Placer County Local Public Health System Assessment

Prepared by

Placer County

Public Health Division

County of Placer
Health & Human Services
Public Health

Table of Contents

Background

In January 2016, the Placer County Public Health Division, through the Be Well Placer initiative, convened multidisciplinary community partners to conduct an assessment of the local public health system in Placer County. Be Well Placer is a community-driven strategic planning process for improving community health that uses the Mobilizing for Action through Planning and Partnerships (MAPP) framework. MAPP is not an agency-focused assessment process; rather it is a six-phase interactive process that can improve the efficiency, effectiveness, and performance of local public health systems. In accordance with this framework, Be Well Placer will incorporate the findings from the local public health system assessment (LPHSA) with the three remaining assessments to identify strategic issues and formulate goals and strategies to address them.

Facilitators

Sarah Hagen, MS, CHES, Health Educator, Placer County Health and Human Services, Public Health Division

Jennifer Johnson, MPA, Public Health Associate, Centers for Disease Control and Prevention (CDC), Placer County Health and Human Services, Public Health Division

Participating Organizations:

Auburn Police Department
California Children's Services
Child Health and Disability Prevention
First 5 Placer
Hospital Council of Northern & Central CA
Kids First
Latino Leadership Council
Placer County Adult System of Care
Placer County Children's System of Care
Placer County Clerk-Recorder-Elections
Placer County Environmental Health Division
Placer County Office of Education
Placer County Organizational Development
Placer County Personnel
Placer County Planning Division
Placer County Public Health
Placer County Public Health Laboratory
Placer County Women, Infants, & Children (WIC)
Placer People of Faith Together
Placer Nevada Medical Society
Rocklin Police Department
Roseville Joint Union High School District
Tahoe Forest Health System

Introduction: What is a Local Public Health System (LPHS)?

An LPHS comprises all the entities that contribute to the public's health in a jurisdiction and includes a broad range of perspectives and expertise. These entities are an interconnected web of public, private, and voluntary organizations that includes but is not limited to:

- Local public health departments
- Healthcare providers
- Public safety agencies
- Human service and charitable organizations
- Recreation and arts-related organizations
- Education and youth development organizations
- Environment organizations
- Economic and philanthropic organizations[1]

Figure 1 illustrates the intersected nature of a public health system. The National Public Health Performance Standards (NPHPS) provide a framework to evaluate the capacity and performance of public health systems. This tool is valuable in identifying areas of system improvement, strengthening partnerships, and enhancing communication and collaboration[2].

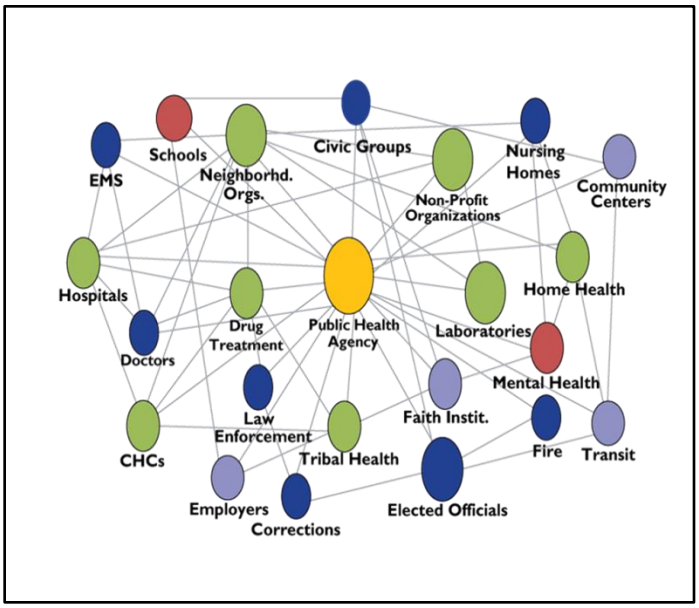


Figure 1: The Public Health System

[1] NACCHO, Local Implementation Guide, Version 3.0
[2] National Public Health Performance Standards (NPHPS), Fact Sheet http://www.cdc.gov/nphpsp/PDF/FactSheet.pdf

The Ten Essential Public Health Services

Developed in 1994, the Ten Essential Public Health Services (EPHS) framework (see figure 2) describes the public health activities that all communities should undertake. The NPHPS tool uses these services as the basis for developing optimal performance standards and they include the following activities:

1. Monitor health status to identify and solve 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 and action 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 competent public 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.[3]

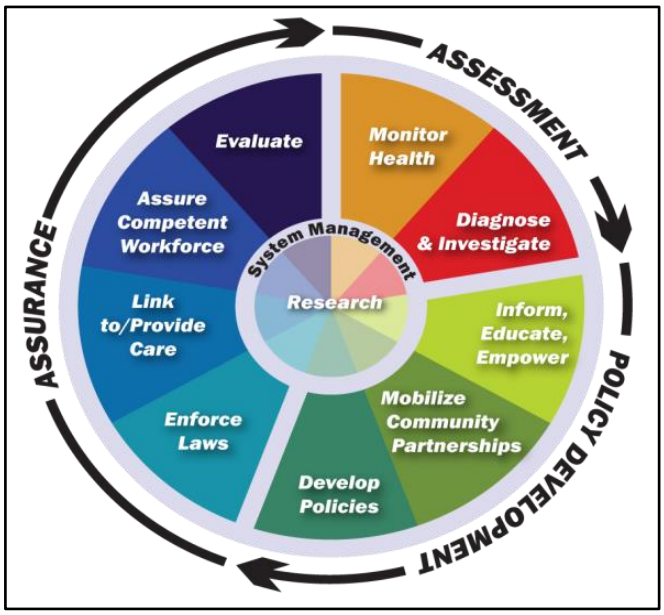


Figure 2: 10 Essential Public Health Services and Core Functions

The aforementioned services provide the foundation for any public health activity and the structure for national voluntary public health accreditation. The NPHPS describes each essential service at peak levels that a public health system may use to assess its performance through an LPHSA. The LPHSA seeks to answer "What are the components, activities, competencies, and capacities of our local public health system?" and "How well are the essential public health services being delivered to our community?"[4] The results of this assessment will determine baseline data for upcoming endeavors to improve the quality of public health practice in Placer County.

[3] Centers for Disease Control & Prevention (CDC), The Public Health System and the 10 Essential Public Health Services http://www.cdc.gov/nphpsp/essentialservices.html

[4] NACCHO, Local Public Health System Assessment (LPHSA) http://archived.naccho.org/topics/infrastructure/mapp/framework/phase3lphsa.cfm

Methodology

The Be Well Placer Committee, with public health in the lead, was given an orientation to the 10 EPHS prior to conducting the LPHSA. Members brainstormed to identify individuals and organizations that best represent each of the 10 EPHS given their expertise and background. These invitees were sent invitations detailing information on the assigned EPHS. Public Health convened a total of five two-hour workgroups with 5-8 attendees per session. Each workgroup was designated a pair of EPHSs to discuss and rate (see Table 1). Two note-takers were present to record discussion items such as strengths, weaknesses, and short or long-term opportunities for system improvements. Two facilitators were present for each workgroup.

Table 1: Workgroup and EPHS Groupings

Workgroup	Essential Public Health Service and LPHSA Responsibilities
A	**EPHS 1** – Monitor health status to identify community health problems. **EPHS 2** – Diagnose and investigate health problems and health hazards in the community.
B	**EPHS 3** – Inform, educate, and empower people about health issues. **EPHS 4** – Mobilize community partnerships to identify and solve health problems.
C	**EPHS 5** – Develop policies and plans that support individual and community health efforts. **EPHS 6** – Enforce laws and regulations that protect health and ensure safety.
D	**EPHS 7** – Link people to needed personal health services and assure the provision of health services. **EPHS 9** – Evaluate effectiveness, accessibility, and quality of personal/population-based health services.
E	**EPHS 8** – Assure a competent public and personal health care workforce. **EPHS 10** – Research for new insights and innovative solutions to health problems.

Scoring

Participants were asked to rate the performance measures for each EPHS based on their perception of how well services are being delivered. Participants used the voting guide (see Figure 3). Participants were asked to read aloud the description of the EPHS and corresponding model standard, and then discuss the extent to which the LPHS is meeting that standard. Each group used consensus voting to arrive at the final score for the performance measure before moving on to the next item. For the sake of time, only two rounds of voting were allowed. If consensus was not reached after the first round of voting, discussion ensued and voters were invited to further clarify their positions, and/or willingness to compromise before the group voted again. A second voting then took place, and should a consensus still not be reached, the majority vote was accepted.

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

Figure 3: Voting Guide with Scoring Definition

Data Limitations

Using the NPHPS local instrument involves participants rating the LPHS based on their experience and perception of its performance. There are data limitations involved in this method. There is bias related to the self-reporting method of data-gathering. In addition, there were variations in the breadth and knowledge of participants. Some attendees were more closely connected to public health related activities through their occupations and were more knowledgeable of certain aspects of service delivery than others. Also, there were differences in interpretation of the assessment questions across participants. Overall Model Standard scores are an average of the question scores within that model standard. Overall essential service scores are an average of the model standard scores within that essential service. Placer County Public Health and the Be Well Placer Committee acknowledge these findings do not reflect the performance or capacity of any single agency or organization.

Findings

The scores from the LPHSA were inputted into the NPHPS local score sheet to tabulate the results. Each essential service (ES) score represents the overall level to which the LPHS is meeting the performance standards therein. Scores can range from the minimum value of 0% (No Activity) to the maximum value of 100% (Optimal Activity).

Figure 4 illustrates the overall assessment score and the average score for each essential service. Examining these scores can immediately give a sense of the local public health system's greatest strengths and weaknesses. The black bars identify the range of reported performance score responses within each essential service.

Figure 5 represents the percentage of essential service scores that fall within the five activity categories.

Figure 6 represents the percentage of model standard scores that fell within the activity category.

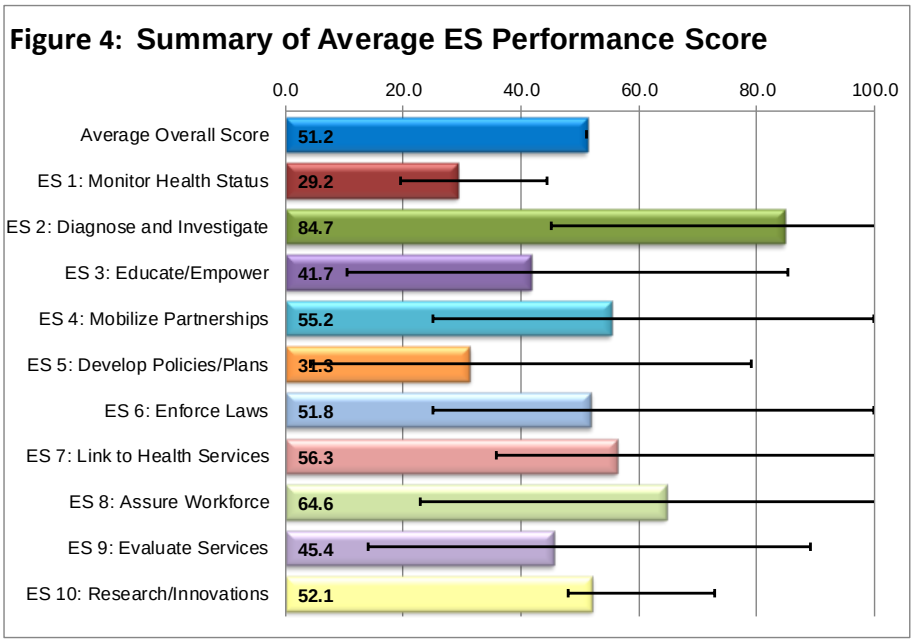


Figure 5: Percentage of Essential Service Scores

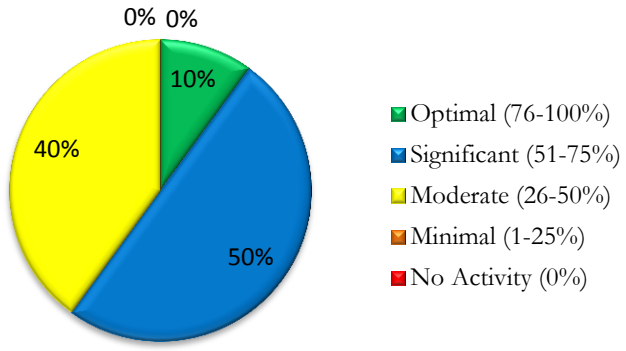
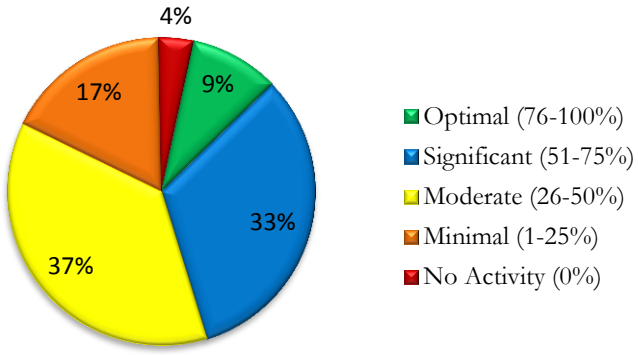


Figure 6: Percentage of Model Standard Scores



Priority of Model Standards Questionnaire

The public health core team members discussed and ranked each model standard on a scale of 1-10 with 1 being the lowest priority and 10 being the highest priority. For each model standard, the attendees arrived at a group consensus on the rating.

Quadrant A	(High Priority and Low Performance) – These activities may need increased attention.
Quadrant B	(High Priority and High Performance) – These activities are being done well and it is important to maintain efforts.
Quadrant C	(Low Priority and High Performance) – These activities are being done well and consideration may be given to reducing effort in these areas.
Quadrant D	(Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.

Based on a comparison of the priority rating and the performance score for the model standards, each essential service was assigned to one of four quadrants which may provide guidance for improvement planning (see Table 2).

Table 2. Essential Public Health Services by Performance Score and Priority Rating

Quadrant	Model Standard	Performance Score (%)	Priority Rating
Quadrant A	9.1 Evaluation of Population Health	37.5	7
Quadrant A	7.2 Assure Linkage	43.8	8
Quadrant A	5.3 CHIP/Strategic Planning	0.0	9
Quadrant A	5.1 Governmental Presence	25.0	7
Quadrant A	4.2 Community Partnerships	41.7	8
Quadrant A	3.1 Health Education/Promotion	25.0	9
Quadrant A	1.2 Current Technology	25.0	8
Quadrant A	1.1 Community Health Assessment	25.0	9
Quadrant B	8.4 Leadership Development	75.0	7
Quadrant B	7.1 Personal Health Services Needs	68.8	7
Quadrant B	2.3 Laboratories	100.0	8
Quadrant B	2.2 Emergency Response	79.2	8
Quadrant B	2.1 Identification/Surveillance	75.0	8
Quadrant C	10.1 Foster Innovation	68.8	3
Quadrant C	9.2 Evaluation of Personal Health	55.0	6
Quadrant C	8.3 Continuing Education	75.0	6
Quadrant C	8.1 Workforce Assessment	58.3	4
Quadrant C	6.3 Enforce Laws	70.0	6
Quadrant C	5.4 Emergency Plan	66.7	6
Quadrant C	4.1 Constituency Development	68.8	6
Quadrant C	3.3 Risk Communication	83.3	6
Quadrant D	10.3 Research Capacity	37.5	3
Quadrant D	10.2 Academic Linkages	50.0	3
Quadrant D	9.3 Evaluation of LPHS	43.8	5
Quadrant D	8.2 Workforce Standards	50.0	4
Quadrant D	6.2 Improve Laws	41.7	5
Quadrant D	6.1 Review Laws	43.8	4
Quadrant D	5.2 Policy Development	33.3	4
Quadrant D	3.2 Health Communication	16.7	6
Quadrant D	1.3 Registries	37.5	3

Summary of Placer County LPHSA Qualitative Comments

EPHS 1 – Monitor Health Status to Identify Community Health Problems

Model Standard 1.1: Population-Based Community Health Assessment

At what level does the local public health system:		
1.1.1	Conduct regular community health assessments?	**Minimal**
1.1.2	Continuously update the community health assessment with current information?	**Minimal**
1.1.3	Promote the use of the community health assessment among community members and partners?	**Minimal**

Participants easily identified entities that assess the health of the community regularly. The Maternal, Child, and Adolescent Health (MCAH) program completes a community health assessment (CHA) once every five years. Local hospitals in Placer County conduct community health needs assessments every three years and may be closer to improving health outcomes than other organizations.

A comprehensive CHA has not been conducted by the local public health department since 1999. Another limitation is lack of a community-owned approach because each organization has its specific purpose. Also, there is a lack of coordinated effort amongst community partners and limited knowledge of public health functions.

Model Standard 1.2: Current Technology to Manage and Communicate Population Health Data

At what level does the local public health system:		
1.2.1	Use the best available technology and methods to display data on the public's health?	**Minimal**
1.2.2	Analyze health data, including geographic information, to see where health problems exist?	**Minimal**
1.2.3	Use computer software to create charts, graphs, and maps to display complex public health data?	**Minimal**

Numerous local public health system partners were cited by attendees in this area, including Environmental Health which compiles and displays data for restaurant inspection reports. Kaiser and other hospitals pull data from a centralized location and the California state level data is also compiled in one place.

A limitation mentioned was that while data is available, this information is not often shared with partners. Limited staff makes continued use of advanced technological systems difficult. One centralized data location for stakeholders would be optimal and one platform is currently scheduled to go live in the near future.

Model Standard 1.3: Maintenance of Population Health Registries

At what level does the local public health system:		
1.3.1	Collect data on specific health concerns to provide the data to population health registries in a timely manner, consistent with current standards?	**Moderate**
1.3.2	Use information from population health registries in community health assessments or other analyses?	**Minimal**

The LPHS has access to health registries databases such as California Reportable Disease Information Exchange (CalREDIE), Electronic Death Recording Systems, HIV, Birth System, etc. There are also registries that exist but familiarity with them is limited.

EPHS 2 – Diagnose and Investigate Health Problems and Health Hazards

Model Standard 2.1: Identification and Surveillance of Health Threats

At what level does the local public health system:		
2.1.1	Participate in a comprehensive surveillance system with national, state and local partners to identify, monitor, share information, and understand emerging health problems and threats?	**Significant**
2.1.2	Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies and emerging threats (natural and manmade)?	**Significant**
2.1.3	Assure that the best available resources are used to support surveillance systems and activities, including information technology, communication systems, and professional expertise?	**Significant**

Surveillance work identified included the communicable disease surveillance and bioterrorism preparedness at the public health and laboratory levels. The LPHS is strong in health hazard communication via California Health Alert Network (CAHAN) alerts, state conference calls, and warning center alerts. Placer County demonstrates professional expertise in disease surveillance and diagnosis.

However, there is not much quantitative data and we tend to focus on the qualitative. There is also no system for injury reporting and chronic disease. Not having an epidemiologist on staff within the county Public Health division is a significant weakness at this time as the surveillance support would be invaluable.

Model Standard 2.2: Investigation and Response to Public Health Threats and Emergencies

At what level does the local public health system:		
2.2.1	Maintain written instructions on how to handle communicable disease outbreaks and toxic exposure incidents, including details about case finding, contact tracing, and source identification and containment?	**Significant**
2.2.2	Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters?	**Significant**
2.2.3	Designate a jurisdictional Emergency Response Coordinator?	**Optimal**
2.2.4	Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines?	**Significant**
2.2.5	Identify personnel with the technical expertise to rapidly respond to possible biological, chemical, or and nuclear public health emergencies?	**Significant**
2.2.6	Evaluate incidents for effectiveness and opportunities for improvement?	**Significant**

In the LPHS, the Public Health Emergency Preparedness (PHEP) program, Environmental Health Division, and the Public Health Laboratory all have written protocols and standard operating procedures that are reviewed and updated on a regular basis. In addition, pre-hospital, hospital, and environmental health is responsive to public health emergencies. The LPHS also makes use of state and federal quick sheets to inform planning and response.

Model Standard 2.3: Laboratory Support for Investigation of Health Threats

At what level does the local public health system:		
2.3.1	Have ready access to laboratories that can meet routine public health needs for finding out what health problems are occurring?	**Optimal**
2.3.2	Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards?	**Optimal**
2.3.3	Use only licensed or credentialed laboratories?	**Optimal**
2.3.4	Maintain a written list of rules related to laboratories, for handling samples (collecting, labeling, storing, transporting, and delivering), for determining who is in charge of the samples at what point, and for reporting the results?	**Optimal**

According to participants, key strengths in this area are in the local public health laboratory, which is a bio-safety level 3 (BSL3) and our close proximity to the Richmond laboratory also adds capacity to investigate health threats in an expedient manner.

EPHS 3 Inform and Educate and Empower People about Health Issues

Model Standard 3.1: Health Education and Promotion

At what level does the local public health system:		
3.1.1	Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies?	**Minimal**
3.1.2	Coordinate health promotion and health education activities to reach individual, interpersonal, community, and societal levels?	**Minimal**
3.1.3	Engage the community throughout the process of setting priorities, developing plans and implementing health education and health promotion activities?	**Minimal**

The LPHS performs strongly as it provides information via community forums. Community-based organizations establish benchmarks, survey the population, and build coalitions to work towards collaborative action in public health. However, connecting information to the public in a comprehensive fashion is an area where the system could significantly improve, thus leading to the "minimal" scores. There are also limited processes in place to engage the public to get feedback and a lack of coordinated effort across sectors in the county with Public Health in the lead.

Model Standard 3.2: Health Communications

At what level does the local public health system:		
3.2.1	Develop health communication plans for relating to media and the public and for sharing information among LPHS organizations?	**No Activity**
3.2.2	Use relationships with different media providers (e.g. print, radio, television, and the internet) to share health information, matching the message with the target audience?	**Minimal**
3.2.3	Identify and train spokespersons on public health issues?	**Minimal**

Attendees report public information dissemination is a priority within the county, however there is no unified plan for this to take place. Community partners (hospital, community-based organizations, etc.), individually distribute health information in various forms including newsletters, videos, journals, social media, and public forums, but the lack of collaborative planning presents a challenge. Overall, the LPHS contains very competent public speakers. Information-sharing across organizations is constrained by both the unique organizational cultures and silos within the system.

Model Standard 3.3: Risk Communication

At what level does the local public health system:		
3.3.1	Develop an emergency communications plan for each stage of an emergency to allow for the effective dissemination of information?	**Optimal**
3.3.2	Make sure resources are available for a rapid emergency communication response?	**Optimal**
3.3.3	Provide risk communication training for employees and volunteers?	**Moderate**

During an emergency, there are specific protocols in place to disseminate information, including radios, mobile, email, and CAHAN alerts. There are challenges with addressing language barriers and distinctive cultural considerations within the community, including Hispanic and indigenous populations.

EPSH 4 Mobilize Community Partnerships to Identify and Solve Health Problems

Model Standard 4.1: Constituency Development

At what level does the local public health system:		
4.1.1	Maintain a complete and current directory of community organizations?	**Optimal**
4.1.2	Follow an established process for identifying key constituents related to overall public health interests and particular health concerns?	**Moderate**
4.1.3	Encourage constituents to participate in activities to improve community health?	**Significant**
4.1.4	Create forums for communication of public health issues?	**Moderate**

According to participants, the LPHS regularly updates the Placer County Network of Care, a website that provides information about health, wellness, and services that are available within the county. There is also an established process for gaining community feedback built into the Be Well Placer Initiative. Our LPHS has well-developed relationships with stakeholders. The Placer Partnership for Public Health (PPPH), convened in 2015, meets to mobilize local leaders in health and healthcare. The Placer Collaborative Network is also available, which brings community leaders together to develop creative solutions to improve the quality of life for Placer County. Access to update the Network of Care is limited and the LPHS could benefit from more participation by the general public. Also, the LPHS would benefit from more inclusion of Hispanic and indigenous residents.

Model Standard 4.2: Community Partnerships

At what level does the local public health system:		
4.2.1	Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community?	**Minimal**
4.2.2	Establish a broad-based community health improvement committee?	**Significant**
4.2.3	Assess how well community partnerships and strategic alliances are working to improve community health?	**Minimal**

The LPHS features a number of organizations that host and participate in coalitions and collaborative forums including Kids First and Latino Leadership Council. The well-established Campaign for Community Wellness is a coalition of community members, non-profit organizations, education, and law enforcement partners working to build wellness in the community. In addition, meetings regularly convene community partners willing to work to improve health. The lack of a unified comprehensive approach to health presents an opportunity to come together for collective impact. The county's response to homelessness is an example of an organized response with resources mobilized towards the achievement of a singular goal.

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

Model Standard 5.1: Governmental Presence at the Local Level

At what level does the local public health system:		
5.1.1	Support the work of a local health department dedicated to the public health to make sure the essential public health services are provided?	**Moderate**
5.1.2	See that the local health department is accredited through the national voluntary accreditation program?	**No Activity**
5.1.3	Assure that the local health department has enough resources to do its part in providing essential public health services?	**Minimal**

The LPHS includes a strong backing of public health by law enforcement and decision-makers. Participants agreed there is limited understanding of the role of public health and available services among schools and police. Also, the public health division is steadily bringing itself out of an organizational culture of restraint as it pertains to uncovering public health problems and seeking policy solutions. There is room for improvement and opportunities for more visibility are emerging on a regular basis. Participants also say that minimal funding outside of state programs constrains innovation in public health policy development.

Model Standard 5.2: Public Health Policy Development

At what level does the local public health system:		
5.2.1	Contribute to public health policies by engaging in activities that inform the policy development process?	**Significant**
5.2.2	Alert policymakers and the community of the possible public health impacts (both intended and unintended) from current and/or proposed policies?	**Minimal**
5.2.3	Review existing policies at least every three to five years?	**No Activity**

Currently, there are important initiatives that engage members of the entire LPHS. Examples cited by attendees include the Tobacco Prevention Coalition and the Committee for Opioid Safety. The PPPH is also in position to influence public health policies. The Public Health division does have "a presence at the table" but it could be much greater, particularly around urban planning and land use decision-making. There is room for growth in a number of public health policy development areas but there are significant political constraints on public health messages.

Model Standard 5.3: Community Health Improvement Process and Strategic Planning

At what level does the local public health system:		
5.3.1	Establish a community health improvement process, with broad-based diverse participation, that uses information from both the community health assessment and the perceptions of community members?	**No Activity**
5.3.2	Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps?	**No Activity**
5.3.3	Connect organizational strategic plans with the Community Health Improvement Plan?	**No Activity**

Attendees report there has been no community health improvement plan implemented in recent years.

Model Standard 5.4: Plan for Public Health Emergencies

At what level does the local public health system:		
5.4.1	Support a workgroup to develop and maintain preparedness and response plans?	**Significant**
5.4.2	Develop a plan that defines when it would be used, who would do what tasks, what standard operating procedures would be put in place, and what alert and evacuation protocols would be followed?	**Significant**
5.4.3	Test the plan through regular drills and revise the plan as needed, at least every two years?	**Moderate**

Within the LPHS, there are topic-specific response plans and numerous meetings and forums to discuss emergency preparedness. There is no single workgroup that supports all grants. Attendees report experience in managing emergencies, largely due to skills honed through exercising plans, however those plans do need to be updated.

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

Model Standard 6.1: Review and Evaluation of Laws, Regulations, and Ordinances

At what level does the local public health system:		
6.1.1	Identify public health issues that can be addressed through laws, regulations, or ordinances?	**Minimal**
6.1.2	Stay up-to-date with current laws, regulations, and ordinances that prevent, promote, or protect public health on the federal, state, and local levels?	**Significant**
6.1.3	Review existing public health laws, regulations, and ordinances at least once every five years?	**Minimal**
6.1.4	Have access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances?	**Moderate**

Among LPHS partners (vector control, environmental health, animal services, mosquito control, air pollution control), there is substantial identification of policies related to health issues. Each of the aforementioned agencies is regulated by and adheres to federal and state laws governing public health work. Our local hospitals are especially strong in this area.

Participants report there is an absence in addressing public health laws and organizations are operating in silos, thus the review of existing public health law does not happen collectively. In addition, there has not been a review done at the system level, only an informal process in which laws are reviewed with no attempts made to answer "what else do we need?." One suggestion to improve in this area was to obtain a third-party lawyer that could lend expertise to the LPHS as collaboration in policy development goes forward. A potential hindrance one attendee foresaw was a lack of technical expertise in public health laws and more interest in county business rather than public health.

Model Standard 6.2: Involvement in the Improvement of Laws, Regulations, and Ordinances

At what level does the local public health system:		
6.2.1	Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances?	**Moderate**
6.2.2	Participate in changing existing laws, regulations, and ordinances, and/or creating new laws, regulations, and ordinances to protect and promote the public health?	**Moderate**
6.2.3	Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances?	**Minimal**

There is a process to identify issues in existing laws, regulations, and ordinances. The hospitals in the LPHS are engaged in the process of building regulatory relationships in a robust way. One example cited by attendees was the social host ordinance passed in Rocklin and Roseville, which holds adults responsible for underage alcohol consumption in their households. In addition, the Tobacco Prevention Program is engaging decision-makers in various localities to consider passing tobacco retail licensing regulations.

Model Standard 6.3: Enforcement of Laws, Regulations, and Ordinances

At what level does the local public health system:		
6.3.1	Identify organizations that have the authority to enforce public health laws, regulations, and ordinances?	**Optimal**
6.3.2	Assure that a local health department (or other governmental public health entity) has the authority to act in public health emergencies?	**Optimal**
6.3.3	Assure that all enforcement activities related to public health codes are done within the law?	**Optimal**
6.3.4	Educate individuals and organizations about relevant laws, regulations, and ordinances?	**Minimal**
6.3.5	Evaluate how well local organizations comply with public health laws?	**Minimal**

According to attendees, the authority of the county health officer to make high-level decisions within the LPHS is well-understood. There are clearly defined roles across entities in the LPHS as it pertains to enforcement of laws protecting the health and safety of the public. However, this information could be better relayed to the members of the community through education about relevant laws because there is no concerted effort on education.

EPHS 7: Link People to Needed Personal Health Services and Assure the Provision of Healthcare when otherwise Unavailable

Model Standard 7.1: Identification of Personal Health Service Needs of Populations

At what level does the local public health system:		
7.1.1	Identify groups of people in the community who have trouble accessing or connecting to personal health services?	**Significant**
7.1.2	Identify all personal health service needs and unmet needs throughout the community?	**Moderate**
7.1.3	Defines partner roles and responsibilities to respond to the unmet needs of the community?	**Optimal**
7.1.4	Understand the reasons that people do not get the care they need?	**Moderate**

The participants indicated a number of community partners work to identify health needs in a culturally competent manner, taking into account the language and age needs of their clients including Latino Leadership Council, First 5 Placer, etc. Among partners, there is extensive knowledge of resources available. The Adult System of Care and Children's System of Care websites provide information on mental health services. Anther strength in this area is open dialogue about barriers clients face in accessing services. According to participants, the LPHS excels at *identifying* populations, but could be better at *meeting* the needs they uncover. Communication and cross-collaboration would help eliminate duplication of services. One suggestion was to not assume all Latinos are Spanish-speaking as there are subcategories within the population that speak an indigenous language. Also, without a community health status assessment, the LPHS cannot be sure what degree of improvement is truly necessary. Barriers mentioned include language, limited financial resources, and lack of transportation.

Model Standard 7.2: Assuring the Linkage of People to Personal Health Services

At what level does the local public health system:		
7.2.1	Connect (or link) people to organizations that can provide the personal health services they may need?	**Moderate**
7.2.2	Help people access personal health services, in a way that takes into account the unique needs of different populations?	**Minimal**
7.2.3	Help people sign up for public benefits that are available to them (e.g., Medicaid or medical and prescription assistance programs)?	**Significant**
7.2.4	Coordinate the delivery of personal health and social services so that everyone has access to the care they need?	**Minimal**

There are great resources to assist people in signing up for public benefits between health and human service programs and community-based organizations. Participants noted there are limited resources available to help people complete paperwork correctly and understand what resources are available for public benefit. Limited primary care providers are another limitation with connecting people to services.

EPHS 8: Workforce Assessment, Planning and Development

Model Standard 8.1: Workforce Assessment, Planning, and Development

At what level does the local public health system:		
8.1.1	Set up a process and a schedule to track the numbers and types of LPHS jobs and the knowledge, skills, and abilities that they require whether those jobs are in the public or private sector?	**Moderate**
8.1.2	Review the information from the workforce assessment and use it to find and address gaps in the local public health workforce?	**Moderate**
8.1.3	Provide information from the workforce assessment to other community organizations and groups, including governing bodies and public and private agencies, for use in their organizational planning?	**Significant**

The LPHS has a partnership with the Placer-Nevada Medical Society to address gaps between providers and public health. There is tracking of the knowledge and skills at a micro level with significant communication that is continually expanding. There is a greater recognition of the value of internships within the LPHS in general and the public health division specifically.

Attendees acknowledged the network of organizations are performing at different levels making this performance measure challenging to score with so much uncertainty. There is also a shortage of providers that accept Medicaid.

Model Standard 8.2: Public Health Workforce Standards

At what level does the local public health system:		
8.2.1	Make sure that all members of the public health workforce have the required certificates, licenses, and education needed to fulfill their job duties and meet the law?	**Optimal**
8.2.2	Develop and maintain job standards and position descriptions based in the core knowledge, skills, and abilities needed to provide the essential public health services?	**Minimal**
8.2.3	Base the hiring and performance review of members of the public health workforce in public health competencies?	**Minimal**

Participants agreed that communication to the public that the local health department complies with licensure and education requirements would be valuable. They also recognize that most organizations are unfamiliar with the Ten Essential Public Health Services as a standard for performance system-wide. The civil service system limits the LPHS because it does not allow for an easy evolution of job titles. Suggestions for improvement include developing a task force focused on workforce development and future job titles.

Model Standard 8.3: Life-long Learning Through Continuing Education, Training, and Mentoring

At what level does the local public health system:		
8.3.1	Identify education and training needs and encourage the workforce to participate in available education and training?	**Moderate**
8.3.2	Provide ways for workers to develop core skills related to essential public health services?	**Significant**
8.3.3	Develop incentives for workforce training, such as tuition reimbursement, time off for class, and pay increases?	**Moderate**
8.3.4	Create and support collaborations between organizations within the public health system for training and education?	**Optimal**
8.3.5	Continually train the public health workforce to deliver services in a cultural competent manner and understand social determinants of health?	**Optimal**

According to participants, employees are generally encouraged to complete training across departments and organizations but there is considerable variation in the degree of freedom given to pursue educational opportunities. Attendees say the Placer County LPHS's greatest strength is collaboration and cultural competence is currently a standard element of most trainings. There are numerous methods available that make it easier to take advantage of training. In addition, some private sector organizations within the LPHS have more resources, resulting in greater incentives such as tuition reimbursement. The attendees admit there is much more work to do and the public is not aware of collaborations across organizations related to training and education.

Model Standard 8.4: Public Health Leadership Development

At what level does the local public health system:		
8.4.1	Provide access to formal and informal leadership development opportunities for employees at all organizational levels?	**Moderate**
8.4.2	Create a shared vision of community health and the public health system, welcoming all leaders and community members to work together?	**Optimal**
8.4.3	Ensure that organizations and individuals have opportunities to provide leadership in areas where they have knowledge, skills, or access to resources?	**Optimal**
8.4.4	Provide opportunities for the development of leaders representative of the diversity within the community?	**Moderate**

EPHS 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-based Health Services

Model Standard 9.1: Evaluation of Population-Based Health Services

At what level does the local public health system:		
9.1.1	Evaluate how well population-based health services are working, including whether the goals that were set for programs were achieved?	**Minimal**
9.1.2	Assess whether community members, including those with a higher risk of having a health problem, are satisfied with the approaches to preventing disease, illness, and injury?	**Minimal**
9.1.3	Identify gaps in the provision of population-based health services?	**Significant**
9.1.4	Use evaluation findings to improve plans and services?	**Minimal**

Attendees agreed that organizations may evaluate their own programs but they do not share results collectively. Some organizations are required to collect data due to funding requirements but some participants feel the data captured is not beneficial and requires more paperwork oversight which takes time away from direct services. Criticism included lack of true improvement as the same barriers to access persist, year after year.

Model Standard 9.2: Evaluation of Personal Health Services

At what level does the local public health system:		
9.2.1	Evaluate the accessibility, quality, and effectiveness of personal health services?	**Minimal**
9.2.2	Compare the quality of personal health services to established guidelines?	**Significant**
9.2.3	Measure satisfaction with personal health services?	**Moderate**
9.2.4	Use technology, like the internet or electronic health records, to improve quality of care?	**Optimal**
9.2.5	Use evaluation findings to improve services and program delivery?	**Minimal**

Participants report there is a move forward with electronic health records. They also acknowledge there are not enough providers in the Auburn and Tahoe areas of Placer County. The satisfaction level is rarely sought from the undocumented individuals seeking care. Another concern is that evaluation findings can be skewed or interpreted differently, presenting a challenge for improvement planning.

Model Standard 9.3: Evaluation of the Local Public Health System

At what level does the local public health system:		
9.3.1	Identify all public, private, and voluntary organizations that provide essential public health services?	**Optimal**
9.3.2	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?	**Minimal**
9.3.3	Assess how well the organizations in the LPHS are communicating, connecting, and coordinating services?	**Minimal**
9.3.4	Use results from the evaluation process to improve the LPHS?	**Minimal**

Attendees discussed and determined that within the LPHS, there is a lack of a concerted effort among organizations in the LPHS to work together effectively.

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

Model Standard 10.1: Fostering Innovation

At what level does the local public health system:		
10.1.1	Provide staff with the time and resources to pilot test or conduct studies to test new solutions to public health problems and see how well they actually work?	**Moderate**
10.1.2	Suggest ideas about what currently needs to be studied in public health to organizations that do research?	**Minimal**
10.1.3	Keep up with information from other agencies and organizations at the local, state, and national levels about current best practices in public health?	**Optimal**
10.1.4	Encourage community participation in research, including deciding what will be studied, conducting research, and in sharing results?	**Optimal**

The attendees identify some instances where leadership allows employees the flexibility to solve problems. Capacity-building activities that allow public health to use innovation occur through the PPPH, CDC Public Health Associate Program, and the Mobilizing for Action through Planning and Partnerships process. There is a distinct difference between resources available to public sector members of the LPHS versus those in the private sector. Without resources, there are programs with too many constraints to do outreach and evaluation. Participants had difficulty identifying entities within the LPHS that conduct public health research.

Model Standard 10.2: Linkage with Institutions of Higher Learning

At what level does the local public health system:		
10.2.1	Develop relationships with colleges, universities, or other research organizations, with a free flow of information, to create formal and informal arrangements to work together?	**Moderate**
10.2.2	Partner with colleges, universities, or other research organizations to do public health research, including community-based participatory research?	**Minimal**
10.2.3	Encourage colleges, universities, and other research organizations to work together with LPHS organizations to develop projects, including field training and continuing education?	**Significant**

Participants determined that opportunities for students in public health are plentiful in the LPHS through internships and practicums in areas such as nursing, emergency preparedness, and public health laboratory. There is an opportunity to improve by building stronger relationships with physicians.

Model Standard 10.3: Capacity to Initiate or Participate in Research

At what level does the local public health system:		
10.3.1	Collaborate with researchers who offer the knowledge and skills to design and conduct health-related studies?	**Minimal**
10.3.2	Support research with the necessary infrastructure and resources, including facilities, equipment, databases, information technology, funding, and other resources?	**Minimal**
10.3.3	Share findings with public health colleagues and the community broadly, through journals, websites, community meetings, etc?	**Moderate**
10.3.4	Evaluate public health systems research efforts throughout all stages of work from planning to impact on local public health practice?	**Moderate**

Attendees describe how grants necessitate evaluation to some degree and hospitals have much data. Attempts are made to share information that is available and the will to share this information is certainly there. Participants mention that collaboration is the default position for the LPHS but there is a lack of resources system-wide, which curbs progress in this area.

Appendices

Appendix 1 – Placer County LPHSA Invitation Letter

COUNTY OF Placer
HEALTH & HUMAN SERVICES
PUBLIC HEALTH

11484 B. Avenue, Auburn, CA 95603
530-889-7141

Dear Public Health Partner:

Placer County Public Health is very excited to invite you to participate in our Local Public Health System Assessment (LPHSA). We seek to answer the question *"How well is the local public health system of Placer County performing?"* A public health system is made up of all the public, private, and voluntary entities that contribute to the delivery of essential public health services. This assessment is a part of a larger project that will culminate in a comprehensive community health assessment and community health improvement plan.

The LPHSA will be held in January and will feature a series of meetings facilitated by public health staff. In order to measure the performance of our local public health system, it is important to have diverse representation from multiple organizations. Afterwards, we will analyze the assessment data, compile the results, and distribute a report to all participants and community partners. This final report will be used to identify the priority areas that need to be improved within Placer County's Public Health System.

Essential services were assigned based on your expertise and experience. You will be asked to attend one meeting and respond to questions about two of the ten essential public health services. This meeting will be held on (insert date) at (insert location) from (Insert time).

The attached documents outline the Ten Essential Public Health Services, the two essential services you will be asked to assess, and the voting guide used to rate them. As a leader and public health advocate in the local public health system, your involvement will provide invaluable insight and we hope you consider this opportunity to contribute to a plan for improving our system's performance.

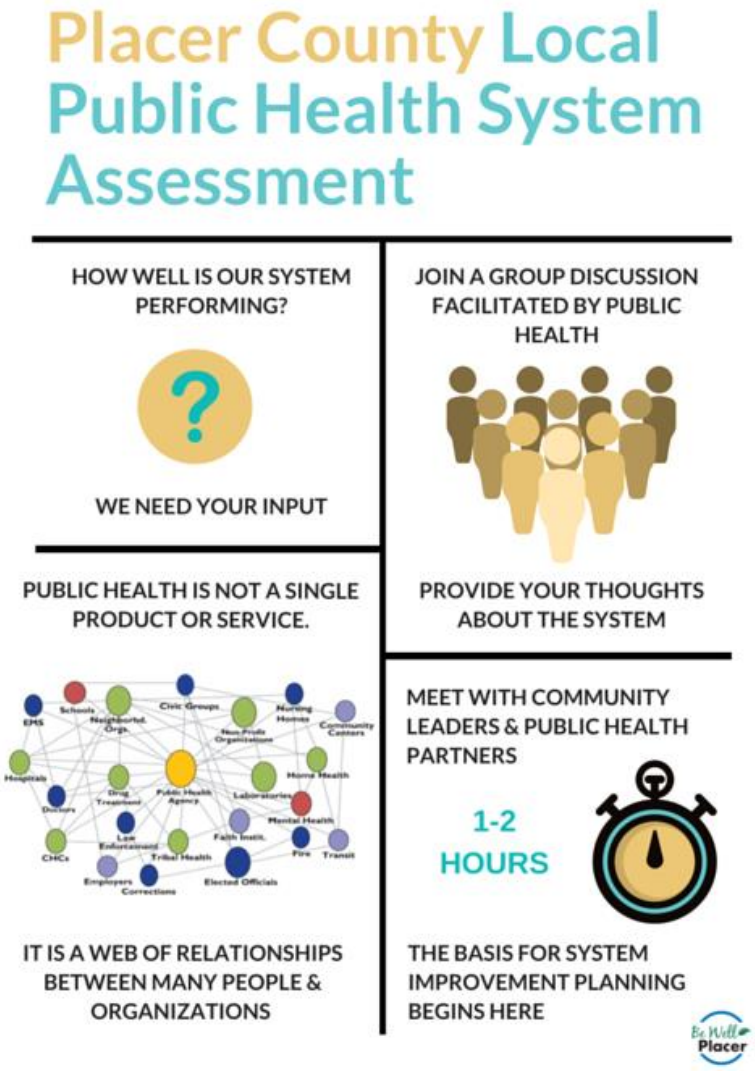
Warmest Regards,

Jennifer Johnson, MPA
CDC Public Health Associate
Placer County Public Health Division

Sarah Hagen, MS, CHES
Health Educator
Placer County Public Health Division

www.placer.ca.gov

Appendix 2: Placer County LPHSA Flyer



Appendix 3: Placer County LPHSA Work Group Agenda

Local Public Health System Assessment (LPHSA)

Date | time 2/2/2016 10:00 AM| *Location* Placer County Public Health

Meeting called by	Placer County Public Health	Attendees: Local Public Health System Partners
Type of meeting	Assessment Work Group	
Facilitators	Jennifer Johnson/Sarah Hagen	
Note taker	Shannon Ng	
Timekeeper	N/A	

Agenda Items

	Topic	Presenter	Time allotted
☐	Introductions	Sarah Hagen	10:00-10:10
☐	Overview of the Process and Discussion Principles	Jennifer Johnson	10:10-10:20
☐	Essential Service Review & Assessment	Group	10:20-11:00
☐	Break	-	11:00-11:10
☐	Essential Service Review & Assessment	Jennifer Johnson	11:10-11:50
☐	Evaluation	Group	11:50-12:00

Other Information

Resources: Assessment Packets & Voting Cards

Special notes: