Local Public Health System Assessment

Linn County conducted the local public health assessment associated with the 2015 iteration of the Community Health Assessment between the months of May and July 2015. Members from multiple sectors within Linn County’s local public health system were invited to participate in the assessment. The ideal participants for the Local Public Health System Assessment are all entities, organizations, and sectors that impact the health of the public. Figure 1 illustrates which entities, organizations, and sectors comprise the overall Local Public Health System.

Figure 1. Organizations that Comprise the Local Public Health System

(Centers for Disease Control and Prevention [CDC], 2014)

Purpose

The Local Public Health System Assessment (LPHSA) focuses on the local public health system and the organizations and entities within the community that impact the public’s health. LPHSA uses the Essential Public Health Services as the fundamental framework for assessing the local public health system. This assessment answers two questions:

1. What are the components, activities, competencies, and capacities of our local public health system?
2. How are the Essential Services being provided to our community?
Essential Public Health Services

The Essential Services framework was developed in 1994 as a method for better identifying and describing the core processes used in public health to promote health and prevent disease (CDC, 2014). All responsibilities of entities within the public health system can be categorized into one of the 10 essential public health services listed below:

The 10 Essential Public Health Services

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

Method

The LPHSA was driven by a LPHSA Subcommittee associated with the overall Together! Healthy Linn Steering Committee. This assessment is completed using the local instrument of the National Public Health Performance Standards (NPHPS; CDC, 2015). Due to the short turnaround time between planning and conducting the LPHSA, the subcommittee decided to take a targeted approach in gaining feedback on each of the essential public health services. In the initial planning meeting the group decided to split partners within the local public health system into five workgroups each focusing on two of the essential public health services. Members invited to each of the workgroups were selected based on their expertise within the local public health system. See Appendix A for a list of the partners who were included in the assessment by essential public health service.

Targeted approach. The assessment was conducted using a two-phased approach. In the initial phase, local public health system partners were sent an email inviting them to participate in a survey to assess the two essential public health services associated with their applicable workgroup. The individuals could elect to either complete the survey electronically or submit a hard copy to Linn County Public Health. The surveys asked specific questions related to each of the applicable Essential Public Health Services and the associated core competencies. Due to the unique nature of Essential Service 7, a community survey was also developed to gauge community access to care. Development of the surveys was based on the core competencies and associated questions outlined in the NPHPS. The intent of the initial survey was to obtain specific information that would guide the second phase of the assessment, which consisted of facilitated discussions with each of the five workgroups. Participates were asked to complete the
initial survey by June 12th to allow for initial analysis and planning of the facilitated discussions to be scheduled for mid to late-June. See Appendix B for a sample of the invitation sent to Workgroup 1 members.

As surveys continued to be submitted after the deadline, the date of the facilitated discussions was pushed to July. Discussions were scheduled over three days, July 14th, 15th, and 16th; each discussion lasting approximately 60 minutes. The goal of the facilitated discussions was to bring partners to the table to evaluate the core competencies and Essential Public Health Services as well as initiate conversations between partners on how the LPHS may be improved. Partners who were unable to physically attend the discussion had the opportunity to join via conference call.

At the facilitated discussions, each workgroup received a discussion packet consisting of an agenda, a handout describing the essential public health services and the goal of the LPHSA, a discussion template, laminated voting cards, and a summary report. The summary report reflected the initial survey results (See Appendix C-F) associated with the two Essential Public Health Services that the workgroup would be evaluating and discussing at the meeting. Each of the facilitated discussions had a primary and secondary facilitator from the MAPP Core Group including, Adrian Mackey, Amy Lepowsky, Melissa Monroe, and Nicole Fields. The role of the primary facilitator was to guide and prompt discussion about the strengths, weaknesses, and opportunities for improvement related to the core competencies and Essential Public Health Services; where the secondary facilitator was responsible for documenting the discussion using flip charts titled, Strengths, Weaknesses, and Opportunities for Improvement. The primary facilitator used the summary reports to initiate conversations about particular aspects of the core competencies that may be stronger or weaker, and lead the discussion to identification of potential opportunities for improvement. Following discussion, participants were prompted to use the provided vote cards to rate how well the local public health system is doing in addressing the core competencies. Participants were provided five voting cards that range from “No Activity” to “Optimal Activity”. The voting results were tabulated and documented in a master spreadsheet (See Appendix G). Following the discussions, the feedback from each of the facilitated discussions were documented on a master table describing the core competency and related Strengths, Weaknesses, and Opportunities for Improvement that were identified (See Appendix H).
Table 1. Partners Involved in the Facilitated Discussions

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
<th>Name</th>
<th>Organization</th>
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</thead>
<tbody>
<tr>
<td>Anne Strellner</td>
<td>St. Luke’s</td>
<td>Tristin Johnson</td>
<td>Planned Parenthood</td>
</tr>
<tr>
<td>Lori Townsend</td>
<td>St. Luke’s</td>
<td>Christine Mcsweeney</td>
<td>Linn Mar School District</td>
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<tr>
<td>Curtis Hopper</td>
<td>Cedar Rapids Fire Dept.</td>
<td>Jane Drapeaux</td>
<td>HACAP</td>
</tr>
<tr>
<td>Doug Wyman</td>
<td>Marion Fire</td>
<td>Katie Curtis</td>
<td>Four Oaks</td>
</tr>
<tr>
<td>Stacy DeMoss</td>
<td>Mercy Medical Center</td>
<td>Mary Ann Chase-Awoleye</td>
<td>Four Oaks</td>
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<tr>
<td>Kaitlin Emrich</td>
<td>Linn County Public Health</td>
<td>Melissa Fox</td>
<td>Eastern Iowa Health Center</td>
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<tr>
<td>Julie Stephens</td>
<td>Linn County Public Health</td>
<td>Jennifer Hemmingsen</td>
<td>Gazette</td>
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<td>Mike Buser</td>
<td>Mt. Vernon Fire Dept.</td>
<td>Stephanie Neff</td>
<td>Blues Zones Project</td>
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<tr>
<td>Jules Scadden</td>
<td>Lisbon/ Mt. Vernon</td>
<td>Ana Clymer</td>
<td>United Way of East Central Iowa</td>
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<td>Nicole Fields</td>
<td>Linn County Public Health</td>
<td>Heather Meador</td>
<td>Linn County Public Health</td>
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<td>Emily Blomme</td>
<td>Foundation 2</td>
<td>Sheila Crook-Lockwood</td>
<td>Upper Iowa University</td>
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<td>Tarra Koenig</td>
<td>Tanager Place PIH</td>
<td>Kellie Elliott-Kapparos</td>
<td>Heritage Area Agency on Aging</td>
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<td>Erin Foster</td>
<td>ASAC</td>
<td>Jamie Henley</td>
<td>Community Health Free Clinic</td>
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<td>Lori Weih</td>
<td>Unity Point Health</td>
<td>Michele Canfield</td>
<td>HACAP</td>
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<tr>
<td>Wanda Reiter -</td>
<td>State Hygienic Lab</td>
<td>Melissa Walker</td>
<td>ASAC</td>
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<td>Kintz</td>
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Results

Two of the five workgroups were cancelled prior to the discussion due to a lack of involvement or ability to attend among the invited partners. As such, discussion results will only be presented for workgroups 1, 2, and 4; which covered Essential Public Health Services 1, 2, 3, 4, 7, and 9. In addition, due to the quality involvement of partners from the emergency preparedness compared to other sectors in workgroup 1, as well as a lacking knowledge regarding the questions and competencies related to essential service 1, the primary facilitator for workgroup 1 skipped core competency 1.3. As such, a rating was not provided for Maintaining Population Health Registries. However, the results from the initial survey suggest that the LPHS is performing at the significant to optimal levels on this core competency (Appendix C).

Priority Issues

Of the fifteen core competencies evaluated in the facilitated discussions, five received a rating of either “Minimal Activity” or “Moderate Activity”, indicating an identified need to address these issues to improve the LPHS. The lowest rated core competency, with a rating of “Minimal Activity”, was the availability of “Current Technology to Manage and Communicate Population Health Data” within the LPHS. The low rating was attributed to the inability of the LPHS to share data between health systems and among partners. The remaining four core competencies received a rating of “Moderate Activity”. The first core competency is the LPHS’s progress toward completing a “Population-Based Community Health Assessment (CHA)”. While a CHA is completed, it is only updated every 3 to 5 years as opposed to update of the data on a regular basis and is not effectively shared with non-traditional partners, community members, and entities outside of those working on the CHA. “Health Communication” was the second core competency rated poorly. While some agencies provide internal training for providing health communication there is a lack of consistent formal
communication training and plan across the LPHS. This has led to fragmented system that confuses those outside of individual LPHS entities and has resulted in duplicated efforts and messaging. The next core competency is “Ensuring People are linked to Personal Health Services”. Despite having a general process in place for connecting people with health insurance and discounted prescriptions, there is a lack of follow through once individuals are insured to ensure they are connected to health services. A general lack of knowledge also exists across the LPHS pertaining to the resources that are available for diverse population groups as well as in identifying the different cultures and populations that comprise Linn County. A final issue in ensuring people are linked to personal health services is the inaccessibility of mental health services and medical services due a lack of providers and an inability of health care providers to supply timely appointments. The last core competency is “Evaluating Population-Based Health Services”. The lack of regular update to the CHA was again noted in this discussion. In addition, a lack of funding, agency capacity to conduct evaluations, and lack of collaboration among LPHS partners were noted as areas of needed improvement.

Below are three main themes that were highlighted in facilitated discussions associated with this assessment. The themes include:

- Data Accessibility and Partnership
- Accessing Vulnerable Populations
- Emergency and Public Health Threats

**Data Accessibility and Partnership**

Lack of accessibility and sharing of community data between LPHS partners was brought up in all three of the workgroups. Discussions pertained to limited distribution of the community health assessment/ community health improvement plan and data reports pertaining to multiple sectors, sharing of data collected by individual organizations, and a lack of collaboration between partners to evaluate the effectiveness of community programming and population-health. Despite the plethora of collaborations and coalitions formed in Linn County, partners continue to work independently of one another and of the different coalitions, which is resulting in duplication of efforts both related to data and programming. Lack of effective collaboration within the LPHS has also created confusion among media partners, as the LPHS appears fragmented from the perspective of a reporter.

There are multiple opportunities to improve quality collaboration, efficient data collection, and health communication within the LPHS. With implementation of BioSense, there will be increased ability for public health to obtain health data pertaining to significant clinical syndromes, which may be used to impact public health policy and health education across the county. However, for this to be effective comprehensive data needs to be available from all applicable health care providers. Among LPHS partners, there is significant opportunity to increase dissemination of community health information through inclusion of both traditional and non-traditional partners within the LPHS; this may lead to increased partnership with non-traditional sectors to address common issues (i.e. frequent callers for falls or mental health issues). Likewise, there is ample opportunity for LPHS partners to identify common data needs that may be met by partners and establish common outcome measures to evaluate the effectiveness of community programs and partnerships. Evaluation of the effectiveness of
existing partnerships and coalitions may reduce duplication of groups focusing on the same issue and ensure optimal activity in addressing the population health needs of the community served. Collaboration among partners may also be applied to the dissemination of health communication either through the media or initiatives targeting specific groups. Through identification of the specific agencies working on particular issues, there is an opportunity to avoid duplication of messages through dissemination of joint messaging. Similarly, when entities are not the content experts they may rely on partnerships with content experts within the LPHS to help develop quality health messaging.

**Accessing Vulnerable Populations**

Throughout the assessment, discussions identified many gaps in addressing the needs of Linn County residents particularly among low-income, minority, and rural residents. This gap was discussed related to both a lack of outreach and access to healthcare. Typically, the focus of much of the health communication and programming occurring within Linn County does not account for multiple languages and cultures and is limited by the availability of funding and lack of awareness of what services are available for all cultures. To address this gap in service within Linn County, the LPHS needs to broaden health programming and outreach initiatives to the community-level considering the population needs of the community being targeted. This can best be accomplished through engagement of community members in the process of developing programs and health messages. These targeted conversations should also take into account the specific barriers community members’ experience. Among the barriers noted by the community members involved with this assessment were transportation needs, inability to afford services, poor health literacy, lack of health insurance, lack of understanding of available services, and an inability to schedule a timely visit with healthcare providers.

Compounding the issue of an apparent backlogged health care system in Linn County is a shortage of primary care physicians (PCPs) to provide needed services, which will only worsen in the next 5 years due to a retiring healthcare workforce resulting in the need to replace 25-30 PCPs. Additional strategies need to be implemented to recruit quality PCPs and healthcare professionals to strengthen the healthcare system in Linn County. To lighten the burden of an overtaxed healthcare system on patients, community outreach needs to be strengthened to navigate patients to available resources and address their barriers to care. In addition, improved participation of public health, the Board of Health, and influential parties needs to be leveraged to support health policies and initiatives that impact health on a larger scale. Finally, LPHS entities need to work together to address the barrier imposed by a lack of funding and share resources to attain a common goal of improving the health of the community.

**Emergency and Public Health Threats**

Overall, the LPHS in Linn County has a strong infrastructure for investigating and addressing health threats and emergencies. This infrastructure is supported by strong multi-sectoral partnerships at the federal, state, and local levels including fire, police, emergency medical services, hospitals, laboratories, and public health. Over the past few years, the local emergency preparedness team has worked together to improve quality communication between partners, ensure the development of action plans, and develop coordinated responses to potential
health threats (i.e. Ebola response). These efforts have led to an improvement in emergency response plans, flow of response, and communication that support investigations and response to public health threats/emergencies. Despite the significant improvements, there are gaps that still need to be addressed to ensure the community is prepared to respond to multiple types of catastrophes and public health threats.

Currently, regular drills are being conducted to practice response to an emergency situation; however, these drills are not inclusive of all entities that may need to respond and typically result in separate after action reports. To ensure improvement and the odds of success if the scenario were to occur in real-time, it is necessary to conduct joint drills and develop after action reports as a group rather than as independent agencies. In addition, plans and policies need to be developed to direct specific agencies on their responsibilities during an emergency. This will help prevent potential confusion and disorganization shall an event occur. Finally, a significant gap in current emergency plans is a lack of preparation to respond to a mass fatality that occurs outside of the airport. Plans need to be developed to ensure coordination and preparation to respond to this type of an event.

Limitations

There were some limitations and barriers associated with the Local Public Health Systems Assessment. First of all, the short timeline to plan and conduct the assessment provided a barrier to obtaining the largest amount of feedback possible. The subcommittee sought to address this limitation through a modified two-phased approach in data collection, which to the best of the team’s knowledge has never been attempted by other communities using the Mobilizing for Action through Planning and Partnerships (MAPP) process. Secondly, the time of year may have limited the number of participants involved particularly among school, university, elected official, and government partners as the summer is a popular time to take vacation. Similarly, the time of the scheduled facilitated discussion may have posed a barrier in gaining participation from selected partners, particularly among invitees in workgroup 3 (Elected officials, Board of Health, and policymakers). Fourth, there was poor outreach to partners in workgroup 5 (Essential Public Health Services 8 & 10) due to a lack of known contacts among the suggested partners to include, which limited the number of individuals invited to participate in the survey and discussion. In the future, stronger partnerships need to be established with surrounding universities that impact the local public health workforce. Finally, exclusion of workgroups to specific sectors may have limited the potential discussion that would have resulted from entities and organizations with differing viewpoints. In the future it is suggested to expand the sectors involved in each of the workgroups to get diverse viewpoints and encourage additional discussion about the strengths, weaknesses, and opportunities to improve the local public health system.
References


APPENDIX A: Partners to Include by Essential Public Health Service

Essential Public Health Service 1 and 2
- Epidemiologists
- Environmental Health Data Experts
- Emergency Preparedness
- Public Health Laboratories
- State Health Department

Essential Public Health Service 3 and 4
- Health Educators
- Public Information Officers
- Media
- Schools
- Community, Grassroots, Neighborhood Organizations

Essential Public Health Service 5 and 6
- Health Officer/ Public Health Director
- Elected Officials & Policymakers
- Public Health Attorney
- Board of Health
- State Health Department
- Community Health Planner

Essential Public Health Services 7 and 9
- Service Providers
- Service Recipients

Essential Public Health Services 8 and 10
- Universities/Colleges
- Foundations
- Human Resources
Appendix B: Example Facilitated Discussion Invitation

Good Afternoon,

You are invited to participate in a facilitated discussion occurring on July 15th from 11:00 am to 12:00 pm. Discussions will be held in the Large Conference room at Linn County Public Health. During this discussion, you along with other content experts across Linn County will help rank how well the Linn County Public Health System is doing in providing essential public health services 1 and 2 (Monitor health status to identify community health problems & Diagnose and investigate health problems and health hazards). Earlier this month you received a targeted survey evaluating these two essential public health services within the context of Linn County’s Public Health System. This initial assessment will be used to inform our discussion on July 15th and assist in delving deeper into how the system could be improved as well as to leverage partnerships between organizations to better serve the Linn County population. This assessment is a part of the Community Health Assessment currently taking place in Linn County. The results of this assessment will be used to help inform the selection of the priority issues for the Community Health Improvement Plan and improve the local public health system.

Following this letter, you will receive a calendar invite associated with the date and time of the facilitated discussion. Any preparatory materials needed for the discussion will be supplied prior to the date of the event. If you have any questions, please feel free to email or call me at amy.lepowsky@linncounty.org or 319.892.6082.

Sincerely,

Amy Lepowsky, PhD, MPH, CHES
Epidemiologist
Linn County Public Health

The vision of the Together! Healthy Linn Committee is: “The local public health system is accessible, affordable, collaborative, holistic, inclusive, and works to achieve a culture of collective impact.”
Essential Service 1

Essential public health service 1, is driven by three primary activities or Model Standards

1. Population-based Community Health Assessment
2. Current technology to manage and communicate population health data
3. Maintaining population health registries

Population-based Community Health Assessment

Three questions were asked related to the primary activity or core competency. At what level does the local public health system?

- Promote the use of the CHA among community members and partners?
- Update the CHA with current information continuously?
- Conduct regular community health assessments (CHAs)?

Current technology to manage and communicate population health data

Three questions were asked related to the primary activity or core competency. At what level does the local public health system?

- Use computer software to create charts, graphs, and maps to display complex public health data (trends over time, sub-population analyses, etc.)?
- Analyze health data, including geographic information to see where health problems exist?
- Use the best available technology and methods to display data on the public’s health?
Maintaining population health registries

Three questions were asked related to the primary activity or core competency. At what level does the local public health system?

- Use information from population health registries in CHAs or other analyses?
- Collect timely data consistent with current standards on specific health concerns in order to provide the data to population health registries

Maintaining Population Health Registeries (n = 8)
Essential Service 2

Essential public health service 2, is driven by three primary activities or Model Standards

1. Identifying and Monitoring Health Threats
2. Investigating and Responding to Public Health Threats and Emergencies
3. Laboratory Support for Investigating Health Threats

Identifying and Monitoring Health Threats

Three questions were asked related to the primary activity or core competency. At what level does the local public health system?

- Ensure that the best available resources are used to support surveillance systems and activities, including information technology, communication systems, and professional expertise?
- Provide and collect timely and complete information and reportable diseases and potential disasters, emergencies, and emerging threats (natural and manmade)?
- Participant in a comprehensive surveillance system with national, state, and local partners to identify, monitor, and share information and understand emerging health problems and threats?

Investigating and Responding to Public Health Threats and Emergencies

Three questions were asked related to the primary activity or core competency. At what level does the local public health system?

- Evaluate incidents for effectiveness and opportunities for improvement (such as After Action Reports, Improvement Plans, etc.)?
- Identify personnel with the technical expertise to rapidly respond to possible biological, chemical, or nuclear public health emergencies?
- Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines?
- Designate a jurisdictional Emergency Response Coordinator?
- Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters?
- 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?

Investigating and Responding to Public Health Threats and Emergencies (n = 7)

<table>
<thead>
<tr>
<th>Activity Level</th>
<th>No Activity</th>
<th>Minimal Activity</th>
<th>Moderate Activity</th>
<th>Significant Activity</th>
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<td><strong>AAR</strong></td>
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<td><strong>Identify Personnel</strong></td>
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Investigating and Responding to Public Health Threats and Emergencies (n = 7)

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<th>Activity Level</th>
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<td><strong>ERC</strong></td>
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<td><strong>Investigation</strong></td>
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<td><strong>Outbreak Instructions</strong></td>
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</table>
Laboratory Support for Investigating Health Threats

Three questions were asked related to the primary activity or core competency. At what level does the local public health system?

- Maintain a written list of rules related to laboratories, for handling samples (including collecting, labeling, storing, transporting, and delivering), determining who is in charge of the samples at what point, and reporting results?
- Use only licensed or credentialed laboratories?
- Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards?
- Have ready access to laboratories that can meet routine public health needs for finding out what health problems are occurring?

![Laboratory Support for Investigating Health Threats](n = 7)

- No Activity
- Minimal Activity
- Moderate Activity
- Significant Activity
- Optimal Activity

Legend:
- Regulations: Health Threats
- Credentialed Lab
- Emergency Access
- Access to Lab

Bar chart showing the level of activity for each question with a count of 7.
Appendix D: Workgroup 2 Report

Local Public Health System
Workgroup 2: Essential Service 3 & 4
Linn County, IA
2015
Essential Service 3

Essential public health service 3, Inform, Educate, and Empower People about Health Issues is driven by three primary activities or Model Standards

1. Health Education and Promotion
2. Health Communication
3. Risk Communication

Health Education and Promotion

Three questions were asked related to the primary activity or core competency. At what level does the local public health system?

- Engage the community throughout the process of setting priorities, developing plans, and implementing health education and health promotion activities?
- Coordinate health promotion and health education activities at the individual, interpersonal, community, and societal levels?
- Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies?

Health Communication

Three questions were asked related to the primary activity or core competency. At what level does the local public health system?

- Identify and train spokespersons on public health issues?
- Use relationships with different media providers (e.g. print, radio, television, the internet) to share health information, matching the message with the target audience?
- Use the best available technology and methods to display data on the public’s health?

### Health Communication

<table>
<thead>
<tr>
<th></th>
<th>No Activity</th>
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<td>Spokesperson</td>
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<td>Communication Plan</td>
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### Risk Communication

Three questions were asked related to the primary activity or core competency. At what level does the local public health system?

- Provide risk communication training for employees and volunteers?
- Make sure resources are available for a rapid emergency communication response?
- Develop an emergency communications plan for each stage of an emergency to allow for the effective dissemination of information?
Essential Service 4

Essential public health service 4, Mobilize Community Partnerships to Identify and Solve Health Problems, is driven by two primary activities or Model Standards

1. Constituency Development
2. Community Partnerships

Constituency Development

Four questions were asked related to the primary activity or core competency. At what level does the local public health system?

- Create forums for communication of public health issues?
- Encourage constituents to participate in activities to improve community health?
- Follow an established process for identifying key constituents related to overall public health interests and particular health concerns?
- Maintain a complete and current directory of community organizations?

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<tr>
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</table>

<table>
<thead>
<tr>
<th>Create Com. Forums</th>
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</thead>
<tbody>
<tr>
<td>Encourage participation</td>
</tr>
<tr>
<td>Identification of Constituents</td>
</tr>
<tr>
<td>Community Directory</td>
</tr>
</tbody>
</table>

Community Partnerships

Three questions were asked related to the primary activity or core competency. At what level does the local public health system?

- Assess how well community partnerships and strategic alliances are working to improve community health?
- Establish a broad-based community health improvement committee?
- Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community?
Local Public Health System

Workgroup 3: Essential Service 5 & 6

Linn County, IA

2015
Essential Service 5

Essential public health service 5, Develop Policies and Plans that Support Individual and Community Health Efforts is driven by four primary activities or Model Standards

1. Governmental Presence at a Local Level
2. Public Health Policy
3. Community Health Improvement Process and Strategic Planning
4. Planning for Public Health Emergencies

Governmental Presence at a Local Level

Three questions were asked related to the primary activity or core competency. At what level does the local public health system?

- Support the work of the local health department to make sure the 10 Essential Public Health Services are provided?
- See that the local health department is accredited through the PHAS’s voluntary, national public health department accreditation program?
- Ensure that the local health department has enough resources to do its part in providing essential public health services?

![Governmental Presence at a Local Level](chart.png)
Public Health Policy

Three questions were asked related to the primary activity or core competency. At what level does the local public health system?

- Contribute to public health policies by engaging in activities that inform the policy development process?
- Alert policymakers and the community of the possible public health effects (both intended and unintended) form current and/or proposed policies?
- Review existing policies at least every three to five years?

### Public Health Policy Development

<table>
<thead>
<tr>
<th>Activity Level</th>
<th>Review existing policies</th>
<th>Alert policymakers</th>
<th>Contribute to Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Activity</td>
<td><img src="chart" alt="No Activity" /></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimal Activity</td>
<td><img src="chart" alt="Minimal Activity" /></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderate Activity</td>
<td><img src="chart" alt="Moderate Activity" /></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Significant Activity</td>
<td><img src="chart" alt="Significant Activity" /></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Optimal Activity</td>
<td><img src="chart" alt="Optimal Activity" /></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Community Health Improvement Process and Strategic Planning

Three questions were asked related to the primary activity or core competency. At what level does the local public health system?

- Establish a CHIP, with broad-based diverse participation, that uses information from the CHA, including the perceptions of community members?
- Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps?
- Connect organizational strategic plans with the CHIP?
Planning for Public Health Emergencies

Three questions were asked related to the primary activity or core competency. At what level does the local public health system?

- Support a workgroup to develop and maintain emergency preparedness and response plans?
- Develop an emergency preparedness and response 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?
- Test the plan through regular drills and revise the plan as needed at least every two years?
Essential Service 6

Essential public health service 6, Enforce Laws and Regulations that Protect Health and Ensure Safety, is driven by three primary activities or Model Standards

1. Reviewing and Evaluating Laws, Regulations, and Ordinances
2. Involvement in Improving Laws, Regulations, and Ordinances
3. Enforcing Laws, Regulations, and Ordinances

Reviewing and Evaluating Laws, Regulations, and Ordinances

Four questions were asked related to the primary activity or core competency. At what level does the local public health system?

- Identify public health issues that can be addressed through laws, regulations, and ordinances?
- Stay up-to-date with current laws, regulations, and ordinances that prevent health problems or that promote or protect public health on the federal, state, and local levels?
- Review existing public health laws, regulations, and ordinances at least once every three to five years?
- Have access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances?

<table>
<thead>
<tr>
<th>Reviewing and Evaluating Laws, Regulations, and Ordinances</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Activity</td>
</tr>
<tr>
<td>Access to legal counsel</td>
</tr>
</tbody>
</table>

0 1 2 3 4 5
Involvement in Improving Laws, Regulations, and Ordinances

Three questions were asked related to the primary activity or core competency. At what level does the local public health system?

- Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances?
- Participate in changing existing laws, regulations, and ordinances, and/or creating new laws, regulations, and ordinances to protect and promote public health?
- Provide technical assistance in drafting the language for proposed changes to new laws?

<table>
<thead>
<tr>
<th>Involvement in Improving Laws, Regulations, and Ordinances</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Activity</td>
</tr>
<tr>
<td>Technical assistance</td>
</tr>
</tbody>
</table>

Enforcing Laws, Regulations, and Ordinances

Five questions were asked related to the primary activity or core competency. At what level does the local public health system?

- Identify organizations that have the authority to enforce public health laws, regulations, and ordinances?
- Ensure that a local health department has the authority to act in public health emergencies?
- Ensure that all enforcement activities related to public health codes are done within the law?
- Educate individuals and organizations about relevant laws, regulations, and ordinances?
- Evaluate how well local organizations comply with public health laws?
Enforcing Laws, Regulations, and Ordinances

- **No Activity**
- **Minimal Activity**
- **Moderate Activity**
- **Significant Activity**
- **Optimal Activity**

**Legend:**
- Green: Enforcement done within code
- Red: Authority in Emergency
- Blue: Organizations with Authority

---

Enforcing Laws, Regulations, and Ordinances

- **No Activity**
- **Minimal Activity**
- **Moderate Activity**
- **Significant Activity**
- **Optimal Activity**

**Legend:**
- Purple: Evaluate effectiveness
- Blue: Educate about laws
Local Public Health System

Workgroup 4: Essential Service 7 & 9

Linn County, IA

2015
Essential Service 7: Link People to Needed Personal Health Services and Assure the Provision of Healthcare when Otherwise Unavailable

Essential public health service 7, is driven by two primary activities or Model Standards

1. Identifying Personal Health Service Needs of Populations
2. Ensuring People Are Linked to Personal Health Services

Identifying Personal Health Service Needs of Populations

Four questions were asked related to the primary activity or core competency. At what level does the local public health system?

- Identify groups of people in the community who have trouble accessing or connecting to personal health services?
- Identify all personal health service needs and unmet needs throughout the community?
- Defines partner roles and responsibilities to respond to the unmet needs of the community?
- Understand the reasons that people do not get the care they need?

<table>
<thead>
<tr>
<th>Identifying Personal Health Service Needs of Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Activity</td>
</tr>
<tr>
<td>Minimal Activity</td>
</tr>
<tr>
<td>Moderate Activity</td>
</tr>
<tr>
<td>Significant Activity</td>
</tr>
<tr>
<td>Optimal Activity</td>
</tr>
</tbody>
</table>

0 0.5 1 1.5

- Understand Barriers
- Partner roles
- Unmet needs
- Identify disparate pop.
Access to Care Survey (n = 13)

Do you regularly see a primary care provider or dentist?

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Both</th>
<th>Emergency</th>
<th>Annual check-ups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentist</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PCP</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Reason for not obtaining medical or dental care

- “Can’t find a good doctor”
- “No dental insurance”
- “Too many medical bills I had to pay first”
- “I have upper dentures and only 5 lower teeth. I’m not paying full price for an exam for only 5 teeth”
- “Dentures”

Access and Driving Factors to Care

<table>
<thead>
<tr>
<th>Make Health decisions based on ability to get to the clinic</th>
<th>Most of the time</th>
<th>Sometimes</th>
<th>Hardly ever</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make health choices based on ability to afford services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Able to access mental health services when needed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Able to see doctor when needed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Ensuring People Are Linked to Personal Health Services

Four questions were asked related to the primary activity or core competency. At what level does the local public health system?

- Connect or link people to organizations that can provide the personal health services they may need?
- Help people access personal health services in a way that takes into account the unique needs of different populations?
- Help people sign up for public benefits that are available to them (Medicaid or medical and prescription assistance programs)?
- Coordinate the delivery of personal health and social services so that everyone in the community has access to the care they need?

Access to Care Survey (n =13)

If cost is an issue: What types of services are needed that you are not currently receiving because of cost?

- “Dental Care”
- “Nothing specifically, I just don’t always do everything that is recommended because of costs.”
- “Transportation – More for medical and healthy social activities”
- “Dental and medical”

If cost is an issue, what are some things that make it difficult to get the health services needed?

- “Finding a good doctor and dentist”
“Usually being able to get to health-related appointments”
“Nothing right now – Money might be an issue down the road!”
“Money and lack of insurance”

If available, what types of reduced-cost health services would you use?

Essential Service 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-based health services

Essential public health service 9, is driven by three primary activities or Model Standards

1. Evaluating Population-based Health Services
2. Evaluating Personal Health Services
3. Evaluating the Local Public Health System

Evaluating Population-based Health Services

Four questions were asked related to the primary activity or core competency. At what level does the local public health system?

- Evaluate how well population-based health services are working, including whether the goals that were set for programs and services were achieved?
- Assess whether community members, including vulnerable populations, are satisfied with the approaches taken toward promoting health and preventing disease, illness, and injury?
- Identify gaps in the provision of population-based health services?
- Use evaluation findings to improve plans, processes, and services?
Evaluating Personal Health Services

Five questions were asked related to the primary activity or core competency. At what level does the local public health system?

- Evaluate the accessibility, quality, and effectiveness of personal health services?
- Compare the quality of personal health services to established guidelines?
- Measure user satisfaction with personal health services?
- Use technology, like the internet or electronic health records, to improve quality of care?
- Use evaluation findings to improve services and program delivery?
Evaluating the Local Public Health System

Four questions were asked related to the primary activity or core competency. At what level does the local public health system?

- Identify all public, private, and voluntary organizations that contribute to the delivery of the 10 essential Public Health Services?
- 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 to the delivery of the 10 Essential Public Health Services?
- Assess how well the organizations in the LPHS are communicating, connecting, and coordinating services?
- Use results from the evaluation process to improve the LPHS?
### Appendix G: Local Public Health System Assessment: Facilitated Discussion

#### Essential Public Health Service

<table>
<thead>
<tr>
<th>Subcategory</th>
<th>Local Public Health System Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>0%</td>
</tr>
<tr>
<td>#1 Monitor Health Status To Identify Community Health Problems</td>
<td></td>
</tr>
<tr>
<td>1.1 Population-Based Community Health Profile (CHP)</td>
<td>1</td>
</tr>
<tr>
<td>1.2 Current technology to manage and communicate population health data</td>
<td>0</td>
</tr>
<tr>
<td>1.3 Maintenance of Population Health Registries</td>
<td></td>
</tr>
<tr>
<td>#2 Diagnose and Investigate Health Problems and Health Hazards</td>
<td></td>
</tr>
<tr>
<td>2.1 Identifying and Monitoring Health Threats</td>
<td>0</td>
</tr>
<tr>
<td>2.2 Investigate and Respond to Public Health Emergencies</td>
<td>0</td>
</tr>
<tr>
<td>2.3 Laboratory Support for Investigation of Health Threats</td>
<td>0</td>
</tr>
<tr>
<td>#3 Inform, Educate, and Empower People about Health issues</td>
<td></td>
</tr>
<tr>
<td>3.1 Health Education and Promotion</td>
<td>0</td>
</tr>
<tr>
<td>3.2 Health Communication</td>
<td>0</td>
</tr>
<tr>
<td>3.3 Risk Communication</td>
<td>0</td>
</tr>
<tr>
<td>#4 Mobilize Community Partnerships to Identify and Solve Health problems</td>
<td></td>
</tr>
<tr>
<td>4.1 Constituency Development</td>
<td>0</td>
</tr>
<tr>
<td>4.2 Community Partnerships</td>
<td>0</td>
</tr>
<tr>
<td>#5 Develop Policies and Plans that Support Individual and Community Health Efforts</td>
<td></td>
</tr>
<tr>
<td>5.1 Governmental Presence at the Local Level</td>
<td></td>
</tr>
<tr>
<td>5.2 Public Health Policy Development</td>
<td></td>
</tr>
<tr>
<td>5.3 Community Health Improvement Process and Strategic Planning</td>
<td></td>
</tr>
<tr>
<td>5.4 Planning for Public Health Emergencies</td>
<td></td>
</tr>
<tr>
<td>#6 Enforce laws and Regulations that Protect Health and Ensure Safety</td>
<td></td>
</tr>
<tr>
<td>6.1 Reviewing and Evaluating Laws, Regulations, and Ordinances</td>
<td></td>
</tr>
<tr>
<td>6.2 Involvement in the Improvement of Laws, Regulations and Ordinances</td>
<td></td>
</tr>
<tr>
<td>6.3 Enforce Laws, Regulations and Ordinances</td>
<td></td>
</tr>
<tr>
<td>#7 Link People to Needed Personal Health Services and Assure Provision of Health Care when Otherwise Unavailable</td>
<td></td>
</tr>
<tr>
<td>7.1 Identification of Populations with Barriers to Personal Health Services</td>
<td>0</td>
</tr>
<tr>
<td>7.2 Ensuring People are Linked to Personal Health Services</td>
<td>0</td>
</tr>
<tr>
<td>#8 Assure a Competent and Personal Health Care Workforce</td>
<td></td>
</tr>
<tr>
<td>8.1 Workforce Assessment, Planning, and Development</td>
<td></td>
</tr>
<tr>
<td>8.2 Public Health Workforce Standards</td>
<td></td>
</tr>
<tr>
<td>8.3 Life-Long Learning Through Continuing Education, Training and Mentoring</td>
<td></td>
</tr>
<tr>
<td>8.4 Public Health Leadership Development</td>
<td></td>
</tr>
<tr>
<td>#9 Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services</td>
<td></td>
</tr>
<tr>
<td>9.1 Evaluation of Population-Based Health Services</td>
<td>0</td>
</tr>
<tr>
<td>9.2 Evaluation of Personal Health Services</td>
<td>0</td>
</tr>
<tr>
<td>9.3 Evaluation of the Local Public Health System</td>
<td>0</td>
</tr>
<tr>
<td>#10 Research for New Insights and Innovative Solutions to Health Problems</td>
<td></td>
</tr>
<tr>
<td>10.1 Fostering Innovation</td>
<td></td>
</tr>
<tr>
<td>10.2 Linkage with Institutions of Higher Learning and/or Research</td>
<td></td>
</tr>
<tr>
<td>10.3 Capacity to Initiate or Participate in Research</td>
<td></td>
</tr>
</tbody>
</table>
## Appendix H: Feedback from the Facilitated Discussion

### Strengths, Weaknesses, and Opportunities for Improvement

<table>
<thead>
<tr>
<th>Essential Service</th>
<th>Strengths</th>
<th>Weaknesses</th>
<th>Opportunities for Improvement</th>
</tr>
</thead>
</table>
| 1.1: Population-based Community Health Assessment      | • CHA-CHIP posted on Linn County Public Health’s website  
• Many partners are being invited to engage in the assessment  
• Attempts have been made by LCPH to share information with public through website | • CHA-CHIP is not shared outside of the facilities who are conducting the assessment  
• Only updated every 3 (5) years  
• Communication and reporting with non-traditional partners is not simplified or understandable | • Update CHA-CHIP more often  
• Do a better job of disseminating the CHA-CHIP information to community members and partners  
• Update CHIP with partners  
• Add intro to inform partners about the process  
• Keep informed-documentation and education  
• Injury prevention education- for customers and first responders  
• Interpretation – more than just English  
• Rural health inclusion  
• Release a newsletter about the CHIP  
• Share Community Health Profile to a wider group of people |
| 1.2: Current technology to manage and communicate population health data | • County GIS department  
• EMR system  
• Vehicle Location – new GPS capability of police vehicles to track incidents | • Lack of sharing data between health systems  
• Lack of access to data within the Hospital Chimes Maps/data (IHI/IHA) and inability for hospitals to share with public health due to regulations imposed  
• Inability to share data we collect (lack of system in place to do so) | • BioSense  
• Partner with first responders on frequent callers |
| 2.1: Identifying and monitoring health threats | • Iowa Disease Surveillance System (IDSS)  
• Call down drill  
• LCPH accessible for disease follow-up and reporting  
• Made improvements to email distribution list from lessons learned during the 2008 flood  
• Strong community disease response effort  
• Contact lists are continually updated to ensure information is current  
• Good relationships and communication between partners and IDPH (regional coordinator) to respond to health issues  
• Flow within the monitoring/response system functions well in both directions | • Inability to share collected data with partners | • BioSense |
|---|---|---|---|
| 2.2: Investigating and responding | • The public health system has come very far in improving the | • Duane Arnold Drills do not include everyone | • Conduct joint drills  
• Complete after action reports as a group rather than independently (encourage |
| to public health threats and emergencies | plans, flow, and communication to support investigations and response to public health threats and emergencies  
- The coordinated effort to prepare for Ebola (should it arrive in CR or Iowa) response in our area has led to strengthened partnerships and communication  
- Timely response to notifications | Outside of the airport, the local public health system is not equipped to respond to mass fatalities  
- Reports are not shared  
- Don’t use previous AARs when planning next drill | joint improvement)  
- Establish a plan to respond to mass fatality events  
- Create useful policies to support and direct agencies to respond to emergencies  
- Emphasize communication between entities  
- Improve coordination to understand individual roles in responding to events |
|---|---|---|
| 2.3: Laboratory Support for Investigating Health Threats | The chain of custody is thoroughly tracked using official chain of custody forms as well as written communication (consistent).  
- The State Hygienic Lab is staffed with a 24/7 duty officer and courier to accommodate sample processing of unexpected health threats | Incident: Lack of follow through in sending suspicious powder to SHL for testing (Statewide Chemical, Biological, Radiological, and Nuclear [CBRN] protocol) | More training of laboratory staff for protocol for powders (CBRN) |
| 3.1: Health Education and Promotion | • Many collaborations exist  
• Entities with the LPHS are willing to collaborate on programs and policies  
• Linn County Health Profile  
• Monthly public health column in the Gazette | • Competition between organizations  
• Difficult to engage community members  
• Efforts are limited by funding  
• Lack of connection to rural areas in health promotion and education messages  
• Lack of community-level strategies leveraged to reach population as a whole (Individual focus) | • Need to broaden health programming to the community-level  
• Emphasize collaboration to accomplish common goals (need to increase collaboration)  
• Leverage the Board of Health and influential parties to support health policies through provided position statements (ex: Tobacco/Nicotine-Free Parks)  
• Public Health needs to be more vocal about health issues and programming  
• Planning programs community-wide |
|---|---|---|---|
| 3.2: Health Communication | • Blue Zones provides trainings to help change the way people think about health and their environment  
• Agencies have done well in addressing their own topic | • Lack of consistent formal communication training across LPHS partners  
• From an outside perspective (media) the LPHS is fragmented. Media partners are unsure which agencies are working on what issues; which creates barriers related to getting health messages out to public.  
• Not connecting with gatekeepers who may assist in reaching targeted populations and individuals experiencing disparities  
• Lack of effective | • Work with other organizations on content specific programming (i.e. use the content experts)  
• Be more assertive with the media in providing newsworthy press releases  
• Have a conversation with media outlets regarding what they want  
• Collaborate with other organizations to put stories out to avoid duplication, competition, and confusing the media.  
• Disseminate information through community level trainings that help change the way people think about health and encourage a cultural shift |
- Evolving technologies have resulted in younger populations being missed by health messages
- There is siloed data collection/measurement and tracking of health indicators among local public health system partners (need to collaborate to reduce duplication of efforts and strengthen strategies across populations)
- News releases are not being covered, as the media is not interested in events but want to cover trends occurring. News releases should highlight why an issue is important and how it contributes to the trends.

| 3.3: Risk Communication                                                                 | Linn Community Partnership – Disaster preparations, activation drills |
|                                                                                      | 211 resources                                                            |
|                                                                                      | Great collaboration – to coordinate                                      |
### 4.1: Constituency Development

- HACAP provides content specific seminars and discussions at the Cedar Rapids library targeting community members
- Community list online and through 211 (739-4211)

<table>
<thead>
<tr>
<th>Situations</th>
<th>Specialized trainings are available to organizations to support risk communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Pre-developed messages prepared and made available by Linn Area Partners Active in Disaster (LAP-AID) to support communication during a disaster</td>
<td></td>
</tr>
</tbody>
</table>

- Fail to engage target population well
- Avoidance of communicating about taboo topics across the LPHS such as sexual education
- No common language across LPHS partners and within the community about what health means (define health)
- Tendency to duplicate work across the LPHS (inefficient and siloed)
- Lack of address of the barriers community members experience (inadequate)

- If doing something for a specific population gain input from the target population
- Establish a community vision and common definition of health
- Establish common health indicators that all organizations within the LPHS strive to address
- Provide holistic/comprehensive education about health not just conditions, but emphasize health promotion
- Gain feedback from community members to identify environmental factors to support environmental and community-level change
- Encourage community members to voice their experiences
### 4.2: Community Partnerships

- Linn Community Partnership has brought the LPHS together to seek improvement
- CHA-CHIP process with identify gaps in partnership
- Entities within the local public health system are good at collaborating and establishing collaborations.

- Lack of evaluation of the effectiveness of community efforts to address issues
- Lack of established outcome measures to evaluate effectiveness
- Despite the existence of a plethora of coalitions in the county, messages are not being relayed

Establish common measures for evaluating coalitions

### 7.1 Identifying Personal Health Service Needs of Populations

- Have service/insurance
- EMS does a good job
- Non-profits do a good job
- Available providers doing a good job
- 211
- Life Long Links

- 25-30 primary care providers needed in next 5 years
- Can’t afford copay
- Don’t understand service
- Can’t get into health system for appointment
- Shortage of primary care providers and specialist
- Unmet needs across the board
- When patients experience demeaning experience they do not return for care
- Lack of understanding of

- Provide education on insurance and what coverage is offered
- Help finding quality healthcare system
- Recruit physicians
- Work together to keep clients informed on what’s available
- 211 great but need to improve to provide more than just “call here” “call there”
- Navigators coming together
- Advocate for themselves
| 7.2: Ensuring People are Linked to Personal Health Services | where they can go  
- Don’t know what’s available for coverage  
- Navigators not working together  
- No primary care provider advocate on what’s needed and upcoming | General health system doesn’t understand what is out there for all cultures  
- Identify population  
- Need to take next steps after sign-up for insurance  
- Lack of specific knowledge at PCP to refer  
- Systems that provide services don’t get back in timely manner, and they are backlogged and not up to date on what they can do.  
- Mental health services | Provide education to PCP on what’s out there  
- Identify who the population is  
- Education and resources on services out there for providers and health systems  
- Physician and customer advocates to get people what they need in the meantime or next |
| --- | --- | --- | --- |
| 9.1: Evaluating Population-Based Health Services | All in system have a structure in place to get people signed up  
- Pharmacy prescription card  
- All work well with those in need | Lack of funding  
- Not measured or shared from last CHA  
- Agency capacity  
- Not working together | Need more money  
- Regular evaluation of current CHA-CHIP  
- Work together as a community health system to ensure things are improving  
- Work collecting |
| 9.2: Evaluating Personal Health Services | • Measuring satisfaction  
• Hospitals doing well | • Skeptical about electronics  
• Technology could hinder availability  
• Health system need to work on evaluation | • Make sure community knows what is going on in our system and making a difference  
• Understand why people are not coming in and or leaving |
| 9.3: Evaluating the Local Public Health System | • More rigor on data collection  
• Optimal level this time around  
• Insurance coverage communication | • Identifying services offered with each partner  
• When funding is gone how we know (when other programs lose grant funding, there is a lack of communication within systems ‘referral’) | • Need to know what each agency has to offer  
• Share information on when in and out of funding |