

**Douglas County
Kansas**

**Local Public Health System Assessment
Report**

*Prepared for the
Douglas County Community Health Plan Steering Committee*



January 20, 2017
Revised February 7, 2017

Local Public Health System Assessment

Background

Since 1994, the core activities of public health have been defined through the 10 Essential Public Health Services. Consisting of activities that cut across the three functions of public health (assessment, assurance, and policy development), the 10 Essential Services (Figure 1) are regarded as critical for promoting health. The 10 Essential Services provide an infrastructure for assuring activities that health promotion occurs. Although generally regarded as being the work of governmental public health, thorough implementation of the 10 Essential Services requires effort from other organizations that make up the local public health system. Defined as “all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction,” organizations within the system need to play a unique role in assuring the infrastructure that supports health and well-being.

To understand the strengths and weaknesses of a local public health system, as well as to characterize the capacity of the system to

promote and protect health, an assessment of the system and its performance can be beneficial. The National Public Health Performance Standards were developed by a consortium of stakeholders to support an assessment process called Local Public Health Systems Assessments. Consisting of a series of performance measures reflecting ideal performance, the purpose of the Local Public Health Assessment (LPHSA) is to assess the performance of a local public health system relative to ideal performance. A LPHSA was conducted in Douglas County as part of a comprehensive community health assessment and provides critical information about the performance of the 10 Essential Public Health Services in Douglas County.

Figure 1. Ten Essential Public Health Services



Approach

Data Collection

The National Public Health Performance Standards (NPHPS) instrument consists of a series of questions about each Essential Public Health Service (EPHS) and related Model Standard (MS). To complete the instrument, a group of stakeholders representing the local public health system must consider each questions and reach a consensus score rating the performance of the systems. Each item is rated on a five point scale from no activity to optimal performance. Participants used the scale response to answer

Figure 2. Rating Scale of EPHS

Optimal (76-100% of activity is met.)
Significant (51-75% of activity is met.)
Moderate (26-50% of activity is met.)
Minimal (1-25% of activity is met.)
No activity.

the question, “At what level does the local public health system...” about each of the performance measures described. Figure 2 describes the scale. In addition to rating each EPHS and related MS and performance measures, participants were asked to synthesize strengths, weakness, and opportunities for improvement based on the discussion of the performance of each EPHS in the local public health system. To conduct the LPHSA in Douglas County, Lawrence-Douglas County Health Department (LDCHD) identified and recruited people from across the local public health system to participate in a one-day retreat in which each of the 10 EPHS were assessed during two sessions in which break-out groups completed the assessment for five EPHS concurrently.

Data Analysis

Analysis of the data was conducted using software available through the Centers for Disease Control and Prevention for the specific purpose of analyzing NPHPS data. The analysis consists of averaging scores at the most specific level to create the score for indicators up one level. Scores for performance measures were averaged to create scores for model standards and scores for model standards were averaged to create scores for EPHS.

Findings

Description of participants

For the one-day workshop, a total of 57 people participated. Table 1. Displays the distribution of partnerships by sector.

Table 1. Distribution of participants by sector

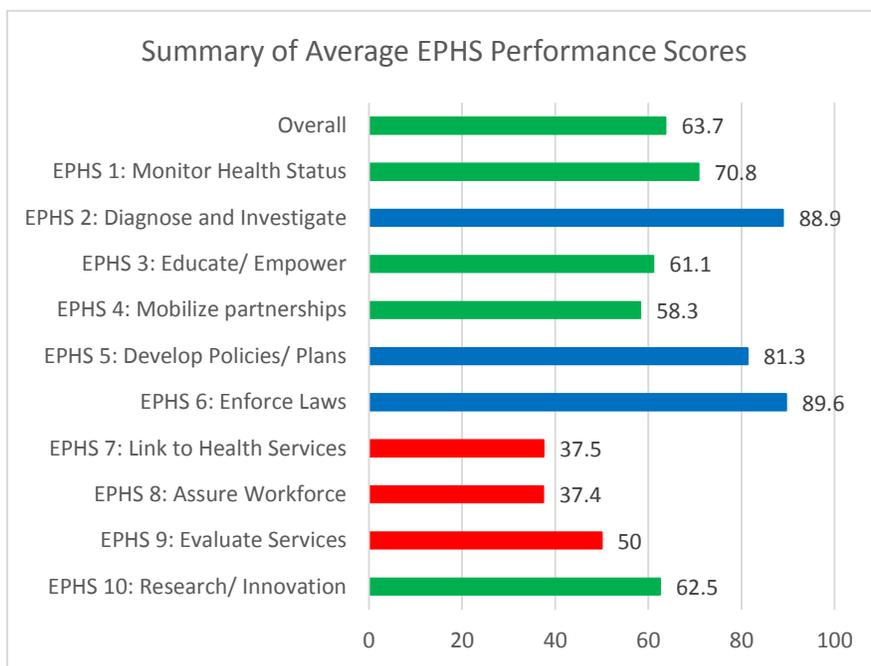
Sector	Number of Participants	Sector	Number of Participants
At-large community members	5	Local Health Department	16
Business/ Chamber of Commerce	2	Mental Health Care Provider	2
Emergency Preparedness	1	Non-profit Organizations	4
Faith-based organizations	1	Philanthropic Organizations	3
Health Care Provider/ Clinics	5	Schools/ Education	5
Hospital	2	Senior services/ housing	2
Housing Organization	1	State Health Department	1
Human/ Social Service Provider	3	University/ research	3
Local Government	4		

Essential Service Ratings

Ratings created by participants were used to calculate scores reflecting the performance of the local public health system of the 10 EPHS. Figure 3 displays the scores for each of the 10 EPHS. Overall the average score across all

Figure 3. Summary of average EPHS performance scores

EPHS was 63.7%, falling within the rating category of a significant level of activities met. In total, the range of scores received by EPHS was from 37.4% (moderate) to 89.6% (optimal). No EPHS were scored at the minimal or no activity level. Of all 10 EPHS, three were scored at the optimal level:



- EPHS 2: Diagnose and investigate health problems and health hazards;
- EPHS 5: Develop policies and plans that support individual and community health efforts; and
- EPHS 6: Enforce laws and regulations that protect and ensure safety.

Conversely, three EPHS were scored at the moderate level:

- EPHS 7: Link people to needed personal health services and assure the provision of health care when otherwise unavailable;
- EPHS 8: Assure a competent public and personal health care workforce; and,
- EPHS 9: Evaluate effectiveness, accessibility, and quality of personal and population-based health services.

Model Standard Ratings

The ratings of the Model Standards (MS) related to each EPHS provide more specific information about the activities that were rated highly. Table 2 displays the scores of model standard organized by EPHS.

Table 2. Model Standard scores organizations by EPHS

	Model Standards by EPHS	Performance Scores
EPHS 1: Monitor Health Status	1.1 Community Health Assessment	100.0
	1.2 Current Technology	75.0
	1.3 Registries	37.5
EPHS 2: Diagnose and Investigate	2.1 Identification/Surveillance	75.0
	2.2 Emergency Response	91.7
	2.3 Laboratories	100.0
EPHS 3: Educate/ Empower	3.1 Health Education/Promotion	58.3
	3.2 Health Communication	58.3
	3.3 Risk Communication	66.7
EPHS 4: Mobilize Partnerships	4.1 Constituency Development	50.0
	4.2 Community Partnerships	66.7
EPHS 5: Develop Policies/Plans	5.1 Governmental Presence	91.7
	5.2 Policy Development	75.0
	5.3 CHIP/Strategic Planning	83.3
	5.4 Emergency Plan	75.0
EPHS 6: Enforce Laws	6.1 Review Laws	93.8
	6.2 Improve Laws	100.0
	6.3 Enforce Laws	75.0
EPHS 7: Link to Health Services	7.1 Personal Health Service Needs	37.5
	7.2 Assure Linkage	37.5
EPHS 8: Assure Workforce	8.1 Workforce Assessment	8.3
	8.2 Workforce Standards	50.0
	8.3 Continuing Education	35.0
	8.4 Leadership Development	56.3
EPHS 9: Evaluate Services	9.1 Evaluation of Population Health	37.5
	9.2 Evaluation of Personal Health	50.0
	9.3 Evaluation of LPHS	62.5
EPHS 10: Research/ Innovations	10.1 Foster Innovation	62.5
	10.2 Academic Linkages	75.0
	10.3 Research Capacity	50.0
Average Overall Score		63.7
Median Score		61.8

Three model standards received the highest available score (100%). These were:

- MS 1.1 Community Health Assessment;
- MS 2.3 Laboratories; and,
- MS 6.2 Improve Laws.

The lowest score was assigned to MS 8.1: Workforce assessment (8.3%). The next three lowest rated MS were:

- MS 1.3 Registries;
- MS 7.1 Personal Health Service Needs;
- MS 7.2 Assure Linkage;
- MS 8.3 Continuing Education; and,
- MS 9.1 Evaluation of Population Health.

In addition, to the analysis presented here, EPHS specific findings are available in Appendix X.

Discussion

The findings of this assessment suggest considerable strengths of the local public health system. Findings suggest that many of the activities required to engage in the diagnosis and investigation of health issue (EPHS 2) and engagement in policy development and enforcement (EPHS 5 and 6) are at near optimal levels. Conversely, compelling data suggest that linking community members to needed health services (EPHS 7) and comprehensive system-wide approaches to workforce development (EPHS 8), and to a lesser extent evaluation of both population and personal health services, are challenges facing the local public health system.

The assessment approach has a few notable limitations and strengths. Ratings are based on subjective characterizations of those who participated in the LPHSA. Although this limitation is present, it should be noted that the approach of using consensus scoring is intended to lessen the extent to which this is problematic. In addition, a possible limitation is the extent to which the appropriate members of the local public health members participated. In this instance, participation was across multiple sectors. A strength of the approach is that it engages members from across the system in assessing the performance of the system. It engages those with the closest, clearest knowledge of the workings of the system, as opposed to having external parties or a small group of members complete the ratings. In addition, the LPHSA focuses across all parts of the core functions and activities of public health without suggesting that any one part is more important than others.

The completion of the LPHSA in Douglas County provides compelling information about the strengths and weaknesses of public health in the county. Additional work needs to be done to consider how resources may be used to both maintain areas of strong performance while enhancing the performance of areas of weakness.

Results by Essential Service

The following pages offer an in-depth examination of the findings by Essential Public Health Service. Each one-page description presents a description of the activities involved with performance of the EPHS and the sectors represented by participants involved in the assessment activities. In addition, all performance scores at the essential service, model standard, and performance measure level are provided. Lastly, participants' assessment of strengths, weaknesses, and opportunities for improvement are provided. It should be noted that the opportunities for improvement were suggested in the context of debriefing on discussion, and are not necessarily a reflection of fully vetted, prioritized, or recommended strategies.

Essential Service 1: Monitor health status to identify community health problems

Essential Service 1 is aimed at assuring the local public health system provides these activities:

- Assess, accurately and continually, the community’s health status.
- Identify threats to health.
- Determine health service needs.
- Pay attention to the health needs of groups that are at higher risk than the total population.
- Identify community assets and resources that support the public health system in promoting health and improving quality of life.
- Using appropriate methods and technology to interpret and communicate data.
- Collaborate with other stakeholders, including private providers and health benefit plans, to manage multi-sectorial integrated information systems.

Sectors represented by attendees were: at-large community members, local government, schools/ education, senior services/ housing, and state government.

Findings

Strengths

- Partners are very engaged in the community health assessment/ planning process
- Health Department staff active in conducting “deeper dives” on data
- Significant media exposure for community health assessment efforts
- Availability of resources (Kansas Health Matters)

Weaknesses

- Data availability to support community health assessment is lacking
- Difficult to look at sub-populations
- Lack of youth data
- Lack of clarity regarding how to communicate data to citizens

Suggested Improvement Opportunities

- Plan for widespread distribution of community health assessment and use of social media to communicate information about the community health assessment
- Make progress on collaborating with partners for sharing and making sense of health data
- Expand capacity for and use of geocoded data
- Explore opportunities for accessing and using data regarding chronic disease (e.g., through the health plans)

Performance Assessment									
Overall Score for ES 1									
Significant 70.8%									
EPHS 1 MONITOR HEALTH STATUS									
<table border="1"> <caption>EPHS 1 MONITOR HEALTH STATUS Data</caption> <thead> <tr> <th>Category</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>1.1 Community Health Assessment</td> <td>100</td> </tr> <tr> <td>1.2 Current Technology</td> <td>75</td> </tr> <tr> <td>1.3 Registries</td> <td>37.5</td> </tr> </tbody> </table>		Category	Score	1.1 Community Health Assessment	100	1.2 Current Technology	75	1.3 Registries	37.5
Category	Score								
1.1 Community Health Assessment	100								
1.2 Current Technology	75								
1.3 Registries	37.5								
Performance Measure Scores									
1.1 Population-Based Community Health Assessment (CHA)									
1.1.1 Community health assessments (CHA)?	100								
1.1.2 Continuously update CHA with current information?	100								
1.1.3 Promote the use of the CHA in the community?	100								
1.2 Current Technology to Manage and Communicate Population Health Data									
1.2.1 Use the best available technology and methods to display data?	75								
1.2.2 Analyze health data to see where health problems exist?	75								
1.2.3 Use computer software to analyze complex public health data?	75								
1.3 Maintenance of Population Health Registries									
1.3.1 Collect data consistent with current standards?	50								
1.3.2 Use information from population health registries in CHAs?	25								

Essential Service 2: Diagnose and investigate health problems and hazards

Essential Service 2 is aimed at assuring the local public health system provides these activities:

- Accessing a public health laboratory capable of conducting rapid screening and high-volume testing.
- Establishing active infectious disease epidemiology programs.
- Creating technical capacity for epidemiologic investigation of disease outbreaks and patterns of the following: (a) infectious and chronic diseases, (b) injuries, and (c) other adverse health behaviors and conditions.

Sectors represented by attendees were: emergency preparedness, health care, human/ social service, schools/ education, state government, senior services/ housing, and university/ research.

Findings

Strengths

- Partnerships and collaboration are strong
- The state has an epi team that is organized and analyzes information which can be a resource for the locals
- Electronic laboratory reporting process is well integrated for infectious disease
- The local health department and EOC work together to establish guidance for public health threats and emergencies.
- Douglas-County Public Information Officers to coordinate communications
- Written processes are created and maintained. Licensed labs are used.

Weaknesses

- Depending on agencies involved it could take a long time to identify problems. It could be schools, the state, hospital, and providers who need to communicate together
- There is a challenge with getting information out to providers
- Lab structure and/or processes vary between partners
- There are populations that have special considerations in the community that are more difficult to assist. Language, geographic location, seniors, mental health all bring various challenges and barriers.

Suggested Improvement Opportunities

- Leveraging Epi-Trax and State staff/resources
- State level performance measures that could be utilized on the local level
- There will be an animal response plan created soon. Trying to get information presented in different languages to help non-English speakers.
- Consider the mental health population.

Performance Assessment									
Overall Score for ES 2									
Optimal 88.9%									
EPHS 2: Diagnose and Investigate									
<table border="1"> <thead> <tr> <th>Category</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>2.1 Identification/Surveillance</td> <td>75</td> </tr> <tr> <td>2.2 Emergency Response</td> <td>91.67</td> </tr> <tr> <td>2.3 Laboratories</td> <td>100</td> </tr> </tbody> </table>		Category	Score	2.1 Identification/Surveillance	75	2.2 Emergency Response	91.67	2.3 Laboratories	100
Category	Score								
2.1 Identification/Surveillance	75								
2.2 Emergency Response	91.67								
2.3 Laboratories	100								
Performance Measure Scores									
2.1 Identification and Surveillance of Health Threats									
2.1.1 Participate in a comprehensive surveillance system to identify, monitor, share information?	75								
2.1.2 Provide and collect timely and complete information on reportable diseases and potential disasters threats?	75								
2.1.3 Assure that the best available resources to support surveillance systems?	75								
2.2 Investigation and Response to Public Health Threats and Emergencies									
2.2.1 Maintain written instructions on how to handle communicable disease outbreaks?	100								
2.2.2 Develop written rules to follow in the immediate investigation of public health threats and emergencies?	100								
2.2.3 Designate a jurisdictional Emergency Response Coordinator?	100								
2.2.4 Prepare to respond to public health emergencies according to guidelines?	75								
2.2.5 Identify personnel with the technical expertise to respond to possible public health emergencies?	75								
2.2.6 Evaluate incidents for effectiveness and opportunities for improvement?	100								
2.3 Laboratory Support for Investigation of Health Threats									
2.3.1 Have ready access to laboratories for routine public health needs?	100								
2.3.2 Maintain access to laboratories for public health needs during emergencies & threats?	100								
2.3.3 Use only licensed or credentialed labs?	100								
2.3.4 Maintain a written list of rules related to labs?	100								

Essential Service 3: Inform, educate, and empower people about health issues

Essential Service 3 is aimed at assuring the local public health system provides these activities:

- Creating community development activities.
- Establishing social marketing and targeted media public communication.
- Providing accessible health information resources at community levels.
- Collaborating with personal healthcare providers to reinforce health promotion messages and programs.
- Working with joint health education programs with schools, churches, worksites, and others.

Sectors represented by attendees were: at-large community members, business, faith-based organizations, hospital, human/social service, mental health, non-profit, schools/ education, senior services/ housing, and university/ research.

Findings

Strengths

- Health Education and Promotion- widespread-ecological passionate community.
- First county with Food Policy Council
- Local media is very responsive community focused.
- Public Information Officers group
- LiveWell Spokesperson
- Health department and hospital work together on public health issues.
- Key organizations have communications plan.
- Media is part of preparedness. Emergency communication can be adapted to different types of emergencies.
- The learning system is dynamic

Weaknesses

- Information is available but have to seek it out. There are silos.
- Engagement of community needs to be improved
- Working together is not optimized. Need more communication. Need to plan and strengthen spokesperson in some organizations.
- Larger health organizations have communications plan, other organization do not. Need to match the message to the target audience.
- Not all organizations that have a role in emergency management know their role.

Suggested Improvement Opportunities

- Use Public Information Officers group to educate about public health issues and enlarge group.
- Expand LiveWell spokesperson. Develop Spokesperson 101 and give talking points.
- Develop Speaker's bureau for organizations to train employees.

Performance Assessment									
Overall Score for ES 3									
Significant 61.1%									
EPHS 3: Educate/ Empower									
<table border="1"> <thead> <tr> <th>Measure</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>3.1 Health Education/Promotion</td> <td>58.33</td> </tr> <tr> <td>3.2 Health Communication</td> <td>58.33</td> </tr> <tr> <td>3.3 Risk Communication</td> <td>66.67</td> </tr> </tbody> </table>		Measure	Score	3.1 Health Education/Promotion	58.33	3.2 Health Communication	58.33	3.3 Risk Communication	66.67
Measure	Score								
3.1 Health Education/Promotion	58.33								
3.2 Health Communication	58.33								
3.3 Risk Communication	66.67								
Performance Measure Scores									
3.1 Health Education and Promotion									
3.1.1 Provide analyses of community health status and recommendations for health promotion policies?	75								
3.1.2 Coordinate health promotion and health education activities?	50								
3.1.3 Engage the community in health education and health promotion activities?	50								
3.2 Health Communication									
3.2.1 Develop health communication among LPHS organizations?	50								
3.2.2 Use relationships with media providers to share health information?	75								
3.2.3 Identify and train spokespersons on public health issues?	50								
3.3 Risk Communication									
3.3.1 Develop an emergency communications plan?	75								
3.3.2 Make resources available for rapid emergency communication response?	75								
3.3.3 Provide risk communication training?	50								

- Communicate communications plan more broadly.

Essential Service 4: Mobilize community partnerships to identify and solve health problems

Essential Service 4 is aimed at assuring the local public health system provides these activities:

- Convening and facilitating partnerships among groups and associations (including those not typically considered to be health related).
- Undertaking defined health improvement planning process and health projects, including preventive, screening, rehabilitation, and support programs.
- Building a coalition to draw on the full range of potential human and material resources to improve community health.

Attendees represented the following sectors: at-large community members, business/ Chamber of Commerce, faith-based organizations, health care, hospital, human/ social service, local government, non-profit, philanthropy, and senior services/ housing.

Findings

Strengths

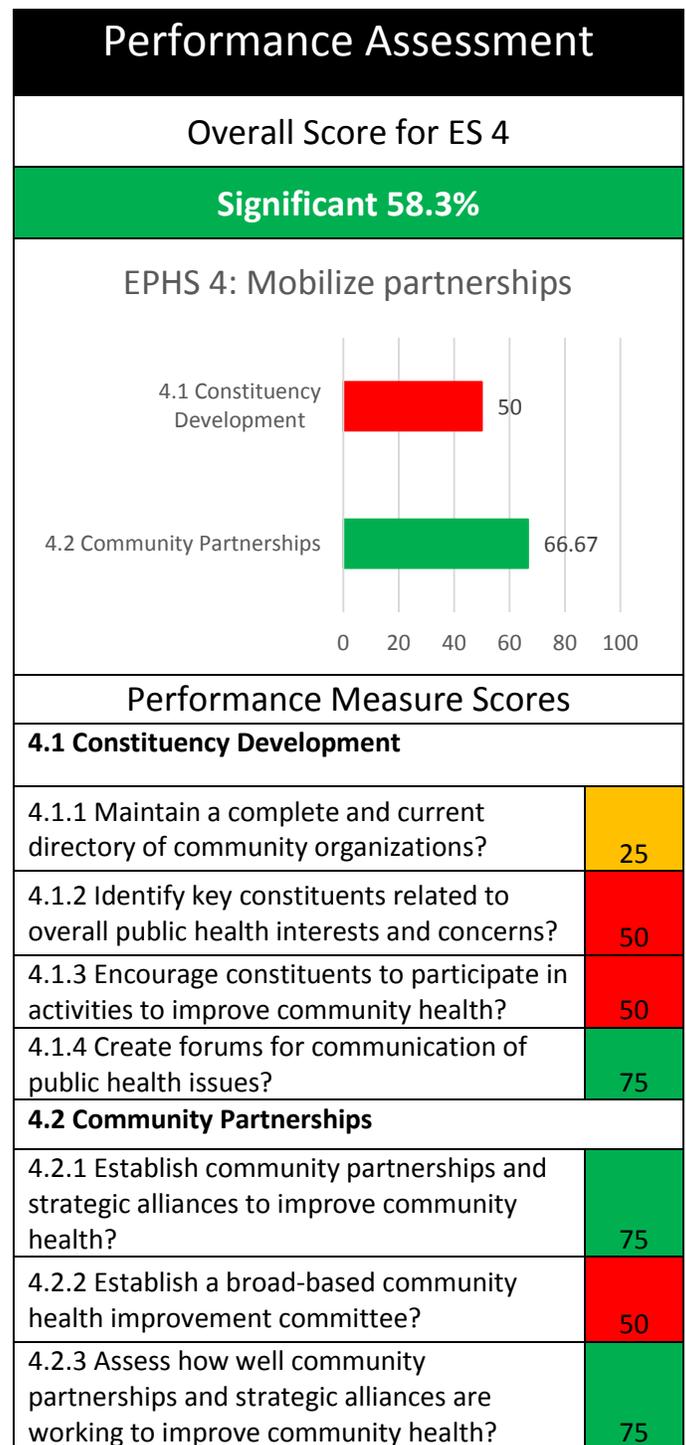
- WorkWell organization
- Healthy food coalition across pantries, diverse agencies.
- Commission, funding provided.
- The information today will be integrated into the community health plan

Weaknesses

- The underserved aren't even here.
- Connecting dots broadly across sectors; setting up task forces.
- Awareness of what is out there, directories are not centralized. Complete and current is a weakness of directory- not integrated across sectors.
- Duplication of services- agencies pull back fear of losing funding.
- Too Lawrence-centric.

Suggested Improvement Opportunities

- Bring additional partners to the table.
- Develop opportunities to create a stand-alone plan- incorporate into the comprehensive plan.
- Develop coalitions
- Strengthen a "shared vision"



Essential Service 5: Develop policies and plans that support individual and community health efforts

Essential Service 5 is aimed at assuring the local public health system provides these activities:

- Ensuring leadership development in public health.
- Ensuring systematic community-level and state-level planning for health improvement in all jurisdictions.
- Developing and tracking measurable health objectives from the (CHIP) as a part of a continuous quality improvement plan.
- Establishing joint evaluation with the medical healthcare system to define consistent policies regarding prevention and treatment services.
- Developing policy to guide the practice of public health.

Attendees represented the following sectors: at-large community members, emergency preparedness, human/social services, local government, non-profit, schools/education, and university/ research.

Findings

Strengths

- Community partnerships, collaboration, engagement
- Local Public Health System and Health Department plays strong role in Health Improvement Plan.
- Strong advocacy and good leadership
- Good long-term plans and infrastructure to reference
- Some sort of baseline information in almost every sector. Looking to enhance and expand from there.
- Mental health awareness

Weaknesses

- Unclear roles between some partnerships and understanding of capacity (limited resources).
- Lack of engagement from private, non-profit sector in to “spread the work load.”
- Level of engagement could be improved with those who are experiencing disparities.
- Work on balancing priorities and available resources.
- Emergency preparedness not ready at private sector, not enough sites available for homeless individuals in the winter (including children).

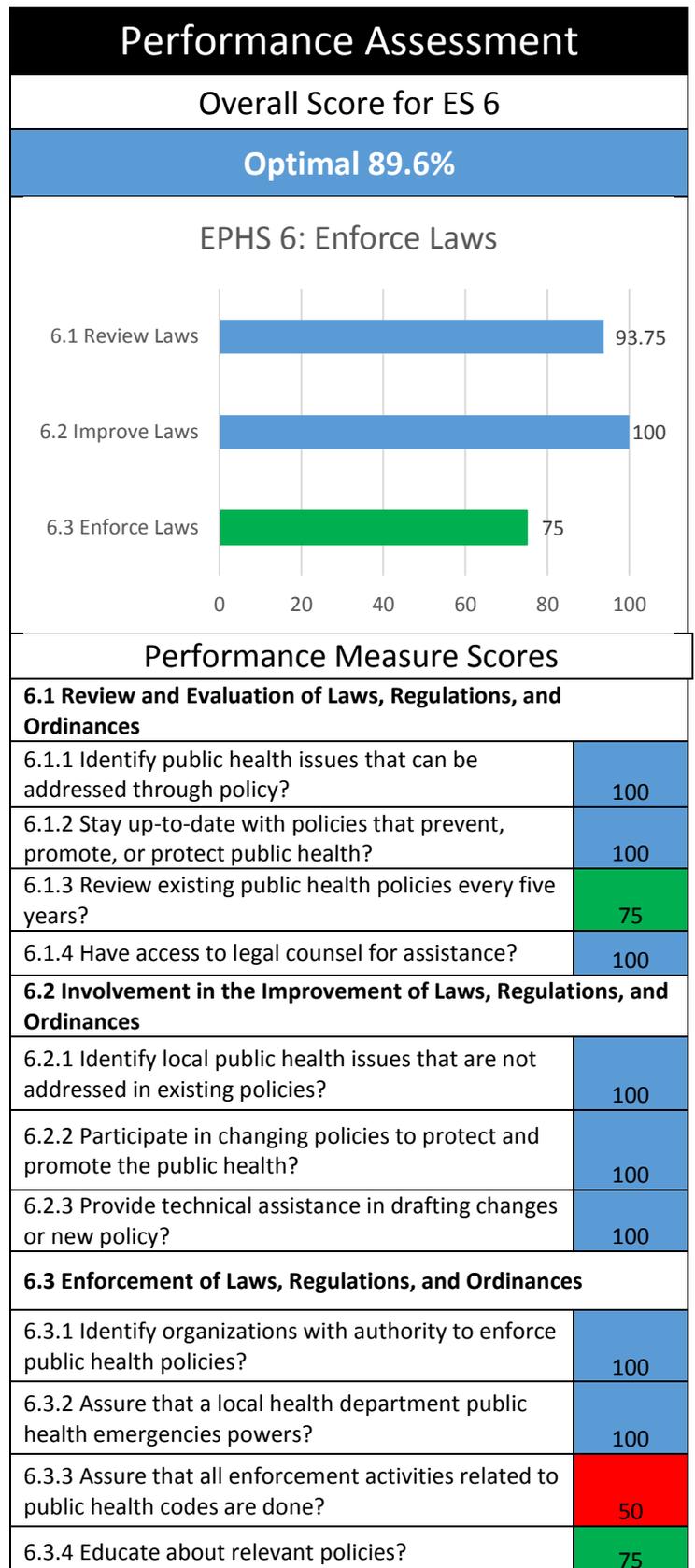
Suggested Improvement Opportunities

- Policy development should be more inclusive.
- Develop leadership, address staffing and retention in communities like schools
- Create polices around Adverse Childhood Experiences (ACES) for prevention and protection.
- Join statewide effort for Medicaid expansion
- Improve local emergency operations plan and recovery

Performance Assessment	
Overall Score for ES 5	
Optimal 81.3%	
EPHS 5: Develop Policies/ Plans	
5.1 Governmental Presence	91.67
5.2 Policy Development	75
5.3 CHIP/ Strategic Planning	83.33
5.4 Emergency Plan	75
Performance Measure Scores	
5.1 Governmental Presence at the Local Level	
5.1.1 Support the local health department to make sure the public health services are provided?	100
5.1.2 Assure local health department is accredited?	100
5.1.3 Assure that the local health department has enough resources to do its work?	75
5.2 Public Health Policy Development	
5.2.1 Contribute to public health policy development?	50
5.2.2 Alert policymakers of the possible public health impacts of proposed policies?	100
5.2.3 Review existing policies every 3-5 years?	75
5.3 Community Health Improvement Process (CHIP) and Strategic Planning	
5.3.1 Establish a CHIP, with broad- based diverse participation?	100
5.3.2 Develop strategies to achieve community health improvement objectives?	75
5.3.3 Connect organizational strategic plans with the CHIP?	75
5.4 Plan for Public Health Emergencies	
5.4.1 Support a workgroup to develop and maintain preparedness and response plans?	75
5.4.2 Develop an emergency preparedness and response plan?	75
5.4.3 Test the plan through regular drills and revise the plan as needed, at least every two years?	75

plan

Essential Service 6: Enforce laws and regulations that protect health and ensure safety



Essential Service 6 is aimed at assuring the local public health system provides these activities:

6.3.5 Evaluate compliance with public health laws?	50
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- Enforcing sanitary codes, especially in the food industry.
- Protecting drinking water supplies.
- Enforcing clean air standards.
- Initiating animal control activities.
- Following-up hazards, preventable injuries, and exposure-related diseases identified in occupational and community settings.
- Monitoring quality of medical services (e.g., laboratories, nursing homes, and home healthcare providers).
- Reviewing new drug, biologic, and medical device applications.

Attendees represented the following sectors: at-large community members, local government, and non-profit.

Findings

Strengths

- Involving those who are effected by laws before change, connections with regulating bodies to be sure things are enforced appropriately
- Proactively addressing current issues and trying to foresee future issues relevant to public health. Heath Department responds to issues from the community.
- Emergency preparedness does well- post 9/11 support systems state and federally have vastly approved. Communities know where to call or who to talk to about getting help.

Weaknesses

- Jurisdictional issues with compliance and enforcement. Things are sometimes inadequately addressed and it can be hard to go back and fix it.
- Many laws are passed and there may be unintended consequences that haven't yet been measured.
- Availability of comprehensive evaluation data from a variety of agencies. Evaluating unintended outcomes unmeasured from many ordinances.
- Enforcement can be a challenge for small communities.
- Health department isn't getting enough feedback from or information from other enforcement agencies on things the Health Department isn't responsible for but still affect public health.

Essential Service 7: Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable

Performance Assessment
Overall Score for ES 7
Moderate 37.5%

Essential Service 7 is aimed at assuring the local public health system provides these activities:

- Ensuring effective entry for socially disadvantaged and other vulnerable persons into a coordinated system of clinical care.
- Providing culturally and linguistically appropriate materials and staff to ensure linkage to services for special population groups.
- Ensuring ongoing care management.
- Ensuring transportation services.
- Orchestrating targeted health education/promotion/disease prevention to vulnerable population groups.

Attendees represented the following sectors: at-large community members, health care, philanthropy, and schools/ education.

Findings

Strengths

- Trauma-informed care (justice matters, trauma-smart) moving into the schools with care that will take trauma into account.
- Trinity in home care and VNA provides supportive services that will help keep people in their homes. They work with the majority of Medicaid Waiver folks. Agencies that are funded by Health Gold Dollars meet more than quarterly.
- Lots of expertise in this community about how to do a lot with a little funding.

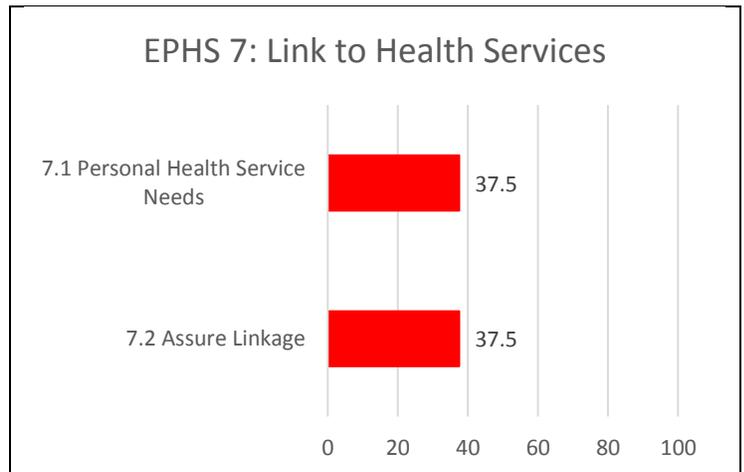
Weaknesses

- Spanish speaking community well covered, but Arabic language is more difficult with 20 dialects—have a list of people who are bilingual who can help, but still limited.
- Need more understanding of other cultures so that there is more acceptance of traditional medical practices as long as they don't hurt the child.
- Need to have more information about people who need to sign up for Medicaid and where to send people.

Suggested Improvement Opportunities

- Develop a better understanding the role of effective outreach. There is a lot of information about what is needed but need to know more about effective outreach.

Essential Service 8: Develop policies and plans that support individual and community health efforts



Performance Measure Scores	
7.1 Identification of Personal Health Service Needs of Populations	
7.1.1 Identify groups of people who have trouble accessing personal health services?	50
7.1.2 Identify all personal health service needs and unmet needs throughout the community?	50
7.1.3 Develop partnerships to respond to the unmet needs of the community?	25
7.1.4 Understand the reasons that people do not get the care they need?	25
7.2 Assuring the Linkage of People to Personal Health Services	
7.2.1 Connect people to organizations that provide the personal health services?	50
7.2.2 Help people access personal health services that takes into account diverse needs?	25
7.2.3 Help people sign up for public benefits that are available to them (e.g., Medicaid)?	50
7.2.4 Coordinate personal health and social services so that everyone has access to care?	25

Performance Assessment
Overall Score for ES 8

Essential Service 8 is aimed at assuring the local public health system provides these activities:

- Educating, training, and assessing personnel (including volunteers and other lay community health workers) to meet community needs for public and personal health services.
- Establishing efficient processes for professionals to acquire licensure.
- Adopting continuous quality improvement and lifelong learning programs.
- Establishing active partnerships with professional training programs to ensure community-relevant learning experiences for all students.
- Continuing education in management and leadership development programs for those charged with administrative/executive roles.

Attendees represented the following sectors: business/ Chamber of Commerce, health care, philanthropy, and schools/ education.

Findings

Strengths

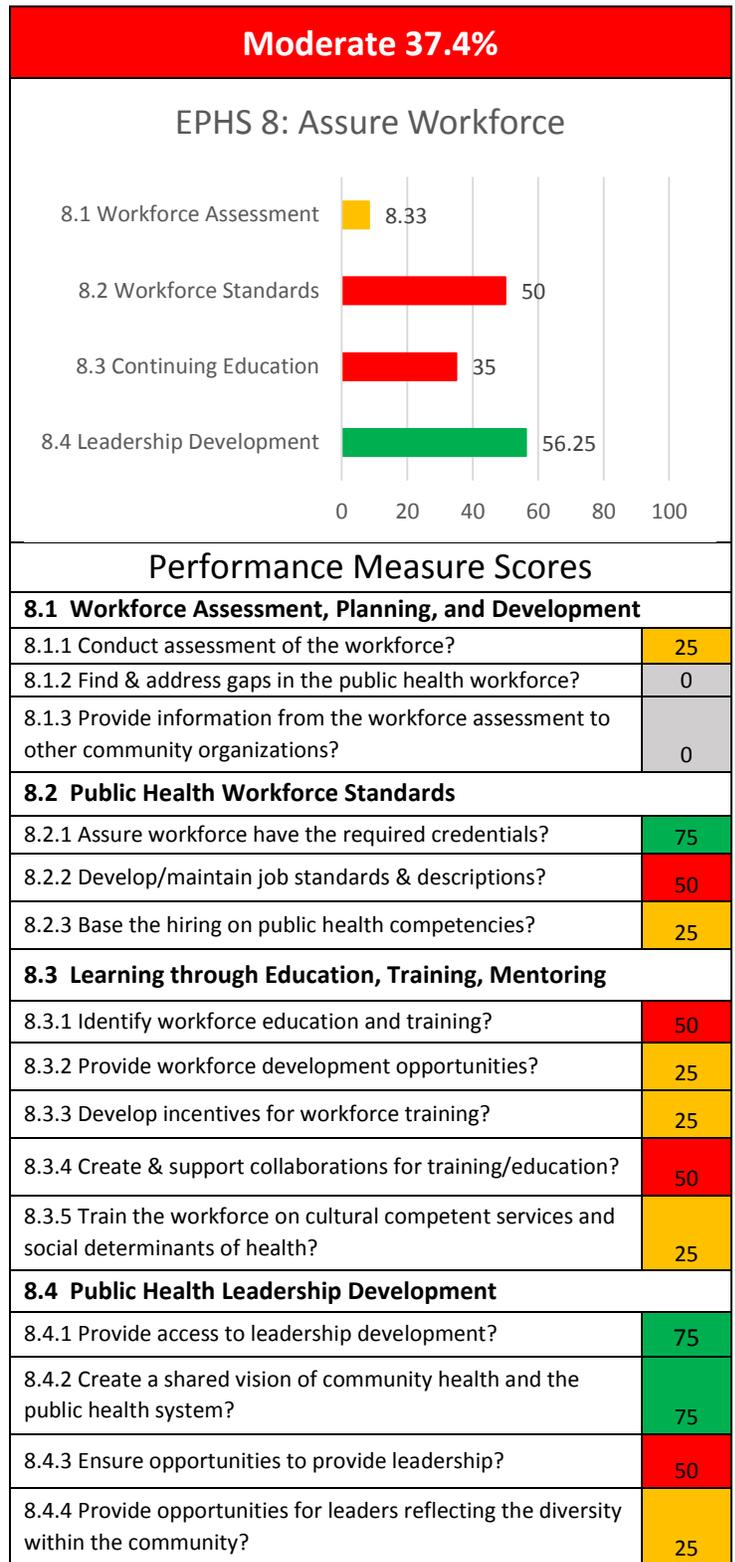
- Health Department does assessment every 2 years
- Licensure required across all boards. Most sectors do have job descriptions tied to core competencies.
- Academic Health Department.
- AmeriCorps volunteers well trained
- Increased mental health aid training among police department
- LiveWell Coalition
- Community Health Assessment has increased a shared vision at the county level.

Weaknesses

- No sufficient wages for healthcare workers and understanding of all fields in healthcare
- Non-profit sector does not have well defined job descriptions or annual evaluations.
- Cultural competency training
- LiveWell is not diverse and there are time constraints with work

Suggested Improvement Opportunities

- Incorporate assessment of Local Public Health System work force
- Develop mentoring system for the healthcare system
- Improve recruitment for leadership roles and more diverse leaders.
- Organize functional exercises of communicable disease at community level



Essential Service 9: Evaluate effectiveness, accessibility, and quality of personal and population-based health services

Essential Service 9 is aimed at assuring the local public health system provides these activities:

- Assessing program effectiveness through monitoring and evaluating implementation, outcomes, and effect.
- Providing information necessary for allocating resources and reshaping programs.

Attendees represented the following sectors: health care, mental health organizations, non-profit, philanthropy, and university/ research.

Findings

Strengths

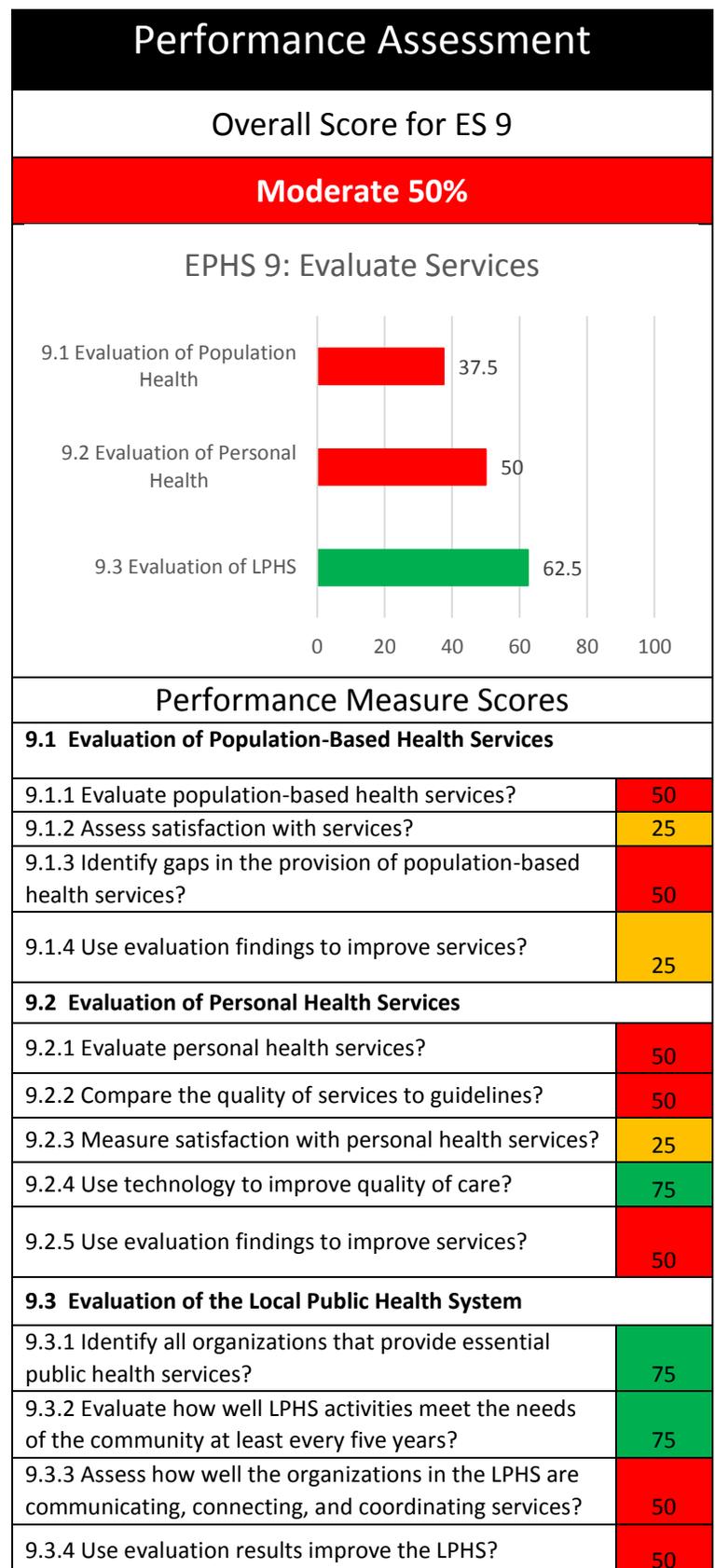
- The Lawrence community wants a healthy school system, education on nutrition, physical activity, and healthy behaviors.
- United Way monthly meeting is great collaboration.
- There is community data collected on social determinants of health (e.g. insurance, transportation, access).
- Sexual education collaboration with the Health Department at county level with staff
- LiveWell stronger due to Community Health Assessment 5 years ago.
- Equity lens implemented

Weaknesses

- County level data is not at real-time, limited for programming at sub-levels.
- Data sets are limited when not mandatory
- No community health system in place
- No diversity
- Hard to communicate due to work constraint.

Suggested Improvement Opportunities

- Try new modes in ways of collecting data.
- Add research component to programming in correction system.
- Use results from evaluation process to improve the Local Public Health System.
- Improve education on health literacy in school system.



Essential Service 10: Research for new insights and innovative solutions to health problems

Essential Service10 is aimed at assuring the local public health system provides these activities:

- Establishing full continuum of innovation, ranging from practical field-based efforts to fostering change in public health practice to more academic efforts that encourage new directions in scientific research.
- Continually linking with institutions of higher learning and research.
- Creating internal capacity to mount timely epidemiologic and economic analyses and conduct health services research.

Attendees represented the following sectors: health care, human/ social service, local government, mental health organizations, non-profits, and university/ research.

Findings

Strengths

- Having advisory boards is transformative.
- Good breadth of community health plan.
- Professional community knows each other and the opportunities are plentiful.
- The Health Department is open and inclusive.
- There is more involvement with hospital and the data that is available.
- Participatory research is good.
- Lawrence/Douglas County Health Department is beginning to look at data available to share and collaborate.

Weaknesses

- Employers and research departments could be engaged in public health and research. Research and collaboration is getting harder and harder.
- Power dynamics can be at play and can be limiting to encouraging participation.
- Data collection on important issues is difficult.
- Little capacity to do the environmental health research.

Suggested Improvement Opportunities

- Develop some tests for future innovation
- Encourage participation from Lawrence Memorial Hospital and the for-profit private sector.
- Use advance analytics to show public health data (e.g. overlay with combinations of public health indicator by place, wealth etc.)ncourage

Performance Assessment	
Overall Score for ES 10	
Significant 62.5%	
EPHS 10: Research/ Innovation	
10.1 Foster Innovation	62.5
10.2 Academic Linkages	75
10.3 Research Capacity	50
Performance Measure Scores	
10.1 Fostering Innovation	
10.1.1 Pilot test or conduct studies to test new solutions to public health problems?	50
10.1.2 Suggest ideas about what currently needs to be studied in public health?	75
10.1.3 Keep up with information about current best practices in public health?	75
10.1.4 Encourage community participation in research?	50
10.2 Linkage with Institutions of Higher Learning (IHL)and/or Research	
10.2.1 Develop relationships IHL or other research organizations?	100
10.2.2 Partner with IHL or other research organizations to do public health research?	50
10.2.3 Encourage IHL and other research organizations to work together with LPHS?	75
10.3 Capacity to Initiate or Participate in Research	
10.3.1 Collaborate with researchers?	75
10.3.2 Support research with the necessary infrastructure and resources?	50
10.3.3 Share findings with the community?	50
10.3.4 Evaluate public health systems research efforts throughout all stages of work from planning to impact on local public health practice?	25

participatory research and diverse participation.