

2015 Mendocino County
Community Health Needs Assessment

APPENDIX D
Local Public Health System Assessment

May 2016



TABLE OF CONTENTS

Local Public Health System Assessment

Introduction	1
The Workshop	2
About This Report	2
Understanding the Data and Data Limitations	2

Results

Highest and Lowest Performance Scores	3
Essential Service Performance Scores	4
Qualitative Analysis and Key Findings	10
Next Steps	11

Addendums

A. The National Public Health Performance Standards	12
B. Individual Questions and Responses	14
C. Qualitative Assessment Data – Summary Notes	21
D. Public Health System Community Leaders	25

Acknowledgements

The National Public Health Performance Standards (NPHPS) were developed collaboratively by the program’s national partner organizations. The NPHPS partner organizations include: Centers for Disease Control and Prevention (CDC); American Public Health Association (APHA); Association of State and Territorial Health Officials (ASTHO); National Association of County and City Health Officials (NACCHO); National Association of Local Boards of Health (NALBOH); National Network of Public Health Institutes (NNPHI); and Public Health Foundation (PHF). We thank the staff of these organizations for their time and expertise in the support of the NPHPS.

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

Introduction

On October 5, 2015, the Mendocino County Health and Human Services Agency (HHSA)/ Public Health hosted a half-day workshop in which thirty-four community leaders conducted a collaborative Local Public Health System Assessment. The purpose of the workshop was to identify community needs and assets in order to drive community-wide strategic planning efforts to improve health and well-being in the County. This assessment is part of the Community Health Needs Assessment (CHNA), carried out in 2015 and early 2016 by a consortium of local organizations including the Alliance for Rural Community Health (ARCH), Frank Howard Memorial Hospital, Mendocino County Health and Human Services Agency (HHSA), North Coast Opportunities, and Ukiah Valley Medical Center.

The Local Public Health System Assessment is designed to promote continuous improvement that results in positive outcomes for system performance. It uses the National Public Health Performance Standards (NPHPS), which provide a common understanding of how a high-performing and effective public health system can operate. This shared frame of reference can help build commitment and focus for setting priorities and improving public

health system performance in all ten essential public health services (see Figure 1). The NPHPS is described in greater detail in Addendum A.



Figure 1. The 10 Essential Public Health Services and how they relate to the three Core Functions of Public Health.

Local health departments and their public health system partners can use this report as a working tool to:

- Better understand current system functions and performance;
- Identify and prioritize areas of strengths, weaknesses, and opportunities for improvement;
- Articulate the value that quality improvement initiatives will bring to the public health system;
- Develop an initial work plan with specific quality improvement strategies to achieve goals;
- Begin taking action to achieve performance and quality improvement in one or more targeted area; and
- Re-assess the progress of improvement efforts at regular intervals.

Besides the potential benefits listed above, the Local Public Health System Assessment process reinforces the critical concept of a *system* and the need for collaboration among partners. Simply by looking around the room, workshop participants could see many of the potential partners who must work together to optimize health and wellness in Mendocino County. The workshop was a welcome opportunity to exchange ideas with individuals with complementary knowledge and expertise, all of whom share an interest in improving life for local residents.

The Workshop

At the October 2015 workshop, Health Strategist Dr. Ron Chapman kicked off the discussions by presenting a Vision of the Future. The community leaders present were assigned to one of five groups that were then asked to discuss the performance of the local public health system with respect to specific service areas. Under the direction of Public Health Institute consultant Tamara Bannan, MPH, public health staff facilitated the small-group discussions. The groups identified strengths and weaknesses of the system and brainstormed future opportunities for improvement. Following their small-group sessions, they came together to share their findings (see page 17).



About This Report

This report on the Local Public Health System Assessment is designed to facilitate communication and sharing among and within programs, partners, and organizations in Mendocino County. It presents a snapshot of where the local public health system stands relative to the National Public Health Performance Standards, thus making it possible to move toward refining and improving outcomes across the system.

As noted above and discussed in Addendum A, the self-assessment is structured around the Model Standards for each of the 10 Essential Public Health Services (EPHS, also simply called Essential Services). The standards were developed through a collaborative process involving input from national, state, and local public health experts. Altogether, for the local assessment, 30 Model Standards serve as quality indicators that are organized in the instrument into the ten essential public health service areas that together address the three core functions of public health—assessment, policy development, and assurance (Figure 1).

Understanding the Data and Data Limitations

The limitations to the assessment data resulting from the workshop process stem from a combination of self-reporting, variations in the breadth and knowledge of the participants, the variety of assessment methods used, and differences in interpretations of the assessment questions. Data and resultant information should not be interpreted to reflect the capacity or performance of any single agency or organization within the public health system, nor used for

comparisons between jurisdictions or organizations. Both the use of NPHPS-generated data and the associated recommendations are intended to guide an overall infrastructure and performance improvement process for the public health system by the organizations involved in the assessment.

Table 1. Summary of Assessment Response Options.

Optimal Activity (76-100%)	Greater than 75% of the activity described within the question is met.
Significant Activity (51-75%)	Greater than 50%, but no more than 75% of the activity described within the question is met.
Moderate Activity (26-50%)	Greater than 25%, but no more than 50% of the activity described within the question is met.
Minimal Activity (1-25%)	Greater than zero, but no more than 25% of the activity described within the question is met.
No Activity (0%)	0% or absolutely no activity.

All performance scores are an average. Model Standard scores are an average of the question scores within that Model Standard; Essential Service scores are an average of the Model Standard scores within that Essential Service; and the overall assessment score is the average of the Essential Service scores (Table 1). The assessment methods are not fully standardized and these differences in administration of the self-assessment may introduce an element of measurement error. In addition, the small number of participants in each workgroup caused biases to the scoring system. Finally, the differences in knowledge about the public health system among assessment participants may lead to interpretation differences and issues for some questions, potentially introducing a degree of random non-sampling error.

RESULTS

The assessment results highlight areas of relative strength as well as challenges for the system. The summary scores for each of the 10 Essential Services are displayed graphically in Figure 2 on the next page. Further description of the performance scores is provided in Table 2 on page 8. The Essential Services with the highest and lowest scores are provided immediately below.

Highest and Lowest Performance Scores

Mendocino County scored *highest* for capacity and performance in the following Essential Services:

- ✦ ESPHS 1: Monitor Health Status to Identify Community Health Problems (79.2%, optimal activity)
- ✦ ESPHS 2: Diagnose and investigate Health Problems and Health Hazards (69.4%, significant activity)
- ✦ ESPHS 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable (71.9%, significant activity)

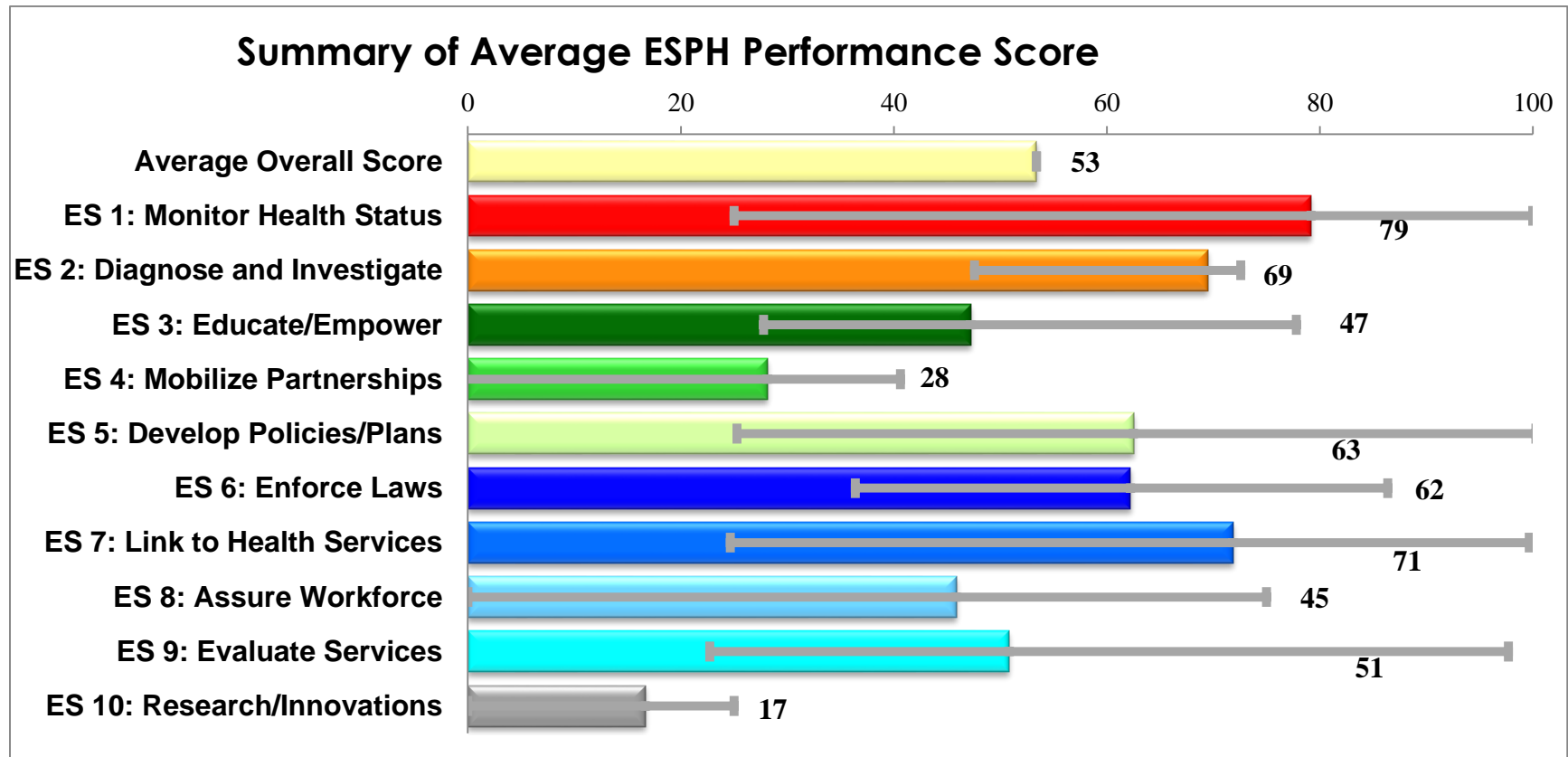
The following Essential Services had the *lowest* scores:

- ✦ ESPHS 4: Mobilize Community Partnership to Identify and Solve Health Problems (28.1%, moderate activity)
- ✦ ESPHS 8: Assure a Competent Public and Personal Health Care Workforce (45.8%, moderate activity)
- ✦ ESPHS 10: Research for New Insights and Innovative Solutions to Health Problems (16.7%, minimal activity)

Essential Public Health Performance Scores

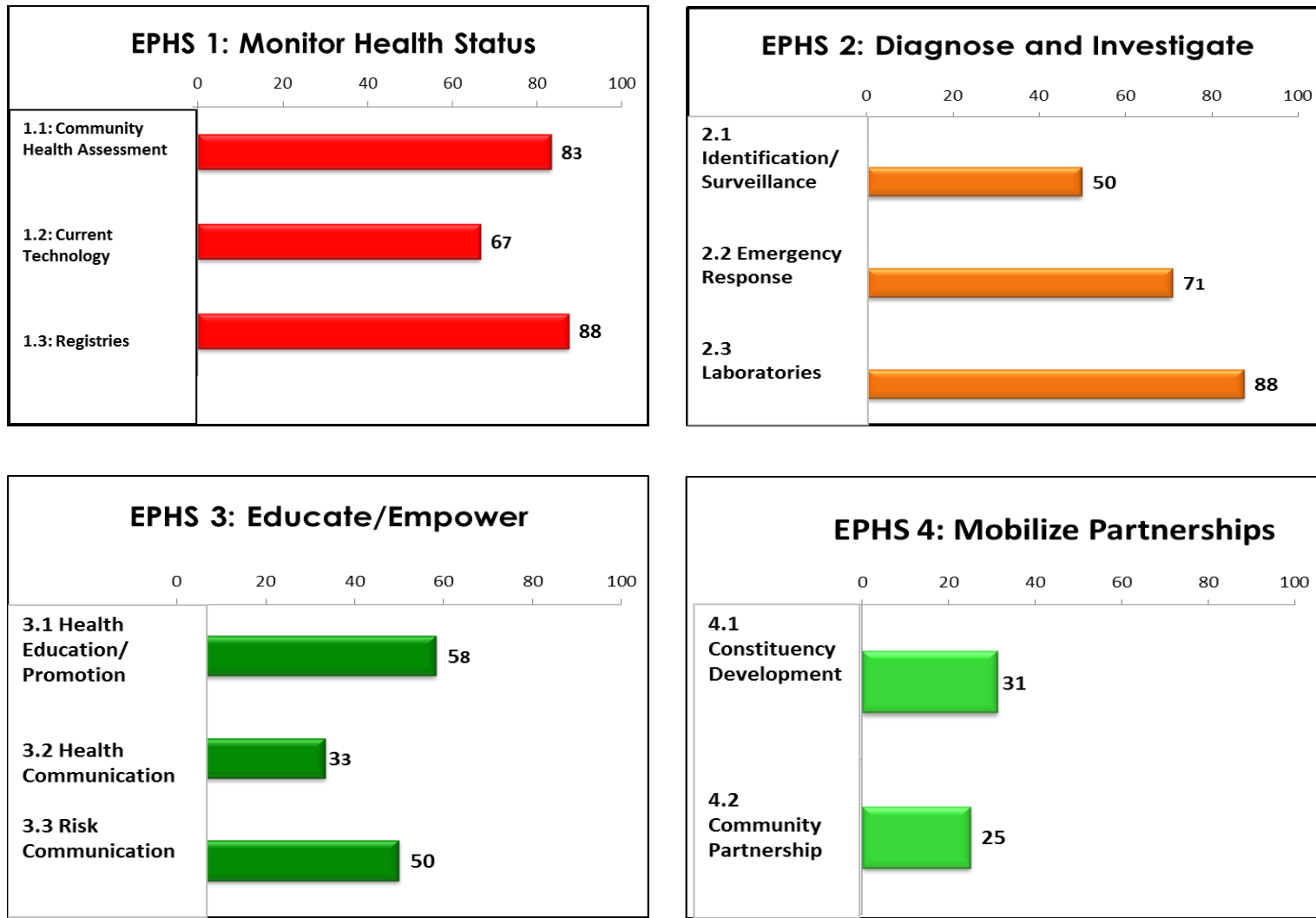
Figure 2 below displays the average score for each Essential Service, along with an overall average assessment score across all 10 Essential Services. Examination of the overall performance scores for each Essential Service gives a sense of the local public health system's greatest strengths and weaknesses. The black bars identify the range of reported performance score responses within each Essential Service.

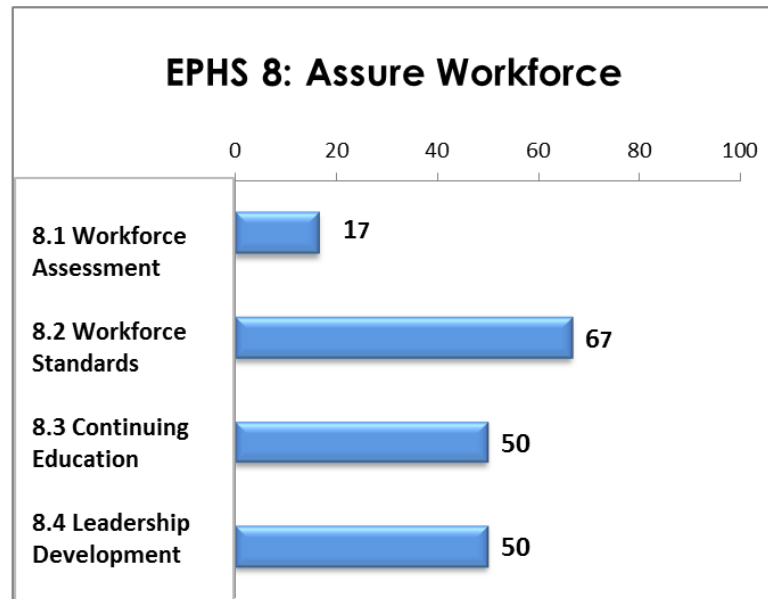
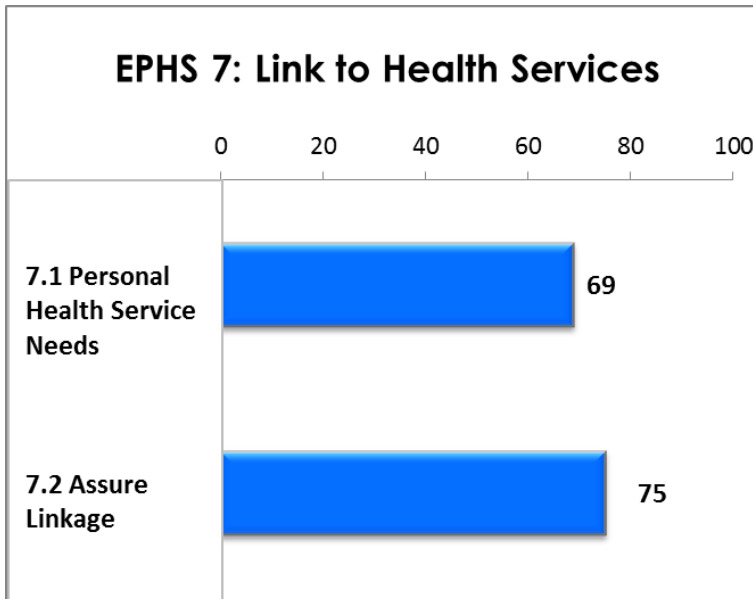
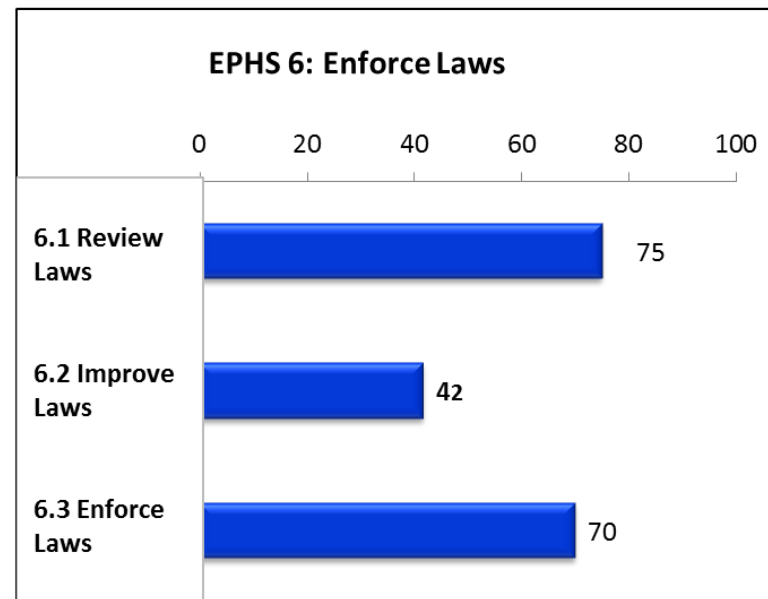
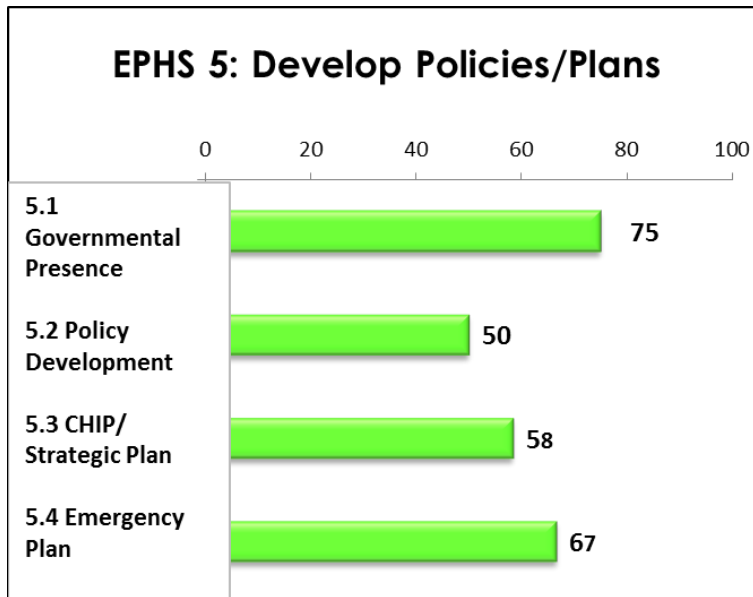
Figure 2. Summary of Average Essential Public Health Performance Scores.

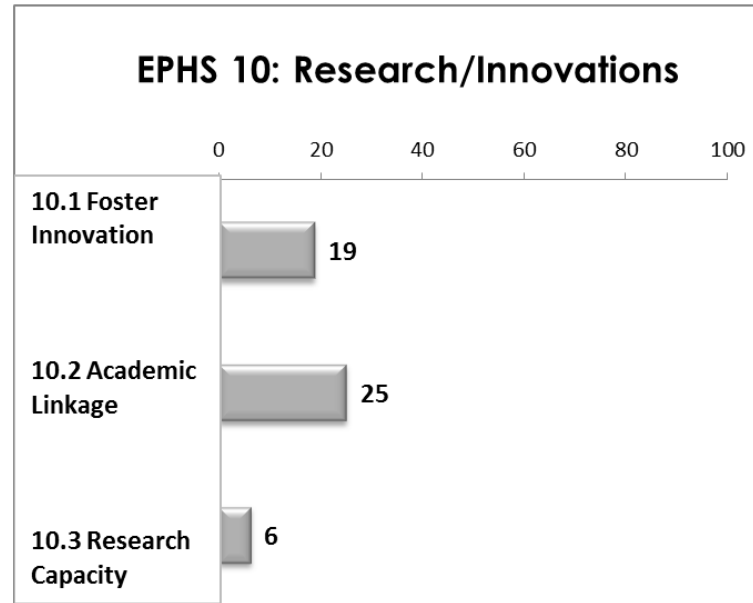
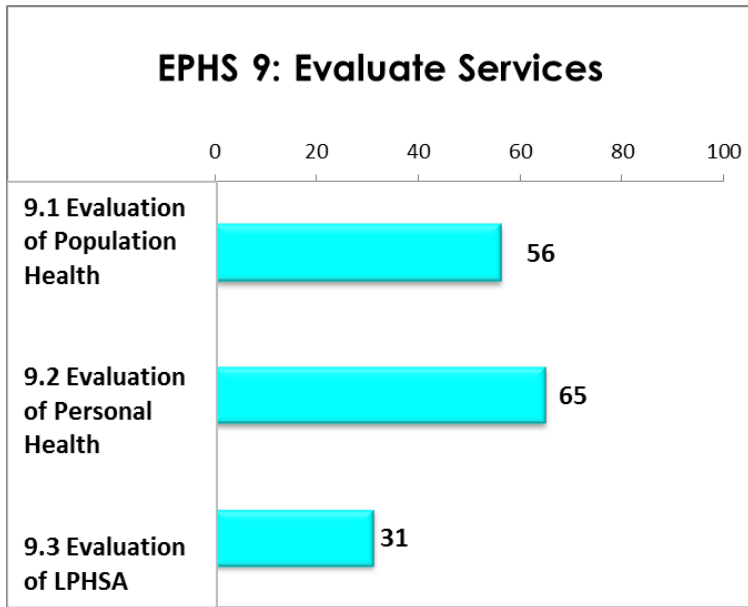


The following pages provide the performance scores for each of the Essential Public Health Service for Each Model Standard 1 – 10 in more detail. Score calculations are provided in Table 2 on page 8.

Figure 3. Performance Scores by Essential Public Health Service for Each Model Standard 1-10.







In Table 2 below, each score at the Essential Service level is a calculated average of the respective Model Standard scores within that Essential Service.

Table 2. Overall Performance, Priority, and Contribution Scores by Essential Public Health Service and Corresponding Model Standard

Model Standards By Essential Service	Performance Scores	Activity Ranking
ES 1: Monitor Health Status	79.2	Significant
1.1 Community Health Assessment	83.3	
1.2 Current Technology	66.7	
1.3 Registries	87.5	
ES 2: Diagnose and Investigate	69.4	Significant
2.1 Identification/Surveillance	50.0	
2.2 Emergency Response	70.8	
2.3 Laboratories	87.5	
ES 3: Educate/Empower	47.2	Moderate
3.1 Health Education/Promotion	58.3	
3.2 Health Communication	33.3	
3.3 Risk Communication	50.0	
ES 4: Mobilize Partnerships	28.1	Minimal
4.1 Constituency Development	31.3	
4.2 Community Partnerships	25.0	
ES 5: Develop Policies/Plans	62.5	Significant
5.1 Governmental Presence	75.0	
5.2 Policy Development	50.0	
5.3 CHIP/Strategic Planning	58.3	
5.4 Emergency Plan	66.7	
ES 6: Enforce Laws	62.2	Significant
6.1 Review Laws	75.0	
6.2 Improve Laws	41.7	
6.3 Enforce Laws	70.0	
ES 7: Link to Health Services	71.9	Significant
7.1 Personal Health Service Needs	68.8	
7.2 Assure Linkage	75.0	
ES 8: Assure Workforce	45.8	Moderate
8.1 Workforce Assessment	16.7	
8.2 Workforce Standards	66.7	
8.3 Continuing Education	50.0	
8.4 Leadership Development	50.0	
ES 9: Evaluate Services	50.8	Moderate
9.1 Evaluation of Population Health	56.3	
9.2 Evaluation of Personal Health	65.0	
9.3 Evaluation of LPHS	31.3	
ES 10: Research/Innovations	16.7	Minimal
10.1 Foster Innovation	18.8	
10.2 Academic Linkages	25.0	
10.3 Research Capacity	6.3	
Average Overall Score	53.4	Significant
Median Score	56.5	

Figures 4 and 5 below display the proportion of performance scores that meet specified thresholds of achievement for performance standards. The five threshold levels of achievement used in scoring these measures are shown in the legend below. For example, measures receiving a composite score of 76-100% were classified as meeting performance standards at the optimal level.

Figure 4. Percentage of the PH System's Essential Services scores that fall within the five activity categories.

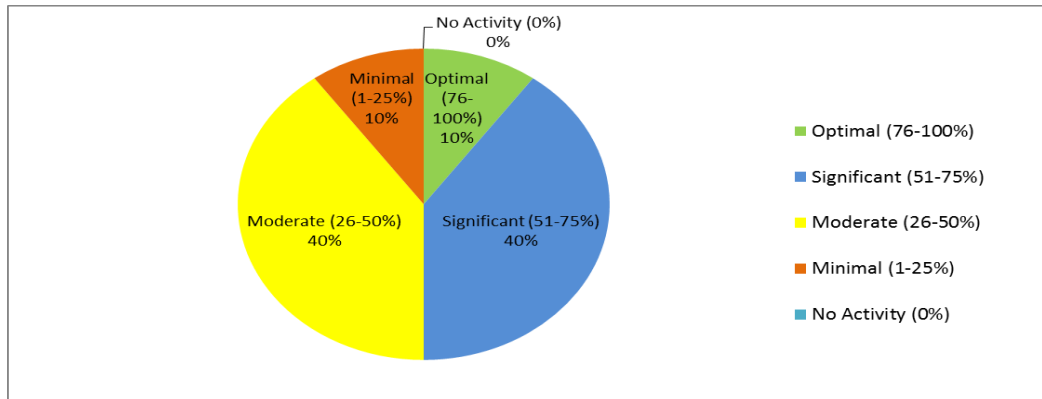


Figure 4 at left provides a high-level snapshot of the information found in Figure 2, summarizing the composite performance measures for all 10 Essential Services.

Figure 5. Percentage of the System's Model Standard scores that fall within the five activity categories.

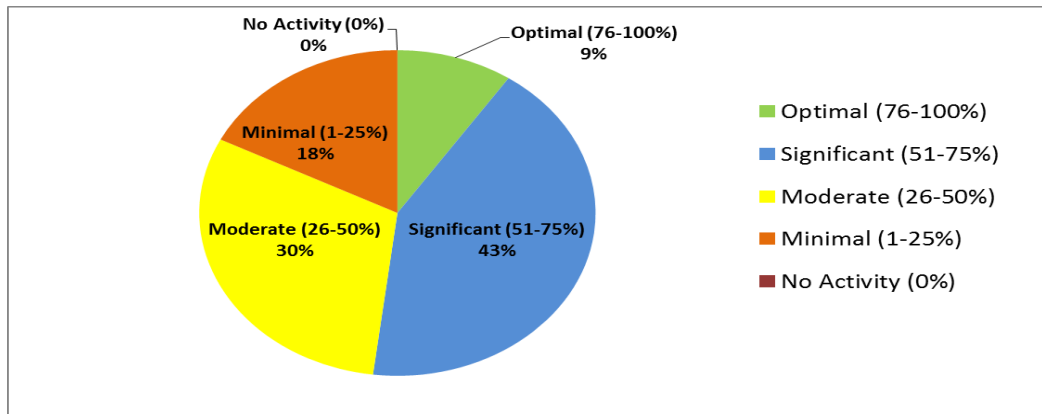


Figure 5 at left, provides a high-level snapshot of the information found in Figure 3, summarizing the composite measures for all 30 Model Standards.

Qualitative Analysis and Key Findings

In the final portion of the workshop, participants were asked to identify the strengths, weaknesses, and areas of improvement for each Essential Service. Findings were collected by the facilitators and presented at the end of the workshop to identify themes. The main findings are listed below. For more detailed assessments, refer to Addendum C.

Strengths:

- Healthy Mendocino
- Partnership collaboration
- Family Resource Centers
- Strong EMS throughout the county

Weakness:

- Technology
- Formal communication plan throughout the Local Public Health System
- Geographic isolation

Opportunities for Improvement:

- Improve communication through infrastructure and technology
- Develop a universal communication plan

Overall, the Mendocino County public health system was rated as having *optimal activity* in the essential service area of monitoring health status, and *significant activity* in four additional essential service areas. This represents half (five of 10) of the essential service areas. Three essential service areas were scored as having *moderate activity*. The two essential service areas that received a score of *minimal activity* include mobilize partnerships and research/innovations.

The approach to community health improvement planning implemented here is relatively new in Mendocino County; therefore, the low score for mobilizing partners was anticipated. It is anticipated that the collaborative approach to assessment and planning now being developed will provide opportunities for more effective and cost-effective partnerships in the future. As the county partners continue to develop and implement a Community Health Improvement Plan (CHIP), there will be opportunities for further development in this area.

Finally, although Mendocino County has junior colleges such as Mendocino College and College of the Redwoods, the county does not have higher education institutions such as colleges and universities within its geographical boundaries. This has limited the county's ability to conduct research and innovation in partnership with institutions of higher education. For the future, there are opportunities to explore partnering with universities located in nearby counties, such as the University of California/Davis or Sonoma State University, in addition to partnering with the Sonoma State and Dominican University extension programs based in Mendocino County.

Next Steps

The Local Public Health System Assessment results indicate that Mendocino County's public health system shows moderate to significant performance on the national benchmarks for Essential Public Health Services. The results also highlight areas of focus for performance improvement. Steps for improvement based on the local public health system assessment findings include:

- Continue to build and strengthen partners in the local public health system, to mobilize them into action within the Community Health Improvement Plan.
- Leverage the widespread recognition of Healthy Mendocino.
- Whenever possible, build new technology into the system for enhanced communication between organizations.
- Create a comprehensive communication plan to address the need to communicate uniform health messages across organizations.
- Build relationships with nearby higher education institutions to conduct practice-based research and innovation for the delivery of public health services to the community.
- Assess competencies and identify training opportunities for public health staff.
- Conduct another LPHSA in a few years to assess improvements.



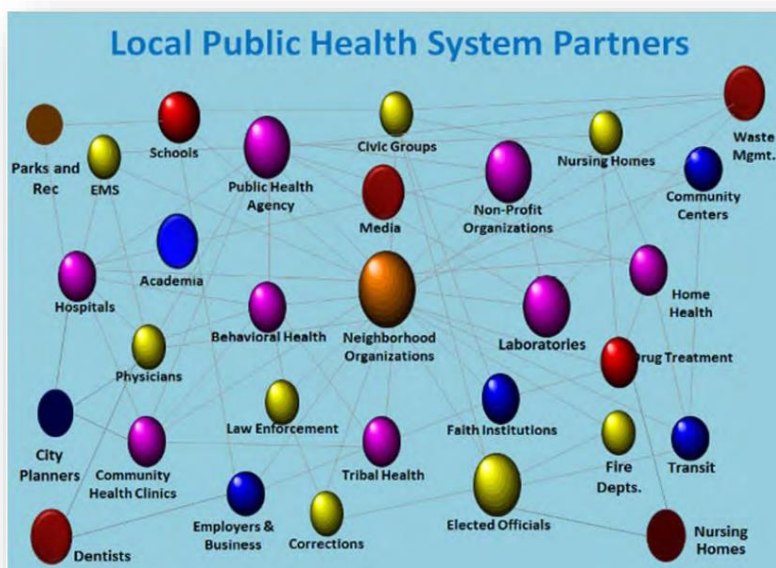
ADDENDUM A

The National Public Health Performance Standards

The National Public Health Performance Standards (NPHPS) were created through a partnership effort whose purpose is to improve the practice of public health and the performance of public health systems throughout the United States. The NPHPS assessment instrument guides state and local jurisdictions in evaluating their current performance against a set of optimal standards. Through these assessments, responding sites can consider the activities of all public health system partners, thus addressing the activities of all public, private, and voluntary entities that contribute to public health within the community.

The NPHPS assessments are intended to help users answer questions such as "What are the components, activities, competencies, and capacities of our public health system?" and "How well are the 10 Essential Public Health Services being provided in our system?" The dialogue that occurs in the process of answering the questions in the assessment instrument can help to identify strengths and weaknesses, determine opportunities for immediate improvements, and establish priorities for long-term investments for improving the public health system.

The information obtained from assessments may then be used to improve and better coordinate public health activities at state and local levels. In addition, the results gathered provide an understanding of how state and local public health systems and governing entities are performing. This information helps local, state, and national partners make better and more effective policy and resource decisions to improve the nation's public health as a whole.



The illustration above shows a variety of entities that contribute to the local public health system (the system) and some of the ways in which the entities interconnect. The system provides a systematic look at the broad set of services including agencies, organizations, and businesses that must work together on social, economic, environmental, and individual factors to create conditions for improving the health and well-being of a community.

The NPHPS state, local, and governance instruments offer opportunity and robust data to link to health departments, public health system partners, and/or community-wide strategic planning processes as well as to Public Health Accreditation Board (PHAB) standards. Assessment of the environment external to the public health organization is a key component of all strategic planning, and the NPHPS assessment provides a structured process and an evidence-base upon which key organizational decisions may be made and priorities established. The assessment may also be used as a component of community health improvement planning processes, such as Mobilizing for Action through Planning and Partnerships (MAPP) or other community-wide strategic planning efforts, including state health improvement planning and community health improvement planning. The NPHPS process also drives assessment and improvement activities that may be used to support a health department in meeting PHAB standards. Whether they use MAPP or another health improvement process, partners will benefit from using the NPHPS results to support quality improvement.

ADDENDUM B

Individual Questions and Responses

Performance Scores		
ESSENTIAL SERVICE 1: Monitor Health Status to Identify Community Health Problems		
1.1	Model Standard: Population-Based Community Health Assessment (CHA) <i>At what level does the local public health system:</i>	
1.1.1	Conduct regular community health assessments?	100
1.1.2	Continuously update the community health assessment with current information?	50
1.1.3	Promote the use of the community health assessment among community members and partners?	100
1.2	Model Standard: Current Technology to Manage and Communicate Population Health Data <i>At what level does the local public health system:</i>	
1.2.1	Use the best available technology and methods to display data on the public's health?	25
1.2.2	Analyze health data, including geographic information, to see where health problems exist?	75
1.2.3	Use computer software to create charts, graphs, and maps to display complex public health data (trends over time, sub-population analyses, etc.)?	100
1.3	Model Standard: Maintenance of Population Health Registries <i>At what level does the local public health system:</i>	
1.3.1	Collect data on specific health concerns to provide the data to population health registries in a timely manner, consistent with current standards?	75
1.3.2	Use information from population health registries in community health assessments or other analyses?	100

ESSENTIAL SERVICE 2: Diagnose and Investigate Health Problems and Health Hazards		
2.1	Model Standard: Identification and Surveillance of Health Threats <i>At what level does the local public health system:</i>	
2.1.1	Participate in a comprehensive surveillance system with national, state and local partners to identify, monitor, share information, and understand emerging health problems and threats?	50
2.1.2	Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies and emerging threats (natural and manmade)?	50
2.1.3	Assure that the best available resources are used to support surveillance systems and activities, including information technology, communication systems, and professional expertise?	50
2.2	Model Standard: Investigation and Response to Public Health Threats and Emergencies <i>At what level does the local public health system:</i>	
2.2.1	Maintain written instructions on how to handle communicable disease outbreaks and toxic exposure incidents, including details about case finding, contact tracing, and source identification and containment?	50
2.2.2	Develop written rules to follow in the immediate investigation of public health threats	75

	and emergencies, including natural and intentional disasters?	
2.2.3	Designate a jurisdictional Emergency Response Coordinator?	100
2.2.4	Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines?	50
2.2.5	Identify personnel with the technical expertise to rapidly respond to possible biological, chemical, or and nuclear public health emergencies?	75
2.2.6	Evaluate incidents for effectiveness and opportunities for improvement?	75
2.3	Model Standard: Laboratory Support for Investigation of Health Threats <i>At what level does the local public health system:</i>	
2.3.1	Have ready access to laboratories that can meet routine public health needs for finding out what health problems are occurring?	75
2.3.2	Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards?	75
2.3.3	Use only licensed or credentialed laboratories?	100
2.3.4	Maintain a written list of rules related to laboratories, for handling samples (collecting, labeling, storing, transporting, and delivering), for determining who is in charge of the samples at what point, and for reporting the results?	100

ESSENTIAL SERVICE 3: Inform, Educate, and Empower People about Health Issues

3.1	Model Standard: Health Education and Promotion <i>At what level does the local public health system:</i>	
3.1.1	Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies?	75
3.1.2	Coordinate health promotion and health education activities to reach individual, interpersonal, community, and societal levels?	75
3.1.3	Engage the community throughout the process of setting priorities, developing plans and implementing health education and health promotion activities?	25
3.2	Model Standard: Health Communication <i>At what level does the local public health system:</i>	
3.2.1	Develop health communication plans for relating to media and the public and for sharing information among LPHS organizations?	25
3.2.2	Use relationships with different media providers (e.g. print, radio, television, and the internet) to share health information, matching the message with the target audience?	75
3.2.3	Identify and train spokespersons on public health issues?	0
3.3	Model Standard: Risk Communication <i>At what level does the local public health system:</i>	
3.3.1	Develop an emergency communications plan for each stage of an emergency to allow for the effective dissemination of information?	75
3.3.2	Make sure resources are available for a rapid emergency communication response?	50
3.3.3	Provide risk communication training for employees and volunteers?	25

ESSENTIAL SERVICE 4: Mobilize Community Partnerships to Identify and Solve Health Problems

4.1	Model Standard: Constituency Development <i>At what level does the local public health system:</i>	
4.1.1	Maintain a complete and current directory of community organizations?	25
4.1.2	Follow an established process for identifying key constituents related to overall public health interests and particular health concerns?	25
4.1.3	Encourage constituents to participate in activities to improve community health?	50
4.1.4	Create forums for communication of public health issues?	25
4.2	Model Standard: Community Partnerships <i>At what level does the local public health system:</i>	
4.2.1	Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community?	75
4.2.2	Establish a broad-based community health improvement committee?	0
4.2.3	Assess how well community partnerships and strategic alliances are working to improve community health?	0

ESSENTIAL SERVICE 5: Develop Policies and Plans that Support Individual and Community Health Efforts

5.1	Model Standard: Governmental Presence at the Local Level <i>At what level does the local public health system:</i>	
5.1.1	Support the work of a local health department dedicated to the public's health to make sure the essential public health services are provided?	75
5.1.2	See that the local health department is accredited through the national voluntary accreditation program?	75
5.1.3	Assure that the local health department has enough resources to do its part in providing essential public health services?	75
5.2	Model Standard: Public Health Policy Development <i>At what level does the local public health system:</i>	
5.2.1	Contribute to public health policies by engaging in activities that inform the policy development process?	75
5.2.2	Alert policymakers and the community of the possible public health impacts (both intended and unintended) from current and/or proposed policies?	75
5.2.3	Review existing policies at least every three to five years?	25
5.3	Model Standard: Community Health Improvement Process and Strategic Planning <i>At what level does the local public health system:</i>	
5.3.1	Establish a community health improvement process, with broad-based diverse participation, that uses information from both the community health assessment and the perceptions of community members?	75
5.3.2	Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps?	75
5.3.3	Connect organizational strategic plans with the Community Health Improvement Plan?	25

5.4	Model Standard: Plan for Public Health Emergencies <i>At what level does the local public health system:</i>	
5.4.1	Support a workgroup to develop and maintain preparedness and response plans?	75
5.4.2	Develop a plan that defines when it would be used, who would do what tasks, what standard operating procedures would be put in place, and what alert and evacuation protocols would be followed?	75
5.4.3	Test the plan through regular drills and revise the plan as needed, at least every two years?	50

ESSENTIAL SERVICE 6: Enforce Laws and Regulations that Protect Health and Ensure Safety		
6.1	Model Standard: Review and Evaluation of Laws, Regulations, and Ordinances <i>At what level does the local public health system:</i>	
6.1.1	Identify public health issues that can be addressed through laws, regulations, or ordinances?	75
6.1.2	Stay up-to-date with current laws, regulations, and ordinances that prevent, promote, or protect public health on the federal, state, and local levels?	75
6.1.3	Review existing public health laws, regulations, and ordinances at least once every five years?	50
6.1.4	Have access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances?	100
6.2	Model Standard: Involvement in the Improvement of Laws, Regulations, and Ordinances <i>At what level does the local public health system:</i>	
6.2.1	Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances?	50
6.2.2	Participate in changing existing laws, regulations, and ordinances, and/or creating new laws, regulations, and ordinances to protect and promote public health?	50
6.2.3	Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances?	25
6.3	Model Standard: Enforcement of Laws, Regulations, and Ordinances <i>At what level does the local public health system:</i>	
6.3.1	Identify organizations that have the authority to enforce public health laws, regulations, and ordinances?	75
6.3.2	Assure that a local health department (or other governmental public health entity) has the authority to act in public health emergencies?	75
6.3.3	Assure that all enforcement activities related to public health codes are done within the law?	75
6.3.4	Educate individuals and organizations about relevant laws, regulations, and ordinances?	50
6.3.5	Evaluate how well local organizations comply with public health laws?	75

ESSENTIAL SERVICE 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable		
7.1	Model Standard: Identification of Personal Health Service Needs of Populations <i>At what level does the local public health system:</i>	
7.1.1	Identify groups of people in the community who have trouble accessing or connecting to personal health services?	75
7.1.2	Identify all personal health service needs and unmet needs throughout the community?	75
7.1.3	Defines partner roles and responsibilities to respond to the unmet needs of the community?	50
7.1.4	Understand the reasons that people do not get the care they need?	75
7.2	Model Standard: Assuring the Linkage of People to Personal Health Services <i>At what level does the local public health system:</i>	
7.2.1	Connect (or link) people to organizations that can provide the personal health services they may need?	75
7.2.2	Help people access personal health services, in a way that takes into account the unique needs of different populations?	75
7.2.3	Help people sign up for public benefits that are available to them (e.g., Medicaid or medical and prescription assistance programs)?	75
7.2.4	Coordinate the delivery of personal health and social services so that everyone has access to the care they need?	75

ESSENTIAL SERVICE 8: Assure a Competent Public and Personal Health Care Workforce		
8.1	Model Standard: Workforce Assessment, Planning, and Development <i>At what level does the local public health system:</i>	
8.1.1	Set up a process and a schedule to track the numbers and types of LPHS jobs and the knowledge, skills, and abilities that they require whether those jobs are in the public or private sector?	25
8.1.2	Review the information from the workforce assessment and use it to find and address gaps in the local public health workforce?	25
8.1.3	Provide information from the workforce assessment to other community organizations and groups, including governing bodies and public and private agencies, for use in their organizational planning?	0
8.2	Model Standard: Public Health Workforce Standards <i>At what level does the local public health system:</i>	
8.2.1	Make sure that all members of the public health workforce have the required certificates, licenses, and education needed to fulfill their job duties and meet the law?	75
8.2.2	Develop and maintain job standards and position descriptions based in the core knowledge, skills, and abilities needed to provide the essential public health services?	75
8.2.3	Base the hiring and performance review of members of the public health workforce in public health competencies?	50
8.3	Model Standard: Life-Long Learning through Continuing Education, Training, and Mentoring <i>At what level does the local public health system:</i>	
8.3.1	Identify education and training needs and encourage the workforce to participate in available education and training?	50

8.3.2	Provide ways for workers to develop core skills related to essential public health services?	50
8.3.3	Develop incentives for workforce training, such as tuition reimbursement, time off for class, and pay increases?	50
8.3.4	Create and support collaborations between organizations within the public health system for training and education?	50
8.3.4	Continually train the public health workforce to deliver services in a culturally competent manner and understand social determinants of health?	50
8.4	Model Standard: Public Health Leadership Development <i>At what level does the local public health system:</i>	
8.4.1	Provide access to formal and informal leadership development opportunities for employees at all organizational levels?	50
8.4.2	Create a shared vision of community health and the public health system, welcoming all leaders and community members to work together?	50
8.4.3	Ensure that organizations and individuals have opportunities to provide leadership in areas where they have knowledge, skills, or access to resources?	75
8.4.4	Provide opportunities for the development of leaders representative of the diversity within the community?	25

ESSENTIAL SERVICE 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

9.1	Model Standard: Evaluation of Population-Based Health Services <i>At what level does the local public health system:</i>	
9.1.1	Evaluate how well population-based health services are working, including whether the goals that were set for programs were achieved?	50
9.1.2	Assess whether community members, including those with a higher risk of having a health problem, are satisfied with the approaches to preventing disease, illness, and injury?	50
9.1.3	Identify gaps in the provision of population-based health services?	75
9.1.4	Use evaluation findings to improve plans and services?	50
9.2	Model Standard: Evaluation of Personal Health Services <i>At what level does the local public health system:</i>	
9.2.1	Evaluate the accessibility, quality, and effectiveness of personal health services?	75
9.2.2	Compare the quality of personal health services to established guidelines?	75
9.2.3	Measure satisfaction with personal health services?	75
9.2.4	Use technology, like the internet or electronic health records, to improve quality of care?	50
9.2.5	Use evaluation findings to improve services and program delivery?	50
9.3	Model Standard: Evaluation of the Local Public Health System <i>At what level does the local public health system:</i>	
9.3.1	Identify all public, private, and voluntary organizations that provide essential public health services?	50
9.3.2	Evaluate how well LPHS activities meet the needs of the community at least every five years, using guidelines that describe a model LPHS and involving all entities contributing	25

	to essential public health services?	
9.3.3	Assess how well the organizations in the LPHS are communicating, connecting, and coordinating services?	25
9.3.4	Use results from the evaluation process to improve the LPHS?	25

ESSENTIAL SERVICE 10: Research for New Insights and Innovative Solutions to Health Problems		
10.1	Model Standard: Fostering Innovation <i>At what level does the local public health system:</i>	
10.1.1	Provide staff with the time and resources to pilot test or conduct studies to test new solutions to public health problems and see how well they actually work?	0
10.1.2	Suggest ideas about what currently needs to be studied in public health to organizations that do research?	25
10.1.3	Keep up with information from other agencies and organizations at the local, state, and national levels about current best practices in public health?	25
10.1.4	Encourage community participation in research, including deciding what will be studied, conducting research, and in sharing results?	25
10.2	Model Standard: Linkage with Institutions of Higher Learning and/or Research <i>At what level does the local public health system:</i>	
10.2.1	Develop relationships with colleges, universities, or other research organizations, with a free flow of information, to create formal and informal arrangements to work together?	25
10.2.2	Partner with colleges, universities, or other research organizations to do public health research, including community-based participatory research?	25
10.2.3	Encourage colleges, universities, and other research organizations to work together with LPHS organizations to develop projects, including field training and continuing education?	25
10.3	Model Standard: Capacity to Initiate or Participate in Research <i>At what level does the local public health system:</i>	
10.3.1	Collaborate with researchers who offer the knowledge and skills to design and conduct health-related studies?	0
10.3.2	Support research with the necessary infrastructure and resources, including facilities, equipment, databases, information technology, funding, and other resources?	0
10.3.3	Share findings with public health colleagues and the community broadly, through journals, websites, community meetings, etc.?	25
10.3.4	Evaluate public health system research efforts throughout all stages of work from planning to impact on local public health practice?	0

ADDENDUM C

Qualitative Assessment Data – Summary Notes

ESSENTIAL SERVICE 1: Monitor Health Status to Identify Community Health Problems			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
<ul style="list-style-type: none"> • Community Involvement • Healthy Mendocino website • Collaborative Community Health Needs Assessment (CHNA) • Community health partners • Shifting healthcare reimbursement model to focus on preventive measures and management. 	<ul style="list-style-type: none"> • State of the art technology 	<ul style="list-style-type: none"> • Developing a Community Health Needs Assessment • Community Health Improvement Plan 	<ul style="list-style-type: none"> • Holistic provision of healthcare services for all • Population based health

ESSENTIAL SERVICE 2: Diagnose and Investigate Health Problems and Health Hazards			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
<ul style="list-style-type: none"> • Constantly collecting data to identify health needs in the community. 	<ul style="list-style-type: none"> • Lack of uniformity in data collection throughout the system • Uninformed community • Broadband system 		

ESSENTIAL SERVICE 3: Inform, Educate, and Empower People about Health Issues			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
<ul style="list-style-type: none"> • Healthy Mendocino • Individual campaigns • Small cohesive communities- EMS & social media • Family Resource Centers (FRCs)-consistent local presence • County P10 	<ul style="list-style-type: none"> • Inconsistent use • Overall plan needed, lack of coordination across agencies and organizations • Geographic gaps or "pockets" • FRCs no direct line to PH • Lack of information about how to access P10s 	<ul style="list-style-type: none"> • Central repository • Healthy Mendocino • Learn about and map local successful efforts with each other regarding community health efforts 	<ul style="list-style-type: none"> • Organized messaging through cohesive centralized approach

ESSENTIAL SERVICE 4: Mobilize Community Partnership to Identify and Solve Health Problems			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
<ul style="list-style-type: none"> • EMS Training • Occurs according to Public Health /MOU's Partners • Mental Health First Aid • Constituents/stakeholder targeted specific to Family Resource Centers grant seeking • Communication Plan • Public Health Communicable Disease • First 5 • NCO 	<ul style="list-style-type: none"> • Not well-known, lack of access for community partners (beyond EMS) • Stakeholders/constituents identification process is informal • Need to share information about communication plan (e.g., HHS Public Health, UVMC, etc..) • Poor coordination and integration • Grant driven 	<ul style="list-style-type: none"> • Develop P10 Council to share communication plans • Honor local efforts by communities 	<ul style="list-style-type: none"> • Baseline funding for Family Resource Center Network • 10 FRCs @ \$500k each

ESSENTIAL SERVICE 5: Develop Policies and Plans that Support Individual and Community Health Efforts			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
<ul style="list-style-type: none"> • Collaboration • Community initiative • Participation • Strength of assessment process 	<ul style="list-style-type: none"> • Geography • Communication • Staffing • Budget • Coordination with tribal groups 	<ul style="list-style-type: none"> • Improve communication through infrastructure and technology 	<ul style="list-style-type: none"> • Increase roads while cultivating existing infrastructure • Improve communication through infrastructure and access to technology

ESSENTIAL SERVICE 6: Enforce Laws and Regulations that Protect Health and Ensure Safety			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
<ul style="list-style-type: none"> • Regulation in place to protect public health • Support of EMS activities 	<ul style="list-style-type: none"> • Public law 280 • State regulations out of our control • Marijuana issues not addressed by Public Health 		

ESSENTIAL SERVICE 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
<ul style="list-style-type: none"> • Rural County • Small population • We're familiar with providers and we know who to call (informally) 	<ul style="list-style-type: none"> • Large county-transportation • HIPAA- confidentiality • Money-lack of or no flexibility • Lack of services in outlying area • Trust • History of isolation and perception of neglect • Stigma • Crisis-driven (customer) not continued care, maintenance, preventative 	<ul style="list-style-type: none"> • Community Health Improvement Plan • Community Health Needs Assessment • Create networking plan • Develop standardized language • Learn about what services are out there and who/how to best serve, complement and share-not compete or duplicate 	<ul style="list-style-type: none"> • Develop a systemic approach for identifying and implementing care-make ongoing

ESSENTIAL SERVICE 8: Assure a Competent Public and Personal Care Workforce			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
<ul style="list-style-type: none"> • Organizations on an individual basis doing assessments • Social capital • Leadership training opportunities 	<ul style="list-style-type: none"> • Video conferencing 	<ul style="list-style-type: none"> • Video conferencing 	<ul style="list-style-type: none"> • Workforce Needs Assessment

ESSENTIAL SERVICE 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
<ul style="list-style-type: none"> • Organizations on an individual basis doing assessments • Social capital • Leadership training opportunities 	<ul style="list-style-type: none"> • Not countywide • Services inland vs coast • Lack of cultural and ethnic diversity in hiring <ul style="list-style-type: none"> • Workforce development • Lack of funding • Lack of respect for volunteers • Communication out 	<ul style="list-style-type: none"> • Video conferencing • Information sharing at training opportunities 	<ul style="list-style-type: none"> • Workforce Needs Assessment

ESSENTIAL SERVICE 10: Research for New Insights and Innovative Solutions to Health Problems			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
<ul style="list-style-type: none"> • Relationship with local junior colleges • Healthy Mendocino • Data available for research • Existing partnership • Efforts to keep up on best practices 	<ul style="list-style-type: none"> • No university • Difficulty in internet and cellphone connection (lack of service) • Not a culture of using data to make decisions 	<ul style="list-style-type: none"> • Family Medical Education for Mendocino County Project offers connections to Davis Researchers • Humboldt State Rural Data Project • Improve data structure at organizations through web and video conferencing 	<ul style="list-style-type: none"> • Connect with a four-year university

ADDENDUM D

Public Health System Community Leaders

Public Health Experts			
NAME	TITLE	AFFILIATION OR ORGANIZATION	SPECIAL KNOWLEDGE OR EXPERTISE
Ron Chapman, MD, MPH	Health Strategist/ Public Health Officer	Yolo County Health and Human Services Agency	Former director and state health officer of the California Department of Public Health and led the department to national accreditation; knowledge of: public health accreditation, quality improvement and performance management, health equity and the interface between public health and medicine.
Tamara Bannan, MPH	Consultant	Public Health Institute	Former Accreditation Coordinator for San Diego Health and Human Services Agency; knowledge of: MAPP process, public health accreditation, quality improvement and performance management, and facilitation.

HHSA-PUBLIC HEALTH STAFF	
NAME	TITLE
Stacey Cryer	Executive Director
Dave Jensen, MEH	Interim Public Health Director
Samantha Kinney, MPH	Quality Improvement/ Accreditation Program Administrator
Anna Anttila, PHN*	Communicable Disease Supervising PHN
Christy Carlton	Public Health Nursing Services Staff Assistant II
Kyree Klimist, MS*	Prevention and Planning Unit Program Manager
Laura Warren, PHN*	Maternal, Child, Adolescent Health Program Manager
Tina Tyler-O'Shea*	Prevention and Planning Unit Program Administrator
Connie Caldwell, MD	Public Health Officer
Trey Strickland, EH*	Environmental Health Program Manager
Peter Schlichting, RD	Women, Infant, Children Program Manager
Sharon Convery, PHN	California Children's Services
Ruth Lincoln, PHN	Interim Public Health Nursing Deputy Director

* Facilitated the Session

Bold-Staff Support

COMMUNITY LEADERS		
NAME	TITLE	AFFILIATION OR ORGANIZATION
Anne Molgaard*	Executive Director	FIRST 5 Mendocino
Camille Schraeder*	Executive Director	Redwood Children Services
Carol Mordhorst	Executive Director/ consultant	Mordhorst Services Inc.
Catherine Rada	Grants Administrator	Mendocino Community Health Clinic
Darca Nicholson	Program Leader	Chronic Disease Self-Management Program Leader
Debbie Pardee	North Bay Regional Director	CALSTAR
Donna Pierson-Pugh	AV Elementary School Principal	Anderson Valley Unified School District
Elizabeth Santos	Administrator	Advocate/ IHSS advisory committee/ Holy Child
Fabian Lizarraga	Chief of Police	Fort Bragg Police Department
Gayle Zepeda	Manager	Round Valley Family Resource / Wellness Center
Jacqueline Williams*	Executive Director	Ford Street Project
Jason Caudillo	MCSO Lieutenant	Mendocino County Sheriff's Office
Jeff Cress	Program Manager	REACH Air Medical Services
Jen Banks	EMS Coordinator	Coastal Valleys Emergency Medical Services Agency
Jessica Toste, LVN	Infection Control/ Disaster Prep	Mendocino Community Health Clinic
Libby Guthrie, PhD*	Executive Director	Mendocino County AIDS/Viral Hepatitis Network
Mitzi Wagner	O & E	Anderson Valley Health Center
Neil Davis, RN, PHN	Director	Director, Ukiah Valley Trails Group
Patrice Mascolo	Coordinator	Healthy Mendocino
Paula Cohen*	Executive Director	Mendocino Coast Clinics
Sandy O'Ferrall*	Executive Assistant	Ukiah Valley Medical Center
Sara O'Donnell*	Executive Director	Cancer Resource Centers of Mendocino County
Sarah Small	FRC Coordinator	Potter Valley Youth and Community Center
Sue Haun	Consultant	Strategies By Design
Susan Baird Kanaan*	Healthy Mendocino Chair	Healthy Mendocino & HHS Adv. Bd.
Susan Holli, PhD, RN	Homeless Advocate	Love in Action
Susanne Norgard	CEO	Community Foundation
Tim Pearson	Battalion Chief	CAL Fire

*Mendocino County Health & Human Services Advisory Board Member