# **Palm Beach County**

# **Local Public Health System Assessment**

September 2016





Florida Department of Health in Palm Beach County

Health Care District of Palm Beach County

Prepared by the Health Council of Southeast Florida

# Palm Beach County Local Public Health System Assessment September 2016



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## **Table of Contents**

| Table of Figures   | 1  |
|--|----|
| Table of Tables  | 2  |
| Local Public Health System Assessment                                    | 3  |
| Project Description  | 3  |
| Background, Purpose and Methodology                                      | 3  |
| Background   | 3  |
| Purpose  | 4  |
| Methodology  | 4  |
| Results  | 6  |
| Performance Assessment Instrument Results                                | 8  |
| Priority Rating Questionnaire  | 27 |
| Local Health Department Questionnaire                                    | 30 |
| Conclusion   | 33 |
| Table of Figures   |    |
| Figure 1: Summary of Average Essential Service Performance Scores:       | 7  |
| Figure 2: Priority and Performance Quadrant                              | 29 |
| Figure 3: Local Health Department Contribution and Performance Quadrants | 32 |

## Table of Tables

| Table 1: Performance Measures Response Options  | 5  |
|---|----|
| Table 2: Overall Performance Scores, Priority Rating and Agency Contribution Scores by Essential Public Health Service and Corresponding Model Standard | 6  |
| Table 3: Summary of Performance Measures Public Health Essential Service 1  | 9  |
| Table 4: Summary of Performance Measures Public Health Essential Service 2  | 11 |
| Table 5: Summary of Performance Measures Public Health Essential Service 3  | 13 |
| Table 6: Summary of Performance Measures Public Health Essential Service 4  | 14 |
| Table 7: Summary of Performance Measures Public Health Essential Service 5  | 16 |
| Table 8: Summary of Performance Measures Public Health Essential Service 6  | 18 |
| Table 9: Summary of Performance Measures Public Health Essential Service 7  | 20 |
| Table 10: Summary of Performance Measures Public Health Essential Service 8   | 22 |
| Table 11: Summary of Performance Measures Public Health Essential Service 9   | 24 |
| Table 12: Summary of Performance Measures Public Health Essential Service 10  | 26 |
| Table 13: Essential Service Model Standard Priority Ranking   | 27 |
| Table 14: Summary of Priority Rating and Performance Scores by Model Standard   | 28 |
| Table 15: Essential Service Model Standard Agency Contribution Ranking  | 30 |
| Table 16: Summary of Contributions and Performance Scores by Model Standard   | 31 |

### Local Public Health System Assessment

#### **Project Description**

In August 2016, the Florida Department of Health in Palm Beach County (DOH-Palm Beach), in partnership with the Health Care District of Palm Beach County (HCD), undertook an initiative to conduct an assessment of the public health system in Palm Beach County. This Local Public Health System Assessment (LPHSA) was the first step in a larger comprehensive community health needs assessment occurring within the county. The Health Council of Southeast Florida (HCSEF) was retained to assist with the facilitation of the LPHSA process of gathering and analyzing information from community partners. This report is developed from the qualitative, primary data obtained directly from internal and external community stakeholders. These stakeholders represent a broad variety of agencies, providers, and community members, which were identified and engaged by DOH-Palm Beach and HCD, in collaboration with HCSEF, for this assessment process.

The results of this assessment seek to identify and improve the overall health and well-being of the residents of Palm Beach County. The role of HCSEF in the community assessment is to collect and interpret data and present the results as a part of the overall community health assessment project. The recommendations provided in this report offer guidance for the local public health system partners in Palm Beach County.

#### Background, Purpose and Methodology

#### Background

The National Public Health Performance Standards (NPHPS) were developed by the 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 the Public Health Foundation (PHF). This collaborative effort by these agencies is intended to improve the practice of public health and the performance of public health systems. The NPHPS assessment instruments are used to guide state and local jurisdictions in evaluating the performance of their public health systems against a set of optimal or model standards. NPHPS assessments help answer questions such as "What are the components, activities, competencies, and capacities of our public health system?" and "How well are the ten Essential Public Health Services being provided in our system?" The information obtained from conducting these assessments provides a better understanding of how the local public health system and governing entities perform.

The assessment instrument is framed around the following Ten Essential Public Health Services:

- 1. Monitor Health Status to Identify 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 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 a 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

For each of these Essential Services, there are model standards that describe or correspond to the quality and performance of activities conducted at the local level of the public health system. The thirty total model standards demonstrate the optimal level of performance for their respective activities.

The program is designed in the spirit of continuous quality improvement for local public health system partners, and has been identified by the CDC and other national public health entities as being a necessary foundation for public health activity.

#### **Purpose**

The Local Public Health System Assessment promotes continuous improvement through performance evaluation of the current local public health system. The Health Council of Southeast Florida uses this assessment as a working tool to:

- Better understand current system functioning 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 for achieving performance and quality improvement in one or more targeted areas
- Re-assess the progress of improvement efforts at regular intervals.

#### Methodology

The Local Public Health System Assessment was conducted over the course of two meetings in Palm Beach County, Florida. HCSEF facilitated the LPHSA by engaging a diverse group of community stakeholders representing the local public health system in Palm Beach County. Stakeholders were asked to evaluate the performance of their local public health system in each of the 10 Essential Public Health Services (EPHS). Each Essential Service was ultimately given a composite value, determined by aggregation of the scores given to the individual activities that contribute to each Essential Service. These scores range from a minimum value of 0% (indicating that no activity is performed pursuant to the standards) to a maximum of 100% (meaning that all activities associated with the standards are performed at optimal levels).

On August 12, 2016, 16 local internal stakeholders - members of the Florida Department of Health in Palm Beach and the Health Care District of Palm Beach County – gathered at the Health Department to assess Essential Services 1, 2, 5, 6, and 10. On August 26, 2016, thirty local external stakeholders, including members of both the local health department and the Palm Beach Health Care District, gathered at Mounts Botanical Garden to assess Essential Services 3, 4, 7, 8, and 9. Over the course of these two meetings, the local public health system partners assessed the performance of the public health system in Palm Beach County, relative to the national standards set

by the NPHPS. Activities of all public health system partners and agencies that contribute to the local public health system, including public, private, and voluntary entities, were assessed.

In each meeting for the LPHSA, HCSEF gave an overview of the Essential Public Health Services, and the purpose of completing the assessment. Attendees engaged in discussion, facilitated by the HCSEF staff, assessing the local public health system's current level of activity, in comparison to the specific performance measures detailed by each model standard. Participants rated the LPHS's performance of each model standard using a nominal scale, in which 0% is no activity and 100% is maximum activity (see Table 1). Participants' votes on these model standards were gathered using portable electronic keypads. Results, captured in real time, were displayed instantly after each vote. In the event of a tie, participants discussed the performance measure in order to reach a consensus.

The table below shows the response options participants were given.

Table 1: Performance Measures Response Options

| Optimal Activity<br>(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<br>(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<br>(0%)           | 0% or absolutely no activity.   |

Source: Palm Beach County Local Public Health System Assessment Report, 2016 Compiled by: Health Council of Southeast Florida, 2016

The Florida of Department of Health in Palm Beach County also chose to complete two optional questionnaires: a Priority Rating Questionnaire and an Agency Contribution Questionnaire. These tools enhance the accuracy of the assessment process. The Agency Contribution Questionnaire asks stakeholders to consider the contribution of the local health department to each Model Standard. The Priority Rating Questionnaire allows participants to prioritize the importance of each Model Standard in the community. This supplemental information enhances the assessment process and strengthens the performance improvement activities that result from it.<sup>1</sup> At the conclusion of both the August 16, 2016, and the August 26, 2016, meetings, hard copies of these two questionnaires were distributed to all participants. The results were recorded manually in the NPHPS assessment score sheets and compiled using the report tool from NACCHO/CDC. This assessment includes the aggregate data from these questionnaires.

Community health partners must understand the potential data limitations associated with this assessment process and how to appropriately interpret the assessment results to effectively evaluate and improve the local public health system. The assessment collects data based on the input of a diverse set of stakeholders, with different backgrounds, expertise, and experiences. This process of information gathering incorporates an element of subjectivity and bias. These limitations can be minimized through the use of particular assessment methods, however, the assessment methods are not fully standardized and these differences may introduce an element of measurement error. The results and recommendations should be used only for quality and performance

<sup>&</sup>lt;sup>1</sup> National Association of County & City Health Officials (NACCHO). Local Assessment Instrument Version 3.0

improvement purposes. Furthermore, the assessment does not reflect the performance or priorities of any single agency or organization.

#### Results

The Local Public Health System Assessment asks the question: "How well did the local public health system perform the ten Essential Public Health Services?" The figures below provide an overview of the system's performance in each of the Ten Essential Public Health Services, as assessed by stakeholders in Palm Beach County. The score for each Essential Service is a composite value. These scores reflect the votes of all participating stakeholders on the model standards that contribute to each Essential Service. The scores range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels). The findings accompany recommendations and opportunities provided by the CDC for the community's consideration as they move forward with health planning from a systems perspective.

The following table includes the summary scores for each of the ten essential services as well as the two optional questionnaires.

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

| Model Standards by Essential Services | Performance Scores | Priority Rating | Agency<br>Contribution<br>Scores |
|---------------------------------------|--------------------|-----------------|----------------------------------|
| ES 1: Monitor Health Status           | 62.5               | 8.3             | 75.0                             |
| ES 2: Diagnose and Investigate        | 94.4               | 9.7             | 100.0                            |
| ES 3: Educate/Empower                 | 66.7               | 9.0             | 75.0                             |
| ES 4: Mobilize Partnerships           | 68.8               | 8.5             | 75.0                             |
| ES 5: Develop Policies/Plans          | 83.3               | 8.5             | 87.5                             |
| ES 6: Enforce Laws                    | 86.3               | 8.7             | 83.3                             |
| ES 7: Link to Health Services         | 56.3               | 9.0             | 75.0                             |
| ES 8: Assure Workforce                | 49.3               | 8.0             | 62.5                             |
| ES 9: Evaluate Services               | 72.9               | 8.7             | 75.0                             |
| ES 10: Research/Innovations           | 70.8               | 8.0             | 75.0                             |
| Average Overall Score                 | 71.1               | 8.6             | 78.3                             |
| Median Score                          | 69.8               | 8.6             | 75.0                             |

Source: Palm Beach County Local Public Health System Assessment Report, 2016

The figure below displays the average score for each Essential Service, as well as the overall average assessment score across all ten Essential Services. The black bars indicate the range of performance score responses within each Essential Service.

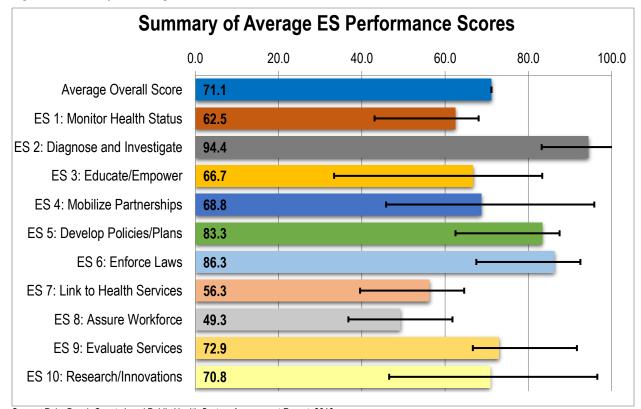


Figure 1: Summary of Average Essential Service Performance Scores:

Source: Palm Beach County Local Public Health System Assessment Report, 2016 Compiled by: Health Council of Southeast Florida, 2016

As seen above, one of the Ten Essential Public Health Services (EPHS) was given a performance score below 50%, indicating a self-assessment of moderate or lower performance when compared to the standards. This low score for Essential Public Health Service 8 (Assure Workforce) indicates there may be opportunities within the Palm Beach County public health system to better assure a competent public and personal health care workforce.

While these scores provide an immediate sense of the greatest strengths and weakness of the Palm Beach County public health system, caution should be exercised when reviewing them. A low performance score may not necessarily indicate that improvement is warranted, nor does a high score indicate that there is no need for improvement. These scores are provided as guidelines. Stakeholders and partners should review and discuss these scores to effectively identify strategies for improvement.

#### Performance Assessment Instrument Results

The following section contains detailed information on the self-assessed performance ratings of each Essential Service. The collective scores for the model standards under each Essential Service are provided, as are the strengths and opportunities and recommendations for improvement within the system, as described by stakeholders during the assessment process.

Essential Public Health Service 1

#### Monitor Health Status to Identify Community Health Problems

The Local Public Health System Strengths in this area were:

- Partners seek out CHA as a reference document when pursuing grants or other funding
- Active use of social media to relay information to public
- Surveillance and agencies gathering data across the county
  - County efficiently collects and reports data to appropriate agencies

Overall, according to the LPHSA, the community meets this standard significantly, but indicated the following areas as opportunities to improve.

- Ensure that all community members and stakeholders are aware of the CHA and CHIP
  - Address CHA and CHIP at interagency meetings
- Provide public access to CHA and CHIP through a public website
- Work to gather and provide more detailed, lower-level data (i.e. census tract)
- Share services data with individuals and agencies within networks
- Ensure that collected data is entered in a timely manner
  - Address manpower and prioritization issues surrounding data collection and processing

The following table displays the scores for each performance measure under the three model standards for Public Health Essential Service 1.

Table 3: Summary of Performance Measures Public Health Essential Service 1

| ESSENTIAL SERVICE 1: Monitor Health Status to Identify Community Health Problems |   |      |
|--|---|------|
| 1.1  | Model Standard: Population-Based Community Health Assessment (CHA)  At what level does the local public health system:                              |      |
| 1.1.1  | Conduct regular community health assessments?   | 75   |
| 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?  | 50   |
| 1.2  | Model Standard: Current Technology to Manage and Communicate Population Health At what level does the local public health system:                   | Data |
| 1.2.1  | Use the best available technology and methods to display data on the public's health?   | 75   |
| 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.)?   | 50   |
| 1.3  | Model Standard: Maintenance of Population Health Registries  At what level does the local public health system:                                     |      |
| 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? | 50   |
| 1.3.2  | Use information from population health registries in community health assessments or other analyses?  | 75   |

Source: Palm Beach County Local Public Health System Assessment Report, 2016

#### Diagnose and Investigate Health Problems and Health Hazards

The Local Public Health System Strengths in this area were:

- High level of cooperation by all partners involved
- Many built-in redundancies for protection
- Effective use of newsletters and electronic reporting
- Creation of first electronic county manual
  - Used as a model by other communities
  - Very user-friendly
  - Includes emergency contact information at multiple levels
- Detailed county emergency plans for various emergency and disaster scenarios
  - All sectors are addressed in emergency plans
  - Many practice drills are conducted, involving multiple agencies
  - Yearly trainings enforce steps and knowledge

Overall, according to the LPHSA, the community does an optimal job meeting this standard, but indicated the following areas as opportunities to improve.

- Improve efficiency of data reporting by all partners
- Reach out and involve more agencies as partners
- Make emergency manual available to the greater community for use and improved coordination
- Facilitate an interagency meeting to discuss improvements

The table below displays the scores for each performance measure under the three model standards for Public Health Essential Service 2.

Table 4: Summary of Performance Measures Public Health Essential Service 2

| ESSENTIAL SERVICE 2: Diagnose and Investigate Health Problems and Health Hazards |   |     |
|--|---|-----|
| 2.1  | Model Standard: Identification and Surveillance of Health Threats  At what level does the local public health system:   |     |
| 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?  | 100 |
| 2.1.2  | Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies and emerging threats (natural and manmade)?   | 100 |
| 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?  | 75  |
| 2.2  | Model Standard: Investigation and Response to Public Health Threats and Emergenci At what level does the local public health system:  | es  |
| 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?                               | 100 |
| 2.2.2  | Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters?   | 75  |
| 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?  | 100 |
| 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?   | 100 |
| 2.3  | Model Standard: Laboratory Support for Investigation of Health Threats At what level does the local public health system:   |     |
| 2.3.1  | Have ready access to laboratories that can meet routine public health needs for finding out what health problems are occurring?   | 100 |
| 2.3.2  | Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards?   | 100 |
| 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 |

Source: Palm Beach County Local Public Health System Assessment Report, 2016

#### Inform, Educate, and Empower People about Health Issues

The Local Public Health System Strengths in this area included:

- Continuous development of new and effective ways to disseminate public health messages
- Broad-reaching health education classes by partner agencies
  - Closing the Gap program increases access to health education classes
- Only county with a nurse in every school
  - o High return-to-class rate
  - o Extensive interaction with students, staff, and parents
- County and Department of Health all have media contacts or spokespersons
- School district does a commendable job of communicating emergency information
- Trainings available for numerous sectors of the population, through a variety of agencies

Overall, according to the LPHSA, the community significantly meets this standard, but indicated the following areas as opportunities to improve:

- Continue to build a comprehensive understanding of the needs of all sectors of the community and how to best communicate with and provide information to them
- Improve usage of social media and technology as a tool for distributing public health information
- Work with tourism industry to ensure correct and consistent messaging

The table below displays the scores for each performance measure under the 3 model standards for Public Health Essential Service 3.

Table 5: Summary of Performance Measures Public Health Essential Service 3

|       | ESSENTIAL SERVICE 3: Inform, Educate, and Empower People about Health Issues   |    |  |
|-------|--|----|--|
| 3.1   | Model Standard: Health Education and Promotion At what level does the local public health system:  |    |  |
| 3.1.1 | Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies?                 | 50 |  |
| 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?                         | 50 |  |
| 3.2   | Model Standard: Health Communication At what level does the local public health system:  |    |  |
| 3.2.1 | Develop health communication plans for relating to media and the public and for sharing information among LPHS organizations?  | 75 |  |
| 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?  | 75 |  |
| 3.3   | Model Standard: Risk Communication At what level does the local public health system:  |    |  |
| 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?  | 75 |  |
| 3.3.3 | Provide risk communication training for employees and volunteers?  | 50 |  |

Source: Palm Beach County Local Public Health System Assessment Report, 2016

#### Mobilize Community Partnerships to Identify and Solve Health Problems

The Local Public Health System Strengths in this area were:

- Improved focus on mental and behavioral health
- Consistent improvement on community participation
- Good sources of information and planning resources
  - o Birth to 22: Youth Master Plan
- Continual improvement of partner and interagency collaboration
- Prioritization by Health Care District of determining best ways to effectively reach out and work with all facets of the community

Overall, according to the LPHSA, the community significantly meets this standard, but indicated the following areas as opportunities to improve:

- Work to create a central resource for community members to "fact check" and find credible health information
- Simplify information resources to enable all individuals to easily find the information they need
- Encourage organizations to work together to:
  - o Improve communication and outreach efforts
  - o Avoid unnecessary duplication of efforts and services
  - Maximize efficiency

The following table displays the scores for each performance measure under the two model standards for Public Health Essential Service 4.

Table 6: Summary of Performance Measures Public Health Essential Service 4

| ESSENTIAL SERVICE 4: Mobilize Community Partnerships to Identify and Solve Health Problems |   |    |
|--|---|----|
| 4.1  | Model Standard: Constituency Development At what level does the local public health system:   |    |
| 4.1.1  | Maintain a complete and current directory of community organizations?   | 75 |
| 4.1.2  | Follow an established process for identifying key constituents related to overall public health interests and particular health concerns? | 50 |
| 4.1.3  | Encourage constituents to participate in activities to improve community health?  | 75 |
| 4.1.4  | Create forums for communication of public health issues?  | 50 |
| 4.2  | Model Standard: Community Partnerships At what level does the local public health system:   |    |
| 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?   | 75 |
| 4.2.3  | Assess how well community partnerships and strategic alliances are working to improve community health?                                   | 75 |

Source: Palm Beach County Local Public Health System Assessment Report, 2016

#### **Develop Policies and Plans that Support Individual and Community Health Efforts**

The Local Public Health System Strengths in this area were:

- Excellent support from Board of County Commissioners and Palm Beach County
  - o Buildings and cars supplied for use by the Department of Health
- Partnership with Palm Beach County School District to influence changes to state law
- Collaboration with numerous individuals and agencies, including funding partners
  - Workgroup sessions held multiple times a year
- Effective system for identifying a broad spectrum of community representatives
- Annual public review of CHIP, including a review of objectives every two years
- An established, comprehensive emergency response plan
  - Tested on a regular basis
  - Drills conducted several times a year
  - Includes many agencies as partners

Overall, according to the LPHSA, the community does an optimal job meeting this standard, but indicated the following areas as opportunities to improve:

- Develop improved intra- and interagency collaboration
- Ensure that policies in all agencies are reviewed regularly and updated as necessary

The following table displays the scores for each performance measure under the four model standards for Public Health Essential Service 5.

Table 7: Summary of Performance Measures Public Health Essential Service 5

| ESSENTIAL SERVICE 5: Develop Policies and Plans that Support Individual and Community Health Efforts |  |     |
|--|--|-----|
| 5.1  | Model Standard: Governmental Presence at the Local Level At what level does the local public health system:  |     |
| 5.1.1  | Support the work of a local health department dedicated to the public health to make sure the essential public health services are provided?   | 100 |
| 5.1.2  | See that the local health department is accredited through the national voluntary accreditation program?   | 100 |
| 5.1.3  | Assure that the local health department has enough resources to do its part in providing essential public health services?   | 50  |
| 5.2  | Model Standard: Public Health Policy Development At what level does the local public health system:  |     |
| 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?   | 75  |
| 5.3  | Model Standard: Community Health Improvement Process and Strategic Planning At what level does the local public health system:   |     |
| 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?   | 75  |
| 5.4  | Model Standard: Plan for Public Health Emergencies At what level does the local public health system:  |     |
| 5.4.1  | Support a workgroup to develop and maintain preparedness and response plans?   | 100 |
| 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?     | 100 |
| 5.4.3  | Test the plan through regular drills and revise the plan as needed, at least every two years?  | 100 |

#### **Enforce Laws and Regulations that Protect Health and Ensure Safety**

The Local Public Health System Strengths in this area were:

- Numerous attorneys either in employ or who volunteer their time and services
- Department of Health is proactive about addressing public health issues (such as TB and water quality)
  - o Providing educational information on issues such as childcare, septic tanks, swimming safety, etc.
- Annual review of existing laws and regulations
- Continual education of public health partners
- Ongoing efforts ensure public health partners' compliance with laws and regulations

Overall, according to the LPHSA, the community did an optimal job at meeting this standard, but indicated the following areas as opportunities to improve:

- Enhance the walkability of various parts of the community
- Provide more educational outreach, especially within the local public health system

The table below displays the scores for each performance measure under the three model standards for Public Health Essential Service 6.

Table 8: Summary of Performance Measures Public Health Essential Service 6

| 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 At what level does the local public health system:                                       |     |
| 6.1.1   | Identify public health issues that can be addressed through laws, regulations, or ordinances?   | 100 |
| 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?   | 100 |
| 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 Ordinance At what level does the local public health system:                               | es  |
| 6.2.1   | Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances?  | 75  |
| 6.2.2   | Participate in changing existing laws, regulations, and ordinances, and/or creating new laws, regulations, and ordinances to protect and promote the public health? | 75  |
| 6.2.3   | Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances?  | 75  |
| 6.3   | Model Standard: Enforcement of Laws, Regulations, and Ordinances At what level does the local public health system:   |     |
| 6.3.1   | Identify organizations that have the authority to enforce public health laws, regulations, and ordinances?  | 100 |
| 6.3.2   | Assure that a local health department (or other governmental public health entity) has the authority to act in public health emergencies?                           | 100 |
| 6.3.3   | Assure that all enforcement activities related to public health codes are done within the law?  | 100 |
| 6.3.4   | Educate individuals and organizations about relevant laws, regulations, and ordinances?   | 75  |
| 6.3.5   | Evaluate how well local organizations comply with public health laws?   | 75  |

Source: Palm Beach County Local Public Health System Assessment Report, 2016

## Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable

The Local Public Health System Strengths in this area were:

- Expansion of Safe Schools homeless program
- Progress is being made with regards to mental health and availability of providers
- Advancements being made in efforts to best link patients to services
  - Working with county food pantries to share information on food assistance benefits
  - o Dispersion of KidCare enrollment packets to schools; packets provided to each child
  - Increased Insurance Navigator staff at hospitals to assist in patient enrollment

Overall, according to the LPHSA, the community significantly met this standard and indicated the following areas as opportunities to improve:

- Continue efforts to best link patients with the appropriate care
- Educate community on the importance of preventative medicine
- Work to determine the best way to reach and engage the community on health issues
  - Health fairs, family fun day
  - Incentivize people to be healthy
  - More engagement about home-based care
- Promote technology-centered messaging, following technology trends (Google, YouTube, etc.)
- Provide education about costs and alternatives of Emergency Room utilization

The table below displays the scores for each performance measure under the two model standards for Public Health Essential Service 7.

Table 9: Summary of Performance Measures Public Health Essential Service 7

| 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 At what level does the local public health system:    |    |
| 7.1.1  | Identify groups of people in the community who have trouble accessing or connecting to personal health services?                     | 50 |
| 7.1.2  | Identify all personal health service needs and unmet needs throughout the community?   | 50 |
| 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 At what level does the local public health system:        |    |
| 7.2.1  | Connect (or link) people to organizations that can provide the personal health services they may need?                               | 50 |
| 7.2.2  | Help people access personal health services, in a way that takes into account the unique needs of different populations?             | 50 |
| 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?                    | 50 |

#### Assure a Competent Public and Personal Health Care Workforce

The Local Public Health System Strengths in this area were:

- Internal means of tracking public health jobs, within agencies
- Free public health seminars are held monthly through the Department of Health
- Some agencies mandate cultural competency training for staff
- Department of Health has a trainer on staff
- Palm Beach Medical Society Project Access is working to provide competent community health workers in many aspects of care
- Tuition reimbursement is available (for those that qualify)

Overall, according to the LPHSA, the community moderately met this standard, and indicated the following areas as opportunities to improve:

- Incentivize teaching in the nursing field in order to increase the low number of teachers
- Expand available means of in-person or on-site local public health training
- Provide and ensure participation in public health-specific cultural competency training
- Develop incentives for participation in training such as:
  - Tuition reimbursement
  - o CEUs or CMEs

The following table displays the scores for each performance measure under the four model standards for Public Health Essential Service 8.

Table 10: Summary of Performance Measures Public Health Essential Service 8

|       | ESSENTIAL SERVICE 8: Assure a Competent Public and Personal Health Care Workfo   | rce     |
|-------|--|---------|
| 8.1   | Model Standard: Workforce Assessment, Planning, and Development At what level does the local public health system:   |         |
| 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? | 25      |
| 8.2   | Model Standard: Public Health Workforce Standards At what level does the local public health system:   |         |
| 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?                              | 50      |
| 8.2.3 | Base the hiring and performance review of members of the public health workforce in public health competencies?  | 50      |
| 8.3   | <b>Model Standard: Life-Long Learning through Continuing Education, Training, and Mer</b> <i>At what level does the local public health system:</i>  | ntoring |
| 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?   | 25      |
| 8.3.4 | Create and support collaborations between organizations within the public health system for training and education?  | 50      |
| 8.3.5 | Continually train the public health workforce to deliver services in a cultural competent manner and understand social determinants of health?   | 50      |
| 8.4   | Model Standard: Public Health Leadership Development At what level does the local public health system:  |         |
| 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?   | 75      |
| 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?   | 75      |
|       | where they have knowledge, skills, or access to resources?  Provide opportunities for the development of leaders representative of the diversity within the  |         |

#### Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

The Local Public Health System Strengths in this area were:

- Regular reevaluations conducted based on priorities and goals of previous CHIP
- Monthly community assessments conducted by the Department of Health
- Numerous quality population-based services providing intervention and outreach for health issues
  - Black infant mortality program
  - Department of Health Center for Equity
  - Youth Community Conversations
- Florida Institute for Health Innovation meets quarterly for collaboration
- Health Resources and Services Administration shows many organizations performing well

Overall, according to the LPHSA, the community significantly met this standard and indicated the following areas as opportunities to improve:

- While organizations perform well, there is room for improvement and collaboration, sharing of best practices
  - Ensure that agencies work together in such a way as to avoid overlap and inefficiencies that can result from redundancy
- Develop a forum for local public health agencies to share best practices and map strengths
- Ensure that all organizations are being used to their full potential for health prevention, education and outreach (i.e. remember that there is more to the YMCA than just basketball)

The table below displays the scores for each performance measure under the three model standards for Public Health Essential Service 9.

Table 11: Summary of Performance Measures Public Health Essential Service 9

| ESSENTIAL SERVICE 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-<br>Based Health Services |   |     |  |
|--|---|-----|--|
| 9.1  | Model Standard: Evaluation of Population-Based Health Services At what level does the local public health system:   |     |  |
| 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?  | 75  |  |
| 9.2  | Model Standard: Evaluation of Personal Health Services At what level does the local public health system:   |     |  |
| 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?   | 75  |  |
| 9.2.5  | Use evaluation findings to improve services and program delivery?   | 75  |  |
| 9.3  | Model Standard: Evaluation of the Local Public Health System  At what level does the local public health system:  |     |  |
| 9.3.1  | Identify all public, private, and voluntary organizations that provide essential public health services?  | 75  |  |
| 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 to essential public health services? | 100 |  |
| 9.3.3  | Assess how well the organizations in the LPHS are communicating, connecting, and coordinating services?   | 75  |  |
| 9.3.4  | Use results from the evaluation process to improve the LPHS?  | 75  |  |

#### Research for New Insights and Innovative Solutions to Health Problems

The Local Public Health System Strengths in this area were:

- Abundant research studies conducted by numerous partners
  - Hospitals
  - Department of Health and its residents
- Students from nearby universities partner with the Department of Health to conduct research and for projects and capstones
- Department of Health is known as a research- and academic-oriented health department
- Free flow of information between local public health agencies
- Many local colleges and universities are active participants in the local public health community and with the Department of Health
  - Professors volunteer their time and assist in managing and analyzing datasets at the Department of Health

Overall, according to the LPHSA, the community significantly met this standard and indicated the following areas as opportunities to improve:

- Allocate time and resources for employees to dedicate specifically to conducting research
- Develop a more systematic approach to partnering with local colleges and universities

The following table displays the scores for each performance measure under the three model standards for Public Health Essential Service 10.

Table 12: Summary of Performance Measures Public Health Essential Service 10

| ESSENTIAL SERVICE 10: Research for New Insights and Innovative Solutions to Health Problems |   |    |
|---|---|----|
| 10.1  | Model Standard: Fostering Innovation At what level does the local public health system:   |    |
| 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?                     | 75 |
| 10.1.2  | Suggest ideas about what currently needs to be studied in public health to organizations that do research?  | 75 |
| 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?                              | 75 |
| 10.1.4  | Encourage community participation in research, including deciding what will be studied, conducting research, and in sharing results?  | 75 |
| 10.2  | Model Standard: Linkage with Institutions of Higher Learning and/or Research At what level does the local public health system:   |    |
| 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?   | 75 |
| 10.2.2  | Partner with colleges, universities, or other research organizations to do public health research, including community-based participatory research?                                | 75 |
| 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? | 75 |
| 10.3  | Model Standard: Capacity to Initiate or Participate in Research  At what level does the local public health system:   |    |
| 10.3.1  | Collaborate with researchers who offer the knowledge and skills to design and conduct health-related studies?   | 75 |
| 10.3.2  | Support research with the necessary infrastructure and resources, including facilities, equipment, databases, information technology, funding, and other resources?                 | 50 |
| 10.3.3  | Share findings with public health colleagues and the community broadly, through journals, websites, community meetings, etc.?   | 75 |
| 10.3.4  | Evaluate public health systems research efforts throughout all stages of work from planning to impact on local public health practice?  | 50 |

#### **Priority Rating Questionnaire**

As a supplement to the performance scoring, the local public health partners in Palm Beach County completed a Priority Rating Questionnaire. This questionnaire allows participants to provide their individual priority rankings for each Model Standard. At the conclusion of the August 12, 2016, and the August 26, 2016, meetings, hard copies of the questionnaire were administrated to all attendees.

The four quadrants in the table below are determined by the resultant aggregate priority ratings of the Model Standards for the Essential Services and how each compares with its corresponding performance score. The results aid in pinpointing recommended areas of high priority for improvement within the local public health system.

Table 13: Essential Service Model Standard Priority Ranking

| Quadrant A | (High Priority and Low Performance) – These activities may need increased attention.   |
|------------|--|
| Quadrant B | (High Priority and High Performance) – These activities are being done well, and it is important to maintain efforts.                                |
| Quadrant C | (Low Priority and High Performance) – These activities are being done well, consideration may be given to reducing effort in these areas.            |
| Quadrant D | (Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time. |

The table below displays the priority rating and the performance score given to each Essential Service's Model Standard.

Table 14: Summary of Priority Rating and Performance Scores by Model Standard

| Quadrant   | Model Standard                      | Performance<br>Score (%) | Priority Rating |
|------------|-------------------------------------|--------------------------|-----------------|
| Quadrant A | 9.1 Evaluation of Population Health | 62.5                     | 9               |
| Quadrant A | 7.2 Assure Linkage                  | 56.3                     | 9               |
| Quadrant A | 7.1 Personal Health Services Needs  | 56.3                     | 9               |
| Quadrant A | 3.3 Risk Communication              | 66.7                     | 9               |
| Quadrant A | 3.1 Health Education/Promotion      | 58.3                     | 9               |
| Quadrant A | 1.1 Community Health Assessment     | 58.3                     | 9               |
| Quadrant B | 9.3 Evaluation of LPHS              | 81.3                     | 9               |
| Quadrant B | 6.2 Improve Laws                    | 75.0                     | 9               |
| Quadrant B | 6.1 Review Laws                     | 93.8                     | 9               |
| Quadrant B | 5.4 Emergency Plan                  | 100.0                    | 9               |
| Quadrant B | 5.3 CHIP/Strategic Planning         | 75.0                     | 9               |
| Quadrant B | 4.2 Community Partnerships          | 75.0                     | 9               |
| Quadrant B | 3.2 Health Communication            | 75.0                     | 9               |
| Quadrant B | 2.3 Laboratories                    | 100.0                    | 9               |
| Quadrant B | 2.2 Emergency Response              | 91.7                     | 10              |
| Quadrant B | 2.1 Identification/Surveillance     | 91.7                     | 10              |
| Quadrant C | 10.2 Academic Linkages              | 75.0                     | 8               |
| Quadrant C | 10.1 Foster Innovation              | 75.0                     | 8               |
| Quadrant C | 9.2 Evaluation of Personal Health   | 75.0                     | 8               |
| Quadrant C | 6.3 Enforce Laws                    | 90.0                     | 8               |
| Quadrant C | 5.2 Policy Development              | 75.0                     | 8               |
| Quadrant C | 5.1 Governmental Presence           | 83.3                     | 8               |
| Quadrant D | 10.3 Research Capacity              | 62.5                     | 8               |
| Quadrant D | 8.4 Leadership Development          | 68.8                     | 8               |
| Quadrant D | 8.3 Continuing Education            | 45.0                     | 8               |
| Quadrant D | 8.2 Workforce Standards             | 58.3                     | 8               |
| Quadrant D | 8.1 Workforce Assessment            | 25.0                     | 8               |
| Quadrant D | 4.1 Constituency Development        | 62.5                     | 8               |
| Quadrant D | 1.3 Registries                      | 62.5                     | 8               |
| Quadrant D | 1.2 Current Technology              | 66.7                     | 8               |

The figure below displays the 30 model standards by the priority-to-performance quadrant classification determined by this assessment process.

The green quadrant on the top right includes model standards given high priority and a high performance score. Palm Beach County's local public health system performs these 10 activities well, and it is important that they maintain these efforts. Palm Beach County's LPHSA ranked all model standards of Essential Service 2 (Monitor Health Status) in this category.

The blue quadrant contains model standards identified as having low priority and high performance. These are 6 areas performing well within the county, but to which consideration may be given to reduce effort, as they are ranked with low priority in the Local Public Health System Assessment.

The pink quadrant on the bottom left contains activities with low priority and low performance. This assessment determined that there is room for improvement in these 8 areas, but they do not require immediate or substantial attention at present, due to the low priority these areas were assigned during the LPHSA. Palm Beach County's LPHSA ranked all model standards of Essential Service 8 (Assure Workforce) in this category.

The yellow quadrant on the top left contains 6 activities that the LPHSA indicated need increased attention. These 6 areas were ranked with low performance and high priority. This quadrant includes all model standards from Essential Service 7 (Link to Health Services).

Figure 2: Priority and Performance Quadrant

| High Priority, Low Performance  | High Priority, High Performance   |
|---|---|
| <ul> <li>1.1 Community Health Assessment</li> <li>3.1 Health Education/Promotion</li> <li>3.3 Risk Communication</li> <li>7.1 Personal Health Services Needs</li> <li>7.2 Assure Linkages</li> <li>9.1 Evaluation of Population Health</li> </ul> | <ul> <li>2.1 Identification/Surveillance</li> <li>2.2 Emergency Response</li> <li>2.3 Laboratories</li> <li>3.2 Health Communication</li> <li>4.2 Community Partnerships</li> <li>5.3 CHIP/Strategic Planning</li> <li>5.4 Emergency Planning</li> <li>6.1 Review Laws</li> <li>6.2 Improve Laws</li> <li>9.3 Evaluation of LPHS</li> </ul> |
| Low Priority, Low Performance   | Low Priority, High Performance  |
| 1.2 Current Technology 1.3 Registries 4.1 Constituency development 8.1 Workforce Assessment 8.2 Workforce Standards 8.3 Continuing Education 8.4 Leadership Development 10.3 Research Capacity  | <ul> <li>5.1 Governmental Presence</li> <li>5.2 Policy Development</li> <li>6.3 Enforce Laws</li> <li>9.2 Evaluation of Personal Health</li> <li>10.1 Foster Innovation</li> <li>10.2 Academic Linkages</li> </ul>  |

#### Local Health Department Questionnaire

In addition to the Priority Rating Questionnaire, the local public health partners in Palm Beach County chose to complete the Local Health Department (LHD) Contribution assessment. This supplemental questionnaire allows participants to provide their individual assessment of the contribution of the local health department with respect to each Model Standard. At the conclusion of the August 12, 2016, and the August 26, 2016, meetings, hardcopy questionnaires were administrated to all participants. The four quadrants in the table below are based on the performance rating of each Essential Service or Model Standard and how it compares with the respective contribution of the local health department. The results provide recommended areas for attention to improve the local public health system.

Table 15: Essential Service Model Standard Agency Contribution Ranking

| Quadrant A | (High Agency Contribution and Low Performance) – These activities may need increased attention.   |
|------------|---|
| Quadrant B | (High Agency Contribution and High Performance) – These activities are being done well, and it is important to maintain efforts.                                |
| Quadrant C | (Low Agency Contribution and High Performance) – These activities are being done well, consideration may be given to reducing effort in these areas.            |
| Quadrant D | (Low Agency Contribution and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time. |

The table below displays the Local Health Department contribution rating and Performance Score rating of each Essential Service's Model Standards.

Table 16: Summary of Contributions and Performance Scores by Model Standard

| Quadrant   | Model Standard                      | LHD Contribution (%) | Performance<br>Score (%) |
|------------|-------------------------------------|----------------------|--------------------------|
| Quadrant B | 6.1 Review Laws                     | 100.0                | 93.8                     |
| Quadrant B | 5.4 Emergency Plan                  | 100.0                | 100.0                    |
| Quadrant B | 5.3 CHIP/Strategic Planning         | 100.0                | 75.0                     |
| Quadrant B | 2.3 Laboratories                    | 100.0                | 100.0                    |
| Quadrant B | 2.2 Emergency Response              | 100.0                | 91.7                     |
| Quadrant B | 2.1 Identification/Surveillance     | 100.0                | 91.7                     |
| Quadrant C | 10.2 Academic Linkages              | 75.0                 | 75.0                     |
| Quadrant C | 10.1 Foster Innovation              | 75.0                 | 75.0                     |
| Quadrant C | 9.3 Evaluation of LPHS              | 75.0                 | 81.3                     |
| Quadrant C | 9.2 Evaluation of Personal Health   | 75.0                 | 75.0                     |
| Quadrant C | 6.3 Enforce Laws                    | 75.0                 | 90.0                     |
| Quadrant C | 6.2 Improve Laws                    | 75.0                 | 75.0                     |
| Quadrant C | 5.2 Policy Development              | 75.0                 | 75.0                     |
| Quadrant C | 5.1 Governmental Presence           | 75.0                 | 83.3                     |
| Quadrant C | 4.2 Community Partnerships          | 75.0                 | 75.0                     |
| Quadrant C | 3.2 Health Communication            | 75.0                 | 75.0                     |
| Quadrant D | 10.3 Research Capacity              | 75.0                 | 62.5                     |
| Quadrant D | 9.1 Evaluation of Population Health | 75.0                 | 62.5                     |
| Quadrant D | 8.4 Leadership Development          | 75.0                 | 68.8                     |
| Quadrant D | 8.3 Continuing Education            | 50.0                 | 45.0                     |
| Quadrant D | 8.2 Workforce Standards             | 75.0                 | 58.3                     |
| Quadrant D | 8.1 Workforce Assessment            | 50.0                 | 25.0                     |
| Quadrant D | 7.2 Assure Linkage                  | 75.0                 | 56.3                     |
| Quadrant D | 7.1 Personal Health Services Needs  | 75.0                 | 56.3                     |
| Quadrant D | 4.1 Constituency Development        | 75.0                 | 62.5                     |
| Quadrant D | 3.3 Risk Communication              | 75.0                 | 66.7                     |
| Quadrant D | 3.1 Health Education/Promotion      | 75.0                 | 58.3                     |
| Quadrant D | 1.3 Registries                      | 75.0                 | 62.5                     |
| Quadrant D | 1.2 Current Technology              | 75.0                 | 66.7                     |
| Quadrant D | 1.1 Community Health Assessment     | 75.0                 | 58.3                     |

Source: Palm Beach County Local Public Health System Assessment Report, 2016

Figure 3 below displays the 30 model standards by guadrant ranking.

The green quadrant on the top right contains model standards that were ranked as having a high local health department contribution and a high performance score. Palm Beach County's local public health system performs these activities well, with a high level of support from the local health department. It is important to maintain these efforts. Palm Beach County's LPHSA indicated that all model standards under Essential Service 2 (Diagnose and Investigate) fell into this quadrant.

The blue quadrant contains model standards identified as having low local health department contribution and high performance. These activities are being performed well throughout the county, with efforts from many community partners, including the health department.

The pink quadrant on the bottom left contains activities with low local health department contribution and a low performance score. There is room for improvement in these areas at the local health department and throughout the local public health system. Palm Beach County's LPHSA indicated that all model standards of Essential Services 1 (Monitor Health Status), 7 (Link to Health Services), and 8 (Assure Workforce) fell into this category.

The yellow quadrant is reserved for activities that may need increased attention and support from outside the local health department. These are areas of low performance and high local health department contribution. No model standards ranked in this category in Palm Beach County's Local Public Health System Assessment.

Figure 3: Local Health Department Contribution and Performance Quadrants

| High LHD Contribution, Low Performance   | High LHD Contribution, High Performance  |
|--|--|
| No Model Standards   | <ul> <li>2.1 Identification/Surveillance</li> <li>2.2 Emergency Response</li> <li>2.3 Laboratories</li> <li>5.3 CHIP/Strategic Planning</li> <li>5.4 Emergency Plan</li> <li>6.1 Review Laws</li> </ul>  |
| Low LHD Contribution, Low Performance  | Low LHD Contribution, High Performance   |
| <ul> <li>1.1 Community Health Assessment</li> <li>1.2 Current Technology</li> <li>1.3 Registries</li> <li>3.1 Health Education/Promotion</li> <li>3.3 Risk Communication</li> <li>4.1 Constituency Development</li> <li>7.1 Personal Health Services Needs</li> <li>7.2 Assure Linkage</li> <li>8.1 Workforce Assessment</li> <li>8.2 Workforce Standards</li> <li>8.3 Continuing Education</li> <li>8.4 Leadership Development</li> <li>9.1 Evaluation of Population Health</li> <li>10.3 Research</li> </ul> | <ul> <li>3.2 Health Communication</li> <li>4.2 Community Partnerships</li> <li>5.1 Governmental Presence</li> <li>5.2 Policy Development</li> <li>6.2 Improve Laws</li> <li>6.3 Enforce Laws</li> <li>9.2 Evaluation of Personal Health</li> <li>9.3 Evaluation of LPHS</li> <li>10.1 Foster Innovation</li> <li>10.2 Academic Linkages</li> </ul> |

#### Conclusion

The results of this Local Public Health System Assessment are the product of an investment of time and invaluable insight by the participants. The results make up a critical component of the county's health assessment and performance improvement plan process. This report highlights assets and strengths of the Palm Beach County public health system that local agencies and stakeholders should strive to capitalize and build on. In addition, it identifies areas of weakness and concern in the local public health system, and pinpoints opportunities for improvement. The assessment is intended to help guide the planning efforts of local health and human service agencies in Palm Beach County. Drawing upon the results of this assessment, public health leaders can partner to institute changes within their local public health system to elevate available health services.