health Services. Setting goals and objectives helps focus plans and establish criteria for measuring success. Goal setting is a basic managerial tool, as it lays the groundwork for developing strategies and periodic evaluations of effectiveness and cost-efficiency.

Objectives underlie the planning process and, when stated explicitly, help avoid conflict and confusion. Setting objectives can help the board of health and staff clarify roles and functions, develop strategies for implementation, acquire a common framework for what is to be done, evaluate the program based on the attainment of objectives, and make decisions based on reference to the objective.

Every objective should incorporate these five specifics to make it clear:

What are the desired results?

How much is to be achieved?

Who are target groups for action?

Where are the geographic boundaries for the program?

When should the objective be fulfilled?

After setting goals and objectives, the next step is to set priorities by determining which objectives are most important, and which are most deserving of funds and staff time. Boards generally weigh the extent of need, resources available, and political considerations in making decisions about priorities.

4. SELECTING STRATEGIES

This includes selecting budget strategies. The board has to decide how to go about achieving its goals: should it depend on itself, volunteers and existing staff, or should it consider additional

staff, contracts or purchases of specific facilities or services? Should it be aggressive in finding local support, or rely on past supporters? Should it call attention to program changes, or down-play them? Such strategic decisions cannot be prescribed, since personalities, issues, and political influences vary greatly from town to town. Boards should certainly give thought, however, to the strengths and weaknesses of whatever approaches they consider, and be prepared to defend their proposals and methods for achieving their goals.

A major annual strategic problem may be getting the budget through town meeting. Most boards of health use a line-item budget which may be organized into salaries and wages, operating expenses, and capital expenditures.

A program budget shows the same items, but for separate programs provided by the board, so that the resources put into each segment of board activity can be seen. Income generated by various programs can also be shown so that net costs of various programs can be measured. This approach provides the community with information enabling it to make comparisons among programs, and to decide where resources should be shifted or new resources sought. At budget time, a town meeting or city council that is aware of community health needs can make better informed decisions when weighing "health" priorities against other town needs.

One strategy boards or their staff may use to educate the public about needs is to report to or solicit discussion and support from interest groups in the community that may be particularly concerned.

5. EVALUATION OF OUTCOME OR RESULTS AND PROCESS

Evaluation can serve two purposes:

- determine how effective a program is in reaching its objectives and in solving identified problems; and
- provide information necessary to make appropriate changes and adjustments in the program as it proceeds.

In simple terms, evaluation means checking to see if programs and staff are doing their job, as described in program objectives, job descriptions, or other definitions of expected performance. The board will probably be interested in cost, quantity, and quality of services. It may also be interested in the outcome of programs (e.g., impact its services have on the health of people in the community, and on the status of the environment in the town).

To make an objective evaluation, rather than a subjective one based on impressions and guesses, it helps to have the following:

- accurate statistics on current activities and costs;
- measurable criteria (e.g., expected numbers of inspections or number of children to be checked for immunization status);
- program descriptions, job descriptions, which state the expectations for the program or job; and
- comparative data (e.g., historical information such as budgets and statistical reports of services provided for the last few or many years, if relevant; data from other towns and cities with similar populations, problems or services; national or state standards).

To measure the impact of a program, the board may have to conduct a survey or special study, in which case it should be sure that it will be possible to compare the conditions "before" and "after" the program, or that some other valid means of measuring "impact" is available.

If the board is interested in comparing costs to benefits, it will want to compare expenses to the amount of service provided (amount of time, number of visits or site inspections, etc.), number of people served, proportion of the target population reached, and perhaps quality of performance.

Very often the board of health is concerned with meeting its mandated responsibilities. Evaluation is looked upon as a task that takes valuable time and resources from the board. Evaluation efforts have the potential, however, for bringing greater rationality to the decision-making process. Boards can utilize valuable staff by concentrating on a limited-scope evaluation. Evaluations conducted by outside consultants may provide the needed credibility to the board of health and help support future programming.

APEXPH :A PLANNING TOOL FOR HEALTH BOARDS AND DEPARTMENTS

The Assessment Protocol for Excellence in Public Health (APEXPH) is a voluntary process used by local health departments to assist them in better meeting the public health needs of their community. The process is presented in a workbook, and computerized worksheets are available in Word Perfect format. It is designed to be adapted to local circumstances and needs and integrated into the ongoing operations of the health department. APEXPH enhances the capacity of health departments to address assessment, policy development, and assurance functions.

APEXPH is a three part process:

Part I - Organizational Capacity Assessment- calls for an internal review of a local health department. It provides for an assessment of a health department's basic administrative capacity and of its capacity to undertake Part II. It is conducted by the health department director and a team of key staff members.

Part II - The Community Process- is intended to be a more public endeavor, involving key members of a community as well as department staff in assessing the health of the community and identifying the role of the health department in relation to community strengths and health problems. It provides for the use of both objective health data and the community's perceptions of community health problems.

Part III - Completing the Cycle- integrates the plans developed during the previous two phases into the ongoing activities of the health department and the community it serves. It discusses policy development, assurance, monitoring, and evaluation of plans developed in conducting Part I and II.

To obtain an APEXPH workbook, contact the National Association of County Health Officials (NACHO) 440 First St., NW, Suite 500, Washington D.C. 20001.

FUNDING

Funding at the local level has been primarily self-generated. Most monies come from local taxes and revenue sharing, and outside sources typically have not been well investigated.

- **Funding Sources:** Boards of health may wish to explore outside sources of funding to finance new programs or additional services. When the board of health has a project in mind, it is very important to generate as much local support as possible. Try to locate philanthropists in town who may be willing to help. Cooperative efforts with other agencies may help to secure funds for those who individually do not have the resources needed to write a grant proposal. The process of identifying a funding source has the following basic steps:
 - locate a funding source whose programmatic interests coincide with those of the proposed project;
 - develop the idea sufficiently so that it is plausible and creditable; and
 - prepare an application to be sent to the potential granting agency by a specified deadline.
- **Locating a source:** There are two types of funding sources: private foundations and public agencies. In either case, it is necessary to find out as much as possible about the source you approach for funds. The Annual Report of a foundation usually provides information about the foundation's interests, objectives, and sizes of grants. The most common reason for the rejection of grants is that the project is not amenable to the interests of the funding source. Poor financial management is another major reason why funding requests are rejected, making it vital to have a good financial plan before beginning the search. Also, foundations are reluctant to support a project for indefinite periods of time, so they must be apprised of the long-term goals of the project, including any identified future sources of funding. Regional Massachusetts Prevention Centers and DPH can lend assistance in obtaining funding from other sources, writing grants and/or providing support in setting up programs.
- **Federal money:** Federal money, especially for categorical grants, is becoming increasingly scarce. In the past, eighty percent of all grant monies were awarded by the federal government. Most federal grants require "matching shares," usually representing a small percentage of the total project budget initially, with an increasing proportion of costs being assumed by the project over time (see "Procedure for Obtaining Federal Funding" below). Direct contact with federal officials may increase chances of success. Write a letter of inquiry to your regional agency similar to the one presented in the appendix. Large cities often have a person who is in charge of writing grants. It may be worthwhile to get advice from him or her. Chances of success will also be enhanced if the proposal is well-developed and well-written.

Bibliography of resources for foundations:

- The Foundation Directory (available at Boston Public Library)
- The Foundation Center Source Book (profiles of 500 foundations which award annually over \$200,000; includes program descriptions and a list of recent grants)
- Foundation Grants Index (information on grant authorizations and descriptions)

- The Massachusetts Attorney General's Office publishes a list of in-state foundations which are registered with the Division of Public Charities and which make discretionary loans, grants, or donations for charitable purposes.
- The Associated Grant makers Foundation of Greater Boston, at 294 Washington Street, Suite 840 Boston, MA, 02108 (617) 426-2606, is a non-profit organization which provides staff support services to the private sector and charitable grant makers. They maintain a resource library for grant seekers.

Resources for proposal writing include:

Getting Funded by Mary Hall (available at Boston Public Library and Associated Grant makers Foundation)

Program Planning and Proposal Writing from the Grantsmanship Center (available at the Associated Grant makers Foundation)

Guide to Proposal Writing (available at the Associated Grant makers Foundation)

Procedure for Obtaining Federal Funding:

The first step in finding available money is to make a list of units within federal agencies which have made grants to projects similar to yours, or that have expressed an interest in funding projects in your program area. The initial research tool is The Catalog of Federal Domestic Assistance (available at most large libraries). Federal information is also available on the Internet. Once you have found an agency that looks promising, the following information must be obtained:

- correct name of agency and program;
- priorities of agency for use of their money;
- amount available for new grants;
- regulations;
- proposal format required;
- application deadline;
- purpose of legislation under which program is authorized;
- average size of grants approved;
- matching requirements;
- fund restrictions; and
- name of state agency to be consulted.