

Monterey
County Health
Department



Local Public
Health
System
Assessment

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Prepared by

Monterey County Health Department
Planning, Evaluation & Policy Unit



and

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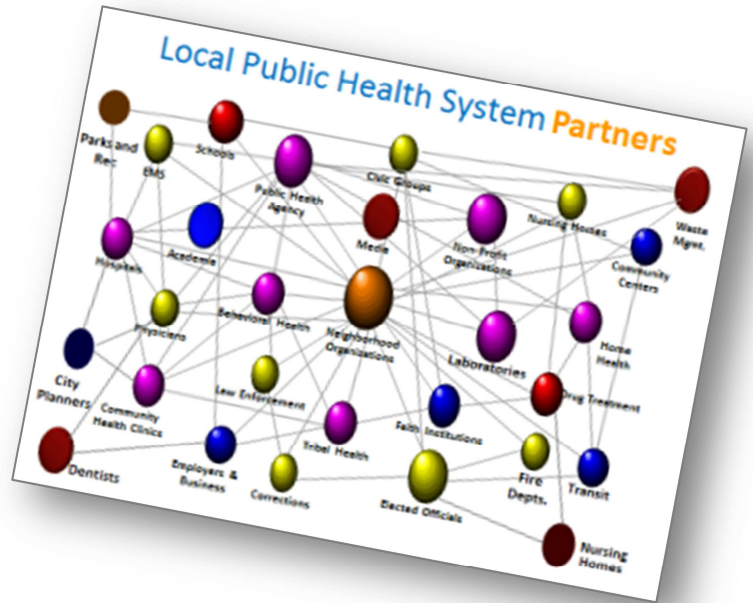
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Introduction: What is a Local Public Health System?

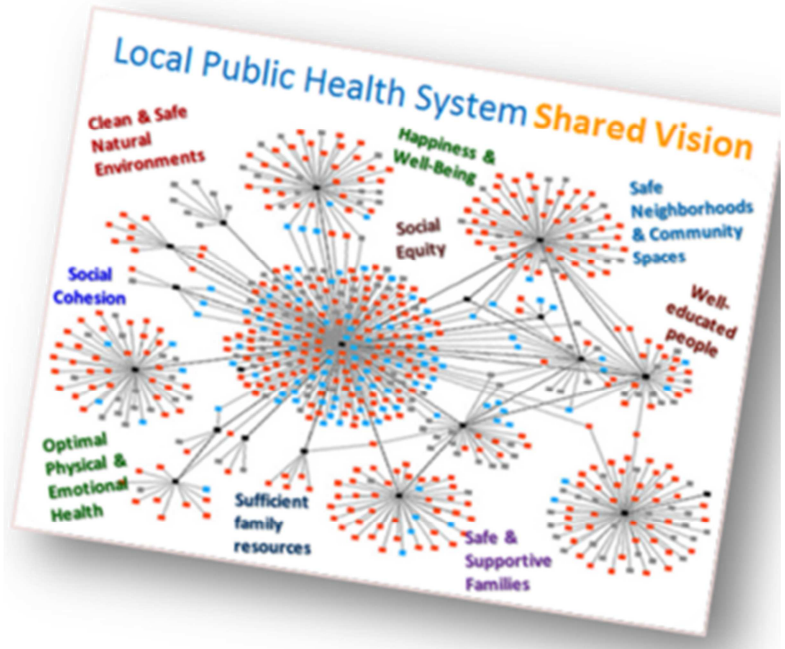
Our public health system includes many partnering public agencies and private or voluntary organizations that contribute to the public’s health and well-being. These include Monterey County Health Department and health care providers (safety net clinics and hospitals), as well as government agencies not typically considered health-related such as human service organizations, schools and universities, faith institutions, youth development organizations, public safety agencies, recreation, arts, economic and philanthropic organizations, and environmental agencies among others.¹



These partners form a network of entities serving different roles within the system, interacting throughout the community and contributing activities and services to the LPHS.

¹ U.S. Department of Health and Human Services, Centers for Disease Control, National Public Health Performance Standards Program, LPHS Performance Assessment Instrument, Version 2.0, http://www.cdc.gov/nphsp/documents/07_110300%20Local%20Booklet.pdf

One of the first steps in forming a connected “system” of service providers is to come together – as independent and separate entities – to create a “shared vision” for what a cohesive system should look like, to understand and make visible how each partner contributes to the LPHS, and to develop a plan for what must be done to strengthen the overall system.



Although Monterey County Health Department is expected to take on a primary leadership role in these efforts, the “public’s health depends upon the interaction of many factors; thus, the health of the community is a shared responsibility of many entities, organizations, and interests in the community.”²



The **Ten Essential Public Health Services (EPHS)** provide a working definition of public health and a guiding framework for partners to establish an understanding of the responsibilities required to build a local public health system.³ The EPHS serve as a set of independent and complementary services – that form the core public health functions – that should be simultaneously implemented within a specific jurisdiction, e.g., a county or regional area.⁴

² Institute of Medicine, Improving Health in the Community: A Role for Performance Monitoring, <http://www.nap.edu/openbook.php?isbn=0309055342>

³ Centers for Disease Control, Ten Essential Public Health Services, <http://www.cdc.gov/nphpsp/essentialservices.html>

⁴ Community ToolBox, Ten Essential Public Health Services, http://ctb.ku.edu/en/tablecontents/sub_section_main_1804.aspx

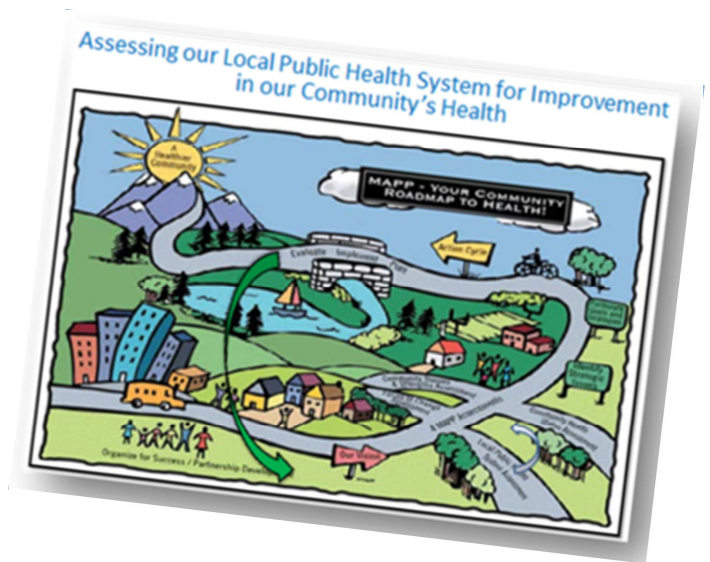
Monterey County's Local Public Health System Assessment

Monterey County Health Department (MCHD) contracted with the Institute for Community Collaborative Studies at California State University, Monterey Bay (CSUMB) to facilitate a day-long event to complete the Local Public Health System Assessment (LPHSA) on March 28, 2013. MCHD joined with a wide variety of representatives from public agencies and non-profit organizations that contribute activities to the Local Public Health System (LPHS) to establish baseline answers to the questions, "What are the activities contributed by our LPHS partners?" and "How well is our LPHS providing the Ten Essential Public Health Services (EPHS) to our community?"⁵

The purpose of the event was four-fold: first, to develop an initial list of LPHS partners and their contributions to the LPHS; second, to develop a baseline assessment of LPHS partner's perceptions of "how good a job is the LPHS doing" in support of the Ten Essential Public Health Services (EPHS); third, to provide important data to meet health department requirements for national public health accreditation; and fourth, to establish baseline data for future efforts to track progress of the LPHS' activities to improve the quality of public health practice and the performance of public health systems.⁶

Ultimately, this effort contributes to the overall national goal to "improve and protect the public's health by advancing the quality and performance of state, local, territorial and tribal health departments and system [and] to continuously improve the quality of the services" delivered to the community.⁷

MCHD will incorporate findings from this effort into its accreditation and Mobilizing for Action through Planning and Partnerships (MAPP)⁸ processes including the Forces of Change Assessment, Community Health Status Assessment, and in its



⁵ National Association of County & City Health Officers (NACCHO), Local Public Health System Assessment, <http://www.naccho.org/topics/infrastructure/mapp/framework/phase3lphsa.cfm>

⁶ Centers for Disease Control and Prevention (CDCP), National Public Health Performance Standards Program (NPHSP), <http://www.cdc.gov/nphsp/overview.html>

⁷ Public Health Accreditation Board (PHAB), <http://www.phaboard.org/accreditation-overview/>

⁸ National Association of County & City Health Officers, Mobilizing for Action Through Planning and Partnerships, MAPP Basics, <http://www.naccho.org/topics/infrastructure/mapp/framework/mappbasics.cfm>

Health in all Policies planning...ultimately leading to MCHD's Community Health Improvement Plan and Strategic Action Plan. This document summarizes the process, planning, and implementation and findings from data collected at the event.

Monterey County's LPHSA Event

To begin the process of forming a LPHS, MCHD invited a broadly representative group of public agencies and private, nonprofit entities to participate in the assessment process. One important aspect of this initial meeting was to provide a forum for participants to gain a better understanding of each organization's contributions to and the interconnectedness of activities related to the EPHS. This allowed for participants to begin a dialogue – across the network – about the LPHS' current status that should lead to future discussions and work towards improved competency, capacity, service quality, and ultimately, community health outcomes (key components of national public health accreditation).⁹

A total of 309 people were invited to attend MCHD's day-long LPHSA event. The invitation list was generated from prior lists including members from the following sources:

- Community Alliance for Safety and Peace
- H1N1 Pandemic trainings conducted by MCHD Preparedness
- MCHD press release and alerts lists
- Monterey County Collaborative and Coalition membership
- Monterey County Health Department vendors
- United Way 211 for Monterey County
- Nonprofit Alliance of Monterey County
- Prevention Institute social equity training guest list from April 9, 2012
- Sam's Guide (a local list of health and human service providers)

Additional community benefit agencies and organizations were selected based upon their status in the LPHS, e.g. Red Cross, VNA, and all local hospitals; their level of system involvement, e.g. Action Council, Alliance on Aging and other nonprofit health providers; and their impacts on community health education, e.g. First 5 and all Family Resource Centers. The National Public Health Performance Standards Program (NPHPSP) "Partners to Include by Essential Public Health Service" list and the National Association of City and County Health Officers (NACCHO) "Local Public Health System" graphic were also referenced to assure all sectors of the local health system were represented in the final invitation list. Completed LPHSA reports from seven counties including San Francisco CA, Alexandria VA, and Portland Maine were referenced for their participant lists. Finally, the completed list was sent to MCHD Strategic Plan Implementation Team members for review and valuable input.

⁹ Association of State and Territorial Health Officials (ASTHO), Accreditation and Performance Improvement Guide, <http://www.astho.org/Programs/Accreditation-and-Performance/Accreditation/Guide/ASTHOfinal4.pdf>

Approximately 116 participants¹⁰ representing policy, health services, advocacy, education, health and public safety, social services, community groups and city government gathered for this day-long event to complete the LPHSA at California State University, Monterey Bay University Center Ballroom. As participants arrived, they were provided with an agenda,¹¹ background materials, voting ballot, nametag, and background on the EPHS. Each registered participant was also provided with a sticker indicating a specific table color and number for seating organization which allowed the organizers to assure a diverse mix of representatives at each table in order to enhance the exchange of information – across sectors – and increase the learning of each participant throughout the event.

“The event, agenda and attendees were very impressive! The willingness of the attendees to add to their very full jobs, the role and responsibilities associated with being part of the Public Health System is remarkable. I had the sense that most attendees felt honored by the acknowledgement that they or their agency was a vital part of the system.”

Based on the number and the broad representation of individuals and agencies participating in the LPHSA (n=130), the number and completeness of the received voting ballots (n=97) , and unsolicited, anecdotal feedback, the organizers considered the LPHSA process a success in educating the community about the purpose and function of the local public health system and its components, in receiving valuable input to satisfy the MAPP process for accreditation purposes, and ultimately, to inform Monterey County’s Community Health Assessment and Strategic Implementation Plan. It is noted that while the great majority of anecdotal comments regarding the one-day LPHSA process were enthusiastically positive, a few participants felt the 6-hour voting process was not worth the time, or were frustrated that they were not familiar with the questions being asked. Most participants recognized that, as stated multiple times during the day, the one-day process was designed to garner rich input from broad perspectives, and was condensed from the weeks or months that some local health departments use to gain such input.

Methodology

Monterey County’s approach to conducting the LPHS assessment was to design a one-day facilitated event where the Ten EPHS were reviewed; participants shared their agency’s contributions; and then voted by paper ballot on their perceptions of how well the LPHS was performing for each EPHS. The event facilitator reviewed the purpose and voting process for assessing the LPHS’ performance for each of the EPHS, briefly describing each of the EPHS and their respective “gold standards” and providing examples of “measures” used to assess the types of activities carried out by the LPHS for the respective EPHS. This

¹⁰ Please see Appendix 1 for a complete list of participating organizations.

¹¹ Please see Appendix 2 for the meeting agenda.

brief review provided participants with no knowledge about the EPHS with an introductory overview and for those who were aware of the EPHS with a refresher prior to voting.

At the end of each EPHS section, participants were provided with a 15-minute breakout session to discuss – with their tablemates – what their respective agencies contribute to the EPHS model standards¹² and then write their agency’s contributions, as well as their perceptions of the system’s strengths and weaknesses, on the reverse side of their voting ballot.

At the end of each discussion break, time was allotted for individual participants to briefly share (with the entire audience) examples of their agency’s activities and services for each EPHS. Finally, the facilitator read through questions for each of the EPHS model

standards and participants voted on their perception of the LPHS’ performance for each EPHS. Participants were informed that all information gathered would be aggregated into an overall “system” analysis and that no agency or person-specific responses would be revealed.

Scoring Methodology

Participants were provided with a “voting ballot”¹³ in their agenda packet which contained a list of the Ten Essential Public Health Services (EPHS) model standards, their subcomponents, and a subset of “measures” or corresponding activity assessment questions for the various subcomponents of each ESPH model standard.

Participants were asked to rate their *perception* of the LPHS’ performance for each of the EPHS (“measures” or corresponding activity assessment questions) on a scale from “0 to 5.” The scale consisted of a “Don’t know” option and five levels of activity from “no activity” to “optimal activity.”

A distribution of respondents’ scores for the individual “measures” or corresponding activity assessment questions for the various subcomponents of each ESPH model standard were calculated to determine the participants’ perceptions of performance of the LPHS for each EPHS activity. These scores were then averaged to create a composite score for each subcomponent. Finally, the averages for the sum of all questions for each model standard were calculated to give an overall composite score for each of the ten EPHS.¹⁴ Table 1 provides an example of the ballot format.

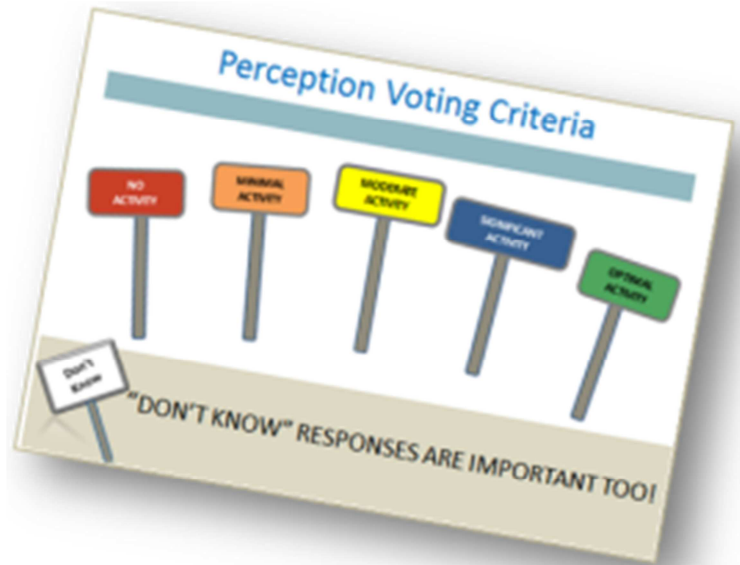
¹² Please see Appendix 3 for the complete list of EPHS model standards, subcomponents, measures and Monterey County LPHS’ performance scores.

¹³ Please see Appendix 4 for the sample voting ballot.

¹⁴ Ibid 12

Table 1. Example of LPHSA “voting ballot” score sheet¹⁵

<i>(Model Standard)</i> EPHS 1: Monitor Health Status to Identify Community Health Problems						
<i>(Subcomponent)</i> 1.1: Population-Based Community Health Profile	Don't know	No activity	Minimal	Moderate	Significant	Optimal
<i>(Measures)</i> 1.1.1. Does our LPH System conduct community health assessments at least once every 3 years?	0	1	2	3	4	5
1.1.2. Are data from these assessments used to track trends over time and compare with other areas or populations (in other counties, the state or nation)?	0	1	2	3	4	5
1.1.3. Does our LPH System use the data from these assessments to monitor progress toward our community health objectives (e.g., Healthy People 2020)?	0	1	2	3	4	5
1.1.4. Does our LPH System compile data from the community health assessments into a community health profile (CHP) that is accessible to the public?	0	1	2	3	4	5



¹⁵ Please see Appendix 5 for an example of the Voting process (PPT slides)

Data Limitations

The initial charge for this assessment was to ask participants “how well is the LPHS performing,” presuming that the current collection of contributing agencies and organizations function as a cohesive system and that all representatives were aware of which entity contributed what services and how well they performed within the system (well enough to assess its overall performance). Given the reality that the current “system” is made up of – more or less – independent and separate entities that come together for selected efforts and that each entity’s representative’s knowledge of the EPHS and local associated activities varies significantly,¹⁶ the event organizers agreed that asking participants to vote on their *perceptions of performance* was a more accurate indicator for this initial assessment. Therefore, each participant’s rankings represent their subjective perceptions based upon individual knowledge of, experience with, and expertise for a particular EPHS.

Averages were also affected by the flux in attendance throughout the day-long assessment event and the addition of the “don’t know” responses which were not calculated in the performance scores, but which were included when calculating the section modes for each EPHS model standard. The modes provide some insight as to which EPHS participants were knowledgeable about and thus, able to assess and which they were less able to evaluate.

Finally, because the assessment methods are not standardized, the results and comments should be used to generally guide overall LPHS quality improvement and infrastructure development. The data and results should not be interpreted to reflect the capacity or performance of any individual agency or organization.

Local Public Health System Assessment: Summary of Findings

Of the total number of invitees (309), 123 (40%) registered for the event. Of those registered, 104 attended plus an additional 12 non-registered guests, for a total of 116 attendees. Of those who attended – and stayed until the end of the event – a total of 94 “voting ballots” were collected from the remaining participants (representing 81% of those in attendance during some part of the day). Table 2 provides a summary of the composite scores – on a 5-point scale – of participants’ perceptions of how well the LPHS is performing for each of the Ten Essential Public Health Services in Monterey County. The highest overall score was for EPHS 2 – diagnosing and investigating health problems and health hazards (3.80 out of a possible score of 5.0). The lowest overall score was for EPHS 4 – mobilizing community partnerships to identify and solve health problems.

¹⁶ Please see Appendix 6 for the results of a pre-event questionnaire regarding the EPHS and LPHSA process.

Table 2. Summary of composite scores of participants’ perceptions of LPHS performance for each EPHS on a 1 – 5 scale

Essential Public Health Services		Don't Know	Performance Score	Activity Rating
1	Monitor Health Status to Identify Community Health Problems	20.07%	3.26	Moderate
2	Diagnose and Investigate Health Problems and Health Hazards	23.90%	3.80	Moderate
3	Inform, Educate, and Empower Individuals and Communities	13.38%	3.22	Moderate
4	Mobilize Community Partnerships to Identify and Solve Health Problems	22.46%	2.92	Minimal
5	Develop Policies & Plans that Support Individual & Community Health Efforts	26.01%	3.63	Moderate
6	Enforce Laws and Regulations that Protect Health and Ensure Safety	24.85%	3.56	Moderate
7	Link People to Needed Personal Health Services and Assure Safety Net Services	12.35%	3.14	Moderate
8	Assure a Competent Public and Personal Health Care Workforce	32.25%	3.18	Moderate
9	Evaluate Effectiveness, Accessibility, and Quality of Personal & Population-Based Health Services	22.50%	3.10	Moderate
10	Research New Insights and Innovative Solutions	39.92%	3.17	Moderate
Overall Performance Score		21.93%	3.30	Moderate

Regarding the “Don’t Know” responses listed in Table 2, a “0” or “Don’t Know” option was provided for participant who might be unaware of the level of activity for each EPHS. The percentage of “0” or “Don’t Know” responses were calculated from the overall responses and then deleted prior to calculating the overall “Performance Score” for each EPHS. The Performance Scores (Table 2) do not include “Don’t Know” responses.

An analysis of the “Don’t Know” responses reveals that a majority of participants were most knowledgeable about two Essential Services: ESPH 7 – linking people to needed personal and health services, and ESPH 3 - informing, educating, and empowering individuals and communities about health issues. Participants were least knowledgeable about EPHS 8 – assuring a competent public and personal health care workforce, and EPHS 10 – researching new insights and innovative solutions to health problems.

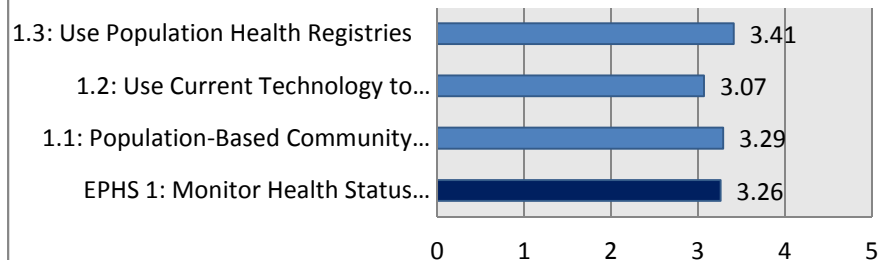
Figure 1 (below) provides a summary of Performance Scores for Model Standards, by Essential Public Health Service.

Figure 1. Performance Scores for Model Standards, by Essential Public Health Service

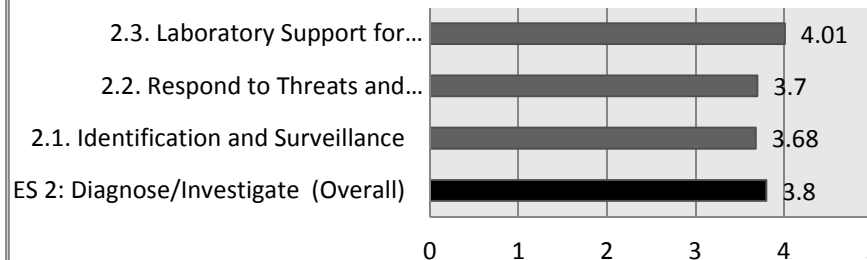
Scores are averaged based on the following scale:

Don't Know	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
0	1	2	3	4	5

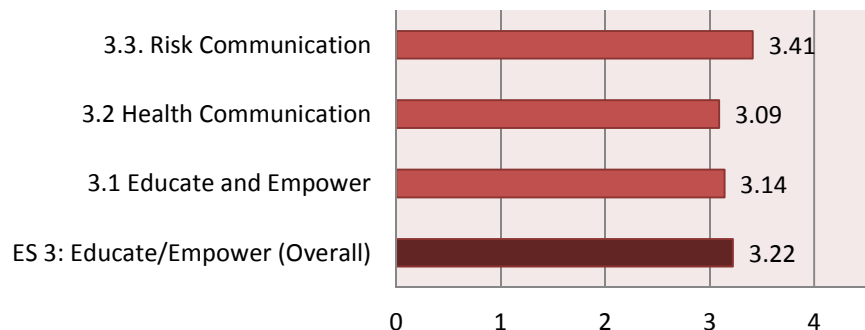
EPHS 1: Monitor Health Status



EPHS 2: Diagnose/Investigate



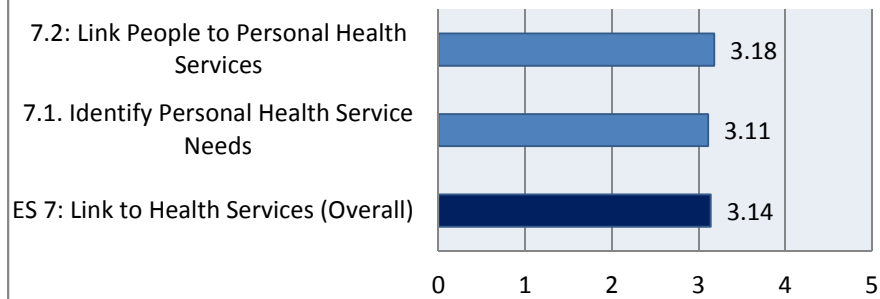
EPHS 3. Educate/Empower



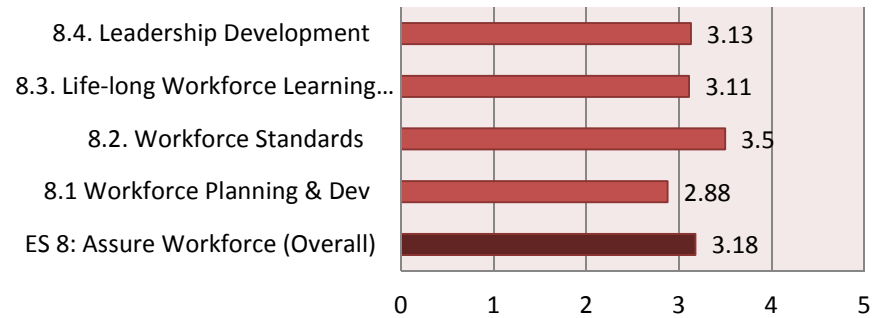
EPHS 4. Mobilize Partnerships



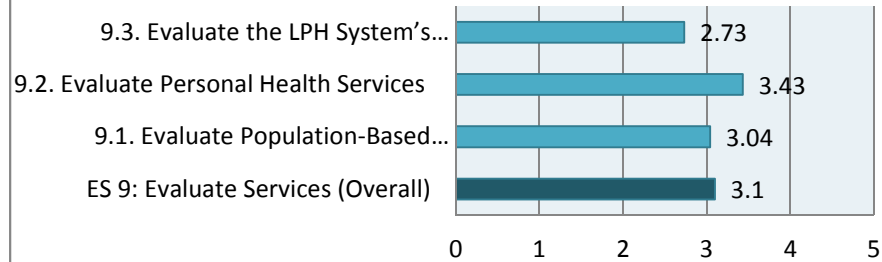
EPHS 7. Link to Health Services



EPHS 8. Assure Workforce



EPHS 9. Evaluate Services



EPHS 10. Research/Innovations

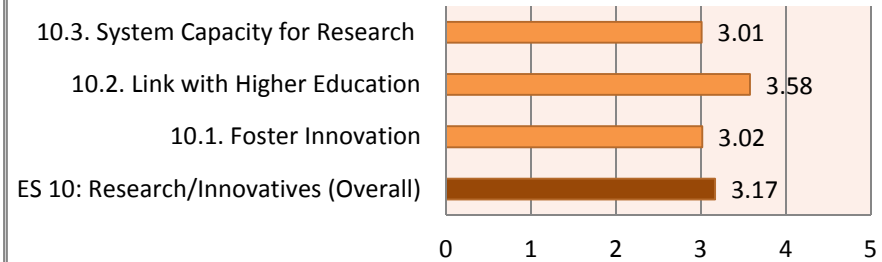


Figure 2 shows participant’s level of knowledge about the LPHS performance for each of the EPHS.

Figure 2. Summary of “Don’t Know” Responses by Participants from Most to Least Knowledgeable for each EPHS

Scores are averaged based on the following scale:

Don’t Know	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
0	1	2	3	4	5

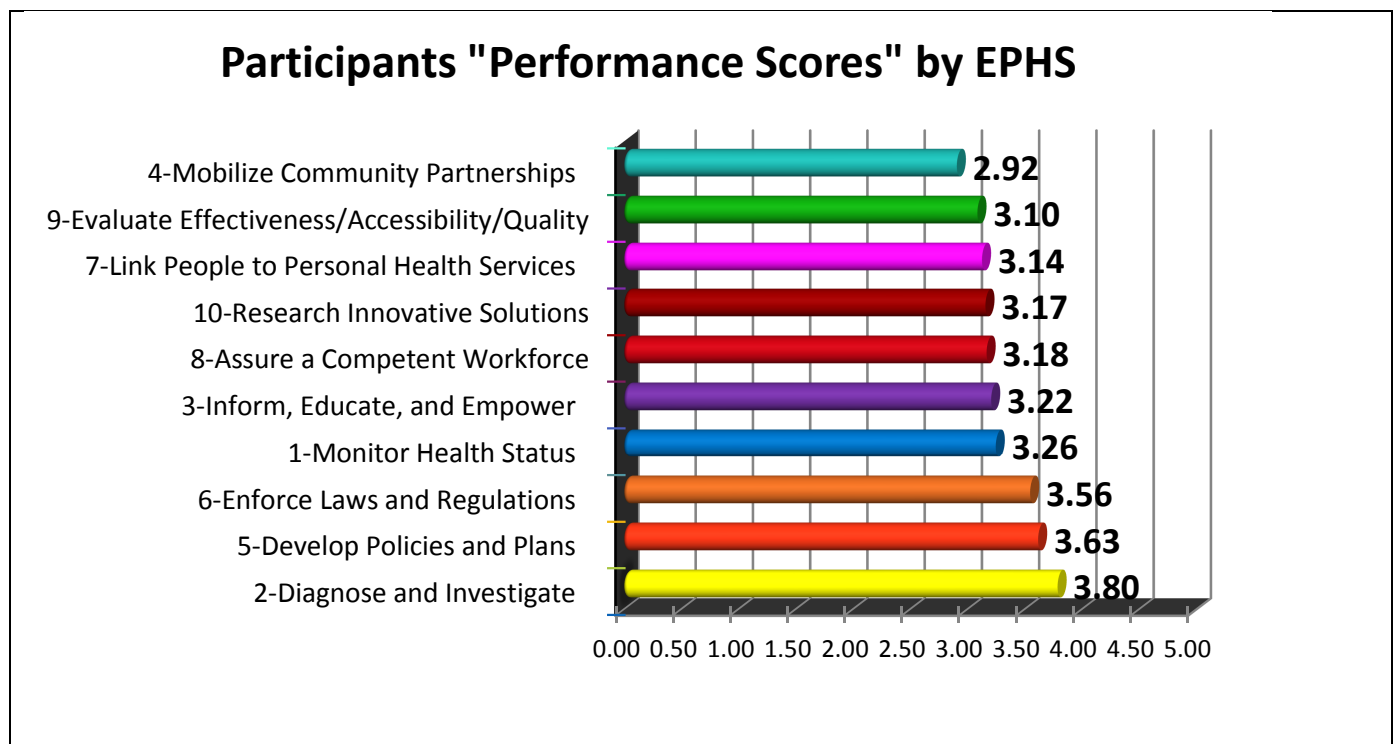
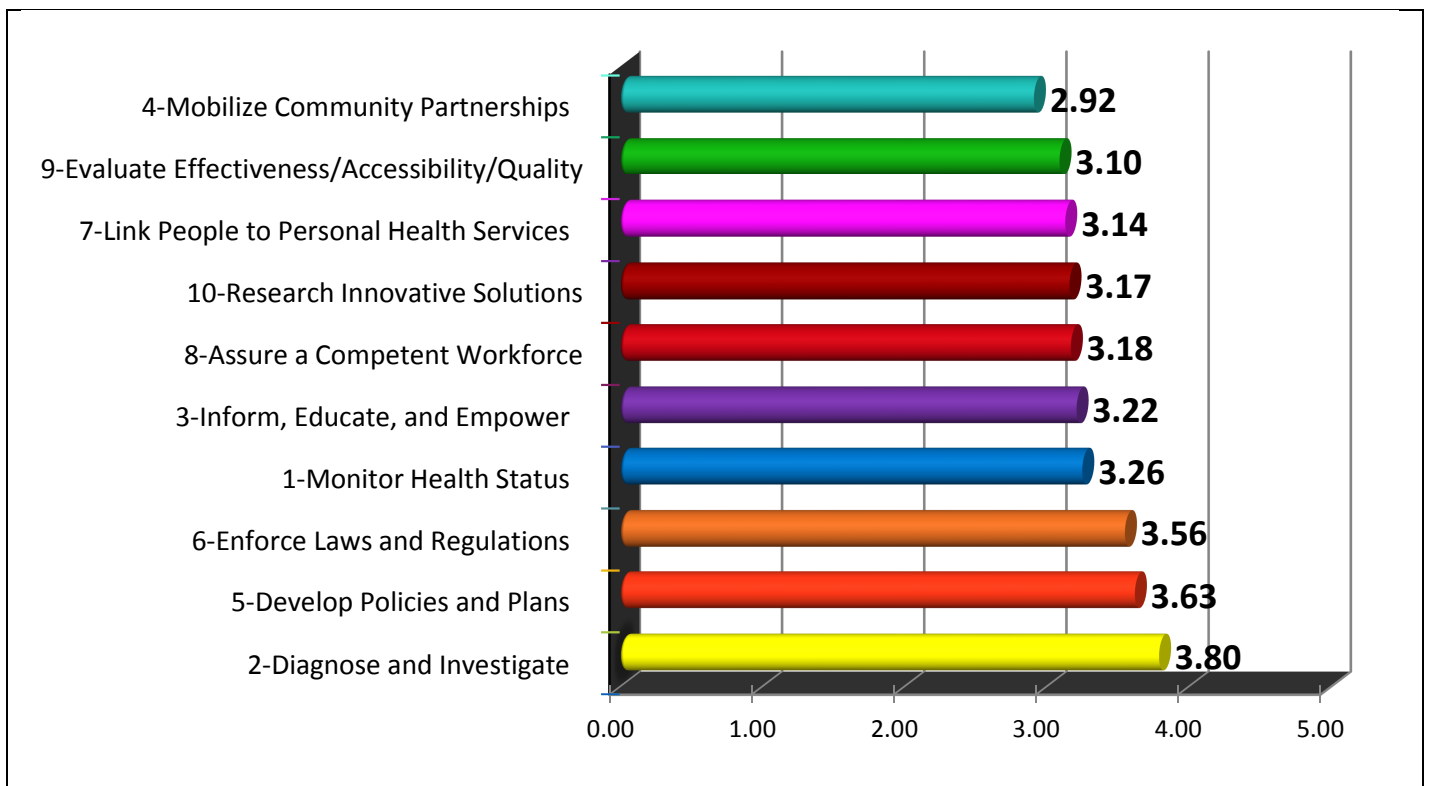


Figure 3 shows the participants’ perception of the LPHS’ performance for each of the EPHS. This analysis excludes the “Don’t Know” responses, including only the “1 – 5” scores. Participant’s perceptions indicate that the LPHS performs least well (below a “Moderate activity” level) for EPHS 4 – mobilizing community partnerships to identify and solve health problems and slightly above “Moderate” for EPHS 7, 8, 9, and 10. Participants’ perceptions of solidly “Moderate” activities include EPHS 5 – developing policies and plans that support individual and community health efforts and EPHS 6 – enforcing laws and regulations that protect health and ensure safety. While EPHS 2 – diagnosing and investigating health problems and health hazards scored highest among the ten EPHS.

Figure 3. Summary of “Perception of Performance Scores” by Participants for EPHS from Lowest to Highest Level of Activity

Scores are averaged based on the following scale:

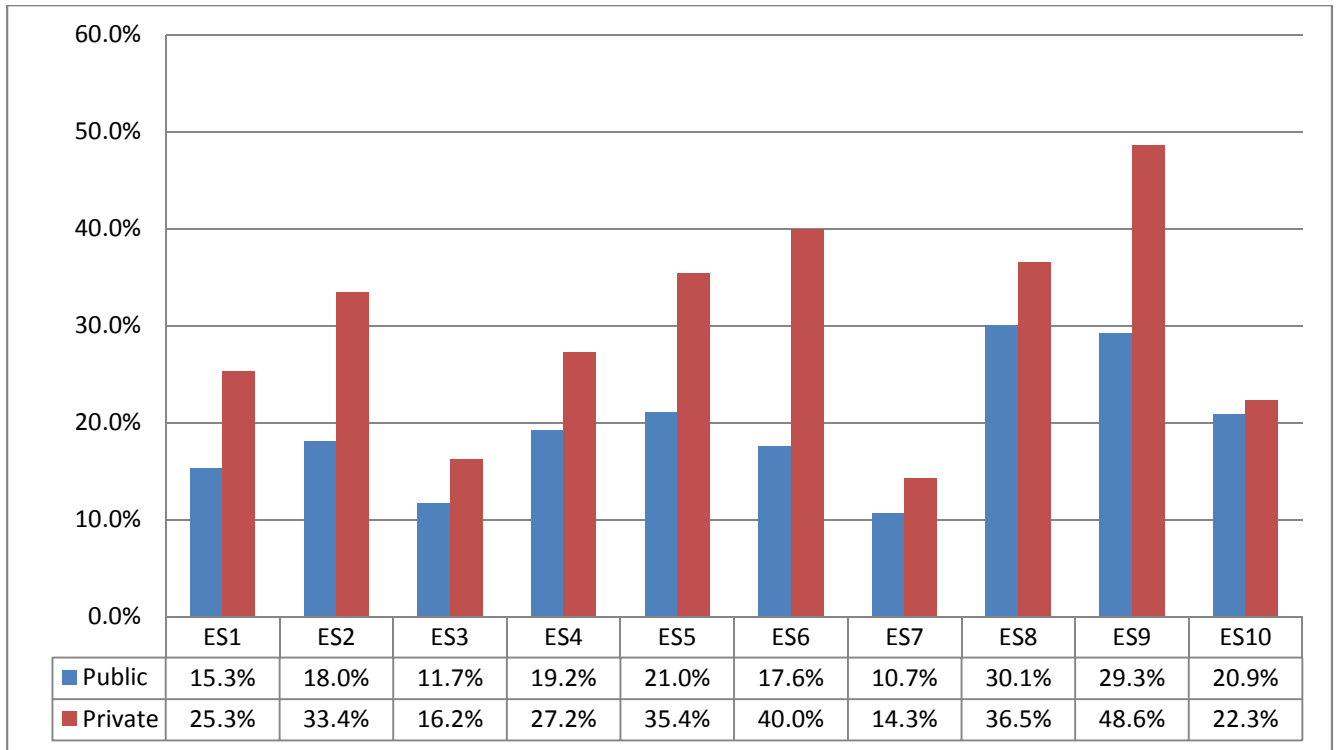
Don't Know	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
0	1	2	3	4	5



To assess if there were differences in knowledge base and/or perceptions of LPHS performance by sector, responses for participants from public agencies and private/non-profit organizations were compared by agency type. Responses were separated by participant’s identified affiliation with either a “public” agency or “private” (for all others).

Figure 4 shows significant discrepancies (more than a 10% difference) in reported knowledge base for EPHS 2 – diagnosing and investigating community health, EPHS 5 – developing policies and plans that support individual and community health efforts, EPHS 6 – enforcing laws and regulations that protect health and ensure safety, and EPHS 9 – evaluating effectiveness, accessibility, and quality of personal and population based health services.

Figure 4. Public vs. Private “Don’t Know” Responses



Participant’s LPHS performance scores for the ten EPHS – separated by public and private entities – are shown in Figure 5. Most participants’ perceptions are fairly closely matched. The biggest differences between participant groups – where public participants score the LPHS’ performance at a higher level than their non-public colleagues – are seen for EPHS 2 – diagnosing and investigating community health, EPHS 3 – informing, educating, and empowering individuals and communities and in EPHS 7 – linking people to needed personal health services and assuring safety net services.

Figure 5. Public vs. Private Performance Scores for Ten Essential Health Services

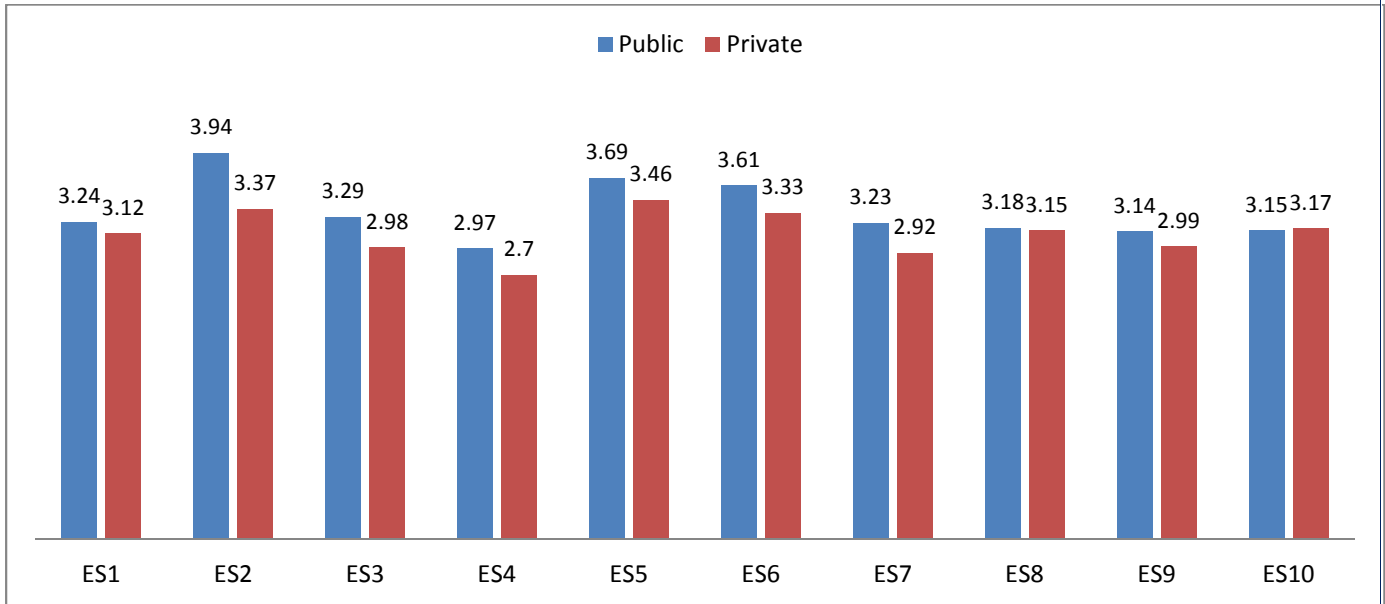
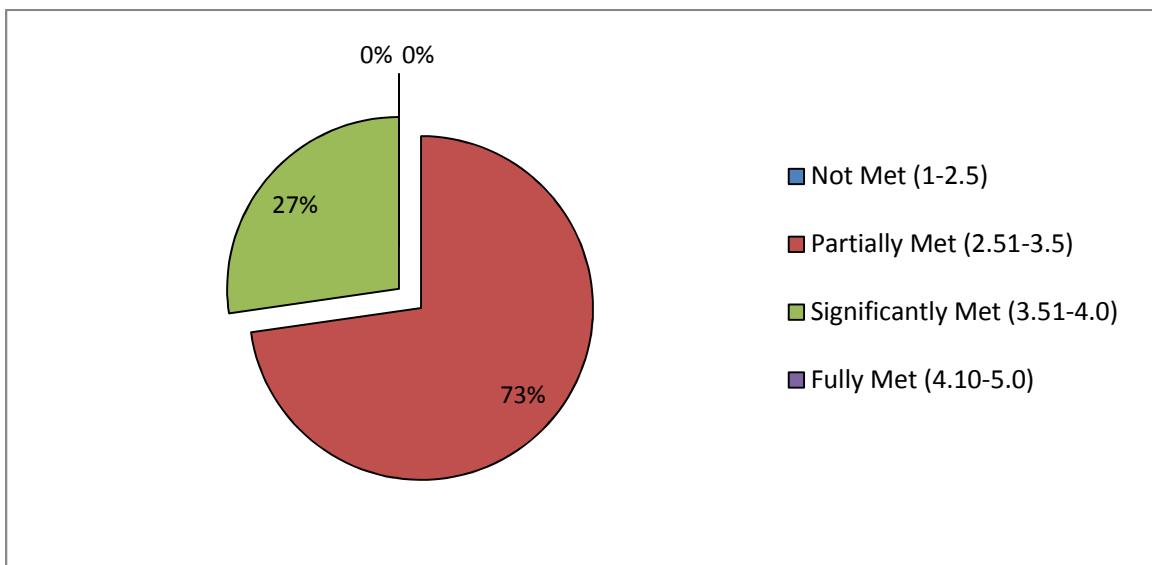


Figure 6 indicates the overall performance of the LPHS for all EPHS. The participants' assessment indicates that all of the EPHS have been at least partially met, but none have been fully met, with slightly more than a quarter (27%) significantly met and the remainder (73%) being partially met.

Figure 6. Summary of Overall LPHS Performance Assessment for All EPHS (Composite Scores)



Summary of Monterey County's LPHSA Qualitative Comments

It is clear from the participant's enthusiasm for and responsiveness at the event that many believed that this effort was an important first step in strengthening relationships between the many LPHS partners and improving upon their contributions to the EPHS. Participants lauded Monterey County's LPHS' ability to diagnose and investigate health problems and health hazards and frequently mentioned regular preparedness drills and exercises and the regular upkeep of public health databases. Policy development and planning were also strong points for the LPHS according to the assessment with many stakeholders applauding the Health Department's efforts in policy review and health policy planning for vulnerable populations. Enforcement of associated laws and regulations that protect health and ensure safety were also services that LPHSA stakeholders felt were strong activities in the system.

Mobilization of community partnerships to identify and solve major health issues was a weaker point in Monterey County's LPHS with many comments remarking on the lack of a streamlined method of communication between stakeholders. Self-assessment and health care linkages were also weak points for Monterey County's LPHS with many participants citing a lack of funding as a main contributor to these challenges.

Essential Public Health Services

The following section provides a summary of the individual rankings and highlights from the 15-minute breakout sessions for each of the ten Essential Public Health Services including participants' comments.¹⁷

"We are very interested in attending future meetings. We believe we have a very good public health system and department and want to be part of efforts to continue to strengthen it. I thought the meeting was very productive and look forward to participating in others."

¹⁷ Please see Appendix 7 for a complete listing of participant comments.

EPHS 1 – Monitor Health status to Identify Community Health Problems

The LPHS was ranked as performing moderately well for *monitoring health status to identify community health problems*. On a scale of 0 – 5, a score of 0 or “don’t know” accounted for 20% of responses for this EPHS, with the remaining responses indicating the system’s performance at 3.26.

EPHS 1 – Monitor Health status to Identify Community Health Problems					
“0” or “Don’t Know”	20.07%				
EPHS Section Mode ¹⁸			3		
Performance Score	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
	1	2	3	4	5
EPHS # 1 Performance Score	3.26				

EPHS 1 – LPHS Assessment Event Participant Comments:

The Immunization Registry and Environmental Health’s tracking of complaints of food-borne illnesses and environmental hazards were examples given by event participants that were considered a strength within Monterey County’s LPHS. Eight participants also indicated that Monterey County has conducted several health assessments in order to develop the Health Profile for Monterey County, which “has been a good starting point to assess patient care needs and identify weaknesses and areas for improvement within the community.”

One of the most pressing challenges for Monterey County of EPHS 1 is data management and the ability to share data between organizations. Although the Health Profile is considered to be a useful contribution, many participants commented that “often results of the assessments are unknown by community members due to a lack of effective distribution.” The Health Profile contains valuable information, but as stated by a participant, “due to a lack of distribution, the community is largely unaware of the results or the implication of those results.” While many organizations spend significant amounts of time gathering data, “there is little to no sharing or aggregating of data system-wide.”

Fragmentation of data collection and utilization is a challenge for many of Monterey County’s local non-profit organizations. With no integrated system, “multiple reporting of similar data to various entities/funders is time-consuming and redundant” for local non-profit organizations where time and resources are already an issue.

¹⁸ Section Mode indicates the most frequently recurring result in a data set, i.e., if a section mode was zero, that means most respondents answered 0 for that question, i.e scores of “0” or “Don’t Know” were included in this calculation as well as all “1 – 5” responses.

EPHS 2 – Diagnose and Investigate Health Problems and Health Hazards

The LPHS was ranked as having a moderate to significant level of activity in *diagnosing and investigating health problems and health hazards*. On a scale of 0 – 5, approximately 24% of responses indicated that it was unknown what the performance of Monterey County’s LPHS was for this EPHS, with the remaining participants indicating the system’s performance at 3.80.

EPHS 2 – Diagnose and Investigate Health Problems and Health Hazards					
“0” or “Don’t Know”	23.90%				
EPHS Section Mode				4	
Performance Score	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
	1	2	3	4	5
EPHS # 2 Performance Score	3.80				

EPHS 2 – LPHS Assessment Event Participant Comments:

Participants noted that there is good collaboration between the Monterey County Health Department and community-based organizations in responding to health hazards and emergencies. In emergencies, such as during the H1N1 outbreak, the disaster plan has shown to be effective in utilizing local non-profit organizations to help respond to health needs of the community. There is a “wide partner network with solid community relationships” that helps to ensure that all residents can receive communication in times of crisis.

While responses of the LPHS to health hazards are widely thought to be positive, participants believe there is a lack of information available to the community about potential hazards. The system maintains a reactionary approach instead of focusing on prevention as a system wide priority.

EPHS 3 – Inform, Educate and Empower People about Health Issues

In the area of *informing, educating, and empowering people about health issues*, participants indicated that the LPHS was performing moderately well. On a scale of 0 – 5, a score of 0 or “don’t know” accounted for 13.38% of the responses. The most frequently occurring score was 3, with 30.52% of responses, and many participants gave a score of 4 (27.83% of responses), raising Monterey County’s overall performance score to 3.22.

EPHS 3 – Inform, Educate and Empower People about Health Issues					
“0” or “Don’t Know”	13.38%				
EPHS Section Mode			3		
Performance Score	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
	1	2	3	4	5
EPHS # 3 Performance Score	3.22				

EPHS 3 – LPHS Assessment Event Participant Comments:

To effectively serve the culturally and linguistically diverse population that resides in Monterey County, local agencies have implemented many innovative, culturally competent approaches to health education to inform and empower the residents about important health issues. Event participants frequently cited Promotores programs as a strength of the Local Public Health System. As stated by a participant, “[Promotores programs] have been extremely successful in reaching community members with information regarding both physical and psychosocial health by empowering community members to self-advocate.” Local health clinics are also working to develop more appropriate material to accommodate literacy and cultural issues that make some health education materials ineffective.

With a culturally diverse population, agencies often experience difficulties in producing culturally and linguistically appropriate health education programs. A participant commented that, “there are multiple languages, dialects, and communication needs throughout a large county.” Due to a lack of a written language, three participants cited the development of health education materials for the Oaxacan population within Monterey County as especially difficult.

The size and rural nature of much of the county are additional challenges. Transportation issues often make it difficult to reach the rural residents within the county, despite the fact that they are often some of the most vulnerable community members.

EPHS 4 – Mobilize Community Partnerships to Identify and Solve Health Problems

The LPHS was ranked as having minimal activity in the area of *mobilizing community partnerships to identify and solve health problems*. On a scale of 0 – 5, approximately 22% of responses were 0 or “don’t know.” A score of 3 was the most frequently occurring in the data set with 25.9% of responses, while 21.7% ranked this EPHS at a minimum level (of 2) while 20.4% ranked it at a significant level (4) of activity. The system’s overall score for this EPHS was 2.92 slightly below a moderate level (3) of activity.

EPHS 4 – Mobilize Community Partnerships to Identify and Solve Health Problems					
“0” or “Don’t Know”	22.46%				
EPHS Section Mode			3		
Performance Score	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
	1	2	3	4	5
EPHS # 4 Performance Score	2.92				

EPHS 4 – LPHS Assessment Event Participant Comments:

According to event participants, the local community is “very collaborative” with “strong relationships and partnerships, good communication between agencies” and a “willingness of agencies to work together.” In particular, the Monterey County Health Department has started and is part of various partnerships, coalitions, and collaboratives that help link together the LPHS partners. Examples cited included the Girls’ Health in Girls’ Hands and Building Healthy Communities initiatives, in which youth and residents are mobilized to build on their own people power and better understand and identify community health issues.

Participants noted that challenges exist including “a lack of cohesiveness,” “duplication of services” and the “need for a “more broad-based community improvement committee,” although this is perceived as difficult “given the large size of the county.” Some participants report that “MCHD does not include CBOs in decision-making for county solutions,” however, others note that “CBOs look to MCHD for guidance/leadership.” Limited resources are seen as affecting agencies ability to work together as some note that “funding sometimes impacts agency’s ability to participate” and may create a situation where “alliances are resource driven.”

EPHS 5 – Develop Policies and Plans that Support Individual and Community Health Efforts

Monterey County’s LPHS was ranked as performing moderately well for *developing policies and plans that support individual and community health efforts*. Approximately 31% of responses were a score of 4 while around 22% of responses ranked the activity in this EPHS as 3. On a scale of 0 – 5, 26% of responses indicated that it was unknown what the performance of the LPHS was for this EPHS. The average performance score for this area was 3.63.

EPHS 5 – Develop Policies and Plans that Support Individual and Community Health Efforts					
“0” or “Don’t Know”	26.01%				
EPHS Section Mode				4	
Performance Score	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
	1	2	3	4	5
EPHS # 5 Performance Score	3.63				

EPHS 5 – LPHS Assessment Event Participant Comments:

The Local Public Health System views many of the current policy developments in Monterey County as positive. An example frequently noted by event participants was the Health in All Policies initiative, which “has shown great potential for building constituency and community-based partnerships to help address health problems and understand that health is everywhere, in every policy and decision.” Additionally, the strategic planning process of MCHD – Behavioral Health and the creation of the Health Department’s strategic plan show “active development and improvement in the policy and planning areas.”

Although most event participants viewed these policy initiatives as positive, many individuals from local non-profit organizations felt that the Monterey County Health Department acts independently in their planning and policy development efforts. Local non-profit organizations stated one of the challenges the system faces for EPHS 5 is that, “these efforts are not inclusive of other institutions within the local public health system.” Many participants felt that policy and planning efforts create a “silo effect” among public agencies and information is not distributed on a community-wide basis.

EPHS 6 – Enforce Laws and Regulations that Protect Health and Ensure Safety

The LPHS was ranked as performing moderately well for *enforcing laws and regulations that protect and ensure safety*. On a scale of 0 – 5, 24.9% of responses indicated that it was unknown what the performance of the LPHS was for this EPHS, with the remaining responses indicating the system’s performance average at 3.56.

EPHS 6 – Enforce Laws and Regulations that Protect Health and Ensure Safety					
“0” or “Don’t Know”	24.85%				
EPHS Section Mode				4	
Performance Score	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
	1	2	3	4	5
EPHS # 6 Performance Score	3.56				

EPHS 6 – LPHS Assessment Event Participant Comments:

Event participants stated that Monterey County has maintained good enforcement of laws and regulations in the areas of Environmental Health, Communicable Disease, and Tobacco Control “with staff from different sectors working on the implementation.” Most participating non-profit agencies stated that they have shown great success in enforcing laws and regulations within their own organizations and are able to impose regulations independently.

A challenge of the Monterey County is communicating to residents without a written language or limited literacy. A lack of communication often leads to the “public [being] unaware of policies.” Four participants also stated that rules and regulations “are not locally driven.” With very few opportunities for public comment or input, the community members do not feel that their concerns are being heard or acted upon. Additionally, many participants voiced concern that there is no review of laws or regulations as a system, leaving agencies and individuals uninformed about rules or regulations that may affect them.

EPHS 7 – Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable

In the area of *linking people to needed personal health services and assuring the provision of health care when otherwise unavailable*, participants indicated that the LPHS was performing moderately well. On a scale of 0 – 5, approximately 12% of participant responses indicated that it was unknown what the performance of the LPHS was for this EPHS. The most frequently occurring score was 3, with 40.7% of responses, giving Monterey County an overall performance score of 3.14.

EPHS 7 – Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable					
“0” or “Don’t Know”	12.35%				
EPHS Section Mode			3		
Performance Score	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
	1	2	3	4	5
EPHS # 7 Performance Score	3.14				

EPHS 7 – LPHS Assessment Event Participant Comments:

Strengths of the Monterey County LPHS in linking people to needed health services are significant outreach efforts and many safety net clinics to provide health care for the large numbers of residents with no health coverage. There are also “many community collaborative efforts to link individuals to existing resources within the county.”

Although many efforts are being made, there are many challenges to providing health services to all those in need in Monterey County. Given Monterey County’s large geographical size, distances to services are often a large barrier for residents with limited transportation. The large undocumented population also presents a significant barrier in accessing health services due to a lack of funding and limited resources, and “a distrust of the system by the undocumented population creates gaps in access.” Challenges can also be seen in the “lack of linkages to oral health, optical, and HIV/HCV care services for uninsured and Medi-Cal patients, especially during time periods when community is available (evenings and weekends).”

EPHS 8 – Assure a Competent Public and Personal Health Care Workforce

The LPHS was ranked as having moderate activity in the area of *assuring a competent public and personal health care workforce*. A score of 0 or “don’t know” was the most frequently occurring in the data set with a 32.3% response average, while approximately 27% of responses were a score of 3 and about 19.5% were a score of 4. A rating of 3.18 was the system’s overall average for this area.

EPHS 8 – Assure a Competent Public and Personal Health Care Workforce					
“0” or “Don’t Know”	32.25%				
EPHS Section Mode = 0					
Performance Score	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
	1	2	3	4	5
EPHS # 8 Performance Score	3.18				

EPHS 8 – LPHS Assessment Event Participant Comments:

Monterey County’s LPHS has strong ties to local educational institutions which provide training and well-educated employees. Workforce training and development programs, although recently severely restricted by funding cuts (noted by 10 respondents), are available through many public agencies in Monterey County. Participants also stated that the development of the Masters of Social Work program at CSUMB, the Hartnell summer bridge program, and CSUMB’s internship program have contributed to a growing number of culturally competent and “home-grown” members of the workforce.

Although education and training programs do exist within the county, some participants felt that “education and training to maintain skill and competency appears not to be a priority” of the system and that “more pressure needs to be placed on the community (individual members of the community) to get involved.”

EPHS 9 – Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

The LPHS was ranked as performing moderately well for *evaluating the effectiveness, accessibility, and quality of personal and population-based health services*. On a scale of 0 – 5, a score of 0 or “don’t know” accounted for 39.92% of responses for this EPHS, with the remaining responses indicating the system’s performance at 3.10.

EPHS 9 – Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services					
“0” or “Don’t Know”	39.92%				
EPHS Section Mode = 0					
Performance Score	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
	1	2	3	4	5
EPHS # 9 Performance Score	3.10				

EPHS 9 – LPHS Assessment Event Participant Comments:

Public agencies and medical providers in Monterey County do several audits and evaluations to comply with state and federal standards. Clinical providers indicated that “electronic medical records (EMR) can run reports on any statistic” giving them quick but very valuable information.

Challenges for Monterey County within this Essential Public Health Service are sharing the information needed to effectively evaluate the quality of services, developing a system-wide approach to evaluation, and creating meaningful indicators to measure effectiveness. While statistics gathered from an EMR are very valuable for the clinics and hospitals, they “are rarely shared with other organizations.” An event participated stated that an “evaluation of the community-wide system versus agency systems and performance” is needed. Additionally, many smaller agencies find it difficult to devote the funds and time needed to do evaluations properly.

EPHS 10—Research for New Insights and Innovative Solutions to Health Problems

Finally, Monterey County’s LPHS was ranked as performing moderately well for *researching for new insights and innovative solutions to health problems*. On a scale of 0 – 5, a score of 0 or “don’t know” accounted for approximately 22% of responses for this EPHS. The most frequently occurring score in this data set was 3 (29% of responses) with the system’s average performance score in this area being 3.26.

EPHS 10—Research for New Insights and Innovative Solutions to Health Problems					
“0” or “Don’t Know”	21.93%				
EPHS Section Mode			3		
Performance Score	No Activity	Minimal Activity	Moderate Activity	Significant Activity	Optimal Activity
	1	2	3	4	5
EPHS # 10 Performance Score	3.17				

EPHS 10 – LPHS Assessment Event Participant Comments:

Participants indicated that Monterey County is “lucky to have lots of local research institutions.” Local agencies cited that partnerships with California State University, Monterey Bay, Monterey Institute of International Studies, Naval Postgraduate School, Hartnell College, and University California - Berkeley have been valuable resources for research and innovative solutions to health problems.

However, 10 respondents stated that lack of time, resources, and understaffing are all challenges that prevent more research opportunities from being pursued. There is also a worry that “research projects are driven only by funder’s demands instead of community needs.” Several participants stated that “we need to ask more community members their research priorities” because often research is only based on what grants mandate.

Appendices

Appendix 1: Monterey County LPHSA Participating Organizations

1. ACTION Council of Monterey County	27. Grants by Design	55. Monterey County Office of Education - Health & Prevention Programs
2. Alliance on Aging	28. Harmony at Home	56. Monterey County Regional Fire District
3. American Cancer Society	29. Healthy Ways	57. Monterey Peninsula College
4. California State Senator Bill Monning	30. Interim, Inc.	58. Monterey Peninsula Unified School District
5. California State University, Monterey Bay – Health , Human Services, and Public Policy	31. Kinship Center	59. Monterey-Salinas Transit District
6. California State University, Monterey Bay – Nursing Program	32. Law Office of Sara Senger	60. Natividad Medical Foundation
7. Cancer Patients Alliance	33. Literacy Campaign for Monterey County	61. Nonprofit Alliance of Monterey County
8. Center for Community Advocacy	34. Monterey County – Supervisors Jane Parker, Dave Potter, and Simon Salinas	62. North Monterey County Unified School District/Castro Plaza Family Resource Center
9. Central California Alliance for Health	35. MCHD – Administration	63. Noyes Research and Consulting
10. Central Coast Center for Independent Living	36. MCHD – Administration, Information Systems	64. Pacific Grove Police Department
11. Central Coast Visiting Nurses Association	37. MCHD – Administration, Planning, Evaluation, and Policy	65. Peacock Acres, Inc.
12. City of Gonzales, Emergency Medical Services	38. MCHD – Administration, Public Information Officer	66. Planned Parenthood Mar Monte
13. City of King	39. MCHD – Behavioral Health	67. Public Health Accreditation Board
14. City of Monterey - Fire Department	40. MCHD – Clinic Services	68. Salinas Valley Memorial Healthcare System
15. City of Salinas - Fire Department	41. MCHD – Emergency Medical Services	69. Salud Para La Gente
16. City of Salinas - Public Works	42. MCHD – Environmental Health	70. Seaside Police Department
17. Clinica de Salud del Valle de Salinas	43. MCHD – Public Guardian/Public Administration	71. Service Employees International Union Local 521
18. Community Foundation for Monterey County	44. MCHD – Public Health	72. Sulsona Consulting
19. Community Hospital of the Monterey Peninsula	45. MCHD – Public Health, Epidemiology	73. Sun Street Centers
20. Community Human Services	46. MCHD – Public Health, Nutrition	74. The Village Project
21. Community Partnership for Youth	47. MCHD – Public Health, Preparation	75. Townsend and Associates
22. Dorothy’s Place	48. MCHD – Public Health, Special Projects	76. United Way of Monterey County – 211
23. Eli Lily & Co.	49. Monterey County – Office of the County Counsel	77. United States Congressman Sam Farr
24. First 5 Monterey County	50. Monterey County Department of Social Services	
25. Fort Ord Environmental Justice Network	51. Monterey County Department of Social Services – Child Support Services	
26. George L. Mee Memorial Hospital	52. Monterey County Emergency Communications	
	53. Monterey County Free Libraries	
	54. Monterey County Office of Education - Head Start	

Appendix 2: Monterey County's LPHSA – March 28, 2013 Meeting Agenda

March 28, 2013 Monterey County's Local Public Health System Assessment Meeting Agenda	
8:00	Check in and Continental Breakfast
8:30	Welcome, Introductions, Purpose, Background, & Instructions
10:00	Quick Break
10:15	Essential Services #1-4: Review, Discuss, Share, VOTE!
12:00	Deli Buffet Luncheon
12:30	Keynote Speaker: Jennifer Jimenez, MPH <i>Accreditation Specialist, National Public Health Accreditation Board</i>
1:00	Essential Services #5-8: Review, Discuss, Share, VOTE!
2:20	Dessert Break
2:40	Essential Services #9-10: Review, Discuss, Share, VOTE!
3:30	Perceptions of our Local Public Health System Performance
4:00	Next Steps Toward Developing our Local Public Health System
4:30	Adjourn

Appendix 3. Essential Public Health Services and Model Standards Performance Scores

	Average Scores	Section Mode	Don't know %	No activity %	Minimal %	Moderate %	Significant %	Optimal %
EPHS 1: Monitor Health Status to Identify Community Health Problems								
Overall EPHS # 1 Scores	3.26	3	20.07	1.10	14.33	31.99	28.22	4.30
1.1: Population-Based Community Health Profile	Question Averages	Section Mode	Don't know %	No activity %	Minimal %	Moderate %	Significant %	Optimal %
1.1.1. Does our LPH System conduct community health assessments at least once every 3 years?	3.45	4	21.98	0.00	14.29	24.18	29.67	9.89
1.1.2. Are data from these assessments used to track trends over time and compare with other areas or populations (in other counties, the state or nation)?	3.32	3	18.68	0.00	14.29	31.87	29.67	5.49
1.1.3. Does our LPH System use the data from these assessments to monitor progress toward our community health objectives (e.g., Healthy People 2020)?	3.28	3	23.33	1.11	12.22	31.11	28.89	3.33
1.1.4. Does our LPH System compile data from the community health assessments into a community health profile (CHP) that is accessible to the public?	3.09	3	26.97	2.25	17.98	28.09	20.22	4.49
1.1: Cumulative Scores	3.29		22.71	0.83	14.68	28.81	27.15	5.82
1.2: Use Current Technology to Communicate	Question Averages	Section Mode	Don't know %	No activity %	Minimal %	Moderate %	Significant %	Optimal %
1.2.1. Does our LPH System use state-of-the-art technology to collect, manage, integrate and/or display health profile data?	3.01	3	19.78	1.10	19.78	39.56	16.48	3.30
1.2.2. Does our LPH System use geographic information systems (e.g., GIS mapping) to access and display geocoded health data?	3.16	3	18.68	1.10	16.48	37.36	20.88	5.49
1.2.3. Does our LPH System use technology (e.g., websites and other electronic formats) to make community health data accessible to the public?	3.02	3	5.49	2.20	26.37	36.26	26.37	3.30
1.2 Cumulative Scores	3.07		14.65	1.47	20.88	37.73	21.25	4.03
1.3: Use Population Health Registries	Question Averages	Section Mode	Don't know %	No activity %	Minimal %	Moderate %	Significant %	Optimal %
1.3.1. Does our LPH System maintain and/or contribute	3.48	4	9.89	1.10	6.59	35.16	42.86	4.40

to one or more population health registries (e.g., immunizations, cancer, diabetes, etc.)?								
1.3.2. Has our LPH System established processes for reporting health events to the registries?	3.28	4	25.27	2.20	8.79	30.77	31.87	1.10
1.3.3. In the past year, has our LPH System used information from one or more population health registry?	3.48	4	30.77	0.00	6.59	25.27	35.16	2.20
1.3 Cumulative Scores	3.41		21.98	1.10	7.33	30.40	36.63	30.40

	Average Scores	Section Mode	Don't know %	No activity %	Minimal %	Moderate %	Significant %	Optimal %
ES 2: Diagnose & Investigate Community Health Problems and Health Hazards								
Overall EPHS #2 Scores	3.80	4	23.90	2.34	2.89	19.66	34.63	16.59
2.1. Identification and Surveillance	Question Averages	Section Mode	Don't know %	No activity %	Minimal %	Moderate %	Significant %	Optimal %
2.1.1. Does our LPH System use surveillance systems (e.g., to conduct epidemiological investigations) to monitor health problems and identify health threats?	3.65	4	16.30	1.09	6.52	22.83	43.48	9.78
2.1.2. Is our surveillance system integrated with national or state surveillance systems?	3.64	4	29.03	3.23	2.15	20.43	36.56	8.60
2.1.3. Is our surveillance system compliant with national and/or state health information exchange guidelines?	3.74		41.94	2.15	2.15	13.98	30.11	9.68
2.1 Cumulative Scores	3.68		29.14	2.16	3.60	19.06	36.69	9.35

	Question Averages	Section Mode	Don't know %	No activity %	Minimal %	Moderate %	Significant %	Optimal %
2.2. Respond to Threats and Emergencies								
2.2.1. Does our LPH System maintain written protocols to track communicable diseases or toxic exposures?	3.75		19.35	2.15	4.30	20.43	38.71	15.05
2.2.2. Does our LPH System maintain written protocols to guide investigations of public health threats/emergencies?	3.76	4	19.35	3.23	1.08	20.43	43.01	12.90
2.2.3. Does our LPH System maintain a current roster of personnel (including volunteers) with the technical expertise to respond to emergencies and disasters?	3.61	4	23.91	2.17	4.35	26.09	31.52	11.96
2.2.4. Can our LPH System personnel rapidly, effectively and appropriately respond to emergencies and disasters?	3.78	4	10.00	2.22	2.22	22.22	50.00	13.33
2.2.5. Does our LPH System evaluate our emergency response performance to learn and create opportunities for system improvements?	3.61	4	20.88	1.10	5.49	27.47	34.07	10.99

2.2 Cumulative Scores	3.70		2.18	2.18	3.49	23.31	39.43	12.85
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2.3. Laboratory Support for Investigations	Question Averages	Section Mode	Don't know %	No activity %	Minimal %	Moderate %	Significant %	Optimal %
2.3.1. Does our LPH System maintain laboratories capable of meeting <i>routine</i> diagnostic and surveillance needs?	4.06	5	22.58	3.23	1.08	15.05	26.88	31.18
2.3.2. Does our LPH System have access to laboratory services to support investigations of public health threats, hazards, and emergencies?	3.86	4	13.98	3.23	4.30	19.35	33.33	25.81
2.3.3. Do our LPH System partners' laboratories maintain appropriate licensure and credentials?	4.12		37.63	2.15	0.00	11.83	22.58	25.81
2.3.4. Do our LPH System partners maintain protocols for handling lab samples?	3.98		31.18	2.15	1.08	16.13	25.81	23.66
2.3 Cumulative Scores	4.01		26.34	2.69	1.61	15.59	27.15	26.61

	Average Scores	Section Mode	Don't know %	No activity %	Minimal %	Moderate %	Significant %	Optimal %
ES 3: Inform, Educate, and Empower Individuals and Communities								
Overall EPHS #3 Scores	3.22	3	13.38	2.42	2.42	30.52	27.83	7.09

3.1 Educate and Empower	Question Averages	Section Mode	Don't know %	No activity %	Minimal %	Moderate %	Significant %	Optimal %
3.1.1. Does our LPH System provide the general public, policymakers, and other stakeholders with information on the community's health status, risks and needs?	3.23	4	2.15	4.30	17.20	31.18	41.94	3.23
3.1.2. Do our LPH System partners effectively work together to plan, conduct, and implement <u>health education</u> and/or <u>health promotion</u> activities and campaigns?	3.18	4	1.08	3.23	25.81	27.96	33.33	8.60
3.1.3. Do our LPH System partners work effectively with community advocates and local media outlets to publicize health promotion activities?	3.04	3	1.08	4.30	24.73	37.63	26.88	5.38
3.1.4. Does our LPH System evaluate health education and health promotion activities on an ongoing basis?	3.10	3	25.81	2.15	18.28	29.03	19.35	5.38
3.1 Cumulative Scores	3.14		7.53	3.49	21.51	31.45	30.38	5.65

3.2 Health Communication	Question Averages	Section Mode	Don't know %	No activity %	Minimal %	Moderate %	Significant %	Optimal %
3.2.1. Have our LPH System partners developed health	3.06	3	26.88	3.23	16.13	31.18	18.28	4.30

communication plans?								
3.2.2. Does our LPH System establish and utilize relationships with the media?	3.13	3	8.60	2.15	23.66	31.18	29.03	5.38
3.2.3. Have our LPH System partners identified and designated individuals (public information officers) to provide important health information and respond to questions from the public and media?	3.31	4	10.75	3.23	16.13	26.88	35.48	7.53
3.2.4. Do our LPH System partners' health communication efforts appropriately address the population's health literacy and language diversity needs?	2.86	3	5.43	2.17	32.61	40.22	15.22	4.35
	3.09		12.94	2.70	22.10	32.35	24.53	5.39

3.3. Risk Communication	Question Averages	Section Mode	Don't know %	No activity %	Minimal %	Moderate %	Significant %	Optimal %
3.3.1. Has our LPH System developed emergency communication plans for different types of emergencies, e.g., disease outbreaks, natural disasters, bioterrorism?	3.61	4	9.68	1.08	7.53	27.96	43.01	10.75
3.3.2. Does our LPH System have resources and technological capabilities (e.g., local Health Alert Network) to ensure rapid communications responses?	3.45	3	19.35	2.15	8.60	33.33	23.66	12.90
3.3.3. Do our LPH System partners provide crisis and emergency communications training for current and new staff?	3.21	0	28.26	1.09	19.57	22.83	19.57	8.70
3.3.4. Does our LPH System have policies and procedures in place to ensure rapid, mobile response by public information officers?	3.38	4	21.51	0.00	15.05	26.88	27.96	8.60
3.3 Cumulative Scores	3.41		19.68	1.08	12.67	27.76	28.57	10.24

	Average Scores	Section Mode	Don't know %	No activity %	Minimal %	Moderate %	Significant %	Optimal %
ES 4: Mobilize Community Partnerships to Identify and Solve Health Problems								
Overall EPHS #4 Scores	2.92	3	22.46	5.54	21.69	25.85	20.46	4.00

4.1 Develop Constituency								Optimal
4.1.1. Does our LPH System have a process for identifying and engaging key constituents and stakeholders to build constituency capacity?	3.14	4	12.90	2.15	23.66	25.81	31.18	4.30

4.1.2. Does our LPH System maintain a current list of names and contact information for individuals and key constituent groups?	3.20	4	23.66	4.30	15.05	24.73	25.81	6.45
4.1.3. Does our LPH System build constituent awareness of the importance of improving the community's health and encourage the community-at-large to identify community health issues through a variety of means?	2.86	3	7.53	3.23	31.18	36.56	18.28	3.23
4.1.4. Does the LPH System maintain (and make available) a current directory of organizations that comprise our LPH System?	2.70	0	31.52	9.78	20.65	20.65	15.22	2.17
4.1 Cumulative Scores	2.97	3	18.87	4.85	22.64	26.95	22.64	4.04

4.2. Community Partnerships	Question Averages	Section Mode	Don't know %	No activity %	Minimal %	Moderate %	Significant %	Optimal %
4.2.1. Do partnerships exist in the community to maximize public health improvement efforts?	3.16	4	3.23	3.23	23.66	30.11	34.41	5.38
4.2.2. Does our LPH System have a broad-based community health improvement committee that meets regularly to maximize public health improvement activities?	2.72	0	41.94	7.53	16.13	23.66	6.45	4.30
4.2.3. Does our LPH System review the effectiveness of community partnerships and strategic alliances developed to improve the community's health?	2.64	0	36.56	8.60	21.51	19.35	11.83	2.15
4.2 Cumulative Scores	2.84		27.24	6.45	20.43	24.37	17.56	3.94

	Average Scores	Section Mode	Don't know %	No activity %	Minimal %	Moderate %	Significant %	Optimal %
ES 5: Develop Policies and Plans that Support Individual and Community Health Efforts								
Overall EPHS #5 Scores	3.63		26.01	1.56	6.67	21.89	31.36	12.51

5.1 Government Presence	Question Averages	Section Mode	Don't know %	No activity %	Minimal %	Moderate %	Significant %	Optimal %
5.1.1. Does our LPH System assure the availability of resources for the Local Health Department's contributions to the Essential Public Health Services?	3.73	4	17.05	0.00	12.50	14.77	38.64	17.05
5.1.2. Does a local board of health or other government entity conduct oversight for the Local Health Department?	4.01	5	22.99	2.30	2.30	16.09	27.59	28.74

5.1.3. Does our Local Health Department work with the state health department and other partners to assure the provision of the Essential Public Health Services?	3.82	4	17.24	2.30	3.45	21.84	34.48	20.69
5.1 Cumulative Scores	3.85		19.08	1.53	6.11	17.56	33.59	22.14

5.2. Health Policy Development	Question Averages	Section Mode	Don't know %	No activity %	Minimal %	Moderate %	Significant %	Optimal %
5.2.1. Does our LPH System contribute to and advocate for the development of (prevention and protection) health policies (esp. for vulnerable communities)?	3.56	4	6.90	1.15	8.05	28.74	48.28	6.90
5.2.2. Does our LPH System alert policymakers and the public about the health impacts of current and proposed policies?	3.19	3	15.12	3.49	11.63	34.88	34.88	0.00
5.2.3. Does our LPH System review public health policies at least every 3-5 years?	3.27	0	47.67	2.33	8.14	18.60	19.77	3.49
5.2.4. Does the review process include community constituent groups (esp. those most affected by these policies)?	2.86	0	32.56	5.81	18.60	24.42	16.28	2.33
5.2 Cumulative Scores	3.22		25.51	3.19	11.59	26.67	29.86	3.19

5.3. Community Health Improvement Process & Strategic Planning	Question Averages	Section Mode	Don't know %	No activity %	Minimal %	Moderate %	Significant %	Optimal %
5.3.1. Has our LPH System established a community health improvement process?	3.36	3	26.44	2.30	6.90	31.03	28.74	4.60
5.3.2. Has our LPH System developed strategies to address community health objectives?	3.38	3	21.84	1.15	4.60	37.93	32.18	2.30
5.3.3. Does our Local Health Department conduct a strategic planning process?	3.92	4	16.28	0.00	2.33	23.26	37.21	20.93
5.3 Cumulative Scores	3.55		21.54	1.15	4.62	30.77	32.69	9.23

5.4. Emergency Preparedness and Response	Question Averages	Section Mode	Don't know %	No activity %	Minimal %	Moderate %	Significant %	Optimal %
5.4.1. Does the LPH System have an All-Hazards emergency preparedness and response plan that clearly outlines protocols and standard operating procedures?	3.90	4	20.69	0.00	4.60	17.24	39.08	18.39
5.4.2. Do our LPH System partners participate in a task force or coalition to develop and maintain local/regional (All-Hazards) emergency preparedness and response plans?	3.77	4	24.14	0.00	6.90	20.69	31.03	17.24

5.4.3. Is the All-Hazards infrastructure maintained to address natural, chemical, biological, radiological, nuclear, and explosive events?	4.06	0	39.08	1.15	0.00	9.20	34.48	16.09
5.4.4. Has the All-Hazards plan been reviewed and revised within the past two years?	4.03	0	56.32	0.00	3.45	8.05	16.09	16.09
5.4 Cumulative Scores	3.94		35.06	0.29	3.74	13.79	30.17	16.95

	Average Scores	Section Mode	Don't know %	No activity %	Minimal %	Moderate %	Significant %	Optimal %
ES 6: Enforce Laws and Regulations that Protect Health and Ensure Safety								
Overall EPHS #6 Scores	3.56		24.85	1.09	8.69	24.85	28.35	12.18

6.1. Review and Evaluate Laws, Regulations, and Ordinances	Question Averages	Section Mode	Don't know %	No activity %	Minimal %	Moderate %	Significant %	Optimal %
6.1.1. Are our LPH System partners knowledgeable about federal, state and local laws, regulations and ordinances that protect the public's health?	3.60	4	13.10	1.19	8.33	26.19	39.29	11.90
6.1.2. Does our LPH System review laws, regulations, and ordinances that protect the public's health at least once every 5 years?	3.52	0	39.76	1.20	8.43	18.07	22.89	9.64
6.1.3. Do government agencies within our LPH System have access to legal counsel to assist with these reviews?	4.19	4	22.89	0.00	0.00	14.46	33.73	28.92
6.1 Cumulative Scores	3.77		25.20	0.80	5.60	19.60	32.00	16.80

6.2. Involvement and Participation	Question Averages	Section Mode	Don't know %	No activity %	Minimal %	Moderate %	Significant %	Optimal %
6.2.1. Does our LPH System actively identify public health issues that are not adequately addressed through current laws, regulations and ordinances?	3.06	3	17.86	2.38	20.24	34.52	20.24	4.76
6.2.2. In the past five years, have our LPH System partners participated in the development or modification of existing laws, regulations or ordinances?	3.58	4	21.95	2.44	8.54	23.17	29.27	14.63
6.2.3. Do our LPH System partners provide technical assistance to policy makers or advocacy groups for drafting proposed legislation, regulations or ordinances?	3.44	4	21.95	1.22	12.20	26.83	26.83	10.98
6.2 Cumulative Scores	3.36		20.56	2.02	13.71	28.23	25.40	10.08

6.3. Enforce Laws, Regulations, and Ordinances	Question Averages	Section Mode	Don't know %	No activity %	Minimal %	Moderate %	Significant %	Optimal %
6.3.1. Do our LPH System partners have access to documentation that identifies the roles and responsibilities of each government agency that has enforcement authority related to the public's health (esp. in the case of an emergency)?	3.41	0	34.94	0.00	12.05	22.89	21.69	8.43
6.3.2. Does our LPH System assure that all enforcement activities are conducted according to existing laws, regulations and ordinances?	3.44	0	28.05	1.22	10.98	25.61	23.17	10.98
6.3.3. Does our LPH System provide information about public health laws, regulations and ordinances to those who are required to comply with them?	3.74	4	18.07	0.00	2.41	28.92	38.55	12.05
6.3.4. Does our LPH System assess compliance with laws, regulations, and ordinances?	3.59	0	30.12	1.20	3.61	27.71	27.71	9.64
6.3 Cumulative Scores	3.54	.00	27.79	0.60	7.25	26.28	27.79	10.27

	Average Scores	Section Mode	Don't know %	No activity %	Minimal %	Moderate %	Significant %	Optimal %
ES 7: Link People to Needed Personal Health Services and Assure Safety Net Services								
Overall EPHS #7 Scores	3.14		12.35	2.06	40.48	25.04	25.04	3.95

7.1. Identify Personal Health Service Needs	Question Averages	Section Mode	Don't know %	No activity %	Minimal %	Moderate %	Significant %	Optimal %
7.1.1. Does our LPH System identify all populations that may encounter barriers to personal health services?	3.29	3	8.33	1.19	13.10	38.10	36.90	2.38
7.1.2. Has our LPH System identified the personal health service needs of all population groups?	3.18	3	13.10	2.38	10.71	46.43	23.81	3.57
7.1.3. Has our LPH System assessed the availability and accessibility of personal health services (esp. for those who may experience barriers to care)?	3.08	3	10.71	2.38	23.81	33.33	23.81	5.95
7.1.4. Has our LPH System assessed the utilization of personal health services (esp. by those who may experience barriers to care)?	2.90	3	18.07	4.82	19.28	39.76	15.66	2.41
7.1 Cumulative Scores	3.11		12.54	2.69	16.72	39.40	25.07	3.58

7.2: Link People to Personal Health Services	Question Averages	Section Mode	Don't know %	No activity %	Minimal %	Moderate %	Significant %	Optimal %
7.2.1. Does our LPH System provide assistance to vulnerable populations in accessing personal health services?	3.09	3	9.76	1.22	18.29	43.90	24.39	2.44
7.2.2. Does our LPH System enroll eligible individuals in public benefit programs, i.e., MediCal?	3.45	3	10.84	1.20	7.23	39.76	32.53	8.43
7.2.3. How well does our LPH System coordinate the delivery of and optimize access to personal health and social services for vulnerable populations who experience barriers to care?	3.00	3	15.66	1.20	20.48	42.17	18.07	2.41
7.2 Cumulative Scores	3.18		12.10	1.21	15.32	41.94	25.00	4.44

	Average Scores	Section Mode	Don't know %	No activity %	Minimal %	Moderate %	Significant %	Optimal %
ES 8: Assure a Competent Public and Personal Health Care Workforce								
Overall EPHS #8 Scores	3.18		32.25	2.78	12.53	27.26	19.49	5.68

8.1 Workforce Assessment, Planning, & Development	Question Averages	Section Mode	Don't know %	No activity %	Minimal %	Moderate %	Significant %	Optimal %
8.1.1. Within the past 3 years, has our LPH System assessed its workforce needs, trends and shortfalls?	3.13	0	33.75	5.00	15.00	16.25	26.25	3.75
8.1.2. Were results of the workforce assessment and gaps analysis disseminated for use in LPH System partners' strategic or operational planning?	2.63	0	48.75	5.00	17.50	21.25	6.25	1.25
8.1 Cumulative Scores	2.88		41.25	5.00	16.25	18.75	16.25	2.50

8.2. Workforce Standards	Question Averages	Section Mode	Don't know %	No activity %	Minimal %	Moderate %	Significant %	Optimal %
8.2.1. Are our LPH System partners aware of guidelines and/or licensure/certification requirements for personnel contributing to the Essential Public Health Services?	3.36	0	27.50	1.25	12.50	27.50	21.25	10.00
8.2.2. Have our LPH System partners developed written job standards/descriptions for all personnel contributing to the EPHS?	3.44	0	34.18	2.53	5.06	29.11	18.99	10.13

8.2.3. Do our LPH System partners conduct annual performance evaluations for these positions?	3.70	0	40.51	0.00	5.06	21.52	18.99	13.92
8.2 Cumulative Scores	3.50		34.03	1.26	7.56	26.05	19.75	11.34

8.3. Life-long Workforce Learning Opportunities	Question Averages	Section Mode	Don't know %	No activity %	Minimal %	Moderate %	Significant %	Optimal %
8.3.1. Do our LPH System partners identify employee education and training needs and encourage opportunities for workforce development?	3.40	3	22.50	1.25	10.00	30.00	28.75	7.50
8.3.2. Do our LPH System partners provide employees with incentives to participate in educational and training experiences?	2.84	0	30.00	8.75	17.50	21.25	21.25	1.25
8.3.3 Does our LPH System provide opportunities for interaction between their staff and faculty from academic and research institutions?	3.07	0	35.94	3.13	10.94	31.25	15.63	3.13
8.3 Cumulative Scores	3.11		29.02	4.46	12.95	27.23	22.32	4.02

8.4. Leadership Development	Question Averages	Section Mode	Don't know %	No activity %	Minimal %	Moderate %	Significant %	Optimal %
8.4.1. Do our LPH System partners promote (and support) the development of leadership competency for their employees?	3.18	3	28.75	1.25	12.50	33.75	20.00	3.75
8.4.2. Do our LPH System partners promote collaborative leadership through the creation of a shared vision and participatory decision making (within their organizations)?	3.07	3	31.25	1.25	16.25	31.25	16.25	3.75
8.4.3. Are new leaders who represent the diversity of our communities recruited and retained throughout our LPH System?	3.13	3	22.50	1.25	15.00	37.50	20.00	3.75
8.4 Cumulative Scores	3.13		27.50	1.25	14.58	34.17	18.75	3.75

	Average Scores	Section Mode	Don't know %	No activity %	Minimal %	Moderate %	Significant %	Optimal %
ES 9: Evaluate Effectiveness, Accessibility, and Quality of Personal & Population-Based Health Services								
Overall EPHS #9 Scores	3.10		39.92	3.32	15.56	22.96	23.47	4.97

9.1. Evaluate Population-Based Health Services	Question Averages	Section Mode	Don't know %	No activity %	Minimal %	Moderate %	Significant %	Optimal %
9.1.1. In the past three years, has our LPH System evaluated the delivery of population-based health services (e.g., prevention of obesity, smoking, substance abuse, or promotion of immunizations)?	3.46	4	16.25	1.25	12.50	25.00	36.25	8.75
9.1.2.. Have established shared criteria been distributed across our LPH System for partners to evaluate population-based health services?	2.96	0	36.71	6.33	15.19	18.99	20.25	2.53
9.1.3. Does the evaluation determine the extent to which our LPH System's goals are achieved for population-based health services?	2.96	0	33.33	5.13	16.67	20.51	24.36	0.00
9.1.4. Does our LPH System assess the community's satisfaction with population-based health services?	2.79	0	39.24	3.80	17.72	27.85	10.13	1.27
9.1 Cumulative Scores	3.04		41.95	5.51	20.76	30.93	30.51	4.24

9.2. Evaluate Personal Health Services	Question Averages	Section Mode	Don't know %	No activity %	Minimal %	Moderate %	Significant %	Optimal %
9.2.1. In the past three years, has our LPH System evaluated access to, quality of and/or effectiveness of personal health services in the community?	3.39	4	25.32	1.27	10.13	27.85	29.11	6.33
9.2.2. Are specific personal health services in the community (e.g., primary, specialty, hospital, hospice, etc.) evaluated using established standards, i.e., JACHO, HEDIS, State licensure?	3.79	4	26.58	0.00	5.06	21.52	30.38	16.46
9.2.3. Do our LPH System partners assess client satisfaction with personal health services and use the results in the development of their strategic and operational plans?	3.18	0	28.21	2.56	15.38	25.64	23.08	5.13
9.2.4. Do our LPH System partners use information technology to assure quality of personal health services?	3.34	4	28.21	0.00	15.38	19.23	34.62	2.56
9.2 Cumulative Scores	3.43		27.07	0.96	11.46	23.57	29.30	7.64

9.3. Evaluate the LPH System's Performance	Question Averages	Section Mode	Don't know %	No activity %	Minimal %	Moderate %	Significant %	Optimal %
9.3.1. Has our LPH System conducted an evaluation of its performance in providing a comprehensive set of activities in support of the Essential Public Health Services?	3.00	0	51.28	2.56	15.38	12.82	15.38	2.56

9.3.2. Has a “partnership assessment” been conducted that evaluates the <u>relationships</u> among our LPH System partnering organizations and agencies?	2.61	0	57.69	5.13	16.67	12.82	5.13	2.56
9.3.3. Have shared evaluation standards been established to assess our LPH System’s performance?	2.59	0	56.41	5.13	15.38	16.67	5.13	1.28
9.3 Cumulative Scores	2.73		55.13	4.27	15.81	14.10	8.55	2.14

	Average Scores	Section Mode	Don’t know %	No activity %	Minimal %	Moderate %	Significant %	Optimal %
ES 10: Research New Insights and Innovative Solutions								
Overall EPHS #10 Scores	3.17		21.93	2.48	15.57	29.01	25.47	5.54

10.1. Foster Innovation	Question Averages	Section Mode	Don’t know %	No activity %	Minimal %	Moderate %	Significant %	Optimal %
10.1.1. Do our LPH System partners provide time and/or resources for staff to conduct studies or pilot new and innovative ways to address health problems in the community?	2.84	3	24.68	2.60	23.38	35.06	11.69	2.60
10.1.2. In the past two years, have our LPH System partners proposed to research organizations one or more public health issues for inclusion in their research agendas?	3.02	3	32.47	1.30	14.29	36.36	12.99	2.60
10.1.3. Do our LPH System partners identify and stay current with best practices for the Essential Public Health Services?	3.34	4	20.78	1.30	12.99	22.08	42.86	0.00
10.1.4. Do our LPH System partners encourage community participation in the development or implementation of research?	2.86	3	25.97	2.60	23.38	31.17	15.58	1.30
10.1 Cumulative Scores	3.02		25.97	1.95	18.51	31.17	20.78	1.62

10.2. Link with Higher Education	Question Averages	Section Mode	Don’t know %	No activity %	Minimal %	Moderate %	Significant %	Optimal %
10.2.1. Does our LPH System develop relationships with institutions of higher learning and/or research organizations?	3.59	4	5.13	0.00	11.54	28.21	42.31	12.82
10.2.2. Does our LPH System partner with higher learning and/or research organizations to conduct research related to the public’s health?	3.54	4	11.54	0.00	10.26	30.77	37.18	10.26
10.2.3. Does our LPH System encourage collaboration	3.60	4	6.41	0.00	11.54	25.64	44.87	11.54

between the academic and practice communities?								
10.2 Cumulative Scores	3.58		7.69	0.00	11.11	28.21	41.45	11.54

10.3. System Capacity to Initiate/Participate in Research	Question Averages	Section Mode	Don't know %	No activity %	Minimal %	Moderate %	Significant %	Optimal %
10.3.1. Does our LPH System have access to researchers (either through staff or other institutions) to initiate and/or participate in research opportunities related to public health?	3.23	4	19.74	3.95	14.47	26.32	30.26	5.26
10.3.2. Does our LPH System disseminate findings from their research to the greater community?	3.12	3	23.38	3.90	18.18	27.27	19.48	7.79
10.3.3. Does our LPH System evaluate its research activities, i.e., development, implementation, and dissemination of results to the community?	2.81	0	31.58	6.58	17.11	30.26	11.84	2.63
10.3.4. Does our LPH System evaluate the impacts of its research efforts on local public health practices and/or health outcomes?	2.89	0	40.26	5.19	14.29	25.97	10.39	3.90
10.3 Cumulative Scores	3.01		114.29	19.48	63.64	109.09	71.43	19.48

Appendix 4: LPHS Voting Ballot (See separate Appendix 4 document)

Appendix 5: Example of PPT Slides Guiding EPHS Review and Voting Process (ESPH 1 and subsection 1.1)

PPT Slide # 1 for EPHS # 1

Essential Health Service 1:
Monitor Health Status to Identify Community Health Problems

Topics

- 1.1: Population-Based Community Health Profile
- 1.2: Current Technology
- 1.3: Population Health Registries




Understanding health issues at the local level
What's going on in our communities?
Do we know how healthy our communities are?

PPT Slide # 2 for EPHS # 1.1

ES 1: Monitor Health Status to Identify Community Health Problems

How healthy are we?



1.1: Population-Based Community Health Profile


Gold Standards:

- A. Broad-based measures of health status and risk
- B. Compare local measures to state or national benchmarks
- C. Display data in multiple formats for diverse audiences
- D. Use accurate, reliable, and consistent resource methods

PPT Slide # 3 for EPHS # 1

ES 1: Monitor Health Status to Identify Community Health Problems

How does the system do this?




1.1: Population-Based Community Health Profile

Measures

- Conduct & update community health assessments
- Compile data into a profile of the community's health
- Promote community-wide use of the health profile data

ES 1: Monitor Health Status to Identify Community Health Problems

Table Discussion (15 minutes)



Agency Contributions to ES1

Discuss your agency's/organization's contributions to ES1.

- 1.1: Population-Based Community Health Profile
- 1.2: Current Technology
- 1.3: Population Health Registries

Write contributions on feedback sheet.

Representatives share examples of activities from discussion.

Identify system strengths and weaknesses

Essential Health Service 1:
Monitor Health Status to Identify Community Health Problems

~ VOTE ~


- 1.1: Population-Based Community Health Profile
- 1.2: Current Technology
- 1.3: Population Health Registries



Understanding health issues at the local level
What's going on in our communities?
Do we know how healthy our communities are?

ES 1: Monitor Health Status to Identify Community Health Problems

How are we doing?



1.1: Population-Based Community Health Profile

- 1.1.1. Does our LPH System conduct community health assessments at least once every 3 years?
- 1.1.2. Are data from these assessments used to track trends over time and compare with other areas or populations (in other counties, the state or nation)?
- 1.1.3. Does our LPH System use the data from these assessments to monitor progress toward our community health objectives (e.g., Healthy People 2020)?
- 1.1.4. Does our LPH System compile data from the community health assessments into a community health profile (CHP) that is accessible to the public?

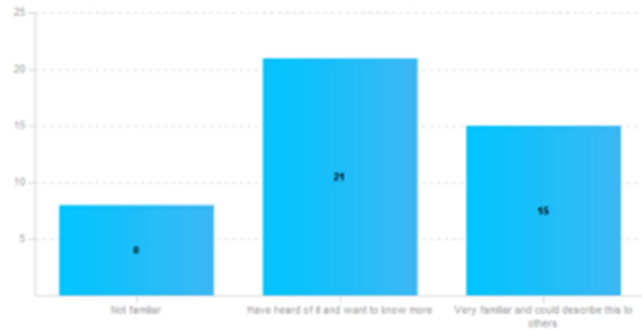
PPT Slide # 4 for EPHS # 1.1

PPT Slide # 5 for EPHS # 1

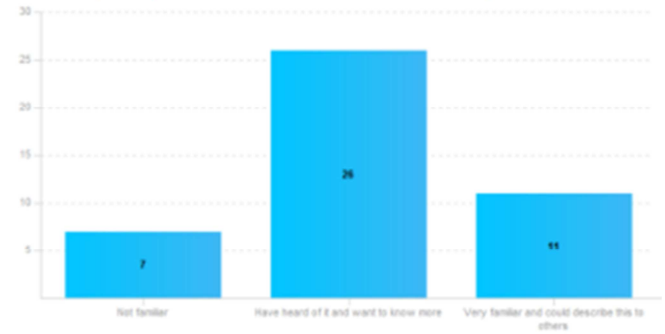
PPT Slide # 6 for EPHS # 1

Appendix 6: Pre-Event Questionnaire Results

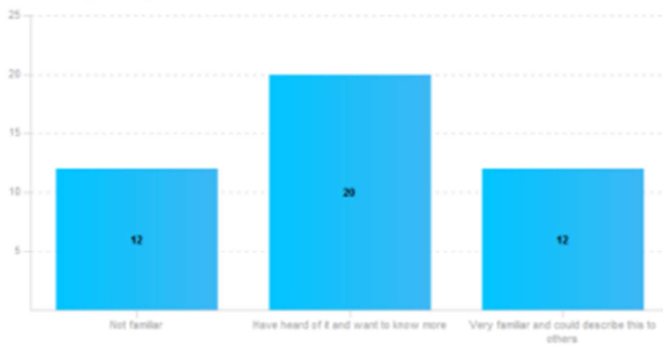
1. What is your experience with the term Health Equity?



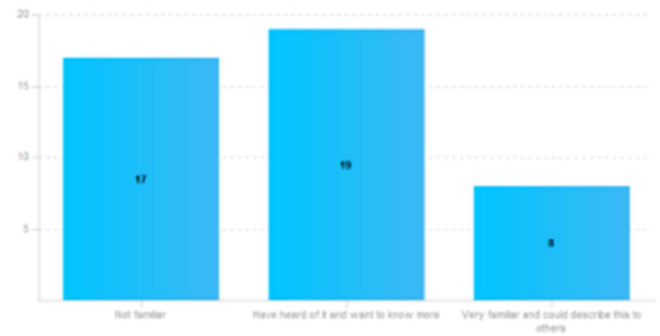
2. What is your experience with the term Local Public Health System Assessment?



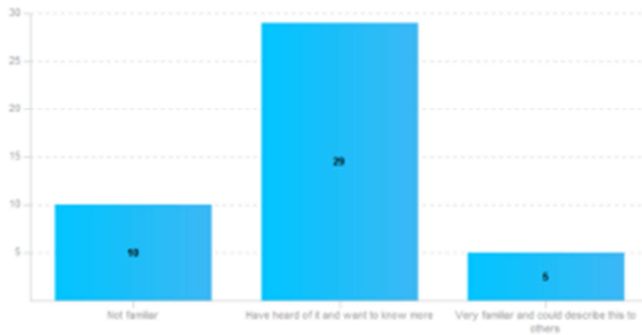
3. What is your experience with the term Health in All Policies?



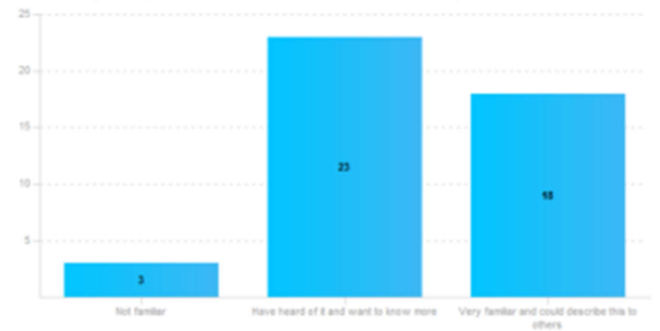
4. What is your experience with the term 10 Essential Services of Public Health?



5. What is your experience with the term National Public Health Accreditation?



6. What is your experience with the term Continuous Quality Improvement?



Participant Comments

Monitor Health Status to Identify Community Health Problems

Issues	Strengths	Challenges
<p>Health status and trends Track and monitor chronic illness Identify health problems by community and Addressed by community Community programs and Increase awareness and look to Address such as Services provided Screenings CalFresh for families Literacy rates Workplace Various issues MR system, Response and</p>	<ul style="list-style-type: none"> ○ Immunization registry ○ Cities collect “upstream” data ○ Great relationships, especially across county lines ○ Creating new data collection system/program to alleviate duplications and streamline process for homeless individuals ○ A lot of good data collection ○ Connection/trust with marginalized population (homeless, street drug addicts, elderly Japanese/Chinese/Filipinos) ○ Moving towards collaborating with CBOs ○ Majority of clinics in our area are immunization registries and share vaccine information ○ Track trends, compare from previous years. ○ Well-established, robust, epidemiological principles, inclusive of a variety of outcomes and determinants. ○ Specialized data tracking by individual agencies to monitor their own programs well. ○ Individual agencies fairly sophisticated in data collection and use ○ Self reported California Healthy Kids 	<ul style="list-style-type: none"> ○ Poor information sharing ○ Not enough materials in Spanish or other dialects ○ Funder mandates regional assessments but county only supports within its borders ○ Multiple reporting of similar data to various entities/funders is burdensome on CBOs ○ Fragmented –each individual agency collecting same info. Not coordinated to minimize duplicate and onerous reporting. ○ Report is not brought out to community for review ○ Community not aware of Health Profile – lack of distribution. ○ Not enough outreach to CBOs, especially in historically underserved populations/communities ○ Dissemination of information is not effectively done, or broadly enough. ○ Reactionary, strong current systems for data provided as mandated by law or by funding source. ○ Community doesn't share beyond area. Not enough people knowledgeable about how to use technology and maximize ways in which to share data. ○ Data/info not well distributed (message delivery barriers)—information doesn't "trickle down" well ○ Individual agencies collecting data do not share w/ greater LPH system. ○ Not enough data or assessment on mental health needs in our county ○ Reporting suffers from a lack of feedback loop ○ Great work but a lot of it is kept in the internal depths of Public Health, need more collaboration with other

Essential Service 2: Diagnose and Investigate Health Problems and Health Hazards in the Community

Agency Contributions	Strengths	Challenges
<ul style="list-style-type: none"> ○ Inspections: water quality, housing, childhood lead, hazardous materials ○ Emergency response to chemicals, illegal dumping of waste ○ Gathers info that contributes to health problems, i.e. obesity and diabetes ○ Report to MCHD if we become aware of an infectious disease in a nursing home/assisted living facility ○ Maintain disaster plan ○ Increase awareness of flu shot clinics ○ Promote all emergency information services ○ E Coli info in vegetables effectively disseminated through media ○ recall of hazardous products ○ Safety training offered through the year every year to include: medical emergencies, bomb threats, suspicious encounters, fire drills ○ Sexual assault-tracking and reporting; DNA of criminals to CODAs bank ○ MCHD convenes a monthly "preparedness committee" that is well-attended and provide leadership/staffing that brings different disciplines ○ Internal disaster planning ○ Field sampling, data recoding, regulatory oversight and support during outbreaks and emergencies 	<ul style="list-style-type: none"> ○ Good building blocks – lab, surveillance program, foodborne investigations. ○ During H1N1, reach out to community was extensive ○ Wide partner network with solid community relationships ○ Have data investigation/analyzation process and technology ○ Campus wide (CSUMB) emergency alert system ○ Inspections/systems exist. Provide link to health care system. Provide infrastructure for immunization services (ex H1N1) ○ County works well with emergency response ○ Good dissemination of info for disaster or large health concerns, especially through media ○ Good with collecting data for infections, obesity. ○ Use of local officials & community for direct feedback. ○ Use of a common response system familiar to all and tested ○ Some communication occurring across agencies. ○ Able to identify at risk populations. ○ Well-trained individuals. Documented protocols. ○ Very responsive police department in Seaside 	<ul style="list-style-type: none"> ○ Staff poorly informed ○ Connecting building blocks in a systematic manner and maintaining communication with community when not in an emergency ○ Changing partner staff challenges maintained relationships ○ Lack of partnerships with residents and schools to report environmental risks such as pesticide spraying, etc. ○ Haven't figured out how to utilize CBOs in any or most of these efforts ○ Public is unaware of systems in place ○ Lack of collaborations – siloed efforts ○ Little to no follow up from police department ○ System is reactionary ○ Follow up for high-risk populations seems lost. Lab data submission but lack of feedback. ○ Lack of outbreak investigations in regards to Lyme Disease and other infectious diseases, including STDs ○ Information "goes in" / collected but no communication back

Essential Service 3: Inform, Educate, and Empower Individuals and Communities about Health Issues

Agency Contributions	Strengths	Challenges
<ul style="list-style-type: none"> ○ Put on a health fair each semester to showcase different local agencies to promote access to services/care ○ Girls' Health in Girls' Hands ○ Provides some communication to community regarding resources via promotores ○ Nutrition education in 16 schools, and after school programs ○ Conduct outreach activities into community through public forums which we believe educates and helps to empower community members about health issues (mental and physical health) ○ Creation of member and provider newsletters ○ Participate in health education fairs, community events, and provide technical subject matter with expertise for the press and media ○ Partner with local and state health education campaigns ○ Targeted prevention messaging to high risk individuals ○ Free health fairs with BP screening, blood sugar and cholesterol testing ○ Community outreach to provide education and info about fixed-route transit as well as programs that may increase their transportation options ○ Educate clients and fellow attorneys 	<ul style="list-style-type: none"> ○ Many partners doing community education. Partners reaching out to youth ○ MCHD and foundations beginning to spotlight prevention outcomes ○ System has technology and trained personnel to carry out functions. Has priority access to media in times of problems. ○ Education materials are available in different translations (Spanish, English). ○ Health department public information office is dedicated, resourceful, skilled accessible and responsive to requests for assistance. ○ Multiple methods of communication are available. ○ Tracking and expansion based on needs. ○ Work well with media, collaborate with multiple agencies, engage 12 sectors, and multiple representatives. ○ Connected/relationship to traditional stakeholders. ○ Responsive to vulnerable populations ○ Routine communications (i.e. health advisories) 	<ul style="list-style-type: none"> ○ Poor gate-keeping services ○ Which media uses are best for our community populations to make sure messages are understood and accurate ○ Need to partner more with schools and CBOs. ○ People don't know the difference between prevention and intervention -schools/parents/agencies use intervention rather than prevention. ○ System has not utilized CBOs and no promotion of training so that CBOs can be effective partners. ○ Should be more notifications of air quality, water quality, toxins in the air, etc. lack of recognition of ongoing toxicity due to agriculture, other events such as burns and spraying. ○ Lack of resources (funding). Education/training is not the priority. ○ Need more staff for outreach. ○ Working in silos ○ Need to reach out more to unregulated facilities. ○ Limited Oaxacan dialect translation capabilities. ○ Inaccurate information in community doesn't seem to be counteracted. ○ Hard to find Spanish speakers who can teach curriculum, not just translate ○ Information often does not consider language and literacy issues ○ Lack of centralized services, lack of deep understanding of the role of the ethnicity as it relates to illnesses ○ Multiple languages, dialects and communication needs throughout large county.

<p>regarding availability of public benefits (SSI, Medicaid)</p> <ul style="list-style-type: none"> ○ Health education and prevention is a priority in our grantmaking ○ Use press conferences to educate about concerns that impact community in health care ○ Provide direct education—nutrition education, obesity prevention, physical activity to low-income adults- elementary schools/preschool 		<ul style="list-style-type: none"> ○ Weak on dental health education. ○ Need communication accessible to people with disabilities ○ Need more social media use
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Essential Service 4: Mobilize Community Partnerships to Identify and Solve Health Problems

Agency Contributions	Strengths	Challenges
<ul style="list-style-type: none"> ○ MCHD started and is part of various partnerships, coalitions, and collaboratives ○ Building Health Communities – mobilizing youth and residents to build on their own people power and better understand and identify community health issues ○ Participate in multiple community groups, coalitions, boards with common goal of identifying and solving health problems. ○ Education department is really good at establishing relationships with other organizations and local individuals and provide linkage to clinics ○ Provide staff resources and technical assistance to collaboratives ○ As a result of literacy summit, develop networks of individuals and stakeholder groups to engage in collective strategies to address literacy deficit ○ Part of many community collaboratives that involve many traditional and non-traditional "health" partners. ○ Strategic planning with advisory groups ○ Champions for change has nutrition and fitness collaborative bringing partnerships together for training, resources, and materials to reach as many residents as possible 	<ul style="list-style-type: none"> ○ Very collaborative community ○ Strong relationships/partnerships ○ Reputation of MCHD ○ Good communication between agencies ○ Willingness of agencies to work together. ○ Health department very involved in community to understand health needs as well as listening to community concerns 	<ul style="list-style-type: none"> ○ Need more broad-based community improvement committee, but hard given large size of county ○ How to mobilize resources effectively and how to evaluate if they are being effective. ○ CBOs look to the MCHD for guidance/leadership. ○ Doctors and nurses need to be involved more but hard to get them involved as they are busy seeing patients ○ Reputation of MCHD—community distrusts us ○ Alliances are resource driven ○ Need to figure out how to engage CBOs in partnerships ○ Lack of cohesiveness ○ Duplication of services ○ MCHD does not include CBOs in decision-making for county solutions—system is insular ○ Need to connect medical services with mental health services ○ Funding sometimes impacts agencies ability to participate ○ Not enough bilingual, culturally sensitive programs, especially for indigenous populations (i.e. Oaxacans) ○ We still do too much in print at above a 12th grade reading level

Essential Service 5: Develop Policies and Plans that Support Individual and Community Health Efforts

Agency Contributions	Strengths	Challenges
<ul style="list-style-type: none"> ○ Organizing Health in All Policies ○ Speak with authority and credibility to electeds and policymakers ○ County strategic planning process ○ Work site wellness program offered to corporate business, collaborate with local agencies, direct participants to local services ○ Through our health advisory committee we get a lot of input from the health dept and after agencies and these policies are taken to our parent policy council ○ Behavioral health and the county mental health commission are partnering with local law enforcement and the county office of education/superintendent of school to develop consistent policies and protocols regarding critical incident response ○ Heavily involved on the public policy side, both legislature effort and agency input on services/deserved outcomes/goals ○ We regularly check with Board of Supervisors and health care agencies to see how creating policies or state legislations will impact our county or services, so we can support or advocate together ○ Provide support for community agencies to move policies along 	<ul style="list-style-type: none"> ○ Strong interest from governance in health ○ Good data to drive and inform decision makers ○ Consultation with public through forums are done to elicit input from community ○ Behavioral Health has committed and diligent staff working to achieve effective outcomes in these areas ○ Developed and approved strategic plan. ○ Tobacco cessation ○ Social hosting ordinances ○ Direct contact with policy makers and constituents ○ Progressive Director of Health ○ Behavioral Health strategic planning process, creation of MCHD strategic plan, creation of Planning, Evaluation, and Policy unit 	<ul style="list-style-type: none"> ○ Getting organized across whole county. How to inform all about policies being developed. ○ Lack of consistent definitions/understanding ○ Coordination of services—overlap ○ Reaching underserved population, recent immigrants, monolingual speakers (other than English) ○ Lack of communication between bureaus in the health department and with partners. ○ Need to increase community awareness of health impacts related to new policies and laws ○ Shortage of resources and strings that prevent flexible use ○ Integration of public involvement/opinions. ○ Difficult to balance activities between public interaction/outreach versus routine regulatory action. ○ Employers not open to working with us even though we are seeking same solution ○ Lack of integrative policy with city councils in community zoning and design ○ Acceptance of involvement, acceptance of feedback ○ Often developed in silos. ○ Some agencies are doing strategic planning internally—not coordinated ○ Not all groups represented in planning

Essential Service 6: Enforce Laws and Regulations that Protect Health and Ensure Safety

Agency Contributions	Strengths	Challenges
<ul style="list-style-type: none"> ○ Provide access to meeting vaccination requirements for schools up to and including new regulations ○ No involvement with enforcement except within our own organization ○ City does review its laws and related policies--some are health related ○ Work with legal counsel to learn about laws, regulations relating to young children and health ○ Work on a statewide level to influence a legislation/regulation but not on enforcement ○ Educate legislators, law makers, policy makers and train community advocates ○ Work to develop and administrate health and safety laws, inspect occupancies and residents on health and safety issues 	<ul style="list-style-type: none"> ○ Have staff across different sectors work on enforcement ○ Wide dissemination of information through e-blasts and newsletters. ○ System has trained staff and other resources to assure compliance and/or enforcement ○ Annual policy reviews occur and incorporate new laws from state and fed. ○ Program abides by laws, and training is provided on a frequent basis to inform practitioners, services providers. ○ Commissions and coalitions meet help to bring needs for policy, or policy enforcement, to attention of government. ○ Conducting traditional inspection, investigatory services. ○ Manageable population size ○ School partnership to enforce immunization laws 	<ul style="list-style-type: none"> ○ Reviewing laws and regulations as a system ○ What happens with the feedback that was given by community members? ○ What MCHD does is not that visible in general, unless one is involved in activities regulating compliance ○ Educating, informing affected entity and enforcement of rules can be a challenge. ○ Not identifying local issues adequately—updates may not be locally driven. ○ Not enough resources to adequately enforce all laws and policies ○ Silo thinking--not everyone notices that someone else's policy also impacts them ○ Inconsistency of social hosting enforcement ○ Problems with communicating to residents without written language or limited literacy ○ Gaps in planned health community design Changing funding streams to support healthy structures without redundancy ○ Lack of community input into new laws ○ System is under-resourced and more reactionary than preventative

Essential Service 7: Link People to Needed Personal Health Services and Assure the Provisions of Health Care

Agency Contributions	Strengths	Challenges
<ul style="list-style-type: none"> ○ Safety net and access to care coalitions working on this area ○ Have made referrals and followed up on physical health services for clients ○ Students, especially through service learning, connect/serve direct service providers in enhancing/expanding those services ○ Contracts with probation department/family services provide link to health care community ○ Develop provider network and identify uninsured and work with partners ○ We have family service advocates for all our families that assist them with any of their needs ○ Our agency works with the community via our programs and do identify barriers to our services--we accommodate language, travel time and ability ○ Prevention, treatment and recovery programs all do referrals on a daily basis, linking to agencies to provide housing, employment, health, education, etc. ○ Through the promotores program in particular, we have worked collaboratively with MCHD to help identify and to overcome barriers 	<ul style="list-style-type: none"> ○ Outreach by providers and CBOs to enroll folks in services ○ Great community contacts ○ Have broad access to health and safety net service info ○ Many safety net providers ○ Presence of local organizations and programs are able to that have direct contact with the patients ○ Lots of services for children. ○ Large resource database ○ In-depth access assessment in process ○ We have these services available and go the extra mile even with limited funding ○ Libraries serve as community centers 	<ul style="list-style-type: none"> ○ We do not have consistency in responding to need ○ Distances to services. ○ Distrust of system by undocumented. ○ Reaching clients in rural areas of the county is difficult due to lack of transportation ○ Long wait for appointments ○ Resources not always available in the community, so access to needed services is not always possible within the community ○ Mental health services are lacking in South county area ○ Not everyone seeks services or knows about what is out there ○ Access to Medi-Cal, housing, and mental illness services is extremely difficult. ○ Need more dental care for medically indigent Need more/better jail health services ○ Some populations are transient and may not access services because they move so often ○ Clients fear that service providers or government organizations will report them to INS ○ No services for illegal status ○ Disenfranchised may not be aware of or feel comfortable accessing services ○ Lack of services due to budget cuts leading to substantially reduced hours means much greater difficulty accessing help

Essential Service 8: Assure a Competent Public and Personal Health Care Workforce

Agency Contributions	Strengths	Challenges
<ul style="list-style-type: none"> ○ Provide training to promotores and community leaders ○ Maintain high standards of education and professional standards for collaborative activities ○ Looking into self-sufficient funding for city related health duties to avoid layoffs ○ Maintain our certifications for licensing—professional growth hour ○ Have professional standards, certifications, core competencies, training plans, thorough performance evaluations all communicated in writing, at staff meetings, retreats, employee surveys, and board strategic planning. ○ Leadership development is encouraged at all levels from entry level to management team to board 	<ul style="list-style-type: none"> ○ Some funding for this and county support MSW program at CSUMB. ○ Building Healthy Communities ○ Hartnell summer bridge program ○ Training opportunities for county employees ○ Behavioral Health adept at organizing work force educating and training competent staff, more than adequate resources ○ Trainings by outside sources-such as state immunization coordinators ○ Good employee retention rates because of benefits ○ Bilingual employees/diverse workforce ○ Designation of county and non-profit clinics as federally qualified health centers that are able to draw down the federal reimbursement for primary health care ○ Ability of institutions to collaborate on training issues. ○ We are able to make the connection with a diverse group if people through the school and college system. 	<ul style="list-style-type: none"> ○ Cuts in the area of leadership development due to recession ○ Not enough money to train all who would benefit ○ Lack of connection between public health and other health oriented work in other agencies ○ Some hiring processes take too long leaving staff group short staffed for 6-8 months with no succession plans ○ Takes too long to release ineffective employees ○ New regulations require different skill sets and some employees are not ready for the change ○ Unable to pay what certain classifications should be paid. ○ Bureaucracy negatively affects the hiring process ○ Competition with state prison system for qualified professionals, especially in psychiatry and social work ○ Providing community wide continuing education opportunities ○ ROP and adult school funding is almost gone--very few low cost training opportunities for entry level jobs ○ Much more needs to be done to insure cultural competence especially with indigenous population (from Oaxaca) ○ Preparing for ACA workforce needs ○ Still need more cultural competency/sensitivity training for those already in the workforce ○ Monterey County is a microcosm of almost every issue facing the entire state of California: therefore, we need diverse, well educated, and motivated personnel, but salaries are significantly lower here than other counties—retaining qualified staff will always be an issue until this is resolved

Essential Service 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

Agency Contributions	Strengths	Challenges
<ul style="list-style-type: none"> ○ Clinic does many evaluations - USD, HEDIS, MU, DSRIP, CBI, CGCAHPS, patient Satisfaction surveys ○ Work with various educational institutions to do evaluation ○ Do evaluation of population and personal services for grant and national requirements ○ Regulated by the state and federal government ○ Give surveys and collect at the end of each parent education class and during services—results put in database and reviewed for upcoming services ○ CARF accreditation, ADP audits, county audit, SAMHSA, internal surveys, program evaluation, and health insurance standards ○ We have done assessments ourselves of our promotores program and have helped convene focus groups for others in the health field to evaluate needs, quality of services etc. 	<ul style="list-style-type: none"> ○ Capacity to do evaluation ○ Meaningful use criteria for electronic health records has been effective in ensuring evidence based health services are targeted ○ Value based care and changes in health care focuses on patient satisfaction as a means of reimbursing health facilities ○ Electronic Medical Records—can run reports on any topic for statistics ○ Agency level evaluations mandated by federal, state, and local laws ○ Interest coalitions/commissions provide needs identification and some evaluation 	<ul style="list-style-type: none"> ○ Few integrated services ○ Creating system-wide approach and measures ○ No meaningful indicators ○ No overall community targets to measure success or satisfaction (measure effectiveness not just counting what has happened) ○ Not everyone on same system so data can be shared and evaluated. ○ Need evaluation of community-wide systems versus agency systems and performance ○ We need to get better on extracting data from the Electronic Medical Records

Essential Service 10: Research for New Insights and Innovative Solutions to Health Problems

Agency Contributions	Strengths	Challenges
<ul style="list-style-type: none"> ○ Gathers and maintains quantity of valuable data ○ Community forums ○ Developed and utilized innovative and new approaches and strategies to carry out mental health work in African American community and building strong community support ○ We have partnered with Stanford and the Public Health Institute to do research ○ No time or money for research, we are too busy ○ Primarily use the internet for research with reliable sites with the latest data ○ Partnership with MCHD on HiAP will hopefully result in new insights and innovative solutions 	<ul style="list-style-type: none"> ○ Lots of local research institutions – Monterey Institute of International Studies, Naval Postgraduate School, California State University, Monterey Bay ○ Valuable data ○ Our facility (rural clinic) has always been invited to participate in research and projects involving public health care improvements ○ Risked based approach to evaluate, monitor and regulate innovative new practices ○ Emphasis on evidence based practices ○ Lack of funding seems to foster innovation and alternative thinking 	<ul style="list-style-type: none"> ○ Need to ask more community members their research priorities ○ Hard to access from the inside and almost impossible from the outside ○ Further development of work in this area is needed ○ Research driven by the focus of grants ○ Lack of money for research—too expensive to do valid studies ○ Need capacity and ability to improve practices from anecdotal success to evidence-based outcomes ○ Small agencies have limited capacity to do research and innovation ○ Hard to promote innovation and research when work demands overwhelm staff

Appendix 8: Monterey County's LPHSA – Meeting Invitation

We All Contribute to the Strength of the System!

Hello «Attendee»,

You are invited to the following event:

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT



Event to be held at the following time, date, and location:

Thursday, March 28, 2013 from 8:30 AM to 4:30 PM

University Center, Building 29

6th Avenue, between Col. Durham and Intergarrison,

Seaside, 93955



Yes

No

Maybe

Event registration is by invitation only. Register with your email address to attend this event.

Esteemed Community Partners and Colleagues,

I personally invite you, or your designated representative, to attend a unique, one-day event to assess our public health system here in Monterey County.

As you are aware, a public health system is made up of all public, nonprofit, and private entities that contribute to delivering essential public health services. To measure the performance of our public health system, it is important to have participation from your organization and all others that contribute greatly to providing health and prevention services.

Please attend this **Thursday March 28, 2013** event, facilitated by Kim Judson, DrPH, at the University Center Ballroom located on the California State University Monterey Bay campus. Morning coffee and lunch will be provided. The day's agenda, materials, and other details will be sent to those who RSVP to this invitation Your input will be incorporated into broadly disseminated written assessment that will allow Monterey County to develop a quality improvement plan, strengthen partner networks, and improve public health system performance.

I look forward your valuable participation,

Ray Bullick, Director of Health, Monterey County Health Department

For further information please contact Patricia Zerounian, Accreditation Coordinator, at zerounianp@co.monterey.ca.us or 831/755-4583.

For a larger site map, please click here: <http://map.csumb.edu/>

For directions to the University Center (Building 29) please click here

<http://about.csumb.edu/sites/default/files/53/attachments/files/univcenter.pdf>

Note: Parking is \$2.00 for this event.

Appendix 9: Monterey County's LPHSA – Meeting Communication

Dear Colleagues,

Health Department director Ray Bullick has invited you to attend a unique, one-day event to assess our public health system here in Monterey County. An original Eventbrite invitation was sent in February and a second invitation was sent yesterday.

We hope you will consider attending. This event is being planned for approximately 120 community leaders, executive directors, agency administrators, elected officials, and appointed staff. Thus far, 80 guests have registered. Morning continental breakfast and lunch will be provided, and your response will help us plan accordingly.

If you need another Eventbrite invitation, please reply or call me- I'll be happy to send you another. Thanks very much.

Hi Colleagues,

We're combing through our attendee list (we're over 100 now) and notice that we haven't yet received a response from you regarding attendance... Can you please let me know if you plan to register? We're trying to get a thorough head count, prepare name badges, etc. We can send you another Eventbrite invitation if needed – just let me know. Thanks.

Hello all,

Thank you for your participation in Monterey County's first public health system assessment – we are delighted to have you attend some or all of this important activity. At this time we have 124 registered participants representing policy makers, health services providers, advocates, education, life/safety, social service providers, and city government.

We will have name badges placed at check-in tables located in the University Center lobby, directly out side of and flanking the rear Ballroom doors. Packets will be available on these check-in tables. The lobby and these tables will be staffed from 8:00 am to 8:30 am only. If you arrive later, please use the colored dot and number on your name tag to find your table and your seat.

If you arrive after 8:30 am, please know that the parking lot for Building 29 may be full. The overflow parking for this event is next to the World Theater, as shown on the attached Parking Map.

Contrary to what we previously understood, all attendees must pay for parking to avoid being ticketed. Parking is \$2.00 per day or \$.50 per hours, and exact change is needed. Two crisp one-dollar bills will avoid any problems.

Our continental breakfast includes coffee and tea, muffins, bagels, pastries, and orange juice. Our lunch is a deli buffet of sliced roast beef, ham, turkey, cheddar, Swiss and provolone, breads and rolls, relish tray with lettuce, tomato, pickles, onion, condiments, Greek salad and fruit salad, lemonade, iced tea, iced water. Our afternoon dessert will be carrot cake and chocolate cake. Please let me know if you have different dietary needs and we will do our best to accommodate your request.

Attached are two documents that will help explain the need for a strong public health infrastructure and the 10 Essential Services for Public Health Services. We hope these documents will help set the stage for Thursday's groundbreaking event. We look forward to your valuable input.

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Attached are two documents that will help explain the need for a strong public health infrastructure and the 10 Essential Services for Public Health Services. We hope these documents will help set the stage for Thursday's groundbreaking event. We look forward to your valuable input.

Hello Partners and Colleagues,

We are happy to report that our March 28th Local Public System Assessment event was successful in bringing together over 120 agency and community partners to analyze the strength of our public health system. Participants were able to rank their perception of how well our Local Public Health System performs according to the 10 Essential Public Health Services. Participants were also given the opportunity to describe their agency/organization's contribution to each Essential Public Health Service and provide feedback on system strengths and weaknesses.

Attached are the contents of the packet that was distributed at the event and the PowerPoint that was presented by our day's facilitator, Dr. Kim Judson from CSUMB. Results of this assessment will be analyzed by CSUMB and a final report will be shared with the Local Public Health Assessment partners and the public in about 60 days. The report will be used in conjunction with the Community Health Assessment, Community Health Improvement Plan, Forces of Change Assessment, and our Health in All Policies efforts.

Please let us know if you are interested in attending future events of this type to develop and strengthen our public health system.

We especially would like to acknowledge all who attended for their valuable time and input.

Appendix 10: LPHS Event PPT Slides

Strengthening our Local Public Health System to Improve the Health & Well-Being of Monterey County Residents

March 28, 2013

Welcome!
Local Public Health System Assessment

10 Essential Public Health Services

HEALTH DEPARTMENT

Welcome

Ray Bullock
Director

Local Public Health System Partners



CSUMB Monterey Bay

Today's Facilitator: Kim Isdson, Dr.PH, M.P.A.

Education

DrPH, San Francisco School of Public Health
MPH, Harvard University, SPH II, Kennedy School of Government

Academic Experience

- Professor, Public Health & Public Policy
- Director, Institute for Community Collaborative Studies
- Head of Collaborative Health & Human Services Undergraduate Program

Research & Planning

- Priority Health Care and Public Health Policy and Programs
- Academic Program Planning, Public Health, Public Safety, Public Policy & Social Work
- San Diego State University, The Role of the Future

Leadership

Program Officer, Santa Barbara Health Department
Executive Director, Northridge Health Projects, Inc. and Community Health Clinic

CSUMB University Center

- University Center facilities & exits
- Breakfast, lunch, and dessert breaks
- Agencies & organizations here today
- Table facilitators and our student assistants

CSUMB Monterey Bay

Today's Agenda

- 8:00 Check in and Continental Breakfast
- 8:30 Welcome, Introductions, Purpose, Background, Instructions
- 10:00 Quick Break
- 10:15 Essential Services #1-4: Review, Discuss, Share, VOTE!
- 12:00 Del. Buffet Luncheon
- 12:45 Keynote Speaker: Jennifer Jimenez, MPH Accreditation Specialist, National Public Health Accreditation Board
- 1:00 Essential Services #5-8: Review, Discuss, Share, VOTE!
- 2:00 Dessert Break
- 2:40 Essential Services #9-10: Review, Discuss, Share, VOTE!
- 3:30 Perceptions of our Local Public Health System Performance
- 4:00 Next Steps: Toward Developing our Local Public Health System

CSUMB Monterey Bay

Institute for Community Collaborative Studies

- Formed in 1995 by public health, social services, public safety, and education leadership to train 21st century professionals.
- Promote cross-sector, interdisciplinary, and collaborative approaches to research and training in "best practices."
- Provide a collaborative neutral space for community professionals & faculty to engage in productive dialogue.
- Develop relationships with community organizations to enhance educational opportunities for our students.

CSUMB Monterey Bay

Dialogue

- Imagination
- Connections
- Deep thinking
- Openness to different ideas and approaches
- Sharing contributions and perceptions

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Introduction to a Shared Dialogue

- Partner with someone at your table
- Introduce yourself...name, agency...
- Share one fear that ACA may hold for your agency.
- Share one desire for what ACA may bring for our communities.

Event Purpose & Objectives

- Information sharing
 - What are the ten essential public health services?
 - What is the local public health system assessment?
 - What is health department accreditation?
- Relationship building and making connections
 - Who are our partners in our local public health system?
 - What do our agencies and organizations contribute?
- Collecting information for an initial assessment
 - Create a snapshot of our local public health system partners.
 - Describe our partners' contributions to our LPH System.
 - Identify initial perceptions: "how well are we performing?"
- Laying the groundwork and imagining the future...

Future Opportunities From Today's Work

- Identify system strengths for future expansion
- Identify system challenges for improvements
- Build capacity for new programs and services
- Develop opportunities for increased resources
- Create a process for long-term system planning
- Develop a shared vision of our community's health into the future...

Assessing our Local Public Health System for Improvement in our Community's Health

Significant System Changes are Underway

Health Care Reform...long and difficult path

US Health Care Reform 2010-2016

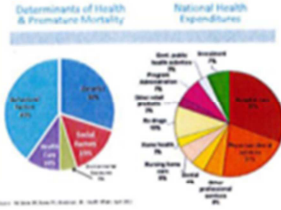
1. New consumer protections
2. Improving quality/outcomes and lowering costs
3. Focus on free preventive care
4. New prevention and public health funding
5. Increasing access to affordable medical care

National Public Health Accreditation

- To improve and protect the public's health by advancing the quality and performance of state, local, territorial and tribal health departments and systems.
 - To drive public health departments to continuously improve the quality of the services they deliver to the community.
- To implement performance standards for accreditation launched Sept 2011 - 5 year initial designation process - Reaccreditation every 5 years



Population Health Problems and Approaches



US Population Health Status

US ranks in the bottom 25% of developed countries in life expectancy and has seen the smallest improvement over the past 20 years.

* Adapted from Statistics and Evaluation 2008 Health Data

Leading Causes of Death, US, 2010

1. Heart disease
2. Malignant tumors/cancer
3. Lung disease
4. Brain disease (stroke)
5. Unintentional injuries
6. Alzheimer's disease
7. Diabetes
8. Flu and pneumonia
9. Kidney disease
10. Suicide

Source: CDC, 2012

Monterey County Areas of Concern

Overweight/obese adults * 47 highest in CA	44.6%
* Female - 46.6% * Male - 46.7% * Subtotal - 46.2%	
Overweight/obese adults 2009 (2007)	35.4%/25.4% (Total - 43.9%)
Birth to birth (25-32 years old)	49.4
** highest birth rate and 47 highest teen birth rate in CA	
Preventable Care - Life or more (just 17 states)	75.6%
Violence: Injuries due to domestic violence (2009/2008)	10.4
Violence: Homicide rates (2010 - highest in California)	12.2/10.2
Lack of health care insurance/uninsured rates	23.3%

Estimated Monterey County residents who are uninsured and covered by Medi-Cal, 2010

Category	Total Population	Uninsured	%	Covered by Medi-Cal	%
South Monterey	98,087	12,755	13.0%	8,985	9.2%
Salinas	140,724	33,639	23.9%	38,816	27.6%
Monterey Peninsula and Big Sur	118,517	20,116	16.9%	14,245	11.9%
South Monterey	98,087	23,597	24.0%	18,475	18.8%
Total	455,417	90,126	19.8%	70,521	15.5%

Estimated residents who are not covered by ACA, due to their immigration status

Area	Estimated Population	Estimated Uninsured	Total	% of total # of uninsured who will receive insurance due to immigration status
South Monterey	1,100	1,700	2,800	26%
Salinas	4,800	4,800	9,600	35%
Monterey Peninsula & Big Sur	1,100	1,700	2,800	25%
South Monterey	1,100	1,700	2,800	26%
Total	8,100	11,900	20,000	29%

Public Health Responses

Healthy People 2020

Vision: A society in which all people live long, healthy lives.

- Overarching Goals**
- Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death.
 - Advance health equity, eliminate disparities, and improve the health of all groups.
 - Create social and physical environments that promote good health for all.
 - Promote quality of life, healthy development, and healthy behaviors across all life stages.

Healthy People 2020: Physical Determinants

- Natural environment (plants, weather, climate change)
- Built environment (buildings, transportation)
- Worksites, schools, recreational settings
- Housing, homes, neighborhoods
- Exposure to toxic substances and other physical hazards
- Physical barriers, especially for people with disabilities
- Aesthetic elements, (good lighting, trees, benches)

Healthy People 2020: Access to Medical Care

- Access to health care impacts:**
- Overall physical, social, and mental health status
 - Prevention of disease and disability
 - Detection and treatment of health conditions
 - Quality of life
 - Preventable death
 - Life expectancy
- Barriers to access...**
- Lack of availability
 - High cost
 - Lack of insurance coverage
 - Limited language access
- Lead to...**
- Unmet health needs
 - Delay in receiving care
 - Inability to get preventive services
 - Hospitalizations that could have been prevented

Healthy People 2020: Social Determinants of Health

- Availability of resources to meet daily needs (quality schools, job opportunities, living wages, or healthful foods)
- Socioeconomic conditions, such as concentrated poverty
- Social norms and attitudes, such as discrimination, residential segregation
- Social support and social interactions
- Public safety, exposure to crime and violence
- Exposure to mass media and emerging technologies, such as the Internet or cell phones
- Transportation options

OECD* Better Life Index

- WHAT IS OUR RECIPE FOR A BETTER LIFE?**
- Housing
 - Income
 - Jobs
 - Community
 - Education
 - Environment
 - Civic engagement
 - Health
 - Life satisfaction
 - Work life balance
- * OECD is the "international organization for economic co-operation and development" - selected by the UN to help nations improve the standard of living. "OECD" is a measure of progress, used by many measures of our well-being, including happiness.

An Ecological Model of Health

Multiple determinants of health
Linkages and relationships among determinants



What does the System Do?

- Prevents epidemics and the spread of disease
- Protects against environmental hazards
- Prevents injuries
- Promotes and encourages healthy behaviors
- Responds to disasters and assists communities in recovery
- Assures the quality and accessibility of health services

Public Health Accomplishments

1. Anti-Smoking Policies & Efforts
Reduce rate and use
2. Food and Drug Act
Assure safe and effective prescription drugs
Assure safe and nutritious foods
3. Clean Air and Water Acts
Reduce particulate matter & contamination
4. New prevention and public health funding
5. Increasing access to affordable medical care

Public Health Accomplishments

- Healthy mothers & babies
- Violence prevention
- Care seatbelt and traffic safety
- Occupational safety
- Child abuse prevention
- Medical care by safety net providers

Local Public Health System Assessment Process

- Accreditation of Local Health Departments involves 4 assessments:
1. Community Strengths Assessment – Completed 2011
 2. Local Public Health System Assessment – March 2013
 3. Forces of Change – Early summer 2013
 4. Community Health Status Assessment – Summer 2013

Focus on Tomorrow

Think Critically & Plan Today

- Imagine future risks
- Identify opportunities
- Make connections
- Strategically plan together

Today's Approaches: Centralized, Expensive, & Inefficient



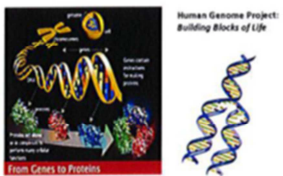
Tomorrow's Approaches



Where is the internet?



Scientific & Technological Advancements



Human Microbiome Project: Germs R' Us



BAM – Brain Activity Mapping Project



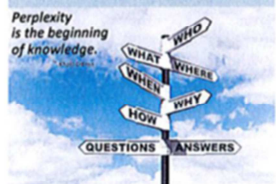
Technology in Medicine to Increase Efficiency & Effectiveness & Expand Access to All



Assessment of Local Public Health System to Improve Coordination & Impacts on Health

How Can We Put Together What We Know and Don't Know into a Shared Vision for Healthy Communities in Monterey County?

Local Public Health System Assessment



Building a Bridge to our Future LPH System

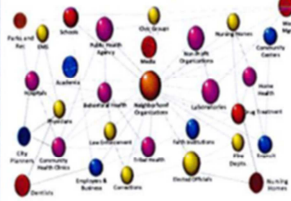
- Identify our LPH System partners
- Gain a better understanding of each organization's contributions and interconnectedness of activities
- Prepare for anticipated (ACA) and unanticipated changes
- Work towards improved competency, capacity and service quality (a key component of national public health accreditation)
- Strengthen the overall LPH system
- Accelerate Population Health Improvements



How we think about our local public health system?

Public, private and voluntary entities contributing to the health & well-being of our communities through the delivery of Essential Public Health Services

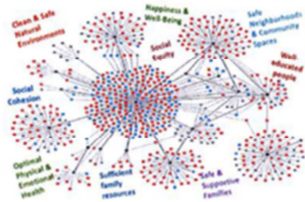
Local Public Health System Partners



Local Public Health System EPHS Activities



Local Public Health System Shared Vision



Process to begin to answer these questions

- Assemble all partners to begin forming system
- Identify, discuss and describe contributions
- Use a voting process to assess performance
- Analyze and compare results to national public health services standards
- Use results to make system improvements



Future Steps & Use of Data

- Results will be aggregated, analyzed and reported
- Report will be shared with our LPH System partners and the public
- Information will be used in Monterey County Health Department's accreditation process

Discussion & Voting Process

- Introduce Ten Essential Public Health Services
- Describe Gold Standards for each EPHS
- Table Discussion: Agency contributions (~15 min)
- Participants share examples (~5 min)
- Participants VOTE on perception of each EPHS (~5 min)
- Submit Voting Ballots to table facilitators before leaving

In Your Packet

- Ballot to record your votes and your agency's contribution to Essential Public Health Service. *Please fill in the cover sheet*
- Opportunity to list your perception of our LPHS strengths and challenges
- Bookmark for quick Essential Service reference

Perception Voting Criteria



Ground Rules for Table Discussions

- Be imaginative & allow openness to new ideas
- Welcome all contributors & perceptions
- Enjoy the process of deep thinking & sharing
- Facilitators will keep conversation moving, acknowledge input & answer questions
- All votes count! Please vote on all measures
- Minimize disruptions (please silence cell phones)
- Others guidelines...?

Ground Rules for Table Facilitators

- Remain neutral for broad participation
- Assist table members to share
- Respond to questions; clarify process
- Keep discussion lively and engaged
- Ensure input from everyone
- Encourage different perspectives
- Keep focus of discussion on the system
- Assist with voting and keep time!

Measuring Levels of Performance

- Each EPHS model describes primary activities at the local system level
- Gold standards represent the optimal level of performance for each EPHS
- Local Public Health Systems partners describe their agency/organization's current contributions to each EPHS
- Long term goals: to identify and address gaps and build on strengths



Let the Assessment Process Begin!



Essential Health Service 1: Monitor Health Status to Identify Community Health Problems

Topics

- 1.1: Population-Based Community Health Profile
- 1.2: Current Technology
- 1.3: Population Health Registries

Understanding health issues at the local level
What's going on in our communities?
Do we know how healthy our communities are?

ES 1: Monitor Health Status to Identify Community Health Problems

How healthy are we?

1.1: Population-Based Community Health Profile

Gold Standards:

- A. Broad-based measures of health status and risk
- B. Compare local measures to state or national benchmarks
- C. Display data in multiple formats for diverse audiences
- D. Use accurate, reliable, and consistent resource methods

ES 1: Monitor Health Status to Identify Community Health Problems

How does the system do this?

- 1.1: Population-Based Community Health Profile**
- Measures**
- Conduct & update community health assessments
 - Compile data into a profile of the community's health
 - Promote community-wide use of the health profile data

ES 1: Monitor Health Status to Identify Community Health Problems

How healthy are we?

- 1.2: Use Current Technology to Communicate**
- Gold Standards:**
- Present data in formats that allow clear interpretation
 - Use computer generated graphics and tools such as GIS to understand diverse trends
 - Use website to promote timely accessibility

ES 1: Monitor Health Status to Identify Community Health Problems

How does the system do this?

- 1.2: Use Current Technology to Communicate**
- Measures**
- Use graphics to identify trends and compare data
 - Use state-of-the-art technology
 - Such as GIS
 - Use websites, PowerPoint, and written materials to promote accessible use

ES 1: Monitor Health Status to Identify Community Health Problems

How healthy are we?

- 1.3: Use Population Health Registries**
- Gold Standards:**
- Systems to assure accurate and timely reporting are used and supported
 - Data are collected for registries according to standards
 - Many partners collaborate in compiling the registry data

ES 1: Monitor Health Status to Identify Community Health Problems

How does the system do this?

- 1.3: Use Population Health Registries**
- Measures**
- Types of health registries used
 - Types of health data submitted to registries
 - Types of health registry data used and communicated

ES 1: Monitor Health Status to Identify Community Health Problems

Table Discussion (15 minutes)

- Agency Contributions to ESI**
- Discuss your agency's/organization's contributions to ESI.
- Population-Based Community Health Profile
 - Current Technology
 - Population Health Registries
- Write contributions on feedback sheet.
- Representatives share examples of activities from discussion.
- Identify system strengths and weaknesses

Essential Health Service 1: Monitor Health Status to Identify Community Health Problems

~ VOTE ~

1.1: Population-Based Community Health Profile

1.2: Current Technology

1.3: Population Health Registries

Understanding health issues at the local level
What's going on in our communities?
Do we know how healthy our communities are?

ES 1: Monitor Health Status to Identify Community Health Problems

How are we doing?

- 1.1: Population-Based Community Health Profile**
- 1.1.1. Does our LPH System conduct community health assessments at least once every 3 years?
 - 1.1.2. Are data from these assessments used to track trends over time and compare with other areas or populations (in other counties, the state or nation)?
 - 1.1.3. Does our LPH System use the data from these assessments to monitor progress toward our community health objectives (e.g., Healthy People 2020)?
 - 1.1.4. Does our LPH System compile data from the community health assessments into a community health profile (CHP) that is accessible to the public?

ES 1: Monitor Health Status to Identify Community Health Problems

How are we doing?

- 1.2: Use Current Technology to Communicate**
- 1.2.1. Does our LPH System use state-of-the-art technology to collect, manage, integrate and/or display health profile data?
 - 1.2.2. Does our LPH System use geographic information systems (e.g., GIS mapping) to access and display geocoded health data?
 - 1.2.3. Does our LPH System use technology (e.g., websites and other electronic formats) to make community health data accessible to the public?

ES 1: Monitor Health Status to Identify Community Health Problems

How are we doing?

- 1.3: Use Population Health Registries**
- 1.3.1. Does our LPH System maintain and/or contribute to one or more population health registries (e.g., immunizations, cancer, diabetes, etc.)?
 - 1.3.2. Has our LPH System established processes for reporting health events to the registries?
 - 1.3.3. In the past year, has our LPH System used information from one or more population health registry?

Essential Health Service 2: Diagnose and Investigate Community Health Problems and Health Hazards

Topics

- Investigations of disease outbreaks and patterns
- Respond to threats and emergencies
- Support for investigation from licensed lab

Identify & respond to health problems & threats
How quickly do we find out about problems?
Are we ready to respond? How effectively?

ES 2: Diagnose & Investigate Community Health Problems and Health Hazards

How prepared are we?

- 2.1 Identify and monitor health threats**
- Gold Standards:**
- Competent epidemiological and behavioral science techniques to collect data and identify risks
 - Integrated with state and national systems
 - Surveillance data used to examine health impacts
 - Surveillance alerts the system to potential health emergencies

ES 2: Diagnose & Investigate Community Health Problems and Health Hazards

How does the system do this?

- 2.1: Identify and Monitor**
- Measures**
- Conduct surveillance system to identify and monitor
 - Submit reportable disease data in a timely manner
 - Maintain needed resources, including lab services

ES 2: Diagnose & Investigate Community Health Problems and Health Hazards

How prepared are we?

- 2.2 Respond to threats and emergencies**
- Gold Standards:**
- Maintain capacity for quick response to outbreaks and hazards
 - Maintain a collaborative response team
 - Response team includes health, safety, crisis, and media
 - Coordinated structure with designated and trained leadership

ES 2: Diagnose & Investigate Community Health Problems and Health Hazards

How does the system do this?

- 2.2: Respond to threats and emergencies**
- Measures**
- Written protocols to track exposure
 - Protocols to guide investigations
 - Trained professionals to lead emergency responses
 - Rapid respond to natural and intended disasters
 - Evaluate emergency responses for improvement

ES 2: Diagnose & Investigate Community Health Problems and Health Hazards

How prepared are we?

- 2.3 Laboratory support for investigations**
- Gold Standards:**
- Ensure proper testing and timely results for diagnostic and investigative public health concerns

ES 2: Diagnose & Investigate Community Health Problems and Health Hazards

How does the system do this?



2.3: Laboratory support for investigations

- Measures**
- Maintain ready access to lab
 - Maintain lab services for threats, hazards, and natural emergencies
 - Maintain lab license and credentials
 - Maintain current protocols for handling lab samples



ES 2: Diagnose & Investigate Community Health Problems and Health Hazards

Table Discussion (15 minutes)



Agency Contributions to ES2

- Discuss your agency/organization's contributions to ES2.
- Investigations of disease outbreaks and patterns
 - Respond to threats and emergencies
 - Support for investigation from licensed lab
- Write contributions on feedback sheet.
Representatives share examples of activities from discussion.
Identify system strengths and weaknesses



**Essential Health Service 2:
Diagnose and Investigate Community Health Problems and Health Hazards**

~ VOTE ~

- Investigations of disease outbreaks and patterns
- Respond to threats and emergencies
- Support for investigation from licensed lab



Identify & respond to health problems & threats
How quickly do we find out about problems?
Are we ready to respond? How effectively?

ES 2: Diagnose & Investigate Community Health Problems and Health Hazards

How are we doing?



2.1. Identification and Surveillance

- 2.1.1. Does our LPH System use surveillance systems (e.g., to conduct epidemiological investigations) to monitor health problems and identify health threats?
- 2.1.2. Is our surveillance system integrated with national or state surveillance systems?
- 2.1.3. Is our surveillance system compliant with national and/or state health information exchange guidelines?



ES 2: Diagnose & Investigate Community Health Problems and Health Hazards

How are we doing?



2.2. Respond to threats and emergencies

- 2.2.1. Does our LPH System maintain written protocols to track communicable diseases or toxic exposures?
- 2.2.2. Does our LPH System maintain written protocols to guide investigations of public health threats/emergencies?
- 2.2.3. Does our LPH System maintain a current roster of personnel (including volunteers) with the technical expertise to respond to emergencies and disasters?
- 2.2.4. Can our LPH System personnel rapidly respond to emergencies and disasters?
- 2.2.5. Does our LPH System evaluate our emergency response performance to learn and create opportunities for system improvements?



ES 2: Diagnose & Investigate Community Health Problems and Health Hazards

How are we doing?



2.3. Laboratory support for investigations

- 2.3.1. Does our LPH System maintain laboratories capable of meeting routine diagnostic and surveillance needs?
- 2.3.2. Does our LPH System have access to laboratory services to support investigations of public health threats, hazards, and emergencies?
- 2.3.3. Do our LPH System partners' laboratories maintain appropriate licensure and credentials?
- 2.3.4. Do our LPH System partners maintain protocols for handling lab samples?



**Essential Health Service 3:
Inform, Educate and Empower Individuals and Communities**

- Health Education and Promotion
- Health Communication
- Risk Communication



Keep all people informed about health issues and healthy choices
How well do we communicate?

ES3: Inform, Educate, and Empower Individuals and Communities

Are we educated and empowered?



3.1 Educate and Empower

- Gold Standards:**
- Create and communicate customer-centered messages
 - Promote initiatives for making healthy choices
 - Maintain strong relationships with community health promotion partners



ES3: Inform, Educate, and Empower Individuals and Communities

How does the system do this?



3.1: Educate and Empower

- Measures**
- Provide health information to all stakeholder sectors
 - Plan and conduct health education and promotion campaigns
 - Work together to promote health activities



ES3: Inform, Educate, and Empower Individuals and Communities

Over the System Communicate Health Messages?



3.2 Health Communication

- Gold Standards:**
- Use multiple communication strategies
 - Employ media campaigns, social marketing, entertainment education, and interactive communications
 - Bring about health risk awareness and advocate for solutions
 - Utilize a variety of settings including homes, schools, employers, community organizations



ES3: Inform, Educate, and Empower Individuals and Communities

How does the system do this?



3.2 Health Communication

- Measures**
- Maintain and use a health communication plan
 - Establish and use media relations
 - Utilize public information officers to answer public and media inquiries in a variety of settings
 - Use a variety of communication channels to advocate for solutions



ES3: Inform, Educate, and Empower Individuals and Communities

Does the System Communicate Risk?



3.3 Risk Communication

- Gold Standards:**
- The system provides, pre-event, event, and post-event communication planning
 - The system identifies and analyzes potential risks to develop plans for public, media, partner, and stakeholder communications during public health emergencies



ES3: Inform, Educate, and Empower Individuals and Communities

How does the system do this?



3.3. Risk Communication

- Measures**
- Adapt communication plans to disease outbreaks, natural disasters, and bioterrorism
 - Maintain resources for rapid response
 - Provide crisis and emergency communications training
 - Ensure mobile response for public information officers



ES3: Inform, Educate, and Empower Individuals and Communities

Table Discussion (15 minutes)



Agency Contributions to ES3

- Discuss your agency/organization's contributions to ES3.
- Health education and promotion
 - Health Communication
 - Risk Communication
- Write contributions on feedback sheet.
Representatives share examples of activities from discussion.
Identify system strengths and weaknesses



**Essential Health Service 3:
Inform, Educate and Empower Individuals and Communities**

~ VOTE ~

- Health Education and Promotion
- Health Communication
- Risk Communication



Keep all people informed about health issues and healthy choices
How well do we communicate?

ES3: Inform, Educate, and Empower Individuals and Communities

How are we doing?



3.1 Educate and Empower

- 3.1.1. Does our LPH System provide the general public, policymakers, and other stakeholders with information on the community's health status, risks and needs?
- 3.1.2. Do our LPH System partners work together to plan, conduct, and implement health education and/or health promotion activities and campaigns?
- 3.1.3. Do our LPH System partners work with community advocates and local media outlets to publicize health promotion activities?
- 3.1.4. Does our LPH System evaluate health education and health promotion activities on an ongoing basis?



ES3: Inform, Educate, and Empower Individuals and Communities

How are we doing?

3.2 Health Communication

- 3.2.1. Have our LPH System partners developed health communication plans?
- 3.2.2. Does our LPH System establish and utilize relationships with the media?
- 3.2.3. Have our LPH System partners identified and designated individuals (public information officers) to provide important health information and respond to questions from the public and media?
- 3.2.4. Do our LPH System partners' health communication efforts appropriately address the population's health literacy and language diversity needs?



ES3: Inform, Educate, and Empower Individuals and Communities

How are we doing?

3.3. Risk Communication

- 3.3.1. Has our LPH System developed emergency communication plans for different types of emergencies, e.g., disease outbreaks, natural disasters, bioterrorism?
- 3.3.2. Does our LPH System have resources and technological capabilities (e.g., local Health Alert Network) to ensure rapid communications responses?
- 3.3.3. Do our LPH System partners provide crisis and emergency communications training for current and new staff?
- 3.3.4. Does our LPH System have policies and procedures in place to ensure rapid, mobile response by public information officers?



Essential Health Service 4: Mobilize partners to identify and solve health problems

Topics

4.1: Constituency development

4.2: Community partnerships

Engage people and organizations in health issues

How well do we bring people together?

ES 4: Mobilize Community Partnerships to Identify and Solve Health Problems

How does the system do this?

4.1 Develop Constituency

Gold Standards:

- A. System identifies key constituents for solving general and specific health concerns, risks, and life-stage needs
- B. System encourages constituent participation and engagement
- C. Establishes and maintains a comprehensive directory of community organizations



ES 4: Mobilize Community Partnerships to Identify and Solve Health Problems

How does the system do this?

4.1 Develop Constituency

Measures

- Process for identifying key health system constituents
- Encourage constituent participation
- Directory of organizations that comprise the health system
- Communications strategies to build the importance of the system



ES 4: Mobilize Community Partnerships to Identify and Solve Health Problems

How does the system do this?

4.2 Community Partnerships

Gold Standard:

A. Multiple levels of relationships among public, private, and nonprofit organizations to enhance system capacity for responsibilities, resources, risks, and rewards



ES 4: Mobilize Community Partnerships to Identify and Solve Health Problems

How does the system do this?

4.2. Community Partnerships

Measures

- Partnerships maximize health improvement activities
- The community has a broad-based community health improvement committee
- The system reviews the effectiveness of community partnerships and strategic alliances for health improvement

ES 4: Mobilize Community Partnerships to Identify and Solve Health Problems

How does the system do this?

4.2. Community Partnerships

Measures

- Partnerships maximize health improvement activities
- The community has a broad-based community health improvement committee
- The system reviews the effectiveness of community partnerships and strategic alliances for health improvement

Agency Contributions to ESA

Discuss your agency's or organization's contributions to ESA.

4.1: Constituency development

4.2: Community partnerships

Write contributions on feedback sheet.

Representatives share examples of activities from discussion.

Identify system strengths and weaknesses



Essential Health Service 4: Mobilize partners to identify and solve health problems

~ VOTE ~

4.1: Constituency development

4.2: Community partnerships

Engage people and organizations in health issues

How well do we bring people together?

ES 4: Mobilize Community Partnerships to Identify and Solve Health Problems

How are we doing?

4.1 Develop Constituency

- 4.1.1. Does our LPH System have a process for identifying and engaging key constituents and stakeholders to build constituency capacity?
- 4.1.2. Does our LPH System maintain a current list of names and contact information for individuals and key constituent groups?
- 4.1.3. Does our LPH System build constituent awareness of the importance of improving the community's health and encourage the community at large to identify community health issues through a variety of means?
- 4.1.4. Does the LPH System maintain (and make available) a current directory of organizations that comprise our LPH System?



ES 4: Mobilize Community Partnerships to Identify and Solve Health Problems

How are we doing?

4.2. Community Partnerships

- 4.2.1. Do partnerships exist in the community to maximize public health improvement efforts?
- 4.2.2. Does our LPH System have a broad-based community health improvement committee that meets regularly to maximize public health improvement activities?
- 4.2.3. Does our LPH System review the effectiveness of community partnerships and strategic alliances developed to improve the

LUNCH BREAK
12:00 – 12:30

KEYNOTE SPEAKER
12:30 – 1:00

Keynote Speaker:
Jennifer Jimenez, MPH
Accreditation Specialist,
Public Health Accreditation Board

National Public Health Accreditation

- To continuously improve the quality of public health services at the state, local, and territorial levels

National Public Health Accreditation

- Launched September 2011
- 5-year process for initial designation
- Reaccreditation every 5 years
- LPISA is 1 of 4 assessments:
 - Community Strengths Assessment
 - Local Public Health System Assessment
 - Forces of Change Assessment
 - Community Health Status Assessment

Local Public Health System Assessment

Coming together is a beginning; Keeping together is progress; Working together is success. - Henry Ford

Essential Health Service 5: Policies and Plans that Support Individual and Community Health Efforts

Topics

- S.1. Government presence
- S.2. Health policy development
- S.3. Community Health Improvement
- S.4. Emergency preparedness and response

Plan and implement sound health policies

What policies promote health in our communities?
How effective are we establishing health in all policies?

ES 5: Develop Policies and Plans that Support Individual and Community Health Efforts

How is the system governed?

S.1. Government Presence

Gold Standards:

- A. The local Health Department works with community partners to develop and maintain a flexible, dynamic system that provides Essential Public Health Services
- B. The local Health Department coordinates the provision of quality public health services

ES 5: Develop Policies and Plans that Support Individual and Community Health Efforts

How does the system do this?

S.1. Government Presence

Measures

- System includes a local health department (LHD)
- The system assesses resources for the LHD's contribution to providing essential services
- A government entity has oversight of the LHD
- The LHD works with the state and state partners provide essential services

ES 5: Develop Policies and Plans that Support Individual and Community Health Efforts

Are public health policies developed?

S.2. Health Policy Development

Gold Standards:

- A. LHD works with the community to identify policy needs and gaps
- B. LHD promotes and advocates for health policies; serves as a resource for elected officials

ES 5: Develop Policies and Plans that Support Individual and Community Health Efforts

How does the system do this?

S.2. Health Policy Development

Measures

- LHD contributes to the development of health policies
- LHD alerts policymakers and the public about health impacts of current and proposed policies
- LHD reviews public health policies at least every 3-5 years

ES 5: Develop Policies and Plans that Support Individual and Community Health Efforts

Is there a community health improvement process?

S.3. Community health improvement process & plan

Gold Standards:

- A. Traditional public health, environmental health, and health services providers plus related business, economic development, housing, land use, health equity advocates collaborate in ongoing community-wide efforts to improve community health

ES 5: Develop Policies and Plans that Support Individual and Community Health Efforts

How does the system do this?

S.3. Community health improvement process & plan

Measures

- Ongoing, community-wide effort to identify problems, assess data, inventory assets & resources, develop strategies, initiatives and measures
- The system develops a community-owned plan
- System partners make efforts to align their strategic plans with the community health improvement process

ES 5: Develop Policies and Plans that Support Individual and Community Health Efforts

Is there a plan for public emergencies?

S.4. Emergency preparedness and response

Gold Standards:

- A. LHD, fire departments, law enforcement, emergency management, health care providers and others collaborate to plan for emergencies
- B. All-hazards emergency preparedness response plans are practiced

ES 5: Develop Policies and Plans that Support Individual and Community Health Efforts

How does the system do this?

S.4. Emergency preparedness and response

Measures

- LHD, fire departments, law enforcement, emergency management, health care providers and others collaborate to plan for emergencies
- All hazards emergency preparedness response plans are carefully practiced
- All hazards infrastructure is maintained to address natural, chemical, biological, radiological, nuclear, and explosive events

ES 5: Develop Policies and Plans that Support Individual and Community Health Efforts

Take Discussion (15 minutes)

Agency Contributions to ESS

Discuss your agency's or organization's contributions to ESS.

S.1. Government presence

S.2. Health policy development

S.3. Community Health Improvement

S.4. Emergency preparedness and response

Write contributions on feedback sheet.

Representatives share examples of activities from discussion.

Identify system strengths and weaknesses

Essential Health Service 5: Policies and Plans that Support Individual and Community Health Efforts

~ VOTE ~

S.1. Government presence
S.2. Health policy development
S.3. Community Health Improvement
S.4. Emergency preparedness and response

Plan and implement sound health policies

What policies promote health in our communities?
How effective are we establishing health in all policies?

ES 5: Develop Policies and Plans that Support Individual and Community Health Efforts

How are we doing?

S.1. Government Presence

- S.1.1. Does our LPH System include a Local Health Department to manage that Essential Public Health Services are provided?
- S.1.2. Does our LPH System ensure the availability of resources for the Local Health Department's contributions to the Essential Public Health Services?
- S.1.3. Does a local board of health or other government entity conduct oversight for the Local Health Department?
- S.1.4. Does our Local Health Department work with the state health department and other partners to assure the provision of the Essential Public Health Services?

ES 5: Develop Policies and Plans that Support Individual and Community Health Efforts

How are we doing?

S.2. Health Policy Development

- S.2.1. Does our LPH System contribute to and advocate for the development of (prevention and protection) health policies (esp. for vulnerable communities)?
- S.2.2. Does our LPH System alert policymakers and the public about the health impacts of current and proposed policies?
- S.2.3. Does our LPH System review public health policies at least every 3-5 years?
- S.2.4. Does the review process include community constituent groups (esp. those most affected by these policies)?

ES 5: Develop Policies and Plans that Support Individual and Community Health Efforts

How are we doing?

S.3. Community health improvement process & strategic planning

- S.3.1. Has our LPH System established a community health improvement process?
- S.3.2. Is there broad participation in the community health improvement process?
- S.3.3. Has our LPH System developed strategies to address community health objectives?
- S.3.4. Does our Local Health Department conduct a strategic planning process?

ES 5: Develop Policies and Plans that Support Individual and Community Health Efforts

How are we doing?

S.4. Emergency preparedness and response

- S.4.1. Does the LPH System have an All-Hazards emergency preparedness and response plan that clearly outlines protocols and standard operating procedures?
- S.4.2. Do our LPH System partners participate in a task force or coalition to develop and maintain local/regional (All-Hazards) emergency preparedness and response plans?
- S.4.3. Is the All-Hazards infrastructure maintained to address natural, chemical, biological, radiological, nuclear, and explosive events?
- S.4.4. Has the All-Hazards plan been reviewed and revised within the past two years?

Essential Health Service 6: Enforce Laws and Regulations that Protect Public Health and Safety

Topics

- 6.1. Review and evaluate laws, regulations, and ordinances
- 6.2. Involvement and participation
- 6.3. Enforce laws, regulations, and ordinances

Enforce public health laws and regulations

Are we current, technically competent, fair, and effective?

ES 6: Enforce Laws and Regulations that Protect Health and Ensure Safety

Are laws, regulations, and ordinances periodically reviewed?



- 6.1: Review and evaluate laws, regulations, and ordinances**
Gold Standards:
A. Review local laws, regulations, and ordinances addressing environmental quality and health-related behavior for needed updating
B. Focus on the impact of existing laws
C. Address compliance and constituent opinions



ES 6: Enforce Laws and Regulations that Protect Health and Ensure Safety

How does the system do this?



- 6.1: Review/evaluate laws, regulations, & ordinances**
Measures
 System identifies local issues that can only be addressed through laws, regulations, and ordinances
 System reviews laws, regulations, and ordinances at least once every 3 years
 LHD has access to legal counsel to assist with reviews



ES 6: Enforce Laws and Regulations that Protect Health and Ensure Safety

Are laws, regulations, and ordinances periodically reviewed?



- 6.2: Involvement and Participation**
Gold Standards:
A. System encourages active participation in drafting, proposing, holding public hearings, and educating the public about revised and new laws, regulations, and ordinances
B. System informs and assists local government public health legislative issues



ES 6: Enforce Laws and Regulations that Protect Health and Ensure Safety

How does the system do this?



- 6.2: Involvement and Participation**
Measures
 System actively identifies public health issues that are not adequately addressed in current laws, ordinances, and regulations
 System has developed or modified laws, ordinances, and regulations in the prior 3 years
 System partners provide technical assistance to policy makers for drafting proposed legislation



ES 6: Enforce Laws and Regulations that Protect Health and Ensure Safety

Are laws, regulations, and ordinances enforced?



- 6.3: Enforce laws, regulations, and ordinances**
Gold Standards:
A. The system recognizes the unique role of government to enforce public health laws, regulations, and ordinances



ES 6: Enforce Laws and Regulations that Protect Health and Ensure Safety

How does the system do this?



- 6.3: Enforce laws, regulations, and ordinances**
Measures
 LHD is empowered to implement necessary community interventions in the event of a public health emergency
 System assures that enforcement is conducted according to legal standards
 System provides information to those who are required to comply
 System assesses compliance with laws, regulations, and ordinances



ES 6: Enforce Laws and Regulations that Protect Health and Ensure Safety

Table Discussion (15 minutes)



- Agency Contributions to ES6**
 Discuss your agency's or organization's contributions to ES6.
6.1: Review and evaluate laws, regulations, and ordinances
6.2: Involvement and participation
6.3: Enforce laws, regulations, and ordinances
 Write contributions on feedback sheet.
 Representatives share examples of activities from discussion.
 Identify system strengths and weaknesses



Essential Health Service 6: Enforce Laws and Regulations that Protect Public Health and Safety

~ VOTE ~

- 6.1: Review and evaluate laws, regulations, and ordinances**
6.2: Involvement and participation
6.3: Enforce laws, regulations, and ordinances



Enforce public health laws and regulations
Are we current, technically competent, fair, and effective?

ES 6: Enforce Laws and Regulations that Protect Health and Ensure Safety

How are we doing?



- 6.1. Review and Evaluate Laws, Regulations, and Ordinances**
- 6.1.1. Are our LPH System partners knowledgeable about federal, state and local laws, regulations and ordinances that protect the public's health?
 - 6.1.2. Does our LPH System review laws, regulations, and ordinances that protect the public's health at least once every 5 years?
 - 6.1.3. Do government agencies within our LPH System have access to legal counsel to assist with these reviews?



ES 6: Enforce Laws and Regulations that Protect Health and Ensure Safety

How are we doing?



- 6.2. Involvement and Participation**
- 6.2.1. Does our LPH System actively identify public health issues that are not adequately addressed through current laws, regulations and ordinances?
 - 6.2.2. In the past five years, has our LPH System partners participated in the development or modification of existing laws, regulations or ordinances?
 - 6.2.3. Do our LPH System partners provide technical assistance to policy makers or advocacy groups for drafting proposed legislation, regulations or ordinances?



ES 6: Enforce Laws and Regulations that Protect Health and Ensure Safety

How are we doing?



- 6.3. Enforce Laws, Regulations, and Ordinances**
- 6.3.1. Do our LPH System partners have access to documentation that identifies the roles and responsibilities of each government agency that has enforcement authority related to the public's health (esp. in the case of an emergency)?
 - 6.3.2. Does our LPH System assure that all enforcement activities are conducted according to existing laws, regulations and ordinances?
 - 6.3.3. Does our LPH System provide information about public health laws, regulations and ordinances to those who are required to comply with them?
 - 6.3.4. Does our LPH System assess compliance with laws, regulations, and ordinances?



Essential Health Service 7: Link People to Services and Provide a Safety Net

Topics
7.1: Identify personal health service needs and assure linkage between people and personal health services
7.2: Assess the extent of health services availability and accessibility



Make sure people receive the medical care they need
How effectively have we addressed access barriers to ensure health equity across the medical system?

ES 7: Link People to Needed Personal Health Services and Assure Safety Net Services

Are barriers to service addressed and removed?



- 7.1: Identify personal health service needs of populations**
Gold Standards:
A. Identify populations who may encounter barriers to personal health services
B. Define roles and responsibilities for system partners (LHD, hospitals, managed care plans, other health care providers) to remove barriers and provide services



ES 7: Link People to Needed Personal Health Services and Assure Safety Net Services

How does the system do this?



- 7.1: Identify personal health service needs of populations**
Measures
 Identify any populations that may encounter barriers to personal health services
 Identify the personal health needs of these populations
 Assess the extent of health services availability and accessibility



ES 7: Link People to Needed Personal Health Services and Assure Safety Net Services

Are barriers to service addressed and removed?



- 7.2: Link people to personal health services**
Gold Standards:
A. Coordinate partnerships and referral mechanism among public health, primary care, oral health, social services, and mental health systems to optimize access
B. Connect the system with libraries, parenting centers, and service organizations to enhance effectiveness



ES 7: Link People to Needed Personal Health Services and Assure Safety Net Services

How does the system do this?



- 7.2: Link people to personal health services**
Measures
 Provide access assistance to vulnerable populations
 Enroll eligible individuals in public benefit programs
 Coordinate and optimize the delivery of health and social services to vulnerable populations



ES 7: Link People to Needed Personal Health Services and Assure Safety Net Services

Table Discussion (15 minutes)

Agency Contributions to ES7

Discuss your agency's or organization's contributions to ES7.
 7.1: Identify personal health service needs and assure linkage between people and personal health services
 7.2: Assess the extent of health services availability and accessibility

Write contributions on feedback sheet.

Representatives share examples of activities from discussion.
 Identify system strengths and weaknesses

Essential Health Service 7: Link People to Services and Provide a Safety Net

~ VOTE ~

7.1: Identify personal health service needs and assure linkage between people and personal health services
7.2: Assess the extent of health services availability and accessibility

Make sure people receive the medical care they need

How effectively have we addressed access barriers to ensure health equity across the medical system?

ES 7: Link People to Needed Personal Health Services and Assure Safety Net Services

How are we doing?

7.1: Identify personal health service needs

- 7.1.1. Does our LPH System identify all populations that may encounter barriers to personal health services?
- 7.1.2. Has our LPH System identified the personal health service needs of all population groups?
- 7.1.3. Has our LPH System assessed the availability and accessibility of personal health services (esp. for those who may experience barriers to care)?
- 7.1.4. Has our LPH System assessed the utilization of personal health services (esp. by those who may experience barriers to care)?

ES 7: Link People to Needed Personal Health Services and Assure Safety Net Services

How are we doing?

7.2: Link people to personal health services

- 7.2.1. Does our LPH System provide assistance to vulnerable populations in accessing personal health services?
- 7.2.2. Does our LPH System enroll eligible individuals in public benefit programs, i.e., MediCal?
- 7.2.3. How well does our LPH System coordinate the delivery of and optimize access to personal health and social services for vulnerable populations who experience barriers to care?

Why Are We Really Here?! FOR DESSERT!!



Essential Health Service 8: Assure a competent public and personal health care workforce

Topics

- 8.1: Workforce assessment, planning, and development
- 8.2: Public health workforce standards
- 8.3: Life-long learning opportunities
- 8.4: Public health leadership development

Maintain a competent public health and medical workforce

Who are our public health staff across the system?
 How can we ensure competency & currency across the system?

ES8: Assure a competent public and personal health care workforce

Is our workforce competent?

8.1 Workforce assessment, planning, & development

Gold Standards:

- A. A community process identifies entities that can contribute to providing essential public health services, and the strengths and assets each entity can provide
- B. The system projects the optimal numbers and types of personnel needed to address trends and gaps

ES8: Assure a competent public and personal health care workforce

How does the system do this?

8.1 Workforce assessment, planning, & development

Measure

Assess the system workforce once every 3 years

Conduct an assessment of workforce trends and shortfalls

Disseminate the workforce assessment for use in system strategic or operational planning

ES8: Assure a competent public and personal health care workforce

Does our workforce meet performance standards?

8.2. Workforce standards

Gold Standards:

- A. Develop and maintain workforce standards, including certifications, licenses, and education required by law and local policies
- B. Incorporate workforce competencies into personnel systems
- C. Link standards to job performance evaluations

ES8: Assure a competent public and personal health care workforce

How does the system do this?

8.2. Workforce standards

Measures

- System organizations are aware of licensing & certificate requirements
- System partners have written job descriptions and standards for staff contributing to ES 1-10
- System partners conduct annual performance evaluations

ES8: Assure a competent public and personal health care workforce

Is our workforce competent?

8.3. Life-long workforce learning opportunities

Gold Standards:

- A. Formal and informal opportunities with educators, mentors, and coaches
- B. Opportunities for staff to work with academic and research institutions
- C. Respect for diverse perspectives and cultural values

ES8: Assure a competent public and personal health care workforce

How does the system do this?

8.3. Life-long workforce learning opportunities

Measure

- System partners identify educational/training needs, provide continuing education opportunities
- System partners provide workforce incentives for continuing education
- Workforce demonstrates cultural competence
- System partners interact in culturally competent ways with academic and research institutions

ES8: Assure a competent public and personal health care workforce

Is our workforce competent?

8.4. Leadership development

Gold Standards:

- A. Leadership represents community diversity and is respectful of community perspectives
- B. Cultural competency among staff is practiced and valued

ES8: Assure a competent public and personal health care workforce

How does the system do this?

8.4. Leadership development

Measure

- System partners promote leadership development skills
- Collaborative leadership includes shared visions and participatory decision making
- New leaders who represent the population diversity are recruited and retained

ES8: Assure a competent public and personal health care workforce

Table Discussion (15 minutes)

Agency Contributions to ES8

Discuss your agency's or organization's contributions to ES8.
 8.1: Workforce assessment, planning, and development
 8.2: Public health workforce standards
 8.3: Life-long learning opportunities
 8.4: Public health leadership development

Write contributions on feedback sheet.

Representatives share examples of activities from discussion.
 Identify system strengths and weaknesses


Essential Health Service 8: Assure a competent public and personal health care workforce

~ VOTE ~


8.1: Workforce assessment, planning, and development
8.2: Public health workforce standards
8.3: Life-long learning opportunities
8.4: Public health leadership development

Maintain a competent public health and medical workforce


Who are our public health staff across the system?
 How can we ensure competency & currency across the system?

ES8: Assure a competent public and personal health care workforce
How are we doing? 


- 8.1 Workforce assessment, planning, & development**
- 8.1.1. Within the past 3 years, has our LPH System assessed its workforce needs, trends and shortfalls?
 - 8.1.2. Were results of the workforce assessment and gaps analysis disseminated for use in LPH System partners' strategic or operational planning?

ES8: Assure a competent public and personal health care workforce
How are we doing? 


- 8.2. Workforce standards**
- 8.2.1. Are our LPH System partners aware of guidelines and/or licensure/certification requirements for personnel contributing to the Essential Public Health Services?
 - 8.2.2. Have our LPH System partners developed written job standards/descriptions for all personnel contributing to the EPHS?
 - 8.2.3. Do our LPH System partners conduct annual performance evaluations for these positions?

ES8: Assure a competent public and personal health care workforce
How are we doing? 

- 8.3. Life-long workforce learning opportunities (1)**
- 8.3.1. Do our LPH System partners identify employee education and training needs and encourage opportunities for workforce development?
 - 8.3.2. Do our LPH System partners provide incentives for personnel to develop or improve public health competencies in the following:
 - Analysis and assessment
 - Basic public health science
 - Culture and/or linguistic competence
 - Communication (written and oral)
 - Community orientation
 - Financial planning/management
 - Leadership development
 - Legal and regulatory compliance
 - Public health program planning
 - Technology
 - Understanding the Essential Public Health Services
 - Understanding the public health dynamics of health and appropriate interventions

ES8: Assure a competent public and personal health care workforce
How are we doing? 

- 8.3. Life-long workforce learning opportunities (2)**
- 8.3.3. Do our LPH System partners provide employees with incentives to participate in educational and training experiences including:
 - Time off for course work
 - Tuition reimbursement
 - Career advancement opportunities
 - Paid conference registration and travel
 - Other
 - 8.3.4. Does our LPH System provide opportunities for interaction between their staff and faculty from academic and research institutions?

ES8: Assure a competent public and personal health care workforce
How are we doing? 

- 8.4. Leadership development**
- 8.4.1. Do our LPH System partners promote (and support) the development of leadership competency for their employees?
 - 8.4.2. Do our LPH System partners promote collaborative leadership through the creation of a shared vision and participatory decision making (within their organizations)?
 - 8.4.3. Are new leaders who represent the diversity of our communities recruited and retained throughout our LPH System?


Essential Health Service 9: Evaluate Effectiveness, Accessibility, & Quality

Topics


- 9.1: Evaluate population-based health services
- 9.2: Evaluate personal health services
- 9.3: Evaluate local public health system

Evaluate and Improve programs


*Are we doing the right things?
Are we doing things right?*

ES9: Evaluate Effectiveness, Accessibility, and Quality of Personal & Population-Based Health Services
Is the system evaluated? 

- 9.1. Evaluate Population-Based Health Services**
- Gold Standards:
- A. Regularly evaluate accessibility, quality, and effectiveness; measure progress toward program goals
 - B. Establish performance criteria for specific indicators
 - C. Analyze health status, service utilization, and community satisfaction for program refinements

ES9: Evaluate Effectiveness, Accessibility, and Quality of Personal & Population-Based Health Services
How does the system do this? 

- 9.1. Evaluate Population-Based Health Services**
- Measures
- The LPHS evaluates population-based health services
 - Criteria is established and used to evaluate population-based health services
 - Evaluation results determine the extent to which program goals are achieved for population-based health services

ES9: Evaluate Effectiveness, Accessibility, and Quality of Personal & Population-Based Health Services
Is the system evaluated? 


- 9.2. Evaluate Personal Health Services**
- Gold Standards:
- A. Evaluate personal health services offered in the community
 - B. Evaluate the system's ability to provide services across all life stages and population groups
 - C. Survey for client satisfaction

ES9: Evaluate Effectiveness, Accessibility, and Quality of Personal & Population-Based Health Services
How does the system do this? 


9.2. Evaluate Personal Health Services

Measures

- Personal health services are evaluated against established standards (JCAHO, HEDIS)
- The system surveys client satisfaction with personal health services
- System partners use evaluation results to develop strategic and operational plans

ES9: Evaluate Effectiveness, Accessibility, and Quality of Personal & Population-Based Health Services
Is the system evaluated? 

- 9.3. Evaluate the system**
- Gold Standards:
- A. Evaluate the comprehensiveness of system activities against established criteria at least every five years; ensure that system partners contribute to the evaluation process
 - B. Assess the effectiveness of system communication, coordination, and linkage
 - C. Use results to refine, establish, or redirect resources to meet system LPHS goals.

ES9: Evaluate Effectiveness, Accessibility, and Quality of Personal & Population-Based Health Services
How does the system do this? 

- 9.3. Evaluate the system**
- Measures
- Identify partners that deliver Essential Public Health Services
 - Evaluate the system against established criteria once every five years
 - Assesses effectiveness of system communication, coordination, and linkage
 - Use evaluation results

ES9: Evaluate Effectiveness, Accessibility, and Quality of Personal & Population-Based Health Services
Table Discussion (15 minutes) 

- Agency Contributions to ES9
- 9.1: Evaluate population-based health services
 - 9.2: Evaluate personal health services
 - 9.3: Evaluate local public health system
- Write contributions on feedback sheet.
- Representatives share examples of activities from discussion.
- Identify system strengths and weaknesses

Essential Health Service 9: Evaluate Effectiveness, Accessibility, & Quality

~ VOTE ~


9.1: Evaluate population-based health services

9.2: Evaluate personal health services


9.3: Evaluate local public health system

Evaluate and Improve programs

*Are we doing the right things?
Are we doing things right?*

ES9: Evaluate Effectiveness, Accessibility, and Quality of Personal & Population-Based Health Services
How are we doing? 

- 9.1. Evaluate Population-Based Health Services**
- 9.1.1. In the past three years, has our LPH System evaluated the delivery of population-based health services (e.g., prevention of obesity, smoking, substance abuse, or promotion of immunizations)?
 - 9.1.2. Have established shared criteria been distributed across our LPH System for partners to evaluate population-based health services?
 - 9.1.3. Does the evaluation determine the extent to which our LPH System's goals are achieved for population-based health services?
 - 9.1.4. Does our LPH System assess the community's satisfaction with population-based health services?

ES9: Evaluate Effectiveness, Accessibility, and Quality of Personal & Population-Based Health Services
How are we doing? 

- 9.2. Evaluate Personal Health Services**
- 9.2.1. In the past three years, has our LPH System evaluated access to, quality of and/or effectiveness of personal health services in the community?
 - 9.2.2. Are specific personal health services in the community (e.g., primary, specialty, hospital, hospice, etc.) evaluated using established standards, i.e., JCAHO, HEDIS, State licensure?
 - 9.2.3. Do our LPH System partners assess client satisfaction with personal health services and use the results in the development of their strategic and operational plans?
 - 9.2.4. Do our LPH System partners use information technology to assure quality of personal health services?

ES 9: Evaluate Effectiveness, Accessibility, and Quality of Personal & Population-Based Health Services

How are we doing?

9.3. Evaluate the Local Public Health System's Performance

- 9.3.1. Have all of our LPH System partners been identified?
- 9.3.2. Has our LPH System conducted an evaluation of its performance in providing a comprehensive set of activities in support of the Essential Public Health Services?
- 9.3.3. Has a "partnership assessment" been conducted that evaluates the relationships among our LPH System partnering organizations and agencies?
- 9.3.4. Have shared evaluation standards been established to assess our LPH System's performance?

Essential Health Service 10: Research for New Insights and Innovative Solutions

Topics
10.1: Fostering Innovation
10.2: Link with Institutions of Higher Learning / Research
10.3: System capacity to initiate or participate in research

Support innovation, identify and use best practices

Are we discovering and using more effective, efficient, and equitable ways to get the job done?

ES 10: Research New Insights and Innovative Solutions

Is innovation encouraged?

10.1. Foster Innovation

Gold Standard:

A. Field-based efforts to foster change or encourage new directions in public health practices

ES 10: Research New Insights and Innovative Solutions

How does the system do this?

10.1. Foster Innovation

Measures

Gold Standard:

Provide time and resources for staff to pilot test or conduct studies of implementing new ideas

Prioritize public health issues to organizations that do research for inclusion in their research agendas

Research and monitor best practices

Encourage community participation in research development and implementation

ES 10: Research New Insights and Innovative Solutions

Is innovation encouraged?

10.2. Link with Institutions of Higher Learning / Research

Gold Standard:

A. Establish wide range of relationships with institutes of higher learning / research

B. Link with federal and state agencies and associations

C. With institutes of higher learning / research, co-sponsor continuing education programs

ES 10: Research New Insights and Innovative Solutions

How does the system do this?

10.2. Link with Higher Education

Measures

Develop formal and informal relationships

Partner with higher education to conduct research, including community based participatory research

Create opportunities between field practice and academic/research, include field training experiences

ES 10: Research New Insights and Innovative Solutions

Is innovation encouraged?

10.3. System capacity to initiate/participate in research

Gold Standard:

A. System partners participate in public and personal health services research to improve system performance

B. Research includes system efficiency, effectiveness, quality, and service delivery

C. System has access to researchers and resources to analyze, disseminate, and apply findings

ES 10: Research New Insights and Innovative Solutions

How does the system do this?

10.3. System capacity to initiate/participate in research

Measure

System includes or has access to researchers and assures the availability of resources

System disseminates research findings to public health colleagues and others (e.g., publication in journals, webinars)

System evaluates the development, implementation, and impact of LPH research efforts on public health practice

ES 10: Research New Insights and Innovative Solutions

Table Discussion (15 minutes)

Agency Contributions to ES10

Discuss your agency's or organization's contributions to ES10.

10.1: Fostering Innovation
10.2: Link with Institutions of Higher Learning / Research
10.3: System capacity to initiate or participate in research

Write contributions on feedback sheet.

Representatives share examples of activities from discussion.

Identify system strengths and weaknesses

Essential Health Service 10: Research for New Insights and Innovative Solutions

Topics
10.1: Fostering Innovation
10.2: Link with Institutions of Higher Learning / Research
10.3: System capacity to initiate or participate in research

Support innovation, identify and use best practices

Are we discovering and using more effective, efficient, and equitable ways to get the job done?

ES 10: Research New Insights and Innovative Solutions

How are we doing?

10.1. Foster Innovation

- 10.1.1. Do our LPH System partners provide time and/or resources for staff to conduct studies or pilot new and innovative ways to address health problems in the community?
- 10.1.2. In the past two years, have our LPH System partners proposed to research organizations one or more public health issues for inclusion in their research agendas?
- 10.1.3. Do our LPH System partners identify and stay current with best practices for the Essential Public Health Services?
- 10.1.4. Do our LPH System partners encourage community participation in the development or implementation of research?

ES 10: Research New Insights and Innovative Solutions

How are we doing?

10.2. Link with Higher Education

- 10.2.1. Does our LPH System develop relationships with institutions of higher learning and/or research organizations?
- 10.2.2. Does our LPH System partner with higher learning and/or research organizations to conduct research related to the public's health?
- 10.2.3. Does our LPH System encourage collaboration between the academic and practice communities?

ES 10: Research New Insights and Innovative Solutions

How are we doing?

10.3. System capacity to initiate/participate in research

- 10.3.1. Does our LPH System have access to researchers (either through staff or other institutions) to initiate and/or participate in research opportunities related to public health?
- 10.3.2. Does our LPH System disseminate findings from their research to the greater community?
- 10.3.3. Does our LPH System evaluate its research activities, i.e., development, implementation, and dissemination of results to the community?
- 10.3.4. Does our LPH System evaluate the impacts of its research efforts on local public health practices and/or health outcomes?

CONGRATULATIONS ~ VOTING PROCESS IS COMPLETE!

CONGRATULATIONS

GOOD JOB

Questions to Consider???

- What are our LPH System's biggest challenges?
- What types of system level changes are needed to improve upon our LPH System's performance?
- Where do you see possibilities of "connecting the dots" throughout the system tomorrow to address problems that seem unstoppable today?
- What are our most significant strengths?

HEALTH DEPARTMENT

Thanks for your valuable participation

Ray Bullick
Director