Local Public Health System Assessment At-A-Glance

The Local Public Health System Assessment (LPHSA) answers the questions, "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the Essential Services being provided to our community?" The LPHSA is a broad assessment, involving all of the organizations and entities that contribute to public health in the community.

Recommended Participants and Roles:

?? Subcommittee — designs and prepares for the LPHSA process and ensures that the process is implemented effectively.

?? MAPP Committee — participates in all discussions.

?? Broad Community Involvement — should already be incorporated into the committee membership; however, if additional participants are desired for this process they should be recruited.

A Step-by-Step Overview of the Local Public Health System Assessment:

1. Prepare for the LPHSA by establishing a subcommittee and planning how the activities will be undertaken.
2. Orient the MAPP Committee (and other participants) to the Essential Services. Begin by discussing the Essential Services — what they are and how they are being provided within the community. Using flip charts, each participant should identify the Essential Services provided by their organizations. Discuss the results by identifying where various organizations' activities fit together and where gaps exist.
3. Complete the performance measures instrument. Discuss each model standard and come to consensus on responses for all objective and Likert scale questions.
4. Discuss the results of the performance measures instrument by reviewing each indicator. Through dialogue, identify areas that need improvement, activities that should be maintained at current levels, and areas where efforts can be decreased to free up resources. The results of this discussion should be a list of challenges and opportunities that will, later, be used in the identification of strategic issues.

The Local Public Health System Assessment

What is a Local Public Health System Assessment?
The Local Public Health System Assessment (LPHSA) answers the questions, "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the Essential Services being provided to our community?"

The information gathered in the LPHSA, along with results from the other three MAPP Assessments, will comprise the four sources of information to be considered during the Identify Strategic Issues phase. The inclusion of LPHSA results may lead to strategies that help strengthen and improve the local public health system and provision of public health services.

Local health departments that have conducted the APEX*PH* Organizational Capacity Assessment will note some similarities with the LPHSA. However, in the APEX*PH* Organizational Capacity Assessment, the focus is entirely on the local health department, while the MAPP LPHSA focuses on the local public health system — that is, all organizations and entities within the community that contribute to the public's health.

The Essential Public Health Services provide the fundamental framework for LPHSA activities. The Essential Services describe the public health activities that should be undertaken in all communities (See Tip Sheet – Essential Services for more information). Conducted by any component of the local public health system, the Essential Services are as follows:

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

The MAPP LPHSA includes two primary activities. First, the MAPP Committee discusses the Essential Services and generates a broad understanding of where participants are active. This discussion provides a crucial orientation to the Essential Services. Second, participants complete a performance measurement instrument. The MAPP LPHSA uses the local-level standards found in the National Public Health Performance Standards Program (NPHPSP). The NPHPSP is also based on the Essential Services. By using a nationally developed performance measurement instrument, the following benefits are gained:

[1] [1] Public Health Functions Steering Committee. *Public Health In America*. July 1994.

- By promoting the use of the same performance measurement instrument within all communities, **comparisons can be made** and analysis and interpretation activities are more straightforward.
- **Responses to the instrument can be tracked over time** to identify improvements or changes.
- Linkages between MAPP and NPHPSP benefit both programs. In conducting the LPHSA, MAPP users automatically respond to the NPHPSP instrument, thus **eliminating duplicative work**. Likewise, NPHPSP respondents can use MAPP as a tool for addressing performance measures results.

How to Conduct the Local Public Health System Assessment

When conducting the LPHSA steps below, MAPP users use the Essential Services framework to identify the capacities, actitivies and performance of the local public health system. Two case examples — St. Louis County, MO and East Tennessee Region, TN — provide insight into how the Essential Services and other public health frameworks have been used at the local level. A third vignette — Chicago, IL — offers an overview of how a local public health system assessment can be conducted.

After completing Step 1 (prepare for the LPHSA), LPHSA activities can be completed through a series of 4–5 MAPP Committee meetings:
- Step 2 – Discuss the Essential Services and identify where each organization is active *(1 meeting)*
- Step 3 – Discuss and complete the performance measurement instrument *(2-3 meetings)*
- Step 4 – Review the results and determine challenges and opportunities *(1 meeting)*

Step 1 — Prepare for the Local Public Health System Assessment
Begin by establishing a subcommittee to oversee the LPHSA process. This subcommittee will be responsible for determining how the process will be implemented. Subcommittee members should include representation from diverse segments of the local public health system. If possible, at least one individual familiar with the Essential Services should be recruited.

Once the subcommittee is convened, members should review LPHSA steps and tools and plan how the activities will be implemented. Consider questions such as:

- *How will we conduct each activity during MAPP Committee meetings?* MAPP provides tips for implementing activities. Evaluate whether these tips need to be customized to fit the needs of your community. The majority of LPHSA efforts will be devoted to responding to the performance measures instrument. Pilot and field test sites have found that 8-10 hours are required to complete the assessment for groups that include 12-20 participants. Most participants have preferred to hold two or more shorter sessions, rather than one long session.

- *What resources are necessary for conducting these activities?* One vital resource is a facilitator. See the Tip Sheet – Facilitation within the MAPP Process for tips on identifying and working with a facilitator.

✍ *Do we have adequate representation from all segments of the local public health system?* Ideally, the MAPP Committee will include representation from throughout the local public health system. It may be useful, however, to consider whether important yet easily recognized organizations that contribute to the Essential Services within the community are missing. Substantial representation from community residents should also be sought. It may not be feasible for some larger communities to convene a committee representative of every possible organization; in such cases, it is important to decide early on exactly who needs to be at the table for the process to be effective.

✍ *How can we assure that results are accurately recorded and utilized?* LPHSA discussions will be rich in content. In addition to the facilitator, consider identifying at least two recorders to be responsible for capturing the details of each meeting. When important points are made, write them on flip charts so participants can clarify their meaning and express their agreement. Also, because this process will span multiple meetings, briefly recap prior discussions at the beginning of each meeting. By doing this, participants recall the results of previous discussions and start off on the same foot.

Step 2 — Discuss the Essential Services and identify where each organization is active

The first meeting of the LPHSA orients participants — the entire MAPP Committee as well as any other participants — to the Essential Services and identifies where each organization is active. The facilitator should begin the meeting with a brief overview of the Essential Services and discuss example activities for each service. Participants, then, discuss the list of ten Essential Services until everybody understands what they entail.

Once participants are oriented, gather information about each organization's activities related to the Essential Services. One way to do this is to hang pieces of flip chart paper around the room – one for each of the ten Essential Services. Give each participant a marker and ask participants to spend 15 minutes walking around the room recording where his/her organization is active. Participants should write the name of the organization and a very brief description (3-4 words) of its activity in that area. For example, flip chart notations might include:

<u>Essential Service #3 (Inform, educate, and empower the public about health issues)</u>
✍ American Lung Association Midwest Chapter – tobacco health education
✍ Blue County Health Department – health education/promotion in several areas
✍ Blue County Business Association – worksite health promotion
✍ St. Michael's Catholic Church – health and well-being classes for parishioners
✍ Health insurance cooperative for businesses – tobacco cessation directory
✍ Local health center collaborating with LHD, Planned Parenthood, and local library – health newsletter

At the end of the allotted time, the flip charts will offer a good overview of where each community organization is active in the Essential Services categories.

The last part of the meeting should be devoted to a dialogue about the information recorded on the flip charts. Participants should discuss the Essential Services and how each organization contributes. Discussion questions might include:

1. What are we each doing? Are there any stories or anecdotes that illustrate how the Essential Services have been provided in a successful way? Are there any trends (increasing or decreasing involvement) among the Essential Services?
2. How do our activities fit together?
3. In which Essential Services categories are there many or few organizations involved? Is this a problem, an asset, or the nature of the activity? (For example, only a few organizations may be involved in Essential Service #6, Enforce Laws and Regulations that Protect Health and Ensure Safety.)

The information on partner activities will facilitate the completion of the performance measurement tool. This process is also useful for identifying opportunities for collaboration, gaps in service provision, and overlapping activities.

The flow of the meeting might occur as follows:

MAPP Committee Meeting – LPHSA Meeting One
(1 hour)

5 minutes	Welcome and opening announcements
10 minutes	Overview of the Essential Services and general discussion of what they are
15 minutes	Flip Chart Exercise – each participant notes where his/her organization is active and how
25 minutes	Open discussion of the information on the flip charts. Arrive at a a general understanding of where activities are occurring and where gaps exist.
5 minutes	Brief recap and discussion of the next activity – the performance measures instrument. Disseminate materials (the full instrument or just the model standards) for participants to review prior to the next discussion.

Step 3 – Discuss and complete the performance measurement instrument
The next step is for the MAPP Committee to discuss and complete the performance measures instrument. This will probably require 2-3 meetings. The facilitator should keep the discussion moving along to ensure that it does not get bogged down on any single indicator.

The performance measurement instrument can be found at the CDC website (to view, click <www.cdc.phppo.gov/dphs/nphpsp>). As mentioned previously, the instrument is based on the framework of the Essential Services. Definitions for Essential Services and other terminology are supplied throughout the tool. For each of the ten Essential Services there are 2-5 indicators — broad issue areas within that Essential Service. Each indicator is further described by a "model standard," a paragraph detailing the ideal capacity and

activities of a local public health system for that indicator. Measures and submeasures ask specific questions directly related to achieving the model standard.

Below is an example of an indicator, model standard, and measures found within the tool.

Essential Service #5 — Develop Policies and Plans that Support Individual and Community Health Efforts

Indicator 5.2 Community Health Improvement Process

Model Community Standard:
The community health improvement process is an opportunity to analyze and prioritize health issues identified by a community health assessment (Community Health Profile). The LPHS identifies measurable health improvement objectives and develops strategies towards their achievement based on knowledge of the community's health assets and resources. The individuals or organizations who are accountable for the execution of these strategies are specified and agree to assume clearly defined responsibilities.
The LPHS and its constituents support the development, implementation, and evaluation of the community health improvement plan that results from this process.

5.2.1 Has the LPHS established a community health improvement process?
If so,
- 5.2.1.1 Is this process based on information from the Community Health Profile?
- 5.2.1.2 Does the process include prioritization of community health needs?
  If so,
  - 5.2.1.2.1 Are adequate resources available to address priority health needs?
  - 5.2.1.2.2 In the past two years, has the LPHS implemented activities to address established priorities?

5.2.2 Has the LPHS developed strategies within the community health improvement plan for addressing community health needs?
If so,
- 5.2.2.1 Have the individuals or organizations accountable for the implementation of the strategies been identified?
  If so,
  - 5.2.2.1.1 Have they agreed to defined responsibilities and timetables for activities?
  - 5.2.2.1.2 Are they implementing their strategies?
  - 5.2.2.1.3 Are they monitoring the outcomes of their strategies?
- 5.2.2.2 Have community assets and resources for addressing these needs been identified?
- 5.2.2.3 Are constituents of the LPHS aware of the strategies for implementing the community health improvement plan?

Likert scale questions are also included. For each indicator, the following two questions are included:

1. To what extent does the local public health agency achieve the model standard?

1	2	3	4
Not at all or minimally	Partially	Substantially	Fully or almost fully

2. To what extent does the LPHS (including the local public health agency) achieve the model standard?

1	2	3	4
Not at all or minimally	Partially	Substantially	Fully or almost fully

To respond to the instrument, the MAPP Committee should discuss the information in the tool. This discussion should address the perspectives of organizations conducting public health activities as well as community residents.

Because the performance measurement instrument is fairly lengthy and may appear daunting at first blush, the MAPP Committee should carefully consider whether they would like all respondents to receive the entire document. Regardless of whether the entire document or only the model standards are shared, information should be distributed to the participants prior to the discussions. Ideally, participants will review the materials prior to the meeting and thus limit the amount of reading that occurs during the discussion.

Consider using one of the following two possible methods:

- **Share the full document with all participants** – all participants receive the entire instrument and discuss the model standards, measures, and Likert questions. A facilitator moderates the discussion. To keep the discussion moving, the facilitator should limit the amount of time devoted to each model standard. The recorder(s) tracks all responses. The challenge with this method is that participants may spend time paging through the document, instead of engaging in an interactive discussion. Because the group is striving for consensus on all measures and questions, participants should be cautious of getting caught up in small details found in the wording of the measures. The benefits of this method include: all participants are fully aware of the questions and therefore the discussion can stay on target more easily; and the burden of assuring the responses is not entirely on the facilitator and recorders.

- **Share only the model standards with participants** – All participants receive a document that includes only the model standards for each indicator. Only the facilitator and recorder(s) see the full text of the instrument, with all measures, submeasures and Likert scale questions. This assists in ensuring that participants engage in the discussion, rather than flip through the pages of a lengthy document. The facilitator leads participants through a discussion of each model standard. Through the discussion, responses to the measures and Likert scale questions emerge. The challenge in using this approach is that the discussion will need to be very detailed and the facilitator needs to be well prepared. The facilitator and recorder(s) will bear the burden of ensuring that the discussion hits upon the various aspects covered within the performance measures instrument. Ideally, the facilitator and recorder(s) should be from different organizations to achieve an unbiased balance in recording the responses.

Regardless of the method used, several sessions (two to three) may be needed to work through the entire tool. The facilitator, however, should keep the discussion moving along so that the discussion does not get bogged down and the instrument is worked through in a timely fashion.

After each discussion (or after the series of discussions), the recorder(s) and the facilitator should return to the computerized performance measurement instrument on the CDC website and input responses to the measures using the the results of the discusion. By doing this, the community will automatically be submitting its responses to the National Public Health Performance Standards Program. Tallied scores can be retrieved from the CDC website within the week and used to inform the community's discussions. Scores also can be tracked over time to identify changes and trends.

Step 4 — Review the results and determine challenges and opportunities

The fourth step in the LPHSA is, perhaps, the most important, because it is at this stage that participants discuss the results and identify challenges and opportunities.

Discuss the results of each indicator within the performance measurement instrument. Also consider the results of the flip chart exercise; these results should highlight activity levels and coordination among partners. Through consensus discussions, categorize each indicator into one of the following groups:

1. This activity is being well done. We should maintain our current level of effort in this area. (Success – maintain effort)
2. This activity is being done well, but can be cut back (i.e., has reached maintenance level, decreasing demand). We can withdraw some resources from this activity to devote to some of the higher priority activities. (Success – cut back resources.)
3. This activity requires improvement. More attention is needed in this area. (Challenge – requires increased activity)
4. This activity requires improvement. Better coordination among partners should occur. (Challenge – requires increased coordination).

Put each category on a flip chart. Briefly revisit each indicator and determine where they should be categorized. Be careful not to include too many indicators under the two "challenges" categories. Consider where indicators or areas of activity can be lumped or consolidated. An example of results for several indicator may be as follows:

Success – Maintain Effort	Success – Cut Back Resources	Challenge – Requires Increased Coordination	Challenge – Requires Increased Activity
1.1 Population-based community health profile 2.3 Lab support	3.1 – health education- many organizations' activities are overlapping – can be cut back in areas.	1.3– need to coordinate registries 3.2 – health promotion activities are disjointed	2.1 – more/better surveillance of health threats needed 2.2 and 2.4 need emergency response plan/ protocol for investigation of emergencies

Throughout this discussion, the recorder should capture specific comments related to each challenge and opportunity. These details will be useful in further fleshing out ideas

when the challenges and opportunities are discussed in the Identify Strategic Issues phase.

Using the results of the assessment and analysis, create a list of challenges and opportunities according to the four recommended categories. The list should be comprehensive enough to include the issues identified in the assessment, but small enough (i.e., 10-15 items) for the local public health system to address many of them. Use the worksheet Local Public Health System Assessment: Challenges and Opportunities to record the findings. Include relevant details that emerged through the discussions. These may inform the identification of solutions or barriers.

Using the Essential Services to Analyze Public Health Activities
East Tennessee Regional Health Office, TN Vignette

The East Tennessee Regional Health Office (ETRO) serves a predominantly rural 15-county region, which surrounds but does not include Knox County. The regional office has oversight responsibilities for the 15 local health departments in the region, which serve a total population of 600,000. Each county conducts a community assessment and planning process which is overseen by local health councils. ETRO, which assists in these efforts, undertook its own internal organization planning process in 1997 to supplement local efforts and devise a plan for moving into the future. As part of this organizational assessment, ETRO used the Essential Public Health Services to analyze the internal activities.

After using a Vision Quest process to develop a vision, mission, and slogan for the organization and to identify four priority strategy areas, ETRO used the Essential Services to define common threads and areas across programs within the four strategy areas. Cross-disciplinary strategy teams attempted to redefine the Essential Services using "common language" develop by each team. For example, a strategy team focusing on case management and outreach redefined the Essential Services from the outreach point of view keeping mind that all health department programs have an outreach component. This activity helped to build participants' abilities to think in terms of the Essential Services and to lay the foundation for the performance measurement work that was subsequently undertaken in the counties.

The performance measurement tool was then used by ETRO to review the activities being conducted for each Essential Service across all health department levels (local, regional, and state). Using the performance measurement instrument, ETRO county and regional staff walked through each Essential Service and collectively discussed the activities being done in each indicator. To facilitate a dynamic discussion, only the model standards (or paragraphs describing the ideal community) were shared with all participants. The group discussed how health department activities matched with those included in the model standard. Only the facilitator had the objective (yes/no) questions (which directly related to each element in the model standard); these were used to prompt the discussion. For each indicator, the groups discussed the level of importance and current status (similar to the methodology in APEX*PH* Part I) and then used the results to identify challenges and opportunities.

The internal performance measurement process was conducted in anticipation of working through the same tool with local health councils and other community representatives. Although ETRO is still deeply involved in this process, it has already seen benefits from using the Essential Services. The Essential Services provided a good framework for ETRO to use in educating staff about public health activities, analyzing what is being done, and identifying areas for improvement.

Using Public Health Frameworks to Improve Activities
St. Louis County, MO Vignette

The St. Louis County Department of Health (SLCDOH) serves a large urban and suburban geographic area surrounding the City of St. Louis. St. Louis County consists of 524 square miles of land, approximately one million persons, 92 municipalities, and 24 school districts. In 1997, SLCDOH embarked on the "In-Partnership" process to assist in more accurately and effectively assessing and serving the communities in the area. A collaborative community health planning process with the Jennings community and an internal core functions based training process, which included ongoing collaborative activities with distinct communities in the county, were implemented. A key concept in both of these activities was a focus on the "community-oriented core public health functions," or engaging the community in all aspects of the core public health functions.

To strengthen the ability of SLCDOH staff in empowering and engaging the community, approximately 50 staff were recruited to participate in an internal training. In partnership with the National Civic League, a series of training sessions was designed to progressively educate staff about both the core functions and skills required for empowering and engaging the community. As one step in the training, staff formed four cross-disciplinary teams focusing on poverty, communicable disease, healthy neighborhoods, and family health. Each team is working with a community identified by an assessment step to address a problem in their issue area. For example, the family health team narrowed its focus to address limited utilization of preventive care services among the 30-60 year-old individuals. This team is working with the community to explore how to promote increased use of preventive services and earlier detection.

While the process is still underway, the benefits of these activities are already apparent. Identified progress has been made toward one of the primary goals of the project — to have staff "think differently" and more strategically and to change mindsets to focus on community needs based on assessment and community inclusion. Staff have a better understanding of the public health infrastructure, interactive roles they play, and how their activities relate to assuring public health as a whole. The cross-disciplinary aspect of the teams was especially useful in building bridges and communications between employees and divisions. The staff and the community are learning to better understand each other and are strengthening the capacity of SLCDOH to respond to problems collaboratively.

The changing mindsets are improving the work being done by SLCDOH. For example, the Environmental Health Division has traditionally had a strong regulatory focus. The training process has helped to make inspections more community-friendly, adding the dimensions of learning experiences and community responsiveness. Additionally, SLCDOH has developed a public health orientation packet and instituted a mentoring program for new employees. Furthermore, a consultant with the St. Louis University has developed a survey related to the Essential Services to explore the activities, behaviors, and attitudes of employees. Although it had not yet been implemented at the time of the case study, it is apparent that this will be another useful tool for improving SLCDOH's broad-based approach. This training initiative continues, with plans to repeat the cycle for another class of interdisciplinary and vertically integrated employees from throughout the department.

Local Public Health System Assessment
Chicago, IL Vignette

The Chicago Partnership established a Systems Assessment Committee to identify the extent to which organizations in Chicago contribute to the delivery of the ten Essential Public Health Services. The committee's first step was to determine those categories of entities that participate in the local public health system. In addition to public health and related governmental agencies, the committee identified community health centers, hospitals, policy and advocacy organizations, coalitions, educational institutions, social service providers, philanthropy, business and the religious community. Committee members then generated a lengthy list of specific providers within each of these arenas.

A survey was developed seeking to determine (a) which of the ten Essential Services agencies were providing, and (b) examples of the ways in which they delivered those services. The survey was sent to more than 150 agencies; 48 responses were received. Staff then organized the responses by arena and service, and completed a larger matrix reflecting all arenas and noting which services they provide. The committee then met to review the findings.

Although the respondents represented only a fraction of the providers across Chicago, the matrix was nearly filled. This suggested that while Chicago has a lot of resources, a key issue may be how those resources are being used. It was also noted that while many agencies are carrying out public health services, some are doing so deliberately while others may be doing so incidentally. If identified services are truly going to benefit the local public health system, they must have the capability of being folded into the system so efforts can be more directed.

It was agreed that a more refined analytic framework was needed to better understand the contributions being made to the development of the public health system. For immediate purposes, however, the information obtained would be very useful to characterize the system as it currently exists.

There were two additional components to Chicago's system assessment. First, an extensive review was conducted of public health mandates, as reflected in the City Municipal Code. The review revealed the code played three roles: (a) laid out the administrative structure for governmental public health; (b) empowered the Department of Public Health and its board to establish standards for public health protection; and (c) authorized the department to actively enforce the rules and regulations designed to assure those standards. These mandates were then organized along the Essential Services; not surprisingly most fell under diagnosis and investigation of health problems, enforcement of laws and regulations, and policy and plan development.

The final component of the assessment was a mapping of existing community-based health improvement partnerships. It revealed that 16 of Chicago's 77 formally designated community areas are served by seven existing partnerships. Most communities are unserved.