

# *The Expanding Role of Epidemiologists*

## California Conference for Local Health Data Management

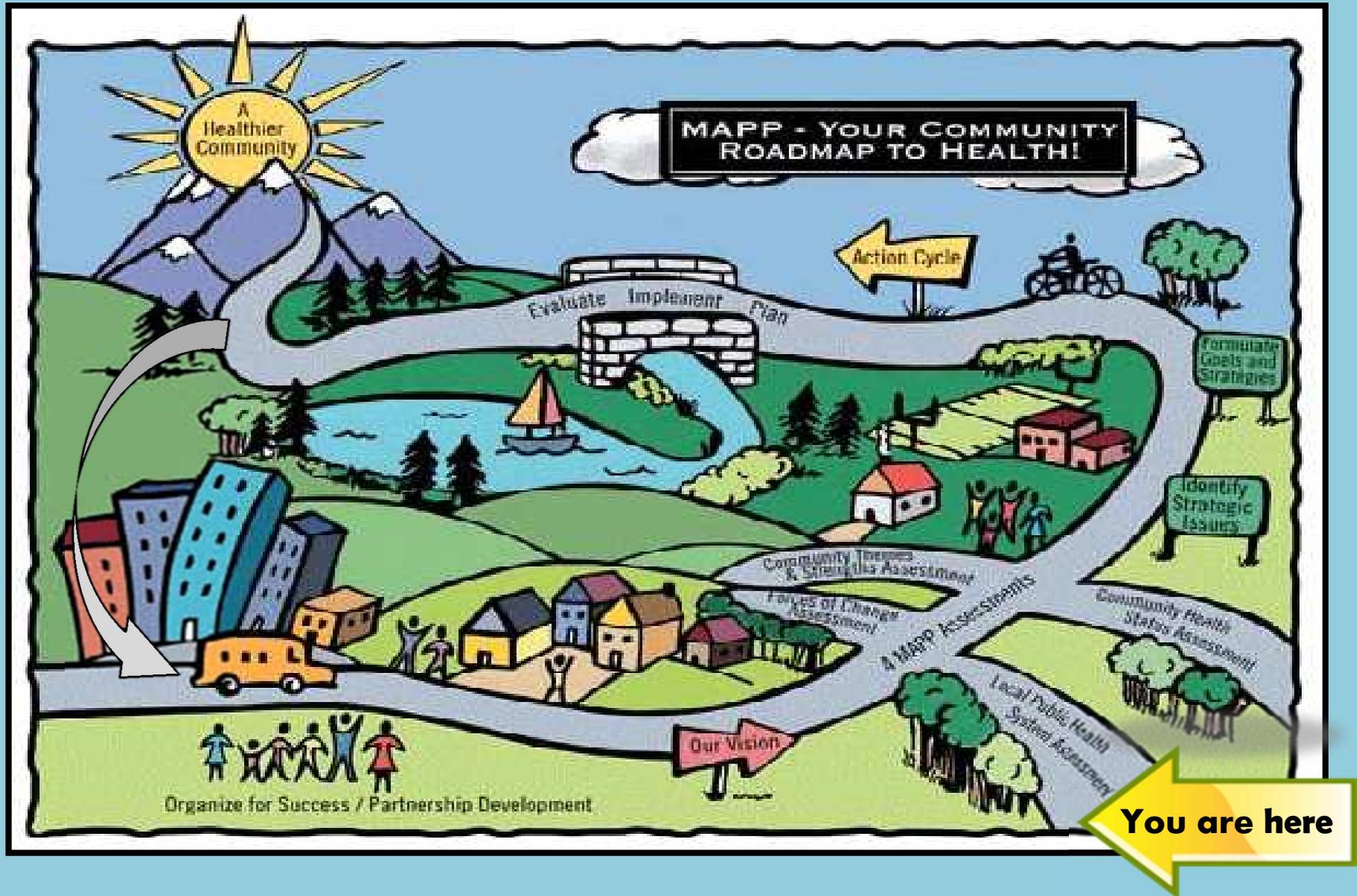
### Local Public Health System Assessment: *A one-day Process*

Patricia Zerounian, MPP  
Accreditation Coordinator  
Monterey County Health Dept

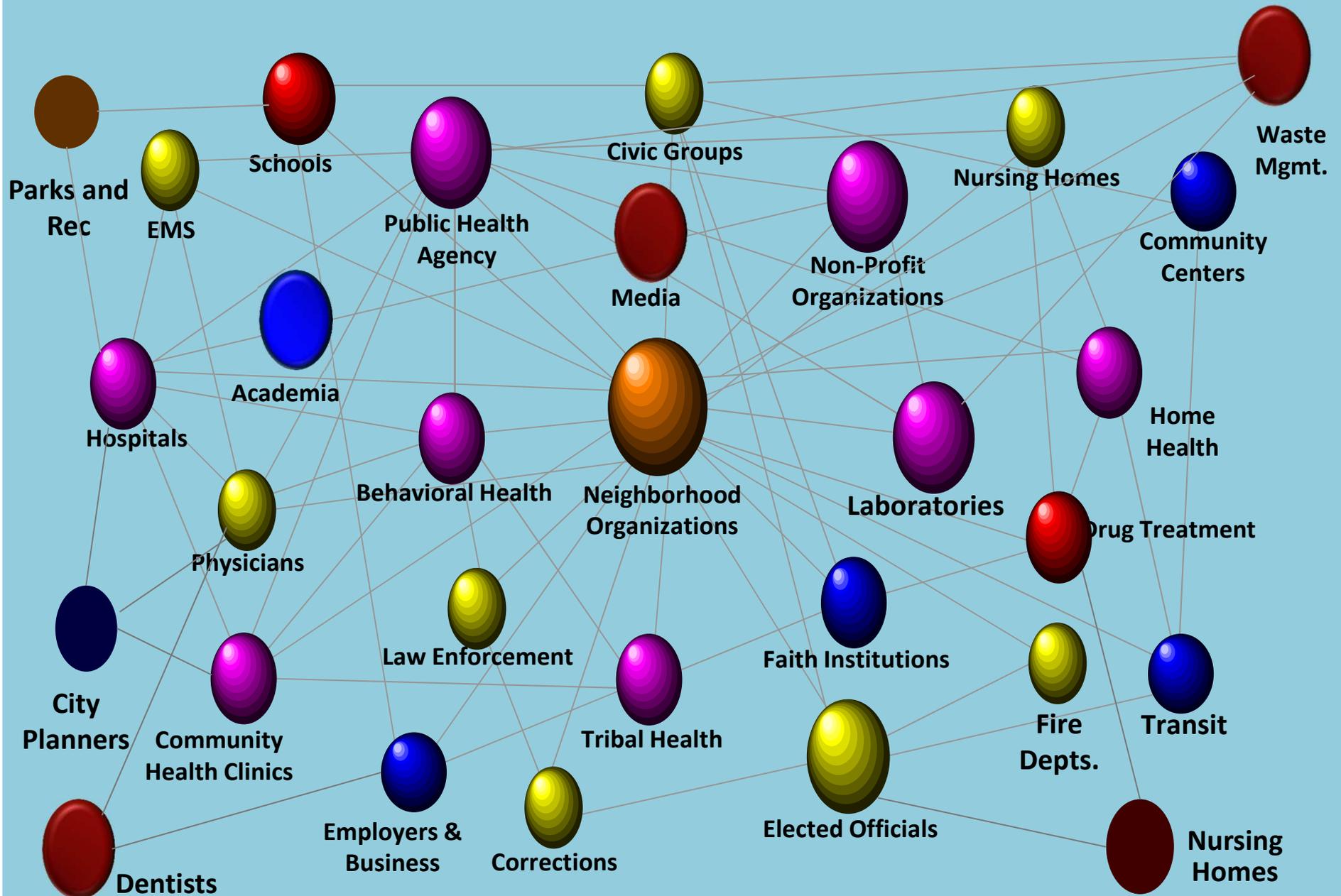
Annual Conference  
May 15-16, 2013  
Sacramento, CA

Significant System  
Changes are  
Underway

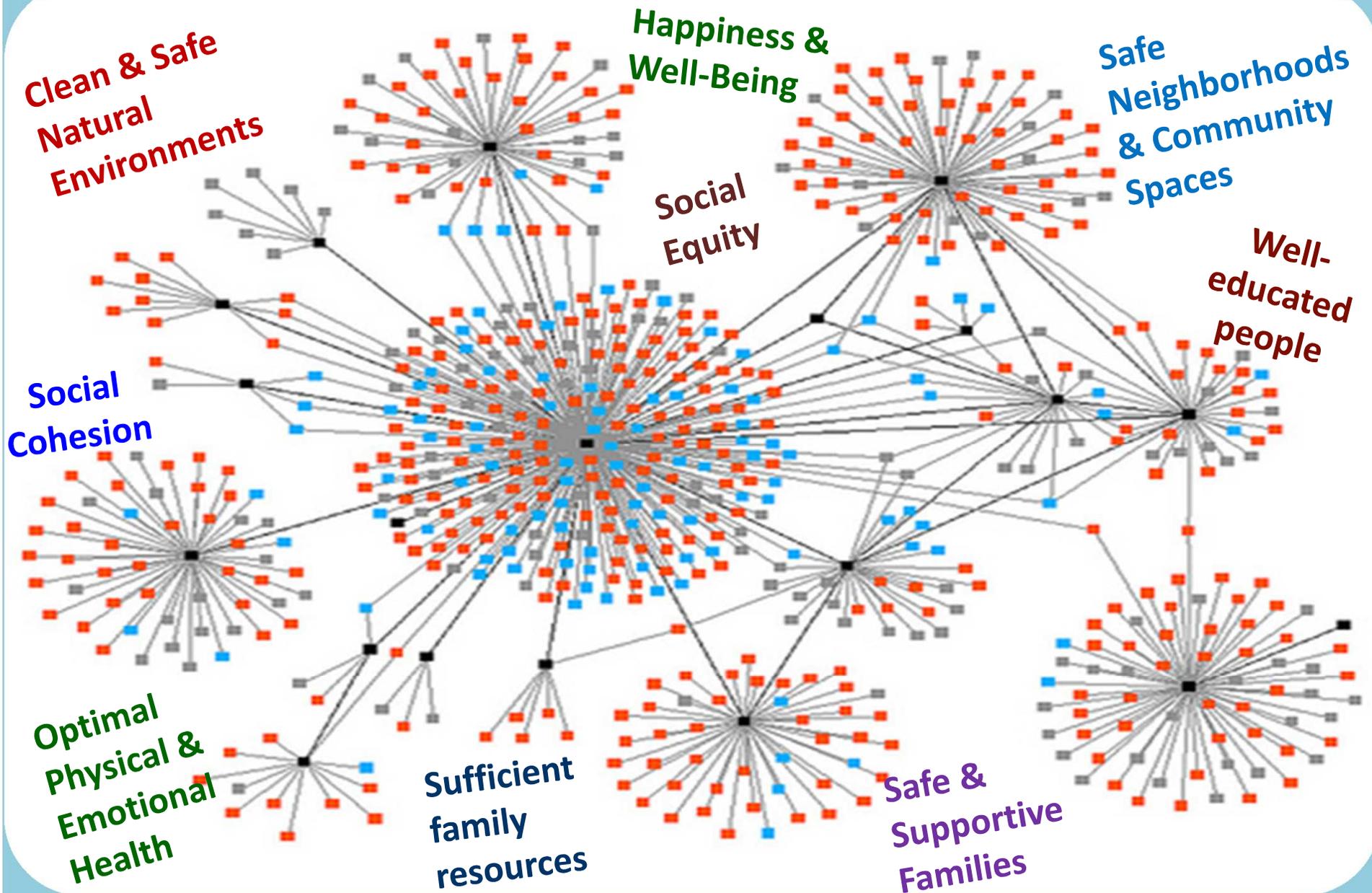
# Assessing our Local Public Health System for Improvement in our Community's Health



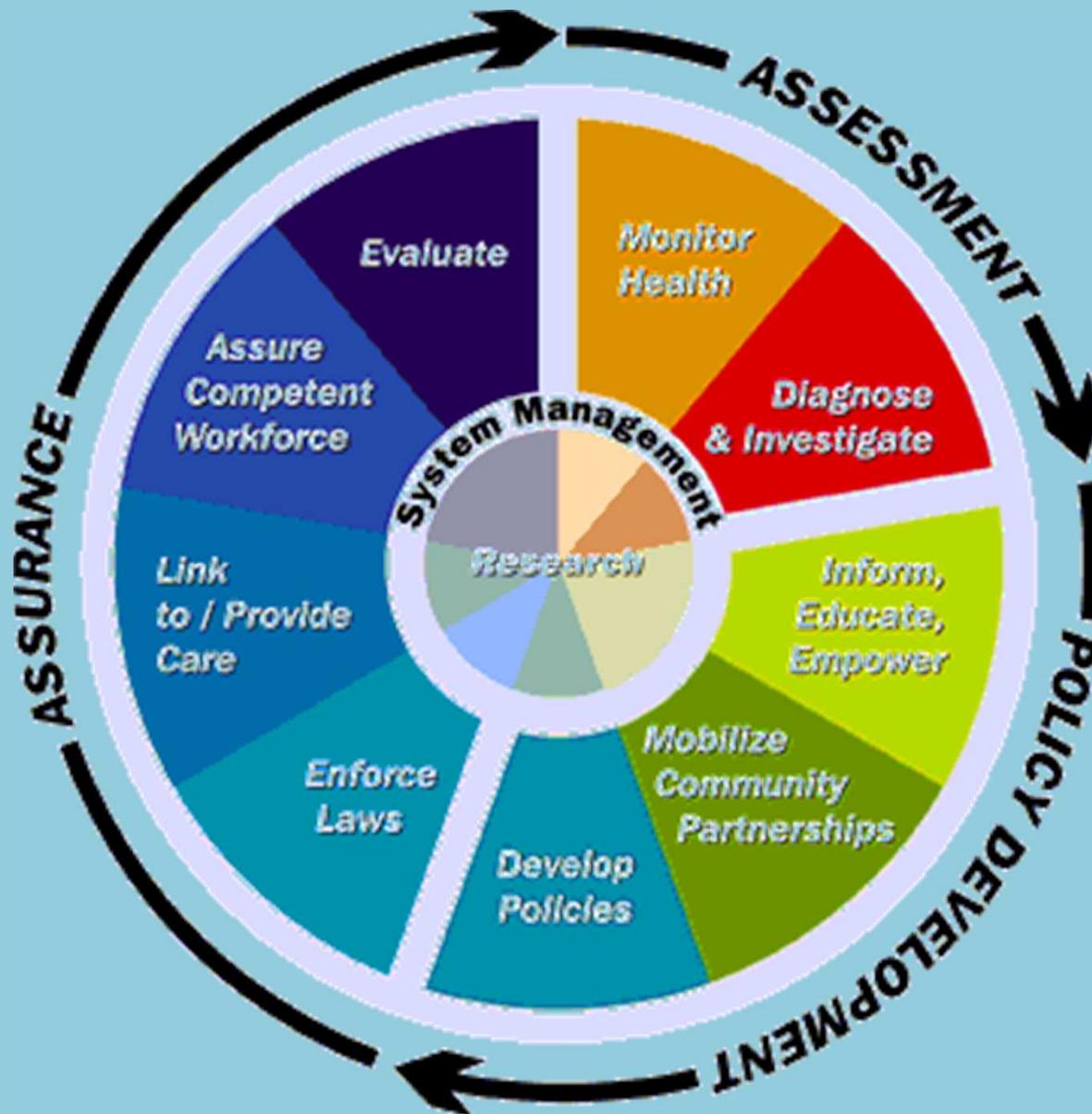
# Local Public Health System Partners



# Local Public Health System Outcomes



# Ten Essential Public Health Services



# One-Day Process

**NU****TS**  
**B****L****S**

## Event Details

- Local Public Health System Assessment
- March 28, 2013, 8:00 a.m.- 4:30 a.m.
- University Center Ballroom, CSU Monterey Bay
- Campus Catering
- Facilitated by Dr. Kim Judson
- Planned by AC, Supervisor, Facilitator, and iTeam





# Eventbrite

- Create & send invitations
- Reminder notices
- Manages Invitees & Attendees
  - Sort by invitation status (sent, clicked, opened, responded, bounced)
- Shows “who’s coming”
- Creates Name Badges
- Generates Event Reports



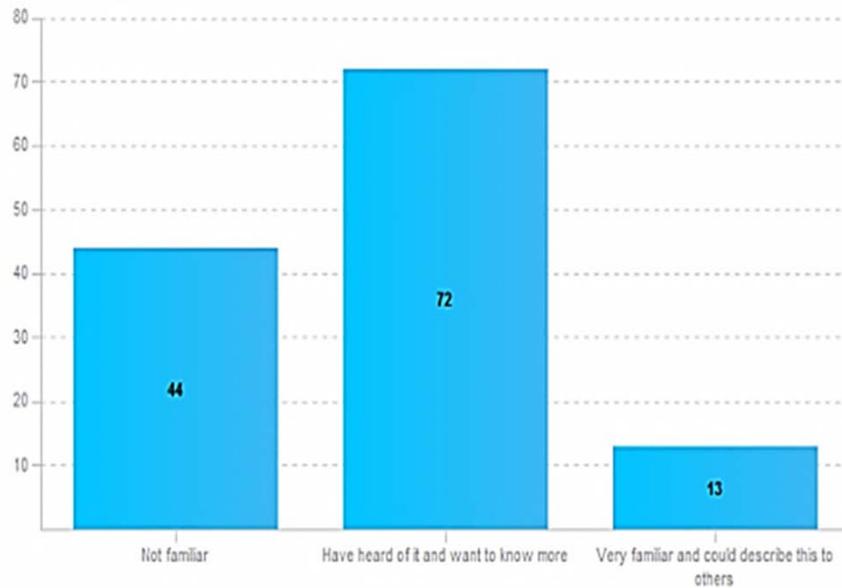
# Registration Questions

- Registering participants answered six questions:
  - What is your experience with the term Health Equity?
  - What is your experience with the term Local Public Health Assessment?
  - What is your experience with the term Health in All Policies?
  - What is your experience with the term 10 Essential Services of Public Health?
  - What is your experience with the term National Public Health Accreditation?
  - What is your experience with the term Continuous Quality Improvement?
- Given a choice of three responses:
  - Not familiar
  - Have heard of it and want to know more
  - Very familiar and could describe it to others

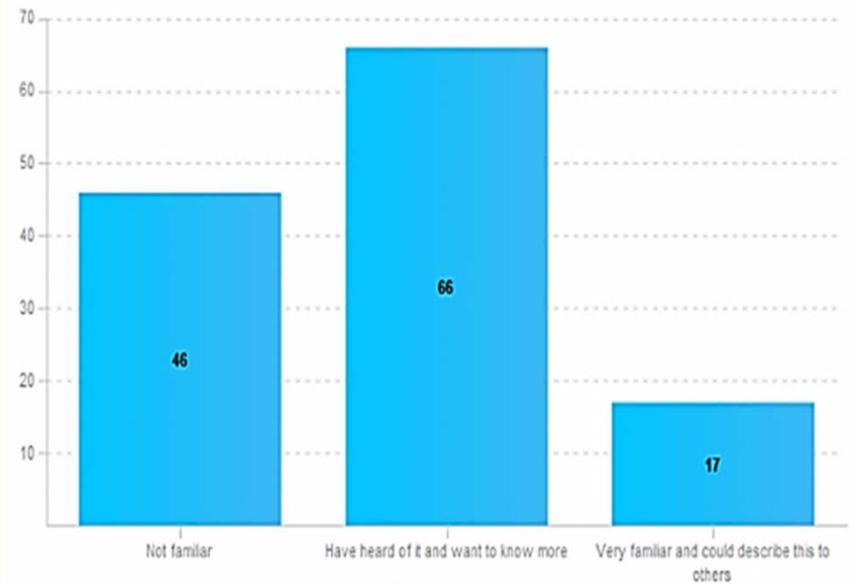


# Registration Question Responses

5. What is your experience with the term National Public Health Accreditation?



4. What is your experience with the term 10 Essential Services of Public Health?



# Additional Communications

## Invitations through Eventbrite:

Date Sent	Recipients
March 4, 2013	192 sent to all "clicked/opened but no response"
March 12, 2013	206 sent to all who hadn't responded
March 19, 2013	96 sent to all who hadn't opened their invitation
March 21, 2013	92 sent to all who hadn't responded

## Email Reminders:

- Sent to invited health dept. employees
  - March 13 and March 19
  - Encouraged registration

## Telephone Calls

- Called 40 + people
- Reminded invitees to register



# Additional Communications

- Emails sent to registered attendees
  - March 26, 2013
    - Thank you for registering
    - Instruction on seating arrangement
    - Description of food
    - Information on cost of parking
    - Attached: Map of location on campus, map of parking lot, document describing public health infrastructure, document describing 10 essential health services
  - March 27, 2013
    - Reminder of start time, parking fee, weather
    - Attached: Two maps and agenda



# Participant Make Up

## Of 309 invitations:

- 144 responded
- 76 sent but unopened
- 86 opened or clicked but no response
- 9 bounced
- 2 undelivered
- 1 unsubscribed

## 129 registered participants

Policy	9
Health Services	54
Advocacy	13
Education	9
Life/Safety	6
Social Services	29
City Government	9



# Facilitator

*Kim Judson Dr.PH, MPA*

- Education
  - Dr.PH, UC Berkeley, School of Public Health
  - MPA, Harvard University, John F. Kennedy School of Government
- Leadership
  - CSUMB Faculty
- Experience
  - Program Officer, Santa Barbara Health Department
  - Executive Director, Isla Vista Health Projects, Inc. and Community Clinic



# Guest Speaker

*Jennifer Jimenez, MPH*

- National Public Health Accreditation Board
  - Accreditation Specialist
- 2005 Association of State and Territorial Health Officials
  - Exploring Accreditation Project
- 2010 PHAB special projects
  - California Think Tank



# Table Logistics

## Seating Arrangement

- 13 tables
  - Ten at each table
- Each table marked with a color and number 
- Each nametag had a colored dot and number matching their assigned table
- Partners differentiated based on sector

## Table Facilitation

- One facilitator at each table
- Instructed to:
  - Keep group focused & engaged
  - Watch time
  - Ensure everyone participates
  - Encourage different perspectives
  - Remain unbiased



# PowerPoint

Slide Number	Content
1-56	<b>Welcome and Introductions</b> <ul style="list-style-type: none"><li>• Overview of health system</li><li>• Description of local public health system partners, activities and outcomes</li><li>• Information on accreditation</li><li>• Overview of assessment process</li><li>• Format for the day</li></ul>
57-183	<b>Assessment</b> <ul style="list-style-type: none"><li>• Description of each Essential Health Service</li><li>• Gold Standards and Measures</li><li>• Questions for voting</li></ul>
184-188	<b>Conclusion</b> <ul style="list-style-type: none"><li>• Questions for participants to consider</li><li>• Wrap up</li></ul>



# Packet Materials- Distributed at welcome table



Cheat Sheet



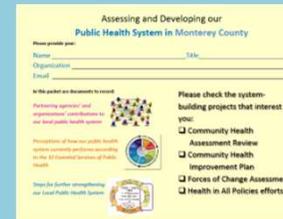
Public Health Infrastructure



“The Road to Health Equity in Our Community: Social Determinants of Health in Monterey County”



Ten Essential Public Health Services



Ballot Packet



National Public Health Performance Standards

**Today's Agenda**

8:00	Check-In and Continental Breakfast
8:00	Welcoming, Introduction, Purpose, Background, & Expectations
8:30	Break
8:30	Essential Services #1-6: Review, Discuss, Share, 10/17/11
8:30	Ball Buffet Luncheon
12:30	Essential Services #7-10: Review, Discuss, Share, 10/17/11
1:00	Break
1:00	Essential Services #1-10: Review, Discuss, Share, 10/17/11
2:00	Break
2:00	Essential Services #1-10: Review, Discuss, Share, 10/17/11
3:00	Perceptions of our Local Public Health System Performance
4:00	Next Steps: Toward Developing our Local Public Health System
4:00	Adjourn

Agenda



# Today's Agenda

8:00	Check in and Continental Breakfast
8:30	Welcome, Introductions, Purpose, Background, Instructions
10:00	Quick Break
10:15	Essential Services #1-4: Review, Discuss, Share, VOTE!
12:00	Deli Buffet Luncheon
12:45	Keynote Speaker: Jennifer Jimenez, MPH <i>Accreditation Specialist, National Public Health Accreditation Board</i>
1:00	Essential Services #5-8: Review, Discuss, Share, VOTE!
2:20	Dessert Break
2:40	Essential Services #9-10: Review, Discuss, Share, VOTE!
3:30	Perceptions of our Local Public Health System Performance
4:00	Next Steps Toward Developing our Local Public Health System



## 10 Essential Public Health Services

The Essential Public Health Services describe public health activities that should be undertaken in all communities by local public health systems.



1. [Monitor](#) health status to identify and solve 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 and action 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](#) competent public 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.

## Public Health Infrastructure

### Goal

To ensure that Federal, State, Tribal, and local health agencies have the necessary infrastructure to effectively provide essential public health services.

### Overview

Public health infrastructure is fundamental to the provision and execution of public health services at all levels. A strong infrastructure provides the capacity to prepare for and respond to both acute (emergency) and chronic (ongoing) threats to the Nation's health. Infrastructure is the foundation for planning, delivering, and evaluating public health.



### Why Is Public Health Infrastructure Important?

Public health infrastructure includes 3 key components that enable a public health organization at the Federal, Tribal, State, or local level to deliver public health services. These components are:

- A capable and qualified workforce
- Up-to-date data and information systems
- Public health agencies capable of assessing and responding to public health needs

These components are necessary to fulfill the following *10 Essential Public Health Services*:<sup>1</sup>

1. **Monitor** health status to identify and solve 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 and action 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. **Ensure** competent public and personal health care workforces.
9. **Evaluate** effectiveness, accessibility, and quality of personal and population-based health services.
10. **Research** for new insights and innovative solutions to health problems.



# NPHPSP

NATIONAL PUBLIC HEALTH PERFORMANCE STANDARDS PROGRAM

## STRENGTHENING SYSTEMS, IMPROVING THE PUBLIC'S HEALTH

### OVERVIEW

The National Public Health Performance Standards Program (NPHPSP) is a collaborative effort of seven national partners to enhance the Nation's public health systems. The stated mission and goals of the NPHPSP are to improve the quality of public health practice and the performance of public health systems by:

- Providing performance standards for public health systems and encouraging their widespread use,
- Engaging and leveraging national, state, and local partnerships to build a stronger foundation for public health preparedness,
- Promoting continuous quality improvement for public health systems, and
- Strengthening the science base for public health practice improvement.

### THE INSTRUMENTS

The NPHPSP includes three instruments:

- **The State Public Health System Assessment Instrument** focuses on the "state public health system," which includes state public health agencies and other partners that contribute to public health services at the state level. This instrument was developed by ASTHO and CDC.
- **The Local Public Health System Assessment Instrument** focuses on the "local public health system" or all entities that contribute to public health services within a community. The local instrument was developed by NACCHO and CDC.
- **The Local Public Health Governance Assessment Instrument** focuses on the governing body accountable for public health at the local level. Such governing bodies may include boards of health, councils, or county commissioners. The governance instrument was developed by NALBOH and CDC.

### THE CONCEPTS APPLIED IN THE NPHPSP

There are four concepts that have helped to frame the NPHPSP:



1. The standards are designed around the ten Essential Public Health Services to assure that the standards fully cover the gamut of public health action needed at state and community levels.
2. The standards focus on the overall public health system – all public, private, and voluntary entities that contribute to public health activities within a given area – rather than a single organization. This assures that the contributions of all entities are recognized in assessing the provision of essential public health services.
3. The standards describe an optimal level of performance rather than provide minimum expectations. Optimal standards can stimulate greater accomplishment and provide a level to which all public health systems can aspire to achieve.
4. The standards are intended to support a process of quality improvement. System partners use the assessment process and the performance standards results as a guide for learning about public health activities throughout the system and determining how to make improvements.

# The Road to Health Equity in Our Community: Social Determinants of Health in Monterey County

Monterey County Health Department  
Planning, Evaluation, and Policy Unit

March 2013



## Community Health Indicators:

Summary measures that capture information on different health attributes that affect a community.

## Health Disparity:

Certain populations, most notably minority groups, experience a disproportionate burden of preventable diseases.

## Social Determinants of Health:

The social, economic, and environmental factors that contribute to the overall health of a community.

## Is Good Health Shared Equally?

**No. The distribution of health and disease is not random.**

People of color at higher risk for poor health outcomes:

- Approximately 36% of the US population and 70% of Monterey County residents are members of a racial or ethnic minority.

Health disparities cost the U.S. an estimated \$1.24 trillion from 2003 to 2006.

**Health disparities are preventable.**

**Improving social and environmental determinants of health, through multiple approaches can create sustained health improvement for all of our communities.**

Monterey County's ranking in health outcome areas compared to other counties worsens as we move upstream to the social determinants of health – the factors that will determine health outcomes and disparities down the road.

### Monterey County Health Rankings Among California Counties (56 total counties ranked; a ranking of 1 indicates the best and 56 the worst)

*How did the decisions in the past shape our health outcomes now?*

Health Outcomes: mortality (premature death) and morbidity (health status, poor health days, poor mental health days, low birth weight) **15**

*Was the healthy choice the easy choice today?*

Health Factors: health behaviors (smoking, obesity, inactivity, excessive drinking, car crashes, STI, teen birth rate) and clinical care (uninsured, physicians, preventable hospitalizations, diabetes and mammography screenings) **28**

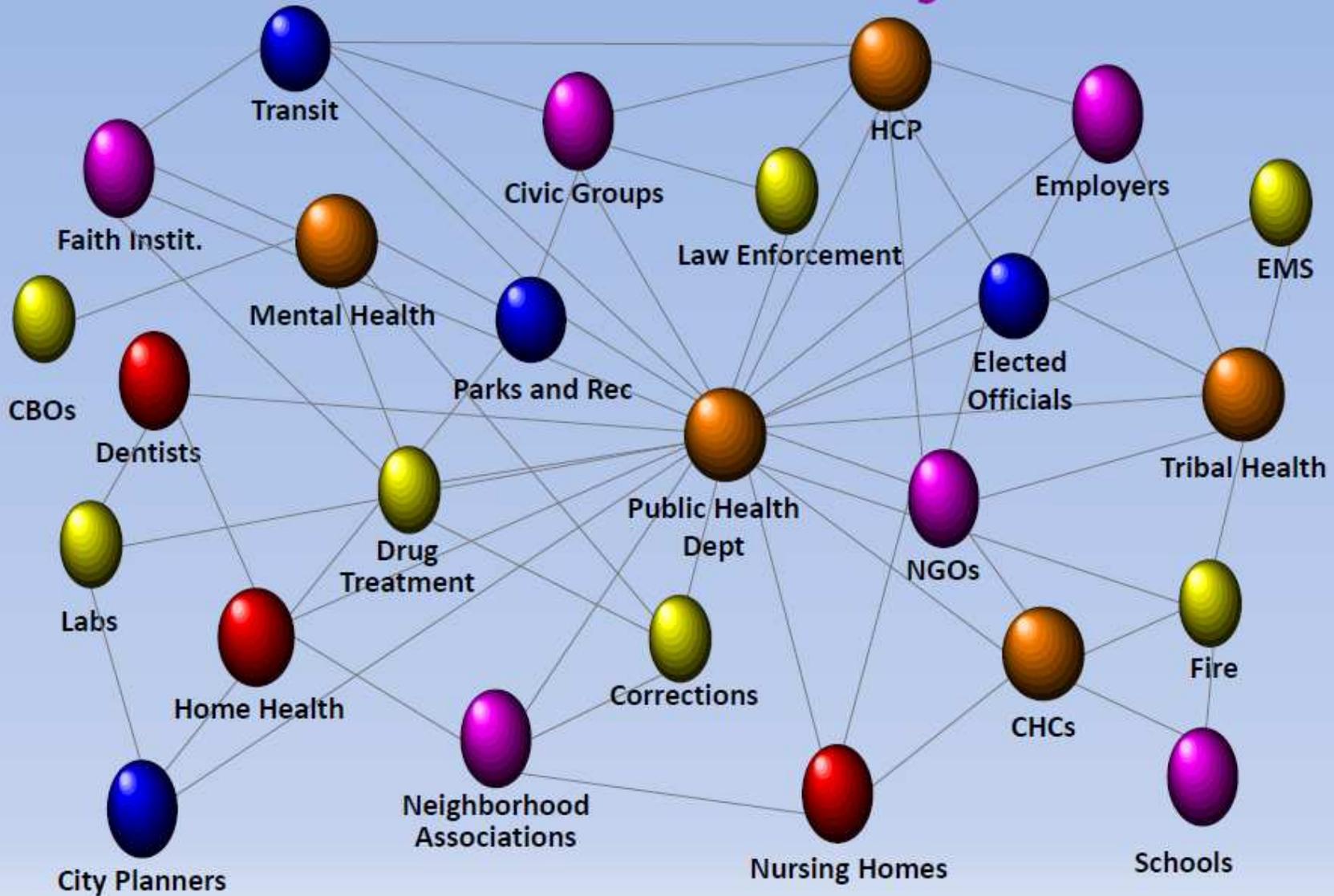
*How are future health outcomes being shaped?*

Social & Economic Factors: high school graduation, some college, unemployment, children in poverty, inadequate social support, children in single parent households, violent crime rates **38**

Source: County Health Rankings 2012, University of Wisconsin Population Health Institute, 2012. Rankings are based on composite data that is available in 2012. Source data is from the most recent available year to 2012.

**How can we begin to describe the social determinants of health across Monterey County?**

# Local Public Health System



# Assessing and Developing our Public Health System in Monterey County

Please provide your:

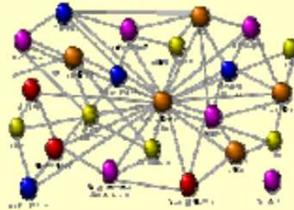
Name \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_

Email \_\_\_\_\_

In this packet are documents to record your:

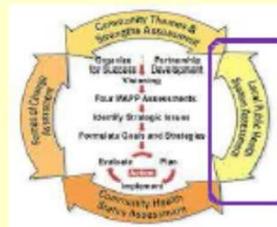
*Partnering agencies' and organizations' contributions to our local public health system*



*Perceptions of how our public health system currently performs according to the 10 Essential Services of Public Health*



*Steps for further strengthening our Local Public Health System*



Please check the system-building projects that interest you:

- Community Health Assessment Review
- Community Health Improvement Plan
- Forces of Change Assessment
- Health in All Policies efforts

## Other “Bling”

- Colorful Wall Posters
- Multi-colored Post-its
- 10 Essential Services Bookmarks
- Cheap pens
- Chocolate eggs!

# Ground Rules for Table Discussions

- Be imaginative & allow openness to new ideas
- Welcome all contributors & perceptions
- Enjoy the process of deep thinking & sharing
- Facilitators will keep conversation moving, acknowledge input & answer questions
- All votes count! Please vote on all measures
- Minimize disruptions (please silence cell phones)
- Other guidelines...?

# Ground Rules for Table Facilitators

- Remain neutral for broad participation
- Assist table members to share
- Respond to questions; clarify process
- Keep discussion lively and engaged
- Ensure input from everyone
- Encourage different perspectives
- Keep focus of discussion on the system
- Assist with voting and keep time!

# Assessment Process

1. Introduce Essential Public Health Service
2. Gold Standards
  - Optimal level of performance
3. Measurement of Standards
4. Table Discussion
  - Agency's contributions, system strengths/weaknesses
5. Group Share
6. Vote on each Essential Public Health Service



# Voting Process

- Original Plan



- Socrative Student Response System

- Allows creation of electric quiz and ballot
    - Participants connect and vote through smart device

- Difficulties

- Three accounts needed due to max participants
    - Exiting out of program would require logging back in
    - Each participant would be assigned a log in number (three different numbers distributed)



# Voting Process

- Ballot Packet
- Cover Sheet
  - Name, title, organization, email
  - Check for further interest
- Voting Sheet
  - One page for each Essential Service
  - Vote on front page
  - On back side, write agency's contributions to Essential Service and system strengths/weaknesses

**Assessing and Developing our  
Public Health System in Monterey County**

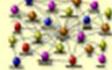
Please provide your:

Name \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_

Email \_\_\_\_\_

In this packet are documents to record:

*Partnering agencies' and organizations' contributions to our local public health system* 

*Perceptions of how our public health system currently performs according to the 10 Essential Services of Public Health* 

*Steps for further strengthening our Local Public Health System* 

Please check the system-building projects that interest you:

- Community Health Assessment Review
- Community Health Improvement Plan
- Forces of Change Assessment
- Health in All Policies efforts



# Ballot page 1

- “Vote on your perception of Local Public Health System”
- Voting Options
  - Don’t Know
  - No Activity
  - Minimal Activity
  - Moderate Activity
  - Significant Activity
  - Optimal Activity

<b>ES 1: Monitor Health Status to Identify Community Health Problems</b>						
<b><i>1.1: Population-Based Community Health Profile</i></b>						
	<b>Don't Know</b>	<b>No Activity</b>	<b>Minimal Activity</b>	<b>Moderate Activity</b>	<b>Significant Activity</b>	<b>Optimal Activity</b>
1.1.1. Does our LPH System conduct community health assessments at least once every 3 years?	0	1	2	3	4	5
1.1.2. Are data from these assessments used to track trends over time and compare with other areas or populations (in other counties, the state or nation)?	0	1	2	3	4	5
1.1.3. Does our LPH System use the data from these assessments to monitor progress toward our community health objectives (e.g., Healthy People 2020)?	0	1	2	3	4	5
1.1.4. Does our LPH System compile data from the community health assessments into a community health profile (CHP) that is accessible to the public?	0	1	2	3	4	5
<b><i>1.2: Use Current Technology to Communicate</i></b>						
1.2.1. Does our LPH System use state-of-the-art technology to collect, manage, integrate and/or display health profile data?	0	1	2	3	4	5
1.2.2. Does our LPH System use geographic information systems (e.g., GIS mapping) to access and display geocoded health data?	0	1	2	3	4	5
1.2.3. Does our LPH System use technology (e.g., websites and other electronic formats) to make community health data accessible to the public?	0	1	2	3	4	5
<b><i>1.3: Use Population Health Registries</i></b>						
1.3.1. Does our LPH System maintain and/or contribute to one or more population health registries (e.g., immunizations, cancer, diabetes, etc.)?	0	1	2	3	4	5
1.3.2. Has our LPH System established processes for reporting health events to the registries?	0	1	2	3	4	5
1.3.3. In the past year, has our LPH System used information from one or more population health registry?	0	1	2	3	4	5

# Ballot page 2

## Agency Contributions


## System Strengths

## System Weaknesses


# Post-Event

## Post Event

- Email sent to all invitees
  - Summarized event
  - Description of purpose
  - Thanking attendees
  - Attached packet contents & PowerPoint

## Next Steps

- CSUMB analyze results
- Release report in 2 months
- Report used with Community Health Assessment, Community Health Improvement Plan, Forces of Change Assessment, and Health in All Policies efforts



# Participant Feedback

“We are very interested in attending future meetings. We believe we have a very good public health system and department and are wanting to be part of efforts to continue to strengthen it. I thought the meeting was very productive and look forward to participating in other ones.”

“I really enjoyed the event! I met quite a few people.”

“It was a wonderful event. I enjoyed learning more about our local health system. “

“Congratulations all on an informative and successful meeting!

“I was happy to help and enjoyed the opportunity to have interesting and important discussions with a variety of colleagues. Thanks for including me!”

“The event, agenda and attendees were very impressive! I had the sense that most attendees felt honored by the acknowledgement that they or their agency was a vital part of the system.”



# Summary

- Successful in every way
  - Efficient process – generated useful information
  - Participants were overwhelmingly engaged and pleased with outcome
- Had to eliminate 1 planned exercise due to lack of time
  - Eliminated 1 week prior to event
- Had to eliminate use of Socratic
  - Eliminated 2 weeks prior to event



# Ten Essential Public Health Services

