CPH Exam Review Webinar
Health Policy Process & Program Management

CPH Certified in Public Health
by National Board of Public Health Examiners
CPH Study Resources

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

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

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

Sample questions in the format of the CPH exam
Practice Exams

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

Upcoming Webinars Lecture and Q&A

• Public Health Biology and Human Disease Risk  
  September 27, 1-3 pm ET

• Evidence Based Public Health: Biostatistics  
  October 22, 1-3 pm ET

These and all past webinars /presentations are posted on  
https://www.nbphe.org/cph-study-resources/
Editors: Karen Liller, Jaime Corvin and Hari Venkatachalam
University of South Florida College of Public Health
Certified in Public Health Exam Review Guide
$41.95 APHA member / $51.95 non-member
eBook and print available via the APHA Bookstore at https://www.apha.org/publications-and-periodicals
Let’s Get Started!
Session Objectives

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

Preferences of individuals, organizations, and interest groups, along with biological, cultural, demographic, ecological, economic, ethical, legal, psychological, social, and technological inputs

1. Policy Formulation Phase
   - Agenda Setting
     - Problems
     - Possible Solutions
     - Political Circumstances
   - Development of Legislation
   - Window of Opportunity
   - Bridged by Formal Enactment of Legislation

2. Policy Implementation Phase
   - Rulemaking
   - Operation

3. Policy Modification Phase
   - Feedback from individuals, organizations, and interest groups experiencing the consequences of policies, combined with the assessments of the performance and impact of policies by those who formulate and implement them, influences future policy formulation and implementation.

Identify a public health problem

What is your position on health issues, law, and policy?
Examples of positions
Measure the problem

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

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Policy Formulation Phase

Agenda Setting
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- Possible Solutions
- Political Circumstances

Development of Legislation

Window of Opportunity*

Policy Implementation Phase

Bridged by Formal Enactment of Legislation

Rulemaking → Operation

Policy Modification Phase

Feedback from individuals, organizations, and interest groups experiencing the consequences of policies, combined with the assessments of the performance and impact of policies by those who formulate and implement them, influences future policy formulation and implementation.

*The window of opportunity opens when there is a favorable confluence of problems, possible solutions, and political circumstances.

Possible Solutions?

Swimming Skills

Lifeguard CPR Training

Lifejackets

Safety Barriers
Window of Opportunity
Tragedy

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

Development of legislation

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Possible Solutions?

Safety Barriers
Inform and advocate

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

• CDC’s National Center for Health Statistics
• County Health Rankings & Roadmaps
• AHRQ’s National Guideline Clearinghouse
• Cochrane Database of Systematic Reviews
Best Practices
Stakeholder input
Educate policy- & decision-makers
Enactment of legislation

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• Preston de Ibern/McKenzie Merriam Residential Swimming Pool Safety Act (chapter 515, Florida Statutes)

Policy implementation phase

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Laws vs. Regulations

- Public health **laws** are the system of rules created for the protection or promotion of community health.
  - Legislative branch

- **Regulations** are the set of rules that describe the implementation of legislation.
  - Executive branch
Policy modification phase

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Feedback

• Limitation of pool fencing intervention
  – “81% of all drowning occurred in pools in areas regulated by pool fencing ordinances.”
  – “Inadequate enforcement of the ordinances & inadequate operation or maintenance of pool-barrier equipment by owners may have reduced effectiveness of pool fencing codes.”

• Who is checking compliance?
New regulation proposals

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

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Program Management

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

- Revenue
  - Services provided
  - Grant and contract funding
  - Investment income
  - Donations

- Expenses
  - Staffing
  - Fringe benefits
  - Supplies & equipment
  - Rent
  - Utilities
  - Printing
  - Postage
  - Travel
## Examples of Expense Types

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

* Unusual to have variable indirect costs
Staffing

• Staffing
  – Full-time equivalents (FTEs)
  – Consultants and contract services

• Fringe benefits
  – FICA, vacation, PTO, health insurance
Budget variance chart

Consultant: Budget vs. Actual

<table>
<thead>
<tr>
<th>Program</th>
<th>Budgeted</th>
<th>Actual</th>
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<tr>
<td>Program A</td>
<td>$2,000</td>
<td>$4,000</td>
</tr>
<tr>
<td>Program B</td>
<td>$2,000</td>
<td>$4,000</td>
</tr>
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</table>
Budget justification

• Explain budget proposal or changes.
• Should support the purpose and goals of your program.
Implementing programs

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

**Task List**

- **Start, Feb 15**
- **Milestone #1**
- **Milestone #2**
- **Deliver, Oct 1**

**Task Details:**

- **Task 1:** Feb 18 - Mar 9
- **Task 2:** Mar 10 - Apr 8
- **Task 3:** Apr 9 - May 2
- **Task Label 4**
- **Task Label 5**
- **Task Label 6**
- **Task Label 7**
- **Task Label 8**
- **Task Label 9**
# Gantt chart

<table>
<thead>
<tr>
<th>Project / Task</th>
<th>Responsible</th>
<th>Start</th>
<th>End</th>
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<td>Capabilities Brochure</td>
<td>Alex Dingley</td>
<td>Jul 21, 2015</td>
<td>Sep 29, 2015</td>
</tr>
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<td>Creative brief - first draft</td>
<td>Pat Kelly</td>
<td>Jul 22, 2015</td>
<td>Jul 27, 2015</td>
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<tr>
<td>Final creative brief complete</td>
<td>Randy Rollins</td>
<td>Aug 4, 2015</td>
<td>Aug 17, 2015</td>
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<td>Copy</td>
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<tr>
<td>First draft of text</td>
<td>John Adams</td>
<td>Aug 18, 2015</td>
<td>Aug 21, 2015</td>
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<tr>
<td>Final Copy</td>
<td>Bill McDonough</td>
<td>Aug 28, 2015</td>
<td>Sep 3, 2015</td>
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<td>Aug 18, 2015</td>
<td>Sep 11, 2015</td>
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<tr>
<td>Create initial layout</td>
<td>Bill Jones</td>
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<td>Cortney Cutler</td>
<td>Sep 14, 2015</td>
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<td>Sep 22, 2015</td>
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<td>Final brochure back from printer</td>
<td>Gary Burkart</td>
<td>Sep 23, 2015</td>
<td>Sep 29, 2015</td>
</tr>
</tbody>
</table>
Flow charting or process flows
Continuous quality improvement

Ensuring sustainability

1. Workforce
2. Financing
3. Programs
Workforce sustainability

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

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

http://www.eblcprograms.org/docs/pdfs/Financial_Sustainability_-_NCOA.pdf
Sustaining programs: “value proposition”

• Cost competitiveness of public health vs. medical interventions is high!

• Methods for communicating the value of public health programs
  
  1. Benchmarking
  2. Calculating return on investment (ROI)
  3. Economic evaluation
Benchmarking

• Compare to “best in class” or other standard
Return on investment (ROI)

\[ ROI = \frac{(Investment \ Gain - Investment \ Cost)}{(Investment \ Cost)} \times 100 \]

Every $1 spent on immunizing children with the measles-mumps-rubella vaccine saves $16 in health care costs.\[ ROI = 1500\% \]

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

- **Cost–benefit analysis** quantifies tangible and “soft” outcomes into a monetary number.

- **Cost-effectiveness analysis** measures program outcomes in similar units across programs (e.g., life-years saved) rather than trying to quantify the outcome in dollars.

- **Cost-utility analysis** measures outcomes by using a standardized morbidity or mortality measure, often a metric called a quality-adjusted life-year (QALY).
Develop Monitoring and Evaluation Frameworks to Assess Programs

A cycle:
1. Performance standard setting
2. Performance measuring
3. Quality improvement (QI)
4. Reporting progress
1. Performance Standard Setting
1. Healthy People 2020

- “Provide measurable objectives” ...
- “To engage actors at the national, state, and local levels” ... “to take actions to strengthen policies”
2. Performance Measuring
2. County Health Rankings

**Adult smoking**

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

<table>
<thead>
<tr>
<th>Place</th>
<th>% Smokers</th>
<th>Error Margin</th>
<th>Z-Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Riverside</td>
<td>12%</td>
<td>12-13%</td>
<td>-0.07</td>
</tr>
<tr>
<td>Sacramento</td>
<td>13%</td>
<td>12-13%</td>
<td>0.02</td>
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<tr>
<td>San Benito</td>
<td>11%</td>
<td>10-11%</td>
<td>-0.85</td>
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<td>San Bernardino</td>
<td>13%</td>
<td>13-13%</td>
<td>0.30</td>
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<td>San Diego</td>
<td>11%</td>
<td>11-11%</td>
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<tr>
<td>San Francisco</td>
<td>10%</td>
<td>10-10%</td>
<td>-1.26</td>
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<tr>
<td>San Joaquin</td>
<td>12%</td>
<td>12-13%</td>
<td>-0.14</td>
</tr>
<tr>
<td>San Luis Obispo</td>
<td>11%</td>
<td>11-12%</td>
<td>-0.69</td>
</tr>
</tbody>
</table>
3. Quality Improvement (QI)
3b. Quality Improvement Intervention

**FRESHSTART**

A TOBACCO CESSATION PROGRAM

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

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

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

**PUT THIS OUT, AND PUT THIS ON.**
4. Reporting Progress
4. Public Reporting of Quality

TOBACCO USE SCORECARD

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

| % of adults who smoke cigarettes | 2016 | 18% | 12% | 1 |
| % of adolescents in grades 9-12 who smoke cigarettes | 2017 | 9% | 10% | 4 |
| % of adult smokers who attempted to quit smoking in the past year | 2016 | 49% | 80% | 2 |
| # of statewide laws on smoke-free indoor air to prohibit smoking in public places | 2018 | 11 | 16 | 4 |
| % of adults using smokeless or other tobacco products | 2016 | 11% | 9% | 1 |
| % of adolescents in grades 9-12 who use e-cigarettes | 2017 | 12% | 12% | 1 |
Thank You!

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