An Online Toolkit for Rural and Frontier Local Boards of Health

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Abstract

As defined by the National Association of Local Boards of Health (NALBOH), a Local Board of Health (LBOH) is "the board, commission, council, individual, or other body legally accountable for ensuring the Six Functions of Public Health Governance in a jurisdiction" (NALBOH, 2012). It is important that members of LBOHs have access to appropriate training materials to ensure they fully understand the scope and nature of the roles and responsibilities associated with their position. In this paper, we explore a set of educational materials that were developed for LBOH members that do not oversee a local health department, using the LBOHs rural and frontier Nevada as a model for this material. The recently formed Elko County Health Board (ECHB) was included in the development of the pilot project materials, which were then disseminated to elected officials, active LBOHs, and other stakeholders for further feedback. Once feedback had been collected, nine brief modules were developed to address several domains of content. These domains included defining NALBOHs "Six Functions of Governance" (NALBOH, 2012); types of statewide public health systems, including Nevada's system; types of public health organizations that may be found within state and local public health systems; LBOHs in Nevada Revised Statute (NRS, 1943); community health needs assessments; community health improvement planning; strategic planning for LBOHs; and finally, how LBOHs may utilize quality improvement and program evaluation practices in their oversight of their community's local public health system. The modules are to be posted to Train.org in May 2018 for public consumption, and will be evaluated annually.

Background

In the United States, public health programs and systems often span a broad range of governmental, health care, and non-profit organizations to address pressing public health issues. A Local Board of Health (LBOH) is an important part of these programs, and acts as a connection between public, private and nonprofit organizations (NACCHO, 2016). However, without appropriate training tools and resources, LBOHs may not be able to function at their highest potential. This paper will address disparities in LBOH training available in the state of Nevada.

Defining LBOHs

As defined by the National Association of Local Boards of Health (NALBOH), a LBOH is "the board, commission, council, individual, or other body legally accountable for ensuring the Six Functions of Public Health Governance in a jurisdiction" (NALBOH, 2012). In addition, the Public Health Accreditation Board (PHAB) recognizes the importance of LBOHs in achieving public health excellence by dedicating one of its 12 Domains of performance standards to public health governance. The Domain has been included to ensure that accredited health departments can demonstrate clear, two-way communication with and accountability to their respective boards of health (PHAB, 2013). This accreditation requirement highlights the importance of boards of health at state, local, and tribal levels and their ability to affect the overall performance and scope of work performed by health departments. Because of this role, it is important that members of LBOHs have access to appropriate training materials to ensure they are able to approach their duties with a strong understanding of their powers, limitations, and both the positive and negative results that may result from their actions.

Nevada's Public Health System Structure

Before discussing the need for board of health member training, one must understand the different types of public health systems employed across the country, given that system structure affects the authority and responsibility granted to local boards of health. Each state in the U.S. has its own unique system, and although some may be similar, no two state systems are exactly the same. However, statewide systems can be placed into categories based on the distribution and relationship of health authority at the state and local levels, as well as how the state's population is delegated into each organization's jurisdiction.

The report "ASTHO Profile of State Public Health, v. 4," (ASTHO, 2017) organizes state systems into several categories: Centralized, Largely Centralized, Mixed, Shared, Largely Shared, Largely Decentralized, and Decentralized (Table 1, Figure 1). Ultimately, the degree of centralization of a state's system points more so to how much authority is granted to the state's public health authority versus how much is distributed to outside organizations, such as branches of local government. Oftentimes, population size within a jurisdiction may dictate the authorities and funding granted to the organization serving that jurisdiction (NACCHO, 2016). Since funding availability may affect various organizational factors, including type, scope, and staffing of public health programs, jurisdictional boundaries and population density may be of high importance to many public health organizations.

Nevada is one of two states classified as "Largely Decentralized," the second being Texas (Table 1). In Nevada, NRS 439.28 dictates that each county must have at the least a LBOH to ensure that adequate public health services are being provided by either a state or local public health agency (NRS, 1943). Unfortunately, it hasn't been until previous years (note: information

Table 1: Statewide system categories, distinguishing characteristics, and states falling into those categories (ASTHO, 2017).

Category	Distinguishing Characteristics	States
Centralized	The system does not include local health units that serve 75% or more of the state's total population.	Arkansas, Delaware, Washington D.C., Hawaii, Mississippi, New Mexico, Rhode Island, South Carolina, Vermont
Largely Centralized	The system includes local health unites that serve 75% or more of the state's population, but those unit(s) are led by a state employee and do not meet criteria for shared authority with local government.	Alabama, Louisiana, New Hampshire, South Dakota, Virginia
Mixed	75% or more of population is not served by state- or local-led agencies. Distribution of authority is more balanced.	Alaska, Maine, Oklahoma, Pennsylvania, Tennessee, Wyoming
Shared	The system includes local health unites that serve 75% or more of the state's population, but those unit(s) are led by a state employee and do meet criteria for shared authority with local government.	Florida, Georgia, Kentucky
Largely Shared	75% or more of the state's population is served by a local health unit(s), is led by an employee of local government, and do meet criteria for shared authority with state government.	Maryland
Largely Decentralized	75% or more of the state's population is served by local health unit(s), which is led by an employee of local government, and do not meet criteria for shared authority with state government.	Nevada, Texas
Decentralized		Arizona, California, Colorado, Connecticut, Idaho, Illinois, Indiana, Iowa, Kansas, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, New Jersey, New York, North Carolina, North Dakota, Ohio, Oregon, Utah, Washington, West Virginia, Wisconsin

regarding the formation dates of rural Nevada's LBOHs does not appear to be published) that more than the three LBOHs existed in Nevada which direct and oversee the services provided by the three local health departments or districts (LHDs) in the state. This disparity leaves 14 of the 17 counties without any form of local oversight. Since 2014, several LBOHs have been established in rural and frontier counties, although many of them struggle to find footing

without a local history of activities upon which to base the scope and nature of the LBOHs' current direction.

Figure 1: ASTHO Categories of Statewide Public Health Systems

(ASTHO, 2017)

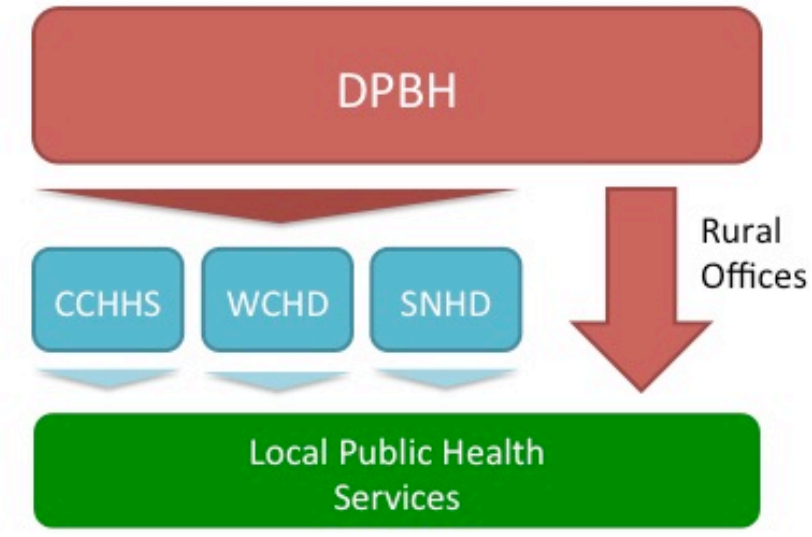
In the case of Nevada, three existing local health agencies are responsible for the majority of the state's population: Carson City Health and Human Services (CCHHS), Washoe County Health District (WCHD), and Southern Nevada Health District (SNHD). Both WCHD and SNHD have direct jurisdiction over two large counties (Washoe and Clark Counties, respectively), which include the two population centers (Reno and Las Vegas, respectively). CCHHS has jurisdiction over the consolidated municipality of Carson City, Nevada's capital. Table 2 provides more detail regarding size and urbanization of population served by each of the state's public health organizations. The remaining rural and frontier counties of Nevada are served by the Nevada Division of Public and Behavioral Health, the state-level health authority (DPBH, 2017). This is described in Figure 2.

Table 2: Nevada Public Health Organizations And Jurisdiction Type (Griswold, Packham, Gunawan, Etchegoyhen, Jorgensen, & Marchand, 2017)

Organization	System Level	Population Served Directly, 2017	Population Density, 2017 (Pop. Per Sq. Mile)	Population Type	Population Center
Nevada Division of Public and Behavioral Health	State Level	281,019	2.9	Rural, Frontier	Carson City, NV*
Southern Nevada Health District	Local Level	2,134,499	269.8	Urban	Las Vegas, NV
Washoe County Health District	Local Level	440,402	69.4	Urban	Reno, NV
Carson City Health and Human Services	Local Level	54,709	382.6	Urban	Carson City, NV

* Carson City, NV, serves as the office location for Nevada DPBH as it is the Nevada State Capital City, but is not within the organization's direct services jurisdiction.

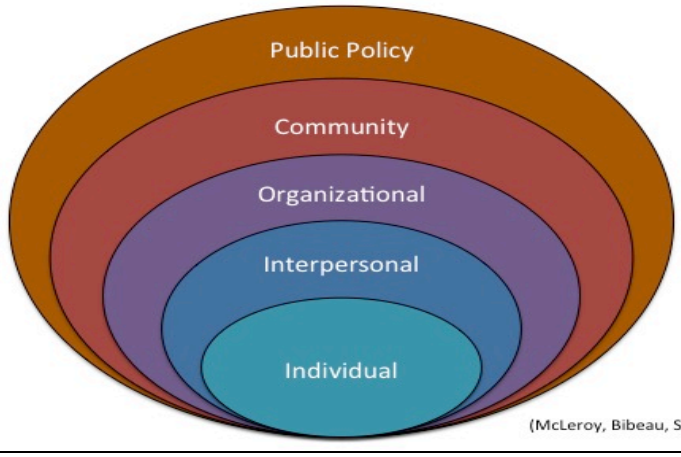
Figure 2: Nevada's Governmental Public Health System



As outlined in NRS Chapter 439.35, it is the "duty" of a county-level LBOH in Nevada to oversee any programs that affect sanitation, and to develop, implement, and file county-level code associated with the control of infectious diseases (NRS, 1983). Separate from "duties," "powers" granted to county level boards of health are those that are used on occasion, such as implementing quarantine procedures when necessary to prevent the spread of communicable

diseases, or reviewing and setting fees for health-related inspections in the jurisdiction, including restaurant inspections (NRS, 2003). While the duties and powers delegated to LBOHs in NRS do not cover the full range of activities described by the "Six Functions of Governance," it must be stressed that it is not unlawful for LBOHs to engage in these additional activities. Through addressing the "Six Functions of Governance," LBOHs in rural Nevada, who do not oversee a LHD, are able to act as a convening body that brings together local- and state-level agencies to facilitate open, clear communication. Through these activities, the LBOH is operating at the three outermost layers of the Social-Ecological Model (Figure 3), addressing programing at the organizational and community levels, as well as supporting these activities through policy development (McLeroy, Bibeau, Steckler, and Glanz, 1988). However, any sort of educational materials would relate more closely to the innermost layers; through intrapersonal understanding and beliefs among LBOH members regarding the scope and nature of their roles and responsibilities as such, as well as interpersonal interactions with board members and staff, although the latter would be expected to affect change at a lesser extent.

Figure 3: The Social-Ecological Model



(McLeroy, Bibeau, Steckler, and Glanz, 1988).

To emphasize the importance of LBOH functionality, without previous LBOHs in these rural and frontier counties, there have been issues regarding disconnected communication between local government officials and those at DPBH. DPBH works to address public health in the rural and frontier counties through services directly provided to the counties, such as community health nursing, disease investigation, and restaurant inspections (DPBH, 2017), or through sub-granting program funding to local non-profit organizations for prevention programs addressing multiple issues. These non-profits are oftentimes a part of the Nevada Statewide Coalition Partnership, which coordinates efforts in the rural and frontier counties among governmental, health care, and non-profit organizations, largely focusing on opioid and tobacco prevention and other behavioral health issues (NSCP, 2018). Without established LBOHs, local government officials have been largely disconnected from these activities, since there have not been designated staff to attend meetings, review reports, or to communicate findings among LBOH members, nor to keep communication open between LBOHs, DPBH, and local community organizations.

It is important to note the key players in current LBOH development activities in Nevada, given that these participants are also a part of the focus population to be served by any training tools developed. Many of the organizations leading public health in these areas include organizations previously described, such as DPBH and the coalitions. However, there are other non-profit organizations that specialize in behavioral health programming, youth development, and family support that work in hand-in-hand with the coalitions to improve community health outcomes. In addition, non-profit, private, and federally qualified health care organizations work in conjunction the Office of Rural Health (housed within the University of

Nevada, Reno's School of Medicine) to play a major role in addressing health care access disparities within these communities. This is done through identifying and implementing strategies to recruit health care providers to work in largely underserved rural areas of the state.

A new, formal organization has been formed, the Nevada Association of Local Health Officials (NALHO). Created through the efforts of leaders at SNHD, WCHD and CCHHS, its general purpose is to support the development of LBOHs throughout the rural and frontier parts of the state, and to improve communication among health officials. This strategy for strengthening the public health system in rural parts of the state is also supported by the Nevada Public Health Association's (NPHA) 2018 Advocacy and Policy Agenda (NPHA, 2018).

Existing Training Tools

Some generalized training materials have been developed by organizations outside Nevada. The National Association of Local Boards of Health (NALBOH) has published a set of broad domains that LBOHs should aim to address, called the "Six Functions of Governance" (NALBOH, 2012). These domains are outlined in Table 3, and include Policy Development, Resource Stewardship, Legal Authority, Partner Engagement, Continuous Improvement, and Oversight. Within these broad domains fall activities such as including public health considerations in all public policies developed; budgeting and financial planning for local health programming; using legal authority to implement quarantine and other powers in a fair and appropriate manner; engaging various governmental offices, health care and non-profit organizations to solve local public health issues; implement quality improvement principles in program management and performance development; and finally, to oversee the operations of

county staff working to address public health, whether or not they are housed within an official public health agency.

With the development of new LBOHs across Nevada, there is a growing need for board member and local health officer training. Public documentation of previous training in Nevada is scarce, but appears to be limited to one-time presentations during LBOH meetings after new members join the board (following local elections). It is possible that more training has been implemented by the three LHDs for their own LBOHs, but documents must only be made public if necessary to meet open meeting law requirements (NRS, 2015), which one-on-one meetings would not require. In addition, publicly-available LBOH member training materials from outside the state are scarce. Training materials were found which had been provided by organizations in Kentucky (2017), North Carolina (2017), Iowa (2017), Utah (2011), Ohio (2017), New Jersey (2017), and a broad overview fee-based training provided by NALBOH (NALBOH, 2015). Unfortunately, many of these materials are not applicable since the public health systems of those three states are dissimilar to that of Nevada, in addition to differences between duties and powers delegated by state statute. Furthermore, NALBOH's training series focuses on educating LBOH members on how to oversee and interact with their LHD, which is not currently a part of the duties of rural and frontier LBOHs, given they do not have LHDs to oversee. While Texas has been similarly categorized by ASTHO as "Largely Decentralized" (ASTHO, 2017), there are no publicly available training materials specific to the state's LBOHs.

The implications of the lack of materials from similar states is that there are not currently any materials that may be borrowed to substitute Nevada-specific training materials while the new LBOHs find their footing. Thus, the purpose of this paper is to describe the

development of new materials to meet the specific needs of LBOH members in rural and frontier counties in Nevada. Given the current status of the development of LBOHs in the state, the proposed Nevada Local Board of Health Toolkit will consist of a series of modules to address various aspects of LBOH governance activities that are specific to Nevada. Topics will include NALBOH's "Six Functions of Governance", an overview of applicable chapters of NRS, and suggested means to engage organizations within their community, as well as those at the state and local level elsewhere.

Table 3: The Six Functions of Governance (NALBOH, 2012)

Function	Description
Policy Development	"Lead and contribute to the development of policies that protect, promote, and improve public health while ensuring that the agency and its components remain consistent with the laws and rules (local, state, and federal) to which it is subject."
Resource Stewardship	"Assure the availability of adequate resources (legal, financial, human, technological, and material) to perform essential public health services."
Legal Authority	"Exercise legal authority as applicable by law and understand the roles, responsibilities, obligations, and functions of the governing body, health officer, and agency staff."
Partner Engagement	"Build and strengthen community partnerships through education and engagement to ensure the collaboration of all relevant stakeholders in promoting and protecting the community's health."
Continuous Improvement	"Routinely evaluate, monitor, and set measurable outcomes for improving community health status and the public health agency's/governing body's own ability to meet its responsibilities."
Oversight	"Assume ultimate responsibility for public health performance in the community by providing necessary leadership and guidance in order to support the public health agency in achieving measureable outcomes."

Methods

Pilot Project Development

Planning

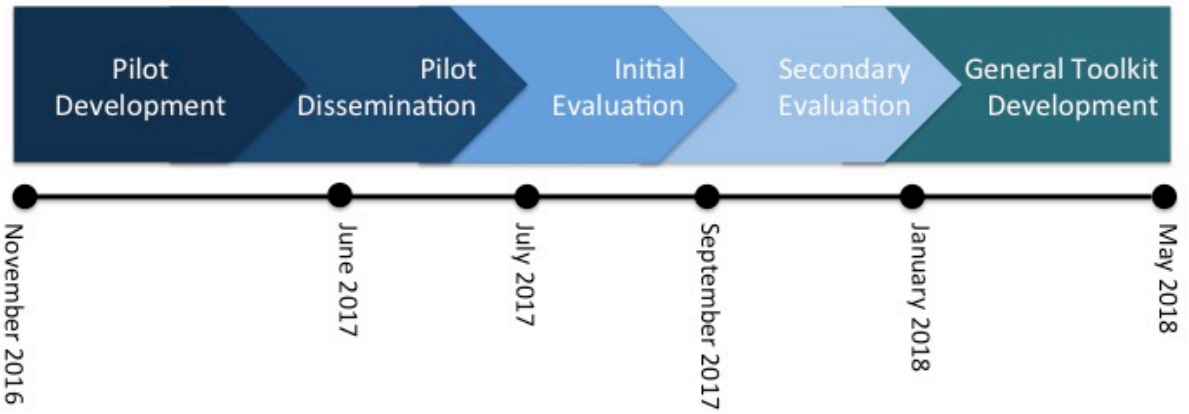
A diagram of the planning and implementation process has been included in this paper as Figure 4. The Elko County Health Board (ECHB) was formed in December 2015 in order to bring Elko County, Nevada into compliance with state statute as the designated LBOH (County Gov. of Elko County, 2017). Previously, there was no LBOH in Elko County, and thus the first meetings of the ECHB largely focused on discussion regarding the duties and purpose of the board. In November 2016, a meeting was held in Elko, Nevada with the Project Developer (a graduate student in the University of Nevada, Reno's Master of Public Health Program), the Director of the Nevada Office of Rural Health (housed within the University of Nevada, Reno, School of Medicine), an Elko County Commissioner, and the Elko County Health Officer, to discuss project opportunities. Through this discussion, it was determined that a set of educational tools were needed to help the fledgling board identify the scope and nature of its work in the community. The project was to be developed over the course of two months of internship work on the behalf of the developer in May through August, 2017.

Content Development

Materials from Kentucky (2017), Iowa (2017), Ohio (2017) and North Carolina (2017) were reviewed to look for commonalities across training materials. NALBOH's "Public Health Governance in Action (NALBOH, 2015) was also reviewed to find content that would be appropriate for a largely decentralized state. Content was deemed appropriate if it might apply

to LBOHs who do not oversee a local health department or otherwise direct a public health agency.

Figure 4: Project Development Process and Timeline



To gain further insight into what content might be of most use to the new LBOHs in Nevada, the project developer attended a Nevada Association of Local Health Officials (NALHO) in May of 2017, and was allowed to discuss the project and what could be done to address disparities with stakeholders from various organizations, including DPBH, CCHHS, SNHD, ECHB, and non-profit organizations working in partnership with local health officials in rural Nevada. In addition, a conference call took place in early June 2017 with the developer, the Director of the Office of Rural Health (the internship preceptor), and the Director of Lyon County Human Services, who had been the designated lead for the development of the LBOH in Lyon County (also in rural Nevada) in 2014. The purpose of this informal discussion was to identify lessons learned from their process of development, as well as identify what information would have been most useful to LBOH members upon the board's inception.

These strategies led the developer to focus on the following topics to be included in the toolkit developed for the ECHB:

- A brief introduction to public health practice and principles
- Roles and responsibilities common to LBOHs across the country
- Nevada state and local statutes and codes regarding public health authority and mandated services.
- Materials outlining the services provided by DPBH
- Other resources available to the ECHB if further questions arise

The pilot project toolkit was then built around addressing these particular issues, dividing the content into three modules. The first module was developed to introduce basic public health principles and scope of practice. Permission was granted from the Nevada Public Health Training Center (NvPHTC) to reproduce and customize a training originally created by the Arizona Public Health Training Center (and housed by the Western Region Public Health Training Center, of which NvPHTC is a member) in order to create an appropriate introduction to public health that would also be specific to Nevada. The NvPHTC is a part of the University of Nevada, and provides both public health and health care training for practitioners across the state, with a focus on providing access to training for persons in the rural and frontier counties. This is completed through projects such as ECHO, which provides free web-based training on various health care and population health topics that may be accessed by any interested party.

The second module focused on providing a definition for the term “local board of health” (NALBOH, 2012), describing the “Six Functions of Governance” (NALBOH, 2012) and providing examples of how that may look within a largely decentralized public health system. To provide context as to how these concepts could be implemented, information was included regarding the requirements of Domains 11 and 12 of the PHAB “Standards and Measures

version 1.5" (PHAB, 2013) and how they may apply to both the aforementioned functions of governance. A list of supporting materials that outline resources from federal agencies and nationwide public health non-profit organizations that support local public health governance was also provided, and included organizations such as the National Association of County and City Health Officials (NACCHO), the Center for Sharing Public Health Services, the Association for State and Territorial Health Officials (ASTHO), and additional educational materials from PHAB.

The third and final module focused on the specific contents of Nevada Revised Statute (NRS) both directly and indirectly dictating the formation, duties and powers of LBOHs. This module also reviewed the distinctions between county-level health departments and health districts outlined in NRS, as there has been confusion regarding the issue on the part of both LBOH members and representatives of organizations supporting local public health systems throughout rural Nevada. Lastly, a brief description was given of the services provided to rural and frontier counties by DPBH (DPBH, 2017). The supporting materials provided for the module included a hyperlink listing of state statutes relating to public health (with links), as well as links to county-level codes regarding public health in Carson City, Clark County, and Washoe County.

Dissemination and Review

Module 1 was disseminated to both members of the ECHB and members of the local public health system of Elko County and the surrounding areas. This was done by holding one in-person training located within facilities of Great Basin College in Elko, NV. This was followed by a repeat of the same content presented via webinar delivered via Zoom software (www.zoom.us/) a week later. There were 20 participants at the in-person training and eight

participants in the webinar presentation. Both modalities of the presentation of Module 1 provided insight that guided the completion and delivery of Modules 2 and 3. No members of the ECHB participated in the Module 1 webinar, and only one participated in the in-person event. Since there were many times where content flow was disjointed during the webinar due to addressing participant access issues as it was being recorded, it was decided to deliver the remaining modules in a pre-recorded video format, and to re-record Module 1 for archived use. Paper evaluations were disseminated during the in-person delivery of Module 1, and a link was provided via email to all registered participants in the Zoom webinar.

Modules 2 and 3 were recorded and edited offline and were disseminated to the ECHB and other members of the local public health system who had indicated further interest in the additional modules. This extended group included a staff member of the county's transportation department who had recently been appointed as the ECHB's point person for public health activities, an outside evaluation consultant who had been hired by the ECHB to complete a meta-analysis of recent community health needs assessments, the Director of the Nevada Office of Rural Health, the Assistant Dean of the Office of Statewide Initiatives, and the Director of the University of Nevada, Reno's Center for Program Evaluation (CPE). SurveyMonkey (www.surveymonkey.com) was used to develop and deliver an evaluation survey via email.

To gain additional feedback for the development of the final toolkit, the Module 2 and 3 videos were uploaded to YouTube (www.youtube.com) and shared with the modules' supporting documents for a final 17-day comment period. A much larger group of stakeholders were added for this final comment period, including members of LBOHs across the state,

representatives from state and local health agencies, as well as individuals from organizations supporting rural LBOHs in an unofficial capacity. A link to a streamlined evaluation also survey using SurveyMonkey was included along with the materials. During the comment period, two follow-up emails were sent to all participants at weekly intervals.

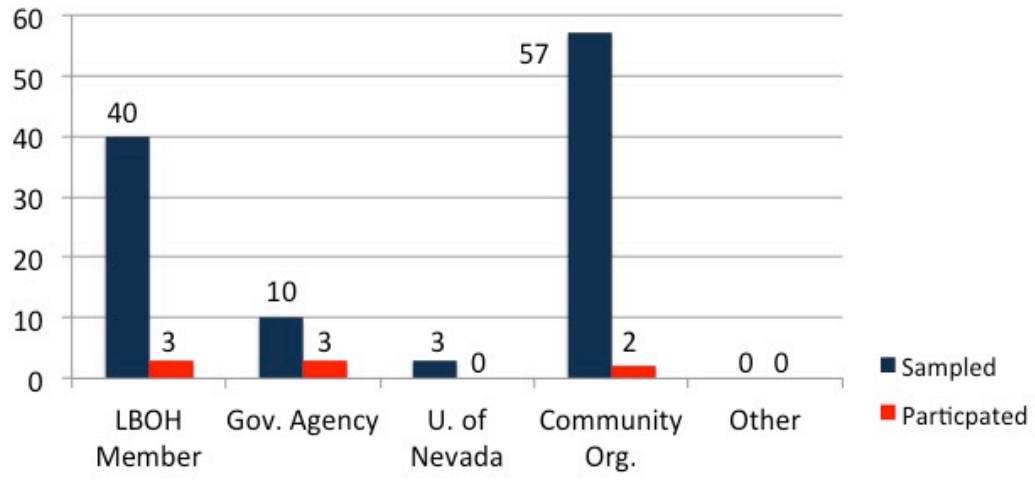
Module 1 was not redistributed for feedback, as those materials are available to any interested party through the Western Region Public Health Training Center for no cost (WRPHTC, 2018). This content was also not included in that of the final series of modules.

Results

Pilot Project Evaluation

During the first comment period on Modules 2 and 3, disseminated to the smaller group of pilot project stakeholders (N = 15), there were two responses received utilizing the online survey. It was theorized that the lack of engagement might be due to repeated surveys for each module, and thus one 10-question evaluation survey was developed and disseminated to the larger Nevada-wide stakeholder group (N = 110). The group consisted of current or potential LBOH members ("LBOH Member"), representatives of state or local governmental public health or other agencies (Gov. Agency) University of Nevada, Reno faculty and staff ("U. of Nevada"), and key stakeholders representing community-based or non-profit organizations ("Community Org."). While the participants had been selected as members of these categories, the survey itself allowed participants to self-identify with the category of their choosing. In order to encourage participation of persons who might not feel that they fit in any of the categories provided, an "Other" category was added to the survey itself. Of this larger sample, there were eight (N = 8) total responses. The number of respondents by category is outlined in Figure 4.

Figure 4: 2018 Survey Respondent Characteristics



While the responses yielded positive feedback, the sample did not yield enough responses to collect data that could be tested for statistical validity (Figure 4). Results from the survey suggested that the pilot toolkit could be improved by breaking the module content into shorter modules, including information regarding community health assessments, community health improvement planning, strategic planning, and quality improvement in public health. Although the general feedback from the evaluation did not place breaking the content into brief modules as the highest priority, the low response rate, coupled with two email responses from the sample regarding barriers due to the time required to complete the pilot materials, indicated that the final toolkit needed to be delivered in a format that would be easier to manage for participants with limited time. In addition, results from Table 7 indicate room for improvement in how the toolkit aids participants in understanding the definition of a local board of health, as well as to clarify the scope and nature of public health programming provided to rural and frontier counties by DPBH.

Table 5: Pilot Toolkit Evaluation Survey Questions and Response Formats		
Question Number	Question	Response Format
1	Which of the following best describes you?	Multiple Choice
2	Which of the following Module 2 materials did you review? Please select all that apply.	Check all that Apply
3	To what extent do you think the Module 2 video and supporting materials would help a participant meet the following learning objectives?	3 point Likert scale, Organized by learning objective
4	Which of the Module 3 materials did you review? Please select all that apply.	Check all that Apply
5	To what extent do you think the Module 3 video and supporting materials would help a participant meet the following learning objectives?	3 point Likert scale, Organized by learning objective
6	What did you think about the length of the videos?	3 point Likert scale
7	We are considering making the following changes. To what extent to you feel these changes would be beneficial?	3 point Likert scale, organized by proposed strategy
8	What did you like most about the modules?	Open-ended
9	What would you like to see changed?	Open-ended
10	Would you be willing to complete a phone interview to provide further feedback? If so, please be sure to include your name and email in the space below so that you may be contacted with more information.	Y/N, with comment box for contact information

Table 6: Pilot toolkit module material engagement		
Module	Materials	Respondent Engagement % of total (N)
Module 2	Module 2 Video: "What is a Local Board of Health?"	87.5% (7)
	Module 2 Additional Resources List	50.0% (4)
	Checklist: Six Functions of Governance (NALBOH, 2012)	62.5% (5)
Module 3	Module 3 Video: "Local Boards of Health in Nevada"	87.5% (7)
	Module 3: Codes and Statutes	62.5% (5)
	Nevada Division of Public and Behavioral Health Program Guide 2017 (DPBH, 2017)	50.0% (4)

Table 7: Respondent evaluation of pilot toolkit content ability to meet learning objectives						
Module	Learning Objective	"Not at all"	"To Some Extent"	"To a Great Extent"	Total	Comments
Module 2	"Define the term Local Board of Health (LBOH"	12.5% (1)	25.0% (2)	62.5% (5)	100% (8)	(None)
	"Describe the 'Six Functions of Governance'"	0.0% (0)	12.5% (1)	87.5% (7)	100% (8)	
	"Understand the general purposes and functions of LBOHs across the U.S."	0.0% (0)	37.5% (3)	62.5% (5)	100% (8)	
Module 3	"Describe the structure of Nevada's public health system"	0.0% (0)	37.5% (3)	62.5% (5)	100% (8)	"I say this not because of your presentation but because DPBH makes is (sic) very difficult to understand where the state and the counties meet. I don't understand the contracts that the state has counties sign, I don't understand why often counties are paying DPBH for services, when often the positions are left open or the need is unmet. I really would like to understand this further and help counties become more self-sufficient and in my opinion – better utilize their funding instead of paying the state to do a sub-par job."
	"Describe the differences between types of local health organizations and the boards who govern them"	0.0% (0)	37.5% (3)	62.5% (5)	100% (8)	
	"Understand the responsibilities and powers allowed to local boards of health per Nevada Revised Statutes"	0.0% (0)	37.5% (3)	62.5% (5)	100% (8)	
	"Describe the resources available from the Nevada Division of Public and Behavioral Health (DPBH) to local boards of health in rural and frontier counties"	14.29% (1)	28.57% (2)	57.14% (4)	100% (7)	

Table 8: Responses to Question #7 ("We are considering making the following changes. To what extent do you feel these changes would be beneficial?"), ranked by weighted average score

Proposed Change	1 = "Not Beneficial" % (N)	2 = "Neutral" %(N)	3 = "Beneficial" % (N)	Total	Weighted Average
"Additional material introducing community health needs assessments and community health improvement planning"	0.0% (0)	12.5% (1)	87.5% (7)	100% (8)	2.88
"Additional material introducing strategic planning in public health contexts"	0.0% (0)	25.0% (2)	75.0% (6)	100% (8)	2.75
"Additional material introducing quality improvement in public health contexts"	0.0% (0)	25.0% (2)	75.0% (6)	100% (8)	2.75
"Breaking up the content into a series of shorter modules"	12.5% (1)	37.5% (3)	50.0% (4)	100% (8)	2.38
"Including detailed examples from other states"	25.0% (2)	25.0% (2)	50.0% (4)	100% (8)	2.25
"Including brief learning activities"	25.0% (2)	37.5% (3)	37.5% (3)	100% (8)	2.13

Final Toolkit Content

The ultimate result of this project was the development and dissemination of the final toolkit. Using the feedback given by stakeholders on the pilot materials, the final toolkit was organized into a set of nine modules. The final modules broke down the content delivered into shorter videos, the content of which is outlined in Appendix A. Additional content was included in the final toolkit that included information regarding the purpose and use of community health assessments (CHAs) or community health needs assessments (CHNAs), community health improvement plans (CHIPs), strategic plans (SPs), and finally, how principles of quality improvement (QI) and evaluation can be used by LBOHs to help improve programmatic efficiency, efficacy, and effectiveness (Appendix A).

The videos associated with each module were published to the Nevada Public Health Training Center's (NvPHTC) TRAIN website (train.org) to be freely accessed by any interested user at no cost. Unlike the pilot project, there were no supporting materials provided to go

alongside the brief videos. However, brief evaluation survey questions were included to both gather further information over time regarding the utility of the videos and their ability to appropriately address learning objectives.

Table 9: Pilot evaluation results as translated to the final toolkit development

Pilot Toolkit Feedback	How Addressed in Final Toolkit
Inclusion of information regarding community health assessments/needs assessments	Module added (Module 6)
Inclusion of information regarding community health improvement planning	Module added (Module 7)
Inclusion of information regarding strategic planning in public health	Module added (Module 8)
Inclusion of information regarding quality improvement and evaluation in public health	Module added (Module 9)
Breaking the modules down into shorter segments	Module video time reduced
Improving the amount of targeted information that defines a "Local Board of Health"	Focus of Module 1

Final Toolkit Evaluation

Each of the final training modules has formatted to be followed-up by a 1-5 question evaluation. The questions associated with each module and its learning objectives are listed in Appendix A and the full evaluation plan has been included in Appendix B. The results of these evaluations will be monitored by the Nevada Public Health Training Center, to be used to identify areas for future content and format improvement.

Discussion

The main purpose of this project was to develop training materials for use by rural and frontier LBOH as they develop, as well as to provide training materials for new board members as turnover in elected officials occurs. However, by making the materials available for public use on TRAIN.org, members of LBOHs from other states, as well as other members of the public health system surrounding those LBOHs, may utilize the materials to better understand how their board may function. As previously discussed, there is a lack of materials available for

states that do not have a completely decentralized system, and so there may be some use for these materials by LBOHs in centralized states, as well as Texas, which is currently the only other state similarly categorized as Nevada (ASTHO, 2017).

Policy Implications

Through county code review completed as materials for both the pilot and final toolkits were developed, it was discovered that there are issues with inconsistencies across the state pertaining to LBOHs and Health Officers. While most of the rural or frontier counties' sets of codes include language that refers directly to the establishment or duties of a LBOH (as outlined in Table 10), the majority of rural and frontier counties do not have an established LBOH or an appointed health officer (Carson City Municipal Code, 2004; Clark County Code, 2006; Churchill county Code, 2006; Douglas County Code, 1977; Humboldt County Code, 1916; Lyon County Code, 2016; Washoe County Code, 2012; and White Pine County Code, 2016). To remedy this issue, new or updated county-level code that either refers to the powers and duties as outlined in NRS should be developed in every county. Furthermore, including language that more specifically outlines work of the LBOHs may help to solidify the establishment of LBOHs in these counties.

Strengths

A major strength of this project was the ease of access to local and statewide experts who were well integrated into the existing public health system. These experts provided not only guidance and feedback regarding the direction of the project, but also leveraged their positions of respect to perform important informal promotion of the activities associated with

Table 10: Nevada Counties with Published Code Addressing Local Board of Health (LBOH) or Health Officer (Carson City Municipal Code, 2004; Clark County Code, 2006; Churchill county Code, 2006; Douglas County Code, 1977; Humboldt County Code, 1916; Lyon County Code, 2016; Washoe County Code, 2012; &White Pine County Code, 2016), versus Counties with Established LBOH

County	County Code: LBOH	County Code: Health Officer	Year of Last Revision	Established LBOH (April 2018)
Urban Counties✣				
Carson City	Yes	Yes	2004	Yes
Clark County	Yes	Yes	2006	Yes
Washoe County	Yes	Yes	2012	Yes
Rural and Frontier Counties				
Churchill County	Yes	Yes	2006	Yes
Douglas County	Yes	Yes	1977	Yes
Elko County	No	No	N/A	Yes
Esmeralda County	-	-	-	No
Eureka County	No	No	N/A	No
Humboldt County	Yes	Yes*	1916	No
Lander County	Yes	Yes	-	No
Lincoln County	No	No	N/A	No
Lyon County	Yes	Yes	2016	Yes
Mineral County	No	No	N/A	No
Nye County	No	No	N/A	No
Pershing County	No	Yes**	2012	No
Storey County	No	No	N/A	No
White Pine County	Yes	Yes	2016	Yes

- Denotes information unavailable or incomplete. ✣All three urban counties are under the jurisdiction of local-level health departments or districts, which are overseen by their respective LBOHs. *Humboldt County Code 2.12 refers to the LBOH as being chaired by the County Physician; NRS 439.280 refers to county level LBOHs being chaired by the County Health Officer in a similar manner. **Pershing County Code refers to information being shared with the County Health Officer, but does not delineate how that position is appointed or the associated duties.

this project. Because much of the history of past public health infrastructure improvement efforts in Nevada are not heavily documented, having access to these experts was crucial in even that which might build upon current statute and define a more specific purpose and scope

understanding the historical perspective of public health developments in these areas. Similarly, the small size of the network of individuals and organizations included in Nevada's public health system, particularly within the rural and frontier counties, proved to be helpful in gaining contact information and communicating with potential participants.

Limitations

Gauged by the 7.3% response rate to the pilot toolkit survey, the greatest limitation in this project was the lack of engagement from elected officials and other public health professionals surveyed across the state of Nevada. While there is no specific evidence as to the causes of this disengagement, anecdotal evidence garnered through conversations with members of the Nevada public health system point to several potential contributing factors, including a lack of available time to review toolkit materials on the part of potential participants; a lack of understanding of participants' inclusion in the public health system; and finally, the perception that the objectives of public health as a discipline run contrary to their political stance or party affiliation.

Political affiliation or viewpoints may prove to have a strong, yet undocumented influence on not only this project, but also the adoption of public health strategies in rural and frontier parts of the state. While Nevada, taken as a whole, is considered a "blue" state and contributed its electoral votes to Democrat presidential candidates in the past three elections (Nevada Secretary of State, 2018), this is due to the voting power of the state's two major population centers (Reno and Las Vegas), while the rural and frontier counties tend to elect conservative candidates to local office. Policy agendas put forth by national and statewide public health organizations support strategies such as expansion of Medicaid, promotion and

inclusion of health equity in policy and program development, and maintenance of the Affordable Care Act (APHA, 2018; NPHA, 2018), all of which being strategies supported by liberal political parties, local conservative elected officials may be hesitant to align themselves with public health efforts of any kind.

Recommendations for Future Research and Policy Analysis

Although no previous research has been found regarding any increases in LBOH functionality or performance after the implementation of formalized training, it is theorized for the sake of this project that improvements could be seen within LBOHs after effective training. Thus, there are several recommendations that could be made regarding further research. One recommendation would be to implement assessments of LBOH function at regular intervals, utilizing vetted tools such as the "Six Functions of Governance Checklist" (NALBOH, 2012), or the National Public Health Performance Standards Program (NPHPSP) Governance Assessment Instrument (NACCHO, 2013). Utilizing these assessments would also align board function with the concepts of program evaluation and quality improvement that are parlayed through the toolkit itself (Module 9). This could be done in such a way that would match the Plan-Do-Check-Act (PDCA) cycle as it is described by the Public Health Foundation (Gorenflo and Moran, 2010) through the following steps:

- Use of initial assessment data as a baseline for board function from which to improve;
- (Plan) Develop and action plans to address these specific areas for improvement into general LBOH strategic plans;
- (Do) Implement LBOH strategic plans, including components that address LBOH function;

- (Check) Evaluate progress on an annual or bi-annual basis through repeating the self-assessment process;
- (Act) And finally, use evaluation results to alter the action plan to improve outcomes and to monitor areas of strength.

Due to most of the rural and frontier LBOHs still being in their infancy, it is recommended that the LBOHs start by using the NALBOH Checklist as the chosen self-assessment tool for the first several cycles while the Board gains momentum. The "Six Functions of Governance Checklist" (NALBOH, 2012) is much more brief and less comprehensive than tools such as the NPHPSP Governance Assessment (NACCHO, 2013), while still appropriately evaluating current Board function. This might be more palatable to newer boards that have little time available for assessment activities, and who may also not have the resources or need for a broad variety of LBOH activities. However, it would be advisable to at least make LBOH members aware of the performance measures of more comprehensive assessments, such as the NPHPSP Governance Assessment, so that they may begin to include these measures in long-term strategic plans.

Another area for further research would be to better understand local elected officials viewpoints and concerns regarding public health policy and programming in their communities. In order to better communicate with officials, it may prove prudent to collect this information, rather than to make assumptions based on political party affiliation alone. Repeated assessments at regular intervals might explore ways in which either initial views of public health and its political importance change over time, or even how public health program offerings and implementation might differ in conservative counties, and how these programs do or do not

affect change in population health. This information could prove to be useful in advocating for additional programming at the state and local level. Additionally, strategy may help gain insight as to how to best approach these topics and engage officials in a manner that would promote open communication.

Finally, the Public Health National Center for Innovations (PHNCI), which is the research arm of the Public Health Accreditation Board (PHAB), has worked with state agencies to develop a program that allows states to modernize their public health systems (PHNCI, 2018). This modernization process includes the review of state and local statute to ensure that current best practices in public health programming are being implemented. Another important aspect of the modernization process is the inclusion of "Foundational Public Health Services" (FPHS), which are a set of minimum public health services that would be included in state and local laws, and funded through channels that are not as susceptible to cuts at the federal level as current funding streams. Although the implementation of FPHS may seem like a step that should have been implemented previously, Oregon, Washington, and Ohio are the only U.S. states currently looking to develop and implement FPHS. Thus, given the inconsistencies in the public health system across the state and the current service gaps experienced in the rural and frontier counties, Nevada should look to modernize its system through the development of FPHS, identifying secure funding for programs, and major revisions of state and local code associated with the provision of public health services.

Conclusion

While this project stands alone as the first formal educational toolkit available to rural and frontier LBOH members in Nevada, the potential exists to engage in further research and

associated projects with the local public health system of these counties. Additionally, given that it is publicly available on a website used by public health professionals across the United States, these materials can be used by a broad variety of professionals, and from those outside Nevada. While the long-term usage has yet to be seen, the toolkit evaluation data should be evaluated at annual intervals to identify strengths and areas for improvement.

Furthermore, it is important to note that the pilot toolkit was developed at a time when the Elko County Health Board (ECHB) was also in its early stages of development. Just as the toolkit materials have matured over the course of this project, so has the ECHB. While there are no further developments among other counties who do not currently have a LBOH at the time of this paper's completion, there is anecdotal evidence to suggest that momentum is building to modernize Nevada's public health system. It is possible that this modernization process would include a strengthening of infrastructure in the rural and frontier counties, including the development of LBOHs.

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Appendix A: Final Toolkit Modules, Learning Objectives, Content, and Evaluation Questions

Module Number and Title	Learning Objectives	Content	Module Evaluation Questions (format)
Module 1: Defining Local Boards of Health (LBOHs)	• Define the term "Local Board of Health"	• NALBOH definition of Local Board of Health (NALBOH, 2012) • Outline toolkit module content	"Which of the following is the best definition of a local board of health?" (Multiple Choice)
Module 2: Intro to the Six Functions of Governance	• Understand NALBOH's "Six Functions of Governance" • Provide examples of how LBOHs may implement the Six Functions	• Describe the "Six Functions of Governance" (NALBOH, 2012) • Provide examples of the types of activities that LBOHs may engage in to fulfill the six functions	"Match the 'Function of Governance' with the best example of its practice" (Matching)
Module 3: Structure of Nevada's Public Health System	• Familiarize with different types of statewide public health systems • Describe Nevada's public health system structure	• Review types of public health systems • Review Nevada's public health system structure • Review how LBOHs' roles are important in a "largely decentralized" system	"Nevada currently implements what kind of system?" (Multiple Choice) "In what kind of activities can rural and frontier LBOH members participate to support public health in their communities?" (Check All That Apply)
Module 4: Types of Public Health Organizations in Nevada	• Describe the nature and functions of local and state governmental public health organizations • Describe how other organizations (hospitals, non-traditional public health branches of government, nonprofit organizations, and other NGOs) work as a part of the local public health system	• Describe common public health partners at the local level • Provide examples of how local and state partnerships can be forged to address public health problems	"Please list ***at least*** three organizations in your community that you believe are currently a part of your local public health system." (Comment Box/Open-Ended; not graded) "Please list at least three organizations in your community who you believe should also be included in your public health system. This might be large employers, transportation organizations, etc." (Comment Box/Open-Ended; not graded)

Module Number and Title	Learning Objectives	Content	Module Evaluation Questions (format)
Module 5: LBOHs and Nevada Statute	• Describe NRS as it pertains to LBOHs	• Review NRS 439.28 • Tutorial as to how to access NRS • Review examples of county code in Nevada • Provide examples/put into layman's terms	"As per NRS 439, to whom does the LBOH report?" (Multiple Choice) "As per NRS 439, what is the difference between a health district and a health department?" (Multiple Choice) "Which of the following additional chapters NRS might affect local public health?" (Check All That Apply) "How can an individual access Nevada Revised Statute to reference public health statutes?" (Multiple Choice)

Module Number and Title	Learning Objectives	Content	Module Evaluation Questions (format)
Module 6: Intro to Community Health Assessments	• Describe the purpose of CHAs/CHNAs • Discuss types of organizations that may be engaged in completing CHAs/CHNAs	• Provide examples of data that may be included in CHAs/CHNAs • Provide examples of how data from CHAs/CHNAs can be used • Inform viewers about potential pitfalls in the CHA/CHNA process that may affect data validity and comparability • Provide examples of the type of partner organizations that can be included in a CHA/CHNA process	"Which of the following is the ***best*** definition of a CHA/CHNA?" (Multiple Choice) "What is the purpose of completing a community health assessment or needs assessment?" (Check All That Apply) "How frequently should a CHA/CHNA be completed?" (Multiple Choice) "Which of the following types of organizations could a public health agency or LBOH engage in the CHA/CHNA process?" (Check All That Apply) "Which of the following issues could come up in the process of collecting data for a CHA/CHNA?" (Check All That Apply)

Module Number and Title	Learning Objectives	Content	Module Evaluation Questions (format)
Module 7: Intro to Community Health Improvement Planning	• Describe the purpose of CHIPs • Describe how LBOHs role in CHIP development or implementation	• Inform viewers about the scope and nature of CHIPs • Provide examples of how CHIPs have been used in Nevada • Provide information regarding the benefits of completing and implementing a CHIP	"Which of the following is the ***best*** definition of a CHIP?" (Multiple Choice) "What is the purpose of a CHIP?" (Check All That Apply) "A CHIP is a plan that can be completed and doesn't need to be reviewed on a regular basis." (True/False) "Which of the following partner organizations should be engaged for the completion and implementation of a CHIP?"
Module 8: Intro to Strategic Planning for Public Health	• Describe the purpose of strategic planning for LBOHs • Describe how LBOHs participate in SP development and implementation	• Brief overview of strategic planning tools and processes • Information about how strategic planning is currently being used in public health	"Which of the following best describes a strategic plan?" (Multiple Choice) "Having a strategic plan in place may help a LBOH work cohesively with its staff to improve community health." (True/False) "Which of the following methods or processes could be included in a LBOH's strategic planning process?" (Check All That Apply)

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Module Number and Title	Learning Objectives	Content	Module Evaluation Questions (format)
Module 9: Intro to Quality Improvement and Evaluation in Public Health	• Describe the purpose of Quality Improvement and Evaluation practices in public health governance • Describe basic QI and evaluation principles • Describe the benefits of QI and evaluation • Describe how LBOHs who do not oversee a health department may utilize QI and evaluation	• Define QI • Define Evaluation • Different types of QI (PDSA/PDCA, Lean, Six Sigma, etc.) • Discuss basic evaluation principles • Provide examples of the benefits of utilizing QI and evaluation • Provide examples of how LBOHs may engage in QI and evaluation w/o a LHD	"What is the purpose of conducting Quality Improvement or Program?" (Multiple Choice) "Which of the following is the best definition of quality improvement (QI)?" (Multiple Choice) "Which of the following is the best definition of program evaluation?" (Multiple Choice) "Which of the following are benefits of conducting program evaluation and QI?" (Check All That May Apply) "In which of the following ways can LBOHs engage in program evaluation and QI?" (Check All That May Apply) "Which of the following QI processes can be used in public health?" (Check All That Apply)

Appendix B: Final Toolkit Evaluation Plan

As described previously, the evaluation of the final toolkit will not only include the tools outlined in the table below, but will also include the following strategies throughout the data collection period:

- Data Collection Timing: all survey questions will become available to participants upon completing the module in its entirety.
- Scoring: The table below outlines how the questions will be scored. After completing the evaluation survey, all scored questions will be given a score of "1" for correct, and a score of "0" if incorrect.
- Unscored Questions: Unscored questions are those where participants are asked to brainstorm or list their ideas; there are no wrong answers to these questions. All completed unscored questions will be given a score of "1" if participants enter any answer.
- Minimal "Passing" Score: If participants score below 50% of total possible points across the questions for a module, they will be redirected to review the module again before being allowed another opportunity to complete the module evaluation.
- Data Collection Period: the Nevada Public Health Training Center will monitor evaluation data collected at quarterly intervals, and will use the data for an annual material review.

Use of Evaluation Data: the evaluation data collected will be utilized by staff at the NvPHTC to update the toolkit content and format as needed. However, this is largely dependent on the funding and other resources allocated to the NvPHTC by federal grants.

Module	Learning Objective	Evaluative Question	Answer Format	Scoring Format
Module 1: Defining Local Boards of Health (LBOHs)	Define the term "Local Board of Health"	"Which of the following is the best definition of a local board of health?"	Multiple Choice	Scored; "1" for sole correct answer
Module 2: Intro to the Six Functions of Governance	Understand NALBOH's "Six Functions of Governance"	"Match the 'Function of Governance' with the best example of its practice"	Matching	Scored; "1" for each correct answer
	Provide examples of how LBOHs may implement the Six Functions			
Module 3: Structure of Nevada's Public Health System	Familiarize with different types of statewide public health systems	"Nevada currently implements what kind of system?"	Multiple Choice	Scored; "1" for sole correct answer
	Describe Nevada's public health system structure	"In what kind of activities can rural and frontier LBOH members participate to support public health in their communities?"	Check All That Apply	Scored; "1" for each correct answer
Module 4: Types of Public Health Organizations in Nevada	Describe the nature and functions of local and state governmental public health organizations	"Please list ***at least*** three organizations in your community that you believe are currently a part of your local public health system."	Comment Box/Open-Ended	Unscored
	Describe how other organizations (hospitals, non-traditional public health branches of government, nonprofit organizations, and other NGOs) work as a part of the local public health system	"Please list at least three organizations in your community who you believe should also be included in your public health system. This might be large employers, transportation organizations, etc."	Comment Box/Open-Ended	Unscored

Module	Learning Objective	Evaluative Question	Answer Format	Scoring Format
Module 5: LBOHs and Nevada Statute	Describe NRS as it pertains to LBOHs	"As per NRS 439, to whom does the LBOH report?"	Multiple Choice	Scored; "1" for sole correct answer
		"As per NRS 439, what is the difference between a health district and a health department?"	Multiple Choice	Scored; "1" for sole correct answer
		"Which of the following additional chapters NRS might affect local public health?"	Check All That Apply	Scored; "1" for each correct answer
		"How can an individual access Nevada Revised Statute to reference public health statutes?"	Multiple Choice	Scored; "1" for sole correct answer
Module 6: Intro to Community Health Assessments	Describe the purpose of CHAs/CHNAs	"Which of the following is the ***best*** definition of a CHA/CHNA?"	Multiple Choice	Scored; "1" for sole correct answer
		"What is the purpose of completing a community health assessment or needs assessment?"	Check All That Apply	Scored; "1" for each correct answer
		"How frequently should a CHA/CHNA be completed?"	Multiple Choice	Scored; "1" for sole correct answer
	Discuss types of organizations that may be engaged in completing CHAs/CHNAs	"Which of the following types of organizations could a public health agency or LBOH engage in the CHA/CHNA process?"	Check All That Apply	Scored; "1" for each correct answer
		"Which of the following issues could come up in the process of collecting data for a CHA/CHNA?"	Check All That Apply	Scored; "1" for each correct answer

Module	Learning Objective	Evaluative Question	Answer Format	Scoring Format
Module 7: Intro to Community Health Improvement Planning	Describe the purpose of CHIPs	"Which of the following is the ***best*** definition of a CHIP?"	Multiple Choice	Scored; "1" for sole correct answer
		"What is the purpose of a CHIP?"	Check All That Apply	Scored; "1" for each correct answer
	Describe how LBOHs role in CHIP development or implementation	"A CHIP is a plan that can be completed and doesn't need to be reviewed on a regular basis."	True/False	Scored; "1" for sole correct answer
		"Which of the following partner organizations should be engaged for the completion and implementation of a CHIP?"	Check All That Apply	Scored; "1" for each correct answer
Module 8: Intro to Strategic Planning for Public Health	Describe the purpose of strategic planning for LBOHs	"Which of the following best describes a strategic plan?"	Multiple Choice	Scored; "1" for sole correct answer
	Describe how LBOHs participate in SP development and implementation	"Having a strategic plan in place may help a LBOH work cohesively with its staff to improve community health."	True/False	Scored; "1" for sole correct answer
		"Which of the following methods or processes could be included in a LBOH's strategic planning process?"	Check All That Apply	Scored; "1" for each correct answer

Module	Learning Objective	Evaluative Question	Answer Format	Scoring Format
Module 9: Intro to Quality Improvement and Evaluation in Public Health	Describe the purpose of Quality Improvement and Evaluation practices in public health governance	"What is the purpose of conducting Quality Improvement or Program?"	Multiple Choice	Scored; "1" for sole correct answer
	Describe basic QI and evaluation principles	"Which of the following is the best definition of quality improvement (QI)?"	Multiple Choice	Scored; "1" for sole correct answer
		"Which of the following is the best definition of program evaluation?"	Multiple Choice	Scored; "1" for sole correct answer
	Describe the benefits to LBOHs who conduct QI and evaluation	"Which of the following are benefits of conducting program evaluation and QI?"	Check All That May Apply	Scored; "1" for each correct answer
	Describe how LBOHs who do not oversee a health department may utilize QI and evaluation	"In which of the following ways can LBOHs engage in program evaluation and QI?"	Check All That May Apply	Scored; "1" for each correct answer
		"Which of the following QI processes can be used in public health?"	Check All That Apply	Scored; "1" for each correct answer