

# KCPH Staff Survey

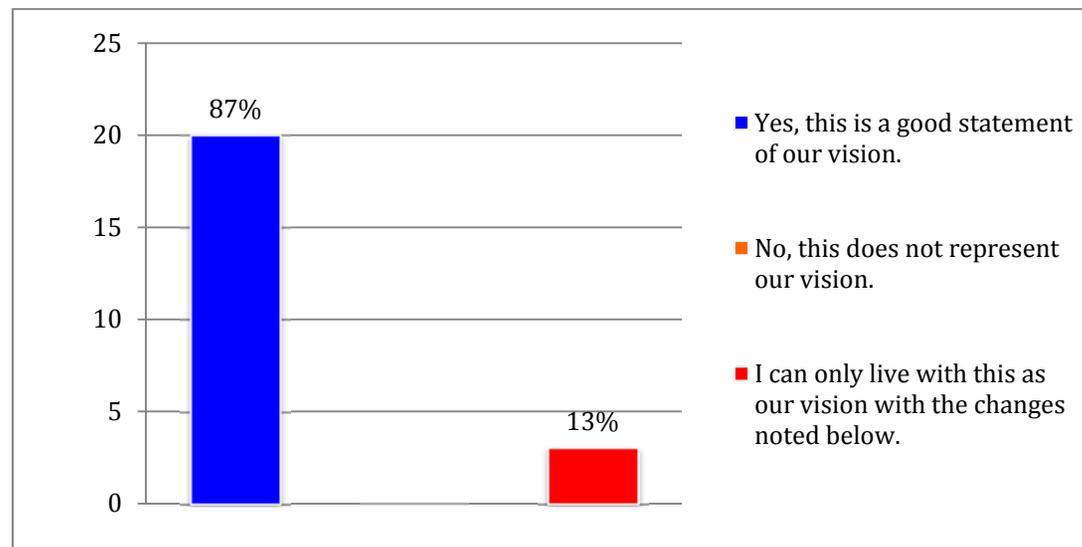
## **DRAFT** Report

Spring 2015



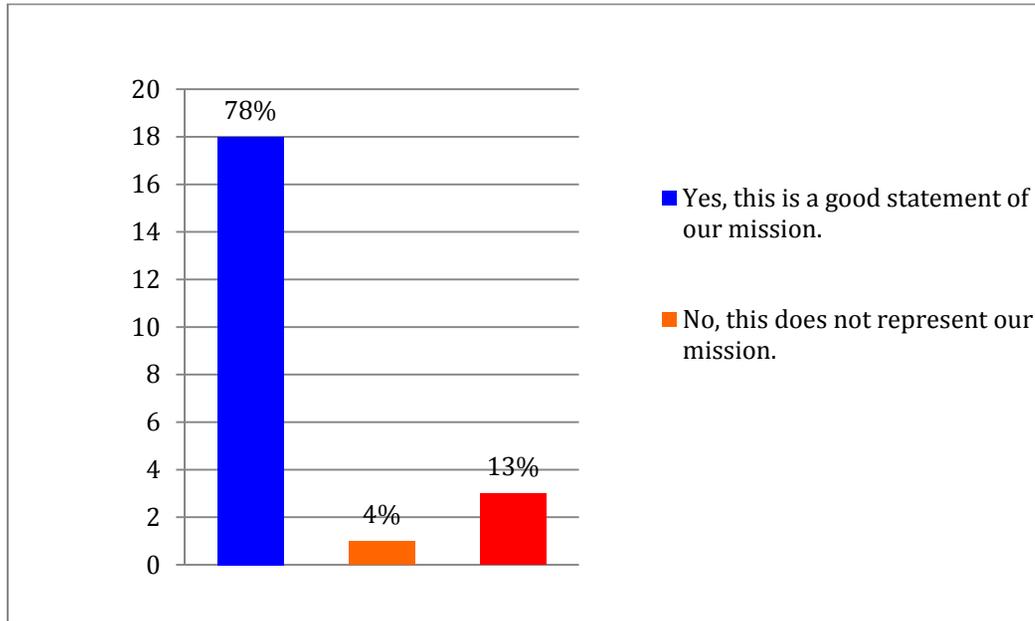
On April 29<sup>th</sup>, 2015, 23 Klamath County Public Health staff members participated in an online survey. In this survey, staff offered feedback for the development of a strategic plan that will be used by KCPH over the next 3 years. Ultimately, the results of this survey will help to finalize KCPH's vision, mission and values statements, and SWOT analysis. Responses were kept confidential; No response can be linked back to any one individual's identifying information. The response rate for this survey was 79%.

**Q1 Vision: A community that achieves optimal health through equity, compassion and collaboration.**



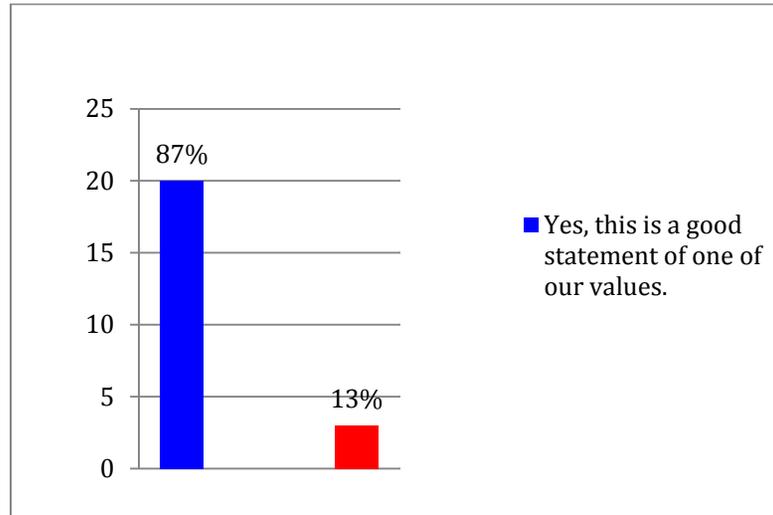
- “I don’t like the word ‘compassion’ considering it means ‘sympathetic pity.’ What about ‘care’ or ‘humanity’?”
- “Add opportunity.”
- “I feel the word ‘equity’ doesn't flow as well with the rest of the statement and can be taken a couple of different ways based on it's meaning...perhaps...’A Community that achieves optimal health through equality, compassion and collaboration.’”

**Q2 Mission: To create a community where the healthy choice is the easy choice.**



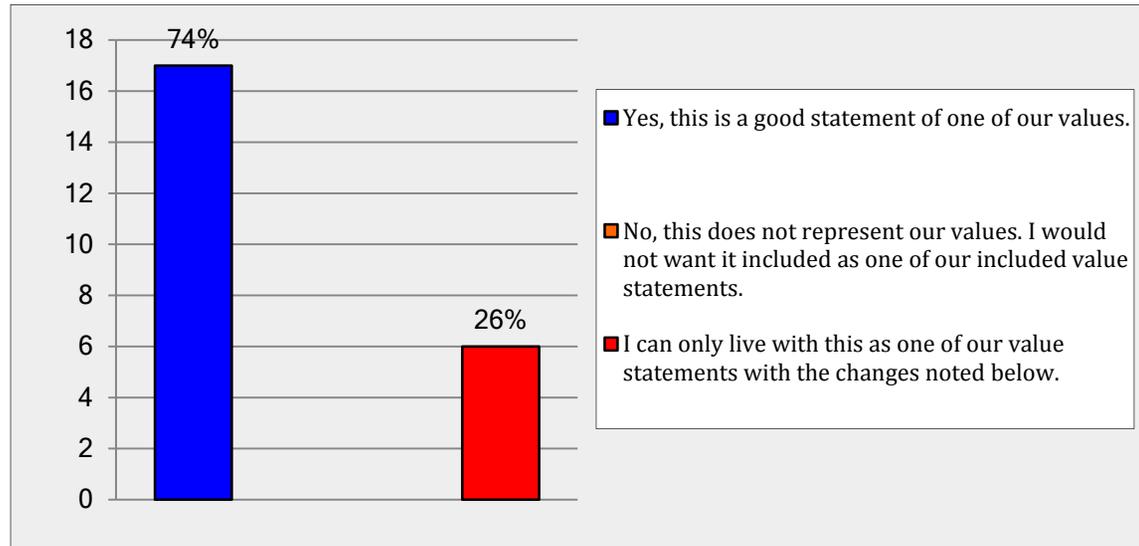
- “Healthy choice is not always the easy choice.”
- “I feel in the world today, choosing, applying and maintaining healthy choices is never ‘easy’...Ex: To create a community where the healthy choice is the conscious choice.”
- “While I support the sentiment of this mission statement, I feel this sounds much more like a slogan, which we've heard a lot, and it bothers me a bit.”
- “I believe going from a unhealthy life style to a healthy life style is not easy so I would not say a healthy choice the easy choice.”

**Q3 Value Statement 1: We carry out all of our work with integrity and honesty.**



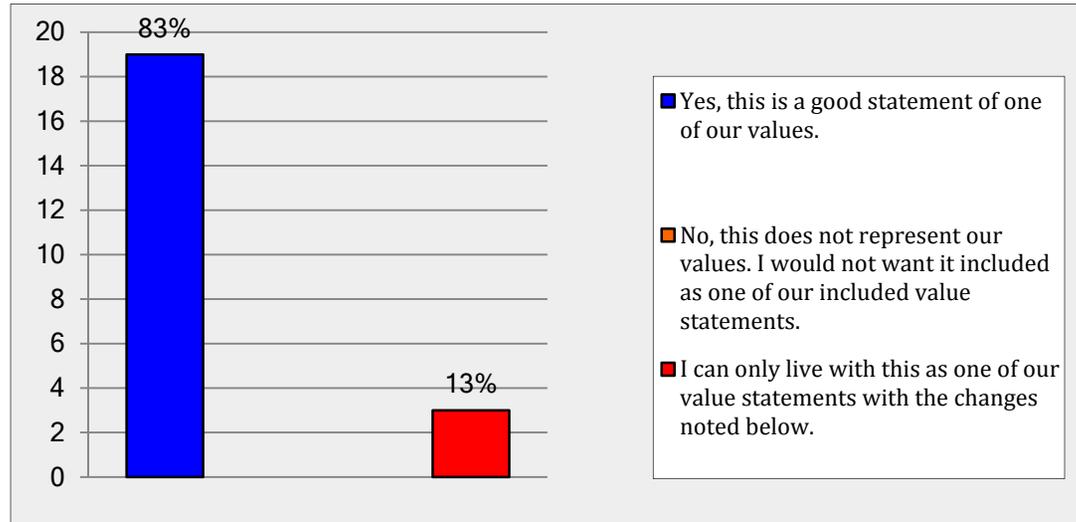
- “We carry out our work with integrity and honesty.”
- “Word-Smithing... We implement and execute our work with integrity, transparency and accountability.”
- “Could remove honesty--integrity is basically the same thing according to the thesaurus.”

**Q4 Value Statement 2: We empower individuals, partners and our community through engagement, inclusion, collaboration and education.**



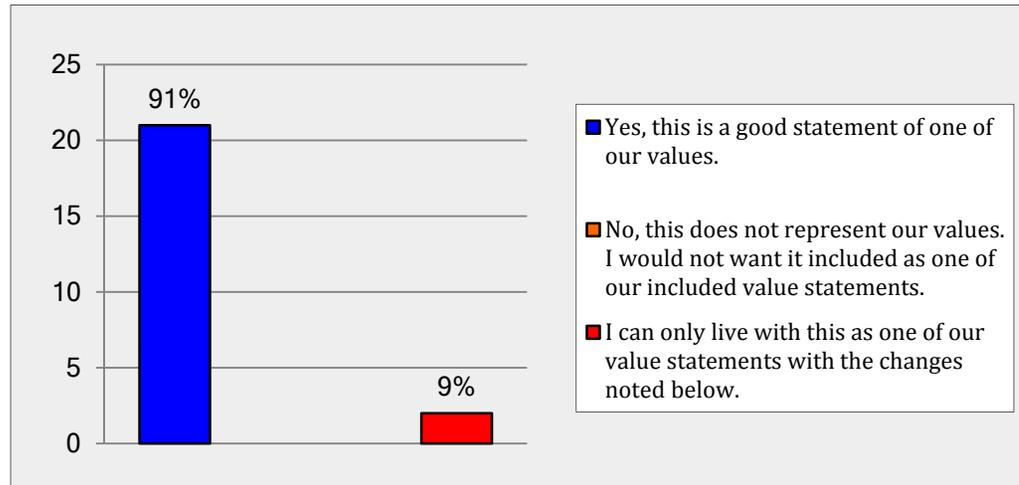
- “I prefer the word partnership in place of the word engagement.”
- “Exchange ‘Inclusion’ feels out of place, meaning may be misinterpreted...Example...We empower individuals, partners and our community through engagement, integration, collaboration and education.”
- “Empower means we have power that we are giving to others--I think it is demeaning to use this word--I can't give something to someone I don't have -- maybe strengthen would be a better word.”
- “It's a little wordy. I'd change it to...through engagement, collaboration, and education. Or if someone else likes one of the other words I'd be fine with that. They're so close in meaning.”
- “We empower our community through engagement, inclusion, collaboration and education.”
- “I feel that engagement and inclusion are getting at the same things. I would include either one or the other. Furthermore, it is too wordy with the four values listed. I would limit it to three.”

**Q5 Value Statement 3: We believe our service must be accomplished with excellence, compassion and respect.**



- "Sensitivity instead of compassion."
- "Change wording to: with respect, compassion, and excellence. Better flow."
- "Removing 'believe'... doesn't feel as strong / idea rather than an action. Example...We accomplish our services with excellence, compassion and respect."
- "Suggestion: We believe in serving with excellence and respect.(not so wordy and more to the point)"
- "'Service must be accomplished' doesn't sound grammatically correct. Services maybe? Or 'service to the community must be...'"

**Q6 Value Statement 4: We believe in both innovative and evidence based approaches.**



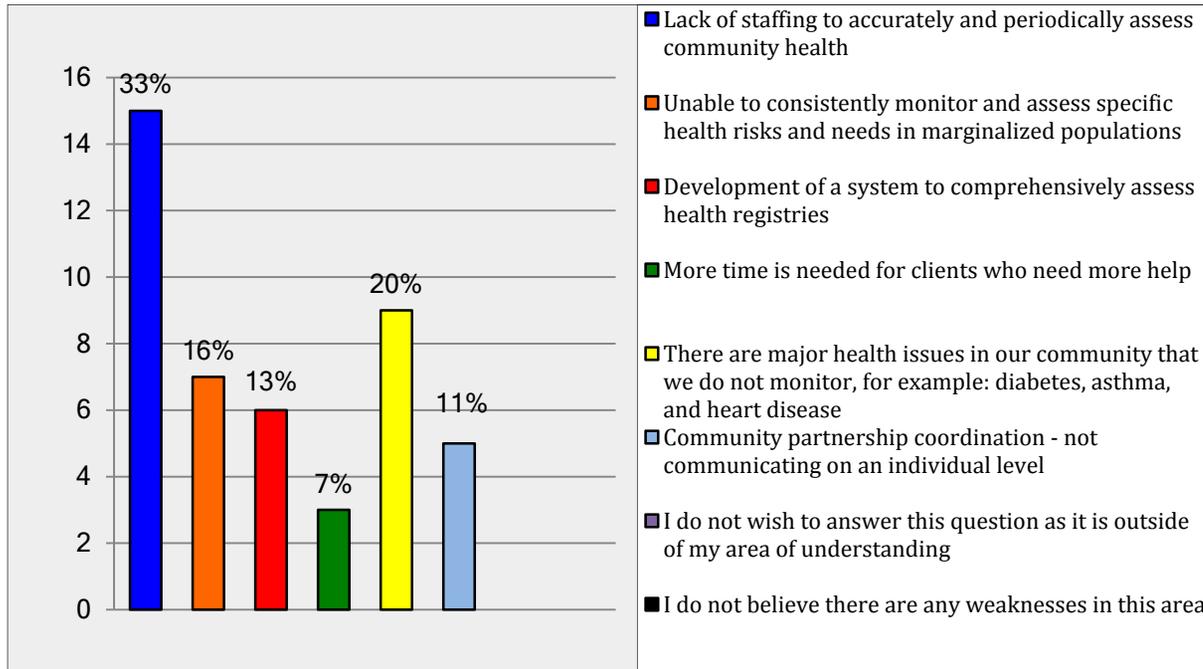
- “We believe in innovative, by evidence based approaches. (for me innovative and evidence based approaches are not always the same. Innovative can be experimental, revolutionary that has not been researched before)”
- “Similar to Question 5.. ‘believe’...Example...We incorporate innovative and evidence based approaches that enhance and strengthen our core services and community collaborations.”

**Q7 When we met April 8<sup>th</sup> as a group, you were asked to write what you considered to be the strengths of KCPH in ten areas. What do you consider to be the top two overall strengths of KCPH?**

- "Teamwork and our community partnerships we have formed, also the support of our supervisors in what we do."
- "The scope is great, but needs improvement so it does not fail. The people in the team are very knowledgeable and has the energy to do it."
- "Dedicated, creative and knowledgeable staff. Positive community collaborations."
- "Linking clients to other community partners / supporting families in need quickly."
- "1. Very competent, committed staff who work well together and with our public. 2. Our ability to accomplish improvements in our populations' health status through a variety of prevention, protection and promotion activities."
- "Knowledge among employees and experienced leadership."
- "Effectiveness, accessibility."

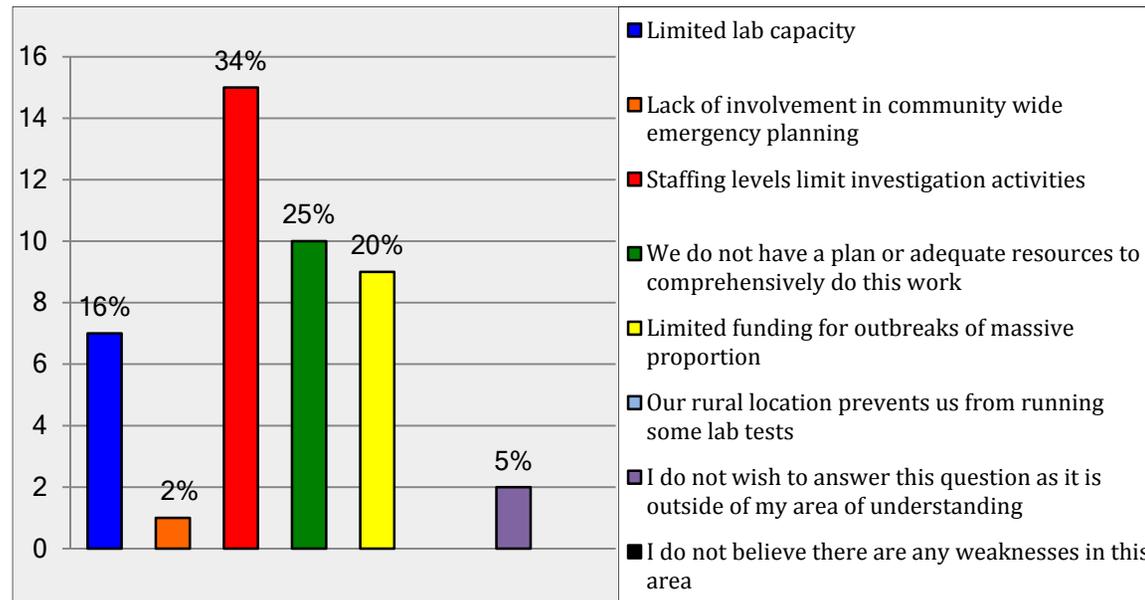
- "Strong leadership / staff that works collectively to provide highest level of services available to clients and community partners. \*Strong presence within community regarding awareness, education and next steps for a wide range of Health Promotion (including but not limited to:) Healthy Babies / Children, Sexual Health Awareness, Connection to Community Services, Access Health / Medical Services (i.e. Insurance), Healthy Lifestyle Choices, Environmental Safety / Health."
- "Commitment of staff as a whole to quality, compassionate service and the commitment of staff to each other as a group (a circle the wagons attitude to help bolster and encourage each other in tough times)."
- "1.KCPH is newly becoming more integrated into the community. Both with public agencies and community members.2. Coordination with programs from the public health dept. and other similar community programs to not duplicate efforts. "
- "1. Community partnerships 2. Staff expertise."
- "Compassion."
- "1. Dedicated Staff 2. Desire to improve health of the community."
- "1) Dedicated staff. 2)Relationships we have built with community partners."
- "Inform, Educate, and Empower; and Assure Competent Workforce. I believe we could use more support when we're in the educate stage, but I think part of our strength is the focus leadership has placed on both of these areas: having a good team here in the health department, and the importance of working within the community to educate and build momentum."
- "Service Caring"
- "Education, Dedication (Passionate about our work)."
- "We are always here to help any population."
- "Everyone here is truly wanting to see the community be/get healthy. I believe every department strives towards that everyday. Team work is amazing here and because of that we have many strengths and we can accomplish many things."
- "Dedicated staff, supportive administration."
- "Hardworking knowledgeable honest compassionate staff."
- "1. committed personnel 2. educated personnel."

**Q8 Monitor health status to identify and solve community health. Please select the TWO that you feel are the greatest areas of weakness in this area.**



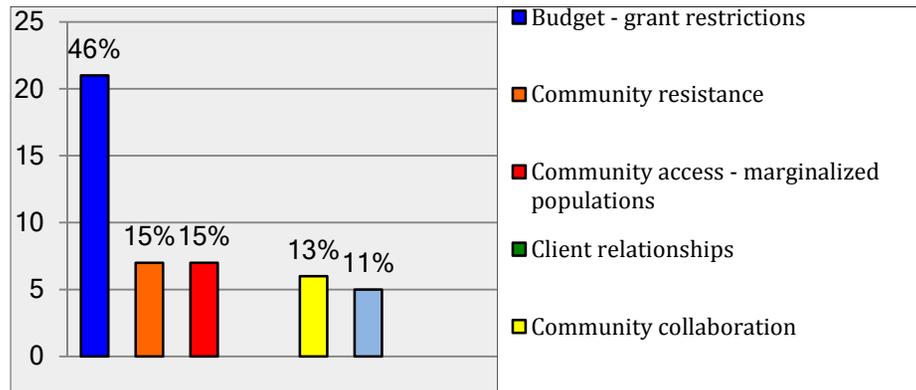
- “Even if a system were developed, we don't have the staff or time to use the data--what good is data if you can't do anything with it to make a difference in your community.”
- “A major part of the reason we don't monitor is lack of global funding to do so--our funding is so silo-ed. Plus we'd need a bigger budget to have the capacity to do so.”

**Q9 Diagnose and investigate health problems and health hazards in the community. Please select the TWO that you feel are the greatest areas of weakness in this area.**



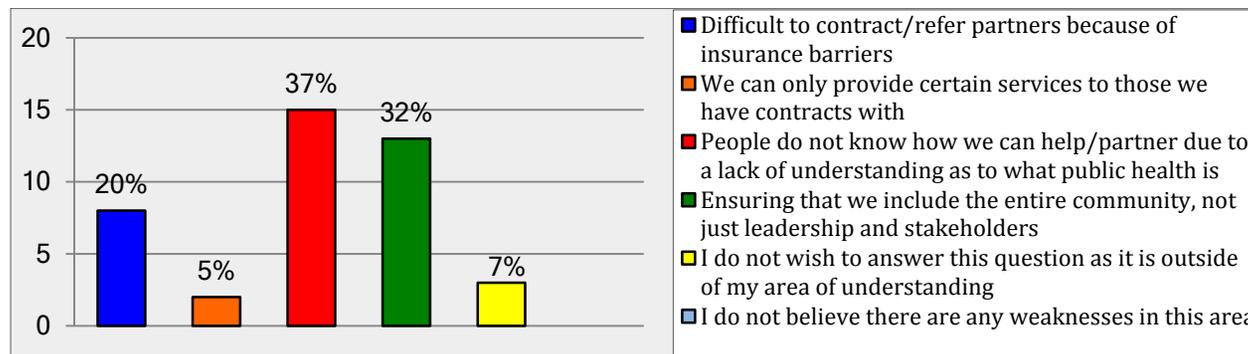
- “I would say limited funding for these activities in general, not just for massive outbreaks.”

**Q10 Inform, educate and empower people about health issues. Please select the TWO that you feel are the greatest areas of weakness in this area.**



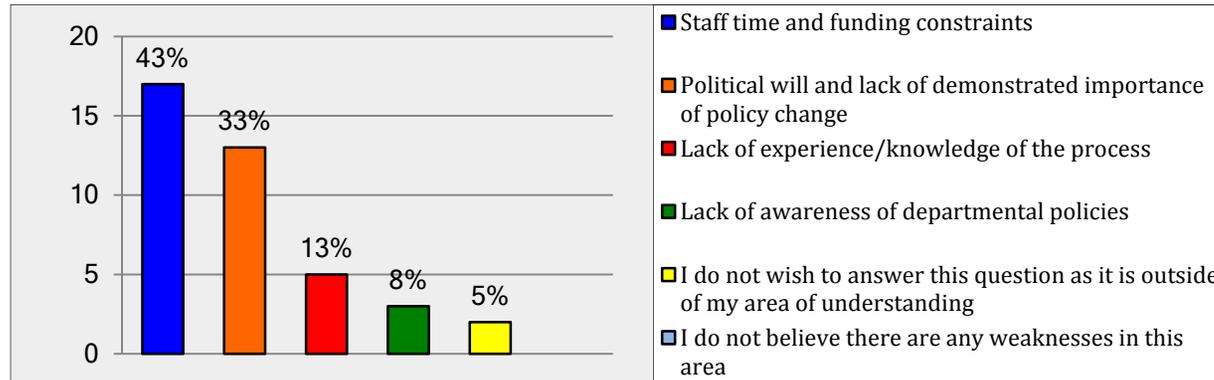
- “Budget: It is a major barrier to have people from out of the area tell us, usually over the phone, that an intervention or educational plan we have is inappropriate, particularly due to a lack of understanding about our area versus a metropolitan location.”

**Q11 Mobilize community partnerships and action to identify and solve health problems. Please select the TWO that you feel are the greatest areas of weakness in this area.**



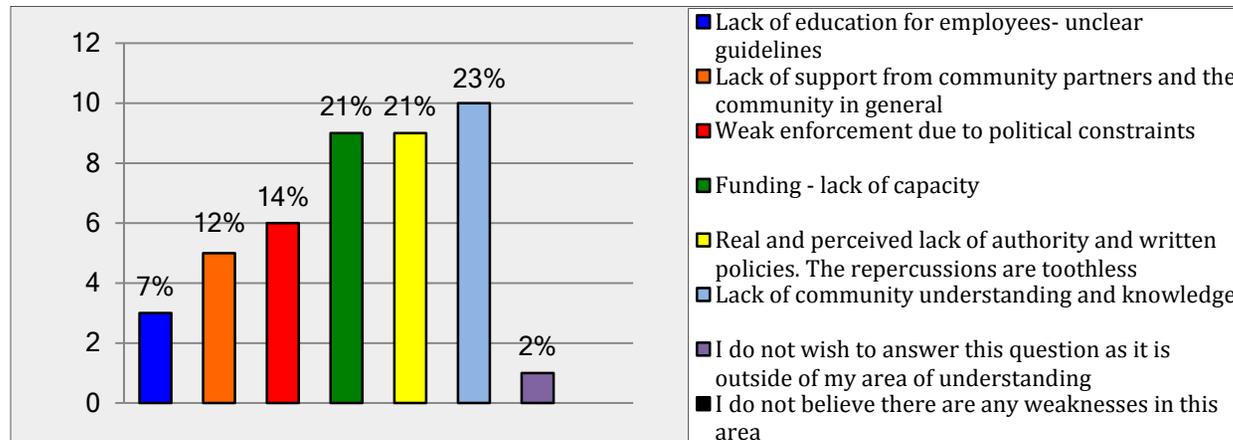
- “The first two are very similar.”

**Q12 Develop policies and plans that support individual and community health efforts. Please select the TWO that you feel are the greatest areas of weakness in this area.**



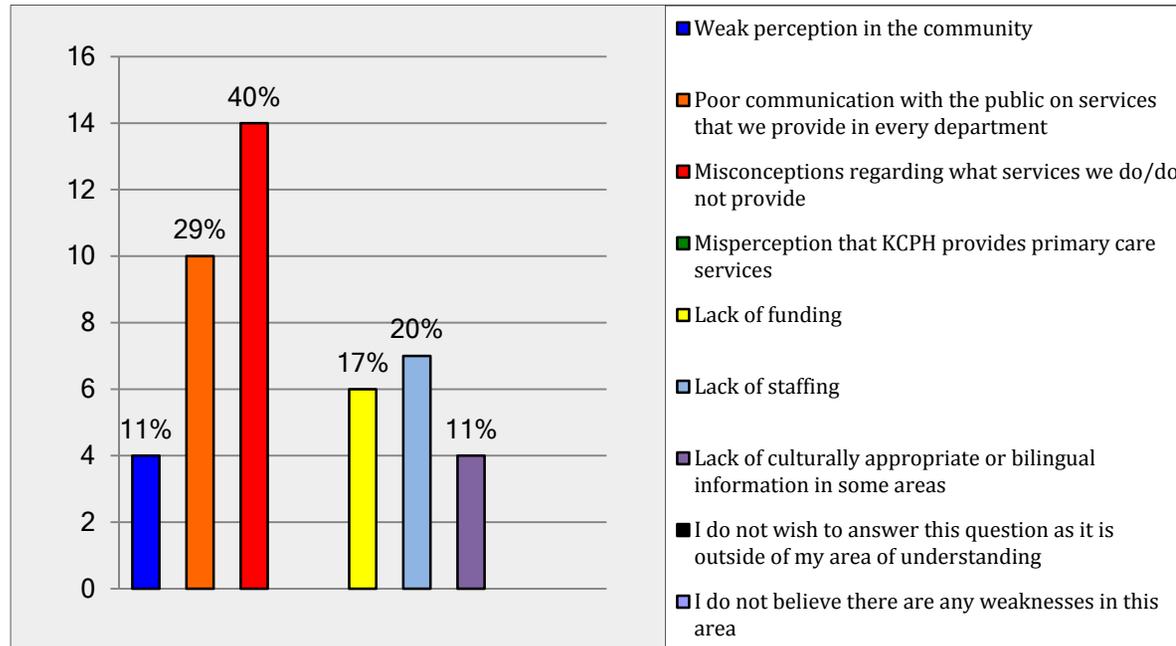
- “I am not sure we could get the majority of the community to cooperate with this.”
- “I’m answering this in terms of community policies. As for internal policies, I’d select ‘lack of awareness of departmental policies’ if that’s what this question is geared towards.”

**Q13 Enforce laws and regulations that protect health and ensure safety. Please select the TWO that you feel are the greatest areas of weakness in this area.**



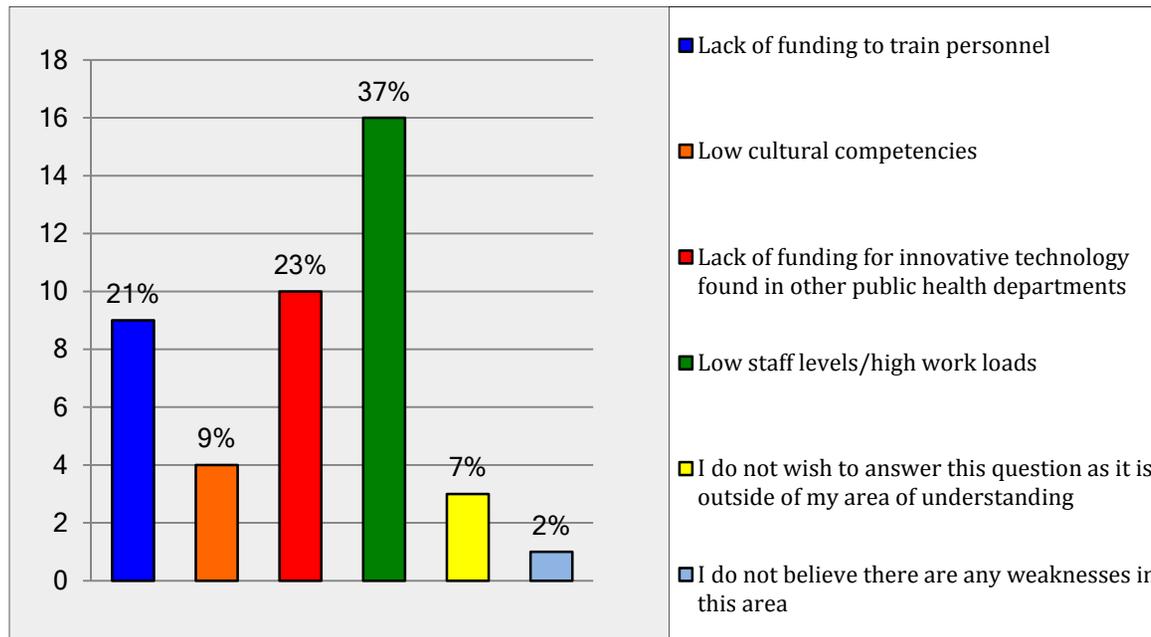
- “We do a good job enforcing laws that deal with communicable disease, vaccines for children, food safety, and water safety. I am not so sure about air quality. I seems there is room for improvement there. We have no authority to enforce regulation over many areas of health and safety.”

**Q14 Link people to needed personal health services and assure the provision of health care when otherwise unavailable. Please select the TWO that you feel are the greatest areas of weakness in this area.**

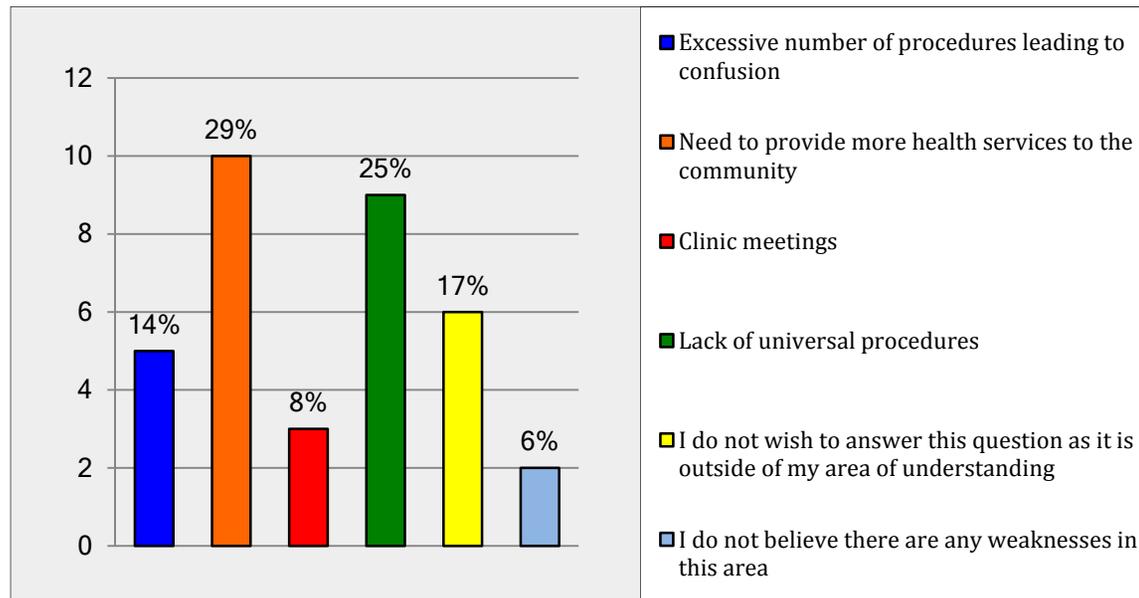


- “Not enough primary care providers in our community.”

**Q15 Assure competent public and personal health care workforce. Please select the TWO that you feel are the greatest areas of weakness in this area.**

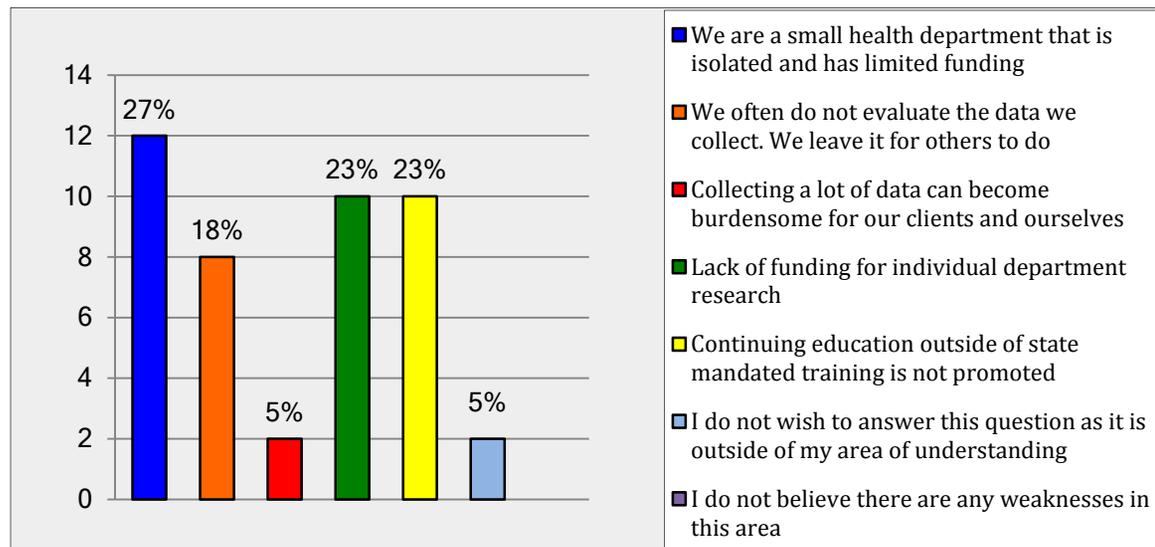


**Q16 Evaluate effectiveness, accessibility, and quality of personal and population based services. Please select the TWO that you feel are the greatest areas of weakness in this area.**



- “Although we do comply with Oregon Rules and Statutes, program standards and requirements, and score well in reviews of our services, such as the triennial review, we do not engage in a systematic evaluation of all of our departmental services, nor do we routinely evaluate the community's perception of our role, responsibility and impact in the community. We need a more robust, active approach embedded in the Department, such as TQI to improve both how we work to accomplish outcomes, but also positively impact our own and public perception.”
- “Procedures needs to be clarified--we only do procedures related to reproductive health and CD so I am not sure what this is related to--we are actually very limited in what procedures we do in relation to clinic; have no idea what is meant by universal procedures.”
- “None of these have anything to do with evaluation... am I missing something?”
- “I believe there is confusion in the procedures we do have so the need for universal procedures is key here.”
- “1: Not having the funding and therefore staffing resources to have someone with enough dedicated time to carry out these evaluations.”
- “No process in place for self evaluation of these services.”

**Q17 Research for new insights and innovative solutions to health problems. Please select the TWO that you feel are the greatest areas of weakness in this area.**



- Back to data--even if we can collect and analyze, we don't have the resources to do anything with the information; data collection is also very time-consuming for a small staff that has multiple duties

**Q18 What do you feel are the one or two biggest opportunities for KCPH? Opportunities are usually external factors. They may include: •Environmental factors that might influence/contribute to successful outcome •Unfulfilled / open niches not served by other programs (unmet customer need) •Upcoming changes to status quo (regulatory, political, social, etc.) •Factors: Political, Economic, Socio-cultural, Technological**

- "Maternal child case management with in home visits."
- "High level management is engaged in making this plan work. We are a very poor community and KCPH may be able to accomplish a lot and get more grant for future projects."
- "Opportunity in the future for improved technology including electronic health records."
- "1, Public health transformation. 2. To always engage in active collaboration with all of our community partners and stakeholders."

- "\*Reach, engage and provide appropriate services to underserved and marginal populations \*Strengthen cohesive community partner collaborations to expand and enhance services across the board and educate political entities"
- "Unmet customer need--being able to offer a broader range of services through insurance contracts to a population not previously served; getting set up with HER."
- "Adopting more equitable practices to authentically engage communities. Unfulfilled/open niches not served by other programs."
- "1- Furthering new community partnerships and a changing socio-political climate. 2- Future grant opportunities we may apply for."
- "I would think opening up more services for unmet needs such as well child visits and maybe a program that would allow us to see clients for initial visit for seeking sterilization/contra visit and then have the ability to refer them for this procedure. also to be able to do STD testing (even if it is peace of mind), at no cost for clients that are over the age of 24 and have no way to pay for it AND start another teen clinic."
- "Collaboration with other community partners."
- "Healthcare has changed a great deal since the Affordable Care Act. That could be a great opportunity for Public Health to take on a greater role."
- "I think Klamath is located in a great place for outside/free health activities, which are underutilized and, in some cases, under-developed, but could be great opportunities for our community to connect with us and with each other to build better health. I also think that we do have certain, very motivated, sections of the population who might be better utilized to build a momentum for change and improvement in Klamath, which some of them are already working on."
- "Environmental Factors is number one."
- "I believe our biggest opportunity is to expand our horizons by embracing engagement with community partners. We too often are stuck in the "we do it better than anyone else" mode and it limits us. We need to be open to trying new things and building more relationships. If we successfully collaborate with others in the community we could use our strengths to accomplish way more than we could alone."
- "Environmental factors that might influence/contribute to successful outcomes. Economic factors."
- "Clinic able perform more of a clinic level than a clinic like planned parent hood, we have many patient that cannot be seen at their primary due to them being booked out if they had a choice like to come here for a common cold or hurt leg we could provide so much more and the community can benefit in so many ways from this."
- "Increasing community support/awareness of health and wellness initiatives, increasing opportunities for meaningful partnerships (to aid in the development of systems change--not just partnering on programs)"

**Q19 What do you feel are the one or two biggest threats for KCPH? Threats are also usually external and may include: •Environmental factors that might prevent successful outcomes •Upcoming changes to status quo (regulatory, political, social, etc.) •Factors: Political, Economic, Socio-cultural, Technological**

- “Community buying into the processes to make our community a healthier community and need for more money to do what we want to do.”
- "Good professionals do not stay in Klamath. We might lose important members in the team. Personal Political interests."
- “Public Health transformation depending on how the political and economic picture unfolds.”
- “1. How public health transformation legislation & funding will affect our future.”
- "Lack of Funding / Staff, Political dissent / disengagement."
- “Continually decreasing state funding and changing state mandates on how funding can be used; political climate change with coordinated care and funding streams.”
- "High turnover with loss of information or current progress set backs within dept. programs. Micromanagement and excessive policies that are often unclear or contradictory to other dept. policies in place."
- "Lack of political will- leadership. Insufficient funding to carry out the work that needs to be done (i.e. grant funds are so prescriptive and do not allow us to target the areas that are of utmost need)"
- “Possible upcoming changes to insurance, unless we get contracted with more companies and collaborate with our community partners and educate them on the services we provide and work together to help the general population so we can help with their medical needs and not be a "threat" to other medical providers or in "competition" hope that makes sense.”
- "1. Funding."
- “Healthcare has changed a great deal since the Affordable Care Act. The role of Public Health is diminishing in this new system.”
- “I think KCPH is threatened by the distrust of government and health care in various populations in our community. This distrust makes it very difficult, in some cases, to reach out to minorities, low-income individuals, and certain outlying areas where people may be more isolated from healthcare. I think this threat is also related to the poor political will and support we see from some political leaders in our area and their lack of support, and often need for excessive "convincing" on issues, can be a major problem.”
- “Economic and Political.”
- “Funding is our biggest threat. Without adequate funding we cannot maintain effective staff levels, and we often cannot implement needed changes. We receive only a very small amount of general fund and all the rest of our funding comes from direct services, and grants. This limits our ability to grow and adapt to the changing Public

Health environment. The second threat is a lack of support, due to our low presence in the community. Without support from community partners or the community in general our services are under appreciated and we are less likely to have people willing to go to bat for us if we find ourselves facing downsizing or even closure of programs.”

- “Upcoming changes to status quo, usually political or regulatory.”
- “I feel if we don't start offering more then we will start loosing more. Sky lakes is on a huge hiring frenzy and the more doctors they bring in I feel the less we will see in our clinic.”
- “Short-term funding, too much oversight/direction from the state (though they sometimes have a limited understanding of what will work in the Klamath County schema)”
- "1. Economic- not receiving enough funding to support programs in the way they need to be funded to ensure proper management. 2. Political problems- our community does not like change. We need political buy-in to promote positive changes. If enough politicals change their thought process, we may be able to change the community, but we need total buy-in from all politicals."