

## **Local Public Health System Assessment**

*“If you can’t measure something, you can’t understand it; if you can’t understand it, you can’t control it; if you can’t control it, you can’t improve it.”*

-from *The Improvement Process* by H.J. Harrington

The National Public Health Performance Standards Program (NPHSP) is a partnership initiative established at the Centers for Disease Control and Prevention in 1998 to improve the practice of public health, the performance of public health systems, and the infrastructure supporting public health actions. Performance and capacity standards, using the Ten Essential Services for Public Health, were developed. These national standards represent an optimal level of performance and capacity that need to exist to deliver the essential public health services within a public health system.

The Local Public Health System (LPHS) can be defined as all the organizations, agencies, entities within the community, that contribute to the health of the public through the delivery of essential public health services. These public, private, and voluntary entities have differing roles, relationships, interactions with its system partners and the populations served. Each contributes to the health and well being of the residents.

The Genesee Valley Health Partnership undertook the assessment of the Local Public Health System in the spring of 2001. Most Partnership members participated in the three meetings, which entailed a comprehensive analysis and assessment of Livingston County’s local health system. The purpose of the system assessment was to identify how organizations and institutions contribute to the delivery of public health services, to understand the existing infrastructure, and to identify potential gaps or challenges in different areas.

Utilizing the National Public Health Performance Standards (NPHPS), based upon the Ten Essential Services (listed below), the Partnership “assessed” the local public health system. During the assessment process, partners realized that there were many programs and services being carried out through out the community, however, not everyone knew what was available, how to access services, or how to coordinate with each other. These discussions proved to be most helpful, resulting in enhanced communications, bridging gaps, and promoting programs sponsored by other agencies.

New York State was one of several states participating in the field study offered by the Centers for Disease Control utilizing a draft version of the NPHPS. (The NPHPS were officially rolled out on June 20, 2002.) Livingston County was one of eight counties in New York State that completed the assessment through a Partnership. Although the Partnership found the assessment process complicated at times, their commitment led to a

completed document, and information that, combined with the results of the other three MAPP Assessments, will identify the most important issues facing Livingston County.

### **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.

Summary of findings: The NPHPS Assessment completed in New York State compared each County with the New York State average. There are three caveats which must be kept in mind when reviewing the results: 1) The assessment process was completed in three meetings over two months, due to a NYS imposed time frame. Given adequate time for the assessment (six to eight months), there would have been additional opportunity for discussion and clarification, and additional partners may have participated. 2) The standards were still in draft form; there were ambiguities that caused confusion as to how to answer the question. 3) It was sometimes difficult to answer the questions for the “system” rather than an individual agency. The consensus was, if the partners didn’t know, then the system didn’t meet the standard. Consequently, there are many activities taking place, which may fully meet the standard, but the system as a whole did not.

- In 8 of the 10 Essential Services, the local public health system met the standard by more than 50%;
- In 5 of the 10 Essential Services, the local public health systems exceed the State average.
- The local public health system fully met and substantially met 59.06 % of the standards.
- The local public health system partially met 25.81 % of the model standards.

The local public health system excelled in the following Essential Services:

- ✓ 2. Diagnose and investigate health problems and health hazards in the community.
- ✓ 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.
- ✓ 10. Research for new insights and innovative solutions to health problems.

The local public health system did well in the following Essential Services:

- ✓ 4. Mobilize community partnerships to identify and solve health issues.
- ✓ 8. Assure a competent public health and personal health care workforce.
- ✓ 9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.

The two areas identified in the assessment that hold opportunities for improvement are:

- 1. Monitor health status to identify community health problems.
- 3. Inform, educate, and empower people about health issues.

The following Indicator/Model Standards have been identified as providing opportunities to advance the local public health system, improve the delivery of services, and enhance communications among and between partner agencies.

<u>Essential Service</u>	<u>Indicator/Model Standard Partially Met</u>	<u>Indicator/Model Standard Not Met</u>
1. Monitor Health	Population based Community Health Profile	Access to and Utilization of Current Technology
3. Inform, Educate, and Empower People	Health Promotion Activities to Facilitate Health Living	Health Education
4. Mobilize Community Partnerships	Constituency Development	
5. Develop Policies and Plans	Governmental Presence at the local level Public Health Policy Development	

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| 7. Link people to Needed Personal Health Services    | Assuring Linkage of People to Personal Health Services |   |
| 8. Assure a Competent Workforce                      | Public Health Leadership Development                   | Workforce Assessment                            |
| 9. Evaluate Effectiveness, Accessibility and Quality |  | Evaluation of the Local Public Health System    |
| 10. Research   |  | Capacity to initiate or participate in Research |