

HEALTHY YOLO



Our Community | Our Future

# LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

YOLO COUNTY

Yolo County  
Health Department



**Public Health**  
Prevent. Promote. Protect.

1/9/2014

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## ACKNOWLEDGEMENTS

*Nilofer Chollampat – Planning & set up*

*Ashley Logins-Miller – Planning & work group recorder*

*Harry Tran – Work group facilitator*

*Susan Wang – Work group facilitator*

*Victoria Conlu – Work group recorder*

*Zoila Reyna – Work group facilitator*

*Sarah Miller – Work group recorder*

*Jessica Tsuei – Work group facilitator*

*Bernadette Gomez – Work group recorder*

*Maria Coronel – Work group facilitator*

*Vaisali Patel – Work group recorder*

*Mark Harlan – Assessment facilitator*



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## INTRODUCTION

## BACKGROUND

In mid-November 2013, the Yolo County Health Department, through the Healthy Yolo campaign, conducted an assessment of the public health system in Yolo County. Healthy Yolo is a community-driven strategic planning process for improving community health. Healthy Yolo replicates the Mobilizing for Action through Planning and Partnerships (MAPP) model and in accordance conducted an assessment of the local public health system (LPHS). Healthy Yolo will integrate the findings from this LPHS Assessment with three other MAPP assessments to identify strategic issues, and develop goals and strategies to address these issues.

## PUBLIC HEALTH

Public health uses a proactive, preventive approach that focuses on the entire community. Overall, public health is concerned with protecting and promoting the health of entire populations through population-based strategies. These populations can be as small as a local community, or as big as an entire country.

Public health relies on a combination of science and social approaches to protect and improve the health of families and communities through the promotion of healthy lifestyles, research for disease and injury prevention, and detection and control of infectious diseases<sup>1</sup>.

Public health professionals try to prevent problems from happening or re-occurring through implementing educational programs, developing policies, administering services, and conducting research, in contrast to clinical professionals such as doctors and nurses, who focus primarily on treating individuals after they become sick or injured<sup>1</sup>. Population-based strategies for improving community health include efforts to control epidemics, ensure safe water and food, create smoke-free environments, improve motor vehicle safety, and conduct surveillance of health problems.

The 10 essential public health services describe the public health responsibilities and activities of public health agencies and institutions.

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.

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<sup>1</sup> Centers for Disease Control and Prevention (CDC), What is Public Health? <http://www.cdcfoundation.org/content/what-public-health>

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.

## NATIONAL PUBLIC HEALTH PERFORMANCE STANDARDS

The National Public Health Performance Standards (NPHPS) provide a framework to assess capacity and performance of public health systems and public health governing bodies. The performance standards help public health agencies answer questions such as “What are the components, activities, competencies, and capacities of our public health system?” and “How well are the 10 essential public health services (Essential Services) being provided in our system?”<sup>2</sup> There are four concepts that frame the performance standards<sup>3</sup>:

1. The standards are designed around the 10 Essential Services to assure that the standards fully cover the gamut of public health action needed at state and community levels.
2. The standards focus on the overall public health system – all public, private, and voluntary entities that contribute to public health activities within a given area – rather than a single organization. This assures that the contributions of all entities are recognized in assessing the provision of Essential Services.
3. The standards describe an optimal level of performance rather than provide minimum expectations. Optimal standards can stimulate greater accomplishment and provide a level to which all public health systems can aspire to achieve.
4. The standards are intended to support a process of quality improvement. System partners use the assessment process and the performance standards results as a guide for learning about public health activities throughout the system and determining how to make improvements.

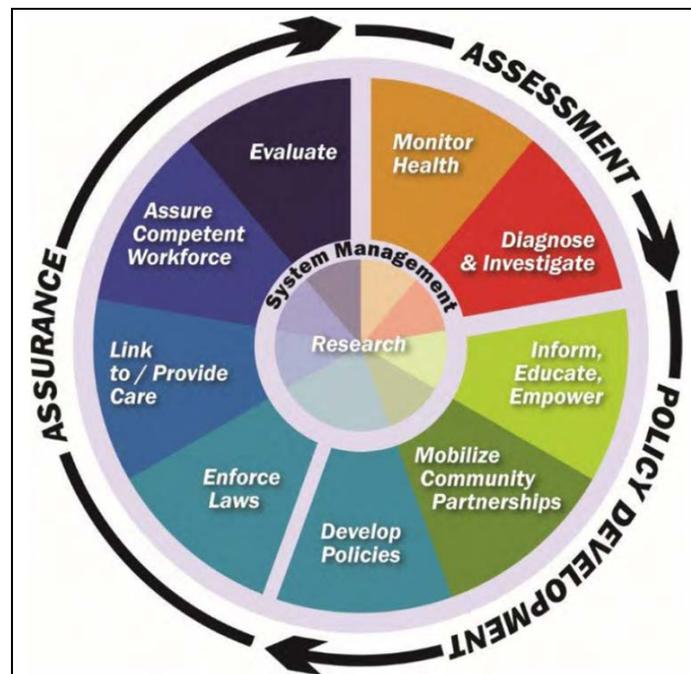


Figure 1: Public Health Essential Services and Core Functions

<sup>2</sup> National Association of County & City Health Officials (NACCHO), Local Implementation Guide, Version 3

<sup>3</sup> National Public Health Performance Standards Program (NPHPS), Fact Sheet, <http://www.cdc.gov/nphpsp/PDF/FactSheet.pdf>

Healthy Yolo employed the Local Public Health System Performance Assessment Instrument (Local Instrument), which focuses on the local public health system (LPHS) to assess the overall, current delivery of the 10 Essential Services. The Local Instrument describes the optimal level of performance thus setting benchmarks by which the LPHS can be assessed and improved. The process of conducting a LPHS assessment allows members of the LPHS to come together and engage in dialogue to build relationships and make connections; share information about what each agency is doing; and identify opportunities and plan together.

Each essential public health service consists of two to four Model Standards. Overall, there are 30 Model Standards discussed during the assessment that serve as quality indicators.

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## LOCAL PUBLIC HEALTH SYSTEM

The LPHS consists of a variety of public, private, and voluntary entities with differing roles, relationships, and interactions that contribute to the health and well-being of communities through the delivery of the Essential Services. Since the Essential Services span such a broad spectrum of activities, entities that typically would not be considered involved in public health or health care do perform some of the Essential Services. The public health system includes<sup>4</sup>:

- Public health agencies at state and local levels
- Healthcare providers
- Public safety agencies
- Human service and charity organizations
- Education and youth development organizations
- Recreation and arts-related organizations
- Economic and philanthropic organizations
- Environmental agencies and organizations

Thus, regardless of the entity, the service provided, or the population served; they all are a part of the LPHS because of their involvement in carrying out at least one of the Essential Services. Figure 2 illustrates the local public health system and the interconnectedness of all these entities.

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<sup>4</sup> CDC, The Public Health System and the 10 Essential Public Health Services, <http://www.cdc.gov/nphpsp/essentialservices.html>

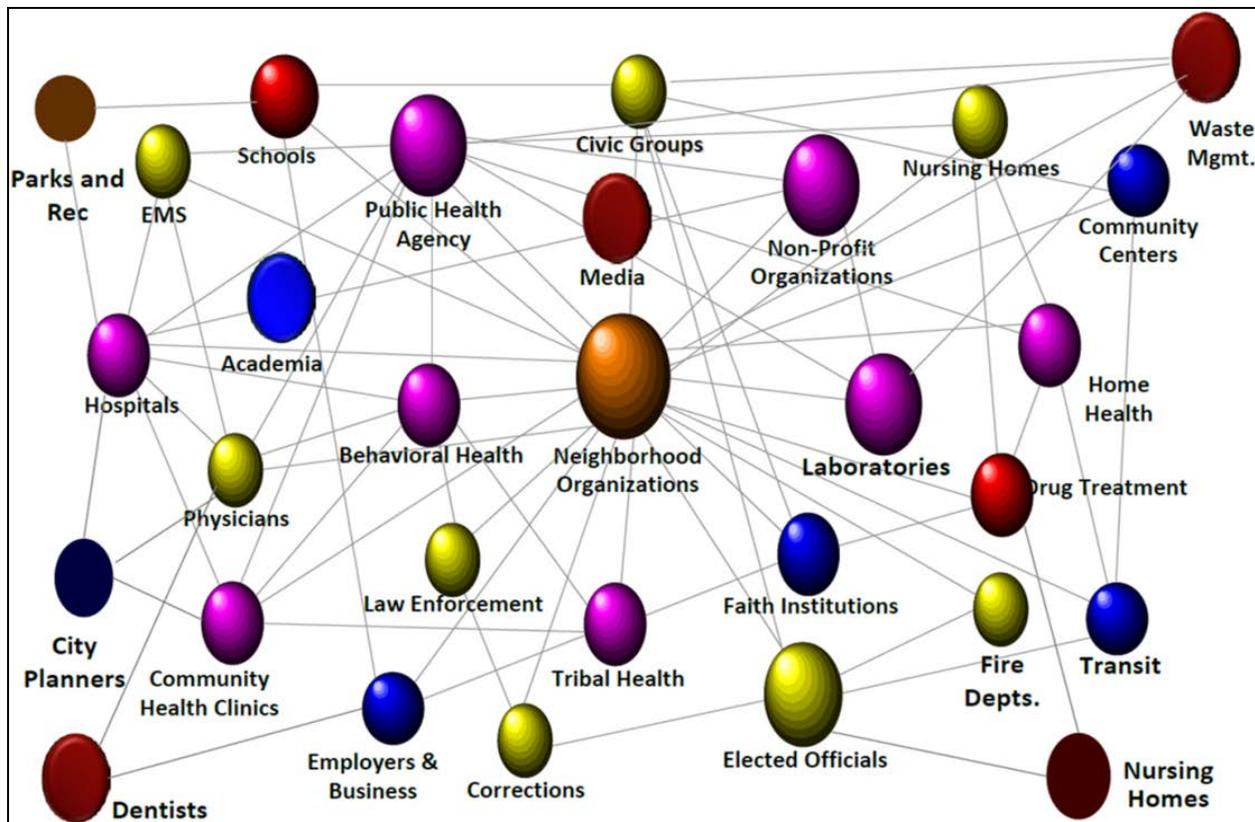


Figure 2: Local Public Health System Network

## LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

On November 15, 2013, Healthy Yolo conducted a half-day work session to assess the LPHS in Yolo County and to address the issues that affect health in the community. A total of 26 representatives from health care institutions, government agencies, policy, community groups, and service providers gathered at the Yolo County Health Department. Please refer to Appendix A for a list of the attendees and agency or organization. As each LPHS Assessment participant arrived, they were provided with an event packet that consisted of an agenda, background materials, guidelines, scoring definitions, and voting cards. Each participant was assigned to a specific work group based on their area of essential public health service involvement. There were a total of five work groups that focused on two Essential Services each based on the Local Implementation Guide suggested groupings. Each essential public health service includes two to four Model Standards that describe the key aspects of an optimally performing public health system. Each Model Standard is followed by assessment questions that serve as measures of performance. There are 108 Performance Measures that indicate how well the Model Standard is being met. A facilitator and recorder were assigned to each work group to ensure the discussion principles were followed and to accurately document the discussion. Each facilitator and recorder received background materials and attended a meeting to review the processes prior to the meeting.

## METHODOLOGY

## PROCESS METHODOLOGY

Following an initial orientation, the work groups reviewed the essential public health service and related activities. A general discussion ensued where group members cited partners commonly involved in the performance of activities and shared specific examples in the community to address the activities. For each Model Standard, the work groups followed a protocol: Define the Model Standard; share local efforts to address the Model Standard; have a dialogue based on the discussion questions to fully explore the Model Standard; score the current level of activity within the LPHS; gather consensus on a final score; and record the strengths and weaknesses of and improvement opportunities for the LPHS.

## SCORING METHODOLOGY

Participants were asked to vote on their perception of the level at which the LPHS is performing each of the Performance Measures. A rating scale ranging from a minimum of 0% (no activity) to 100% (optimal activity) was used to score the Performance Measure. The goal was to obtain group consensus on the score for each Performance Measure of a Model Standard. Figure 3 details the scoring definitions.

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

Figure 3: Scoring Definitions

Participants were asked to vote by using their voting cards. Each participant was provided with five voting cards based on the scoring criteria of the Local Instrument. An additional card was used if further discussion was needed. If the initial vote did not result in a consensus, participants who voted at both ends of the spectrum were asked to explain their rationale and, if possible, provide examples. After group discussion, a second vote would occur until a consensus was formed. To avoid continuous voting, participants were urged not to “die on that hill”. Meaning that if they were not in total agreement with the group, they could move forward in the consensus and have their comments recorded in the strengths and weaknesses.



Figure 4: Assessment Voting Cards

Directly following the voting of each Model Standard, a discussion was facilitated to identify the strengths and weaknesses of the LPHS in performing the various activities of that Model Standard. An opportunity was also provided to record improvement opportunities, both short-term and long-term, that the LPHS could conduct as a quality improvement effort.

After all of the model standards were scored and the issues summarized, participants were asked to take a walking tour of the other groups to view the strengths, weaknesses, and improvement opportunities. A group member from each group reported back to the entire group regarding the strengths, weaknesses, and improvement opportunities for each Model Standard. The work groups repeated this process for the second essential public health service assigned to their group.

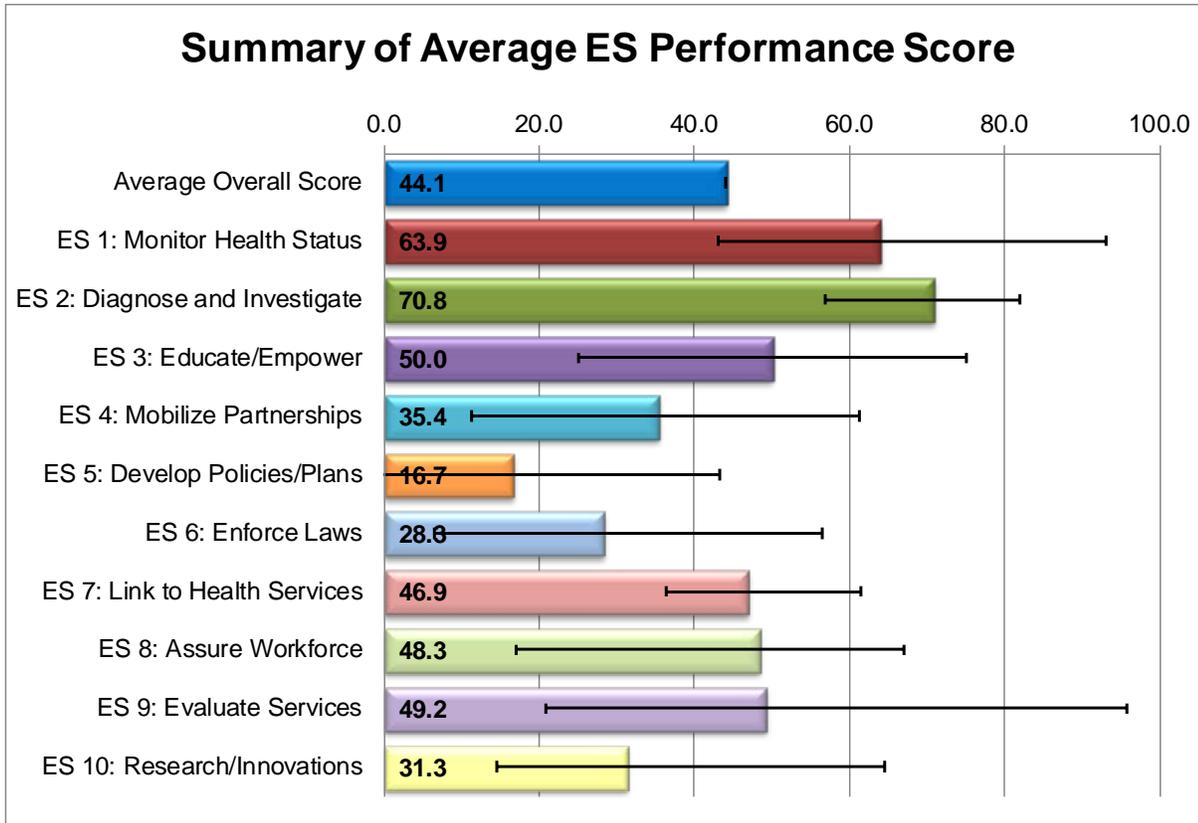
## DATA LIMITATIONS

The Local Instrument requests participants to rate their perception of the LPHS performance in conducting the 10 Essential Services. There are several data limitations associated with this process. Each participant's rating reflects his or her own breadth and knowledge of the Essential Services being conducted within and outside of the participant's agency, which may vary broadly. The ratings of the participants from the LPHS work session reflect his or her own breadth and knowledge of the 10 essential public health services being conducted within and outside of the participants' agency and these ratings may vary and do not necessarily reflect the actual performance of the LPHS. The responses to the Performance Measures involve an element of subjectivity and perhaps bias. Furthermore, the attendees were only a select few of the many representatives of the LPHS.

Due to these limitations, the results and comments will be used as a general guide for overall LPHS quality improvement efforts. Interpretation of the results should be viewed with caution; Healthy Yolo recognizes that the scoring results do not reflect the capacity or performance of any individual agency or organization.

## SUMMARY OF FINDINGS

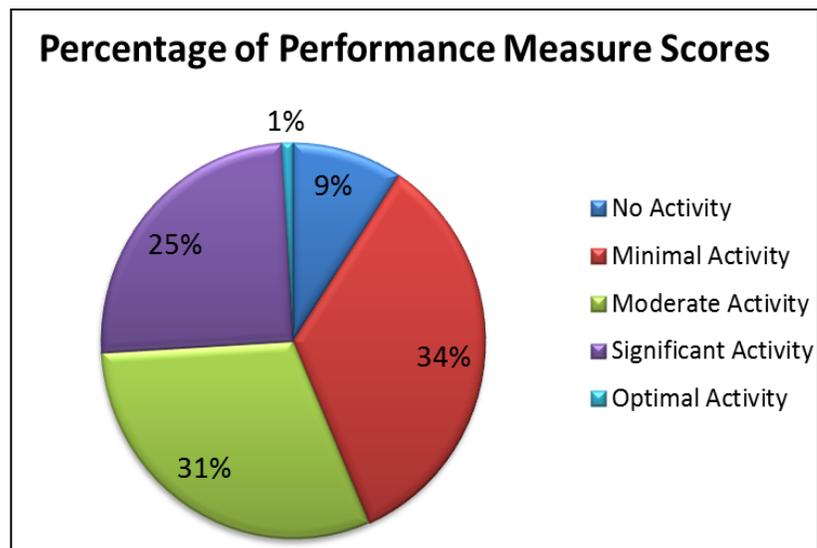
The overall assessment score is the average of the 10 Essential Services scores. The individual Essential Service scores are an average of the Model Standard scores within that Essential Service. The Model Standard scores are an average of the Performance Measure question scores within that Model Standard. Figure 5 provides a summary of the composite scores based on the scoring criteria: No Activity, 0; Minimal Activity, 25; Moderate Activity, 50; Significant Activity, 75; and Optimal Activity, 100.



The overall score of the Yolo County LPHS was 44.1% level of activity for all 10 Essential Services, which is situated within the Moderate Activity range. The common threads throughout the work session involved greater collaboration among the LPHS partners; increased communication; sharing of information; and community input and engagement.

Each Essential Service score can be interpreted as the overall degree to which the Yolo County LPHS meets the Performance Standards. The highest overall Essential Service score was 70.8% level of activity for Essential Service 2: Diagnose and Investigate Health Problems and Health Hazards situated within the Significant Activity range. The lowest overall score was 16.7% level of activity for Essential Service 5: Develop Policies and Plans that Support Individual and Community Health Efforts situated within the Minimal range. Two Model Standards within Essential Service 5 were perceived to have No Activity; public health policy development and community health improvement process and strategic planning.

There were 108 Performance Measures scored with slightly over one third of the votes for Minimal Activity (34%) and 31% for Moderate Activity.



Following is the individual rankings for each of the Model Standards and Performance Measures from the work groups along with summary notes for each Model Standard.

**ESSENTIAL SERVICE 1: MONITOR HEALTH STATUS TO IDENTIFY COMMUNITY HEALTH PROBLEMS**

**MODEL STANDARD 1.1: POPULATION-BASED COMMUNITY HEALTH ASSESSMENT (CHA)<sup>5</sup>**

The LPHS completes a detailed CHA to allow an overall look at the community’s health. The CHA provides the foundation for improving and promoting the health of the community and should be completed at least every three years. CHA data and information are shared, displayed, and updated continually.

**PERFORMANCE SCORES**

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

The Yolo County Health Department conducts its Maternal, Child, and Adolescent Health (MCAH) assessment on a regular basis; however, it is not all encompassing. Work group members indicated that data were not used to its fullest potential, especially on a comprehensive community-wide scale. The work group felt that emergency preparedness needs more assessments and evaluations.

It was noted that there are many data sources available (e.g., CHIS, CalREDIE, Census, etc.) though most of the data are at the county level making it difficult to obtain city level data. There is a need to promote the community assessment to community members and partners more than what is being done as well as utilization of the findings to guide interventions.

Improvement opportunities were seen in gathering additional data that address the diversity and the distance among towns in a rural county. Mainly improvements can be made in evaluating the data to determine priority areas, focus interventions, and identify future funding opportunities.

**MODEL STANDARD 1.2: CURRENT TECHNOLOGY TO MANAGE AND COMMUNICATE POPULATION HEALTH DATA**

The LPHS provides the public with a clear picture of the current health of the community. Health problems are looked at over time and the information is displayed in clear ways. Current software tools and technology are used to gather, organize, analyze, display, and disseminate public health data (e.g., CHA) to understand where health problems occur allowing the community to plan effectively.

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<sup>5</sup> All Model Standard definitions are from the National Association of County & City Health Officials (NACCHO), Local Assessment Instrument, Version 3

## PERFORMANCE SCORES

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?	Significant Activity
1.2.2	Analyze health data, including geographic information, to see where health problems exist?	Moderate Activity
1.2.3	Use computer software to create charts, graphs, and maps to display complex public health data (trends over time, sub-population analyses, etc.)?	Significant Activity

Overall, the LPHS does utilize good software tools and technology (e.g., GIS) to analyze and illustrate health data. The work group mentioned that they often lack the technical support staff and LPHS staff may have limited access and training on technology. Public access is limited to mostly what is made available to them by a few select organizations. The work group noted a need for greater dissemination of available information and to increase the access to data along with funding and capacity improvements and improvements to the Health Information Exchange.

### MODEL STANDARD 1.3: MAINTENANCE OF POPULATION HEALTH REGISTRIES

The LPHS collects data on health-related events for use in population health registries. These registries allow more understanding of major health concerns. Registries also allow the LPHS to give timely information to at-risk populations. The LPHS ensures accurate and timely reporting of all the information needed for health registries.

## PERFORMANCE SCORES

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?	Significant Activity
1.3.2	Use information from population health registries in community health assessments or other analyses?	Significant Activity

Fragmentation of data collection and utilization is a challenge in Yolo County. Some providers are more vigilant in reporting health data than others. The work group cited that access to hospital data is lacking and is difficult to access. A possible improvement opportunity would be to establish data user agreements with facilities and better use of the California Reportable Disease Information Exchange (CalREDIE), which may involve upgrades and training for physicians on reporting in CalREDIE.

## ESSENTIAL SERVICE 2: DIAGNOSE AND INVESTIGATE HEALTH PROBLEMS AND HEALTH HAZARDS

### MODEL STANDARD 2.1: IDENTIFICATION AND SURVEILLANCE OF HEALTH THREATS

The LPHS conducts surveillance for outbreaks of disease, disasters, and emergencies, and other emerging threats to public health. The LPHS uses surveillance data to detect changes or patterns right away, determine the factors that influence these patterns, investigate the potential dangers, and find ways to lessen the effect on the public's health. To ensure the most effective and efficient surveillance, the LPHS connects its surveillance systems with state and national systems.

## PERFORMANCE SCORES

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 Activity
2.1.2	Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies and emerging threats (natural and manmade)?	Moderate Activity
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 Activity

The work group noted that there is good collaboration among the LPHS with good communication at the state and county levels. There were some road blocks to collecting surveillance data from hospitals. Necessary improvements included increased awareness in clinics and other facilities with regards to reporting, additional resources and staff, and conducting more preparedness exercises in the community.

## MODEL STANDARD 2.2: INVESTIGATION AND RESPONSE TO PUBLIC HEALTH THREATS AND EMERGENCIES

As a threat or emergency develops, a team of LPHS professionals work closely together to collect and understand related data. The response to an emergent event is in accordance with current emergency operations coordination guidelines.

## PERFORMANCE SCORES

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?	Moderate Activity
2.2.2	Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters?	Significant Activity
2.2.3	Designate a jurisdictional Emergency Response Coordinator?	Optimal Activity
2.2.4	Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines?	Significant Activity
2.2.5	Identify personnel with the technical expertise to rapidly respond to possible biological, chemical, or and nuclear public health emergencies?	Moderate Activity
2.2.6	Evaluate incidents for effectiveness and opportunities for improvement?	Significant Activity

The work group noted that the LPHS is performing well in responding to health hazards and emergencies. They noted there are response volunteers available, written plans, and after action reports to evaluate incidents.

It was suggested that improvements in logistics and coordination be made and to increase collaboration with other counties. There are several response manuals that need updating ATD Policy, Communicable Disease Response, and Food-Borne Disease Response.

**MODEL STANDARD 2.3: LABORATORY SUPPORT FOR INVESTIGATION OF HEALTH THREATS**

The LPHS has the ability to produce timely and accurate laboratory results for public health concerns and sees that the correct testing is done and that the results are made available. Any laboratory used by public health meets all licensing and credentialing standards.

**PERFORMANCE SCORES**

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?	Significant Activity
2.3.2	Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards?	Significant Activity
2.3.3	Use only licensed or credentialed laboratories?	Significant Activity
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?	Significant Activity

Laboratory support is seen as a strength of the LPHS with guidelines in place and backup laboratories available in case of an emergency. The work group noted that universality between laboratory systems could improve accessibility. Additional education should be conducted to improve laboratory rules for handling samples and reporting the results.

**ESSENTIAL SERVICE 3: INFORM, EDUCATE, AND EMPOWER PEOPLE ABOUT HEALTH ISSUES**

**MODEL STANDARD 3.1: HEALTH EDUCATION AND PROMOTION**

The LPHS designs and puts in place health promotion and health education activities to create environments that support health. The LPHS includes the community in identifying needs, setting priorities, and planning health promotional and education activities.

**PERFORMANCE SCORES**

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 Activity
3.1.2	Coordinate health promotion and health education activities to reach individual, interpersonal, community, and societal levels?	Moderate Activity
3.1.3	Engage the community throughout the process of setting priorities, developing plans and implementing health education and health promotion activities?	Moderate Activity

There are a number of health and advisory boards throughout the county that serve the culturally and linguistically diverse population of Yolo County. The work group agreed that more health data must be shared with policy makers and there is a lack of communication between organizations about specific issues.

The size and rural nature of much of the county are challenges in coordinating health activities. County libraries often serve as a hub for coordinating health activities, especially in a rural community. The libraries provide opportunities for non-profit organizations to come together to discuss ideas. Though transportation issues and time availability may hinder opportunities for community engagement, there is a need for the LPHS to be more flexible and infuse authentic, sincere community engagement into LPHS' processes and activities.

**MODEL STANDARD 3.2: HEALTH COMMUNICATIONS**

The LPHS uses health communication strategies to contribute to healthy living and healthy communities. Health communication efforts use a broad range of strategies, including print, radio, television, the Internet, media campaigns, social marketing, and interactive media. The LPHS works with many groups to understand the best way to present health messages in each community setting.

**PERFORMANCE SCORES**

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?	Moderate 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 Activity
3.2.3	Identify and train spokespersons on public health issues?	Minimal Activity

The work group concluded that the LPHS has many communication tools available such as Facebook, Twitter, websites, and print materials. However, the effective use of these tools has been lacking. Improved relationships with media providers would increase the effectiveness of the communication tools within the LPHS. In addition, multilingual messages should be increased to reach more of the population. The work group felt that the communication tools are an underutilized resource.

A weakness of the LPHS was the lack of spokespersons to communicate public health issues and activities. The work group cited a lack of funding as a cause for minimal use of communication tools and the training of public health spokespersons. The LPHS can improve health communications through sharing of how to use communication tools, supplying more bandwidth to the county, and having spokespersons communicate public health issues and activities in a relevant and appropriate fashion.

**MODEL STANDARD 3.3: RISK COMMUNICATION**

The LPHS uses health risk communications strategies to allow individuals, groups, organizations, or an entire community to make optimal decisions about their health and well-being in emergency events. The LPHS works together to identify potential risks that may affect the community and develops plans to effectively and efficiently communicate information about these risks.

## PERFORMANCE SCORES

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?	Significant Activity
3.3.2	Make sure resources are available for a rapid emergency communication response?	Significant Activity
3.3.3	Provide risk communication training for employees and volunteers?	Significant Activity

The LPHS has systems and mechanisms in place and resources are available for a rapid emergency communication response. The increase of the frequency of risk communication training and of available communication methods to the public would improve upon health risk communications.

## ESSENTIAL SERVICE 4: MOBILIZE COMMUNITY PARTNERSHIPS TO IDENTIFY AND SOLVE HEALTH PROBLEMS

### MODEL STANDARD 4.1: CONSTITUENCY DEVELOPMENT

The LPHS actively identifies and involves community partners with opportunities to contribute to the health of communities. These stakeholders may include health, transportation, housing, environmental, non-health related groups, and community members. The LPHS manages the process of establishing collaborative relationships among these and other potential partners.

## PERFORMANCE SCORES

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

There are fractured directories, but no current, complete directory of community organizations for the entire county. There has been an increase in certain mandates and regulations that establish processes in partnership development. Improved communications and outreach would also benefit partnership development. Due to the size and rural aspects of the county, strategic planning forums and meetings are needed as well as the use of virtual meetings (e.g., webinars, blogs, and dialogue apps).

### MODEL STANDARD 4.2: COMMUNITY PARTNERSHIPS

The LPHS encourages individuals and groups to work together so that community health may be improved. By sharing responsibilities, resources, and rewards, community partnerships allow each member to share its expertise with others, strengthen the LPHS as a whole and strategically align their interests to achieve a common purpose.

## PERFORMANCE SCORES

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?	Moderate Activity
4.2.2	Establish a broad-based community health improvement committee?	Minimal Activity
4.2.3	Assess how well community partnerships and strategic alliances are working to improve community health?	Minimal Activity

According to the work group, there are many alliances in place. They also found it encouraging that people are willing to talk and break down silos. Currently, there is no list or directory of community partnerships and/or strategic alliances, which provides an opportunity to develop one. Work group members requested that each person at the LPHS Assessment invite one client to their next meeting or coalition gathering and contact at least one non-traditional partner.

Measuring how well partnerships and alliances are working to improve community health may prove to be difficult because there are no set metrics to measure and improvement may take several years to materialize.

## ESSENTIAL SERVICE 5: DEVELOP POLICIES AND PLANS THAT SUPPORT INDIVIDUAL AND COMMUNITY HEALTH EFFORTS

### MODEL STANDARD 5.1: GOVERNMENTAL PRESENCE AT THE LOCAL LEVEL

The LPHS works with the community to make sure a strong local health department exists and that it is doing its part in providing the 10 Essential Services. The local health department is accredited through the Public Health Accreditation Board's accreditation program.

## PERFORMANCE SCORES

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?	Minimal Activity
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?	No Activity

The work group recognized the talented staff within the LPHS to support the work of the local health department. The county elected officials support the LPHS and the local public health department. The work group noted that everyone is doing things on their own resulting in a lack of interconnectedness. Members referred to this as the silo effect. Budget limitations have restricted the resources available in providing the Essential Services.

Improvement efforts should be focused around increased collaboration between departments and organizations, have organizations co-locate at the same facility, and combine community events. The Yolo County Health Department has not applied for public health accreditation, but is working on the application prerequisites.

## MODEL STANDARD 5.2: PUBLIC HEALTH POLICY DEVELOPMENT

The LPHS develops policies that will prevent, protect, or promote the public’s health. Public health problems, possible solutions, and community values are used to inform the policies and any proposed actions. The LPHS’ ability to make informed decisions is strengthened by community member input.

### PERFORMANCE SCORES

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?	No Activity
5.2.2	Alert policymakers and the community of the possible public health impacts (both intended and unintended) from current and/or proposed policies?	No Activity
5.2.3	Review existing policies at least every three to five years?	No Activity

The work group views public health policy development as lacking in structure and limited awareness of current policies and processes. Education and outreach to community members, LPHS organizations, and policymakers were seen as improvement opportunities to enhance policy development. Furthermore, the creation of a LPHS Policy Council to review existing policies and potential policies would be beneficial.

This Model Standard is one of two that were perceived as having No Activity. The LPHS should conduct a review of all current public health policies in the county. The LPHS and constituents should begin working together to identify and analyze issues to ensure that public health is implemented all policies.

## MODEL STANDARD 5.3: COMMUNITY HEALTH IMPROVEMENT PROCESS AND STRATEGIC PLANNING

The LPHS leads a community-wide effort to improve community health by gathering information on health problems, identifying the community’s strengths and weaknesses, setting goals, and increasing overall awareness of and interest in improving the health of the community. This community health improvement process provides ways to develop a community-owned community health improvement plan that will lead to a healthier community.

### PERFORMANCE SCORES

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

The LPHS has not developed a community health improvement process. Most of the work group was uninformed of such a process and requested more education about the process and planning among their agencies and the community.

This is the second Model Standard perceived as having No Activity. The local public health department is beginning a community health improvement process and strategic planning. More outreach and communication regarding the process and involvement of the LPHS and community members is warranted.

**MODEL STANDARD 5.4: PLAN FOR PUBLIC HEALTH EMERGENCIES**

The LPHS adopts an emergency preparedness and response plan that describes what each organization in the system should be ready to do in a public health emergency. The LPHS practices for possible events through regular exercises or drills.

**PERFORMANCE SCORES**

At what level does the local public health system:		
5.4.1	Support a workgroup to develop and maintain preparedness and response plans?	Minimal Activity
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?	Minimal Activity
5.4.3	Test the plan through regular drills and revise the plan as needed, at least every two years?	Minimal Activity

The work group identified there was an emergency preparedness plan; however, the plan is not well known among the LPHS and there seems to be a lack of coordination. Improvement opportunities were to increase awareness among the LPHS of the emergency preparedness plan and to have more drills.

**ESSENTIAL SERVICE 6: ENFORCE LAWS AND REGULATIONS THAT PROTECT HEALTH AND ENSURE SAFETY**

**MODEL STANDARD 6.1: REVIEW AND EVALUATION OF LAWS, REGULATIONS, AND ORDINANCES**

The LPHS looks at federal, state, and local laws to understand the authority provided to the system and the potential impact of laws, regulations, and ordinances on the health of the community. The LPHS also looks at any challenges involved in complying with laws, regulations, or ordinances (e.g., community concerns and necessary updates).

**PERFORMANCE SCORES**

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 Activity
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?	Minimal Activity
6.1.3	Review existing public health laws, regulations, and ordinances at least once every five years?	Minimal Activity
6.1.4	Have access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances?	Minimal Activity

The work group identified that obesity and the inspection of well and septic tanks can best be addressed through laws, regulations, and ordinances. The work group agreed that reviews and updates should occur every three to five years, but this is not occurring. The work group also cited minimal access to legal counsel and that the state is unresponsive and not leading any public health initiatives.

Laws, regulations, and ordinances should be reviewed and updated on a regular basis. An improvement opportunity would be to create a council that performs the review and update, and communicates its findings with the LPHS and community. Relations with the state should be fostered to help implement ideas from the county level.

**MODEL STANDARD 6.2: INVOLVEMENT IN THE IMPROVEMENT OF LAWS, REGULATIONS, AND ORDINANCES**

The LPHS works to change existing laws, regulations, or ordinances – or to create new ones – when they have determined that changes or additions would better prevent health problems or protect or promote public health. To promote public health, the LPHS helps to draft the new or revised legislation, regulations, or ordinances; takes part in public hearings; and talks with lawmakers and regulatory officials.

**PERFORMANCE SCORES**

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?	Minimal Activity
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?	Minimal Activity
6.2.3	Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances?	Minimal Activity

There are certain areas or pockets that are the driving force of regulation, but there is no consistent, system-wide level process in place to improve laws, regulations, and ordinances. Elected officials seek the expertise of the LPHS to aid drafting language. To improve the performance in this area, the LPHS should work collaboratively with other agencies, elected officials, and state representatives. The work group suggested a forum be created among the LPHS and elected officials to review existing laws, regulations, and ordinances; ultimately to participate in changing or creating new laws, regulations, and ordinances.

**MODEL STANDARD 6.3: ENFORCEMENT OF LAWS, REGULATIONS, AND ORDINANCES**

The LPHS knows which governmental agency or other organization has the authority to enforce any given public health-related requirement within its community, supports all organizations tasked with enforcement responsibilities, and ensures that the enforcement is conducted within the law. The LPHS also makes sure that individuals and organizations understand the requirements of relevant laws, regulation, and ordinances.

**PERFORMANCE SCORES**

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?	No Activity
6.3.2	Assure that a local health department (or other governmental public health entity) has the authority to act in public health emergencies?	Significant Activity
6.3.3	Assure that all enforcement activities related to public health codes are done within the law?	Minimal Activity
6.3.4	Educate individuals and organizations about relevant laws, regulations, and ordinances?	Moderate Activity
6.3.5	Evaluate how well local organizations comply with public health laws?	Minimal Activity

The work group could not identify any organization that has authority to enforce public health laws, regulations, and ordinances. All agreed the local health department is the agency that has the authority to act in public health emergencies. The enforcement activities related to public health codes lack collaboration and coordination. The evaluation component lacks data or data collaboration. Work group members felt that this was due to limited time and lack of resources.

**ESSENTIAL SERVICE 7: LINK PEOPLE TO NEEDED PERSONAL HEALTH SERVICES AND ASSURE THE PROVISION OF HEALTH CARE WHEN OTHERWISE UNAVAILABLE.**

**MODEL STANDARD 7.1: IDENTIFICATION OF PERSONAL HEALTH SERVICE NEEDS OF POPULATIONS**

The LPHS identifies the personal health service needs of the community and identifies the barriers to receiving these services, especially among particular groups that may have particular difficulty accessing personal health services. The LPHS has defined roles and responsibilities for the local health department and other partners in relation to overcoming these barriers and providing services.

**PERFORMANCE SCORES**

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 Activity
7.1.2	Identify all personal health service needs and unmet needs throughout the community?	Moderate Activity
7.1.3	Defines partner roles and responsibilities to respond to the unmet needs of the community?	Moderate Activity
7.1.4	Understand the reasons that people do not get the care they need?	Minimal Activity

The work group cited that the LPHS has identified groups of people who have trouble accessing specific types of personal health service such as teens, immigrants, homeless, seniors, and women and children living in poverty. A general understanding that language and cultural barriers; mental health; and substance abuse may result in people not getting needed health services was discussed, though a more thorough understanding is warranted. First 5 of Yolo County has

conducted an assessment to identify unmet needs throughout the community. However, the assessment is primarily focused on mothers and children.

The LPHS should attempt to understand the barriers to personal health services in a more broad based approach. The work group suggested conducting focus groups in migrant centers and schools and connecting with local leaders of a specific community or culture for a more comprehensive understanding. The LPHS would benefit through greater networking and sharing of materials and information plus having multilingual documents.

**MODEL STANDARD 7.2: ASSURING THE LINKAGE OF PEOPLE TO PERSONAL HEALTH SERVICES**

The LPHS partners work together to meet the diverse needs of all populations. Partners see that persons are signed up for all benefits available to them and know where to refer people with unmet personal health service needs. The LPHS develops working relationships between public health, primary care, oral health, social services, mental health systems, and organizations that are not traditionally part of the personal health service system, such as housing, transportation, and grassroots organizations.

**PERFORMANCE SCORES**

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 Activity
7.2.2	Help people access personal health services, in a way that takes into account the unique needs of different populations?	Moderate Activity
7.2.3	Help people sign up for public benefits that are available to them (e.g., Medicaid or medical and prescription assistance programs)?	Moderate Activity
7.2.4	Coordinate the delivery of personal health and social services so that everyone has access to the care they need?	Minimal Activity

The work group noted that there were multiple points of entry. 2-1-1 Yolo is a free telephone information service that provides referrals for people to connect to personal health services. Many of the community clinics and case management services help people access personal health services. The work group mentioned several ways the LPHS assists people in accessing personal health services such as bus tickets for transportation, outreach, and mobile clinics.

The coordination of delivery was perceived as a weakness of the LPHS as well as staff turnover and funding limitations. Improvement to the referral process was seen as an opportunity. This could be achieved through partner education, resource training, cultural outreach, client benefit advocates, and the promotion of 2-1-1 Yolo.

**ESSENTIAL SERVICE 8: ASSURE A COMPETENT PUBLIC AND PERSONAL HEALTH CARE WORKFORCE**

**MODEL STANDARD 8.1: WORKFORCE ASSESSMENT, PLANNING, AND DEVELOPMENT**

The LPHS assesses the local public health workforce by looking at what knowledge, skills, and abilities the workforce needs and the numbers and kinds of jobs the system should have to adequately prevent health problems and prevent and promote health in the community. Based on the assessment, the LPHS determines appropriate training and the number and types of positions necessary.

## PERFORMANCE SCORES

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?	Minimal Activity
8.1.2	Review the information from the workforce assessment and use it to find and address gaps in the local public health workforce?	Minimal Activity
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?	Minimal Activity

The work group was not aware of any LPHS workforce assessment. Group members did point out that on a broader scale there was a recent national assessment of the nursing workforce and a statewide assessment of Master of Public Health students eight years ago. One work group member noted that her department conducted a workforce assessment a few years ago; identifying that there are individual departments assessing their own needs, but not a county-wide assessment of staff at the LPHS. The work group stated that you can plan all you want, but you can't hire anyone until funding is made available and it's approved by the governing agency.

The work group agreed that the workforce data are fragmented and outdated. The LPHS should review state and national assessments to use as guidelines. The LPHS may work more closely with universities and schools to perform regular LPHS workforce assessments in order to rebuild the workforce more deliberately.

## MODEL STANDARD 8.2: PUBLIC HEALTH WORKFORCE STANDARDS

The LPHS maintains standards to see that workforce members are qualified to do their jobs, with the required certificates, licenses, and education. Information about the knowledge, skills, and abilities that are needed to provide the Essential Services are used in personnel systems, so that position descriptions, hiring, and performance evaluations are based on public health competencies.

## PERFORMANCE SCORES

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?	Significant Activity
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?	Significant Activity
8.2.3	Base the hiring and performance review of members of the public health workforce in public health competencies?	Minimal Activity

The work group agreed that all agencies have their own ways of making sure that every position has the required documentation; however, there is not a way to check for core competencies (i.e., skills). The job descriptions reflect the core job functions and human resource departments are trained to look for specific job documentation. The hiring and performance review are typically mandated, but the performance review sheets are too generic and do not assess whether

performance is linked to public health competencies. The work group suggested that performance reviews be based on the specific job description and linked to public health competencies.

### MODEL STANDARD 8.3: LIFE-LONG LEARNING THROUGH CONTINUING EDUCATION, TRAINING, AND MENTORING

The LPHS encourages formal and informal opportunities in education and training are available to the workforce. The LPHS trains its workforce to recognize and address the unique culture, language, and health literacy of diverse consumers and communities and to respect all members of the community. The LPHS also educates its workforce about the many factors that can influence health.

#### PERFORMANCE SCORES

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 Activity
8.3.2	Provide ways for workers to develop core skills related to essential public health services?	Significant Activity
8.3.3	Develop incentives for workforce training, such as tuition reimbursement, time off for class, and pay increases?	Moderate Activity
8.3.4	Create and support collaborations between organizations within the public health system for training and education?	Significant Activity
8.3.5	Continually train the public health workforce to deliver services in a cultural competent manner and understand social determinants of health?	Moderate Activity

Most departments and organizations encourage education and training opportunities, which focus on the direct service provided and not necessarily the Essential Public Health Services. Partners in the LPHS contract with the UC system for education and training needs. The work group also mentioned inter-departmental training and e-mail blasts to notify workers of training opportunities. Work group members felt that there were no major incentives for continuing education and a lack of on-going funding limits training opportunities. To improve on this model standard, the work group suggested that the LPHS should seek federal funding for public health training and focus on educating the public health workforce on the social determinants of health outcomes.

### MODEL STANDARD 8.4: PUBLIC HEALTH LEADERSHIP DEVELOPMENT

Leadership within the LPHS is demonstrated by organizations and individuals that are committed to improving the health of the community. The LPHS encourages the development of leaders that represent the diversity of the community and respect community values.

#### PERFORMANCE SCORES

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 Activity

8.4.2	Create a shared vision of community health and the public health system, welcoming all leaders and community members to work together?	Moderate Activity
8.4.3	Ensure that organizations and individuals have opportunities to provide leadership in areas where they have knowledge, skills, or access to resources?	Significant Activity
8.4.4	Provide opportunities for the development of leaders representative of the diversity within the community?	Minimal Activity

The work group acknowledged that there were a number of leadership opportunities in the county. There is a lack of broad based collaborations within the LPHS; this would provide leadership opportunities to spread despite the agency’s functions. One member stated that if we had a shared vision, we would not be here – meaning that we would not be assessing the LPHS because we would be working together. There is no shared vision at this time, the Healthy Yolo project is working on developing a shared vision. The work group felt that it is important to develop community leaders that reflect the culture of the community and saw this as an improvement opportunity for the LPHS.

**ESSENTIAL SERVICE 9: EVALUATE EFFECTIVENESS, ACCESSIBILITY, AND QUALITY OF PERSONAL AND POPULATION-BASED HEALTH SERVICES**

**MODEL STANDARD 9.1: EVALUATION OF POPULATION-BASED HEALTH SERVICES**

The LPHS evaluates population-based health services, which are aimed at disease prevention and health promotion for the entire community. The LPHS uses data to evaluate whether population-based services are meeting the needs of the community and the satisfaction of those they are serving. Based on the evaluation, the LPHS may make changes and may reallocate resources to improve population-based health services.

**PERFORMANCE SCORES**

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 Activity
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 Activity
9.1.3	Identify gaps in the provision of population-based health services?	Significant Activity
9.1.4	Use evaluation findings to improve plans and services?	Moderate Activity

The LPHS evaluates population-based health services using patient satisfaction surveys, pre and post surveys, and tracks the results over time. The work group stated that multi-level coordination exists with many committees resulting in the sharing of best practices. There is a need to follow through on the evaluation findings. The work group also noted that the evaluations would be improved if there were standardized evaluations, increased sharing of results, and training opportunities. A lack of resources and funding were seen as some of the barriers.

**MODEL STANDARD 9.2: EVALUATION OF PERSONAL HEALTH SERVICES**

The LPHS regularly evaluates the accessibility, quality, and effectiveness of personal health services. The LPHS see that the personal health services in the area match the needs of the community, with available and effective care for all ages and groups of people. The LPHS uses findings from the evaluation to improve services and program delivery.

**PERFORMANCE SCORES**

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

The work group noted that local hospitals conduct satisfaction surveys and that the State has strong, established guidelines for comparison. The availability of technology was seen as an asset along with the Health Insurance Portability & Accountability Act (HIPAA) in improving the quality of care. The work group did not cite any improvement opportunities for this Model Standard.

**MODEL STANDARD 9.3: EVALUATION OF THE LOCAL PUBLIC HEALTH SYSTEM**

The LPHS evaluates itself to see how well it is working as a whole. Representatives of the LPHS evaluate LPHS activities and identify areas of the LPHS that need improvement.

**PERFORMANCE SCORES**

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?	Significant Activity
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 Activity
9.3.3	Assess how well the organizations in the LPHS are communicating, connecting, and coordinating services?	Moderate Activity
9.3.4	Use results from the evaluation process to improve the LPHS?	Minimal Activity

The identification of those public, private, and voluntary organizations that provide the Essential Services are well documented. The work group for Essential Service 4 disagreed stating there are fractured directories, but no complete, county-wide directory.

The evaluation of the LPHS that encompasses all Essential Services and the entire population is very limited. The work group felt that there was a lack of communication among the LPHS. Though it was noted that coordinating services was a

strength of the LPHS, the work group also believed that coordination needed to be expanded. An improvement opportunity would be to provide a follow through step that utilized the results from the evaluation to improve the LPHS.

**ESSENTIAL SERVICE 10: RESEARCH FOR NEW INSIGHTS AND INNOVATIVE SOLUTIONS TO HEALTH PROBLEMS**

**MODEL STANDARD 10.1: FOSTERING INNOVATION**

LPHS organizations try new and creative ways to improve public health practice. In both academic and practice settings new approaches are studied to see how well they work.

**PERFORMANCE SCORES**

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?	Minimal Activity
10.1.2	Suggest ideas about what currently needs to be studied in public health to organizations that do research?	No Activity
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?	Moderate Activity
10.1.4	Encourage community participation in research, including deciding what will be studied, conducting research, and in sharing results?	Moderate Activity

The work group commented that there is little or no funding to conduct pilot tests or studies to test innovative solutions. Some programs must follow certain guidelines according to the funders and many have placed restrictions on such tests or studies. The work group felt that there is no current practice of suggesting public health research ideas to the academic community. There is a need for cross-agency collaboration, more community input and participation, and an increase in community education. There is some effort by Healthy Yolo to increase community participation in public health, but more is needed.

These findings do lead to ideas about what needs to be studied in public health – community engagement and participation; and collaboration methods in a diverse rural county.

**MODEL STANDARD 10.2: LINKAGE WITH INSTITUTIONS OF HIGHER LEARNING AND/OR RESEARCH**

The LPHS establishes relationships with colleges, universities, and other research organizations. They freely share information and best practices and set up formal or informal arrangements to work together. The LPHS works with one or more colleges, universities, or other research organizations to co-sponsor continuing education programs.

**PERFORMANCE SCORES**

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?	Minimal Activity
10.2.2	Partner with colleges, universities, or other research organizations to do public health research, including community-based participatory research?	Minimal Activity
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?	Minimal Activity

The work group agreed that Yolo County is near great schools to develop partnerships – UCD, CSUS, and schools in the Bay Area. Unfortunately, there are no major relationships with these schools and developing relationships is not necessarily encouraged. Two reasons were cited for not having a strong relationship – community research is rarely conducted and there are county border limitations. To maintain and improve the current relationships, work needs to be done to identify the barriers to community-based participatory research and to utilize students in the Master of Public Health and other public health training programs.

**MODEL STANDARD 10.3: CAPACITY TO INITIATE OR PARTICIPATE IN RESEARCH**

The LPHS takes part in research to help improve the performance of the LPHS. Research capacity includes access to libraries and information technology, the ability to analyze complex data, and ways to share research findings with the community and use them to improve public health practice.

**PERFORMANCE SCORES**

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 Activity
10.3.2	Support research with the necessary infrastructure and resources, including facilities, equipment, databases, information technology, funding, and other resources?	Moderate Activity
10.3.3	Share findings with public health colleagues and the community broadly, through journals, websites, community meetings, etc.?	Moderate Activity
10.3.4	Evaluate public health systems research efforts throughout all stages of work from planning to impact on local public health practice?	Minimal Activity

There is little collaboration among researchers to design and conduct health-related studies and a lack of longitudinal research capabilities. The work group cited a lack of resources for staffing and felt there was a need to improve collaboration with UC Davis and to improve communication throughout the entire county.

## SUMMARY

The Local Instrument relies on the work groups' perceptions of the performance of the LPHS, which may be limited. The breadth and depth of public health efforts makes it difficult to ascertain with certainty the level of performance for each Model Standard. Based upon the LPHS self-assessment of our performance according to the Performance Standards our LPHS is strongest in (a) maintenance of population health registries; (b) laboratory support for investigation of health threats; and (c) risk communication. Our LPHS is weakest in (a) public health policy development; (b) a government presence at the local level; and (c) community health improvement process and strategic planning.

At the end of the work session, participants were asked to summarize the most significant strengths of the LPHS, biggest challenges, and system level changes needed.

### WHAT ARE OUR MOST SIGNIFICANT STRENGTHS?

*Staff*

*Availability of media/communication methods*

*Availability of technology*

*Existing evidence-based models*

*Full scope of services provided*

### WHAT ARE OUR LOCAL PUBLIC HEALTH SYSTEM'S BIGGEST CHALLENGES?

*Minimal community involvement in the processes and policies of public health*

*Lack of funding or limited funding*

*Agency silos, agencies and individuals infrequently take a broad perspective and instead focus on agency provided service*

*Interventions restricted by grantor's rules and regulations instead of community-driven*

*Referral infrastructure to link people to services*

*Lack of quality improvement efforts to reduce duplication of services among LPHS*

### WHAT TYPES OF SYSTEM LEVEL CHANGES ARE NEEDED?

*Interagency collaboration*

*Infrastructure that supports cultural sensitivity and the needs of diverse populations*

*Re-educating our LPHS partners on messaging and communication*

*Wider dissemination of health data to the community and LPHS partners*

## IDENTIFIED PRIORITIES

A continual theme throughout the work group discussions was the need for improved collaboration and communication. Two entities are affected by poor collaboration and communication: the LPHS and community. To reach its potential and to improve the quality of life and well-being of all Yolo County residents, a concerted, collaborative effort is needed among the LPHS. A focus on increased effective and efficient communication efforts among the LPHS and community will lay the ground work for effective partnerships and collaborative efforts.

The LPHS would benefit through improved collaboration and communication by sharing data and information. The information would guide interventions and policies, establish best practices, and reduce duplicative efforts among the LPHS. Community engagement and involvement with public health issues would benefit from improved collaboration and communication from the LPHS. The sharing of data and information will inform community members and working collaboratively will also guide interventions and policies, establish best practices, and reduce duplicative efforts. The guiding principles of community engagement must be fairness, justice, empowerment, participation, and self-determination. The LPHS must work towards involving community further; ultimately leading to a shared leadership via strong partnerships.

The Yolo County LPHS possesses many strengths to protect and improve the health of Yolo County families and communities. In most instances, the LPHS must utilize these strengths more effectively and efficiently. In particular, communication methods (e.g., Facebook, Twitter, Internet) and technology (e.g., GIS, webinars, 2-1-1) to improve communication and collaboration efforts. However, the size and rural nature of much of the county pose a challenge to specific communication methods and technology. Rural community gathering points may serve as a hub for coordinating public health efforts and the sharing of information. The Yolo County Health Department in partnership with the Yolo County Library System, family resource centers, and other community-based organizations must collaborate to establish and sustain these hubs.

As the Institute of Medicine states “health is part individual good served by medicine and part public good secured by public health activities.”<sup>6</sup> Unfortunately, the emphasis has shifted primarily to the individual good served by medical care and created a “disproportionate preeminence” over public health activities.<sup>6</sup> This has created an imbalance that dominates agencies, organizations, and the public’s opinion, perception, actions, and policies. Further, this has led to a misunderstanding of the purpose and value of public health, and fosters an over assurance on individual medical care services as a panacea for individual health problems.

Many determinants of health occur at the societal level and therefore require a public health approach. Preventing disease and disability and promoting health require changing the conditions in which people live, improving the quality of the environment, and reforming public policy. This is the essence of public health. Community empowerment and ultimately community health requires the effective communication and collaboration of all people in the community and the LPHS. To

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<sup>6</sup> Institute of Medicine. 2002. The future of the public’s health in the 21<sup>st</sup> century (p. 24), Washington, DC: National Academies Press. Available online at [http://www.nap.edu/catalog.php?record\\_id=10548](http://www.nap.edu/catalog.php?record_id=10548)

focus solely on connecting people to individual services may undermine personal and community efforts of empowerment – creating clients instead of citizens. The Yolo County LPHS must seek to create a balance between individual goods and public goods in order to ultimately become a catalyst of empowerment for individuals and communities. As sociologist John McKnight asserted, resources empower; services do not.

To seek and share the input, talents, and resources of our community and the LPHS will strategically align us all for the benefit of our community and our future.

## PRIORITY OF MODEL STANDARDS QUESTIONNAIRE

Following the LPHS assessment work session, invitees (LPHS representatives) were sent a questionnaire regardless of whether they attended the work session or not. The LPHS representatives were provided with a draft of this LPHS Assessment report for their review and a hyperlink to the questionnaire. The questionnaire asked the LPHS representatives to consider the priority of each Model Standard, using a scale of 1 to 10, which allowed respondents to consider the Performance Standards themselves and priorities within the Model Standards. The draft LPHS Assessment report and questionnaire were sent to 47 people and 16 responded to the questionnaire.

The priority ratings were compared to the performance of each Model Standard. The results were ranked and separated into four quadrants. The four quadrants, which are based on how the performance of each Model Standard compares with the priority rating, provides guidance in considering areas for attention and next steps for improvement.

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

The table below prioritizes the Model Standards based on their performance score and priority rating.

### MODEL STANDARDS BY PRIORITY AND PERFORMANCE SCORE

Quadrant	Model Standard	Performance Score (%)	Priority Rating
Quadrant A	10.2 Academic Linkages	25.0	7
Quadrant A	10.1 Foster Innovation	31.3	7
Quadrant A	6.3 Enforce Laws	35.0	7
Quadrant A	6.2 Improve Laws	25.0	7
Quadrant A	6.1 Review Laws	25.0	7
Quadrant A	5.3 CHIP/Strategic Planning	0.0	7
Quadrant A	5.2 Policy Development	0.0	7
Quadrant A	4.2 Community Partnerships	33.3	7

<b>Quadrant A</b>	4.1 Constituency Development	37.5	7
<b>Quadrant A</b>	3.1 Health Education/Promotion	41.7	7
<b>Quadrant B</b>	9.3 Evaluation of LPHS	43.8	8
<b>Quadrant B</b>	9.1 Evaluation of Population Health	43.8	7
<b>Quadrant B</b>	8.4 Leadership Development	50.0	7
<b>Quadrant B</b>	8.3 Continuing Education	60.0	7
<b>Quadrant B</b>	8.2 Workforce Standards	58.3	7
<b>Quadrant B</b>	7.2 Assure Linkage	43.8	7
<b>Quadrant B</b>	7.1 Personal Health Services Needs	50.0	7
<b>Quadrant B</b>	3.3 Risk Communication	75.0	7
<b>Quadrant B</b>	2.3 Laboratories	75.0	8
<b>Quadrant B</b>	2.2 Emergency Response	70.8	7
<b>Quadrant B</b>	2.1 Identification/Surveillance	66.7	8
<b>Quadrant B</b>	1.3 Registries	75.0	8
<b>Quadrant B</b>	1.2 Current Technology	66.7	7
<b>Quadrant B</b>	1.1 Community Health Assessment	50.0	7
<b>Quadrant C</b>	9.2 Evaluation of Personal Health	60.0	6
<b>Quadrant D</b>	10.3 Research Capacity	37.5	6
<b>Quadrant D</b>	8.1 Workforce Assessment	25.0	6
<b>Quadrant D</b>	5.4 Emergency Plan	25.0	6
<b>Quadrant D</b>	5.1 Governmental Presence	8.3	6
<b>Quadrant D</b>	3.2 Health Communication	33.3	6

The 10 Model Standards listed in Quadrant A are considered priority areas for the LPHS. Three deal directly with collaboration: academic linkages; community partnerships; and constituency development. Through this type of collaboration, the LPHS can address the remaining Model Standards. The linchpin to these collaborative efforts is communication. Establishing means and methods of communication will open up the avenues of collaboration among the community and the LPHS.

**APPENDIX A: ATTENDEES AND REPRESENTATIVE AGENCY/ORGANIZATION**

<i>ESSENTIAL SERVICES 1 AND 2 WORK GROUP</i>	
<b>Name</b>	<b>Agency/Organization</b>
Haydee Dabritz	Yolo County Health Department
Constance Caldwell	Yolo County Health Department
Kathy Eastham	Kaiser Permanente
Kristin Weivoda	Yolo County Health Department
<i>ESSENTIAL SERVICES 3 AND 4 WORK GROUP</i>	
<b>Name</b>	<b>Agency/Organization</b>
Lisa Musser	Davis Joint Unified School District
Sarah Ferguson	Yolo County Library Services
Michele Rivera	Fourth and Hope
Michelle Washington	Fourth and Hope
Marbella Colimote	Yolo County Health Department
Anna Sutton	Yolo County Health Department
<i>ESSENTIAL SERVICES 5 AND 6 WORK GROUP</i>	
<b>Name</b>	<b>Agency/Organization</b>
Vicky Fletcher	Yolo County Sheriff Animal Services
Steve Rea	County of Yolo Supervisor's Office
Joan Planell	Department of Employment and Social Services, Yolo County
Leslie Lindbo	Yolo County Health Department
<i>ESSENTIAL SERVICES 7 AND 9 WORK GROUP</i>	
<b>Name</b>	<b>Agency/Organization</b>
Yaminah Bailey	Communicare Health Centers

Diane Sommers	Suicide Prevention and Crisis Services, Yolo
Amina Richards	Partnership HealthPlan
Eric Banuelos	Fourth and Hope
Raquel Aguilar	Yolo County Health Department
Marcel Horowitz	UC Extension
Louise Joyce	Yolo Hospice
<i><b>ESSENTIAL SERVICES 8 AND 10 WORK GROUP</b></i>	
<b>Name</b>	<b>Agency/Organization</b>
Jan Babb	Yolo County Health Department
Nolan Sullivan	Department of Employment and Social Services, Yolo County
Viola DeVita	Yolo County Office of Education
Joan Beesley	Mental Health Services, Yolo County
Diana Cassady	UC Davis