



# San Francisco Local Public Health System Assessment

## Background

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In January 2012, San Francisco Department of the Environment (SFE) and the San Francisco Department of Public Health (SFDPH) partnered to conduct a **Local Public Health System Assessment (LPHSA)**.<sup>1</sup> The LPHSA serves to identify the strengths and weaknesses of San Francisco's public health system through discussion of and voting on the extent to which **10 Essential Public Health Services (EPHS)** occur in the City. These 10 EPHS represent a broad spectrum of public health activities that contribute to healthy, vibrant communities. The LPHSA helps to answer questions such as "What are the activities and capacities of San Francisco's public health system?" and "How well are we providing the Essential Public Health Services in San Francisco?"

SFE joined with SFDPH to conduct the LPHSA in adherence with a community planning process, called the Mobilizing for Action through Planning and Partnerships (MAPP) framework. SFE will integrate the key findings from the LPHSA with three other MAPP assessments to identify strategic issues for the San Francisco Healthy Homes (SFHH) project, which is supported by a federal planning grant from the Centers for Disease Control and Prevention. The SFHH project strives to address health inequities in San Francisco, with a special focus on reducing asthma in the Southeast area of the City. SFE is working with local residents and SFHH stakeholders to develop a Community Action Plan to address health inequities.

SFDPH is using the LPHSA as part of an effort to complete a community health assessment and improvement process that yields an actionable community health improvement plan and SFDPH strategic plan. SFDPH's community health improvement process will inform policy and program planning efforts and will aid in SFDPH's application for public health accreditation.

SFE and SFDPH based all tools used in the LPHSA on an instrument developed by the National Public Health Performance Standards Program (NPHPSP).<sup>2</sup>

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<sup>1</sup> For more information about the LPHSA, please see:

<http://www.naccho.org/topics/infrastructure/mapp/framework/clearinghouse/phase3LPHSA.cfm>

<sup>2</sup> To view a copy of the instrument, visit: <http://www.cdc.gov/nphpsp/documents/local/Local.BookletA.pdf>



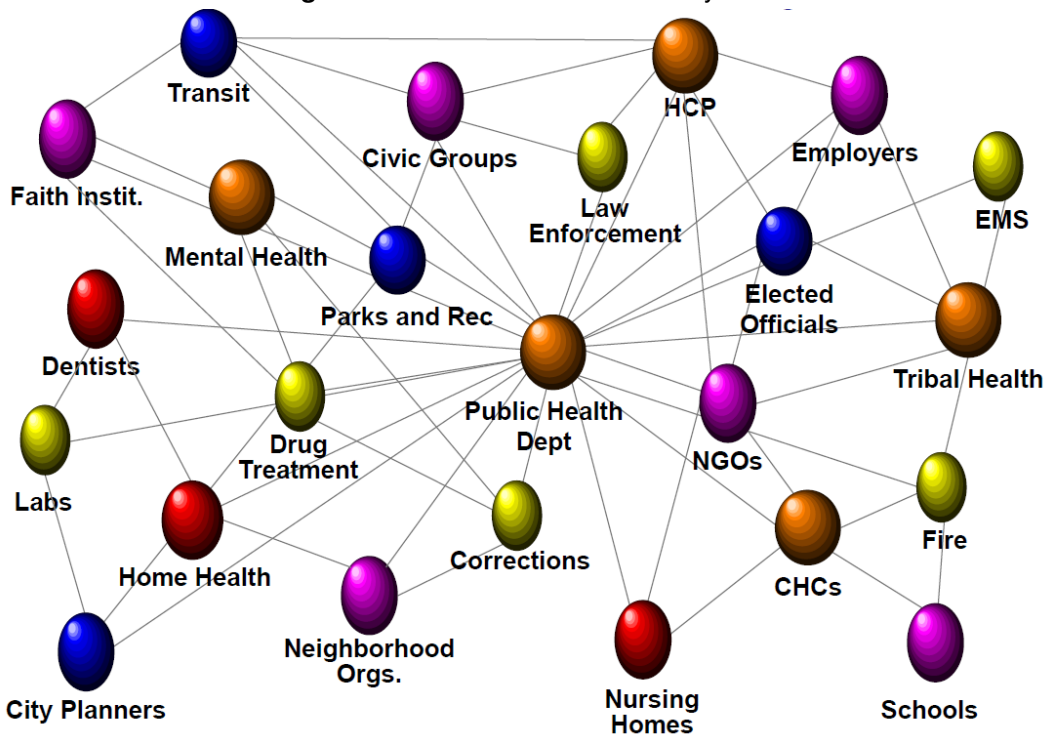
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## What is a Local Public Health System?

According to NPHPSP's user guide, a local public health system is comprised of a broad spectrum of organizations and sectors. It is more than the San Francisco Department of Public Health and includes different institutions and organizations, such as:

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

Figure 1: The Local Public Health System



Source: National Association of County and City Health Officials (NACCHO)



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## ***San Francisco's LPHSA***

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On January 12, 2012, approximately 50 representatives from health care institutions, government agencies, community groups, and service providers gathered at San Francisco's African American Art and Culture Complex for a retreat to complete the LPHSA. (Please see Appendix A for the agenda from the event. Appendix B contains a complete list of the participating organizations.)

Following an initial introductory session, LPHSA participants separated into five breakout groups to review assessment questions and rank levels of EPHS activities using voting cards. The five breakout sessions in the morning combined with the breakout sessions in the afternoon provided LPHSA participants with opportunities to discuss key activities supporting all 10 EPHS. In total, LPHSA participants voted on more than 100 actions relating to 29 model standards. (Please see Table 2 for a complete list of all model standards, related actions, and ratings of San Francisco's performance along each action.)

Both organizers and most participants considered the LPHSA successful and informative as indicated by responses to an evaluation form administered at the LPHSA event. SFE and SFDPH gathered valuable input from the LPHSA, which will inform the SF Healthy Homes Project, the San Francisco community health improvement process, and broader policy and program planning efforts.

## ***Summary of LPHSA Outcomes***

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Many participants expressed concern that San Francisco's LPHS is limited in its degree of coordination and communication (i.e., between sectors, agencies, and stakeholders). Participants described LPHS members as working in "silos" of excellence, failing to share and communicate their work across sectors and limiting the ability of LPHS participants to leverage resources and address gaps in the overall system. The LPHSA event was, in itself, an unusual situation because a broad cross-section of San Francisco's providers and institutions spent the day reviewing the 10 EPHS. Throughout the LPHSA event, many participants reiterated that San Francisco lacks a coordinating body that integrates services across the LPHS. Event participants



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sometimes found it difficult, therefore, to respond to certain assessment questions, as language in the assessment tool often presumed that the LPHS actually functions as a *cohesive system*, which is not necessarily true.

Participants agreed that the LPHS involves more than SFDPH and that there would be tremendous improvements made if San Francisco could bolster coordination and communication across the local public health system.

### Scoring Methodology

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Each of the 10 EPHS involves two to four model standards supported by several actions. (For example, three model standards and eight actions comprise EPHS 1.) Please see Table 2 for a list of all EPHS, model standards, and actions. The number of model standards and related actions vary across the EPHS.

LPHSA stakeholders were asked to identify the extent to which actions are performed in San Francisco by using a specified rating scale ranging from a minimum value of 0% (absolutely no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels). For purposes of calculating a score for each action, a numerical value (using a scale of 1 to 5) was assigned to each level of LPHSA's rating system, and corresponds to the percentage scores, as follows:

Rating System	Percentage Scores	Scale
• <b>Don't know/not aware</b>	No percentage score	N/A
• <b>No Activity</b>	0%	1
• <b>Minimal Activity</b>	Between 0% and 25%	2
• <b>Moderate Activity</b>	Between 26% and 50%	3
• <b>Significant Activity</b>	Between 51% and 75%	4
• <b>Optimal Activity</b>	Between 76% and 100%	5

First, for each action, an average score was calculated based on the number of votes and the ratings provided by the group of stakeholders. Then the scores for a set of actions relating to the same EPHS were averaged together to calculate a composite, average score for each EPHS. Following is a summary table identifying the composite scores and ratings for the 10 EPHS.



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**Table 1. Summary of performance scores by Essential Public Health Service (EPHS)**

Essential Public Health Services		Score	Activity Rating
1	Monitor health status to identify community health problems	2.74	minimal
2	Diagnose and investigate health problems and health hazards	3.82	moderate
3	Inform, educate and empower individuals and communities about health issues	3.66	moderate
4	Mobilize community partnerships to identify and solve health problems	2.71	minimal
5	Develop policies and plans that support individual and community health efforts	3.63	moderate
6	Enforce laws and regulations that protect health and ensure safety	4.17	significant
7	Link people to needed personal and health services and assure provision of health care when otherwise unavailable	3.22	moderate
8	Assures a competent public and personal health care workforce	3.20	moderate
9	Evaluate effectiveness, accessibility, and quality of personal and population-based health services	3.01	moderate
10	Research for new insights and innovative solutions to health problems	2.97	minimal
<b>Overall Performance Score</b>		<b>3.31</b>	<b>moderate</b>

### **Data Limitations**

When evaluating the 10 EPHS assessment questions, each person's rankings reflect his or her own different experiences and perspectives, and the responses to the questions involve an element of subjectivity. In some instances, for example, LPHSA participants indicated that they did not know or were unaware of a particular action and that response was noted but not given a performance score. A "don't know/not aware" response was not included in the calculations of averages for the performance scores.



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## Essential Public Health Services – Rankings and Breakout Session Comments

Following is a summary of the rankings for each of the 10 Essential Public Health Services and the participants' comments from the small group breakout sessions.

### EPHS 1 - Monitor Health Status to Identify Community Health Problems – Minimal Activity

Performance Score and Scale	No Activity 0%	Minimal Activity 0-25%	Moderate Activity 26-50%	Significant Activity 51-75%	Yes/Optimal Activity 76-100%
	1	2	3	4	5

#### EPHS 1 - Comments:

Participants indicated that San Francisco conducts several assessments, such as the Healthy Development Measurement Tool (HDMT) and Health Matters in San Francisco.<sup>3</sup>

Although several agencies and institutions performed assessments, San Francisco still needs a comprehensive community health survey, which is being conducted in 2012. San Francisco also needs to improve coordination and establish a central repository or clearinghouse for health assessments. San Francisco would benefit if there were more active strategies for sharing and using data. Some community organizations can be trained to conduct assessments and engage in development of comprehensive neighborhood-level data and community health surveys. Communities need training and capacity building on how to collect and use data. There needs to be an increased focus on health inequities and social determinants of health; and address the “digital divide” to ensure that data is widely accessible to all groups. There is also a need for more mental health data.

In discussion of EPHS 1, participants posed the following questions for consideration:

- Is it appropriate for SFPDH to act as an assessment coordinator?

<sup>3</sup> For information on San Francisco's Healthy Development Measurement Tool, see [http://www.sfphes.org/enchia/enchia\\_HDMT.htm](http://www.sfphes.org/enchia/enchia_HDMT.htm). For Health Matters in San Francisco, <http://www.healthmattersinsf.org>.



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- Should San Francisco consider developing a San Francisco Health Action Council?

## **EPHS 2 - Diagnose and Investigate Health Problems and Health Hazards – Moderate Activity**

Performance Score and Scale	No Activity 0%	Minimal Activity 0-25%	Moderate Activity 26-50%	Significant Activity 51-75%	Yes/Optimal Activity 76-100%
	1	2	3	4	5

### EPHS 2 - Comments:

Participants noted that San Francisco collects and analyzes data (e.g., via registries) and uses that data to design programs in accordance with the scientific method. The City and County of San Francisco (CCSF) conducts research and has an “active surveillance” system in areas such as HIV/AIDS and cancer. San Francisco has committed significant resources to emergency preparedness; however, all citizens should receive Neighborhood Emergency Response Team (NERT) training.

Despite the above successes, San Francisco has data gaps, especially in the areas of social and mental health and chronic diseases. San Francisco should conduct special studies to assess health status and needs, and should improve its administrative system for reporting disease information. San Francisco must better coordinate activities between LPHS members (e.g., between SFDPH, medical examiner, police, Occupational Safety and Health Administration, etc.).

## **EPHS 3 - Inform, Educate, and Empower People about Health Issues – Moderate Activity**

Performance Score and Scale	No Activity 0%	Minimal Activity 0-25%	Moderate Activity 26-50%	Significant Activity 51-75%	Yes/Optimal Activity 76-100%
	1	2	3	4	5



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## EPHS 3 - Comments:

San Francisco – through its system of hospitals, community based organizations and research institutions – is a leader in educating and empowering the community. In addition, San Francisco has improved its communications plan for health emergencies.

However, San Francisco would benefit if EPHS activities were better coordinated across sectors and institutions of the LPHS. As EPHS 3 activities are usually grant funded, actions relating to EPHS 3 are usually time-limited and very specific in scope, making it more difficult to have a coordinated, collaborative approach. In addition, San Francisco needs to increase its focus on underserved communities.

## ***EPHS 4 - Mobilize Community Partnerships to Identify and Solve Health Problems – Minimal Activity***

Performance Score and Scale	No Activity 0%	Minimal Activity 0-25%	Moderate Activity 26-50%	Significant Activity 51-75%	Yes/Optimal Activity 76-100%
	1	2	3	4	5

## EPHS 4 - Comments:

San Francisco has a long history of supporting community involvement and establishing community partnerships to address health problems. Examples of strong community partnerships include the collaboration between St. Mary's and HIV/AIDs stakeholders; the San Francisco Health Commission; the Hospital Council of Northern California; and the San Francisco Community Clinic Consortium.

Despite San Francisco's culture of collaboration, San Francisco does not have a formalized process or coordinating entity to mobilize community partnerships; there is no unifying effort. The LPHS lacks information on whether its members are engaging all relevant constituents. To address this gap, San Francisco should evaluate the effectiveness of its community partnerships and also assess the need for additional partnerships.





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## **EPHS 5 - Develop Policies and Plans that Support Individual and Community Health Efforts – Moderate Activity**

Performance Score and Scale	No Activity 0%	Minimal Activity 0-25%	Moderate Activity 26-50%	Significant Activity 51-75%	Yes/Optimal Activity 76-100%
	1	2	3	4	5

### EPHS 5 - Comments:

San Francisco’s LPHS institutions and agencies engage in a significant level of planning activities, but this work is not coordinated across the LPHS. Within SFDPH, for example, there is much planning and policy development (e.g., communicable diseases, tobacco control, lead abatement, etc.) work happening at any given time; however, this work must be better coordinated and communicated with other agencies and policymakers, and the information should be better translated and more widely disseminated to support community actions. San Francisco needs more state and federal involvement and support.

## **EPHS 6 - Enforce Laws and Regulations that Protect Health and Ensure Safety – Significant Activity**

Performance Score and Scale	No Activity 0%	Minimal Activity 0-25%	Moderate Activity 26-50%	Significant Activity 51-75%	Yes/Optimal Activity 76-100%
	1	2	3	4	5

### EPHS 6 - Comments:

San Francisco is recognized as a leader in this area, with significant activity in cross-jurisdictional enforcement and outreach. Agency staff members are highly educated and considered experts in their respective areas. With assistance from the San Francisco City Attorney, agencies are able to coordinate their review of laws, regulations, and ordinances related to public health.



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To improve its performance in this area, the City and County of San Francisco should consider implementation details when laws, regulations, and ordinances are written (politics versus policy). San Francisco should also better enforce areas that are not well regulated, such as nail salons. San Francisco should assess how effectively legal standards are enforced and promote compliance. There should be a regularly comprehensive review of all laws, regulations, and ordinances to ensure that various pieces of legislation make sense when implemented and incorporated into a larger legal framework. San Francisco should also improve its process of soliciting feedback after inspections and/or enforcement.

## ***EPHS 7 - Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable – Moderate Activity***

Performance Score and Scale	No Activity 0%	Minimal Activity 0-25%	Moderate Activity 26-50%	Significant Activity 51-75%	Yes/Optimal Activity 76-100%
	1	2	3	4	5

### EPHS 7 - Comments:

San Francisco's LPHS consists of a wide array of service providers but can improve efficiency through better coordination. SFDPH is currently designing a Health Care Services Master Plan, which has helped produce significant momentum and support.

San Francisco can improve the LPHS by promoting more coordination and communication between members and better integrating services. Agencies collect and produce a significant amount of data; however, that data could be better disseminated and used to inform policy and planning efforts. In addition, some residents – including low-income persons and other vulnerable populations – do not feel that they have easy access to health care services. Access barriers are particularly challenging for persons with mental health and substance use issues, those recently released from incarceration, and members of other vulnerable populations. Service providers need to be culturally and linguistically competent and ensure that programs are tailored to community needs.



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LPHSA participants closed their discussion of EPHS 7 with the following questions:

- Who can take a leadership role in coordinating services, given budget constraints and when there are significant reductions in state services and support?
- Can residents seek services through a single entry?

## **EPHS 8 - Assure a Competent Public and Personal Health Care Workforce – Moderate Activity**

Performance Score and Scale	No Activity 0%	Minimal Activity 0-25%	Moderate Activity 26-50%	Significant Activity 51-75%	Yes/Optimal Activity 76-100%
	1	2	3	4	5

### EPHS 8 - Comments:

San Francisco has a talented and well-educated health care workforce, several members of which are nationally-recognized leaders in innovative health care delivery. In addition, San Francisco's public health workforce complies strongly with workforce credentialing requirements.

However, as noted in other EPHS discussions, San Francisco does not have an integrated, systems-wide approach to workforce development and training that serves *all* LPHS members. While there is no formal system in place to identify health care workforce gaps across the LPHS, some institutions and medical centers (e.g., the University of California-San Francisco, California Pacific Medical Center) are conducting workforce assessments. In the public sector, various entities (e.g., the Mayor's Office) assess health care workforce needs beyond the scope of SFDPH; however, this is often done on a piecemeal basis and does not necessarily address the health care needs of certain populations (e.g., senior and disabled populations). To improve in this area, San Francisco must better leverage resources and establish better communication across the LPHS.



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## **EPHS 9 - Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services – Moderate Activity**

Performance Score and Scale	No Activity 0%	Minimal Activity 0-25%	Moderate Activity 26-50%	Significant Activity 51-75%	Yes/Optimal Activity 76-100%
	1	2	3	4	5

### EPHS 9 - Comments:

San Francisco collects and provides data through a variety of programs, such as Health Matters in San Francisco and Community Vital Signs, Healthy San Francisco, the Healthy Development Measurement tool, and more. In addition:

- Information technology (IT) has been used effectively for the purposes of collecting, storing, and evaluating data (i.e., electronic health records).
- LPHSA partners maintain a feedback loop and use data to improve services for specific programs.
- Community partners are often involved with these assessments, and their input and feedback are solicited as part of program evaluation.

However, it is difficult to coordinate strategic planning and evaluate effectiveness across all LPHS members. There is significant assessment activity taking place in San Francisco, but planning and evaluation efforts are not integrated. Also, strategic planning does not necessarily result in specific implementation of actions.



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## EPHS 10 - Research for New Insights and Innovative Solutions to Health Problems – Minimal Activity

Performance Score and Scale	No Activity 0%	Minimal Activity 0-25%	Moderate Activity 26-50%	Significant Activity 51-75%	Yes/Optimal Activity 76-100%
	1	2	3	4	5

### EPHS 10 - Comments:

San Francisco’s LPHS is at an advantage in that it has access to first class academic research institutions (e.g., University of California - San Francisco and San Francisco State University). In addition, SFDPH coordinates many different community groups. (Please note that these groups are fairly clinically oriented and that they sometimes struggle with sustained community engagement.) San Francisco’s LPHS has pockets of innovation (e.g., SFDPH Integrated Delivery System Innovations Work Group, [San Francisco Health Improvement Partnerships](#), etc.) In addition, SFDPH is innovative in its very structure. For example, the Housing and Urban Health (“housing is health care”) and HIV/AIDS sections are not givens in other LPHS. SFDPH research priorities, such as on HUMS (high users of multiple systems), also distinguish SFDPH from other LPHS.

Despite these advantages, research is often dictated by grant funding, and research efforts – and the outcomes of that research – could be better coordinated across the LPHS to the benefit of San Francisco’s health. In addition, funding and staffing cuts threaten the LPHS’s capacity to maximize its efforts regarding EPHS 10.



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## Cumulative Performance Along All EPHS

Overall Performance Score and Scale	No Activity 0%	Minimal Activity 0-25%	Moderate Activity 26-50%	Significant Activity 51-75%	Yes/Optimal Activity 76-100%
	1	2	3	4	5

Table 2 presents a summary of EPHS performance scores by action.

**Table 2. Summary of Performance Scores by Essential Public Health Service**

Essential Public Health Service (EPHS) and Model Standard	Score
<b>EPHS 1. Monitor Health Status To Identify Community Health Problems</b>	<b>2.74</b>
<i>Model Standard 1.1 Population-Based Community Health Profile (CHP)</i>	
Action 1.1.1 Community health assessment	3.33
Action 1.1.2 Community health profile (CHP)	2.44
Action 1.1.3 Community-wide use of community health assessment or CHP data	2.33
<i>Model Standard 1.2 Access to and Utilization of Current Technology to Manage, Display, Analyze and Communicate Population Health Data</i>	
Action 1.2.1 State-of-the-art technology to support health profile databases	2.33
Action 1.2.2 Access to geocoded health data	2.33
Action 1.2.3 Use of computer-generated graphics	3.00
<i>Model Standard 1.3 Maintenance of Population Health Registries</i>	
Action 1.3.1 Maintenance of and/or contribution to population health registries	3.22
Action 1.3.2 Use of information from population health registries	2.89
<b>EPHS 2. Diagnose And Investigate Health Problems and Health Hazards</b>	<b>3.82</b>
<i>Model Standard 2.1 Identification and Surveillance of Health Threats</i>	
Action 2.1.1 Surveillance system(s) to monitor health problems and identify health threats	3.00
Action 2.1.2 Submission of reportable disease information in a timely manner	2.00
Action 2.1.3 Resources to support surveillance and investigation activities	2.80
<i>Model Standard 2.2 Investigation and Response to Public Health Threats and Emergencies</i>	
Action 2.2.1 Written protocols for case finding, contact tracing, source identification, and containment	3.80
Action 2.2.2 Current epidemiological case investigation protocols	3.20
Action 2.2.3 Designated Emergency Response Coordinator	4.00
Action 2.2.4 Rapid response of personnel in emergency / disasters	4.00
Action 2.2.5 Evaluation of public health emergency response	4.00
<i>Model Standard 2.3 Laboratory Support for Investigation of Health Threats</i>	
Action 2.3.1 Ready access to laboratories for routine diagnostic and surveillance needs	5.00



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<b>Essential Public Health Service (EPHS) and Model Standard</b>	<b>Score</b>
Action 2.3.2 Ready access to laboratories for public health threats, hazards, and emergencies	4.00
Action 2.3.3 Licenses and/or credentialed laboratories	5.00
Action 2.3.4 Maintenance of guidelines or protocols for handling laboratory samples	5.00
<b>EPHS 3. Inform, Educate, And Empower People about Health Issues</b>	
<b>3.66</b>	
<i>Model Standard 3.1 Health Education and Promotion</i>	
Action 3.1.1 Provision of community health information	3.50
Action 3.1.2 Health education and/or health promotion campaigns	3.13
Action 3.1.3 Collaboration on health communication plans	2.88
<i>Model Standard 3.2 Health Communication</i>	
Action 3.2.1 Development of health communication plans	2.00
Action 3.2.2 Relationships with media	3.71
Action 3.2.3 Designation of public information officers	3.88
<i>Model Standard 3.3 Risk Communication</i>	
Action 3.3.1 Emergency communications plan(s)	4.40
Action 3.3.2 Resources for rapid communications response	4.20
Action 3.3.3 Crisis and emergency communications training	4.29
Action 3.3.4 Policies and procedures for public information officer response	4.67
<b>EPHS 4. Mobilize Community Partnerships to Identify and Solve Health Problems</b>	
<b>2.72</b>	
<i>Model Standard 4.1 Constituency Development</i>	
Action 4.1.1 Identification of key constituents or stakeholders	2.50
Action 4.1.2 Participation of constituents in improving community health	3.00
Action 4.1.3 Directory of organizations that comprise the LPHS	1.00
Action 4.1.4 Communications strategies to build awareness of public health	2.50
<i>Model Standard 4.2 Community Partnerships</i>	
Action 4.2.1 Partnerships for public health improvement activities	3.67
Action 4.2.2 Community health improvement committee	4.20
Action 4.2.3 Review of community partnerships and strategic alliances	2.17
<b>EPHS 5. Develop Policies and Plans that Support Individual and Community Health Efforts</b>	
<b>3.63</b>	
<i>Model Standard 5.1 Government Presence at the Local Level</i>	
Action 5.1.1 Governmental local public health presence	5.00
Action 5.1.2 Resources for the local health department	4.00
Action 5.1.3 Local board of health or other governing entity (not scored)	
Action 5.1.4 LHD work with the state public health agency and other state partners	4.00
<i>Model Standard 5.2 Public Health Policy Development</i>	
Action 5.2.1 Contribution to development of public health policies	3.50
Action 5.2.2 Alert policymakers/public of public health impacts from policies	2.00
Action 5.2.3 Review of public health policies	4.00



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<b>Essential Public Health Service (EPHS) and Model Standard</b>	<b>Score</b>
<i>Model Standard 5.3 Community Health Improvement Process</i>	
Action 5.3.1 Community health improvement process	4.00
Action 5.3.2 Strategies to address community health objectives	3.00
Action 5.3.3 Local health department (LHD) strategic planning process	3.00
<i>Model Standard 5.4 Plan for Public Health Emergencies</i>	
Action 5.4.1 Community task force or coalition for emergency preparedness and response plans	4.00
Action 5.4.2 All-hazards emergency preparedness and response plan	3.00
Action 5.4.3 Review and revision of the all-hazards plan	4.00
<b>EPHS 6. Enforce Laws and Regulations that Protect Health and Ensure Safety</b>	<b>4.17</b>
<i>Model Standard 6.1 Review and Evaluate Laws, Regulations, and Ordinances</i>	
Action 6.1.1 Identification of public health issues to be addressed through laws, regulations, and ordinances	4.00
Action 6.1.2 Knowledge of laws, regulations, and ordinances	5.00
Action 6.1.3 Review of laws, regulations, and ordinances	3.00
Action 6.1.4 Access to legal counsel	5.00
<i>Model Standard 6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances</i>	
Action 6.2.1 Identification of public health issues not addressed through existing laws	4.00
Action 6.2.2 Development or modification of laws for public health issues	5.00
Action 6.2.3 Technical assistance for drafting proposed legislation, regulations, or ordinances	4.00
<i>Model Standard 6.3 Enforce Laws, Regulations and Ordinances</i>	
Action 6.3.1 Authority to enforce laws, regulation, ordinances	4.00
Action 6.3.2 Public health emergency powers	5.00
Action 6.3.3 Enforcement in accordance with applicable laws, regulations, and ordinances	4.00
Action 6.3.4 Provision of information about compliance	4.00
Action 6.3.5 Assessment of compliance	3.00
<b>EPHS 7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable</b>	<b>3.22</b>
<i>Model Standard 7.1 Identification of Populations with Barriers to Personal Health Services</i>	
Action 7.1.1 Identification of populations who experience barriers to care	3.57
Action 7.1.2 Identification of personal health service needs of populations	3.14
Action 7.1.3 Assessment of personal health services available to populations who experience barriers to care	3.00
<i>Model Standard 7.2 Assuring the Linkage of People to Personal Health Services</i>	
Action 7.2.1 Link populations to needed personal health services	3.29
Action 7.2.2 Assistance to vulnerable populations in accessing needed health services	3.29
Action 7.2.3 Initiatives for enrolling eligible individuals in public benefit programs	3.67
Action 7.2.4 Coordination of personal health and social services	2.57
<b>EPHS 8. Assure a Competent Public and Personal Health Care Workforce</b>	<b>3.20</b>
<i>Model Standard 8.1 Workforce Assessment Planning, and Development</i>	





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<b>Essential Public Health Service (EPHS) and Model Standard</b>	<b>Score</b>
Action 8.1.1 Assessment of the LPHS workforce	2.00
Action 8.1.2 Identification of shortfalls and/or gaps within the LPHS workforce	2.14
Action 8.1.3 Dissemination of results of the workforce assessment / gap analysis	2.00
<i>Model Standard 8.2 Public Health Workforce Standards</i>	
Action 8.2.1 Awareness of guidelines and/or licensure/certification requirements	5.00
Action 8.2.2 Written job standards and/or position descriptions	4.00
Action 8.2.3 Annual performance evaluations	3.00
Action 8.2.4 LHD written job standards and/or position descriptions	5.00
Action 8.2.5 LHD performance evaluations	4.00
<i>Model Standard 8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring</i>	
Action 8.3.1 Identification of education and training needs for workforce development	3.00
Action 8.3.2 Opportunities for developing core public health competencies	2.00
Action 8.3.3 Educational and training incentives	3.00
Action 8.3.4 Interaction between personnel from LPHS and academic organizations	5.00
<i>Model Standard 8.4 Public Health Leadership Development</i>	
Action 8.4.1 Development of leadership skills	3.00
Action 8.4.2 Collaborative leadership	3.00
Action 8.4.3 Leadership opportunities for individuals and/or organizations	3.00
Action 8.4.4 Recruitment and retention of new and diverse leaders	2.00
<b>EPHS 9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services</b>	
	<b>3.01</b>
<i>Model Standard 9.1 Evaluation of Population-based Health Services</i>	
Action 9.1.1 Evaluation of population-based health services	2.86
Action 9.1.2 Assessment of community satisfaction with population-based health services	2.00
Action 9.1.3 Identification of gaps in the provision of population-based health services	2.88
Action 9.1.4 Use of population-based health services evaluation	3.25
<i>Model Standard 9.2 Evaluation of Personal Health Care Services</i>	
Action 9.2.1. In Personal health services evaluation	3.00
Action 9.2.2 Evaluation of personal health services against established standards	3.00
Action 9.2.3 Assessment of client satisfaction with personal health services	3.00
Action 9.2.4 Information technology to assure quality of personal health services	4.14
Action 9.2.5 Use of personal health services evaluation	3.00
<b>EPHS 10. Research for New Insights and Innovative Solutions to Health Problems</b>	
	<b>2.97</b>
<i>Model Standard 10.1 Fostering Innovation</i>	
Action 10.1.1 Encouragement of new solutions to health problems	2.00
Action 10.1.2 Proposal of public health issues for inclusion in research agenda	2.43
Action 10.1.3 Identification and monitoring of best practices	3.00
Action 10.1.4 Encouragement of community participation in research	3.00
<i>Model Standard 10.2 Linkage with Institutions of Higher Learning and/or Research</i>	
Action 10.2.1 Relationships with institutions of higher learning and/or research organizations	4.00
Action 10.2.2 Partnerships to conduct research	4.00



## San Francisco Local Public Health System Assessment

Essential Public Health Service (EPHS) and Model Standard	Score
Action 10.2.3 Collaboration between the academic and practice communities	3.29
<i>Model Standard 10.3 Capacity to Initiate or Participate in Research</i>	
Action 10.3.1 Access to researchers	3.29
Action 10.3.2 Access to resources to facilitate research	3.00
Action 10.3.3 Dissemination of research findings	2.71
Action 10.3.4 Evaluation of research activities	2.00



# San Francisco Local Public Health System Assessment

## Appendix A: LPHSA Meeting Agenda



# San Francisco Local Public Health System Assessment

## Meeting Agenda

### Meeting Purpose:

The purpose of the Local Public Health System Assessment Meeting is to determine the strengths and weaknesses of San Francisco's public health system through discussion and by voting on the extent to which the 10 Essential Public Health Services are occurring in the City. As a result of this assessment, stakeholders will gain a more comprehensive picture of the work and effectiveness of the local public health system.

Time	Activity
8:30 – 9:00 am	Registration
9:00 – 9:30 am	Introduction to San Francisco Healthy Homes (SFHH) and Assessment Overview
9:30 – 11:00 am	Breakout Activity #1 <b>Essential Service 1:</b> <i>Monitor Health Status to Identify Community Health Problems</i> <b>Essential Service 3:</b> <i>Inform, Educate, and Empower Individuals and Communities about Health Issues</i> <b>Essential Service 5:</b> <i>Develop Policies and Plans that Support Individual and Community Health Efforts</i> <b>Essential Service 7:</b> <i>Link People to Needed Personal Health Services and Assure the Provision of Health Care When Otherwise Unavailable</i> <b>Essential Service 8:</b> <i>Assures a Competent Public and Personal Health Care Workforce</i>
11:00 - 11:10 am	Break (10 min)
11:10 – 11:50 am	Discussion of Breakout Activity #1
11:50 – 12:30 pm	Lunch (40 min)
12:30 – 2:00 pm	Breakout Activity #2 <b>Essential Service 2:</b> <i>Diagnose and Investigate Health Problems and Health Hazards in the Community</i> <b>Essential Service 4:</b> <i>Mobilize Community Partnerships to Identify and Solve Health Problems</i> <b>Essential Service 6:</b> <i>Enforce Laws and Regulations that Protect Health and Ensure Safety</i> <b>Essential Service 9:</b> <i>Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services</i> <b>Essential Service 10:</b> <i>Research for New Insights and Innovative Health Problems</i>
2:00 - 2:05 pm	Break (5 min)
2:05– 2:45 pm	Discussion of Breakout Activity #2
2:45 – 3:00 pm	Wrap-up and Evaluation



# San Francisco Local Public Health System Assessment

## Appendix B: Participating Organizations



## San Francisco Local Public Health System Assessment

<b>SAN FRANCISCO LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT PARTICIPATING ORGANIZATIONS</b>
African American Health Disparity Project
BMAGIC
City College of San Francisco
Congress of African American Organizations
Health Equity Institute, San Francisco State University
Mental Health Association of San Francisco
Parent Voices
Resource Development Associates
Saint Francis Memorial Hospital
Saint Mary's Medical Center
San Francisco Community Clinic Consortium
San Francisco Department of Aging & Adult Services
San Francisco Department of Environment
San Francisco Department of Public Health (SFDPH)
SFDPH - Office of Policy & Planning
SFDPH-Maternal, Child & Adolescent Health
San Francisco Health Commission
San Francisco Healthy Homes Residents Committee (Bayview Hunters Point YMCA)
San Francisco Human Services Agency, Medi-Cal Department



## San Francisco Local Public Health System Assessment

<b>SAN FRANCISCO LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT PARTICIPATING ORGANIZATIONS (cont.)</b>
San Francisco General Hospital
San Francisco Mayor's Office
University of California, San Francisco
University of California, San Francisco CTSI Community Engagement & Health Policy Program
Women's Community Clinic