



Local Public Health System Executive Summary

The Local Public Health System Assessment (LPHSA) is one of four assessments completed as part of a community health strategic planning process for Jefferson County called Community Matters 20/20: Assessment, Visioning and Planning for a Healthy Jefferson County). The LPHSA was completed using the National Public Health Performance Standards (NPHPS) Local Instrument which measures how well system partners provide public health services using a nationally recognized set of optimal performance standards by answering the following questions:

- *What are the components, activities and capacities of our public health system?*
- *How well are the 10 Essential Public Health Services being provided in our public health system?*

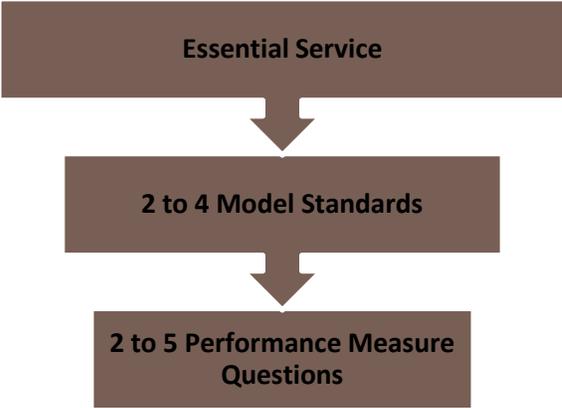
On May 15, 2014, the LPHSA Subcommitteeⁱ coordinated the completion of the (NPHPS) Local Instrument. Over 115 public health professionals and community members representing both public and private organizations, as well as Jefferson County community representatives, completed the NPHPS Local Instrument.

The NPHPS Local Instrument utilizes the Centers for Disease Control and Prevention's 10 Essential Public Health Services (essential services). The Essential Services Framework is a method for identifying the core processes used within the public health system to promote health and prevent disease. Within the NPHPS Local Instrument, each essential service includes two to four model standards that describe an optimally performing public health system. Each model standard includes two to five performance measure questions which serve as measures of performance (See Figure 2).

The 10 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.

FIGURE 2: NPHPS Local Instrument Format



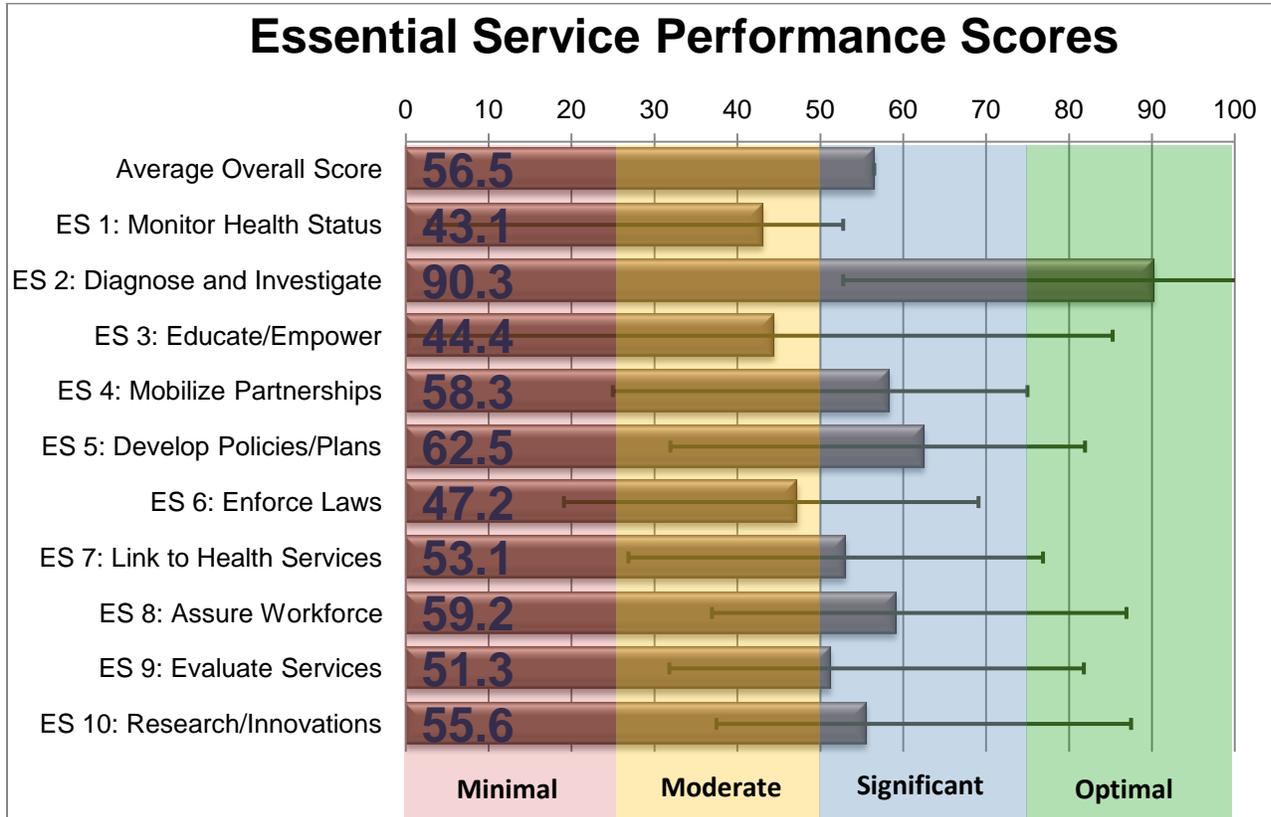
LPHSA participants were assigned to Essential Service Evaluation Sessions based on the main function(s) of the organization represented and the individual’s role within that organization. After discussing each performance standard, participants were asked to reach consensus about the level of activity for each performance measure (see Table 1). Using the responses to each of the performance measure questions, a scoring process generated a score for each model standard, essential service and the overall assessment score.

TABLE 1: Performance Assessment Scoring

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

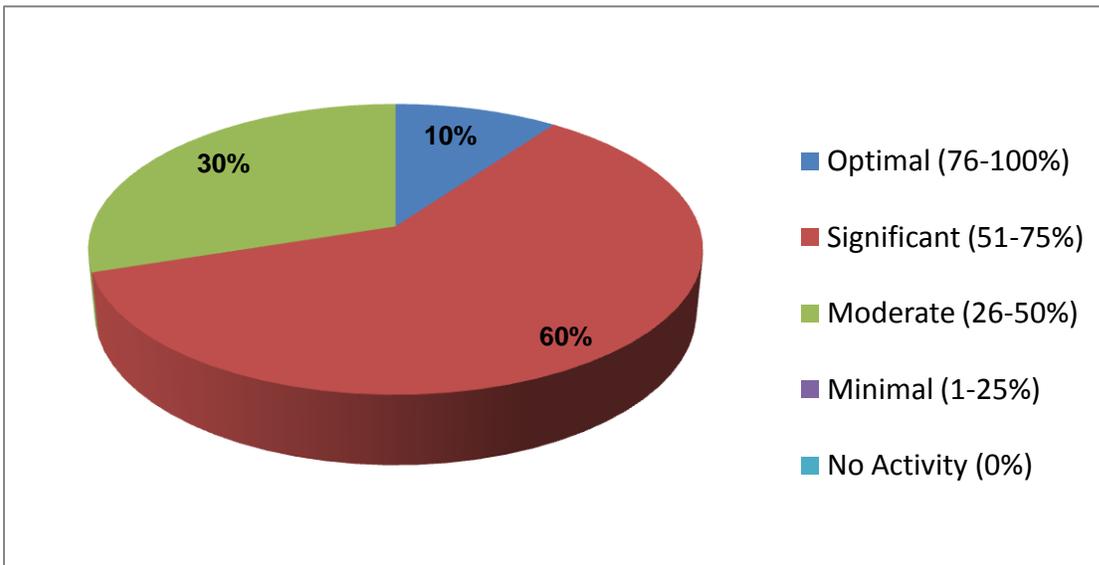
The average overall performance score from the NPHPS Local Instrument and the mean score of each essential service is shown in Figure 2. The black lines within the bar indicating the score for each essential service notes the range of performance scores received by other communities who have completed the NPHPS Local Instrument. The average overall score for Jefferson County’s Local Public Health System was 56.5, which represents significant activity. Among the essential services, Essential Service 2: Diagnose and Investigate Health Problems and Health Hazards in the Community, with a score of 90.3, received the highest activity rating, representing optimal performance. The lowest overall essential service score, 43.1, was from Essential Service 1: Monitor Health Status to Identify Community Health Problems. Seven of the ten essential services were evaluated at the significant activity level (51-75%), while three essential services were rated as achieving moderate activity level (26-50%). None of the essential services were rated at the minimal (1-25%) or no activity (0%) levels.

FIGURE 3: Essential Service Performance Scores



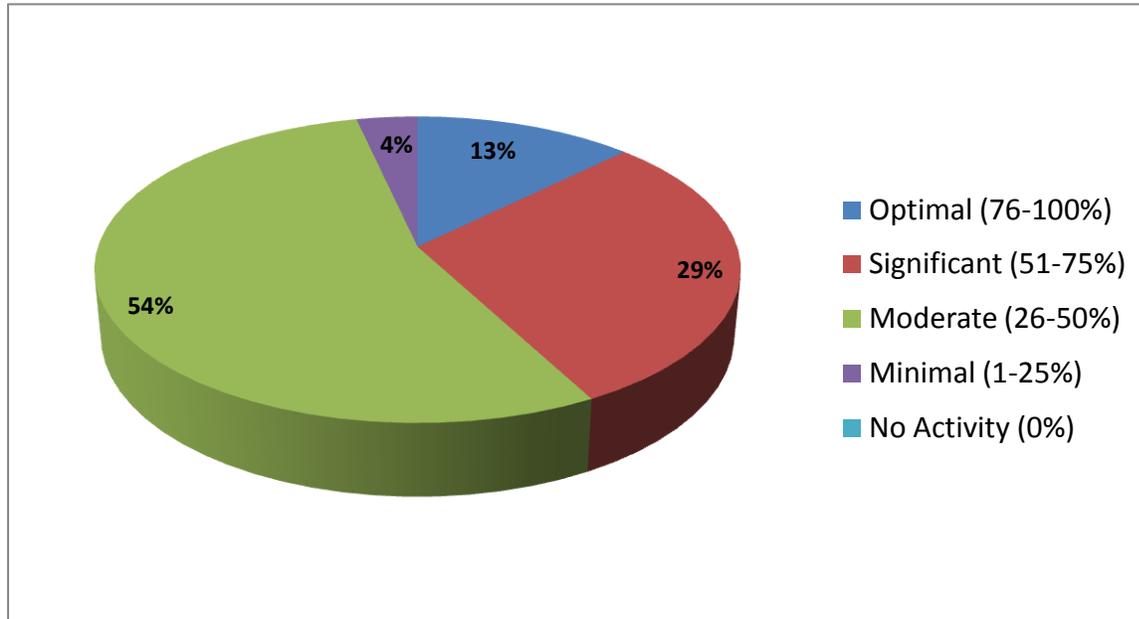
Jefferson County Public Health System’s performance in the 10 Essential Services fell within the highest three rating categories (Figure 4). The chart below provides the percentage of essential services scored within each rating category. None of the essential services were rated within the no activity or minimal categories.

FIGURE 4: Essential Services Scores Categories



The Jefferson County Public Health System’s performance on each of the thirty model standards was scored within the optimal to minimal activity levels (Figure 5). The three model standards which scored 100% were focused on emergency preparedness and workforce standards. The model standards with the lowest scores of 33% focused on policy development and the frequency of community health assessments.

FIGURE 5: Model Standard Scores by Categories



In addition to the ratings, discussion revealed the following strengths, weaknesses and opportunities for improvement. These are intended to assist the public health system gain enhanced understanding of its collective performance and to strengthen the system.

Strengths

- i. The involvement of community organizations in service delivery.
- ii. Preparedness plans for public health threats or events within and among organizations.
- iii. Community partnership and participation in partnerships by a wide range of organizations and institutions.

Weaknesses

- i. The general public’s lack of awareness about the local public health system, including local needs assessments and resources to meet identified needs.
- ii. The tendency of organizations to operate within silos.
- iii. Inadequate communication with the general public, as well as across agencies.

Short-Term Improvement Opportunities

- i. Strategic engagement with stakeholders, including community members, to decrease existing fragmentation by improving relationships and trust in the achievement of mutual goals.
- ii. Data collection and analysis for evaluating current and future interventions implemented to improve health outcomes and the effectiveness of the local public health system.

Long-Term Improvement Opportunities

- i. The development and optimization of community resources.
- ii. Purposeful and reasoned strategic communication to build and strengthen partnerships and actively engage the community in strengthening the local public health system.
- iii. Maintain and continue building community collaborations.

The information and feedback gathered during the LPHSA process will help identify key issues in Jefferson County and support an action plan to improve health and quality of life.



The work of Community Matters 20/20 is supported by the Jefferson County Department of Health.

ⁱ Subcommittee members included Bruce Braden, Jefferson County Department of Health; Joyce E. Brooks, Birmingham Jefferson County Transit Authority; Warren Callaway, Community Member; Julie Cobb, Jefferson County Department of Health; Dr. Carolyn Dobbs, Jefferson County Department of Health; Gus Heard-Hughes, Community Foundation of Greater Birmingham; Alisha Hill, Jefferson County Department of Health; Dr. Lisle Hites; UAB School of Public Health; Beth Johns, UAB School of Public Health; Sonja Lewis, Jefferson County Department of Health; Bryn Manzella, Jefferson County Department of Health; Roger McCullough, Alabama Business Leadership Employment Network; Stephanie Millsap, Jefferson County Department of Health; Monique Mullins, Jefferson County Department of Health; Lee Pearce, Alabama Quality Assurance Foundation; Lonnie Pressley, Jefferson County Department of Health; Nick Sims, Safe Routes to School of Central Alabama; Teneasha Washington, UAB School of Public Health