Community Health Needs Assessment
♦ Local Public Health System Assessment ♦

EXECUTIVE SUMMARY

The Local Public Health System Assessment (LPHSA) was conducted with local public health system leaders from the local government, hospitals, other health care organizations, health insurers, research institutions, safety net, and social service organizations. The assessment focused on the delivery of the 10 Essential Public Health Services by the local public health system (LPHS), which includes all "public, private, and voluntary entities that contribute to the delivery of the essential health services within a jurisdiction." Through the process, the following questions were answered:

- What are the components, activities, competencies, and capacities of our public health system?
- How well are the 10 Essential Public Health Services being provided in our system?

Overall, the LPHSA:

- Improved organizational and community communication and collaboration
- Educated participants about the local public health system composition, functions, and standards, as well as their organization's role within the system
- Strengthened the diverse network of partners within the LPHS
- Identified strengths and weaknesses to guide data driven quality improvement efforts
- Provided a baseline measure of performance to track future progress

The findings from this assessment create a snapshot of activities being performed by the local public health system and will guide a system-wide infrastructure and performance improvement process. Improvements in the areas discussed will help the LPHS enhance its collective performance and effectiveness as a system to better serve the community and to ensure greater health and quality of life for all residents. The strengths that surfaced throughout the assessment can be leveraged to help partners across the LPHS come together to collectively advance system-wide improvements.

Key Themes

The assessment was an honest and critical look at the LPHS. Throughout the discussions, the following themes emerged relating to system strengths, weaknesses, and opportunities for improvement.

Strengths
- Successful organizational collaborations and community partnerships to mobilize and strategize.
- The involvement of community organizations in service delivery.
- Solid interest and support for strengthening the local public health system.
- A strong infrastructure exists for investigating and responding to public health threats and emergencies.

Weaknesses
- Local organizations are often unaware or unclear about their role in the public health system.
- The general public's lack of awareness and understanding regarding the local public health system.
- There is an insufficient degree of communication, which creates the perception of silos.
- Limited capacity and infrastructure for research across the entire LPHS.

Opportunities for Improvement
- Bolster communication, coordination of efforts, and execution of action plans across the LPHS.
- Leverage the use of technology to better connect and communicate with our community.
- Strengthen the system for sharing data and conducting public health research to enhance decision making and implementing strategies that improve population health.
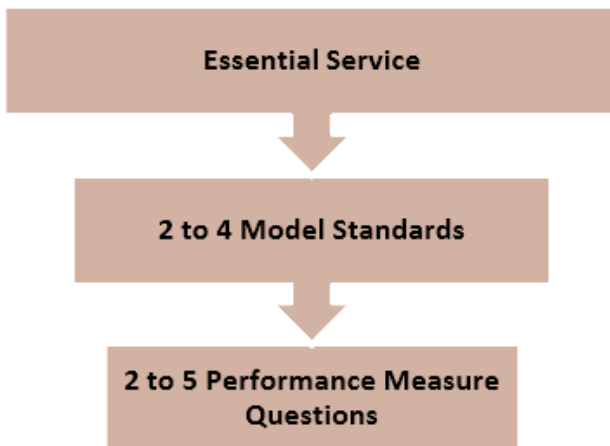
ESSENTIAL PUBLIC HEALTH SERVICES

The Centers for Disease Control and Prevention's 10 Essential Public Health Services:

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

Using the 10 Essential Public Health Services as a framework, a total of 30 Model Standards (2-4 Model Standards per Essential Service) describe an optimally performing local public health system. Each Model Standard is followed by questions that serve as measures of performance. The Performance Measures related to each Essential Service describe an optimal level of performance and capacity to which the LPHS should aspire.

For the assessment, participants in were led in a facilitated discussion and scoring of the Model Standards. Participants responded to the Performance Measure questions using the activity levels listed in Table 1 below.

Using the responses to all of the performance measure questions, a scoring process generated a score for each Model Standard, Essential Service, and finally the overall score.

Table 1: *Summary of Performance Measure Response Options*

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 in the question is met.
Moderate Activity (26-50%)	Greater than 25% but no more than 50% of the activity described in the question is met.
Minimal Activity (1-25%)	Greater than 0% but no more than 25% of the activity described in the question is met.
No Activity (0%)	0% or absolutely no activity

PROCESS

As part of the 2015 Community Health Needs Assessment, a Local Public Health System Assessment was conducted using the National Public Health Performance Standards Program (NPHPSP) local instrument to measure how well system partners provide public health services. The objectives were:

- To determine the components, activities, competencies, and capacity of the LPHS.
- To determine how well the Essential Public Health Services are being provided in the community.

On September 9, 2015 from 7am-11:30am at Pacific Source, a broad set of local public health system partners convened to participate in the assessment. The session comprised of 27 leaders representing the following organizations:

- Board of County Commissioners
- Board of Health
- Cascade Health Solutions
- City of Eugene, Recreation
- Cornerstone Community Housing
- HIV Alliance
- Kaiser Permanente
- Lane County 211 Info
- Lane County Health and Human Services
- McKenzie- Willamette

- Oregon Medical Group
- Oregon Research Institute
- PeaceHealth Sacred Heart Medical Center
- PeaceHealth Peace Harbor Medical Center
- South Lane Mental Health
- Trillium Community Health Plans
- Trillium Consumer Advisory Counsel
- United Way of Lane County
- Volunteers in Medicine
- Willamette Family

As part of the introduction to the assessment, participants were familiarized with the local public health system, 10 Essential Public Health Services (EPHS), LPHS assessment, and performance measures. Participants then broke into four workgroups to complete each of the following four 40-minute sessions:

- EPHS 1 and 2   - EPHS 3, 4, and 5   - EPHS 6 and 7   - EPHS 8, 9, and 10

During each session, participants were led through a review of the Essential Service and Model Standards of Performance, individual scoring, and a group discussion of how the LPHS was perceived to meet performance expectations in each area. Each individual rater scored the perceived community activity in each Essential Service's Model Standards as no activity, minimal activity, moderate activity, significant activity, or optimal activity. The ensuing facilitated discussion aimed to identify system strengths, weaknesses, and areas of improvement opportunities. Upon completion of the four sessions, the four workgroups reported highlights to the larger group to summarize and conclude the session.

After completing the assessment, the LPHSA subcommittee reconvened to debrief the assessment meeting, analyze participant results, and identify major themes. The 100% Health Executive Committee then met to review and approve the report, complete the priority questionnaire, and discuss the priority ratings.
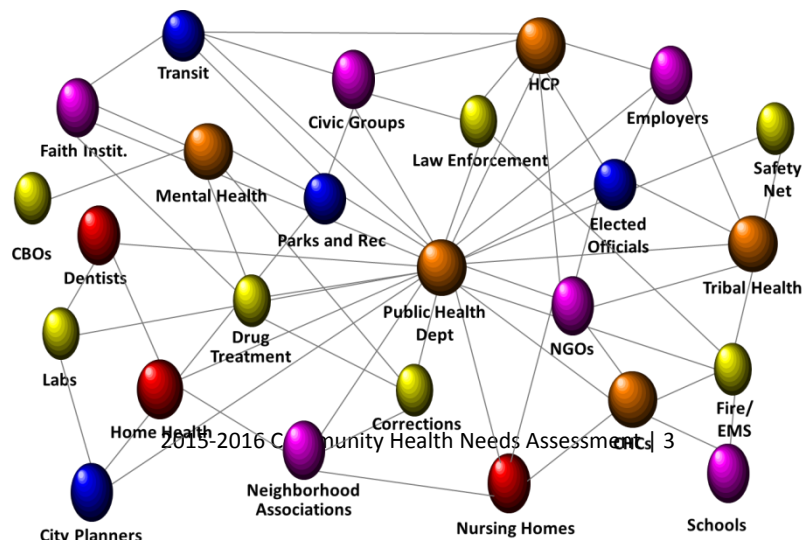
LIMITATIONS

There are a number of limitations to the assessment results due to wide variations in the breadth and knowledge of participants, and differences in interpretation of the questions. When evaluating the 10 Essential Public Health System results, each person's rankings reflect his or her own different experiences and perspectives, and the responses to the questions involve an element of subjectivity. In some instances, for example, LPHSA participants indicated that they did not know or were unaware of a particular action. A "don't know/not aware" response was not included in the calculations of averages for the performance scores.

Data and resultant information should not be interpreted to reflect the capacity or performance of any single agency or organization within the public health system or used for comparisons between jurisdictions or organizations. Use of the results are limited to guiding an overall public health infrastructure and performance improvement process for the LPHS as determined by organizations involved in the assessment.

ASSESSMENT RESULTS: SCORES

Throughout the LPHSA, many participants agreed that the Lane County region lacks a coordinating body that integrates the essential services across the LPHS. Therefore, participants found it difficult to respond to certain assessment questions, as language in the assessment tool often presumed that the LPHS actually functions as a cohesive system.

Based upon the responses provided in the assessment, a score was calculated for each of the 10 Essential Services (ES). The score of each Essential Service can be interpreted as the degree in which the local public health system meets the performance standards for each Essential Service. Scores can range from a minimum value of 0% (no activity performed compared to the standard) to a maximum value of 100% (all activity performed compared to the standard). The data created establishes the foundation upon which we may set priorities for performance improvement and identify specific quality improvement projects.

Overall Scores for Each Essential Public Health Service
Figure 1 displays the average score for each Essential Service, along with an overall average assessment score. Examination of these scores immediately gives a sense of the LPHS's greatest strengths and weaknesses. The black bars identify the range of reported performance score responses within each ES.

Figure 1: *Summary of Average Essential Public Health Service Performance Score*
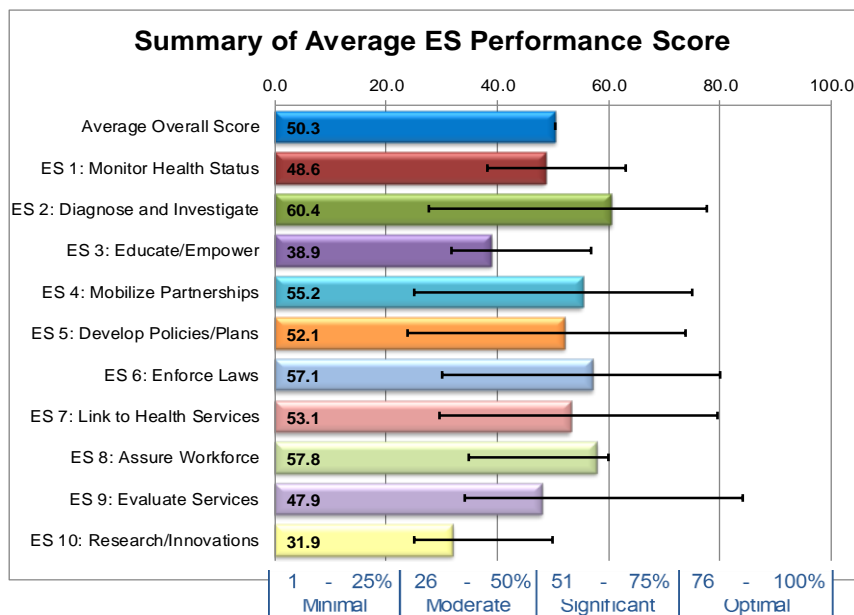
Performance Scores by Essential Public Health Service for Each Model Standard

Table 2 displays the average performance score for each of the Model Standards within each Essential Service. The performance score at the Essential Service level is a calculated average of the respective Model Standard scores within that Essential Service. This level of analysis enables the identification of specific activities that contributed to high or low performance within each Essential Service.

Table 2: *Overall Performance, Priority, and Contribution Scores by Essential Public Health Service and Corresponding Model Standard*

Model Standards by Essential Services	Performance
ES 1: Monitor Health Status	**48.6**
1.1 Community Health Assessment	66.7
1.2 Current Technology	41.7
1.3 Registries	37.5
ES 2: Diagnose and Investigate	**60.4**
2.1 Identification/Surveillance	58.3
2.2 Emergency Response	66.7
2.3 Laboratories	56.3
ES 3: Educate/Empower	**38.9**
3.1 Health Education/Promotion	41.7
3.2 Health Communication	25.0
3.3 Risk Communication	50.0
ES 4: Mobilize Partnerships	**55.2**
4.1 Constituency Development	43.8
4.2 Community Partnerships	66.7
ES 5: Develop Policies/Plans	**52.1**
5.1 Governmental Presence	33.3
5.2 Policy Development	50.0
5.3 CHIP/Strategic Planning	66.7
5.4 Emergency Plan	58.3
ES 6: Enforce Laws	**57.1**
6.1 Review Laws	56.3
6.2 Improve Laws	50.0
6.3 Enforce Laws	65.0
ES 7: Link to Health Services	**53.1**
7.1 Personal Health Service Needs	56.3
7.2 Assure Linkage	50.0
ES 8: Assure Workforce	**57.8**
8.1 Workforce Assessment	50.0
8.2 Workforce Standards	75.0
8.3 Continuing Education	50.0
8.4 Leadership Development	56.3
ES 9: Evaluate Services	**47.9**
9.1 Evaluation of Population Health	43.8
9.2 Evaluation of Personal Health	50.0
9.3 Evaluation of LPHS	50.0
ES 10: Research/Innovations	**31.9**
10.1 Foster Innovation	37.5
10.2 Academic Linkages	33.3
10.3 Research Capacity	25.0
Average Overall Score	**50.3**
Median Score	**52.6**

Optimal Activity (76-100%)
Significant Activity (51-75%)
Moderate Activity (26-50%)
**Minimal Activity** (1-25%)
No Activity (0%)

Performance Relative to Optimal Activity

Figures 2 and 3 display the proportion of performance measures that met specified thresholds of achievement for performance standards. The five threshold levels of achievement used in scoring these measures are shown in the Figure 1. For example, measures receiving a composite score of 51-75% were classified as meeting performance standards at the significant level.

Figure 2: *Percentage of the System's Essential Services Scores that Fall Within the Five Activity Categories.* This chart provides a high level snapshot of the information found in Figure 1, summarizing the composite performance measures for all 10 Essential Services.
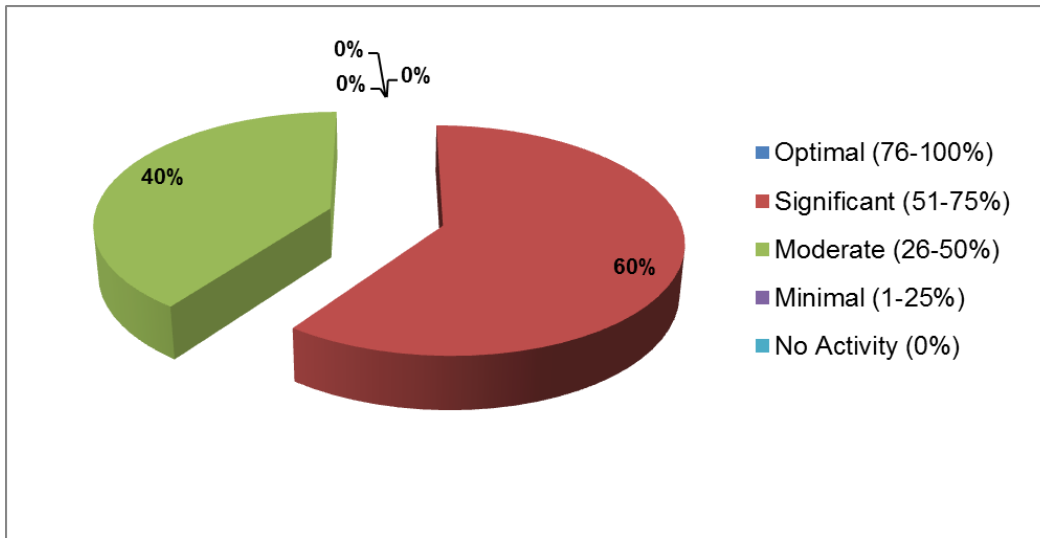
Figure 3: *Percentage of the System's Model Standard Scores that Fall Within the Five Activity Categories.* This chart provides a high level snapshot of the information found in Table 2, summarizing the composite measures for all 30 Model Standards.
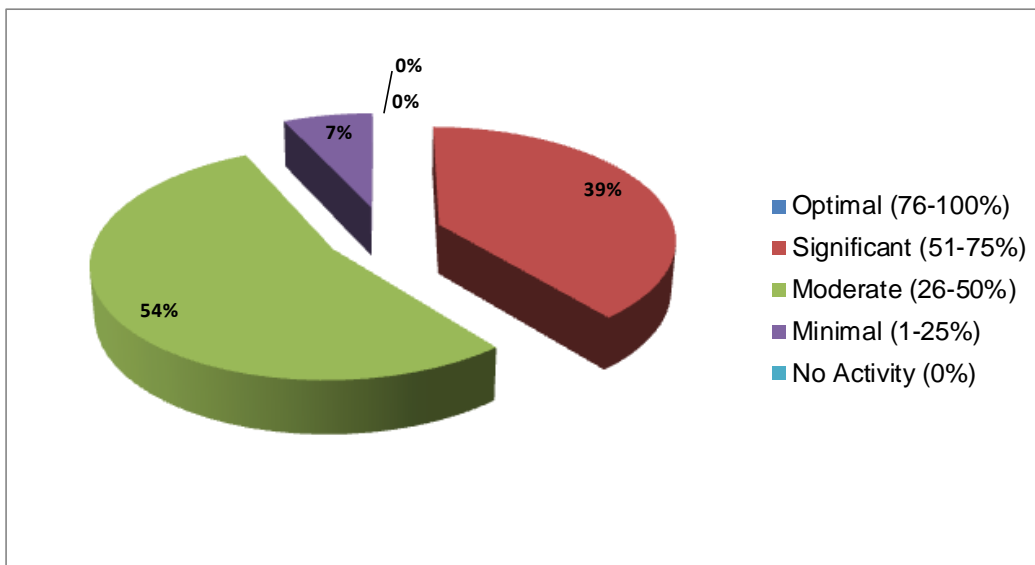
ASSESSMENT RESULTS: DISCUSSION

Through discussions of the local public health system (LPHS), participants identified the following system strengths, weaknesses, and opportunities of the 10 Essential Public Health Services (EPHS).

EPHS 1   Monitor Health Status to Identify Community Health Problems

    1.1   Population-Based Community Health Assessment (CHA)
    1.2   Current Technology to Manage and Communicate Population Health Data
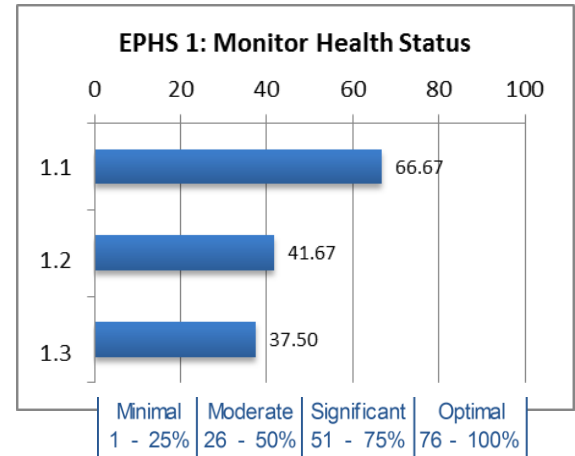   1.3   Maintaining Population Health Registries

Strengths

- The community is committed to conducting a CHNA every three years and aims to engage a broad representation of community members and partners in the process.

Weaknesses

- While there is more awareness of the CHNA, the average person has minimal knowledge or involvement in it.
- In addition to the large lag time of data, it is difficult to integrate data between systems and organizations.
- Limited work is being done in maintaining population health registries.

Opportunities for Improvement

- Continue to engage the public in the CHNA and throughout the three years of the CHIP.
- Gain support for and participation in population survey efforts, including the Healthy Teen Survey.
- Leverage technology to develop more active strategies for sharing and using data, continually update information, and create a dashboard of data points for the CHNA and CHIP.

EPHS 1: Monitor Health Status

	Value
1.1	66.67
1.2	41.67
1.3	37.50

Minimal	Moderate	Significant	Optimal
1 - 25%	26 - 50%	51 - 75%	76 - 100%

EPHS 2   Diagnose and Investigate Health Problems and Health Hazards

    2.1   Identifying and Monitoring Health Threats
    2.2   Investigating and Responding to Public Health Threats and Emergencies
    2.3   Laboratory Support for Investigating Health Threats
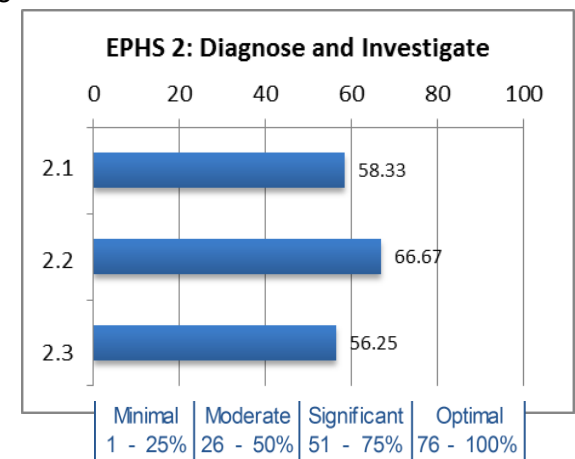
Strengths

- Robust preparedness plans are in place for public health threats/events within and among organizations.
- Coordinated collaborations have created a strong infrastructure for investigating and responding to public health threats and emergencies.
- While most are unaware of the lab support for investigating health threats, local laboratory services are strong.

Weaknesses

- While we do really well at identifying and monitoring acute health threats, emerging health issues are more difficult. There is a need to have community conversations to figure out how to address the bigger picture challenges.

Opportunities for Improvement

- Serve as a community voice of what is a danger, take a greater advocacy role in the community, and extend the health action network to get alerts out to a broader network of providers.
- Use information technology to leverage how this essential service is provided to the community.
- Develop relationships with state public health to further support the diagnosis and investigation of health problems and hazards in our community

EPHS 2: Diagnose and Investigate

	Value
2.1	58.33
2.2	66.67
2.3	56.25

Minimal	Moderate	Significant	Optimal
1 - 25%	26 - 50%	51 - 75%	76 - 100%

EPHS 3   Inform, Educate, and Empower People about Health Issues
> 3.1   Health Education and Promotion
> 3.2   Health Communication
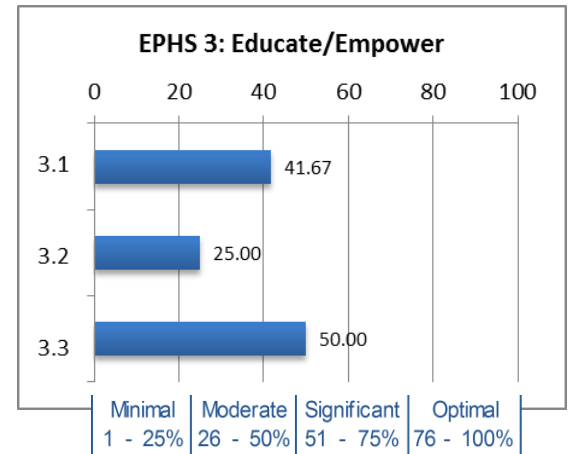> 3.3   Risk Communication

Strengths
- Strong cross-sector collaboration with a strong spirit of partnership to educate and promote health.
- Emergency communications plans for each stage of an emergency allow for the effective dissemination of information; an appropriate amount of resources are available for a rapid emergency communication response.

Weaknesses
- Due to the silo effect, there is inadequate communication of health education and issues across sectors and institutions of the LPHS, as well as with the general public.

Opportunities for Improvement
- Utilize collaborations to integrate substance abuse and mental health into primary care.
- Increase efforts around equity and diversity; work to understand the populations and appropriate communication vehicles.
- Develop health communication plans, build relations with different media providers, and identify and train spokespersons on public health issues.

EPHS 3: Educate/Empower

3.1	41.67
3.2	25.00
3.3	50.00

Minimal	Moderate	Significant	Optimal
1 - 25%	26 - 50%	51 - 75%	76 - 100%

EPHS 4   Mobilize Community Partnerships to Identify and Solve Health Problems
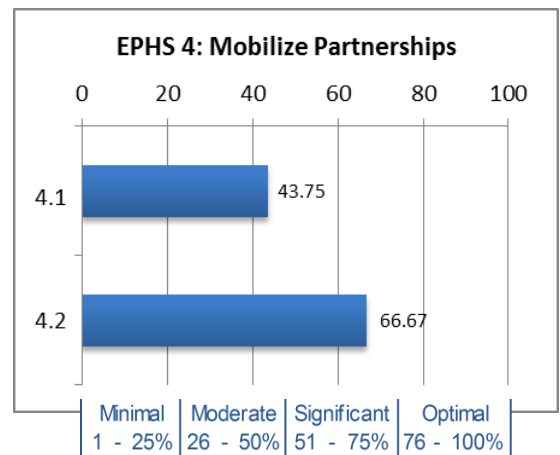> 4.1   Constituency Development
> 4.2   Community Partnerships

Strengths
- The Lane County region strongly supports community involvement and establishing community partnerships to address health problems.

Weaknesses
- Despite the culture of collaboration, the LPHS does not have a formalized process or coordinating entity to mobilize community partnerships or to communicate accomplishments.

Opportunities for Improvement
- Designate a communication hub, create forums, and innovatively utilize social media for communication of health issues.
- System collaboration to maintain, promote, and further develop a directory of community organizations.

EPHS 4: Mobilize Partnerships

4.1	43.75
4.2	66.67

Minimal	Moderate	Significant	Optimal
1 - 25%	26 - 50%	51 - 75%	76 - 100%

EPHS 5   Develop Policies and Plans That Support Individual and Community Health Efforts

> 5.1   Governmental Presence at the Local Level
> 5.2   Public Health Policy Development
> 5.3   Community Health Improvement Process and Strategic Planning
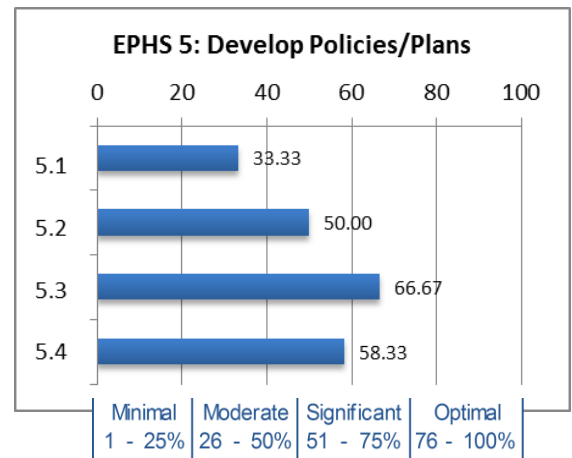> 5.4   Planning for Public Health Emergencies

Strengths
- Significant levels of system activity in the community health improvement process, strategic planning, and planning for public health emergencies.

Weaknesses
- LPHS institutions and agencies engage in a significant level of planning activities, but this work is not coordinated across the LPHS.
- Limited funding for the local public health system.

Opportunities for Improvement
- Effort needs to be better coordinated and communicated with other agencies and policymakers, and the information should be translated and more widely disseminated to support community actions.

EPHS 5: Develop Policies/Plans

5.1	33.33
5.2	50.00
5.3	66.67
5.4	58.33

Minimal	Moderate	Significant	Optimal
1 - 25%	26 - 50%	51 - 75%	76 - 100%

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

> 6.1   Reviewing and Evaluating Laws, Regulations, and Ordinances
> 6.2   Involvement in Improving Laws, Regulations, and Ordinances
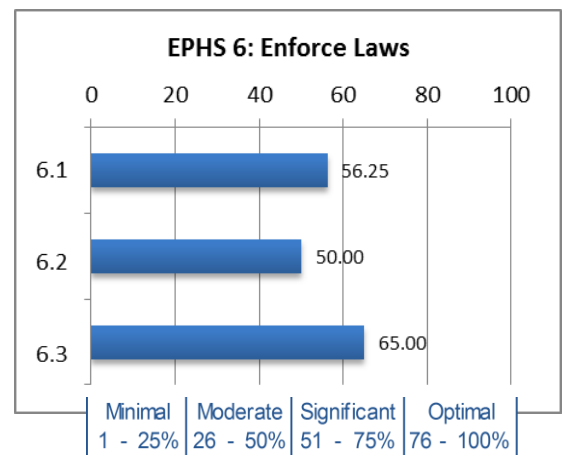> 6.3   Enforcing Laws, Regulations, and Ordinances

Strengths
- The public is very engaged in local issues and policy.

Weaknesses
- Most are unaware of work being done related to enforcing, reviewing, or evaluating laws, regulations, or ordinances. The general opinion is that such work feels "opaque." The assumption is that the work is being done, but few are aware of what, or how well it is being done, or how effective the policies are in improving health.

Opportunities for Improvement
- There is opportunity for mobilizing and galvanizing advocacy and non-governmental agencies to advance local policy. Such agencies are open and willing to assist in advancing public health laws and regulations.

EPHS 6: Enforce Laws

6.1	56.25
6.2	50.00
6.3	65.00

Minimal	Moderate	Significant	Optimal
1 - 25%	26 - 50%	51 - 75%	76 - 100%

EPHS 7 Link People to Needed Personal Health Services and Assure the Provision of Healthcare When Otherwise Unavailable

    7.1 Identifying Personal Health Service Needs of Populations
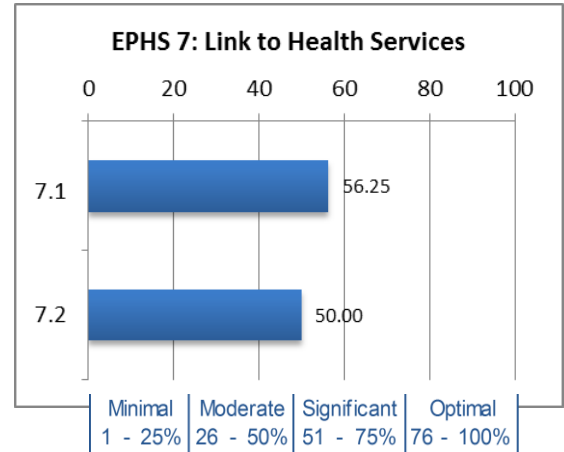   7.2 Ensuring People are Linked to Personal Health Services

Strengths

- Most people now have health insurance due to the Affordable Care Act.
- There are many available social and human services.

Weaknesses

- Because of transportation issues, limited providers, and the complexity of the system, there are still healthcare access issues and specific populations remain uninsured or underinsured.

Opportunities for Improvement

- Our region has many social and human services available, however accessing services and working in the system remains fractured. There is a need to improve coordination and assist individuals in finding and accessing services and improving coordination between medical and social, and human services.

EPHS 7: Link to Health Services

7.1	56.25
7.2	50.00

Minimal 1 - 25% | Moderate 26 - 50% | Significant 51 - 75% | Optimal 76 - 100%

EPHS 8 Assure a Competent Public Health and Personal Healthcare Workforce

    8.1 Workforce Assessment, Planning, and Development
    8.2 Public Health Workforce Standards
    8.3 Life-Long Learning through Continuing Education, Training, and Mentoring
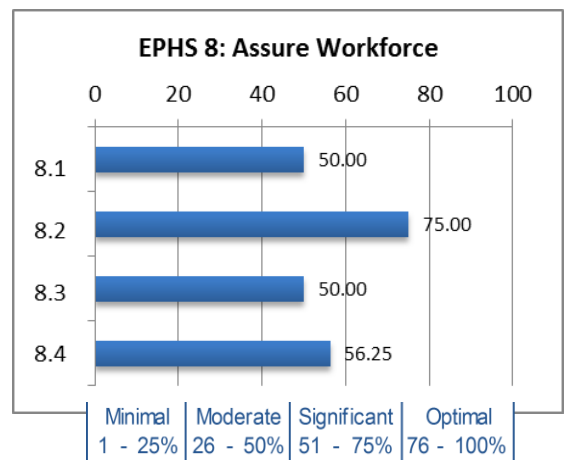   8.4 L Public Health Leadership Development

Strengths

- Many organizations conduct workforce assessments.

Weaknesses

- There is no integrated, systems-wide approach to workforce assessment, development, and training that serves all LPHS members
- Labor shortages across the region have led to a shortage of providers and other trained and skilled staff

Opportunities for Improvement

- While the confident assumption is that there is significant activity within public health workforce standards, the actual activity is closer to minimal or moderate activity, leaving room for improvement.
- Coordinate workforce recruitment efforts and leverage resources.

EPHS 8: Assure Workforce

8.1	50.00
8.2	75.00
8.3	50.00
8.4	56.25

Minimal 1 - 25% | Moderate 26 - 50% | Significant 51 - 75% | Optimal 76 - 100%

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

9.1   Evaluating Population-Based Health Services
9.2   Evaluating Personal Health Services
9.3   Evaluating the Local Public Health System
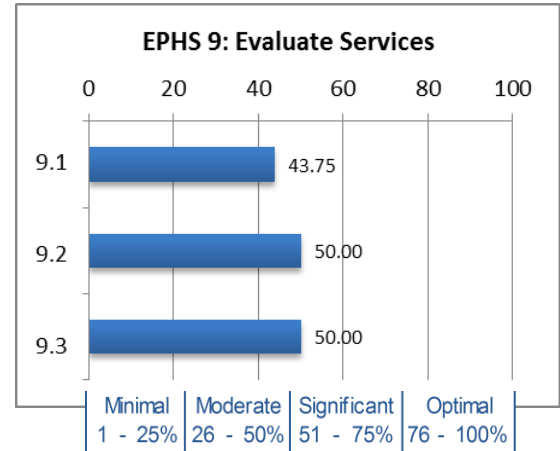
Strengths

- Community partners and members are often involved with these assessments, and their input and feedback are solicited as part of program evaluation.
- Strong interest and commitment to regularly evaluating the local public health system.

Weaknesses

- Coordinating strategic planning and evaluating effectiveness across all LPHS members is limited.
- Inadequate activity in translating data into information and monitoring outcomes.

Opportunities for Improvement

- Maintain a feedback loop (strategic planning resulting in specific implementation of actions) and use data to improve services.
- Effectively use information technology for the purposes of collecting, storing, and evaluating data.

EPHS 9: Evaluate Services

	0 20 40 60 80 100
9.1	43.75
9.2	50.00
9.3	50.00

Minimal	Moderate	Significant	Optimal
1 - 25%	26 - 50%	51 - 75%	76 - 100%

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

10.1   Fostering Innovation
10.2   Linking with Institutions of Higher Learning and/or Research
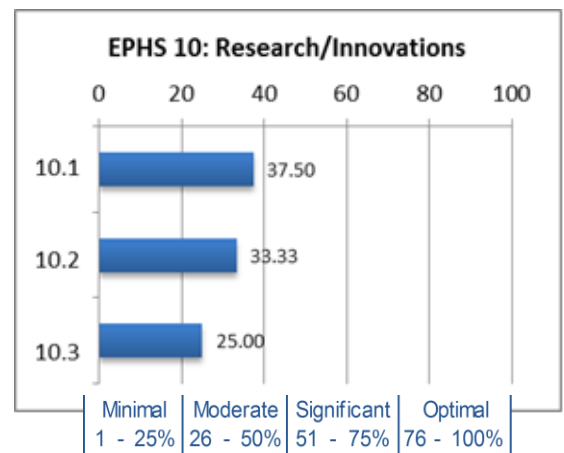10.3   Capacity to Initiate or Participate in Research

Strengths

- Lane County's LPHS is at an advantage in that it has access to first class research institutions (ORI, OSLC, and UO) and researchers.

Weaknesses

- Inadequate communication and coordination between research and the other LPHS partners.
- Minimal level of activity in the capacity to initiate or participate in research.

Opportunities for Improvement

- Research efforts – and the outcomes of that research – could be better leveraged and coordinated across the LPHS to the benefit of the community's health.
- Share best practices outside of silos and implement innovative interventions when possible.

EPHS 10: Research/Innovations

	0 20 40 60 80 100
10.1	37.50
10.2	33.33
10.3	25.00

Minimal	Moderate	Significant	Optimal
1 - 25%	26 - 50%	51 - 75%	76 - 100%

PRIORITY OF MODEL STANDARDS QUESTIONNAIRE

As recommended by the MAPP framework, the 100% Health Steering Committee used a nominal group technique to respond to the LPHSA Priority Questionnaire. Each attending member was asked to rank the Essential Services individually (low, medium, or high priority), and then weighed averages were tallied for each Essential Service. Prioritizing the Essential Services will help the local public health system identify areas for improvement or where resources could be realigned.

Based on the priority given to each of the 10 Essential Services by the Steering Committee, each service was assigned to one of four quadrants. The four quadrants, which are based on how the performance of each Essential Service compares with the priority rating, should provide guidance in considering areas for attention and next steps for improvement
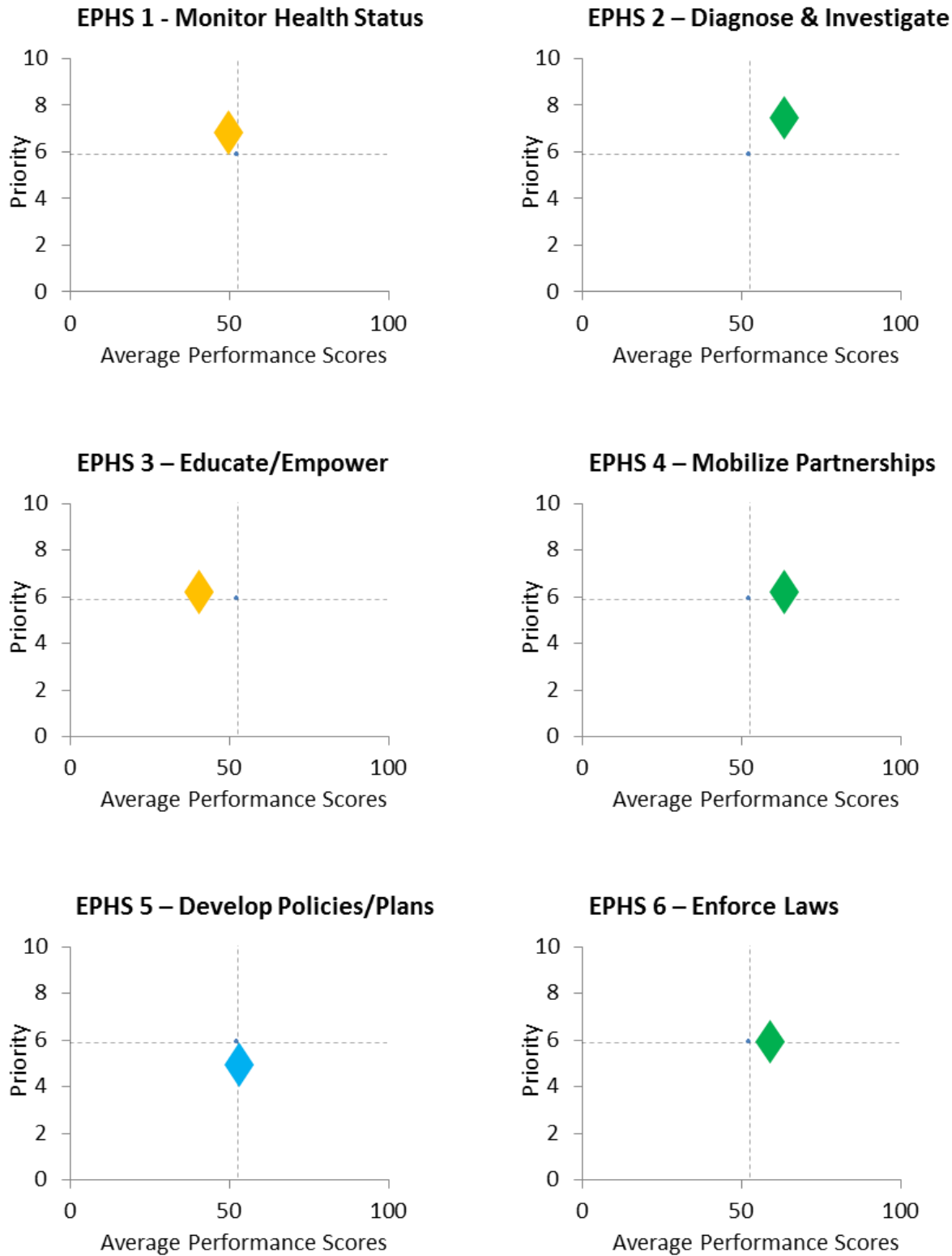
Quadrant A	(High Priority and Low Performance) – These activities may need increased attention.
Quadrant B	(High Priority and High Performance) – These activities are being done well, and it is important to maintain efforts.
Quadrant C	(Low Priority and High Performance) – These activities are being done well; 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.

Table 3 below displays average priority ratings (on a scale of 1-10, with 10 being the highest priority) and performance scores for the Essential Services, arranged under the four quadrants. By considering the appropriateness of the match between the importance ratings and current performance scores and also by reflecting back on the previous qualitative data, potential priority areas can be identified for future action planning.
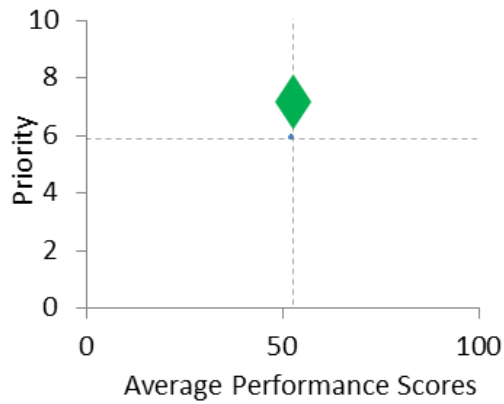
Table 3. Essential Services by Priority and Performance Score

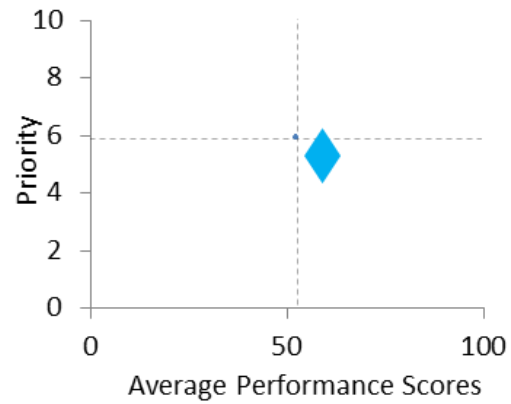| Quadrant	Essential Service	Performance Score (%)	Priority Rating
Quadrant A	ES 1: Monitor Health Status	48.6	7.1
Quadrant A	ES 3: Educate/Empower	39.8	6.4
Quadrant B	ES 2: Diagnose and Investigate	60.4	7.6
Quadrant B	ES 4: Mobilize Partnerships	55.2	6.0
Quadrant B	ES 6: Enforce Laws	57.1	6.0
Quadrant B	ES 7: Link to Health Services	53.1	7.1
Quadrant C	ES 5: Develop Policies/Plans	52.1	5.3
Quadrant C	ES 8: Assure Workforce	57.8	5.6
Quadrant D	ES 9: Evaluate Services	47.9	3.8
Quadrant D	ES 10: Research/Innovations	31.9	4.5

Figure 4: *Summary of Essential Public Health Service Model Standard Scores and Priority Ratings*
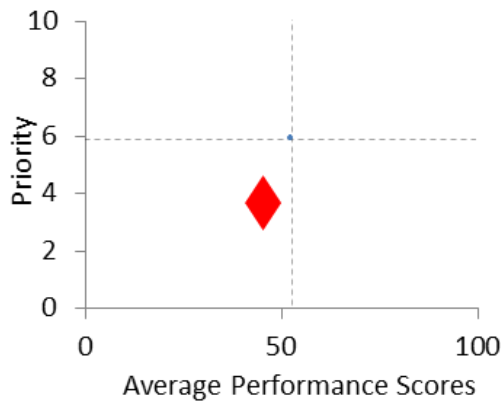

EPHS 1 - Monitor Health Status

EPHS 2 – Diagnose & Investigate

EPHS 3 – Educate/Empower

EPHS 4 – Mobilize Partnerships

EPHS 5 – Develop Policies/Plans

EPHS 6 – Enforce Laws

EPHS 7 – Link to Health Services

EPHS 8 – Assure Workforce

EPHS 9 – Evaluate

EPHS 10 – Research