



**100% Health**  
Community Coalition



# Local Public Health Systems Assessment

August 14, 2018



# Acknowledgements

This document was developed by *Live Healthy Lane*, which is comprised of Lane County, PeaceHealth Oregon Network, Trillium Community Health Plan, United Way of Lane County, and other organizations invested in the Lane County's 2018-19 Community Health Needs Assessment. Jocelyn Warren (Manager, Lane County Public Health) and Brian Johnson (Epidemiologist & Supervisor, Lane County Public Health) facilitated this assessment. Committees working to advance the health of Lane County were pivotal in completing this assessment and include:

100% Health Executive Committee  
Live Healthy Lane Core Team

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# INTRODUCTION

## Live Healthy Lane

Creating a healthy community is a shared responsibility. By working together, we have the potential to create a caring community where all people can live a healthier life. Live Healthy Lane brings together Lane County, PeaceHealth Oregon Network, Trillium Community Health Plan, United Way of Lane County, local organizations, and community members to contribute to improving the lives of everyone in Lane County.

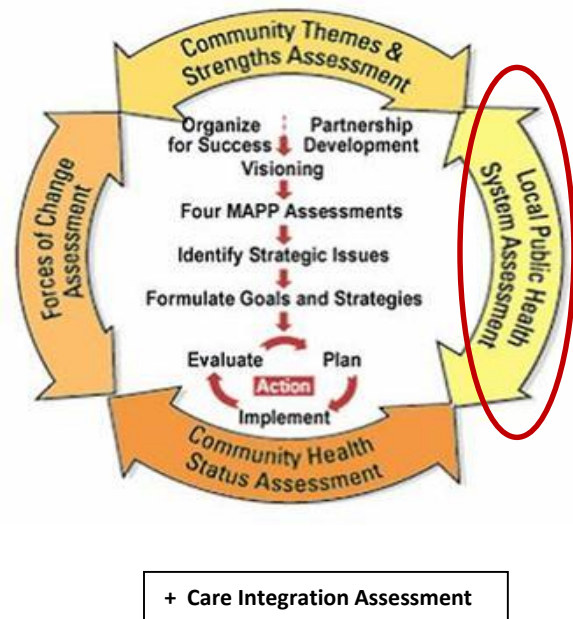
Live Healthy Lane uses the Mobilizing for Action through Planning and Partnerships (MAPP; NACCHO, 2018) model (see Figure 1) for collecting data that inform how we as a community can improve our health. Specifically, Lane County’s Community Health Improvement Plan (CHIP) is shaped by data collected by the Community Health Needs Assessment (CHNA), which uses MAPP as its strategic planning process.

In 2015-2016, LHL conducted an in-depth MAPP assessment (see Appendix B). Although the current assessment uses MAPP principles, it is meant to “refresh,” or update, 2015-2016 data, and thus the methods do not precisely reflect 2015-2016 methods (see limitations section, page 7). Consequently, this assessment cannot be directly compared to the 2015-2016 assessment.

## Local Public Health Systems Assessment

A standard part of MAPP, the Local Public Health Systems Assessment (LPHSA) explores the performance of the local public health system as defined by the National Public Health Performance Standards (see Figure 2), which includes “all public, private, and voluntary entities that contribute to the delivery of the essential public health services within a jurisdiction.” The public health system recognizes a broad range of entities’ contributions to improving community health and quality of life including, for instance, non-profit organizations, schools, hospitals, employers, faith institutions, and tribal health. The

Figure 1



current assessment, however, focused primarily on the public health system in the most traditional sense (i.e., health education/promotion, community partnerships, policy development, and healthcare integration).

For a healthy community, the public health system should undertake **10 Essential Public Health Services** (ES; see Figure 3, page 3), which in turn sustain assessment, policy development, and assurance. Although the LPHSA does not focus on how individual entities perform on any one ES, it does *measure organizational contributions to the ES, the interconnectedness of activities, and how the public health system can be strengthened.*

This report that summarizes the LPHSA is intended to assist the *Live Healthy Lane* planning teams (i.e., Core Team, 100% Health Executive Committee) in shaping the 2020-2023 CHIP strategy. The report includes the LPHSA’s:

- 1) methods,
- 2) key findings,
- 3) strengths and limitations, and
- 4) an appendix with additional data.

## METHODS

On August 14, 2018, Lane County Public Health held its Local Public Health Systems Assessment (LPHSA) “refresher” at Lane County Health and Human Services in Eugene, Oregon. To best consider the traditional local public health system, participants included 12 community members who are centrally involved with Lane County’s public, private, and voluntary Local Public Health Systems (LPHS) efforts (e.g., government officials, non-profit directors, hospital administrators, health insurance administrators).

Jocelyn Warren (Manager, Lane County Public Health) and Brian Johnson (Epidemiologist and Supervisor, Lane County Public Health), facilitated the assessment. First, Jocelyn explained to participants that this 2018 LPHSA focuses on four of the 10 Essential Public Health Services (ES; see Figure 3) most germane to the 2016-2018 CHIP:

- 1) Inform, educate, and empower people about health issues;
- 2) Mobilize community partnerships to identify and solve health problems;
- 3) Develop policies and plans that support individual and community health efforts; and
- 4) Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable.

Figure 3



LPHSAs, including the current one, measure 2-5 model standards that correspond with each ES and define primary related activities. Participants of a LPHA score model standards by answering a series of related performance measure questions, which in turn scores each ES. Participants answer performance measure questions based on their point-in-time perception of how well the Local Public Health Systems (LPHS) meets the standard in the assessed jurisdiction (i.e., Lane County, Oregon). Results include the average response scores based on the following scale:

<b>Optimal Activity (76-100%)</b>	PHS* is doing everything possible for the activity; no room for improvement
<b>Significant Activity (51-75%)</b>	PHS participates in a lot of the activity; room for minor improvement
<b>Moderate Activity (26-50%)</b>	PHS participates in the activity only somewhat; room for improvement
<b>Minimal Activity (1-25%)</b>	PHS participates in the activity in a limited way; room for substantial improvement
<b>No Activity (0%)</b>	PHS does not participate in the activity; significant improvement needed

\* PHS = Public Health System

Brian Johnson led the participants through each of the performance measure questions for each of the four ES being assessed using Poll Everywhere – an Internet-based program that allows responses to be submitted via text or directly in the computer browser system. In total, there were 36 performance questions asked for the four assessed ES.

Next, participants divided into two groups – A and B – and, using real-time data from the Performance Measure questions, asked to identify areas and related activities for focus over the next three years (i.e., for the 2020-2023 CHIP). Group A was asked to focus on ES 3 and 4, while Group B was asked to focus on ES 5 and 7. Both groups were asked to engage in discussion based on the following two questions:

- 1) Based on the performance measure scores, what would you like to discuss?
- 2) Based on the performance measure scores, which three items should we focus on in the next three years?
  - A. What actions can we take in the next three years?
  - B. Which from the question above (a) would be most impactful/help strengthen the system most?

The small group discussions were translated onto large sticky notes and, as one large group, participants discussed themes within and across the discussions. Finally, Jocelyn summarized the findings and shared next steps for the assessment process.

## KEY FINDINGS

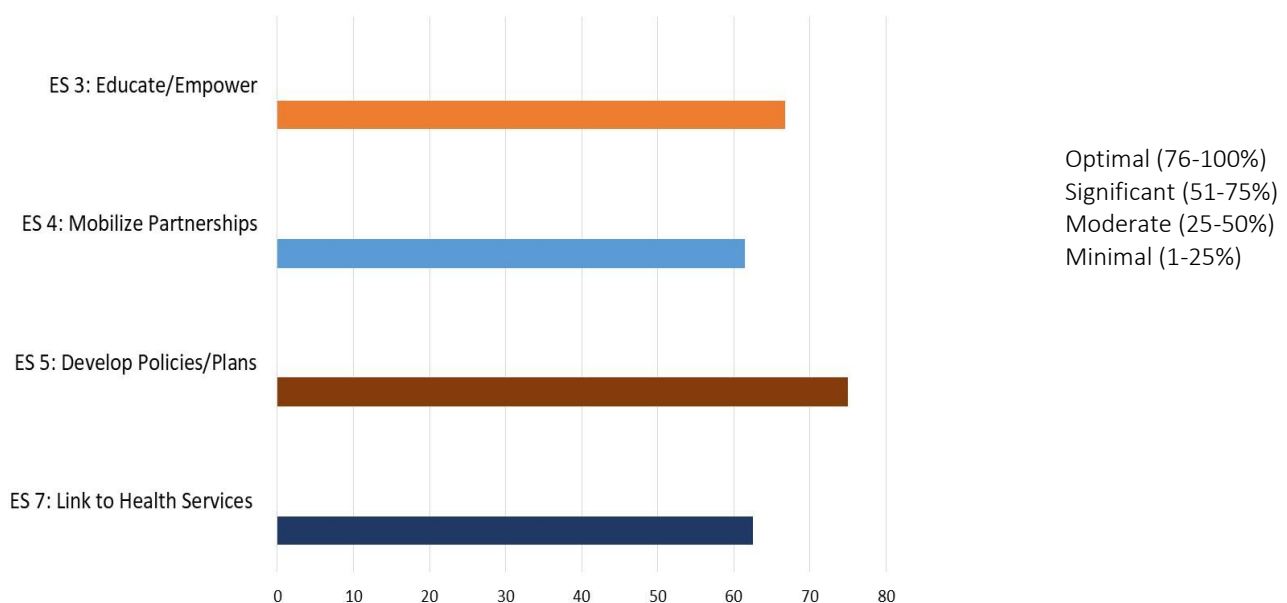
To follow is a quantitative summary of the participants’ assessment of the following four Essential Services (ES): 1) *ES 3: Educate/Empower*, 2) *ES 4: Mobilize Partnerships*, 3) *ES 5: Develop Policies/Plans*, and 4) *ES 7: Link to Health Services*.

### Quantitative Results: Performance Scores

#### *Overall Scores for Essential Public Health Services*

Figure 4 illustrates the average Performance Measure score for each of the Essential Services (ES) measured.

Figure 4: Summary Average for ES Performance Scores



**Performance Scores per Model Standards**

Table 1 illustrates the average performance score for each ES model standard. The Performance Score at the ES level is the calculated average of the respective Model Standard scores within that ES. This analysis enables the identification of specific activities that contribute to high or low performance within each ES.

**Table 1. Overall Performance, Priority, and Contribution Scores by Essential Public Health Service and Corresponding Model Standard**

Model Standards by Essential Services	Performance Scores (%)
<b>ES 3: Educate/Empower</b>	<b>66.7</b>
3.1 Health Education/Promotion	75.0
3.2 Health Communication	58.3
3.3 Risk Communication	66.7
<b>ES 4: Mobilize Partnerships</b>	<b>61.5</b>
4.1 Constituency Development	56.3
4.2 Community Partnerships	66.7
<b>ES 5: Develop Policies/Plans</b>	<b>75.0</b>
5.1 Governmental Presence	66.7
5.2 Policy Development	75.0
5.3 CHIP/Strategic Planning	83.3
5.4 Emergency Plan	75.0
<b>ES 7: Link to Health Services</b>	<b>62.5</b>
7.1 Personal Health Service Needs	62.5
7.2 Assure Linkage	62.5
<b>Average Overall Score</b>	<b>66.4</b>

Note. Optimal (76-100%); Significant (51-75%); Moderate (26-50%); Minimal (1-25%)

Of particular note in Table 1 is the optimal performance score for *ES 5.3: CHIP/Strategic Planning* (83.3%). Moreover, significant activity (51-75%) was indicated for all other model standards measured.

Model standards by performance score ranked in order of priority with low scores being high priority (indicating the highest related activity gap) and high scores being low priority (indicating the lowest related activity gap) are listed in Table 2 (page 6). Although *ES 4 Mobilizing Partnerships* is marked as the highest priority when compared to the other three ES, there was little variation across the scores, and again, significant activity was noted for all ES.

**Table 2. Essential Service and Model Standard Performance Scores**

Model Standards by Essential Services	Performance Scores (%)
<b>ES 4: Mobilize Partnerships</b>	<b>61.5</b>
4.1 Constituency Development	56.3
4.2 Community Partnerships	66.7
<b>ES 7: Link to Health Services</b>	<b>62.5</b>
7.1: Personal Health Service Needs & 7.2: Assure	62.5
<b>ES 3: Educate/Empower</b>	<b>66.7</b>
3.2 Health Communication	58.3
3.3 Policy Development	66.7
3.1 CHIP/Strategic Planning	75.0
<b>ES 5: Develop Policies/Plans</b>	<b>75.0</b>
5.1 Governmental Presence	66.7
5.2 Policy Development & 5.4 Emergency Plan	75.0
5.3 CHIP/Strategic Planning	83.3

**Qualitative Results: Areas to Strengthen**

Although participants noted significant public health activity related to education and empowerment, mobilizing partnerships, developing policies/plans, and linking to health services, there was also discussion about how the public health system can be strengthened over the next three years. Areas of focus did not necessarily align with low scores; for instance, participants highlighted the need to focus on health education/promotion, which they indicated had significant activity, by suggesting policymakers be provided with related ongoing analysis. In other words, even for those areas where there is significant public health attention, there are particular efforts that should continue to be given attention as to continue to improve the overall ES. Participants identified areas of focus, related activities, and why these areas and activities can improve ES in the next three years (see Table 3).

**Table 3. Areas of focus and related activities for improving ES**

Area	Related Activity	Why
<b>Data</b>	<ul style="list-style-type: none"> <li>Effective, appropriate data sharing and communication</li> </ul>	<ul style="list-style-type: none"> <li>Improve understanding, and subsequently alignment, of public health and response approaches</li> </ul>
<b>Communication and Engagement</b>	<ul style="list-style-type: none"> <li>With business sector</li> <li>With constituents (e.g., via community forums)</li> </ul>	<ul style="list-style-type: none"> <li>Better integrate business and public health efforts by understanding current contributions and leveraging potential contributions (e.g., engage the Chambers of Commerce in ES efforts)</li> <li>Better demonstrate the broad and integral nature of public health.</li> </ul>
<b>Partner Roles</b>	<ul style="list-style-type: none"> <li>Understanding and defining as they support ES</li> </ul>	<ul style="list-style-type: none"> <li>To hold partners accountable and develop scalable efforts</li> </ul>
<b>Housing</b>	<ul style="list-style-type: none"> <li>Address housing affordability issues and homelessness (e.g., housing first efforts)</li> </ul>	<ul style="list-style-type: none"> <li>Addressing housing requires addressing mental and behavioral health issues</li> <li>Housing is a public health issue</li> </ul>

## STRENGTHS AND LIMITATIONS

Respondents were recruited because of their central involvement with the county’s public, private, and voluntary LPHS efforts, and as a whole provided substantial contributions to assessing essential services in Lane County (Polkinghorne, 2005). Furthermore, the qualitative nature of the discussion portion of this assessment provides opportunity for exploration and discovery of how to strengthen Lane County’s public health system. This report provides a snapshot of organizational contributions to the ES in 2018, the interconnectedness of activities, and how the public health system can be strengthened. Nevertheless, the current assessment results are limited, because they:

- 1) are based only on respondents’ point-in-time perceptions, experience, and knowledge. When considering the results of the study, however, the variation in breadth and knowledge of participants, and differences in interpretation of the questions, should be considered; and
- 2) comparisons between the 2015 and 2018 LPHSA should be made with careful consideration, because the methods are different (i.e., in 2018, the focus was on the four domains most directly related to the CHIP, participants were from more traditional public health sectors, and there was real-time voting).

These results are meant to inform the 2020-2023 CHIP, and should be considered in conjunction with the results from other data collected during Lane County’s 2018-2019 needs assessment MAPP process. Further, future assessments should replicate and extend this assessment to uncover details and nuances related to those factors that influence health and health systems in Lane County, Oregon.

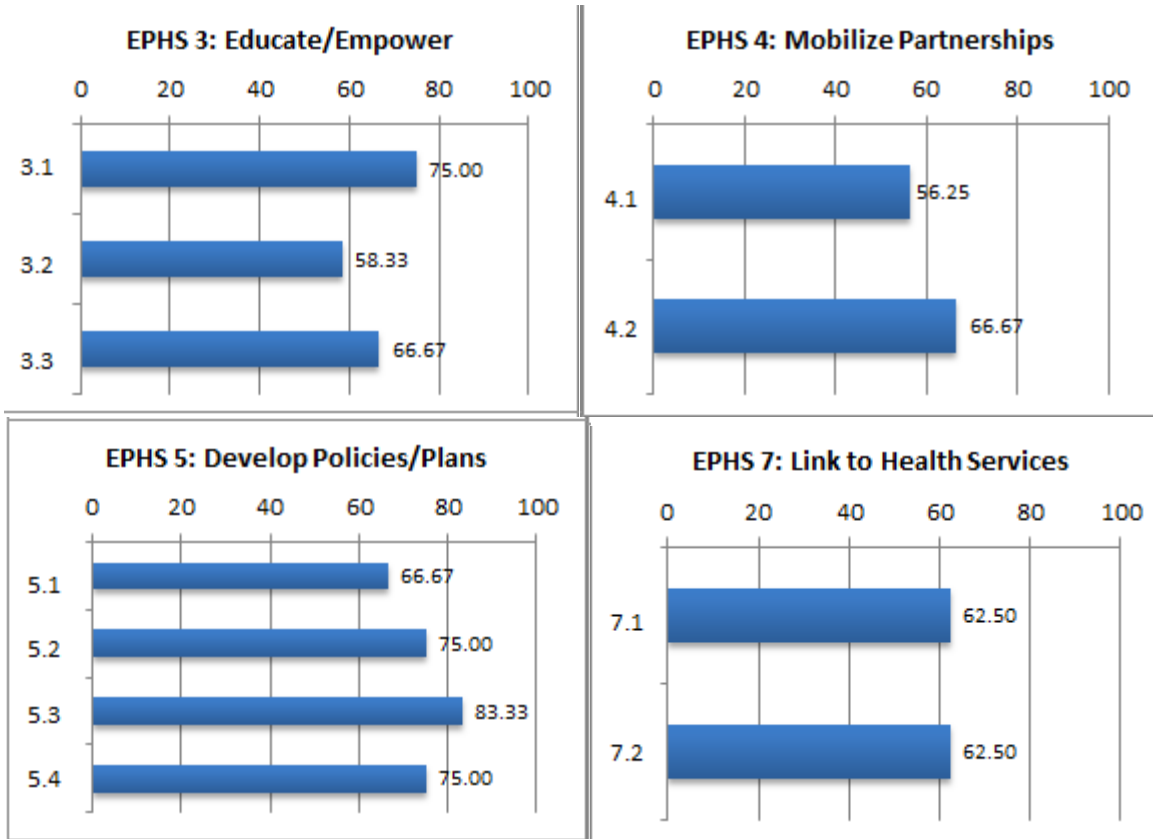


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**APPENDIX A.**

Graphs of Performance Scores by Essential Public Health Service for Each Model Standard



<b>Optimal Activity (76-100%)</b>	PHS* is doing everything possible for the activity; no room for improvement
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**APPENDIX B.  
2015 Local Public Health Systems Assessment Summary**

The Local Public Health System Assessment (LPHSA) evaluated the delivery of the 10 Essential Public Health Services by the local public health system, which includes all “public, private, and voluntary entities that contribute to the delivery of the essential health services within a jurisdiction.” Through the process, the following questions were answered:

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

To complete this assessment, participants (100% Health Steering Committee members and additional local public health system leaders) scored the system performance of each Essential Services and engaged in facilitated discussions to identify system strengths, weaknesses, and opportunities for improvement. Post-assessment, each Essential Service was prioritized for future action planning.

**Results**

Quadrant	Essential Service	Performance Score	Priority Rating
High Priority and Low Performance	ES 1: Monitor Health Status	48.6%	7.1
High Priority and Low Performance	ES 3: Educate/Empower	39.8%	6.4
High Priority and High Performance	ES 2: Diagnose and Investigate	60.4%	7.6
High Priority and High Performance	ES 4: Mobilize Partnerships	55.2%	6.0
High Priority and High Performance	ES 6: Enforce Laws	57.1%	6.0
High Priority and High Performance	ES 7: Link to Health Services	53.1%	7.1
Low Priority and High Performance	ES 5: Develop Policies/Plans	52.1%	5.3
Low Priority and High Performance	ES 8: Assure Workforce	57.8%	5.6
Low Priority and Low Performance	ES 9: Evaluate Services	47.9%	3.8
Low Priority and Low Performance	ES 10: Research/Innovations	31.9%	4.5

Strengths

- Successful organizational collaborations and community partnerships to mobilize and strategize.
- The involvement of community organizations in service delivery.
- Solid interest and support for strengthening the local public health system.
- A strong infrastructure exists for investigating and responding to public health threats and emergencies.

Weaknesses

- Local organizations are often unaware or unclear about their role in the public health system.
- The general public’s lack of awareness and understanding regarding the local public health system.
- There is an insufficient degree of communication, which creates the perception of organizational silos.
- Limited capacity and infrastructure for research across the entire LPHS.

Opportunities for Improvement

- Bolster communication, coordination of efforts, and execution of action plans across the LPHS.
- Leverage the use of technology to better connect and communicate with our community.
- Strengthen the system for sharing data and conducting public health research to enhance decision making and implementing strategies that improve population health.

The findings from this assessment create a snapshot of activities being performed by the local public health system and will guide a system-wide infrastructure and data-driven performance improvement process.

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