

Appendix B

Jefferson County Public Health System Assessment

Essential
Public Health Services

Executive Summary

On October 27-28, 2005, the Jefferson County Department of Health coordinated an assessment of the county-level public health system's performance of the ten essential public health services using the National Public Health Performance Standards. Public health professionals and a wide array of system partners representing public and private organizations that actively participate and contribute to Jefferson County's local public health system (LPHS) assisted in completing the assessment instrument.

Over 120 public health system partners assembled at the McWane Science Center to vote on how the Jefferson County local public health system measures up to the National Public Health Performance Standards. These represented key players in public health, including emergency management, state and local health departments, school systems, universities, health care professionals, community and faith-based organizations, businesses, senior citizens organizations, city youth services, and local government officials such as a family court judge, mayor and fire chief. Participants were each assigned to a team that assessed two of the essential services based on the main function of their organization. In addition to voting on specific questions, participants took part in lively discussions of the system's strengths and weaknesses and made recommendations for improving the capacity and performance of Jefferson County's local public health system (LPHS).

Jefferson County scored highest for the performance of the essential public health services (EPHS):

EPHS 2: Diagnose and investigate health problems and hazards in the community.

EPHS 6: Enforce laws and regulations that protect health and ensure safety.

EPHS 5: Develop policies and plans that support individual and community health efforts.

The LPHS scored lowest for the performance of:

EPHS 9: Evaluate effectiveness, accessibility and quality of personal and population-based health services.

EPHS 1: Monitor health status to identify community health problems.

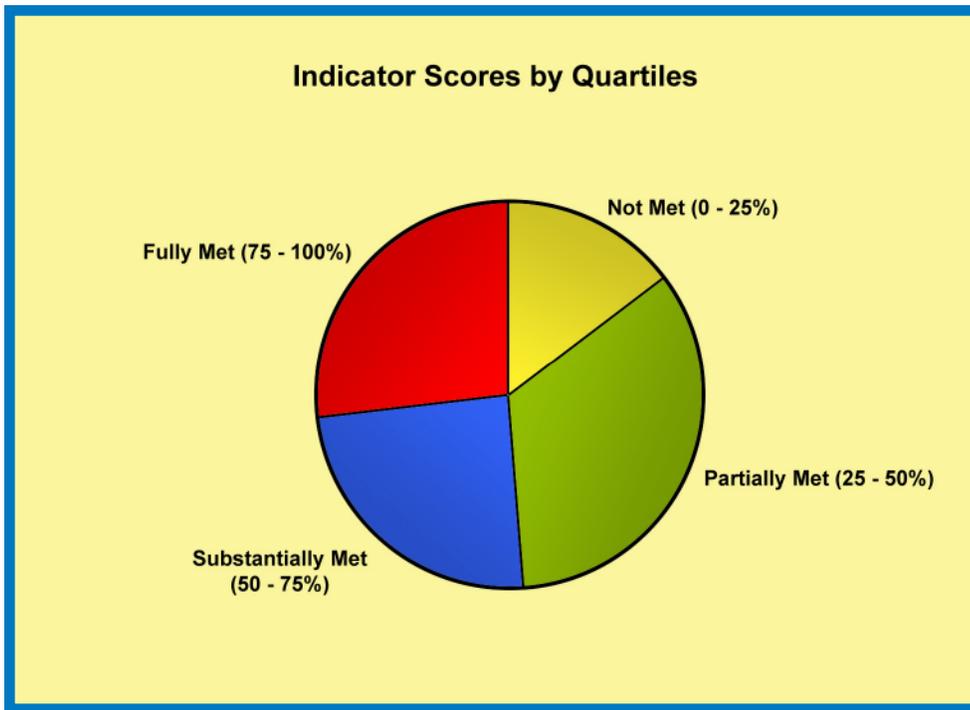
EPHS 4: Mobilize community partnerships to identify and solve health problems.

As reflected in the table below, Jefferson County is either fully or substantially meeting 15 of 31 model standards, is partially meeting 11 of the standards, and is not meeting 5 model standards according to the scoring criteria. The full report on the performance of the 10 Essential Public Health Services is included at the end of this report.

Performance of the 31 Model Local Public Health Standards, Jefferson County, Alabama, 2005

<u>Extent Met</u>	<u>Number of Standards</u>
Fully Met	8
Substantially Met	7
Partially Met	11
Not Met	5

Fully Met 80-100; Substantially Met 61-79; Partially Met 26-59; Not Met 0-25 of 100 total points



This preliminary report provides an overview of each team’s determination of how Jefferson County compares to national model standards for the essential public health services.

Next Steps

Jefferson County is the first county in Alabama to complete an assessment of its local public health system. While several entities within the public health system have operated with standards of performance for years, the National Public Health Performance Standards were recently released nationally. The standards describe an optimal level of performance, rather than minimum expectations. Therefore, our system will strive to achieve these benchmarks. The assessment results indicate that Jefferson County has a solid public health infrastructure and is able to address the essential public health services. However, there are some gaps and several significant opportunities to improve performance of the essential services by Jefferson County’s public health system.

This preliminary report is being provided to conference participants and other members of the public health system as an immediate follow up action to the conference. Participants must reconvene and use these results to make further recommendations, strategies and action steps for improving the delivery of each essential public health service in Jefferson County. While we move forward together as a system, the public health partners can celebrate this assessment as a positive step toward strategic planning and county health improvement activities!

Acknowledgements

We gratefully acknowledge Bob Moon, Liza Corso and the national partnering organizations who provided much insight and direction for this assessment. Many thanks to the Health Action Core Team and those who facilitated the assessment for their many months of committed service, including Julie Cobb, Doris Cunningham, Clarice Davis, Dollie Hambrick, Suzette Harris, Michele Jones, Carroll Nason, Jim McVay, Joel Rodgers, Tammie Sawyer, Allison Taylor, Linda Torres, Greg Townsend, and many other health department staff. A special thanks to Health Action sponsors and all the system partners who gave their time, energy, and perspectives to make this assessment process relevant.

The Essential Public Health Services

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

**Essential
Public
Health
Service
One
Score
38%**

Monitor health status to identify community health problems

Indicator 1.1 - Population-based community health profile (CHP)

Gather and maintain a CHP or common, broad-based set of health-related data by:

- Conducting regular community health assessments
- Compiling and updating a CHP using assessment data
- Promoting community-wide use of the data

How Are We Doing? 15%

Strengths:

- We are conducting a community assessment.
- There is a good deal of data available in the community.

Weaknesses:

- Lack of coordination and centralization of data.
- There is a lack of awareness and accessibility to the data.

Recommendations:

- Begin a process to have all data consolidated into one source (website), updated and offer a high degree of quality data.
- Make sure health assessment is an ongoing process.

Indicator 1.2 - Access to and Utilization of Current Technology to Manage, Display, Analyze, and Communicate Population Health Data

Present data to assist in communication and use of health-related information by:

- Using state-of-the-art technology
- Using geo-coded data
- Using geographic information systems (GIS)
- Using computer-generated graphics to identify trends or make comparisons

How Are We Doing? 38%

Strength:

- Have geo-coded data available and accessible if needed.

Weaknesses:

- We currently have all of these data but none of the data is being integrated.
- No linking between databases.

Recommendation:

- Have a health data profile standard so that all information goes into the database same way (i.e., Birmingham spelled only one way).

Indicator 1.3 Maintenance of Population Health Registries

Maintain accurate, up-to-date population health registries by:

- Maintaining and contributing to registries using established criteria
- Using information from the registries

How Are We Doing? 62%

Strength:

We are maintaining registries for some diseases, but only a few diseases have registries.

Weaknesses:

Data are not reported in timely manner.

There are a lot of databases but no real registries.

Recommendations:

Establishment of more registries. If registry not complied with, then there should be some type of sanctions. Follow up on registry.

Adult tracking system for immunizations.

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**Essential
Public
Health
Service
Two
Score
94%**

Diagnose and investigate health problems and health hazards in the community

Indicator 2.1 Identification and Surveillance of Health Threats

Design and maintain surveillance systems to monitor health events by:

- Collecting reportable disease information
- Using state-of-the-art technology and communication systems
- Accessing statistical and epidemiological expertise
- Establishing a procedure to alert the community to health threats and outbreaks

How Are We Doing? 78%

Strengths:

The high level of compliance by labs and infectious disease personnel for reporting reportable disease.

High level of electronic communication and availability of high level epidemiologist.

Access to Masters and Doctoral epidemiologist personnel.

Weaknesses:

Low compliance of physicians in reporting reportable diseases.

Timelessness of comprehensive reporting (getting data for certain things, but by and large data is years old).

Easy availability of stats regarding communicable diseases to public is lacking.

Not part of integrated NEDSS database.

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Indicator 2.2 Plan for Public Health Emergencies

Develop an emergency response plan by:

- Defining emergencies that trigger use of the response plan
- Developing a plan that outlines responsibilities, communication networks, and evacuation procedures
- Testing the response plan yearly
- Revising the response plan every two years

How Are We Doing? 100%

Weaknesses:

- Has not been tried on a large enough scale to see if it really works.
- Not as large scale as other cities.
- Does not connect to the social services community very well.

Indicator 2.3 Investigate and Respond to Public Health Emergencies

Investigate public health emergencies by:

- Designating an emergency response coordinator
- Developing written epidemiological case investigation protocols
- Maintaining protocols for communicable disease source & contact tracing
- Maintaining roster of public health emergency responders
- Evaluating past incidents

Indicator 2.4 Laboratory Support for Investigation of Health Threats

Ensure laboratory testing and results are available for investigating public health emergencies by:

- Assuring access to laboratories to support investigations and for diagnostic and surveillance needs
- Confirming laboratory compliance with regulations and standards
- Maintaining protocols on handling laboratory samples

**Essential
Public
Health
Service
Three
Score
41%**

Inform, educate and empower people about health issues

Indicator 3.1 Health Education

Convey information to reinforce health promotion messages by:

- Providing health information to the general public and policy leaders
- Conveying health information through media
- Providing health information for making informed about healthy living
- Evaluating health education activities every two years

How Are We Doing? 38%

Strength:

Clinical resources and wide variety of resource

Weaknesses:

Ineffective distribution of services

Health literacy

Transportation

Access limitations

Lack of cultural awareness (e.g. translation services)

No unified message for community wellness

Healthy lifestyle promotion

Recommendations:

Go into the community and target message based on audience (e.g. education level, ethnicity)

Better coordinated and unified lifestyle messages to promote and educate about lifestyle behaviors

Develop a centralized website to list resources, promote access and training

Regular sharing with stakeholders, town hall meetings

Need forum for community input and health education

Indicator 3.2 Health Promotion Activities to Facilitate Healthy Living in Healthy Communities

Design and implement activities to facilitate healthy living by:

- Conducting health promotion activities for the public and at-risk populations
- Developing networks for health promotion activities
- Assessing health promotion activities every two years

How Are We Doing? 44%

Strength:

There's evidence programs are there. Group generally agreed on strengths.

Weaknesses:

We don't have good input, we don't evaluate
Ineffective distribution and coordination.

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**Essential
Public
Health
Service
Four
Score
40%**

Mobilize community partnerships to identify and solve health problems

Indicator 4.1 Constituency Development

Establish collaborative relationships among the LPHS by:

- Identifying key constituents
- Encouraging constituent participation in community health activities
- Establishing and maintaining a directory of community organizations
- Using communication strategies to strengthen linkages among LPHS organizations

How Are We Doing? 46%

Strengths:

This is a caring community.

Weaknesses:

Competition for dollars to reach the same target group, lack of coordination.

Ineffective process for reaching partnership, lack of input from community as to their needs

Indicator 4.2 Community Partnerships

Convene and facilitate partnerships by:

- Establishing partnerships for improving community health
- Assuring the establishment of community health improvement committee
- Assessing partnerships in improving community health

How Are We Doing? 33%

Strengths:

There are some partnerships in the formative stage.

Weaknesses:

There are lots of small scale efforts, not large efforts which get bogged down in bureaucracy and politics.

No real coordination.

Need more inclusion.

No comprehensive approach.

No tools to measure effectiveness of community partnerships.

Recommendations:

Establish a broad based community base.

Eliminate turf battles.

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**Essential
Public
Health
Service
Five
Score
66%**

Develop policies and plans that support individual and community health efforts

Indicator 5.1 Governmental Presence at the Local Level

Coordinate and assure the provision of public health services by:

- Assuring the delivery of essential public health services
- Assuring broad participation in the community health improvement process
- Maintaining a relationship with the local governing entity
- Coordinating with the state public health system

How Are We Doing? 88%

Strengths:

- Clear mission
- Strong documentation of policies

Weaknesses:

- Funding for mandated and non-mandated services
- Lack of performance by state
- Lack of commitment to meet expected outcomes

Recommendations:

- Improve communication between local and state agencies
- Provide funding for programs and re-evaluate funding allocation for available funding
- Educate public in needs versus resources with the goal of political action and funding
- Complete assessment for Board of Health and at state level
- Bring components of local public health system (LPHS) together for brainstorming

Indicator 5.2 Public Health Policy Development

Assure effective public health policy by:

- Engaging in public health policy development and encouraging community involvement
- Reviewing policies every two years
- Advocating for prevention and protection policies

How Are We Doing? 64%

Strengths:

- Policy development
- Interaction with elected officials

Weaknesses:

- Lack of community involvement and means for getting involved
- Lack of policy review biannually

Recommendations:

- Collaboration and communication between agencies for policy making
- Opportunities (forums) to involve the public in policy making

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**Essential
Public
Health
Service
Five**
Continued

Indicator 5.3 Community Health Improvement Process

Collaborate to identify, analyze, and address health problems by:

- Establishing a community health improvement process
- Developing strategies to achieve health improvement objectives

How Are We Doing? 43%

Strength:

Strong involvement in public safety and emergency response by the local health department

Weakness:

Too few agencies involved in addressing public health issues with public strategies

Recommendations:

Identify others who need to be involved and define benefits to entice them

Have someone else besides the health department facilitate/host meeting

Use emergency management system as a model

Involve more managed care and faith institutions to round out the system

Indicator 5.4 Strategic Planning and Alignment with the Community Health Improvement Process

Engage in strategic planning to guide organizations within the LPHS by:

- Encouraging all organizations to conduct strategic planning
- Encouraging organizations to align their plans with community objectives
- Conducting LPHA strategic planning to align agency goals with the community health improvement process

How Are We Doing? 69%

Strengths:

- Local health department very active in strategic planning
- Plan is reviewed annually and reflects public health trends

Weaknesses:

- Other agencies (besides the health department) do not have a strategic plan

Recommendations:

- Form partnership to create a strategic plan or integration of all strategic plans

Priorities

- Involving stakeholders and community in development of public health policies, including political involvement, would lead to funding. Include Public Relations to advertise and solicit stakeholder involvement.

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**Essential
Public
Health
Service
Six
Score
86%**

Enforce laws and regulations that protect health and ensure safety

Indicator 6.1 Review and Evaluate Laws, Regulations and Ordinances

Review existing laws and regulations relevant to public health by:

- Identifying issues that can only be addressed through laws, regulations, or ordinances
- Assuring knowledge of federal, state, and local laws and regulations
- Reviewing laws and regulations every 5 years
- Assuring legal counsel to assist with review of laws and regulations

How Are We Doing? 85%

Strengths:

Access to regulations and legal counsel to assist with reviews of laws and regulations

Identification of public health issues

Weakness:

Review of regulations and laws assessing opinions of constituents

Recommendations:

Create partnership and involvement in community for review of public health laws and regulations

Advise general public on means to access regulations and laws

Determine which laws require updating

Engage local funding to support laws, rules and regulations

Engage political support to change laws

Indicator 6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances

Participate in the modification and/or formulation of laws and regulations by:

- Identifying local public health issues not adequately addressed in existing law
- Participating in the modification and/or formulation of laws and regulations
- Assisting in drafting proposed legislation

How Are We Doing? 92%

Strengths:

Communication with legislators, public officials and policy makers

Identification of public health issues

Assisting legislators, public health officials and policy makers in drafting proposed laws, regulations, etc

Weaknesses:

Public health issues inadequately addressed

Lack of technical assistance

Recommendations:

Better communication among regulatory agencies (local, state, federal)

More enforcement authority

Action should be followed by results

Indicator 6.3 Enforce Laws, Regulations and Ordinances

Enforce public health laws, regulations, and ordinances by:

- Identifying organizations with enforcement authority
- Assuring enforcement activities in accordance with laws and regulations
- Informing and educating about the meaning and purpose of laws and regulations
- Evaluating compliance

How Are We Doing? 81%

Strengths:

Strong enforcement

Documentation of authority

Weaknesses:

Assuring enforcement in a timely manner

Lack of funding

Recommendations:

Policies followed by action for timeliness

Coordination between regulatory agencies

Input from beneficiary and constituent focus groups

Education in why laws exist, how to comply

Environmental Court

**Essential
Public
Health
Service
Seven
Score**

57%

Link people to needed personal health services and assure the provision of health care when otherwise unavailable

Indicator 7.1 Identification of Populations with Barriers to Personal Health Services

Assure access to personal health services for all community residents by:

- Identifying populations who may encounter barriers to care

How Are We Doing? 62 %

Indicator 7.2 Identifying Personal Health Service Needs of Populations

Provide personal health services that are accessible, acceptable, and available by:

- Defining service needs for the general population
- Assessing the extent to which services are provided
- Identifying the needs of populations who may encounter barriers

How Are We Doing? 54%

Indicator 7.3 Assuring the Linkage of People to Personal Health Services

Support and coordinate partnerships and referral mechanisms to optimize access to personal health services by:

- Linking people to personal health services
- Providing community outreach and linkage services
- Enrolling beneficiaries in state Medicaid or Medical Assistance Programs
- Coordinating personal health and social services to optimize access
- Analyzing age-specific participation in preventive services

How Are We Doing? 42%

Strengths:

- Child services
- Medicaid outreach
- Community organizations

Weaknesses:

- Mental health
- Transportation
- Language barriers
- Education
- Coordination
- Communication
- Follow up

Recommendations:

- Provide dental health care for adults
- Provide adequate public transportation
- Increase collaboration
- Increase assessment
- Provide more mental health resources
- Managed care “gate keeping” which decreases access to mental health services
- Particular problems for non SMI (middle functioning) individuals. Comment made that severe mental illness is covered pretty well although the system is difficult to access
- Formal interpreter certification guidelines / programs / training

Priorities:

There are several services that are available and that Jefferson Co. is doing an exceptional job at providing services. The breakdown seems to be in LINKAGE to available services. When the essential health service is considered as a linkage problem then we score low partially because we are inefficient in making the public aware of our services and getting them to access, follow-up, and maintain appropriate services.

The point was also made that many of our agencies dread public marketing because our resources are so stretched that we are unsure if we can provide care to addition clients who may access our services.

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**Essential
Public
Health
Service
Eight
Score
47%**

Assure a competent public health and personal health care workforce

Indicator 8.1 Workforce Assessment

Conduct workforce assessment to determine the competencies, skills, and knowledge; categories and number of personnel; and training needed to achieve public and personal health goals by:

- Determining competencies, composition, and size of the workforce
- Identifying and addressing gaps in public and personal health workforce
- Distributing information from assessment to community organizations

How Are We Doing? 0%

Weakness:

The team discussed at length: one comprehensive assessment or individual assessments done by individual agencies?

This kind of assessment would require a forum.

It was decided that the question was asking about ONE survey conducted by the system collectively. There was an overwhelming NO

Indicator 8.2 Public Health Workforce Standards

Develop and maintain public health workforce standards by:

- Demonstrating awareness and compliance with guidelines and/or licensure/certification requirements
- Developing, using, and reviewing job standards and position descriptions
- Evaluating workforce on core and job-specific competencies

How Are We Doing? 95%

Indicator 8.3 Life-Long Learning through Continuing Education, Training, and Mentoring

Strengthen the knowledge and skills of employees contributing to the Essential Public Health Services by:

- Identifying education and training needs
- Providing opportunities to develop core public health competencies
- Providing incentives for the workforce to pursue education and training
- Providing practitioners and academia opportunities to interact

How Are We Doing? 73%

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Indicator 8.4 Public Health Leadership Development

Encourage the development of leadership capacity by:

- Providing leadership development opportunities
- Promoting collaborative leadership
- Assuring organizations and/or individuals have opportunities to provide leadership
- Providing opportunities for development of diverse community leadership

How Are We Doing? 21%

Essential Service 8 - Strengths:

Desire by workforce to be trained at all levels
Work force standards
Employee evaluation processes

Essential Service 8 - Weaknesses:

Opportunities are not made available to all levels of the workforce equally
Opportunities are "top heavy"
Using employee evaluation process to encourage leadership
No incentive to encourage people to develop leadership skills
Inadequate recognition of job well done – which in turn does not foster feelings of empowerment that would lead to increased acceptance of leadership roles and accomplishment.
Supervisors not encouraging to employees
Work force competency in geriatric populations

Essential Service 8 - Recommendations:

System wide work force training institute
Certification system for a credentialed workforce
Monetary and social support for education training of the work force
Supervisor training to develop leadership support abilities in supervisors
Increase community leadership and participation
Tap into additional populations

**Essential
Public
Health
Service
Nine
Score
23%**

Evaluate effectiveness, accessibility, and quality of personal and population-based health services

Indicator 9.1 Evaluation of Population-Based Health Services

Evaluate the accessibility, quality, and effectiveness of population-based health services by:

- Evaluating population-based health services against established criteria
- Assessing community satisfaction and identifying gaps in services
- Using evaluation findings for quality improvement

How Are We Doing? 0%

Strengths:

Within system, there are a large number of highly specialized health organizations with expertise in their specific area.

We are resource rich.

Weaknesses:

No sharing of information.

Organization self-interest drives the fragmentation of services.

No agreed upon leadership.

Recommendations:

The health department should take the leadership role.

Increase focus on health outcomes and decrease focus on dollars to achieve appropriate outcomes.

Focus on people.

Indicator 9.2 Evaluation of Personal Health Services

Evaluate personal health services by:

- Evaluating the accessibility, quality, and effectiveness of personal health services.
- Evaluating services against established criteria
- Assessing client satisfaction
- Using information technology
- Using evaluation findings for quality improvement

How Are We Doing? 61%

Strengths:

- Excellent providers.
- The ones doing it are doing a good job.

Weaknesses:

- Fragmentation, competition.
- Lack of effectiveness.

Recommendation:

- Need integrated electronic health records.

Indicator 9.3 Evaluation of the Local Public Health System

Evaluate LPHS performance and use the results to improve programs and services by:

- Identifying community organizations that contribute to the Essential Public Health Services
- Evaluating activities periodically against established criteria
- Assessing communication, coordination, and linkages among LPHS entities
- Using evaluation findings for quality improvement

How Are We Doing? 8%

Strength:

- More collaboration between entities.

Weakness:

- Lack of evaluation. Is the health department responsible to do the evaluation (costly, time consuming)?

Recommendations:

- Do something with it (local public health system assessment).
- Use the information/knowledge!
- SHARE lessons learned!

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**Essential
Public
Health
Service
Ten
Score
41%**

Research for new insights and innovative solutions to health problems

Indicator 10.1 Fostering Innovation

Foster innovation to strengthen public health practice by:

- Enabling staff to explore new ideas
- Proposing public health issues for research agendas
- Researching and monitoring best practice information
- Encouraging community participation in research

How Are We Doing? 40%

Strengths:

Discussion regarding the good job some organizations do implementing innovations.

Identification of barriers.

Resource-rich.

Visionary.

Weaknesses:

Although some organizations are good at implementing innovations, overall it was estimated as less than 25%.

Insufficient resources to spend on innovation.

Lack of community participation in all aspects.

Fragmented. Shame on us!!

Recommendations:

Create a formal infrastructure to bring together and integrate.

An entity (such as the UAB small business incubator) should be established to help organizations implement innovations (best practices).

Indicator 10.2 Linkage with Institutions of Higher Learning and/or Research

Establish relationships with institutions of higher learning and/or research organizations by:

- Partnering with academic/research institutions to conduct research activities
- Developing relationships with research institutions
- Encouraging interaction between the academic/research and practice communities

How Are We Doing? 31%

Strengths:

- There are 8 institutions of higher research that conduct research.
- Resource-rich.
- Some good examples among organizations in the LPHS.

Weaknesses:

- Regarding questions- Improve Instrument-need more clarity in definition!!
- Research is focused on institutions special interests that do not specifically address essential services.
- Local HD demonstrates leadership.
- There are multiple lone wolves.

Recommendations:

- Convene an annual symposium on research in Jefferson County focusing on the essential services.
- Share results and models of shared research on essential services.
- Random acts of public health.
- We have the structure, but we need this process to have collaborative goals.
- Move away from self-interest. There has to be a reward/incentive.

Indicator 10.3 Capacity to Initiate or Participate in Timely Epidemiological, Health Policy, and Health Systems Research

Initiate and/or participate in research that contributes to improved health system performance by:

- Accessing researchers with knowledge and skills to design and conduct health-related studies
- Ensuring the availability of resources to facilitate research
- Planning the dissemination of research findings to public health colleagues
- Evaluating research efforts

How Are We Doing? 50%

Strength:

- Resource rich.

Weaknesses:

- Questions in assessment (10.3) were not good.
- Self-interest.

Recommendations:

- Need a plan to encompass all colleagues and stakeholders.
- Redefine and broaden the LPHS, including stakeholders.

Essential Public Health Services Scores

Assessment Scores

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?”

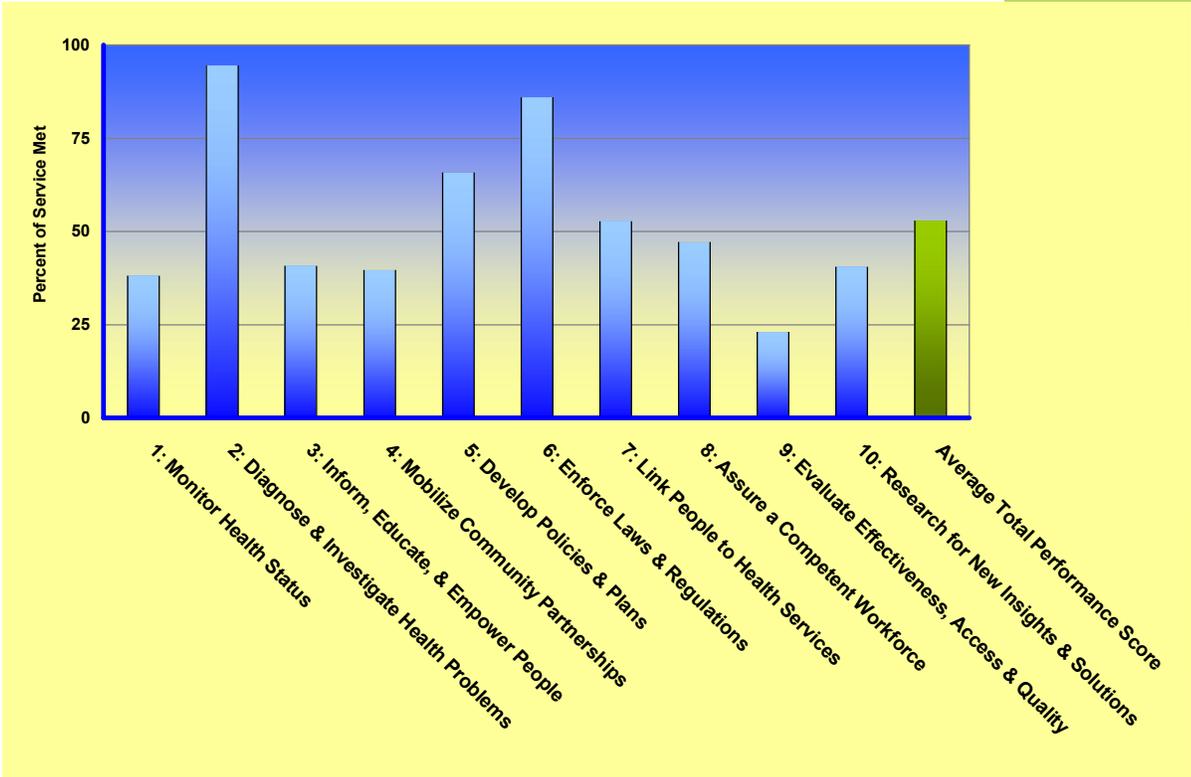
The information gathered in the LPHSA, along with results from the other three MAPP Assessments, will comprise the four sources of information to be considered during the Identify Strategic Issues phase. The inclusion of LPHSA results may lead to strategies that help strengthen and improve the local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

The 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 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:

- 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.

The following graph and tables present the LPHSA scores for Jefferson County in entirety.

Essential Public Health Service Scores for Jefferson County, AL



Essential Public Health Services and Model Indicators

Assessment Scores

	% Met
EPHS 1: Monitor Health Status	38
1.1 Population Based Community Health Profile	15
1 Conducted community health assessment?	46
2 Compile data into community health profile?	0
3 Access to community demographic characteristics?	30
4 Access to community socioeconomic characteristics?	30
5 Access to health resource availability data?	10
6 Access to quality of life data for the community?	10
7 Access to behavioral risk factors for the community?	10
8 Access to community environmental health indicators?	20
9 Access to social and mental health data?	0
10 Access to maternal and child health data?	10
11 Access to death, illness, injury data?	10
12 Access to communicable disease data?	20
13 Access to sentinel events data?	10
14 Community-wide use of health assessment or CHP data promoted?	0
1.2 Access to and Utilization of Current Technology	38
1 State-of-the-art technology to support databases?	22
2 Access to geocoded health data?	80
3 Use geographic information systems (GIS)?	22
4 Use computer-generated graphics to identify trends and/or compare data?	67
5 CHP available in electronic version?	0
1.3 Maintenance of Population Health Registries	62
1 Maintain and/or contribute to one or more population health registries?	62
2 Used information from population health registries?	61

	% Met
EPHS 2: Diagnose and Investigate Health Problems	94
2.1 Identification and Surveillance of Health Threats	78
1 Submit timely reportable disease information to state or LPHS?	67
2 Monitor changes in occurrence of health problems and hazards?	61
3 Have a comprehensive surveillance system?	50
4 Use IT for surveillance?	90
5 Access to Masters or Doctoral level epidemiologists and/or statisticians?	100
6 Procedure to alert communities about health threats/disease outbreaks?	100
2.2 Plan for Public Health Emergencies	100
1 Identified public health disasters and emergencies?	100
2 Have an emergency preparedness and response plan?	100
3 Plan been tested through one or more “mock events” in the past year?	100
4 Plan been reviewed or revised within the past two years?	100
2.3 Investigate and Respond to Public Health Emergencies	100
1 Designated an Emergency Response Coordinator?	100
2 Have current epidemiological case investigation protocols?	100
3 Written protocols for implementing program of source and contact tracing?	100
4 Roster of response personnel with technical expertise?	100
5 Evaluate public health emergency response incidents?	100
2.4 Laboratory Support for Investigation of Health Threats	100
1 Access to laboratory services to support investigations?	100
2 Access to laboratories capable of meeting routine diagnostic & surveillance needs?	100
3 Documentation that laboratories are licensed and/or credentialed?	100
4 Current guidelines or protocols for handling laboratory samples?	100

Essential Public Health Services and Model Indicators

Assessment Scores

	% Met
EPHS 3: Inform, Educate, and Empower People	41
3.1 Health Education	38
1 Information on community health to public and policy leaders?	54
2 Use media to communicate health information?	49
3 Sponsor health education programs?	48
4 Assessed public health education activities?	0
3.2 Health Promotion Activities	44
1 Implemented health promotion activities?	76
2 Collaborative networks for health promotion established?	55
3 Assessed health promotion activities?	0
EPHS 4: Mobilize Community Partnerships	40
4.1 Constituency Development	46
1 Process for identifying key constituents?	39
2 Encourage participation of constituents in improving community health?	51
3 Current directory of organizations that comprise the LPHS?	61
4 Use communications strategies to strengthen linkages?	33
4.2 Community Partnerships	33
1 Partnerships exist in the community?	33
2 Assure establishment of a broad-based community health improvement committee?	33
3 Assess the effectiveness of community partnerships?	33

	% Met
EPHS 5: Develop Policies and Plans	66
5.1 Governmental Presence at Local Level	88
1 Includes a local governmental public health entity?	97
2 Assures participation of stakeholders in implementation of community health plan?	67
3 Local governing entity (e.g., local board of health) conducts oversight?	0
4 Local governmental public health entity work with the state public health system?	100
5.2 Public Health Policy Development	64
1 Contribute to the development of public health policies?	76
2 Review public health policies at least every two years?	49
3 Advocate for the development of prevention and protection policies?	67
5.3 Community Health Improvement Process	43
1 Established a community health improvement process?	85
2 Developed strategies to address community health objectives?	0
5.4 Strategic Planning and Alignment	69
1 Each organization in the LPHS conduct a strategic planning process?	33
2 Each organization in the LPHS review its organizational strategic plan?	80
3 Local governmental public health entity conduct strategic planning activities?	94

Essential Public Health Services and Model Indicators

Assessment Scores

	% Met
EPHS 6: Enforce Laws and Regulations	86
6.1 Review and Evaluate Laws, Regulations, and Ordinances	85
1 Identify public health issues addressed through laws, regulations, or ordinances?	67
2 Access to current compilation of laws, regulations, and ordinances?	100
3 Review the public health laws and regulations every 5 years?	71
4 Access to legal counsel?	100
6.2 Involvement in Improvement of Laws, Regs and Ordinances	92
1 Identify local public health issues not adequately addressed through existing laws, regulations, and ordinances?	77
2 Participated in the development or modification of laws, regulations or ordinances?	100
3 Provide technical assistance to legislative, regulatory or advocacy groups?	100
6.3 Enforce laws, Regulations and Ordinances	81
1 Authority to enforce public health laws, regulations, or ordinances?	92
2 Assure enforcement activities are conducted in a timely manner?	33
3 Provide information to individuals and organizations about public health laws, regulations, and ordinances?	100
4 Reviewed the activities of institutions and businesses in the community?	100

	% Met
EPHS 7: Link People to Needed Personal Health Services	53
7.1 Identification of Populations with Barriers to System	62
1 Identify any populations who may encounter barriers?	62
7.2 Identifying Personal Health Service Needs of Population	54
1 Defined personal health service needs for all of its catchment areas?	67
2 Assessed the extent personal health services are being provided?	33
3 Identify the personal health services of populations who encounter barriers to personal health services?	62
7.3 Assuring Linkage of People to Personal Health Services	42
1 Assure the provision of needed personal health services?	33
2 Provide outreach and linkage services for the community?	28
3 Initiatives to enroll eligible beneficiaries in state Medicaid or medical assistance programs?	67
4 Assure the coordinated delivery of personal health services?	51
5 Conducted an analysis of age-specific participation in preventive services?	33

Essential Public Health Services and Model Indicators

Assessment Scores

	% Met
EPHS 8: Assure a Competent Workforce	47
8.1 WORKFORCE ASSESSMENT	0
1 Conduct a workforce assessment within past three years?	0
2 Gaps within the public and personal health workforce been identified?	0
3 Results of the workforce assessment disseminated?	0
8.2 PUBLIC HEALTH WORKFORCE STANDARDS	95
1 Aware of and in compliance with guidelines and/or licensure/certification requirements for personnel?	100
2 Organizations developed written job standards and/or position descriptions?	100
3 Agency developed job standards and/or position descriptions?	73
4 Organizations conduct performance evaluations?	100
5 Agency conduct performance evaluations?	100
8.3 CONTINUING EDUCATION, TRAINING AND MENTORING	73
1 Identify education and training needs?	57
2 Local governmental public health entity provide opportunities for personnel to develop core public health competencies?	74
3 Incentives provided to the workforce to participate in educational and training experiences?	61
4 Opportunities for interaction between LPHS organization staff & faculty from academic and research institutions, particularly schools of public health?	100
8.4 PUBLIC HEALTH LEADERSHIP DEVELOPMENT	21
1 Promote the development of leadership skills?	19
2 Promote collaborative leadership?	0
3 Opportunities to provide leadership in areas of expertise or experience?	67
4 Opportunities to develop community leadership through and mentoring?	0

	% Met
EPHS 9: Evaluate Effectiveness, Accessibility and Quality	23
9.1 Evaluation of Population-Based Services	0
1 Evaluated population-based health services?	0
2 Assess community satisfaction with population-based health services?	0
3 Identify gaps in the provision of population-based health services?	0
4 Use the results of the evaluation in the development of their strategic and operational plans?	0
9.2 Evaluation of Personal Health Care Services	61
1 Evaluated personal health services for the community?	77
2 Specific personal health care services in the community evaluated against established criteria?	52
3 Assess client satisfaction with personal health services?	0
4 Use information technology to assure quality of personal health services?	77
5 Use the results of the evaluation in the development of their strategic and operational plans?	100
9.3 Evaluation of Local Public Health System	8
1 Identified community organizations or entities that contribute to the delivery of the EPHS?	33
2 Evaluation of the LPHS conducted every three to five years?	0
3 Linkages and relationships among organizations that comprise the LPHS assessed?	0
4 Use results from the evaluation process to guide community health improvements?	0

Essential Public Health Services and Model Indicators

Assessment Scores

	% Met
EPHS 10: Research for New Insights and Innovative Solutions	41
10.1 Fostering Innovation	40
1 Encourage staff to develop new solutions to health problems in the community?	61
2 Proposed to research organizations one or more public health issues for inclusion in their research agenda?	0
3 Identify and/or monitor "best practices" developed by other public health agencies or organizations?	100
4 Encourage community participation in the development or implementation of research?	0
10.2 Linkage with Institutions of Higher Learning and Research	31
1 Partner with at least one institution of higher learning and/or research organization?	0
2 Develop relationships with institutions of higher learning and/or research organizations?	94
3 Encourage proactive interaction between the academic and practice communities?	0
10.3 Capacity for Epidemiological, Policy and Service Research	50
1 Access to researchers?	100
2 Resources to facilitate research within the LPHS?	100
3 Plan for the dissemination of research findings to public health colleagues?	0
4 Evaluate research activities?	0
Average Total Performance Score	53