Stark County Public Health Performance Assessment Project

Project Narrative

The landmark assessment of the public health system in the United States "The Future of Public Health" published in 1988 by the Institute of Medicine declared that the public health system in the United States was in "disarray". Systems for developing public health policy were difficult, if not impossible, to navigate. Laws and rules that were put in place to protect the Nation's health were spread among dozens of agencies and thousands of local public health programs. The system was broken and needed fixed.

Little progress has been made in the intervening years in fixing our public health system, until recently. Yes, there has been some clarification in roles and responsibilities in several federal programs, but there still is no fundamental change in the way that public health services are organized in a local level.

The National Association of County and City Health Officials (NACCHO) publishes and semi annual review of the status of local public health in the United States. Currently there are over 5,000 local public health departments in the United States. These departments range in size from a few employees serving populations of 1,000 or less, to huge organizations serving millions of people. One axiom often quoted about the characteristics of a local public health department is; "if you have seen one local health department, you have seen one local health department." The variety in organization, staffing, funding, and programming at local health departments is staggering. Yet, they all must serve the fundamental purpose of advancing health for the community that they serve.

Since the IOM publication of the "The Future of Public Health" a concerted effort was made to define the critical services that a public health department needs to provide. The Core Public Health Functions Steering Committee developed the framework for the Essential Services in 1994. This steering committee included representatives from U.S. Public Health Service agencies and other major public health organizations. The *Essential Services* provide a working definition of public health and a guiding framework for the responsibilities of local public health systems. The essential public health services now widely accepted and as published by the Centers for Disease Control as part of the National Public Health Performance Standards Program are:

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.

National Public Health Performance Standards
The National Public Health Performance Standards Program (NPHPSP)[1] is a collaborative effort to enhance the Nation's public health systems. Seven national public health organizations have partnered to develop national performance standards for State and local public health systems.

The **stated mission and goals** of the NPHPSP are to improve the quality of public health practice and the performance of public health systems by:Providing performance standards for public health systems,

1. Improving quality and accountability of public health practice,
2. Conducting systematic collection and analysis of performance data, and
3. Developing a science-base for public health practice improvement.

The NPHPSP includes **three instruments**:

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

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

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

The Benefits of Implementation[2]
The NPHPSP is a valuable tool in identifying areas for system improvement, strengthening state and local partnerships, and assuring that a strong system is in place for effective response to day-to-day public health issues as well as public health emergencies. NPHPSP instrument users at all levels report numerous such benefits, including:

- **Improves organizational and community communication and collaboration,** by bringing partners to the same table.

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1. http://www.cdc.gov/od/ocphp/nphpsp/overview.htm
2. The following information was taken from the NPHPSP webite, last accessed on 2/28/2010 at the following link, http://www.cdc.gov/od/ocphp/nphpsp/overview.htm

- **Educates participants about public health and the interconnectedness of activities,** which can lead to a higher appreciation and awareness of the many activities related to improving the public's health.
- **Strengthens the diverse network of partners within state and local public health systems**, which can lead to more cohesion among partners, better coordination of activities and resources, and less duplication of services.
- **Identifies strengths and weaknesses** to address in quality improvement efforts. Responses to the assessment can be tracked over time to identify system improvements or changes.
- **Provides a benchmark for public health practice improvements**, by providing a "gold standard" to which public health systems can aspire.

Voluntary Public Health Accreditation
The most recent development in the improvement of local public health has been the development of a national voluntary Public Health Accreditation Board. This voluntary program slated to "go live" in 2011. The goal of PHAB is an accreditation program that provides an avenue whereby public health agencies can engage in continuous quality improvement. Thus the purpose of accreditation is its benefit. Other benefits include:

- **High Performance and Quality Improvement**

A successful accreditation system will provide a transforming process that supports improvement of the health department. The accreditation process will highlighting the strengths of the department and also allow a department to identify performance improvement needs. This improvement through the accreditation process lays the groundwork for improved health outcomes.

- **Recognition and Validation of the Public Health Department's Work**

Accreditation provides a strong "stamp of approval" that is recognized by the general public as validating the services provided by the department, thus raising the visibility of public health to the citizens who are served. Accreditation provides accountability to the public, to funders, and to governing entities at all levels. Within a department, accreditation improves the understanding of the functions and roles of the health department staff. It promotes staff understanding of how one's job contributes to the health department's mission and the delivery of essential services.

- **Potential Increased Access to Resources**

Accreditation will highlight the value of the public health department. This may result in increased opportunities for resources. These resources might include:

- Access to funding to support quality and performance improvement;
- Access to funding to address gaps in infrastructure identified in the accreditation process;
- Opportunities to pilot new programs and processes;
- Streamlined application processes for grants and programs;
- Acceptance of accreditation in lieu of additional accountability processes.
- As the public health accreditation movement grows and as the system develops, other benefits may be made available.[3]

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3. http://www.phaboard.org/index.php/accreditation/why_its_important_now/

County Health Rankings Project
On February 17, 2010 a new and exciting report was published by the County Health Rankings Project (www.countyhealthrankings.org). This collaborative project is between the Robert Woods Johnson Foundation and the University of Wisconsin Population Health Institute.

The *County Health Rankings* show us that where we live matters to our health. The health of a community depends on many different factors – ranging from individual health behaviors, education and jobs, to quality of health care, to the environment. This first-of-its-kind collection of 50 reports – one per state – helps community leaders see that where we live, learn, work, and play influences how healthy we are and how long we live. This model has been used to rank the health of counties in Wisconsin for the past six years. [4]

The report ranks Stark County as 40 out of 88 in health outcomes and 44 out of 88 in health factors. On first review of this ranking we could say, "not too bad, right in the middle." But the story bears closer examination. If we look at the rankings of the various health factors that make up the overall ranking we can see considerable variability. We rank 21 out of 88 for clinical care, yet we rank 69 out of 88 for healthy behaviors. One major limitation to this ranking is that it only extends to the county level. If we were to examine the variability of the various measurements based on zip code we would see even greater disparities in health factors based on where we live.

The model for the County Health Rankings Project is a simple one. Policies and programs affect health factors; health factors affect health outcomes; health outcomes reflect the overall health of our community. If we are to change the status of health factors, and eventually the healthy outcomes in our community, we have to be effective at establishing policies and programs.

Stark County Public Health Structure
The current public health structure in Stark County has developed slowly since the formation of the Canton City Health Department in 1849. At that time the Canton community formed a Board of Health, hired staff, and became organized to fight the then raging smallpox epidemic. Since that time Massillon, Alliance, and the unincorporated areas of Stark County have formed their own health departments.

The Ohio Revised Code has established laws and rules that define the structure of local health districts in Ohio, the function of those districts, the minimum staffing and education levels of key positions in the departments that serve the various districts, and a host of other laws and rules that are designed to protect the public health, welfare, and safety. Currently there are approximately 130 local public health departments in Ohio. Each city in Ohio over a population of 5,000 people is a health district (known as a City Health District) and the unincorporated areas in each of the 88 counties in Ohio is a health district (known as a General Health District). Two or more City Health Districts may combine with each other or with a General Health District to form a Combined Health District. The Ohio Revised code spends many pages describing the complex structure and make up of each of these types of districts.

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4. http://www.countyhealthrankings.org/about-project

Stark County has examples of City Health Districts and a Combined Health District. The cities of Canton, Alliance, and Massillon each have a separate health district. The cities of North Canton, Louisville, and Canal Fulton have combined with the unincorporated areas of Stark County to form the Stark County Combined Health District. According to the US Census Bureau 2008 populations estimates, the service area for these four health districts are summarized below:

Estimated population of health district (US Census, 2008)

Alliance City Health District	22,476
Canton City Health District	78,294
Massillon City Health District	32,315
Stark County Health District	246,219
Total	**379,214**

Together, the challenge of these four unique health districts is to establish public health policy and provide programming that improve the health of the community.

This mission and vision of the Canton City Health Department are similar to those of the other departments in Stark County, and indeed those of all public health departments.

Vision
Healthy people in a healthy community.

Mission
The mission of the Canton City Health Department is to **prevent** the spread of disease, **promote** healthy practices, and **protect** the health and well being of all.

Values

- We value leadership that is open, honest, courageous, professional, supportive, and visionary.
- We value employees that are compassionate and caring, honest, and dedicated to lifelong learning skills and public service.
- We provide services that are respectful, fair, inclusive, empowering, collaborative, and actively engaged in the community.
- We are good stewards of the resources entrusted to us and are accountable to the community for our actions.

Stark County public health departments have had a long history of collaboration. We work together in many programs across jurisdictional lines including WIC, children's health, dental services, STD services, Air Pollution Control, and public health preparedness. While we have some success in the collaboration of many of these programs, it remains a considerable challenge to develop comprehensive public health policies that serve the needs of all the residents of Stark County. We can do better.

Stark County Public Health Performance Assessment Project
We propose to conduct a methodical assessment of the performance of the public health system in Stark County. This assessment would be based on the National Public Health Performance Standards Program. This assessment would provide the following key benefits:

1. An accurate evaluation of the performance of the current public health system in Stark County. This assessment will be based on nationally established performance standards and utilize a valid methodology to conduct the assessment.
2. Provision of key information for use in quality improvement of the public health system.
3. The formation of new and powerful collaborations with key members of the community. These collaborations will allow the community to move forward and establish a public health system that will advance public health in the community.

This project will be conducted in three phases:

- **Establish a Public Health Study Commission**

Previous discussions relative to the combination of the Stark County Health District and the Canton City Health District have taken place. The previous discussion in 1984 resulted in an evaluation of the system but did not result in any action. The current discussion, started last year, recommended the formation of a Public Health Study Commission. We propose to form this commission to guide this evaluation process to completion. The goals of this phase are as follows:

1. Form a Public Health Study Commission from community leaders representing a variety of interests in the community, appoint a chair for the commission, and establish by-laws and guidelines for the commission's activates.
2. Engage the services of a skilled facilitator to assist the commission in the conduct of the performance assessment.
3. Complete training on the use of the assessment tools and establish the final guidelines for conducting the assessment.
4. We anticipate the work of the commission to extend past this project and help guide future improvements in the public health system in Stark County.

- **Conduct Public Health Assessment**

A public health assessment would be conducted in Stark County using two assessment tools provided by the CDC National Public Health Performance Standards Project. An assessment will be conducted using the local public health tool and the governance tool. These two assessments taken together will provide a valid and accurate picture of the current status of the performance of the public health system in Stark County. This phase of the project will be conducted in several parts:

1. Development of a list of participants to participate in the assessments.
2. Participants will be educated and trained on the assessment tools that will be used.
3. Actual performance of the assessment over a one or two day "retreat" format.

- **Complete Assessment Report**

Following the completion of the assessment the collected data will be entered into the CDC on-line assessment tool by the commission facilitator and assisted by health department staff. The resulting report will then be reviewed by the commission. Recommendations for system improvement will be suggested by the commission for inclusion in the final report. A final report will be published and distributed widely in the community will provide a call to action to improve the public health system in Stark County.

- **Communication Plan**

We propose to conduct this assessment in an open and transparent manner. The assessment tools are based on open and honest communication with all community partners. It is important to get an accurate picture of the public health performance, even if that performance is less than optimal. We propose the following communication plan:

1. Formation of a project website that will serve as a repository of project and commission activities. This website would be publicly accessible.
2. Make use of area libraries to serve as a repository for written materials developed by the project for use by people that may not have ready access to the Internet. The repository would communicate the activities of the project through the use of posters and written material displays.
3. Timely "letters to the editor" in area newspapers informing the community of the progress of the project.
4. Encourage the submission of letters and essays from the community to help form a vision of what a high performing public health system would look like in Stark County.
5. Consideration of the use of social media such as Twitter and Facebook to communicate program activities.
6. Publishing of a final written report both on-line and in written form

Summary

The current public health system, while performing admirably, may not be able to perform in an optimal manner. We can do better. We propose to conduct a thorough and objective assessment of the public health system in Stark County. This assessment, based on nationally identified standards for public health performance will be used to guide the community to establish a public health system that will advance the mission of all public health: healthy people living in a healthy community.