# LPHSA Summary Report

*for Solano County*

*Prepared by* KIELY GROUP
What are you solving for?

# Local Public Health System Assessment Overview[i]

The Local Public Health System Assessment (LPHSA) is a valuable tool for identifying areas for system improvement, strengthening local partnerships, and assuring that a strong network is in place for effective delivery of day-to-day public health services and response to public health emergencies. Communities that have completed the LPHSA indicate that it accomplishes the following:

- Improved organizational and community communication and collaboration by bringing a broad spectrum of partners to the same table.
- Educated participants about public health and how activities are interconnected.
- Strengthened the diverse network of partners within state and LPHSs.
- Identified strengths and weaknesses to be addressed in quality improvement efforts.
- Provided a baseline measure of performance to use in preparing for voluntary national public health department accreditation.
- Established a model for performance to which public health systems can aspire.

## Process

Solano County Public Health (SCPH) conducted several meetings with partners to assess the current status of the system that ensures the health of the public in Solano County (the local public health system) and to begin to determine the improvements needed to have a positive impact on health outcomes for all of the citizens and visitors of Solano County. LPHSA is one of four assessment activities in the Mobilizing for Action through Planning and Partnership (MAPP) process. MAPP is a community-driven strategic planning process for improving community health.

Partners participating in the LPHSA were engaged either in existing meeting structures or were invited to special meetings. The 10 Essential Services (ES) assessed in the LPHSA were assigned to the groups with the most knowledge of how each ES are delivered/provided in the community or need to be engaged in improved solutions. The table below indicates which areas of the LPHSA were assigned to which meetings. More information about the meetings are detailed below.

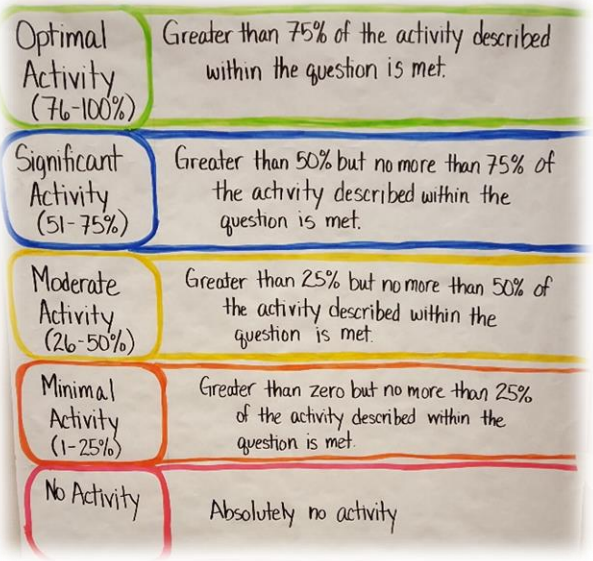
**TABLE 1**

| Date | Essential Services Address | Model Standards Addressed |
|---|---|---|
| 5/6/15 | ES#2 ES#5 | 2.2, 5.4 |
| 5/11/15 | ES#4 | 4.1, 4.2 |
| 2/17/16 (am) | ES#7 & ES#9 | all |
| 2/17/16 (pm)-1 | ES#8 | all |
| 2/17/16 (pm)-2 | ES#10 | all |
| 3/29/16 (am) | ES#1 ES#2 ES#6 | 1.2, 1.3, 2.1, 2.3, 6.1, 6.2, 6.3 |
| 3/29/16 (pm) | ES#1 ES#3 ES#5 | 1.1, 3.1, 5.1, 5.2, 5.3 |
| 4/21/16 | ES#3 | 3.2, 3.3 |

Five special meetings were facilitated on Feb 17 and March 29. During these meetings:

- Participants were introduced to the MAPP process, LPHSA, and SCPH's goals
- Groups were engaged in discussions to ensure all of the participants had a basic understanding of context for the Essential Services they'd be assessing
- Each individual assessed each Model Standards (MS) assigned to the group. (MS are the components that make up the 10 ES)

- Group Discussions were facilitated to achieve consensus scores for the LPHSA




***Note**: Feedback from earlier meetings prompted a few changes in later meetings. One improvement included providing future meetings with a list of operational definitions of terms in the assessment questions. In addition, the table discussions were also captured on a large graphic for participants to reference as they completed their individual assessment of the MS.*

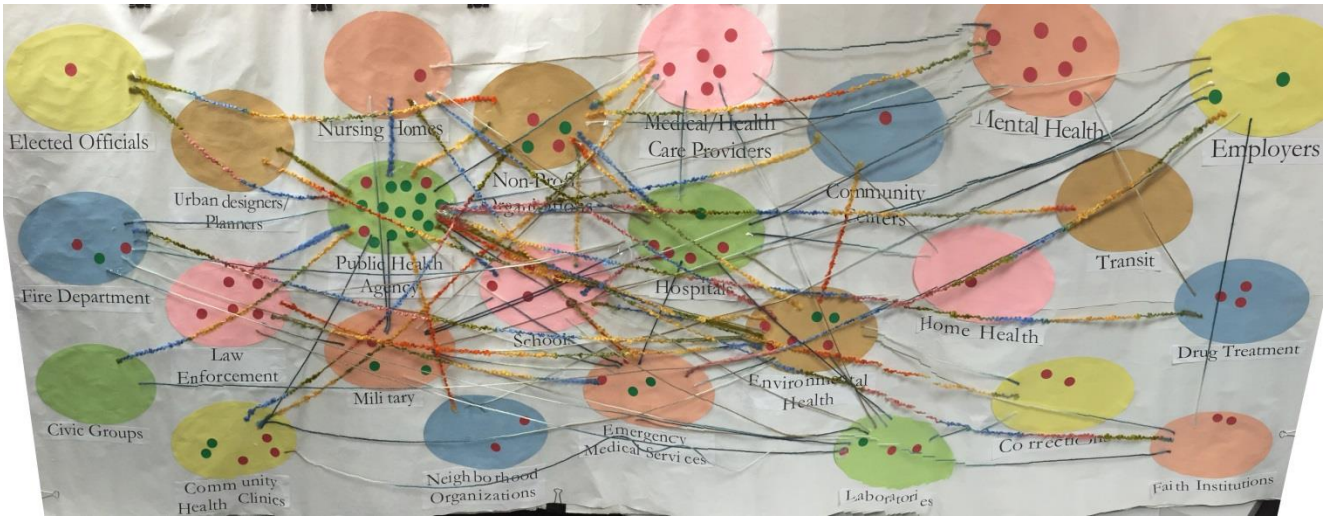
Similar processes were conducted at the following existing partner meetings:

- May 6, 2015 at the Public Health and Safety Preparedness and Response meeting
- May 11, 2015 at the Healthy Solano Steering Committee meeting
- April 21, 2016 at the Solano Public Information Network meeting

## Partners Representation

- Advocacy organizations
- City and county governmental agencies
- Colleges and universities
- Community development organizations
- Community health planners
- Community members
- Community-based organizations
- Consultants
- Corrections facilities
- Dept. of transportation/transportation services
- Elected officials and policymakers
- Emergency preparedness teams
- Environmental health agencies
- Environmental health data experts
- Epidemiologists
- FQHCs or community health centers
- Fire department
- Health educators
- Health officer/public health director
- Health service providers
- Health service recipients
- Healthcare providers
- Healthcare systems
- Health-related coalition leaders
- Hospitals and clinics
- Human resources departments
- Law enforcement agencies and emergency
- Lesbian, gay, bisexual, transgender (LGBT)
- Managed care organizations
- Mental health and substance abuse
- Non-profit organizations/advocacy groups
- Preschool and day care programs
- Primary care clinics
- Public and private schools
- Public assistance programs
- Public health laboratories
- Public Information Officers
- Public safety and emergency response organizations
- Service providers
- Service recipients
- Social services
- Substance abuse or mental health
- University or academic institutions
- Waste management facilities
- Other community/grassroots organizations
- The local health department or public health agency

These partners and others are what this report references as the Local Public Health System (LPHS), not just the Solano County Department of Public Health.

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# Assessment Scores / Discussion Notes & Improvement Suggestions

## Essential Service #1 - *Monitor Health Status to Identify Community Health Problems*

The first essential service deals with the how well the LPHS monitors the health status of the community, in order to understand the personal and collective health of Solano County. This includes not only what is currently happening, but also what trends and potential threats will impact future health. It is vital for the LPHS to understand the health issues that exist in Solano, before deciding what action to take to improve the health of the community.

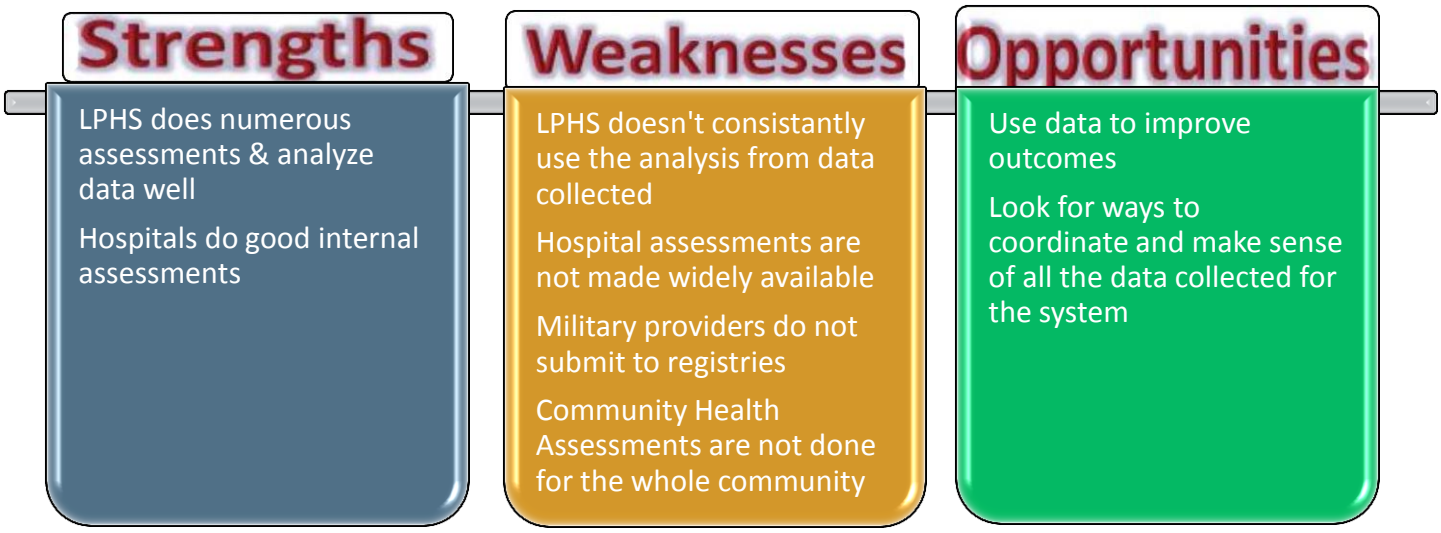
WHAT IS GOING ON IN OUR COMMUNITY?

DO WE KNOW HOW HEALTHY WE ARE??

Monitoring health status to identify community health problems encompasses the following:

- Assessing, accurately and continually, the community's health status.
- Identifying threats to health.
- Determining health service needs.
- Paying attention to the health needs of groups that are at higher risk than the total population.
- Identifying 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 to diverse audiences.
- Collaborating with other stakeholders, including private providers and health benefit plans, to manage multi-sectorial integrated information systems.

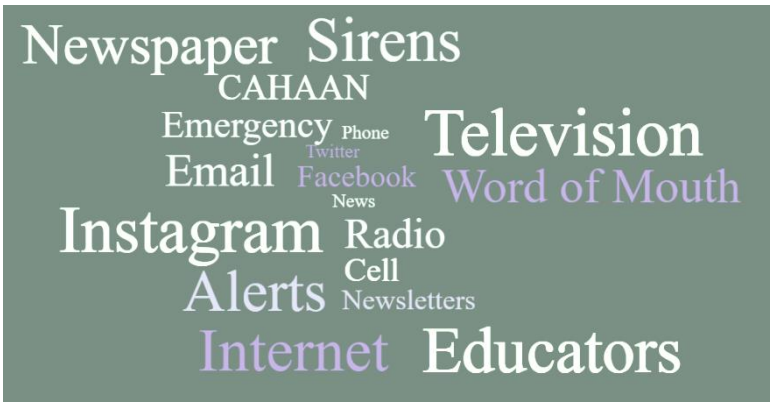
**Stakeholder Discussion Highlights:**



Below are some examples of how health data is collected and reported in Solano County:

- Hospitals
- Clinics
- Jails
- Schools
- Nursing Homes
- State Websites
- FBI
- California Department of Public Health
- Professional Journals
- Public Service Announcements
- Community Health Assessments
- Data Mining

The graphic below highlights some of the technologies used to communicate with the general public and amongst parters.




**Consensus Scores for ES#1** (To review specific LPHSA questions, please see Appendix A)

| | **Optimal 76-100%** | **Significant 51-75%** | **Moderate 26-50%** | **Minimal 1-25%** | **No Activity 0%** |
|---|---|---|---|---|---|
| 1.1 Population-Based Community Health Assessment – Average 41.7%: | | | | | |
| 1.1.1 | | | X | | |
| 1.1.2 | | | X | | |
| 1.1.3 | | | | X | |
| 1.2 Current Technology to Manage and Communicate Population Health Data – Average 58.3%: | | | | | |
| 1.2.1 | | | X | | |
| 1.2.2 | | X | | | |
| 1.2.3 | | | X | | |
| 1.3 Maintenance of Population Health Registries – Average 50.0%: | | | | | |
| 1.3.1 | | X | | | |
| 1.3.2 | | | | X | |

## **Essential Service #2 -** *Diagnose and Investigate Health Problems and Health Hazards*

The elements considered for Essential Service #2 are related to the readiness and responsiveness to address health concerns, when they arise. Are there resources in place? Do the people who need information and access to services know where to go? The community needs to be prepared to respond to all types of potential health threats, those known and unknown.

Diagnosing and investigating health problems and health hazards in the community encompass the following:

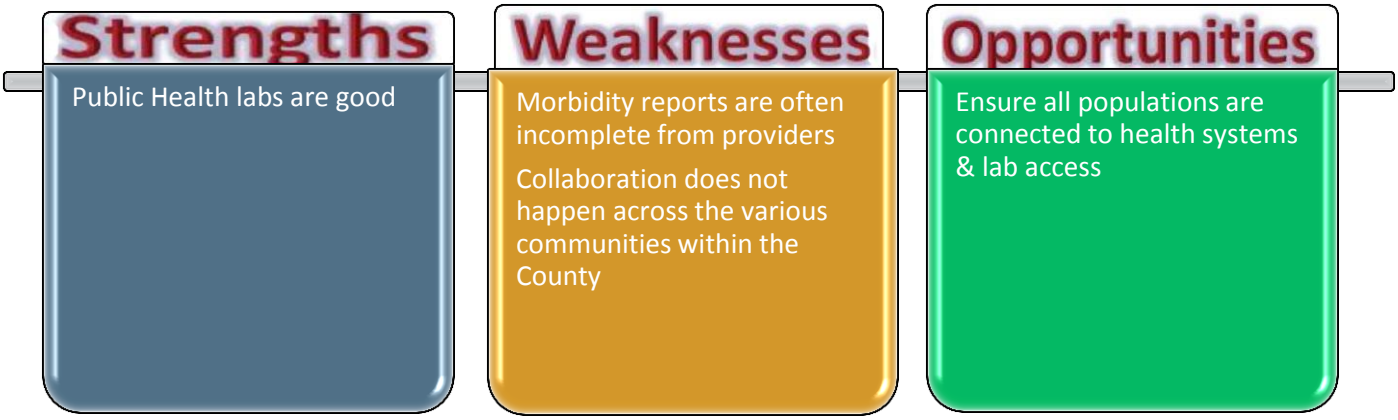
- Accessing a public health laboratory capable of conducting rapid screening and high-volume testing.
- Establishing active infectious disease epidemiology programs.
- Creating technical capacity for epidemiologic investigation of disease outbreaks and patterns of the following: (a) infectious and chronic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

ARE WE READY TO RESPOND TO HEALTH PROBLEMS OR HEALTH HAZARDS IN OUR COUNTY?

HOW QUICKLY DO WE FIND OUT ABOUT PROBLEMS?

HOW EFFECTIVE IS OUR RESPONSE?

### Stakeholder Discussion Highlights:




The following agencies investigate/report overall health status data for Solano County:

- Community Health Profile
- AMCHIP
- Medi-Cal Data
- School Data
- PRAMS
- MCAH Assessments
- WIC Assessments
- Hospital's CHA
- Managed Care Plan (HEDIS)
- American Lung Association & Similar Assessments

**Consensus Scores for ES#2** (To review specific LPHSA questions, please see Appendix A)

| | Optimal 76-100% | Significant 51-75% | Moderate 26-50% | Minimal 1-25% | No Activity 0% |
|---|---|---|---|---|---|
| 2.1 Identification and Surveillance of Health Threats – Average 58.3%: | | | | | |
| 2.1.1 | | | X | | |
| 2.1.2 | | X | | | |
| 2.1.3 | | | X | | |
| 2.2 Investigation and Response to Public Health Threats – Average 100%: | | | | | |
| 2.2.1 | X | | | | |
| 2.2.2 | X | | | | |
| 2.2.3 | X | | | | |
| 2.2.4 | X | | | | |
| 2.2.5 | X | | | | |
| 2.2.6 | X | | | | |
| 2.3 Laboratory Support for Investigation of Health Threats – Average 93.8%: | | | | | |
| 2.3.1 | X | | | | |
| 2.3.2 | | X | | | |
| 2.3.3 | X | | | | |
| 2.3.4 | X | | | | |

## Essential Service #3 - *Inform, Educate, and Empower People about Health Issues*

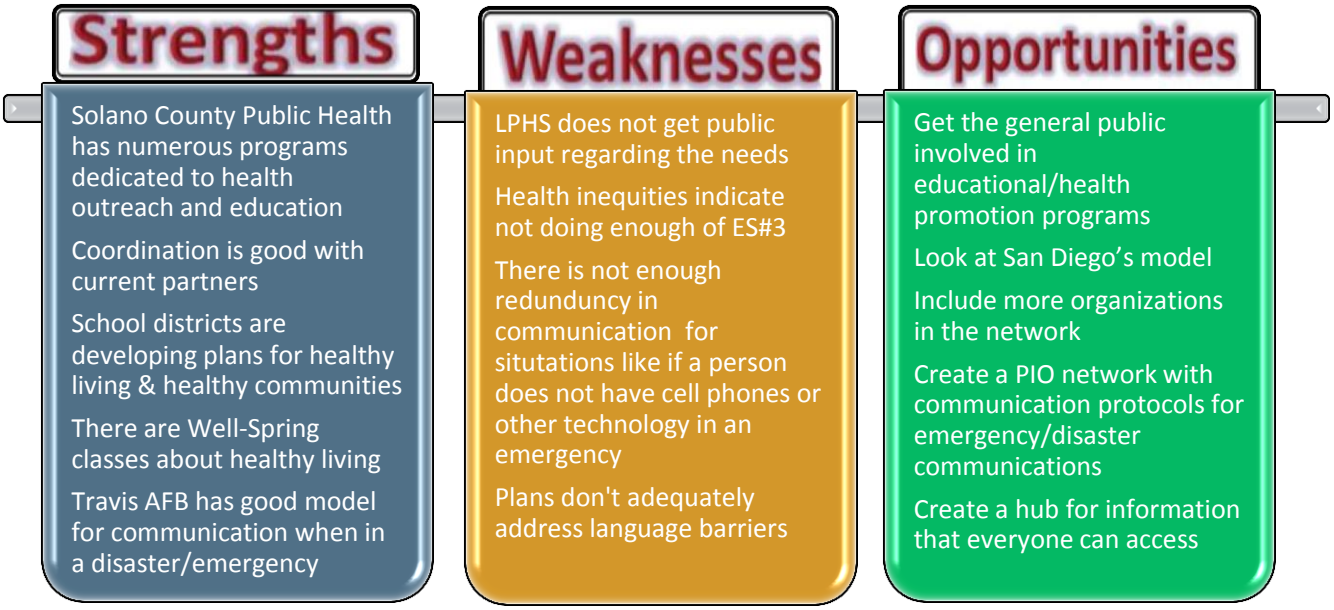
Essential Service #3 is about building a general knowledge base for the entire community regarding health and safety information. How are the formal health providers communicating with the general public about health concerns and resources? Ideally, these services will align with community partners already connected with the public, and all partners will utilize multiple channels of communication to reach the diverse populations in the community.

HOW WELL DO WE KEEP ALL SEGMENTS OF OUR COMMUNITY INFORMED ABOUT HEALTH ISSUES?

Informing, educating, and empowering people about health issues encompass the following:

- 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.

**Stakeholder Discussion Highlights:**




The partners identified technology & best practices for tracking and communicating health outcomes. Some of those are:

- CalREDIE
- CPPH/CDC
- Electronic Health Records
- Geo-spatial Technologies
- Emergency Management
- Reviewing Health Monitoring Data for Trends

**Consensus Scores for ES#3** (To review specific LPHSA questions, please see Appendix A)

| | **Optimal 76-100%** | **Significant 51-75%** | **Moderate 26-50%** | **Minimal 1-25%** | **No Activity 0%** |
|---|---|---|---|---|---|
| 3.1 Health Education and Promotion – Average 33.3%: | | | | | |
| 3.1.1 | | | | X | |
| 3.1.2 | | | X | | |
| 3.1.3 | | | | X | |
| 3.2 Health Communication – Average 50%: | | | | | |
| 3.2.1 | | | X | | |
| 3.2.2 | | | X | | |
| 3.2.3 | | | X | | |
| 3.3 Risk Communication – Average 41.7%: | | | | | |
| 3.3.1 | | | X | | |
| 3.3.2 | | | X | | |
| 3.3.3 | | | X | | |

## Essential Service #4 - *Mobilize Community Partnerships to Identify and Solve Health Problems*

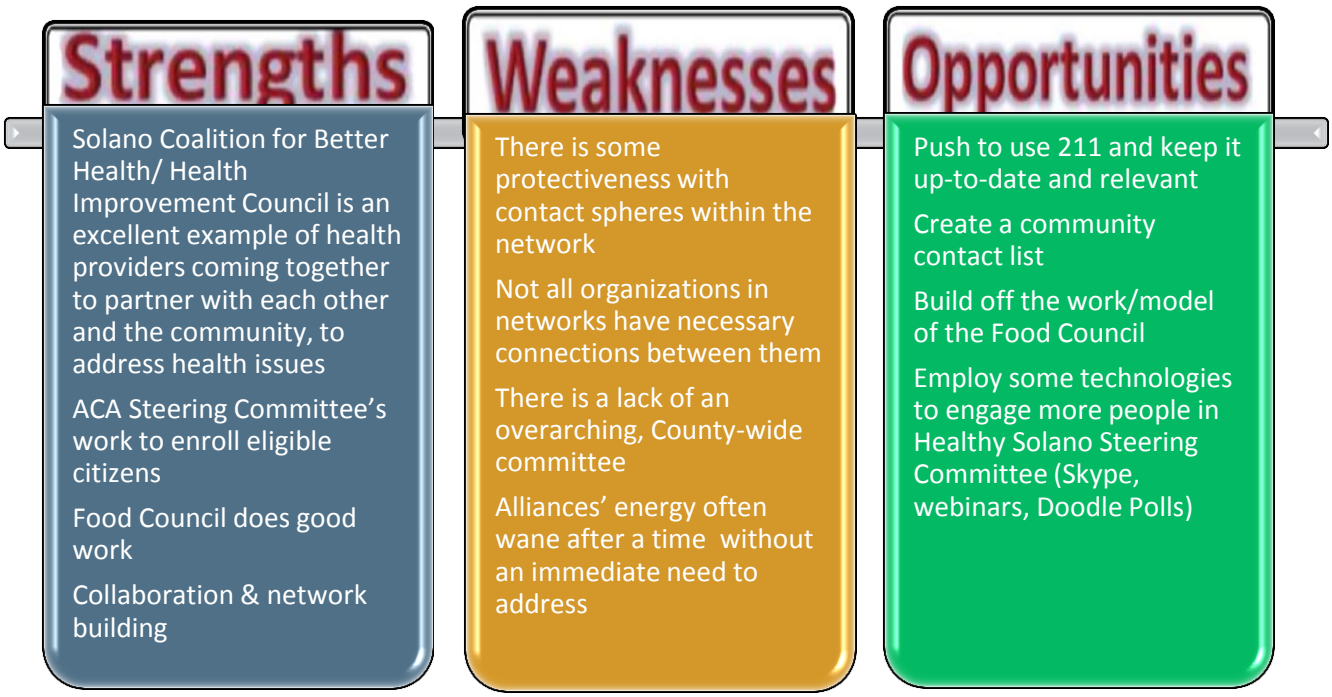
The capacity of formal health institutions is one of the issues that hampers perfectly identifying and solving all of the health problems. Others factors include client trust of the health system, relationships with communities and access to available services. This makes it critical for the formal health systems to partner with community-based agencies and neighborhood resources in order to truly impact health for all communities.

Mobilizing community partnerships to identify and solve health problems encompasses the following:

- 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.

HOW WELL DO WE TRULY ENGAGE PEOPLE IN LOCAL HEALTH ISSUES?

**Stakeholder Discussion Highlights:**



**Consensus Scores for ES#4** (To review specific LPHSA questions, please see Appendix A)

| | Optimal 76-100% | Significant 51-75% | Moderate 26-50% | Minimal 1-25% | No Activity 0% |
|---|---|---|---|---|---|
| 4.1 Constituency Development – Average 56.3%: | | | | | |
| 4.1.1 | | | X | | |
| 4.1.2 | | | X | | |
| 4.1.3 | | X | | | |
| 4.1.4 | | | X | | |
| 4.2 Community Partnerships – Average 50%: | | | | | |
| 4.2.1 | | | X | | |
| 4.2.2 | | | X | | |
| 4.2.3 | | | X | | |

## Essential Service #5 - *Develop Policies and Plans That Support Individual and Community Health Efforts*

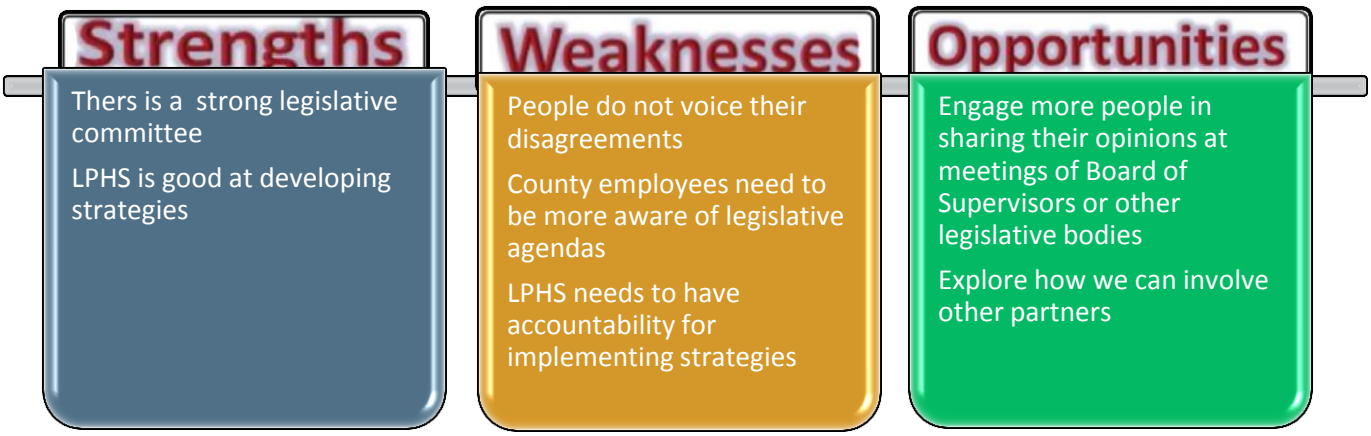
The optimal health of any community is only achieved by coordinated effort. This is achieved by developing both comprehensive plans and supporting policies. Essential Service #5 investigates how well this is done in the Solano County LPHS.

Developing policies and plans that support individual and community health efforts encompasses the following:

WHAT LOCAL POLICIES IN BOTH THE GOVERNMENT AND PRIVATE SECTOR PROMOTE HEALTH IN MY COMMUNITY?
HOW WELL ARE WE SETTING HEALTHY LOCAL POLICIES?

- Ensuring leadership development at all levels of 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 and legislation to guide the practice of public health.

**Stakeholder Discussion Highlights:**




When Continuous Quality Improvement efforts are used to check the pulse of the community, the information gained through such processes needs to inform the policy-making activities at all levels. It is also important to be sure that policy development takes into account racial, ethnic, and cultural equity issues.

**Consensus Scores for ES#5** (To review specific LPHSA questions, please see Appendix A)

| | **Optimal 76-100%** | **Significant 51-75%** | **Moderate 26-50%** | **Minimal 1-25%** | **No Activity 0%** |
|---|---|---|---|---|---|
| 5.1 Governmental Presence at the Local level – Average 33.3%: | | | | | |
| 5.1.1 | | | X | | |
| 5.1.2 | | | | X | |
| 5.1.3 | | | | X | |
| 5.2 Public Health Policy Development – Average 41.7%: | | | | | |
| 5.2.1 | | | X | | |
| 5.2.2 | | | X* | X* | |
| 5.2.3 | | | | X | |
| 5.3 Community Health Improvement Process – Average 41.7%: | | | | | |
| 5.3.1 | | | | X | |
| 5.3.2 | | | X* | X* | |
| 5.3.3 | | | | X | |
| 5.4 Plan for Public Health Emergencies – Average 83.3%: | | | | | |
| 5.4.1 | | X | | | |
| 5.4.2 | | X | | | |
| 5.4.3 | X | | | | |

*Consensus was not fully reached for 5.2.2 & 5.3.2. 5.2.2 the partners felt that the two parts of the question differed Moderate for informing policy makers, but Minimal for informing the community. Similar for 5.3.2 they felt the development of strategies were Moderate, but accountability is only Minimal.

## **Essential Service #6 -** *Enforce Laws and Regulations That Protect Health and Ensure Safety*

The laws and regulations governing health and safety encompass many different areas within the community. Essential Service #6 explores how these laws and regulations are enforced. Does the enforcement ensure the intent of law is achieved? Are they enforced with equity and technical competence? Are the laws aligned with current technological advances and best practices?

Enforcing laws and regulations that protect health and ensure safety encompasses the following:

- 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.

WHEN WE ENFORCE HEALTH REGULATIONS ARE WE TECHNICALLY COMPETENT, FAIR, AND EFFECTIVE?

**Stakeholder Discussion Highlights:**

### Strengths

- LPHS does a good job of reviewing relevant laws & regulations
- LPHS has coalitions who do identify issues needing laws & regulations

### Weaknesses

- Many smaller organizations do not have the capacity to stay current on laws & regulations
- LPHS does not always act on the needs for laws & regulations identified
- Not all organizations can afford the technical assistance to stay current
- LPHS does not do a good job of educating about laws
- LPHS needs to have a more systemic way of reviewing existing regulation for relevancy

### Opportunities

- Ensure the laws are current
- Update the laws that are no longer relevant
- Enforce compliance with public health law in all government agencies
- Be sure the system is aware of best practices and shifts at State and Federal policies/regulations
- Be clear about what jurisdiction is responsible for what monitoring /enforcing laws/regulations

**TABLE 2**

| Need laws/regulations/ordinances | Do NOT need laws/regulations/ordinances |
|---|---|
| Communicable Disease | Chronic Disease |
| Infectious Disease | Parenting |
| Public Threats - (i.e. weapons of mass destruction) | Individual Needs |
| Environmental Health | |
| Transportation of Goods | |
| Fire Codes | |
| Smoking | |
| Nutrition Access | |
| Human Trafficking | |
| Community Needs | |

## Consensus Scores for ES#6 (To review specific LPHSA questions, please see Appendix A)

| | Optimal 76-100% | Significant 51-75% | Moderate 26-50% | Minimal 1-25% | No Activity 0% |
|---|---|---|---|---|---|
| 6.1 Review and Evaluation of Laws, Regulations, and Ordinances – Average 81.3%: | | | | | |
| 6.1.1 | | X | | | |
| 6.1.2 | | X | | | |
| 6.1.3 | | X* | | | |
| 6.1.4 | X | | | | |
| 6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances – Average 58.3%: | | | | | |
| 6.2.1 | | X | | | |
| 6.2.2 | | | X | | |
| 6.2.3 | | | X | | |
| 6.3 Enforcement of Laws, Regulations, and Ordinances – Average 70%: | | | | | |
| 6.3.1 | | X | | | |
| 6.3.2 | X | | | | |
| 6.3.3 | | X | | | |
| 6.3.4 | | | X | | |
| 6.3.5 | | | X | | |

***** 6.1.3 the partners wanted to add the word "relevant" to the assessment question, and they were split between Significant and Moderate.

**Essential Service #7: -** *Link People to Needed Personal Health Services and Assure the Provision of Healthcare When Otherwise Unavailable*

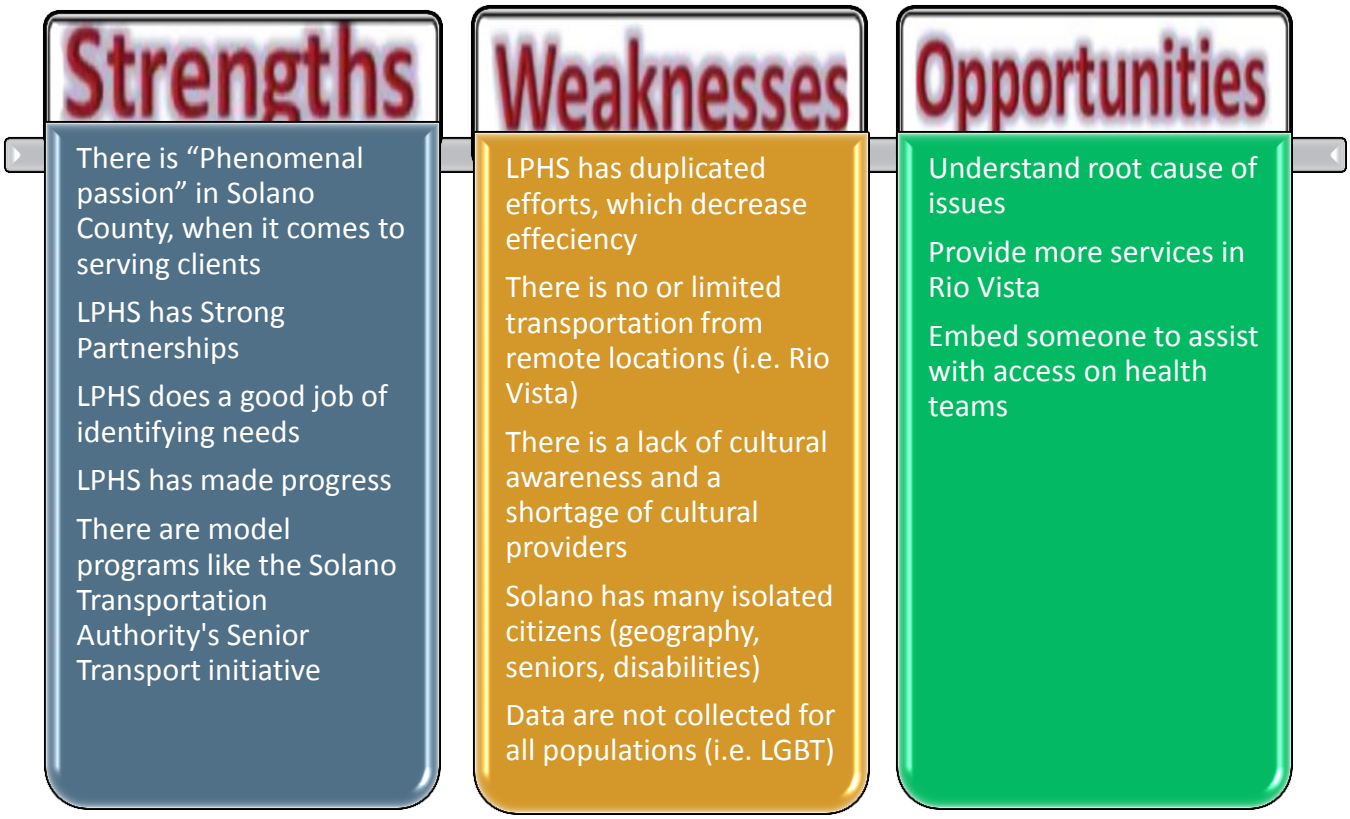
Essential Service #7 addresses the critical nature of getting the people in the community the services they need. Access to service is hindered in many ways and it is critical to know what barriers there are and what capacities the LPHS is lacking.

Linking people to needed personal health services and assuring the provision of healthcare when otherwise unavailable (sometimes referred to as outreach or enabling services) encompass the following:

- 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.

ARE PEOPLE IN MY COMMUNITY RECEIVING THE HEALTH SERVICES THEY NEED?

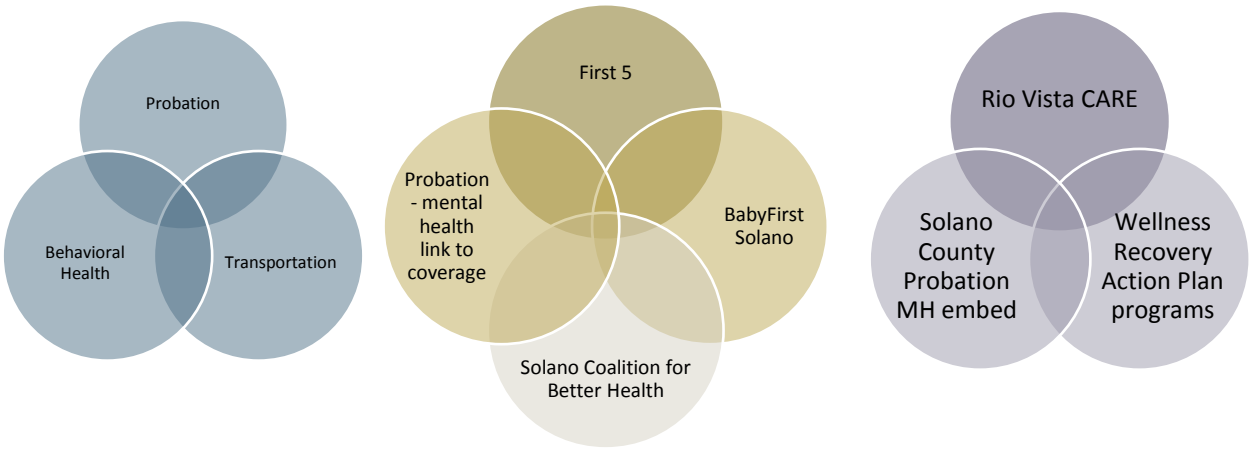
**Stakeholder Discussion Highlights:**



The following programs are examples of efforts which help Solano County to achieve the objectives in ES#7:

- ☐ Solano First5
- ☐ BabyFirst Solano
- ☐ Women's Reentry Association Program
- ☐ Solano Kids Insurance Program
- ☐ Black Infant Health
- ☐ Community Health
- ☐ La Clínica de La Raza
- ☐ Potter's House
- ☐ NorthBay ABC
- ☐ TCP
- ☐ Federally Qualified Health Center
- ☐ Churches
- ☐ Touro University
- ☐ County Mobile Vans (Primary Care and Dental)
- ☐ NorthBay Healthcare: ER Social Workers
- ☐ Solano Coalition for Better Health
- ☐ Transitional Care Programs
- ☐ Rio Vista CARE

Examples of good partnerships Solano that work to achieve the goals of ES#7




**Consensus Scores ES#7** (To review specific LPHSA questions, please see Appendix A)

| | **Optimal 76-100%** | **Significant 51-75%** | **Moderate 26-50%** | **Minimal 1-25%** | **No Activity 0%** |
|---|---|---|---|---|---|
| 7.1 Identification of Personal Health Service Needs of Populations – Average 25%: | | | | | |
| 7.1.1 | | | | X | |
| 7.1.2 | | | | X | |
| 7.1.3 | | | | X | |
| 7.1.4 | | | | X | |
| 7.2 Assuring the Linkage of People to Personal Health Services – Average 43.8%: | | | | | |
| 7.2.1 | | | X | | |
| 7.2.2 | | | | X | |
| 7.2.3 | | X | | | |
| 7.2.4 | | | | X | |

## Essential Service #8 - *Assure a Competent Public Health and Personal Healthcare Workforce*

The system providing health services to the local community is only as strong as the individual employees within this system. Essential Service #8 looks at the factors that help to guarantee the workforce is ready and competent to address the health needs of the community.

Ensuring a competent public and personal healthcare workforce encompasses the following:

- 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.

DO WE HAVE COMPETENT PUBLIC HEALTH STAFF?
DO WE HAVE COMPETENT HEALTHCARE STAFF?
HOW CAN WE BE SURE THAT OUR STAFF STAYS CURRENT?

**Stakeholder Discussion Highlights:**

### Strengths

- Required licenses are tracked to ensure State/National compliance
- Shortages have created some opportunities for creative solutions
- People show up

### Weaknesses

- LPHS does not monitor how it is going
- It often takes months to get licenses in some cases
- Smaller organizations may not have standardized competencies
- Budgets drive available training
- There is not enough Continuing Education
- There is difficulty retaining employees

### Opportunities

- Start with high schoolers to build for the future
- Gather data to help inform decisions
- Offer more continuing education opportunities
- Incentivize learning
- Partner with Touro University
- Create some standards for providers
- Promote the good we do
- Build the leadership capacity of people who are representative of the communities in the County

The group identified the following topics as needs for more training/education:

- Mental Health Awareness
- Substance Abuse
- Disaster Preparedness
- Leadership Development
- Cultural Competence/Awareness/Humility
- Social Determinants of Health

ES#8 is an area where more collaboration could greatly improve the health of the community. Preparedness of the workforce through system-wide offerings and tracking were examples of how to work together.

**Consensus Scores for ES#8** (To review specific LPHSA questions, please see Appendix A)

| | **Optimal 76-100%** | **Significant 51-75%** | **Moderate 26-50%** | **Minimal 1-25%** | **No Activity 0%** |
|---|---|---|---|---|---|
| 8.1 Workforce Assessment, Planning and Development – Average 25%: | | | | | |
| 8.1.1 | | | | X | |
| 8.1.2 | | | | X | |
| 8.1.3 | | | | X | |
| 8.2 Public Health Workforce Standards – Average 58.3%: | | | | | |
| 8.2.1 | | X | | | |
| 8.2.2 | | | X | | |
| 8.2.3 | | | X | | |
| 8.3 Life-Long Learning through Continuing Education, Training, and Mentoring – Average 35%: | | | | | |
| 8.3.1 | | X | | | |
| 8.3.2 | | | | X | |
| 8.3.3 | | | | X | |
| 8.3.4 | | | | X | |
| 8.3.5 | | | | X* | |
| 8.4 Public Health Leadership Development – Average 37.5%: | | | | | |
| 8.4.1 | | | | X | |
| 8.4.2 | | | X | | |
| 8.4.3 | | | X | | |
| 8.4.4 | | | | X | |

***** 8.3.5 one partner wanted the score to be Moderate.

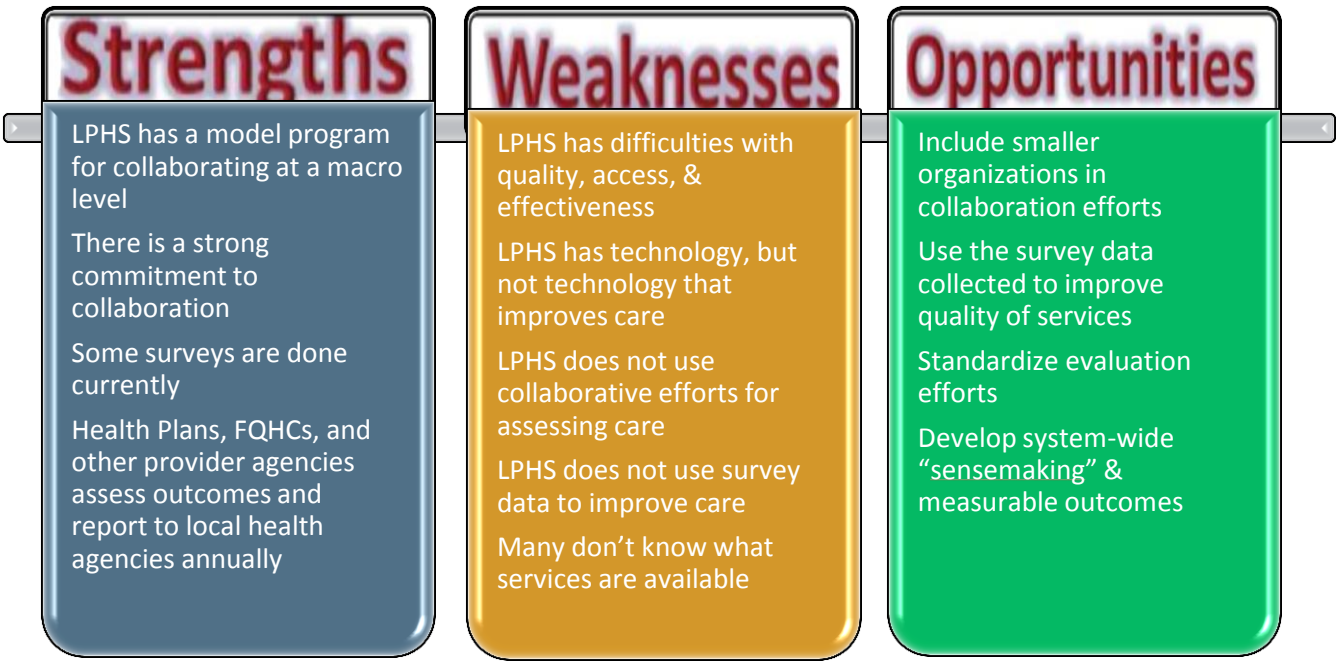
## **Essential Service #9 -** *Evaluate Effectiveness, Accessibility, & Quality of Personal & Population-Based Health Services*

The LPHS must understand the outcomes being achieved through its efforts. This assessment item addresses how well evaluation is done and if this information is used to make decisions about how to move forward so that individuals and the population have the best possible health outcomes.

Evaluating effectiveness, accessibility, and quality of personal and population-based health services encompasses the following:

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

### Stakeholder Discussion Highlights:




Solano Kids Thrive is an emerging collective impact approach, dedicated to moving the needle towards better health outcomes for kids across multiple programs and sectors. This model may be one to follow and learn from.

**Consensus Scores for ES#9** (To review specific LPHSA questions, please see Appendix A)

| | Optimal 76-100% | Significant 51-75% | Moderate 26-50% | Minimal 1-25% | No Activity 0% |
|---|---|---|---|---|---|
| 9.1 Evaluation of Population-Based Health Services – Average 31.3%: | | | | | |
| 9.1.1 | | | | X | |
| 9.1.2 | | | | X | |
| 9.1.3 | | | X | | |
| 9.1.4 | | | | X | |
| 9.2 Evaluation of Personal Health Services – Average 45%: | | | | | |
| 9.2.1 | | | | X | |
| 9.2.2 | | | X | | |
| 9.2.3 | | | X | | |
| 9.2.4 | | | X | | |
| 9.2.5 | | | | X | |
| 9.3 Evaluation of the Local Public Health System – Average 25%: | | | | | |
| 9.3.1 | | | | X | |
| 9.3.2 | | | | X | |
| 9.3.3 | | | | X | |
| 9.3.4 | | | | X | |

## Essential Service #10 - *Research for New Insights and Innovative Solutions to Health Problems*

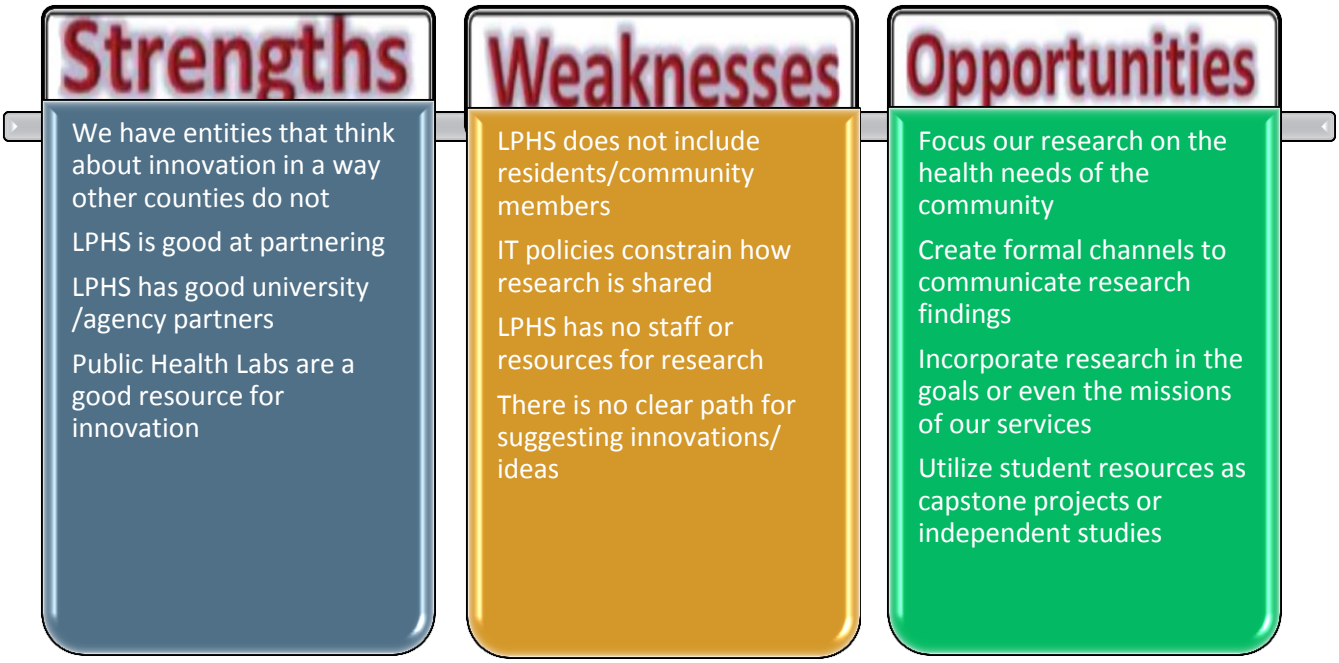
The services provided in the current LPHS are time-limited in this global world of always-changing, highly complex health care. Essential Service #10 addresses how the LPHS is paying attention to the needs of the future. What innovations are going to be needed to maintain health of the local communities in the future? How do we make decisions about the strategies and directions needed?

Researching new insights and innovative solutions to health problems encompasses the following:

- 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.

ARE WE DISCOVERING AND USING NEW WAYS TO GET THE JOB DONE?

**Stakeholder Discussion Highlights:**




Research partners include:

- Touro University
- UC Davis
- Chico State
- Veterans Administration
- UC San Francisco
- Stanford University
- Singapore Ministry of Health
- Partnership Health Plan

One notable example of the local public health system prompting action/research involves the NAACP and Planned Parenthood raising awareness around the high STD rates among Vallejo youth to the Board of Supervisors. This is one example of how the LPHS can look for ways to utilize data collected to surface issues and innovations in need of a study or pilot program.

**Consensus Scores for ES#10** (To review specific LPHSA questions, please see Appendix A)

| | Optimal 76-100% | Significant 51-75% | Moderate 26-50% | Minimal 1-25% | No Activity 0% |
|---|---|---|---|---|---|
| 10.1 Fostering Innovation – Average 56.3%: | | | | | |
| 10.1.1 | | | X | | |
| 10.1.2 | | | X | | |
| 10.1.3 | | X | | | |
| 10.1.4 | | | | X | |
| 10.2 Linkage with Institutions of Higher Learning and/or Research – Average 58.3%: | | | | | |
| 10.2.1 | | X | | | |
| 10.2.2 | | | X | | |
| 10.2.3 | | | X | | |
| 10.3 Capacity to Initiate or Participate in Research – Average 31.3%: | | | | | |
| 10.3.1 | | | X | | |
| 10.3.2 | | | | X | |
| 10.3.3 | | | X | | |
| 10.3.4 | | | | X | |

## Indications of LPHSA Scores:

Tables 3 & 4 below summarize the scores for all 10 Essential Services. These scores serve as baseline data for Solano County's LPHS, in its current capacities and activities. This baseline data will allow the LPHS to measure its progress in certain areas for improvement. These indicators of how well the LPHS performs currently will also be one factor to guide the priorities for the Community Health Improvement Plan (CHIP) and the strategic direction for the many of the LPHS partners.

In looking at Table 3, while there were Model Standards where the evidence indicated only minimal efforts (1 to 25%) currently, none of the Essential Services *as a whole* indicated minimal activity. Seven of the Essential Services average scores fell in the moderate activity range (26-50%). These are:

- Monitor Health Status
- Educate/Empower
- Develop Policies/Plans
- Link to Health Services
- Assure Workforce
- Evaluate Services
- Research/Innovations

Of those 7, Monitor Health Status, Develop Policies/Plans, and Research/Innovation were close to the 51% mark, which is would signal a significant level of effort and place them in a similar range with Mobilize Partnerships and Enforce Laws. The apparent strength for Solano's local public health system is around Diagnosing and Investigating, with 84% activity or optimal efforts.

With that being said, the Essential Services could be categorized into 3 areas, based upon their scores: those in overall in the most need of improvement, those needing a fair amount of improvement and those needing to be maintained.

**Most Needing Improvement:**

- Educate/Empower
- Link to Health Services
- Assure Workforce
- Evaluate Services

**Fair Amount of Improvement Needed:**

- Monitor Health Status
- Develop Policies/Plans
- Research/Innovation
- Mobilize Partnerships
- Enforce Laws

**Maintain Efforts:**

- Diagnose & Investigate

For the last category (and those individual Model Standards scoring well) it is crucial that the areas do not get overlooked in the improvement plans, because it would be easy to ignore those doing well and have the performance erode due to lack of attention.

**TABLE 3**

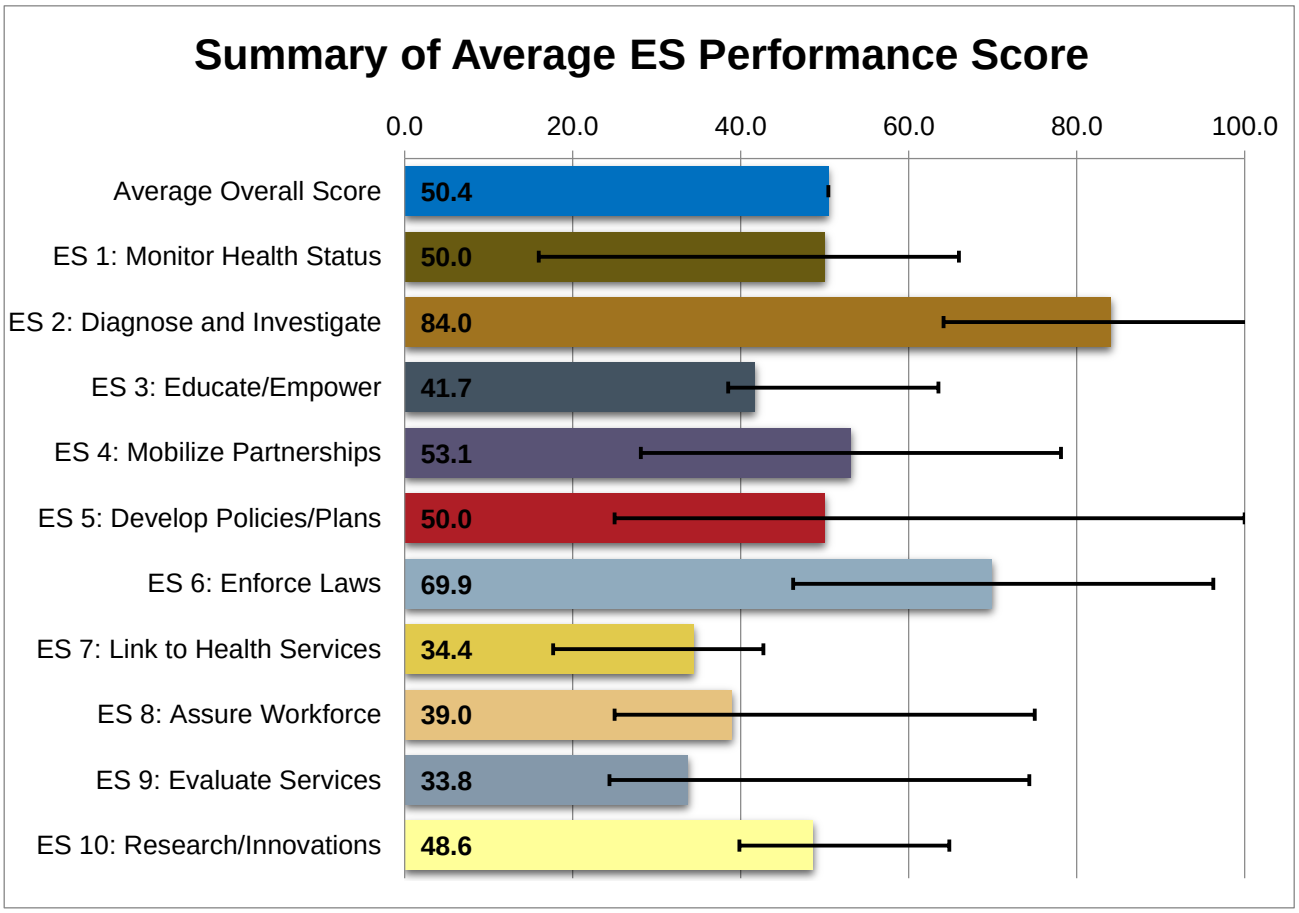
**Activity: 0-25% = Minimal; 26%-50% = Moderate; 51%-75% = Significant; 76%-100% = Optimal**

| Model Standards by Essential Services | Performance Scores |
|---|---|
| **ES 1: Monitor Health Status** | **50.0** |
| 1.1 Community Health Assessment | 41.7 |
| 1.2 Current Technology | 58.3 |
| 1.3 Registries | 50.0 |
| **ES 2: Diagnose and Investigate** | **84.0** |
| 2.1 Identification/Surveillance | 58.3 |
| 2.2 Emergency Response | 100.0 |
| 2.3 Laboratories | 93.8 |
| **ES 3: Educate/Empower** | **41.7** |
| 3.1 Health Education/Promotion | 33.3 |
| 3.2 Health Communication | 50.0 |
| 3.3 Risk Communication | 41.7 |
| **ES 4: Mobilize Partnerships** | **53.1** |
| 4.1 Constituency Development | 56.3 |
| 4.2 Community Partnerships | 50.0 |
| **ES 5: Develop Policies/Plans** | **50.0** |
| 5.1 Governmental Presence | 33.3 |
| 5.2 Policy Development | 41.7 |
| 5.3 CHIP/Strategic Planning | 41.7 |
| 5.4 Emergency Plan | 83.3 |
| **ES 6: Enforce Laws** | **69.9** |
| 6.1 Review Laws | 81.3 |
| 6.2 Improve Laws | 58.3 |
| 6.3 Enforce Laws | 70.0 |
| **ES 7: Link to Health Services** | **34.4** |
| 7.1 Personal Health Service Needs | 25.0 |
| 7.2 Assure Linkage | 43.8 |
| **ES 8: Assure Workforce** | **39.0** |
| 8.1 Workforce Assessment | 25.0 |
| 8.2 Workforce Standards | 58.3 |
| 8.3 Continuing Education | 35.0 |
| 8.4 Leadership Development | 37.5 |
| **ES 9: Evaluate Services** | **33.8** |
| 9.1 Evaluation of Population Health | 31.3 |
| 9.2 Evaluation of Personal Health | 45.0 |
| 9.3 Evaluation of LPHS | 25.0 |
| **ES 10: Research/Innovations** | **48.6** |
| 10.1 Foster Innovation | 56.3 |
| 10.2 Academic Linkages | 58.3 |
| 10.3 Research Capacity | 31.3 |
| **Average Overall Score** | **50.4** |
| **Median Score** | **49.3** |

To further help prioritize the health needs of Solano County, it is important to consider the information in Table 4, below. This table provides the range of performance within each of the Essential Services. Looking at the range for of scores for Link to Health Services (ES #7), it becomes obvious there is the most room for improvement in this area. The range of just under 20% to just over 40% is the lowest performance range for any of the service areas. In fact, it is the only area where the assessed performance fell completely below 50%. While Monitor Health Status (ES #1) has a similar low end; the high end is significantly greater. While it may not be the highest priority, certainly one focus should be on improving the linkage to health services for the community.

Another learning from this information is that there are things Solano County does well and things that need significant improvement within each Essential Service. In order to make decisions on where the community needs to put the limited time and energy, consideration should be given to the macro (ES) and micro (MS) details of this assessment and the others in the MAPP process.

**Table 4**



## Conclusion

As is the case with most communities, there are areas where the efforts and results are significant, contributing to good health outcomes and reduced risk for the community's well-being. And there are those areas where the opposite is true. There are many factors contributing to this, from the social determinants of health to funding decisions to the political will. This assessment serves as one component of getting to the root of where the services of the LPHS may be falling short, and informing the path for moving forward. The results should be viewed as a piece of the puzzle and we invite you to review the summary document incorporating the findings from all of the MAPP process assessments. They are a baseline measure for Solano County in 2016.

[i] LPHSA Overview & Essential Services descriptions are excerpts from the LPHSA Instrument.