

Putnam County Public Health System Assessment

Final Report November 2013

...a report of the local public health system assessment in Putnam County, Ohio

Overview

Introduction In the summer of 2013, the Putnam County Health Department undertook an initiative to assess the public health system in Putnam County, Ohio. The primary purpose was to evaluate the current system with the intent to form new and stronger stakeholder collaborations, improve the quality and efficiency of the public health system's services, and ultimately, to improve the health of Putnam County residents. This effort was one component of an overall effort to update the community health assessment for the county. This report includes a description of the assessment project, process, and results.

Table of Contents

Topic	See Page
Project Description	1
Results	4
Overall Summary of Performance Scores & Priority Ratings	6
Essential Service #1	8
Essential Service #2	9
Essential Service #3	10
Essential Service #4	11
Essential Service #5	12
Essential Service #6	13
Essential Service #7	14
Essential Service #8	15
Essential Service #9	16
Essential Service #10	17
Recommendations	18
Appendices	
Appendix A: Invitation Flyer	19
Appendix B: Meeting Agendas	21
Appendix C: Meeting Evaluation Summaries	25
Appendix D: The Essential Public Health Services in Plain English	28
Appendix E: Polling Record and Discussion Transcript	30
Appendix F: Overall Scores by Essential Service and Corresponding Model Standards	69

This report was prepared in November 2013 by the Center for Public Health Practice, located in the College of Public Health at the Ohio State University, for the Putnam County Public Health System Assessment project in Putnam County, Ohio. For information about this report or the project, contact Joanne Pearsol at 614-292-1085 or jpearsol@cph.osu.edu.



This project is made possible, in part, by the Ohio Public Health Training Center, grant number UB6HP20203, from the Health Resources and Services Administration, DHHS, Public Health Training Center Program. Contents are solely the responsibility of the authors and do not necessarily represent the official views of HRSA.



Project Description

Introduction Beginning in the Summer of 2013, the Putnam County Health Department undertook an initiative to conduct an assessment of the public health system in their county. Version 3 of the National Public Health Performance Standards Program ([NPHPSP](#)) local assessment instrument was used. The NPHPSP assessment is based on the *Ten Essential Services of Public Health* and describes levels of optimal system functioning and aims to improve the quality and performance of public health service delivery. The assessment was conducted with the intention to provide the community with the following benefits:

- 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, respectively, in order to better establish and strengthen collaborations that could ultimately contribute to advancing public health in Putnam County.
- Provide key information for use in quality improvement of the public health system, identification of priorities for development of a community health improvement plan, and, subsequently, to inform the agency's own strategic plan.

The Center for Public Health Practice (Center) at The Ohio State University College of Public Health provided technical assistance for planning, facilitating, and reporting for the assessment. The assessment was conducted during August and September 2013.

Twenty-six individuals representing nearly 20 different public health system contributors participated in the assessment of the system; the optional NPHPSP survey to prioritize services was also completed. The following sections describe the planning and processes used for the assessment.

Ten Essential Services of Public Health

- 1 Monitor health status to identify community health problems*
- 2 Diagnose and investigate health problems and health hazards in the community*
- 3 Inform, education 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 workforce*
- 9 Evaluate the effectiveness, accessibility and quality of personal and population-based health services*
- 10 Research for new insights and innovative solutions to health problems*

Project Description, *continued*

Planning The Accreditation Coordinator at the Putnam County Health Department (PCHD) was the primary contact for the department and provided all communication with community partners, handled all meeting logistics, and served as convener of all meetings. (See Appendix A for the invitation flyer.) The Center for Public Health Practice (Center) provided process design, in-person and virtual meeting facilitation, data entry, and reporting.

Process The design of the assessment process was influenced by the Center's past experiences with the assessment, anticipated schedules of targeted participants, and a desire to accommodate the desired timeline for the project. (Note that the process differs somewhat from that which is typically used for this assessment.) The process is briefly described below.

Orientation and Pre-Assessment Activities: A two hour, in-person orientation was held to introduce the assessment, the public health system and other associated concepts, as well as, to summarize the expectations for participation. Following the orientation and prior to the assessment, participating community stakeholders 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 group. The groups would each address at least three Essential Services on the day of the assessment. Recorders (two volunteer students from a nearby university and a health department staff member) participated in a one-hour conference call to orient them to the assessment materials and expectations for the day of the assessment.

Assessment: The assessment took place in a single, full day. Following a brief re-orientation to the assessment and expectations for the day, each small group worked independently to assess the assigned Essential Services. Consensus scores for each assessment question were the goal; when not readily reached, a majority vote ruled. After working through a first Model Standard with a facilitator present to offer guidance and model the process, groups were expected to become self-facilitating. The facilitators then circulated regularly among the groups to answer questions and monitor time. The small group that finished first was tasked with assessing the final Essential Service. Finally, the entire large group gathered again to debrief the process and discuss next steps.

Prioritization: A few weeks following the assessment, a preliminary report of results was sent to a sub-group of volunteer participants for review and individual pre-prioritization via electronic survey. Using the results of the pre-prioritization as a starting point, the sub-group convened in person, with the facilitators joining via webinar, for two hours to discuss and assign a final priority score for each Model Standard.

The optional NPHSP agency contribution assessment will be completed by PCHD representatives at a later date and is to be considered, along with the community health improvement plan and other inputs, to inform the agency's strategic plan.

continued

Project Description, *continued*

Process, continued Agendas and evaluation summaries for the assessment-related meetings are included in Appendices B and C, respectively. For more information about this process, please contact Joanne Pearsol at the Center for Public Health Practice (jpearsol@cph.osu.edu).

Implementation The following table lists the assessment implementation events.

Meeting	Purpose	Participants	Details
Orientation	Orient participants to the assessment purpose, the public health system, and process	23 public health system partners	Thursday, August 1, 2013 8:30 – 10:30 am Putnam County District Library, Ottawa, OH
System Assessment	Assess performance of public health system by completing system assessment instrument	26 public health system partners	Tuesday, August 13, 2013 8:30 am– 4:30 pm Putnam County District Library, Ottawa, OH
System Priority Questionnaire	Prioritize Model Standards according to importance to improve performance	13 system assessment participants	Monday, September 23, 2013 1:30 – 3:30 pm PCHD (Participants) Webinar (Facilitators)

Results

Scoring

The system assessment is based on the *Ten Essential Public Health Services* (see Appendix D for a detailed description of the services). For each service, 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:

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

Reading the Results

Following the assessment, performance scores and priority ratings were entered into a pre-formatted Excel spreadsheet provided by the Public Health Foundation. Results, including graphs and charts that were auto-generated by the Excel spreadsheet, are presented in the following pages.

First, an overall summary of the *Ten Essential Public Health Services* performance scores and priority ratings are presented. This overall summary is followed by a detailed summary for each Essential Service and its associated Model Standards. Performance scores are displayed as a bar graph. Each Model Standard is also plotted on a priority-performance matrix. The priority-performance quadrants within the matrix should be interpreted as follows:

High priority, low performance	Quadrant A May need increased attention	Quadrant B Important to maintain efforts	High priority, high performance
Low priority, low performance	Quadrant D May need little or no attention	Quadrant C Potential area to reduce	Low priority, high performance

Finally, notes from the discussions regarding strengths and opportunities for improvement are presented. See Appendix E for the polling record and full discussion transcripts.

continued

Results, *continued*

Special Notes

Prior to basing action solely on these assessment results, it is worth noting several potential limitations. First, there was some discussion among planners regarding the impact that fatigue among participants may have had on the scores assigned for the final Essential Service that was discussed: *Was it given its due discussion?* Second, the electronic pre-prioritization process that preceded the webinar for determining the importance of improving performance for each Model Standard was complicated and may have been misunderstood by some of the respondents: *Were priority scores consistently based on the importance to improve performance or to sustain performance?* and, *How might the pre-prioritization scores have limited shaped the discussion during the final prioritization webinar?* Finally, the results presented in the priority matrix described in the previous section suggest increased or decreased attention be paid to services based on performance score and assigned priority rating for each Model Standard. Since the priority rating was completed by only a subset (n=13) of the overall participants (n=26), it represents the best thinking of that particular group only. These potential limitations should not diminish the value of the assessment or the results, but rather underscore the need to consider them in the context of other community data, assessments, and dialogue.

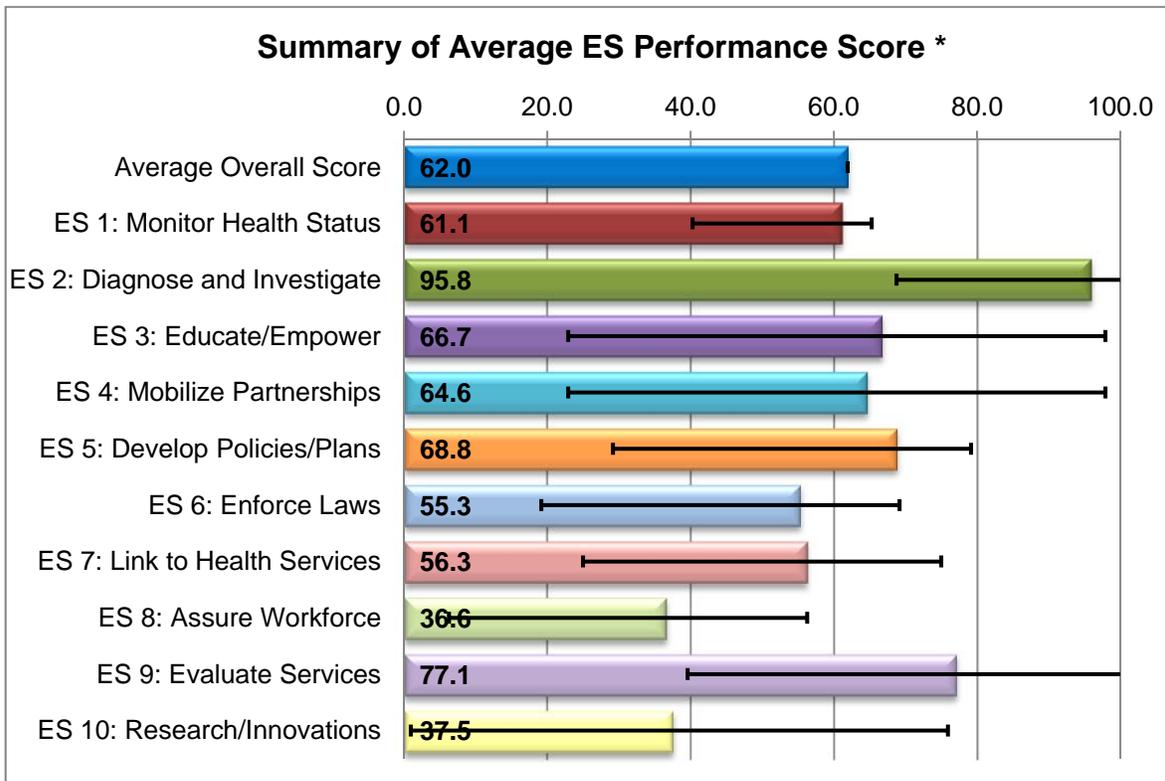
Results: Overall Summary

The table and bar chart below provide a summary of the performance scores and priority ratings for each of the *Ten Essential Public Health Services*. See Appendix F for an additional view of this information.

Performance Scores & Priority Ratings by Essential Service

Essential Service	Performance Score (0 -100%)	Priority Rating* (1 = low, 10 = high)
ES1: Monitor Health Status	61.1%	4.3
ES2: Diagnose and Investigate	95.8%	3.0
ES3: Educate & Empower	66.7%	9.3
ES4: Mobilize Partnerships	64.6%	7.0
ES5: Develop Policies & Plans	68.8%	5.5
ES6: Enforce Laws	55.3%	1.7
ES7: Link to Health Services	56.3%	9.0
ES8: Assure Workforce	36.6%	2.3
ES9: Evaluate Services	77.1%	2.3
ES10: Research & Innovation	37.5%	1.0
Overall Scores (Average)	62.0%	4.5

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



* Black line within each bar depicts range of scores among Model Standards within each Essential Service

Results: Overall Summary, *continued*

The table below displays performance scores and priority ratings for each Model Standard, arranged under the four priority-performance matrix quadrants.

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

Performance Scores & Priority Ratings by Quadrant			
Quadrant	Model Standard	Performance Score (%)	Priority Rating
Quadrant A	8.4 Leadership Development	31.3	5
Quadrant A	7.1 Personal Health Services Needs	50.0	9
Quadrant A	5.3 CHIP/Strategic Planning	41.7	10
Quadrant A	3.2 Health Communication	50.0	10
Quadrant A	3.1 Health Education/Promotion	50.0	10
Quadrant A	1.1 Community Health Assessment	58.3	8
Quadrant B	7.2 Assure Linkage	62.5	9
Quadrant B	5.4 Emergency Plan	91.7	8
Quadrant B	4.2 Community Partnerships	66.7	9
Quadrant B	4.1 Constituency Development	62.5	5
Quadrant B	3.3 Risk Communication	100.0	8
Quadrant B	2.1 Identification/Surveillance	91.7	6
Quadrant C	9.3 Evaluation of LPHS	81.3	2
Quadrant C	9.2 Evaluation of Personal Health	75.0	1
Quadrant C	9.1 Evaluation of Population Health	75.0	4
Quadrant C	8.2 Workforce Standards	66.7	1
Quadrant C	6.3 Enforce Laws	70.0	2
Quadrant C	6.1 Review Laws	62.5	2
Quadrant C	5.1 Governmental Presence	83.3	1
Quadrant C	2.3 Laboratories	100.0	1
Quadrant C	2.2 Emergency Response	95.8	2
Quadrant C	1.3 Registries	75.0	1
Quadrant D	10.3 Research Capacity	31.3	1
Quadrant D	10.2 Academic Linkages	50.0	1
Quadrant D	10.1 Foster Innovation	31.3	1
Quadrant D	8.3 Continuing Education	40.0	2
Quadrant D	8.1 Workforce Assessment	8.3	1
Quadrant D	6.2 Improve Laws	33.3	1
Quadrant D	5.2 Policy Development	58.3	3
Quadrant D	1.2 Current Technology	50.0	4

Results: Essential Service # 1

Monitor Health Status to Identify Community Health Problems

Descriptions	Performance Scores	Priority - Performance Matrix																				
<p>Model Standard 1.1</p> <ul style="list-style-type: none"> Conduct regular community health assessment. Continuously update the community health assessment with current information. Promote the use of the community health assessment among community members and partners. <p>Model Standard 1.2</p> <ul style="list-style-type: none"> Use the best available technology and methods to show data on the public health. Analyze health data to see where health problems exist. Use computer software to create charts, graphs, and maps which show trends and compare data. <p>Model Standard 1.3</p> <ul style="list-style-type: none"> Collect data on specific health concerns to provide to population health registries in a timely manner. Use information from population health registries in community health assessments or other analyses. 	<table border="1"> <caption>EPHS 1: Monitor Health Status</caption> <thead> <tr> <th>Model Standard</th> <th>Performance Score</th> </tr> </thead> <tbody> <tr> <td>1.1</td> <td>58.33</td> </tr> <tr> <td>1.2</td> <td>50.00</td> </tr> <tr> <td>1.3</td> <td>75.00</td> </tr> </tbody> </table>	Model Standard	Performance Score	1.1	58.33	1.2	50.00	1.3	75.00	<table border="1"> <caption>EPHS 1 - Monitor Health Status</caption> <thead> <tr> <th>Model Standard</th> <th>Average Performance Score</th> <th>Priority</th> </tr> </thead> <tbody> <tr> <td>1.1</td> <td>58.33</td> <td>8</td> </tr> <tr> <td>1.2</td> <td>50.00</td> <td>4</td> </tr> <tr> <td>1.3</td> <td>75.00</td> <td>1</td> </tr> </tbody> </table> <p>Note: Priority scores for each model standard can be found in Appendix F.</p>	Model Standard	Average Performance Score	Priority	1.1	58.33	8	1.2	50.00	4	1.3	75.00	1
Model Standard	Performance Score																					
1.1	58.33																					
1.2	50.00																					
1.3	75.00																					
Model Standard	Average Performance Score	Priority																				
1.1	58.33	8																				
1.2	50.00	4																				
1.3	75.00	1																				

	Strengths	Opportunities
MS 1.1: Population-Based Community Health Assessment	<ul style="list-style-type: none"> Audience is known well, very engaged in community, very invested in community at large Commitment by health department to do it every 3 years Diversity in the way assessment is provided Great opportunity to get to know what is needed in community (where do we spend the next 3 years) 	<ul style="list-style-type: none"> Social media Once assessment is written, get it on a CDROM to give to physician- Mark Eckhart HR departments, physicians Schools, churches, etc. Develop expectation of how broad it needs to be offered (maintain target audience) A plan with specific goals that are within reach
MS 1.2: Current Technology to Manage and Communicate Population Health Data	<ul style="list-style-type: none"> Specialization among areas. Just not collectively 	<ul style="list-style-type: none"> Communication between organizations Getting information out
MS 1.3: Maintenance of Population Health Registries		

Results: Essential Service # 2

Diagnose and Investigate Health Problems and Health Hazards

Descriptions	Performance Scores	Priority - Performance Matrix								
<p>Model Standard 2.1</p> <ul style="list-style-type: none"> Participate in a comprehensive surveillance system with partners. Provide and collect timely information on diseases and other health threats. Assure that the best available resources are used to support surveillance systems and activities. <p>Model Standard 2.2</p> <ul style="list-style-type: none"> Maintain written instructions on how to handle communicable disease outbreaks and toxic exposure incidents. Develop written rules to follow in the immediate investigation of public health threats and emergencies. Designate a jurisdictional Emergency Response Coordinator. Rapidly and effectively respond to public health emergencies. Identify personnel with the technical expertise to rapidly respond to public health emergencies. Evaluate emergency response exercises and incidents for effectiveness and opportunities for improvement. <p>Model Standard 2.3</p> <ul style="list-style-type: none"> Have ready access to laboratories that can meet routine public health needs. Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies. Use only licensed or credentialed laboratories. Maintain a written list of rules related to laboratories, for handling samples, determining who is in charge of the samples, and reporting the results. 	<table border="1"> <caption>EPHS 2: Diagnose and Investigate Performance Scores</caption> <thead> <tr> <th>Model Standard</th> <th>Performance Score</th> </tr> </thead> <tbody> <tr> <td>2.1</td> <td>91.67</td> </tr> <tr> <td>2.2</td> <td>95.83</td> </tr> <tr> <td>2.3</td> <td>100.00</td> </tr> </tbody> </table>	Model Standard	Performance Score	2.1	91.67	2.2	95.83	2.3	100.00	<p>Note: Priority scores for each model standard can be found in Appendix F.</p>
Model Standard	Performance Score									
2.1	91.67									
2.2	95.83									
2.3	100.00									

	Strengths	Opportunities
MS 2.1: Identification and Surveillance of Health Threats		<ul style="list-style-type: none"> Emotional (suicide prevention) School Surveillance
MS 2.2: Investigation and Response to Public Health Threats and Emergencies	<ul style="list-style-type: none"> Good written plan 	<ul style="list-style-type: none"> Mass Fatality Plan Train new people Encourage identification of home bound people
MS 2.3: Laboratory Support for Investigation of Health Threats	<ul style="list-style-type: none"> ODH is very progressive 	

Results: Essential Service # 3

Inform, Educate, and Empower People about Health Issues

Descriptions Performance Scores Priority - Performance Matrix

Model Standard 3.1

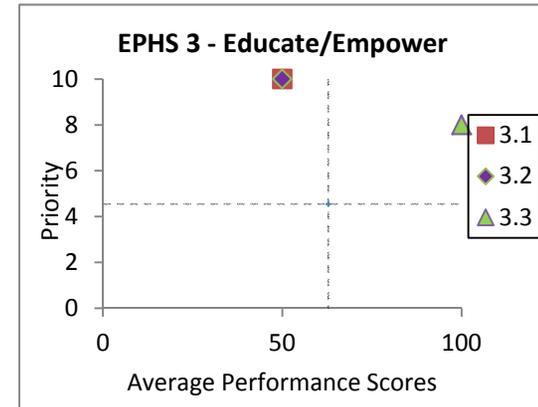
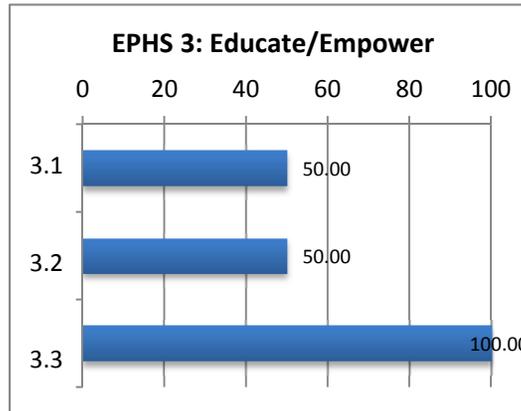
- Provide policymakers, stakeholders, and the public with analyses of community health status and recommendations for health promotion.
- Coordinate health promotion and education activities to reach individual, interpersonal, community, and societal levels.
- Engage the community in setting priorities, planning and implementing health activities.

Model Standard 3.2

- Develop health communication plans for media and public relations and for sharing information among LPHS organizations.
- Use relationships with different media providers to share health information.
- Identify and train spokespersons on public health issues.

Model Standard 3.3

- Develop an emergency communications plan for each stage of an emergency.
- Make sure that systems and mechanisms are in place and enough resources are available for a rapid emergency communication response.
- Provide crisis and emergency communication training for employees and volunteers.



Note: Priority scores for each model standard can be found in Appendix F.

	Strengths	Opportunities
MS 3.1: Health Education and Promotion	<ul style="list-style-type: none"> • Good programs with significant level of information provided to most of population 	
MS 3.2: Health Communication	<ul style="list-style-type: none"> • Each group has strong communication plans and efforts – each reaches its own target population well • Local public health system has its own trained and identified spokesperson 	<ul style="list-style-type: none"> • More of our systems’ individual departments • Need to stress matching message to target audience. • Public health department could assist employers in training potential spokespersons – to help ensure a cohesive/uniform message(s)
MS 3.3: Risk Communication	<ul style="list-style-type: none"> • Great at communications and providing services/info to community at large in times of risk/disaster. 	<ul style="list-style-type: none"> • Elderly & other populations to be looked at even more carefully. • Perhaps provide generators for some groups • Work with media groups to go “all news” format in disasters

Results: Essential Service # 4

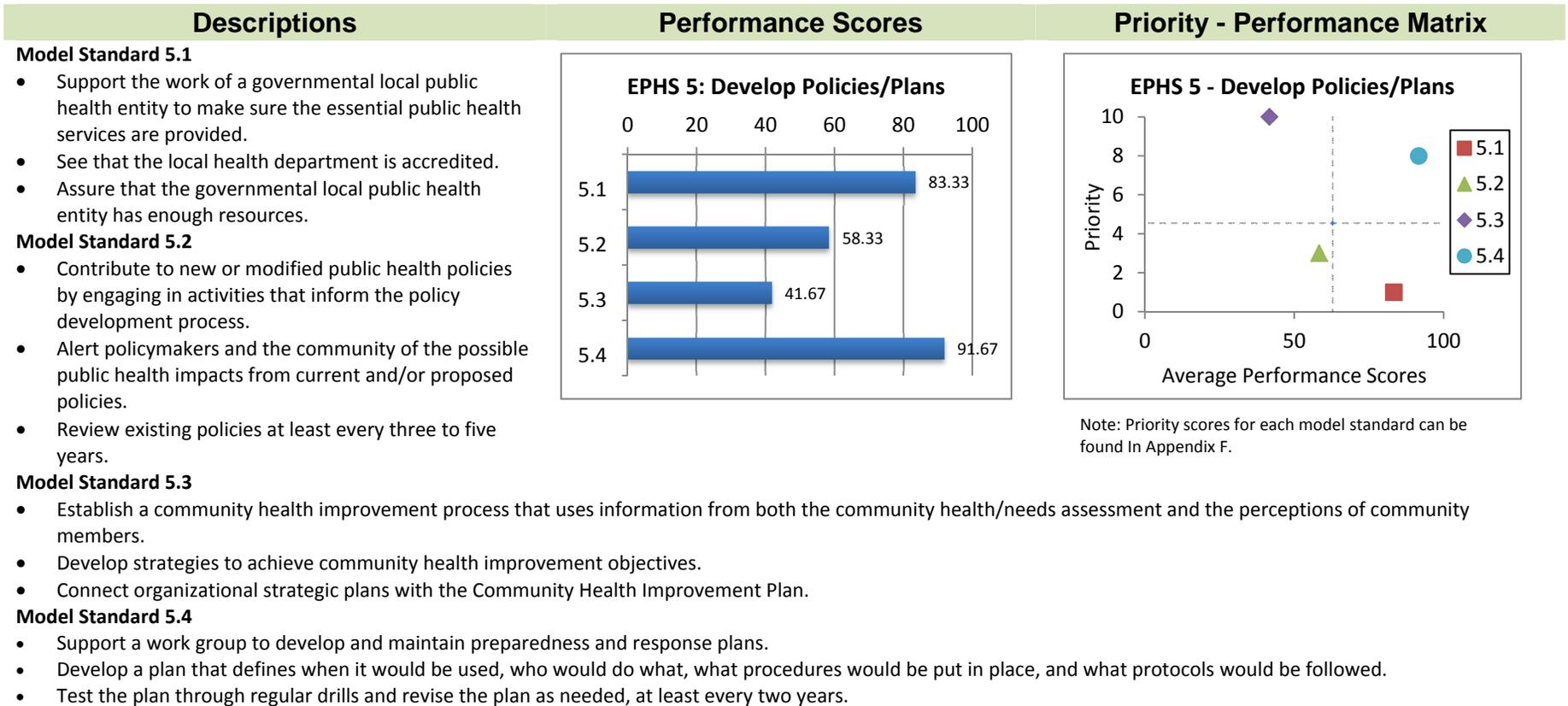
Mobilize Community Partnerships to Identify and Solve Health Problems

Descriptions	Performance Scores	Priority - Performance Matrix						
<p>Model Standard 4.1</p> <ul style="list-style-type: none"> Follow an established process for identifying key constituents related to overall public health interests and particular health concerns. Encourage constituents to participate in community health assessment, planning and improvement efforts. Maintain a directory of community organizations. Create forums for communication of public health issues. <p>Model Standard 4.2</p> <ul style="list-style-type: none"> Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community. Establish a broad-based community health improvement committee. Assess how well community partnerships and strategic alliances are working to improve community health. 	<table border="1"> <caption>EPHS 4: Mobilize Partnerships Performance Scores</caption> <thead> <tr> <th>Model Standard</th> <th>Performance Score</th> </tr> </thead> <tbody> <tr> <td>4.1</td> <td>62.50</td> </tr> <tr> <td>4.2</td> <td>66.67</td> </tr> </tbody> </table>	Model Standard	Performance Score	4.1	62.50	4.2	66.67	<p>Note: Priority scores for each model standard can be found in Appendix F.</p>
Model Standard	Performance Score							
4.1	62.50							
4.2	66.67							

	Strengths	Opportunities
MS 4.1: Constituency Development	<ul style="list-style-type: none"> Collaborate with each other excellent Encourage all to participate actively Good number of forums available. All needs addressed as they are identified. 	<ul style="list-style-type: none"> More current, comprehensive directory easily accessible to all Pursue other avenues of reaching at risk segments of population; again, "thinking outside the box" for removing language barriers, education barriers, etc.
MS 4.2: Community Partnerships	<ul style="list-style-type: none"> All agreed groups work well collaboratively Broad-based assessments are always ongoing 	<ul style="list-style-type: none"> Specific community-wide Written policy needed Small/individualized programs could do more assessments

Results: Essential Service # 5

Develop Policies and Plans That Support Individual and Community Health Efforts



	Strengths	Opportunities
MS 5.1: Governmental Presence at the Local Level		
MS 5.2: Public Health Policy Development	<ul style="list-style-type: none"> Individualization/customization 	
MS 5.3: Community Health Improvement Process and Strategic Planning		<ul style="list-style-type: none"> Linking strategic plan with a CHIP Within organizations like manufacturing
MS 5.4: Plan for Public Health Emergencies	<ul style="list-style-type: none"> Have had lots of events, very practiced 	<ul style="list-style-type: none"> Expanded testing PIO spokespeople

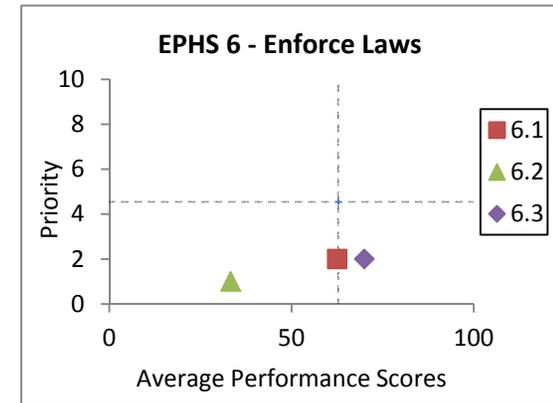
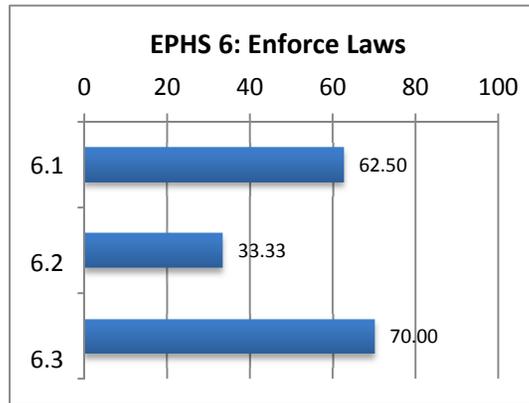
Results: Essential Service # 6

Enforce Laws and Regulations That Protect Health and Ensure Safety

Descriptions Performance Scores Priority - Performance Matrix

Model Standard 6.1

- Identify public health issues that can be addressed through laws, regulations, or ordinances.
- Stay up-to-date with current laws, regulations, and ordinances related to public health on the federal, state, and local levels.
- Review existing public health laws, regulations, and ordinances at least once every five years.
- Have access to legal counsel for assistance when reviewing laws, regulations, or ordinances.
- Involvement with local board of health or local government?



Note: Priority scores for each model standard can be found in Appendix F.

Model Standard 6.2

- Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances.
- Participate in changing/creating new laws, regulations, and ordinances related to public health.
- Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances.
- Evaluating the impact of policies, laws, regulations and ordinances

Model Standard 6.3

- Identify organizations that have the authority to enforce public health laws, regulations, and ordinances.
- Assure that a local health department has the authority to act in public health emergencies.
- Assure that all enforcement activities related to public health codes are done within the law.
- Inform and educate individuals and organizations about relevant laws, regulations, and ordinances. Evaluate how well local organizations comply with public health laws.

	Strengths	Opportunities
MS 6.1: Review and Evaluation of Laws, Regulations, and Ordinances	<ul style="list-style-type: none"> • Response is very quick to questions and concerns • A lot of agencies are well informed in their role in public health. Quick consensus • Continuity and quality of staffing in the agencies (not much turnover) 	<ul style="list-style-type: none"> • Connecting with village and town officials. Needs jointly and locally
MS 6.2: Involvement in the Improvement of Laws, Regulations, and Ordinances		<ul style="list-style-type: none"> • Developing a mechanism to carry out the process of changing laws and regulation
MS 6.3: Enforcement of Laws, Regulations, and Ordinances	<ul style="list-style-type: none"> • System collaboration 	<ul style="list-style-type: none"> • Seeking additional funding for education

Results: Essential Service # 7

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

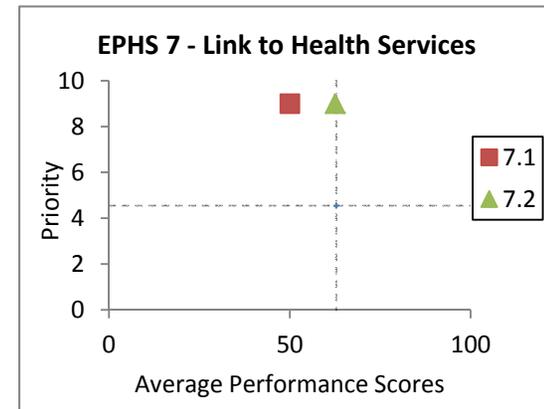
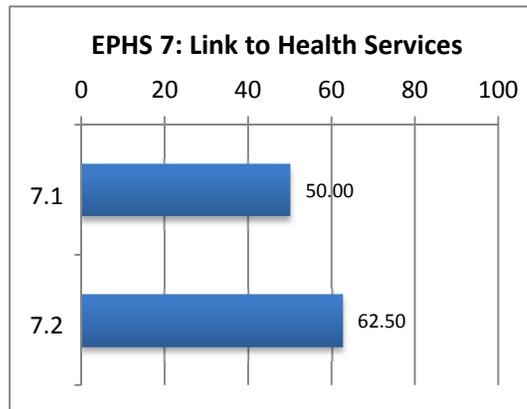
Descriptions	Performance Scores	Priority - Performance Matrix
--------------	--------------------	-------------------------------

Model Standard 7.1

- Identify groups of people in the community who have trouble accessing or connecting to personal health services.
- Identify all personal health service needs and unmet needs throughout the community.
- Defines roles and responsibilities for partners to respond to the unmet needs of the community
- Understand the reasons that people do not get the care they need.

Model Standard 7.2

- Connect (or link) people to organizations that can provide the personal health services they may need.
- Help people access personal health services, in a way that takes into account the unique needs of different populations.
- Help people sign up for public benefits that are available to them (e.g., Medicaid or medical and prescription assistance programs).
- Coordinate the delivery of personal health and social services so that everyone has access to the care they need.

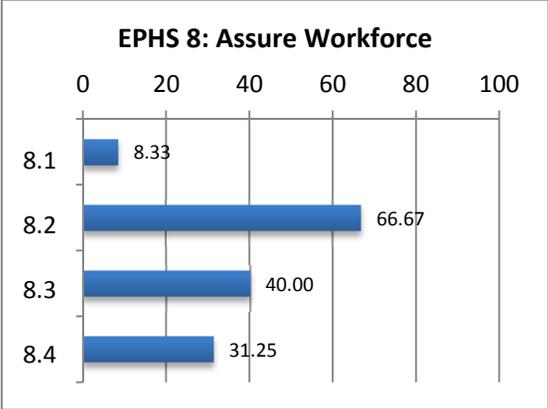
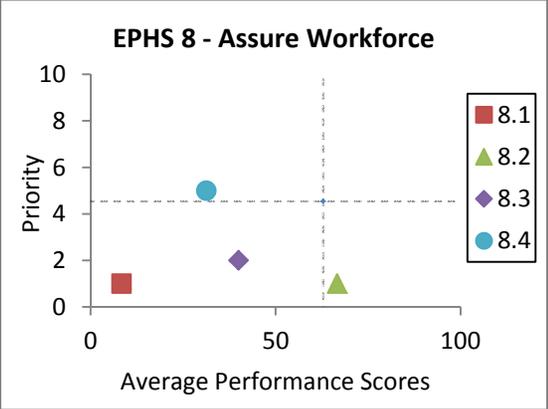


Note: Priority scores for each model standard can be found in Appendix F.

	Strengths	Opportunities
MS 7.1: Identification of Personal Health Service Needs of Populations	<ul style="list-style-type: none"> • Many helpful services available for seniors 	<ul style="list-style-type: none"> • Need to establish a clearer outline of individual departments roles and responsibilities
MS 7.2: Assuring the Linkage of People to Personal Health Services	<ul style="list-style-type: none"> • Provide great amount of information and help to seek services 	<ul style="list-style-type: none"> • Seek to deal with barriers such as language and educational levels – spending more time following up after directing client to assistance.

Results: Essential Service # 8

Assure a Competent Public Health and Personal Health Care Workforce

Descriptions	Performance Scores	Priority - Performance Matrix										
<p>Model Standard 8.1</p> <ul style="list-style-type: none"> Set up a process and a schedule to track LPHS jobs and the knowledge, skills, and abilities that they require. Review the info from the workforce assessment and use to find and address gaps in the local public health workforce. Provide information from the workforce assessment to other community organizations. <p>Model Standard 8.2</p> <ul style="list-style-type: none"> Make sure that all members of the public health workforce have the required certificates, licenses, and education. Develop and maintain job standards and position descriptions. Base the hiring and performance review of public health workforce in public health competencies. <p>Model Standard 8.3</p> <ul style="list-style-type: none"> Identify education and training needs and encourage the workforce to participate in education and training. Provide ways for workers to develop core skills related to essential public health services. Develop incentives for workforce training. Create and support collaborations between organizations within the public health system for training and education. Continually train the public health workforce to deliver services in a culturally competent manner and understand social determinants of health. <p>Model Standard 8.4</p> <ul style="list-style-type: none"> Provide access to formal and informal leadership development opportunities for employees. Create a shared vision of community health and the public health system. Ensure that organizations and individuals have opportunities to provide leadership. Provide opportunities for the development of leadership representative of the diversity within the community. 	 <table border="1"> <caption>EPHS 8: Assure Workforce Performance Scores</caption> <thead> <tr> <th>Model Standard</th> <th>Performance Score</th> </tr> </thead> <tbody> <tr> <td>8.1</td> <td>8.33</td> </tr> <tr> <td>8.2</td> <td>66.67</td> </tr> <tr> <td>8.3</td> <td>40.00</td> </tr> <tr> <td>8.4</td> <td>31.25</td> </tr> </tbody> </table>	Model Standard	Performance Score	8.1	8.33	8.2	66.67	8.3	40.00	8.4	31.25	 <p>Note: Priority scores for each model standard can be found in Appendix F.</p>
Model Standard	Performance Score											
8.1	8.33											
8.2	66.67											
8.3	40.00											
8.4	31.25											

	Strengths	Opportunities
MS 8.1: Workforce Assessment, Planning, and Development	<ul style="list-style-type: none"> Everybody knows their own work force. 	<ul style="list-style-type: none"> Knowing what is being done overall. Coming up with a master list that is county wide.
MS 8.2: Public Health Workforce Standards	<ul style="list-style-type: none"> Everyone does checking of own licensing 	
MS 8.3: Life-Long Learning through Continuing Education, Training, and Mentoring	<ul style="list-style-type: none"> Professional training within individual organizations 	<ul style="list-style-type: none"> Identifying major resources to be able to help
MS 8.4: Public Health Leadership Development		<ul style="list-style-type: none"> Leadership development program (maybe every 3 years)

Results: Essential Service # 9

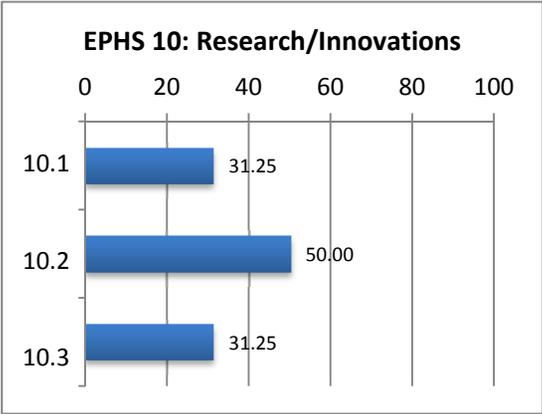
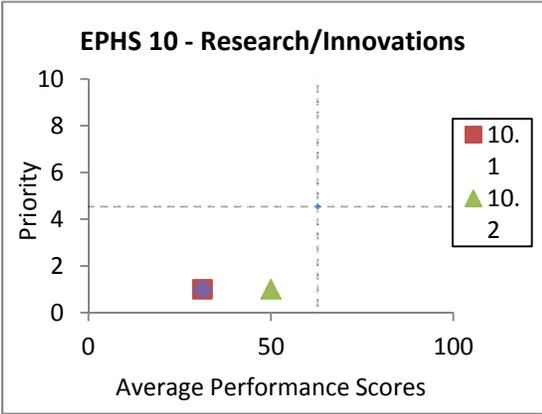
Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-based Health Services

Descriptions	Performance Scores	Priority - Performance Matrix								
<p>Model Standard 9.1</p> <ul style="list-style-type: none"> Evaluate how well population-based health services are working. Assess whether community members are receiving services and are satisfied with the approaches to preventing disease, illness, and injury. Identify gaps in the provision of population-based health services. Use evaluation findings to improve plans and services. <p>Model Standard 9.2</p> <ul style="list-style-type: none"> Evaluate the accessibility, quality, and effectiveness of personal health services. Compare the quality of personal health services to established guidelines. Measure satisfaction with personal health services. Use technology to improve quality of care or communication among health care providers. Use evaluation findings to improve services and program delivery and modify strategic plans. <p>Model Standard 9.3</p> <ul style="list-style-type: none"> Identify all public, private, and voluntary organizations that provide Essential Public Health Services. Evaluate how well LPHS activities meet the needs of the community at least every five years, using guidelines that describe a model LPHS and involving all entities contributing to essential public health services. Assess how well the organizations in the LPHS are communicating, connecting, and coordinating services. <p>Use results from the evaluation process to improve the LPHS.</p>	<table border="1"> <caption>EPHS 9: Evaluate Services Performance Scores</caption> <thead> <tr> <th>Model Standard</th> <th>Performance Score</th> </tr> </thead> <tbody> <tr> <td>9.1</td> <td>75.00</td> </tr> <tr> <td>9.2</td> <td>75.00</td> </tr> <tr> <td>9.3</td> <td>81.25</td> </tr> </tbody> </table>	Model Standard	Performance Score	9.1	75.00	9.2	75.00	9.3	81.25	<p>Note: Priority scores for each model standard can be found in Appendix F.</p>
Model Standard	Performance Score									
9.1	75.00									
9.2	75.00									
9.3	81.25									

	Strengths	Opportunities
MS 9.1: Evaluation of Population-Based Health Services	<ul style="list-style-type: none"> Use the data in evaluation to improve planning and services Programs have actually been developed from studies Short term outcomes 	
MS 9.2: Evaluation of Personal Health Services	<ul style="list-style-type: none"> Use evaluations to come up with new and improved programs System itself is doing well 	
MS 9.3: Evaluation of the Local Public Health System	<ul style="list-style-type: none"> Follow through of improvement Identification process and gathering of partners 	

Results: Essential Service # 10

Research for New Insights and Innovative Solutions to Health Problems

Descriptions	Performance Scores	Priority - Performance Matrix								
<p>Model Standard 10.1</p> <ul style="list-style-type: none"> Provide staff with the time and resources to conduct studies that test new solutions to public health problems. Suggest ideas about what currently needs to be studied in public health to organizations that do research. Keep up with information from other agencies and organizations about current best practices in public health. Encourage community participation in research. <p>Model Standard 10.2</p> <ul style="list-style-type: none"> Develop relationships with colleges, universities, or other research organizations arrangements to work together. Partner with colleges, universities, or other research organizations to do public health research, including community-based participatory research. Encourage colleges, universities, and other research organizations to work together with LPHS organizations. <p>Model Standard 10.3</p> <ul style="list-style-type: none"> Collaborate with researchers who offer the knowledge and skills to design and conduct health-related studies. Support research with the necessary infrastructure and resources. Share findings with public health colleagues and the community broadly. Evaluate public health systems research efforts throughout all stages of work. 	 <table border="1"> <caption>EPHS 10: Research/Innovations Performance Scores</caption> <thead> <tr> <th>Model Standard</th> <th>Performance Score</th> </tr> </thead> <tbody> <tr> <td>10.1</td> <td>31.25</td> </tr> <tr> <td>10.2</td> <td>50.00</td> </tr> <tr> <td>10.3</td> <td>31.25</td> </tr> </tbody> </table>	Model Standard	Performance Score	10.1	31.25	10.2	50.00	10.3	31.25	 <p>Note: Priority scores for each model standard can be found In Appendix F.</p>
Model Standard	Performance Score									
10.1	31.25									
10.2	50.00									
10.3	31.25									

	Strengths	Opportunities
MS 10.1: Fostering Innovation	<ul style="list-style-type: none"> Open to participation in available research studies 	<ul style="list-style-type: none"> Seek to form more relationships with staff from neighboring areas and universities who may assist us in being part of if not conducting relevant studies
MS 10.2: Linkage with Institutions of Higher Learning and/or Research	<ul style="list-style-type: none"> All groups represented regularly Participate in job shadowing, field trainings, etc. – to train themselves and to help educate and train members of the public 	<ul style="list-style-type: none"> Seek to form more relationships with staff from neighboring areas and universities who may assist us in being part of if not conducting our own relevant studies
MS 10.3: Capacity to Initiate or Participate in Research	<ul style="list-style-type: none"> Willingness to share findings and to participate in any available studies 	

Recommendations

Introduction The Putnam County Health Department is committed to using these results, along with other health and community data, to create a community health improvement plan (CHIP). Together with community partners, they will consider all of the available data, interpret the results, and assign meaning to them. This section contains three recommendations for interpreting the results of this system assessment.

1 Consider the LPHSA performance scores in conjunction with the priority ratings. Those model standards with performance falling in Quadrant A – low performance, high priority (see table on page 7) - may provide the greatest and most immediate opportunity for improvement. These include:

- a. Model Standard 1.1 Population-based Community Health Profile
 - b. Model Standard 3.1: Health Education and Promotion
 - c. Model Standard 3.2: Health Communication
 - d. Model Standard 5.3: Community Health Improvement Process and Strategic Planning
 - e. Model Standard 7.1: Identification of Personal Health Service Needs of Populations
 - f. Model Standard 8.4: Leadership Development
-

2 As the results of this assessment are considered along with other community data to determine public health system (community health improvement plan) and agency priorities (strategic plan), planners should consider the following questions (adapted from the NPHPSP Local Implementation Guide):

- a. In what areas is the public health system strongest?
 - b. In what areas is the public health system weakest?
 - c. How well does this match your perceptions and experiences of our public health system? What surprises are there?
 - d. Why do we perform better in some areas and worse in others?
 - e. Has strong performance in certain areas benefited our community? Have our weaknesses hurt us in the past? How?
 - f. What are the most important results that our public health system must deliver for our community? Consider all health data and assessments that are available. To achieve these results, in what areas must our public health system (or agency) excel?
 - g. To improve performance within our priority areas, what do we need to do? What are our next steps?
 - h. To get better results, we should begin to shift some resources and attention away from [what] and towards [what]? To make this shift, what do we need to do?
-

3 Once priorities are selected, and where additional illumination regarding those priority areas is desired, review the notes captured during the assessment discussion. These notes (Appendix E) will provide additional context to the quantitative data presented in this report, and may also reveal specific strengths, weaknesses, and opportunities for improvement related to selected priorities. This information may also be useful as the PCHD and its partners identify specific strategies or action steps to address specific priorities that are identified.
