



LOCAL PUBLIC HEALTH SYSTEM  
ASSESSMENT  
PUTNAM COUNTY, OHIO



November 2016

## Introduction

In Fall 2016, the Putnam County Health Department, along with members from the Partners for a Healthy Putnam County, participated in the Local Public Health System Assessment (LPHSA). The purpose of this assessment is to evaluate the current public health system within the community of Putnam County, Ohio. The LPHSA helps to answer questions such as, “What are the components, activities, competencies and capacities of our public health system?” and “How well are the *10 Essential Public Health Services* provided?” This same assessment was conducted in August 2013 and resulted in the formation of a strong collaboration of organizations, agencies, businesses, schools and community members known as the Partners for a Healthy Putnam County (Partners). The Partners developed a Community Health Improvement Plan, which is currently being implemented with the intent to improve the health of Putnam County residents.

In 2016, it was determined that the LPHSA, along with other assessments of the Mobilizing for Action in Planning and Partnerships (MAPP), needed to be updated. Therefore, the Putnam County Health Department lead the initiative to complete the 2016 LPHSA. Twenty-one members of the Partners for a Healthy Putnam County group was able to attend an all-day meeting to assess the public health system’s services, based on the *10 Essential Services of Public Health*. Version 3 of the National Public Health Performance Standards Program (NPHPSP) local instrument was used. To ensure that health equity and health disparities was considered, portions of the *Health Equity Supplement* to the MAPP process was used.

The intention of the LPHSA is to provide the following:

- Measure and summarize the performance of the current public health system in Putnam County using nationally established performance standards and a methodology to conduct the assessment.
- Improve and/or establish connections with existing and new community partners to establish and strengthen collaborations that could contribute to improving the public health in Putnam County.
- Provide information for quality improvement of the public health system, identify priorities for the development of the community health improvement plan and provide input that may help with the development and/or implementation of the health department’s strategic plan.

Twenty-two individuals representing 16 different agencies and 2 community members participated in the assessment of the system. The health department conducted a preliminary prioritization from the results of the LPSHA, which was then shared for consideration with all of the Partners. A list of participants can be found in **Appendix A** of this report. The agenda of the day can be found in **Appendix B**.

## THE TEN ESSENTIAL PUBLIC HEALTH SERVICES

1. Monitor health status to identify community health problems
2. Diagnose and investigate health problems and health hazards in the community
3. Inform, educate, and empower people about health issues
4. Mobilize community partnerships to identify and solve health problems
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable
8. Assure a competent public health and personal health care workforce
9. Evaluate effectiveness, accessibility and quality of personal and population-based health services
10. Research for new insights and innovative solutions to health problems

## Process

On November 3, 2016 the Local Public Health System Assessment was held in the conference room of Pathways Counseling Center, a partner agency. After an overview of the MAPP process and an orientation of the LPHSA process, participants were instructed to identify resources already present in the community that address each of the *10 Essential Public Health Services*. This “Gallery Walk” was helpful in identifying needs in our community as well as in developing the Community Health Improvement Plan to address the determined priorities. The “Gallery Walk” can be found in **Appendix C** of this document.

Using the *10 Essential Public Health Services* as a framework, 30 Model Standards describe an optimally performing local public health system. In assessing each Model Standard, questions serve as a measures of performance. Responses to these questions indicate how well the Model Standard is being met by the public health system of Putnam County.

Participants were pre-assigned to small groups based on expertise, area of contribution to public health services and the desire to achieve balanced representation within each groups. Each group addressed at least three *Essential Services*. Consensus scores for each assessment question were the goal; when a consensus was not reached, vote was taken with majority rule. A health department staff person was the facilitator and recorder for each group. Notes were taken as the group discussed each measure and question. Those notes, as well as the decided upon score, are reflected in this report. After each group completed their task, the entire group was gathered again to discuss the process of the day and complete an evaluation.

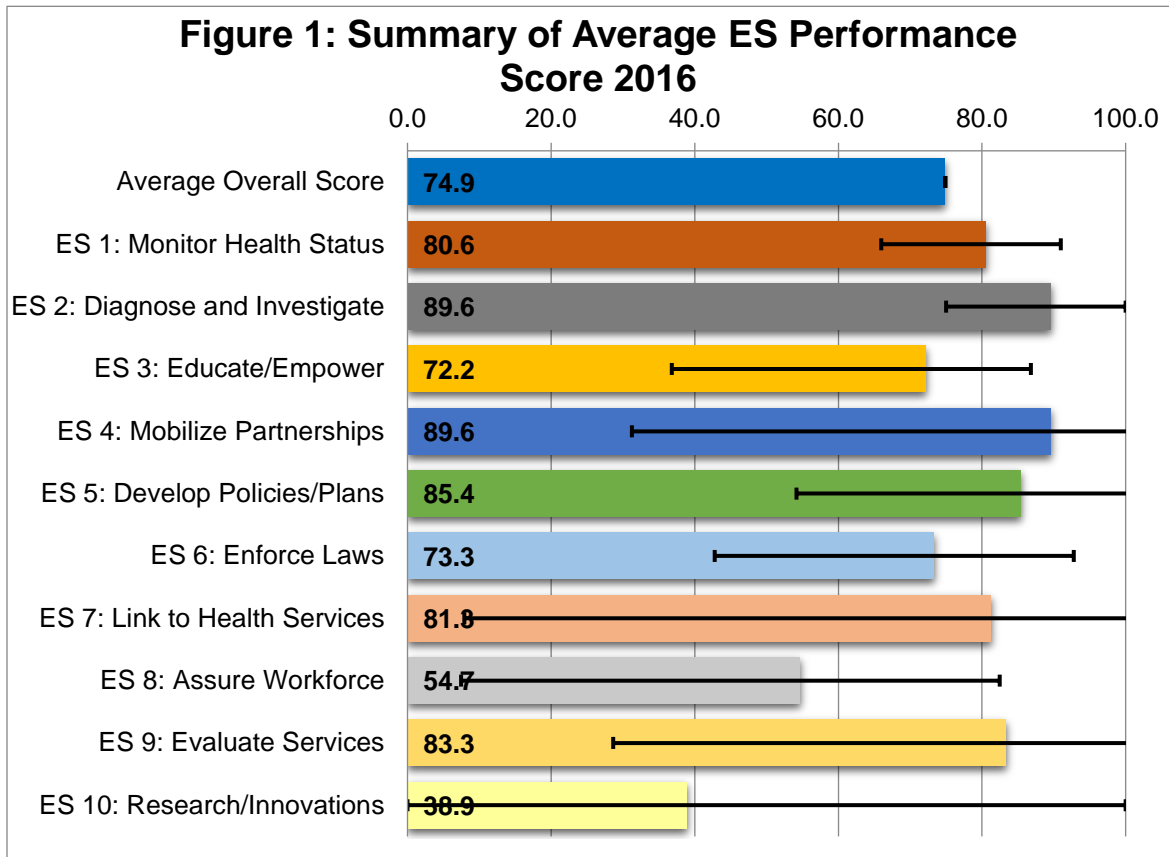
For each of the *Ten Essential Public Health Services*, there are two to four Model Standards that describe an optimal, or “gold standard,” of performance. Each standard is followed by a series of questions with five response options related to an associated level of activity in which the public health system is engaged:

<i>No Activity (0%)</i>	0% or absolutely no activity
<i>Minimal Activity (1-25%)</i>	Greater than zero, but no more than 25% of the activity described within the question is met
<i>Moderate Activity (26-50%)</i>	Greater than 25%, but no more than 50% of the activity described within the question is met
<i>Significant Activity (51-75%)</i>	Greater than 50%, but no more than 75% of the activity described within the question is met
<i>Optimal Activity (76-100%)</i>	Greater than 75% of the activity described within the question is met

## Results

Following the assessment, the performance scores and priorities were entered into a pre-formatted Excel spreadsheet provided by the Public Health Foundation.

Based upon the responses provided in the assessment, an average score was calculated for each of the *10 Essential Public Health Services* (See Figure 1). The score of each can be interpreted as the degree in which the local public health system meets the performance standards for each of the *10 Essential Public Health Services*. As described above, the scores can range from 0% (no activity) to 100% (optimal activity).



After completing the assessment, a committee met to complete the optional prioritization portion of the system assessment. Prioritizing may help with identifying areas for improvement or where additional resources may be needed. The following question was answered for each of the model standards: “On a scale of 1 to 10 (1 being the lowest and 10 being the highest), what is the priority of this model standard to our public health system?”

Table 1 below provides a summary of the performance scores and priority ratings for each of the 10 Essential Public Health Services. The 2013 Performance Score is also provided for reference. A breakdown of the score for each Model Standard within each Essential Service can be found in **Appendix D**.

**Table 1: Performance Scores and Priority Rating**

Essential Service	Performance Score 2016* (0-100%)	2016 Priority Rating* (1=low, 10=high)	Performance Score 2013 LPHSA*
ES1: Monitor Health Status	80.6%	4.7	61.1%
ES2: Diagnose and Investigate	89.6%	3.0	95.8%
ES3: Educate and Empower	72.2%	5.0	66.7%
ES4: Mobilize Partnerships	89.6%	2.0	64.6%
ES5: Develop Policies and Plans	85.4%	4.3	68.8%
ES6: Enforce Laws	73.3%	5.0	55.3%
ES7: Link to Health Services	81.3%	7.0	56.3%
ES8: Assure Workforce	54.7%	3.0	36.6%
ES9: Evaluate Services	83.3%	3.3	77.1%
ES10: Research and Innovation	38.9%	2.0	37.5%
Overall Score (Average)	74.9%		62.0%

\*Average score for all Model Standards associated with each Essential Service

The performance score and priority rating for each model standard are arranged by the following priority-performance matrix quadrants and shown in Table 2. This information was shared with the *Partners for a Healthy Putnam County*, and is helpful in determining the strategic priorities for the Community Health Improvement Plan.

<b>Quadrant A:</b> <i>high priority, low performance</i> May need increased attention	<b>Quadrant B:</b> <i>high priority, high performance</i> Important to maintain efforts
<b>Quadrant D:</b> <i>low priority, low performance</i> May need little or no attention	<b>Quadrant C:</b> <i>low priority, high performance</i> Potential area to reduce

**Table 2: Priority-Performance Matrix Quadrant Placement of Model Standards**

Quadrant	Model Standard	Performance Score (%)	Priority Rating
Quadrant A	10.1 Foster Innovation	56.3	4
Quadrant A	9.1 Evaluation of Population Health	68.8	4
Quadrant A	8.4 Leadership Development	68.8	4
Quadrant A	6.2 Improve Laws	25.0	8
Quadrant A	3.2 Health Communication	50.0	5
Quadrant A	3.1 Health Education/Promotion	66.7	7
Quadrant A	1.2 Current Technology	66.7	5
Quadrant B	9.3 Evaluation of LPHS	81.3	5
Quadrant B	8.3 Continuing Education	75.0	4
Quadrant B	7.2 Assure Linkage	87.5	8
Quadrant B	7.1 Personal Health Services Needs	75.0	6
Quadrant B	6.1 Review Laws	100.0	5
Quadrant B	5.3 CHIP/Strategic Planning	91.7	4
Quadrant B	5.2 Policy Development	75.0	9
Quadrant B	2.2 Emergency Response	91.7	5
Quadrant B	1.1 Community Health Assessment	75.0	6
Quadrant C	9.2 Evaluation of Personal Health	100.0	1
Quadrant C	6.3 Enforce Laws	95.0	2
Quadrant C	5.4 Emergency Plan	100.0	2
Quadrant C	5.1 Governmental Presence	75.0	2
Quadrant C	4.2 Community Partnerships	91.7	1
Quadrant C	4.1 Constituency Development	87.5	3
Quadrant C	3.3 Risk Communication	100.0	3
Quadrant C	2.3 Laboratories	93.8	2
Quadrant C	2.1 Identification/Surveillance	83.3	2
Quadrant C	1.3 Registries	100.0	3
Quadrant D	10.3 Research Capacity	18.8	1
Quadrant D	10.2 Academic Linkages	41.7	1
Quadrant D	8.2 Workforce Standards	41.7	1
Quadrant D	8.1 Workforce Assessment	33.3	3

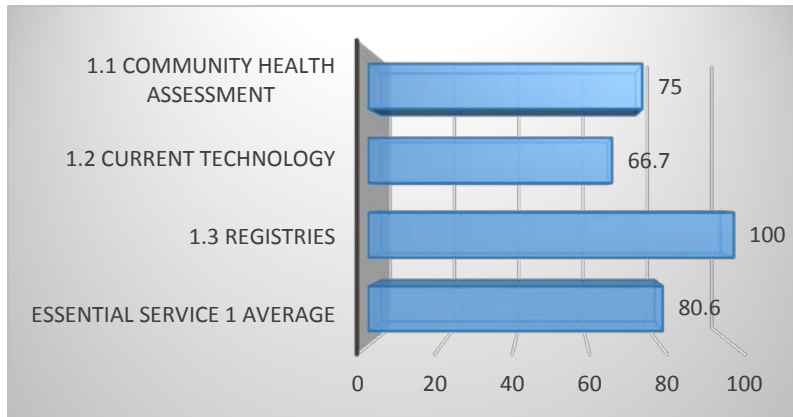
The following pages of this document provide a summary of the activity within each of the *10 Essential Public Health Services*. More detail about each Essential Service and the strengths, weaknesses and opportunities related to the model standards within each of the Essential Services can be found in **Appendix E** of this report.

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## Essential Service 1: Monitor health status to identify health problems

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Participants indicated that the local public health system displays significant activity in the area of community health assessment. A recent survey will provide primary data and Pride data is gathered from youth every two years. There could be improvements in communicating the data from the assessments to the community. Current technology is seen as an area in need of improvement, indicating that an opportunity may be in using Geographical



Information System (GIS) mapping for the tracking of disease that affects our community. Participants believe that the local public health system exhibits optimal activity related to maintaining health registries for disease tracking, mental health information, immunizations, etc., but there is a need for more chronic disease tracking and better contributions from providers regarding immunizations.

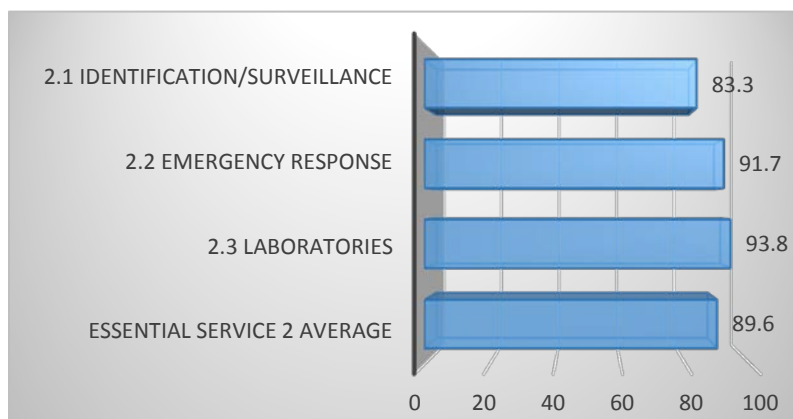
There was an improvement in activities in Essential Service 1 since the 2013 Local Public Health Assessment. Participants indicated that the average score in 2013 was 61.1%, whereas in 2016 the average score was 80.6%.

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

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The activity in Essential Service 2 is one of two Essential Services with the highest score of 89.6. Many agencies are involved in the identification and surveillance of health problems and hazards in Putnam County including the health department, EMA, healthcare providers and law enforcement. Putnam County also has an optimal level of emergency response. Emergency response plans have been developed and tested. There could be some improvement in physicians reporting

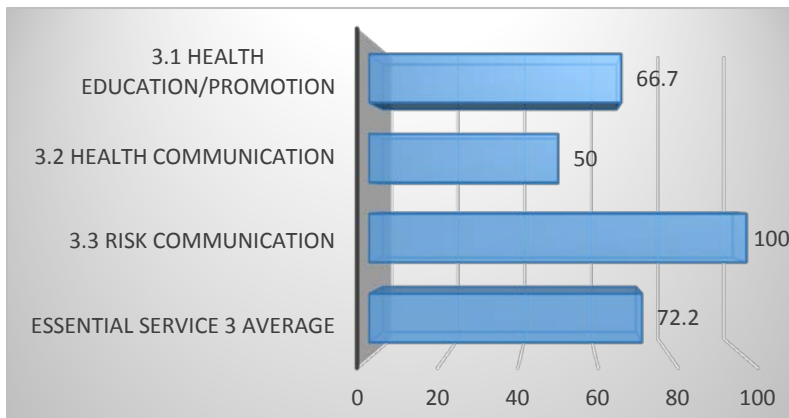


of communicable disease to the health department and develop a system for volunteer management in the county. The Ohio Department of Health laboratory is available for testing to support the various disease investigations that occur. Most physicians and area hospitals understand the reporting requirements, however there is an opportunity for improvement in this area.

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## Essential Service 3: Inform, educate and empower people about health issues

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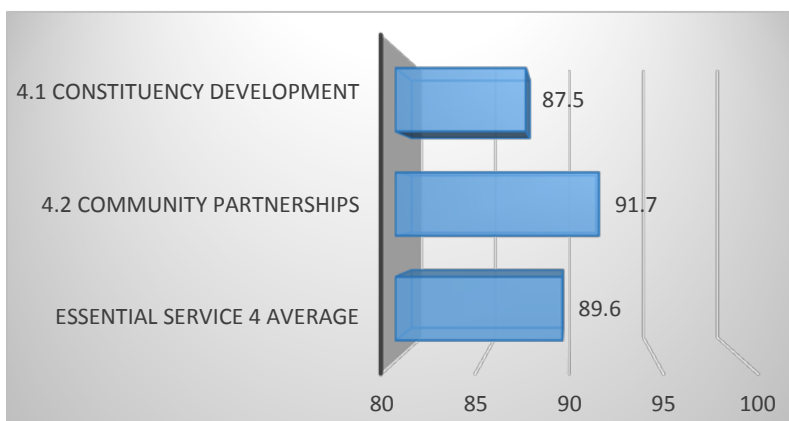
Significant activity in the area of health education and promotion was indicated by the participants of the assessment. There are many strengths including a variety of task forces and committees that focus on many different health related topics. However, some weaknesses indicated included partnership gaps, some barriers in cultural understanding exist and the lack of different media sources in Putnam County. Some ideas for opportunities included developing a countywide list serve or message

board to help better serve clients. It was acknowledged that there is room for improvement in health communication. Much of health related information is sent out through the schools, but there are concerns about getting information to residents who do not have children in school. Again, the lack of many media outlets is a concern. There is a need to become creative in getting messages to the community. A general website with information and perhaps a text alert system would provide avenues for health communication. Risk Communication is at the optimal level, but the group recognized that it is important to have an understanding the needs in all areas of the county, and how they may differ from one another.

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## Essential Service 4: Mobilize Community Partnerships to Identify and Solve Health Problems

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Essential Service 4 scored one of the two highest scores of all of the 10 Essential Services. Both standards are at the optimal level. The participants recognized that there are great partnerships throughout the community for many different initiatives, health issues, etc. Many of the partners are involved long term so there is not a great need for orienting new members. Some weaknesses that were identified is that there may be some technology barriers between generations and there is

always a need to have more partners at the table. Finding the financial resources is also identified as a concern. The participants felt that finding a way to engage the community in health improvement efforts is also important. There is a need for the target population to understand “why” these efforts are positive for them.

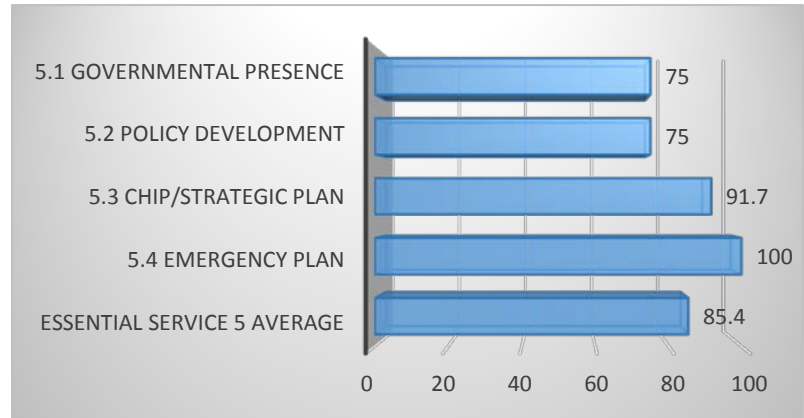
There was improvement in this area since the 2013 Local Public Health Assessment. The average score in 2013 was 64.6% and in 2016 the score increased to 89.6%. The 2013 LPHSA helped to bring partners together to evaluate our community and work together on a plan to improve the health of our community.

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

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The participants identified significant activity related to having governmental presence at a local level, recognizing that the agencies collaborate well with each other. An area of improvement could be to have a robust system of data that is shared with the community. There is also significant activity in policy development, however it was noted that a public health impact analysis is not conducted on proposed policies. An opportunity for improvement would be to conduct a “Health in all Policies Analysis” and educate decision



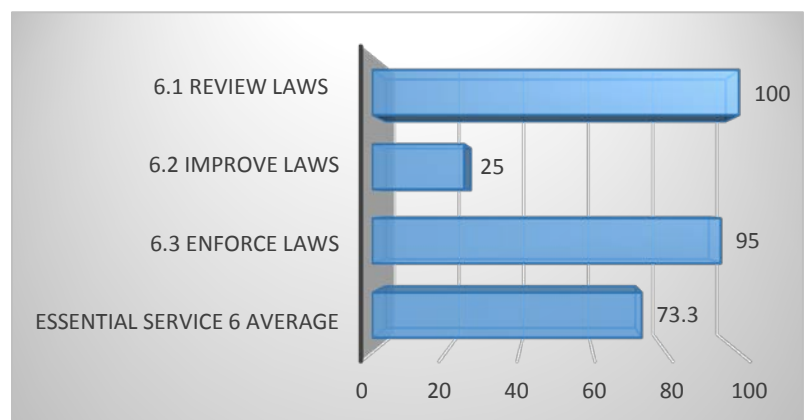
makers on the importance of how changes will affect health. There is optimal activity in the area of the Community Health Improvement Plan (CHIP) and in the Emergency Plan. The CHIP was developed and is being implemented in a collaborative effort. Drills are conducted throughout the county for emergency preparedness, lockdown, radio drills and other exercises to ensure the emergency plans can be carried out effectively. The participants felt that an area of improvement could be with providing more messaging to the community regarding CHIP activities and the work that is being carried out to address the CHIP priorities.

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

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In Essential Service 6, the review of laws and the enforcement of laws shows strong activity at the optimal level. The participants discussed strengths such as the enforcement of laws at the health department related to environmental health issues and law enforcement in the county is very active in making our community safe. Efforts to improve laws scored very low for minimal activity as there seems to be very little done locally to improve public health laws. Education in all three standard areas was identified as



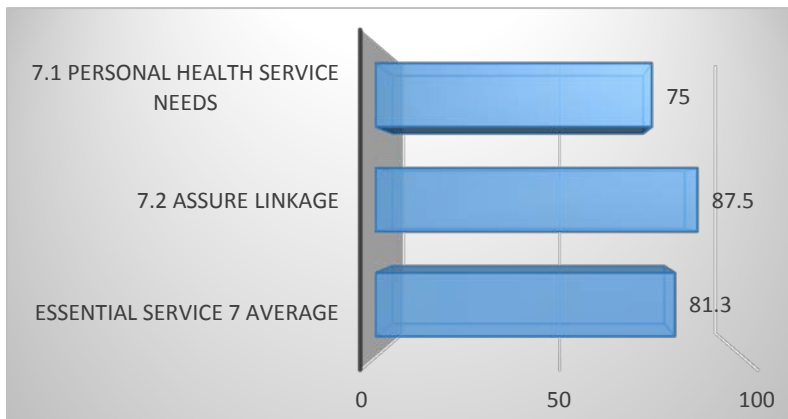
opportunities for improvement. It is important to stay up-to-date on pending and new legislation and sharing that information with partners. Community members and stakeholders need a better understanding on how to advocate for improved public health laws and the need for enforcement of existing laws.



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## Essential Service 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care When Otherwise Unavailable

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The participants gave the public health system a significant score for identifying personal health needs of the population. Resources in the area and mental health services are available for those in need. The participants were unsure if there is adequate dental services available, especially for the low-income or Medicaid population. An opportunity identified to make improvements in this area was to provide the Mental Health First Aid training in worksites and make efforts to learn more about why people

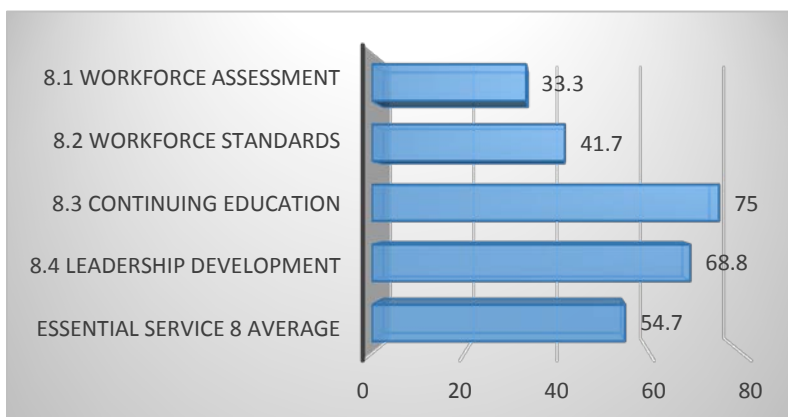
do not go for help when needed. There is optimal activity in assuring the linkage of people to personal health services. It was noted that help available for individuals in signing up for assistance, however better outreach is needed to support those in need.

There was significant improvement from the 2013 LPHSA, with a score of 56.3%, to the 2016 assessment, with 81.3% activity noted. While there is still room for improvement, it was noted that there are services in our community to help individuals find the needed care and assistance.

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

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There is moderate activity in workforce assessment, planning and development, as well as in public health workforce standards. Very few agencies conduct workforce assessments, however many agencies do provide education to employees so that they may provide their services efficiently. Several agencies did identify the need to improve their job descriptions. Significant activity is taking place in continuing education and trainings, as well as public health leadership development. The need to address

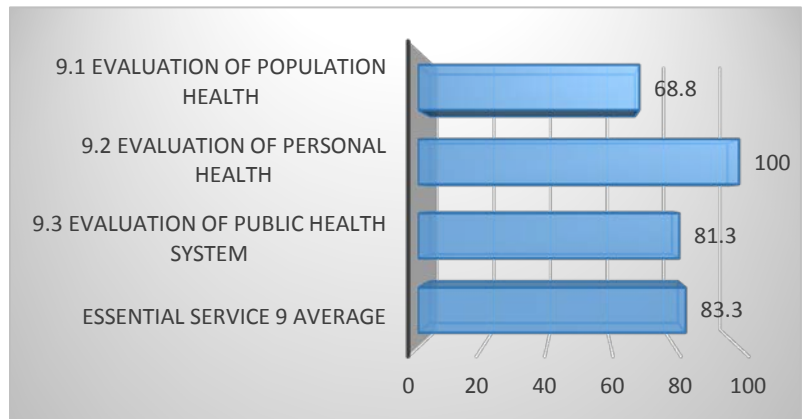
different cultures and socioeconomic status in trainings was noted as an opportunity for improvement. The participants also encouraged identifying potential leadership development opportunities for local agencies and provide appropriate training for their staff.

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

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The public health system showed significant activity in the area of evaluation of population health services. There is great participation in the Community Health Assessment (CHA) and the Mobilizing for Action through Planning and Partnership (MAPP) process. Many services provided in the community are evaluated and quality improvement projects are completed to make improvements as needed. There is a need, however, to identify methods to evaluate the effectiveness of programs with vulnerable or special needs populations. There is optimal activity in evaluation of personal health services and the local public health system. Many agencies conduct evaluation of their programs and the community agencies representing multiple disciplines have been involved in the local public health system assessment process.

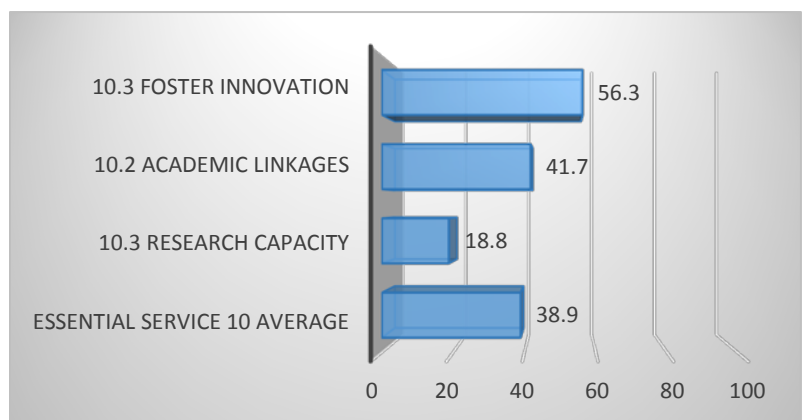


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## Essential Service 10: Research for New Insights and Innovative Solutions to Health Problems

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The participants acknowledged that the public health system is making some headway in the fostering innovation. Skype is now available for behavioral health assessments and individuals are encouraged to participate in community and school based surveys to help gather data. Some agencies and healthcare organizations participate in research studies when possible. Despite the fact that research is not a focus for many agencies, an area for improvement could be to study and maintain a database of best



practice programs to be used for programming in Putnam County. There is moderate activity in regards to academic linkages. Many agencies mentor students and the health department made arrangements for OSU to assist with strategic planning and workforce development. An area of minimal activity is in research capacity. Access to universities that conduct research is not readily available, and funding for research is not adequate.

## Evaluation

The participants of the LPHSA felt that was a good use of their time and that the process allowed for contributions from all group members. They also felt that they accomplished what they had hoped to accomplish by the end of the day. The entire evaluation can be found in **Appendix F**. When asked what they liked best about the process, some of the comments from the participants included:

*The open discussions and benchmarking within the group*

*Contributing*

*Gallery Walk*

*All agencies working together, sharing information*

*Open communication with agencies*

*Very educational and helpful*

## Limitations

It must be noted that there are some limitations in the Local Public Health System Assessment. Although many Partners were invited to participate in the assessment, some were unable to attend. Therefore, the knowledge in regards to some of the activities related to the Model Standards may not have been as great as it would have been if more Partners were present. Also, each participant is responding to the questions based on his or her experiences and perspectives, so gathering responses includes some subjectivity.

It is also important to note that the performance scores for each Model Standard is an average of the responses to a number of questions related to that Model Standard. Also, the performance score for each Essential Service is an average of the Model Standard score of each Essential Service.

Finally, the optional priority rating was completed by a small subset of the LPHSA and represents the best thinking of that group only. This information was shared with the entire group of Partners at a later meeting and comments were requested.

These limitations should not diminish the value of the assessment or the results, but rather underscore the need to consider them in the context of the other community data, assessments and dialogue.

## LPHSA OBSERVATIONS

- Six of the *10 Essential Public Health Services* scored “Optimal” in activity level
- Three of the *10 Essential Public Health Services* scored “Significant” in activity level
- One of the *10 Ten Essential Public Health Services* scored in “Moderate” level of activity.
- Two of the *10 Essential Public Health Services* had an average score of the 89.6. This means that the LPHSA operates at a very high level in ES 2: Diagnose and Investigate Health Problems and Health Hazards and ES 4: Mobilize Partnerships to Identify and Solve Health Problems
- Participants feel that the LPHSA does a great job with the following by scoring a perfect score of 100 for performance: maintaining health related registries, risk communications, emergency planning, review of health related laws and evaluation of personal health problems.

## Appendix A: LPHSA Participants

### Local Public Health System Assessment Participants

November 3, 2016

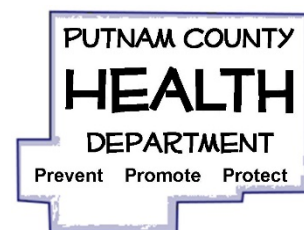
Barhorst	Brian	Putnam County YMCA
Baumgartner	Aaron	Pathways Counseling Center
Beutler	Jeanne	United Way of Putnam County
Fry	Dunel	Putnam County Health Department
Gulker	Jim	Kalida Police Dept
Hempfling	Beth	Putnam County Board of Developmental Disabilities
Hoeffel	Chris	Leipsic Community Center
Hoffman	Mona Lisa	Ohio State University Extension
Horstman	Jennifer	Putnam County ADAMHS Board
Kline	Joan	Putnam County Health Dept. – Accreditation Coord.
Langhals	Lisa	Community Member
Pickens	Kristen	Leipsic Community Center
Recker	Angela	Kalida Manufacturing Inc.
Recker	Sherri	Putnam County Health Dept – Dir. of Nursing
Rieman	Kim	Putnam County Health Dept. – Health Commissioner
Rodabaugh-Gallegos	Erin	Community Action Commission
Schrader	Brandi	Putnam County Health Dept – Dir. of Env. Health
Siefker	Lita	Community Member
Siefker	Brian	Putnam County Sheriff's Office
Tobe	Beth	Putnam County Family and Children First Council
Vorst	Karen	St. Rita's Putnam County Ambulatory Care Center
Warnecke	Jodi	Putnam County Council on Aging

## Appendix B: LPHSA Agenda

### Putnam County Local Public Health System Performance Assessment November 3, 2016 ~ 8:30 am – 3:30 pm Pathways Counseling Center

#### Agenda

- 8:30 – 8:40 am** Welcome & purpose  
*Kim Rieman, Health Commissioner, Putnam County Health Department*
- 8:40 – 9:30 am** Description of assessment process & group assignments  
*Joan Kline, Putnam County Health Department*
- Group A: Essential Services 1, 2, 5  
*Main meeting room*
- Group B: Essential Services 3, 4, 7  
*Main meeting room*
- Group C: Essential Services 6, 8, 9  
*Group Room*
- 9:30 am – 12:30 pm** Assessment
- 12:30 – 1:00 pm** Lunch (provided)
- 1:00 – 3:00 pm** Assessment, *continued*
- 3:00 – 3:30 pm** Wrap up, next steps, and evaluation  
*Joan Kline, Putnam County Health Department*



## **Appendix C: Gallery Walk**

### **10 Essential Public Health Services Gallery Walk Partners for a Healthy Putnam County November 3, 2016**

#### **Essential Service #1: Monitor health status to identify health problems – What’s going on in our community? De we know how healthy we are?**

- Disease Monitoring – Communicable Disease stats (PCHD)
- Review new statistics (PCHD)
- Community Health Assessment process (PCHD)
- CMH (Children with Medical Handicaps) referral (PCHD)
- St. Rita’s and PCHD work to identify EPI Center alerts
- Pride Survey (PC Task Force for Youth)
- Community health profile and community health rankings (PCHD)
- Cancer data from OCISS (PCHD)
- Death data (PCHD)
- Going to do nutrition and physical activity assessment for MCH grant
- LMH (Lima Memorial Hospital) also works to identify Epi Center alerts, all of our point of care testing is tracked through online monitoring and is reported to the CDC directly via their online database/portal.

#### **Essential Service #2: Diagnose and investigate health problems and health hazards – Are we ready to respond to health problems or threats? How quickly do we find out about problems? How effective is our response?**

- Initial on-scene, report back if received a call or complaint (i.e. copes dispatched to a home or area)
- Outbreak investigations (PCHD)
- Lead screenings of Head Start children (CAC and PCHD)
- Monitor all infectious diseases/illnesses (St. Rita’s)
- Epi center alerts and NORS (PCHD)
- LMH is monitoring all infectious diseases/illnesses

#### **Essential Service #3: Inform, educate and empower people about health issues – How well do we keep all people and segments of our community informed about health issues so they can make healthy choices?**

- Youth programs on health and nutrition
- Breastfeeding education and nutrition education (WIC, HHWPCAC)
- Nutrition , Food Safety education for all ages (OSU Extension)
- SNAP-Ed – low income (OSU Extension)
- Cooking Matters (OSU Extension)
- Seafood Nutrition Partnership – Health Fairs, Ed Programs
- Matter of Balance – Fall Prevention (Council on Aging, PCHD)
- Health presentations on various topics – immunizations, diabetes, etc. (PCHD)
- Fitness and education classes (YMCA)

- Prevention Programs (Pathways)
- Putnam County Task Force for Youth – various programs like Red Ribbon Week activities, servers training, Parents Who Host Lose the Most, etc.
- Parent Project (FCFC)
- OBB Car Seats (PCHD)
- Friends of Mental Health
- PARTY group – alcohol, drug prevention
- High School Leadership Day, JEDI
- Heroin/Opiate Town Hall Forums

**Essential Service #4: Mobilize partnerships to identify and solve health problems- How well do we really get people and organizations engaged in health issues?**

- FCFC meetings – shared planning
- Kiwanis Health Fair
- Matter of Balance (PCHD and Council on Aging)
- This group – Partners for a Healthy Putnam County – working on the assessment through the MAPP process
- Friends of Mental Health
- LEPC – Local Emergency Planning Commission
- DWART – Dangerous and Wild Animal Response Team
- Chief’s meeting
- Opiate Task Force
- Trustee meetings (PCHD)
- Mayors Meetings (PCHD)
- Operation and Maintenance (septic) meetings with interested stakeholders
- PCYMCA – working with St. Rita’s, Blanchard Valley and Memorial health care systems
- Leipsic Community Center – will provide free health clinic for Leipsic residents
- Youth Task Force
- St. Rita’s sponsors and promotes PC Running Series to encourage physical activity
- Medical Countermeasures Coalition
- Great collaboration when needed for emergencies (flood, disease, etc)
- Senior Expo (collaboration between PCHD, Home Health, COA, Senior Center, Meadows)
- Help Me Grow

**Essential Service #5: Develop policies and plans that support individual and statewide health efforts – What policies promote health in our community? How effective are we in planning and in setting policies?**

- Wellness policy for employees
- Smoke Free Workplace policy
- Drug Free policy
- Healthy meeting policy (offer healthy alternatives at workplace meetings)
- Healthy vending options
- Gym memberships through work
- Wellness activities at KMI
- Community Health Fairs

**Essential Service #6: Enforce laws and regulations that protect health and ensure safety – When we enforce health regulations are we up-to-date, technically competent, fair and effective?**

- PCHD enforces laws and regulations required by OAC and ORC for environmental health and nursing divisions.
- Law enforcement officers – enforce laws
- School inspections (guidelines for safe school environment)

**Essential Services #7: Link people to needed health services and assure the provision of health care when otherwise unavailable – Are people receiving the health services they need?**

- Refer callers to appropriate services (PCHD)
- Assess availability of services through the CHA process
- Head Start family support provides referrals and connections (through HHWP CAC)
- WIC program – nutrition and breastfeeding through CAC
- Transportation for 60+ (PC COA)
- Wraparound (FCFC)
- Online social service directory (United Way website)
- Free Health Clinic (Leipsic Community Center) – Leipsic residents only
- CMH (Children with Medical Handicaps) PCHD
- Open Access – Pathways
- Help Me Grow

**Essential Service #8: Assure competent public and personal health care workforce – Do we have a competent public health staff? How can we be sure that our staff stays current?**

- Workforce Development Plan (PCHD)
- Pay for CEUs (PCHD)
- Provided time for training (PCHD)
- Employment and Mental Health Services (ADAMHS Board)
- Mandatory education for all employees on yearly basis (St. Rita's) (PCHD)
- KMI certified response team – EMR's and EMT's
- All LMH staff are required to receive mandatory education on a yearly basis.

**Essential Service #9: Evaluate effectiveness, accessibility, and quality of personal and population-based health services – Are we doing any good? Are we doing things right? Are we doing the right things?**

- Program evaluations – PCHD, OSU Extension
- Matter of Balance program evaluations
- Client satisfaction surveys

**Essential Service #10: Research for new insights and innovative solutions to health problems – Are we discovering and using new ways to get the job done?**

- Looking to use Skype to access Behavioral Access Center at St. Rita's for patients presenting needing psyche assessment after hours when Pathways is not open (St. Rita's PCACC)
- Research based pilot programs – gardening, intergenerational programs (OSU (state))



## Appendix D: Performance Scores

### Performance Scores and Priority Rating of Model Standards

Model Standards by Essential Services	Performance Scores	Priority Rating
<b>ES 1: Monitor Health Status</b>	<b>80.6</b>	<b>4.7</b>
1.1 Community Health Assessment	75.0	6.0
1.2 Current Technology	66.7	5.0
1.3 Registries	100.0	3.0
<b>ES 2: Diagnose and Investigate</b>	<b>89.6</b>	<b>3.0</b>
2.1 Identification/Surveillance	83.3	2.0
2.2 Emergency Response	91.7	5.0
2.3 Laboratories	93.8	2.0
<b>ES 3: Educate/Empower</b>	<b>72.2</b>	<b>5.0</b>
3.1 Health Education/Promotion	66.7	7.0
3.2 Health Communication	50.0	5.0
3.3 Risk Communication	100.0	3.0
<b>ES 4: Mobilize Partnerships</b>	<b>89.6</b>	<b>2.0</b>
4.1 Constituency Development	87.5	3.0
4.2 Community Partnerships	91.7	1.0
<b>ES 5: Develop Policies/Plans</b>	<b>85.4</b>	<b>4.3</b>
5.1 Governmental Presence	75.0	2.0
5.2 Policy Development	75.0	9.0
5.3 CHIP/Strategic Planning	91.7	4.0
5.4 Emergency Plan	100.0	2.0
<b>ES 6: Enforce Laws</b>	<b>73.3</b>	<b>5.0</b>
6.1 Review Laws	100.0	5.0
6.2 Improve Laws	25.0	8.0
6.3 Enforce Laws	95.0	2.0
<b>ES 7: Link to Health Services</b>	<b>81.3</b>	<b>7.0</b>
7.1 Personal Health Service Needs	75.0	6.0
7.2 Assure Linkage	87.5	8.0
<b>ES 8: Assure Workforce</b>	<b>54.7</b>	<b>3.0</b>
8.1 Workforce Assessment	33.3	3.0
8.2 Workforce Standards	41.7	1.0
8.3 Continuing Education	75.0	4.0
8.4 Leadership Development	68.8	4.0
<b>ES 9: Evaluate Services</b>	<b>83.3</b>	<b>3.3</b>
9.1 Evaluation of Population Health	68.8	4.0
9.2 Evaluation of Personal Health	100.0	1.0
9.3 Evaluation of LPHS	81.3	5.0
<b>ES 10: Research/Innovations</b>	<b>38.9</b>	<b>2.0</b>
10.1 Foster Innovation	56.3	4.0
10.2 Academic Linkages	41.7	1.0
10.3 Research Capacity	18.8	1.0

## Appendix E: Strengths, Weakness and Opportunities

### Results: Essential Service #1

#### Monitor Health Status to Identify Community Health Problems

- Accurate, ongoing assessment of the community's health status.
- Identification of threats to health.
- Determination of health service needs.
- Attention to the health needs of groups that are at higher risk than the total population.
- Identification of community assets and resources that support the public health system in promoting health and improving quality of life.
- Use of appropriate methods and technology to interpret and communicate data to diverse audiences.
- Collaboration with other stakeholders, including private providers and health benefit plans, to manage multi-sectorial integrated information systems.

Model Standard	Strengths	Weaknesses	Opportunities
<b>1.1: Population-Based Community Health Assessment</b>	PRIDE data every 2 years CHA done every 3 years Pathways does individual assessment of clients and stakeholders survey process is strong paper release to media	not communicated well to the public	include mental health providers as key informant interviews more media exposure website release with pathways and HHWP
<b>1.2: Current Technology to Manage and Communicate Population Health Data</b>	SRMC antimicrobial study - involves taking off meds that patients don't need when isolates from labs come back available online - health assessment data on PCHD website using software that is available at different agencies	Lack of GIS mapping	Implement GIS mapping
<b>1.3: Maintenance of Population Health Registries</b>	animal bites to follow up from PCACC to PCHD Impact SIIS updated regularly Mental health data - diagnosis, marital status, gender, employment status, etc. collected on all clients then analyzed lead testing data cancer registry vital stats	need chronic disease registry not all providers mandated to enter immunizations in Impact SIIS	

### Results: Essential Service #2

#### Diagnose and Investigate health problems and health hazards

- Access to a public health laboratory capable of conducting rapid screening and high-volume testing.
- Active infectious disease epidemiology programs.
- Technical capacity for epidemiologic investigation of disease and outbreaks and patterns of the following: 1) infectious and chronic diseases; 2) injuries; 3) and other adverse health behaviors and conditions.

Model Standard	Strengths	Weaknesses	Opportunities
<b>2.1: Identification and Surveillance of Health Threats</b>	Hospital C-Diff and MRSA daily reporting Emergency response team mass fatality committee drill on closed PODS LEPC monitors diesel and fuel leaks PCHD monitors communicable disease in ODRS Ebola response Monkey pox response		Robust system of data with results given to residents
<b>2.2: Investigation and Response to Public Health Threats and Emergencies</b>	county wide drills and exercises active participation of agencies train their staff EMA office gives Hazmat resources	No current Emergency Response Coordinator at PCHD	Point of contact for all county volunteer management Replace PHEP coordinator Physician timely reporting of communicable disease
<b>2.3: Laboratory Support for Investigation of Health Threats</b>	ODH lab will analyze reportable disease specimens Labs are all credentialed Hospitals are aware of reporting mandates work well between physicians, hospitals, and PCHD lead testing data	physicians not all are on electronic medical records so some reporting is not timely	work with physicians to update them on importance and mandate of reporting

## Results: Essential Service #3

### Inform, educate, and empower people about health issues

- Community development activities.
- Social marketing and targeted media public communication.
- Provision of accessible health information resources at community levels.
- Active collaboration with personal healthcare providers to reinforce health promotion messages and programs.
- Joint health education programs with schools, churches, worksites and others.

Model Standard	Strengths	Weaknesses	Opportunities
<b>3.1: Health Education and Promotion</b>	Faith-based; people are related; there is networking among agencies/organizations; there are strong partnerships; we are small but mighty Council on Aging Newsletter; Matter of Balance program; Senior Center has programs; Meadows offers a variety of programs; Cooking Matters at OSU Ext.; Snap-Ed; State Reps go to OSU Ext offices for visits; Advisory Groups (OSU Ext and others); Medical Marijuana information available; United Way; Health Fairs, Senior Expo; Putnam Heritage offers programs; YMCA offers programs; Baby Needs program;	May be some gaps in partnerships; cultural needs are not always taken into consideration with programs/services; need evidenced based programs - some are, some aren't and sometimes difficult to find some that are good for our community; tough to get info out with limited media; not everyone is on social media; some barriers in culture understanding – most of	Better networking with partners; message board/listserve for needs for programs or client needs, etc.; Yahoo group or closed Facebook page; find a way to put info in one spot to decrease duplication of services or overlapping of services; One stop shopping to find where programs are; United Way - add calendar of events to social service directory; Text messages out to those that sign up -

	Health Dept has a new MCH grant with various programs; Healthy U Diabetes program at Council on Aging (evidenced based, need facilitators)	PC is Christian/Catholic, white, English-speaking; each community in PC is different; millennial differences.	what is going on today and where; Utilize Sentinel more; If offer program for Hispanic - have programs for all members of the family at the same time because they are often very family-based and want to do a program with the entire family or at the same time as other family members
<b>3.2: Health Communication</b>	Schools are a good vehicle to get information out	We don't have many media outlets, if a person doesn't have a child in school how do they get info? Facebook - reposting of info and not sure if it is a credible source; Communication Plan- not many have one for their organization. Health Dept is working on one now;	General website for all county information, Text alert system would be great way to get information out, maybe should offer a spokesperson training; KMI has TV monitors in break room - could be an opportunity to show health information (other industry may have as well)Physician timely reporting of communicable disease
<b>3.3: Risk Communication</b>	Trainings available	Not everyone is trained, need to make sure we are hitting all parts of the county, community needs to know that there are plans in place	What are the risks in the different towns/areas of the county? Where to go? Where to get info to know where to go? In an emergency - offer constant reporting from TV/radio/etc to get information in a timely manner and not have to wait until the next broadcast

## Results: Essential Service #4

### Mobilize community partnerships to identify and solve health issues

- Convening and facilitating partnerships among groups and associations (including those not typically conserved to be health related).
- Undertaking defined health improvement planning process and health projects, including preventive, screening, rehabilitation, and support programs.
- Building a coalition to draw on the full range of potential human and material resources to improve community health.

Model Standard	Strengths	Weaknesses	Opportunities
<b>4.1: Constituency Development</b>	Big Brother/Big Sisters matches with nursing home patients; there are math	If don't have internet access, where can you get	Involving millennials more - focus group/trainings;

	and reading tutors in the schools; United Way has info on website (needs updated); there is low turnover in the agencies so there is no need to reorient; consistent in knowing what are the issues, but sometimes difficult to find a fix; Transportation committee; communities can sometimes find someone within to help; free programs often draw engagement (fee can be a deterrent)	the info you need? Millennial generation not always heard - not in leadership roles yet (will often volunteer time but not dollars - want to be engaged); better understanding of millennials needs; technology barriers between generations; need to understand our age demographics and engage or offer programs accordingly	bring traditionalist groups to the table; intergenerational programs; need to find champions for programs; use layman terms; Help with increasing the understanding - why is it important to me? Knowing - to- doing crossing the bridge is difficult and need to help people get engaged; provide link to social service directory on all partner websites
<b>4.2: Community Partnerships</b>	Great partnerships	Need to add more to the table; money is not always available to offer the programs we want; preventive maintenance is the way to success; millennials/older generation, etc	Point of contact for all county volunteer management Replace PHEP coordinator Physician timely reporting of communicable disease

## Results: Essential Service #5

### Develop policies and plans that support individual and community health efforts

- Leadership development at all levels of public health.
- Systematic community-level and state-level planning for health improvement in all jurisdictions.
- Development and tracking of measurable health objectives from the community health plan as a part of continuous quality improvement strategy plan.
- Joint evaluation with medical healthcare system to define consistent policies regarding prevention and treatment services.
- Development of policy and legislation to guide the practice of public health.

Model Standard	Strengths	Weaknesses	Opportunities
<b>5.1: Governmental Presence at the Local Level</b>	collaboration with other local agencies is good Feel like when the health department needs participation or help with activities the other agencies and community responds - work well together - participate in activities and committees	Limited financial assistance from other agencies is available	
<b>5.2: Public Health Policy Development</b>	Smoke free workplace policies in place Wellness policies developed in many agencies Town hall meeting on opiates and evolving opiate task force Elder Abuse task force and increasing awareness	do not do any public health impact analysis of proposed local policies	Get education on how to conduct a Health in all Policies analysis and educate decision makers on the importance of looking at how changes will affect health Address vaping in the

			smoke free policy Address marijuana usage in policies
<b>5.3: Community Health Improvement process and Strategic Planning</b>	CHIP was developed with good participation from local agencies and community involvement from the last CHA 3 years and we are all here to participate in the process again. Last CHIP used primary data, secondary data, focus groups, key informant interviews, LPHSA then prioritized goals and activities	Limited time to get it all done Limited financial resources from agencies to support process	Do more media messaging throughout the years to let people know the priorities and work that is being done. We do a media blitz but then people forget about it in the public so need more regular reminders
<b>5.4: Plan for Public Health Emergencies</b>	Monthly drills at Pathways Each desk at Pathways has an emergency tree Schools do lock down drills NAPPI training at SRMC on how to get out of an attack ALICE training in schools Regular tabletops and functional exercises done at PCHD MARCS radio drills Regional exercises for hospitals and health departments	funding for preparedness activities may be cut or decreased	hire new preparedness coordinator at health department

## Results: Essential Service #6

### Enforce laws and regulations that protect health and ensure safety

- Enforcement of sanitary codes, especially in the food industry
- Protection of drinking water supplies
- Enforcement of clean air standards
- Animal control activities
- Follow-up of hazards, preventable injuries, and exposure-related diseases identified in occupational and community settings
- Monitoring quality of medical services (laboratories, nursing homes, and home healthcare providers)
- Review of new drug, biologic, and medical device applications

Model Standard	Strengths	Weaknesses	Opportunities
<b>6.1: Review and Evaluation of Laws, Regulations, and Ordinances</b>	PCHD enforces laws and regulations required by OAC and ORC; Law Enforcement enforces laws; Makes sure laws are followed by residents; Agencies share information about new laws; Educate stakeholders	Need more activity with public health laws not governed by the Health Department	Stay up-to-date on pending and new legislation, share information with partners
<b>6.2: Involvement in the Improvement of Laws, Regulations, and Ordinances</b>	Provide feedback during public comment periods for new legislation	Very little done locally to improve public health laws	Teach stakeholders about how to advocate for improved public health laws; Educate partners about Health in all Policies
<b>6.3: Enforcement of Laws,</b>	Ohio Administrative and Ohio Revised Code followed; Health Department and partners work together for public	At times the purpose for laws are not understood	Provide more education about laws and the need for enforcement

<b>Regulations and Ordinances</b>	health emergencies; Surveys from state evaluate our ability to carry out laws	leading to less enforcement	
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## Results: Essential Service #7

### Link people to needed personal health services and assure the provision of health care when otherwise unavailable

- Assurance of effective entry for socially disadvantaged people into a coordinated system of clinical care.
- Culturally and linguistically appropriate materials and staff to ensure linkage to services for special population groups.
- Ongoing “care management.”
- Transportation services.
- Targeted health education/promotion/disease prevention to at-risk population groups.

Model Standard	Strengths	Weaknesses	Opportunities
<b>7.1: Identification of Personal Health Service Needs of Populations</b>	Good resources in the area; Better at getting people in for mental health services; First Call for Help services; Dental care - but not sure how many accept Medicaid; Dental services at Rhodes in Lima	Is there a Dental Mobile unit anymore?; lack of education - leads to using emergency room for general care - no medical home; Mental health scores were low (at KMI); no understanding of how to help	Mental Health First Aid - at worksites? Home visiting for mental health; Ask those in identified populations - What do you need? Why don't you go for help?; More information about the importance of yearly wellness exam;
<b>7.2: Assuring the Linkage of People to Personal Health Services</b>	HHWP Community Action; Ohio Benefit Bank; Existing programs that help people sign up for assistance; SNAP; Tax assistance; HEAP	Few or no outreach workers	better outreach

## Results: Essential Service #8

### Assure a competent public health and personal health care workforce

- Education, training, and assessment of personnel (including volunteers and other law community health workers) to meet community needs for public and personal health services.
- Efficient processes for licensure of professionals.
- Adoption of continuous quality improvement and lifelong learning programs.
- Active partnerships with professional training programs to ensure community-relevant learning experiences for all students.
- Continuing educations (requirements?) in management and leadership development programs for those charged with administrative/executive roles.

Model Standard	Strengths	Weaknesses	Opportunities
<b>8.1: Workforce Assessment, Planning, and Development</b>	Many agencies provide education to employees so that they are able to provide services efficiently.	Very few agencies complete workforce assessments	Determine workforce development opportunities in the county; Provide trainings
<b>8.2: Public Health Workforce Standards</b>	Agencies mandate that their employees meet minimum qualifications and have a method to verify that qualifications are met; Some agencies provide the mandatory education; KMI certified response team	Job descriptions are varied, several agencies identified that they need improved	
<b>8.3: Life-long Learning through Continuing Educations, Training and Mentoring</b>	Some agencies pay for CEU's or provide time off to obtain them; Agencies work well together and invite other local agencies to participate in trainings; Agencies provide needed training to their employees	Different cultures are not frequently discussed in training sessions for staff	Use assessment findings to identify populations in Putnam County with additional needs; Address different cultures/social-economic status when providing trainings
<b>Public Health Leadership Development</b>	Putnam County agencies work well together and all strive to improve the health of the community.	Leadership development opportunities are rarely provided to all employees	Identify potential leadership development opportunities for local agencies to provide to their staff

## Results: Essential Service #9

### Evaluate effectiveness, accessibility, and quality of personal and population-based health services

- Assessing program effectiveness through monitoring and evaluation implementation, outcomes and impact
- Providing information necessary for allocating resources and reshaping programs.

Model Standard	Strengths	Weaknesses	Opportunities
<b>9.1: Evaluation of Population-Based Health Services</b>	Great participation in CHA and MAPP Process; Evaluations of many services are performed: Quality Improvement Projects	Do not specifically assess how the vulnerable populations receive services	Identify methods to evaluate the effectiveness of our programs with vulnerable or special needs populations
<b>9.2: Evaluation of Personal Health Services</b>	Evaluations done by many county agencies for multiple programs		Continue to identify ways to improve evaluations
<b>9.3: Evaluation of the Local Public Health System</b>	Many community agencies, representing multiple disciplines are engaged in this process	While agencies coordinate services and work well together, there is not a specific assessment to measure results or help to indicate when changes should occur	



## Results: Essential Service #10

### Research for new insights and innovative solutions to health problems

- Full continuum of innovations, ranging from practical field-based efforts to fostering change in public health practice, to more academic efforts that encourage new directions in scientific research.
- Continuous linkage with institutions of higher learning and research.
- Internal capacity to mount timely epidemiologic and economic analyses and conduct health services

Model Standard	Strengths	Weaknesses	Opportunities
<b>10.1: Fostering Innovation</b>	Skype for behavioral health assessments; Some agencies collect or share data for research projects; encourage participation in community surveys and school based surveys to gather information for our county; SRMC participates in research studies	Research is not a focus in many agencies	Maintain list of best practice programs that could be used in our county; Identify issues/programs to be studied
<b>10.2: Linkage with Institutions of Higher Learning and/or Research</b>	Many agencies mentor students; Area agencies have had arrangements with universities to provide services such as Strategic Planning, Workforce Development	Research opportunities with universities or other research organizations are at a minimum	
<b>10.3: Capacity to Initiate or Participate in Research</b>		Very little access to universities that can do research; local funding and resources are not adequate.	

# Appendix F: LPHSA Evaluation Summary

## Putnam County Local Public Health System Assessment Evaluation Summary

November 3, 2016 ~ 8:30 a.m. – 3:30 p.m.



Please circle which group you participated in today:

**Group A:** Essential Services 1, 2 and 5 (10)

**Group B:** Essential Services 3, 4 and 7 (10)

**Group C:** Essential Services 6, 8 and 9 (10)

Rate today's assessment by indicating your responses to the following statement:

	1 Strongly disagree	2 Disagree	3 No opinion	4 Agree	5 Strongly agree	Avg. Score
We accomplished what we hoped to accomplish today				1	16	4.94
The right amount of time was spent on each Essential Service.				2	15	4.88
The format/structure of the time helped us to be productive.				3	14	4.82
The process used allowed for contributions from all group members				1	16	4.94
The Gallery Walk was a useful activity.			2	6	9	4.41
I learned of a resource/program in our community that I did not know of before today.		1	1	4	11	4.47
Overall, today was a good use of my time.				4	13	4.76

What I liked best about this process was...

- The discussion
- Open communication with agencies
- Broken up to cover topics in small discussion groups
- Very education and helpful
- Networking
- Contributing
- The open discussions and benchmarking within the group

- Networking and sharing info
- Collaborations
- Interactive
- Group discussions
- Gallery Walk
- All agencies working together, sharing information
- It allowed for good discussion
- Working with other agencies

The process used today could have been improved by...

- Some members of the group didn't have as much to contribute as others
- Nothing

Additional Comments (use back of page, if needed):

- It seemed to be a very good process
- Thanks to all facilitators for putting on a terrific program
- Thanks
- Great activity!
- Good training, great lunch. A good group to work with