

2015



Davis County Health Department
22 South State Street
Clearfield, Utah 84015

Healthy Choices.
Healthy People.
Healthy Communities.

DAVIS COUNTY LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

The Davis County Health Department and local public health system partners convened in October 2015 to conduct a local public health system assessment. This assessment helped enhance partners' understanding of the public health system; build relationships within the public health system; identify strengths and weaknesses of the public health system; and establish performance baselines for the system. This report summarizes the results and findings of the local public health system assessment and informs system partners about performance improvement opportunities.

Executive Summary

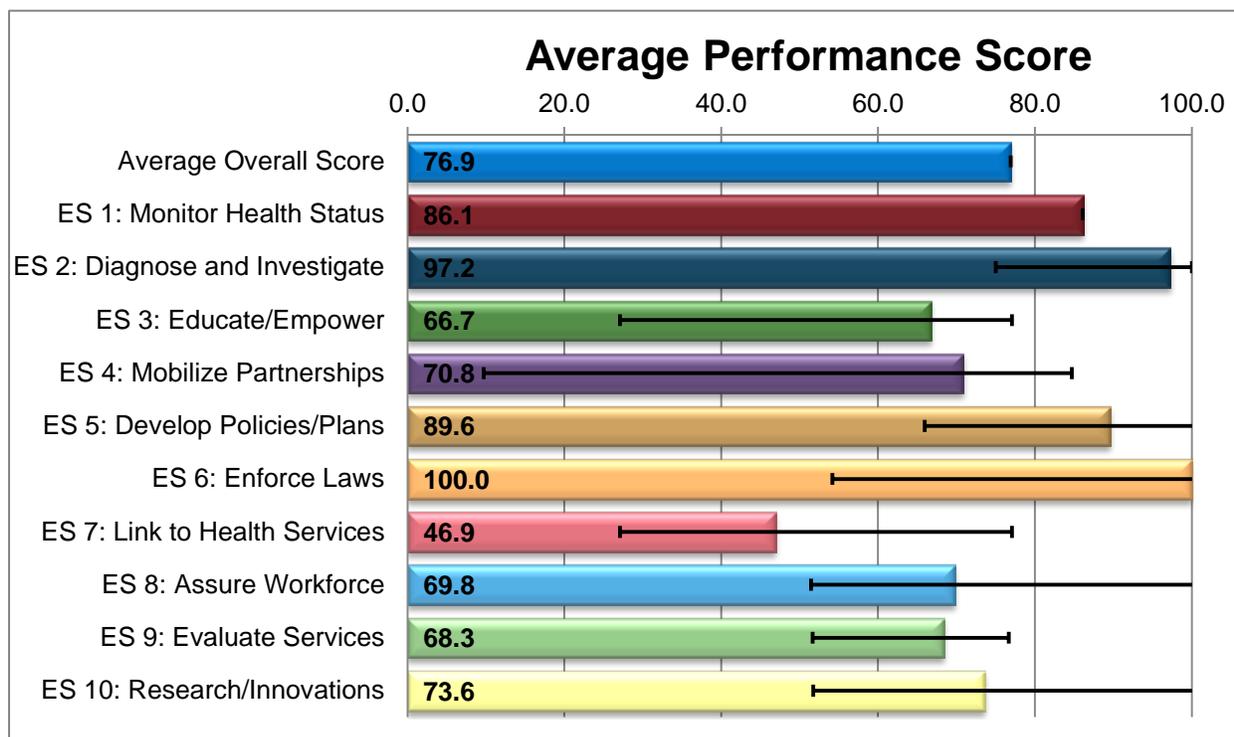
The Local Public Health System Assessment (LPHSA) is an instrument developed by the National Public Health Performance Standards Program (NPHPSP). The NPHPSP is a collaborative effort to improve the practice of public health and the performance of public health systems.

The LPHSA helps the local public health system in answering questions such as, “What are the components, activities, competencies, and capacities of our public health system?” and “How well are the 10 Essential Public Health Services being provided in our system?” The LPHSA is a self-assessment tool that focuses on the delivery of the 10 Essential Public Health Services by the local public health system (see Figure 2: The Local Public Health System). The local public health system is commonly defined as all “public, private, and voluntary entities that contribute to the delivery of the essential health services within a jurisdiction.”

There are four core concepts of the LPHSA:

- The standards are designed around the 10 Essential Public Health Services. These services provide the fundamental framework describing all of the public health activities that should be carried out in all states and communities.
- The standards focus on the overall public health system, rather than a single organization.
- The standards describe an optimal level of performance rather than provide minimum expectations.
- The standards are intended to support a process of quality improvement.

The information from the assessment can be used by the local public health system to create a snapshot of activities being performed. In addition, results can help identify the system’s strengths and weaknesses. Areas that show less activity can be prioritized for future improvement.



Introduction

An important role of the local public health agency is to assess the capacity of the local public health system. On Wednesday, October 28, 2015, the Davis County Health Department (DCHD) convened a group of public health partners for a community meeting to complete a Local Public Health System Assessment (LPHSA). This assessment helps answer questions such as: "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the 10 Essential Public Health Services being provided to our community?" An instrument developed and tested by the National Public Health Performance Standards Program was used. The assessment focuses on the local public health system including all entities that contribute to the delivery of public health services within Davis County.

The 10 Essential Public Health Services provide the framework for the assessment by public health activities that should be undertaken in all local communities. Performance Standards related to each Essential Service describe an optimal level of performance and capacity to which all local public health systems should aspire. This process will provide us with benchmarks by which the system can be assessed to help identify strengths, weaknesses, and short- and long-term improvement opportunities.

Community Health Improvement Process

This assessment is one of many activities that are part of the Davis County community health improvement process which began in 2012.

4 MAPP Assessments

The LPHSA is one component of a community planning process called the Mobilizing for Action through Planning and Partnerships (MAPP) framework. The MAPP process recommends four assessments to better understand your community.

- Community Health Status Assessment – Completed for the first time in 2013.
- Community Themes & Strengths Assessment – Comprised of several activities which took place during 2012-2013: Key Informant Survey, City Health Policy & Resource Assessment, and focus groups.
- Local Public Health System Assessment – Conducted October 28, 2015, the focus of this report.
- Forces of Change Assessment – This assessment is scheduled for 2016.

Meeting Format

The assessment was conducted at the DCHD in one afternoon with lunch included and lasted 2 ½ hours. This was determined to be the best speed version of the assessment in order to minimize partner time commitment. This type of format was possible because of a history of excellent participation from many community partners at these types of meetings which allowed us to divide the assessment into five sections with five groups simultaneously evaluating two public health services each. The meeting agenda can be found in **Appendix I**. After brief orientation, participants were divided into five groups to discuss and score how the public health system is performing specific functions, services, and activities.

Participants

Invitations to attend were emailed to many community coalitions, groups, and individuals within the county. As with other community health assessment gatherings, there was an outstanding response from partners willing and interested in participating. There were 50 people in attendance from 36 different agencies or organizations. Those represented include:

- Alzheimer’s Association
- Bountiful City
- Bountiful Community Food Pantry
- Clearfield Job Corps
- Clinton City Fire Department
- Continue Mission
- Davis Behavioral Health
- Davis County Animal Control
- Davis County Attorney’s Office
- Davis County Board of Health
- Davis County Commission
- Davis County Health Department
- Davis County Senior Services Board
- Davis County Sheriff’s Department
- Davis County Volunteers in Police Service (VIPS)
- Davis Head Start
- Davis HELPS
- Davis Hospital
- Davis School District
- Davis Volunteer Medical Clinic
- Family Connection Center
- Family Counseling Service
- Health Choice Utah/Medicaid
- Hill Air Force Base
- Intermountain Healthcare
- Lakeview Hospital
- Layton Community Action Council
- Medical Reserve Corps (MRC) Volunteers
- Midtown Community Health Center
- Tanner Clinic
- United Way
- Utah Adult Protective Services
- Utah Department of Human Services/Division of Aging
- Utah Transit Authority
- Western Governor’s University Student

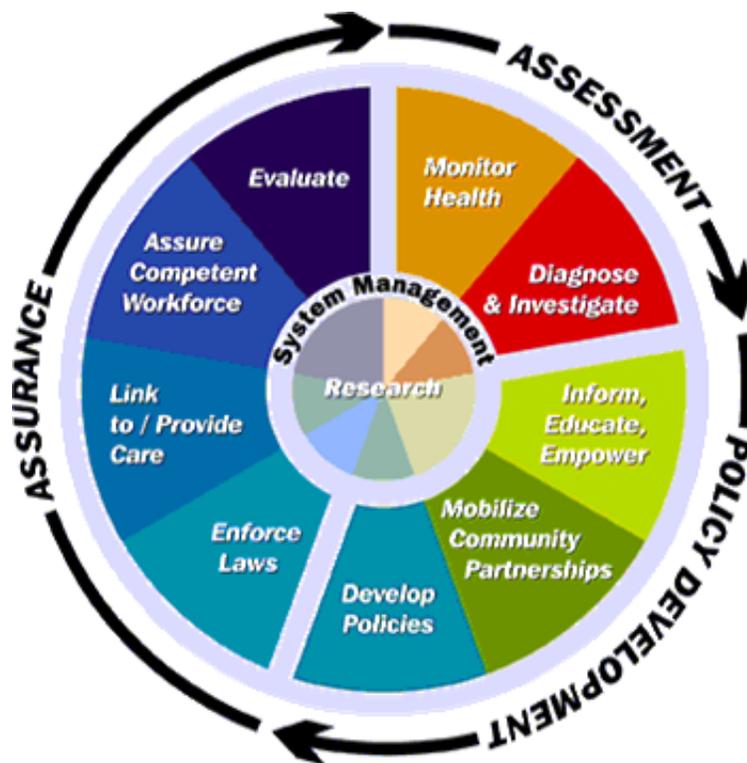
Participant names and group assignments can be found in **Appendix II**.

10 Essential Public Health Services

The LPHSA is a self-assessment tool that focuses on the delivery of the 10 Essential Public Health Services by the local public health system. The 10 Essential Public Health Services describe public health activities all communities should undertake.

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 health 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.

Figure 2: 10 Essential Public Health Services



Methods

The National Public Health Performance Standards provide a framework to assess the capacity and performance of public health systems. Three instruments are available (state, local and governing bodies). The performance standards describe an optimal level of performance. The assessment is meant to evaluate the entire system and not just one agency. Assessment results can be used to inform policy and resource decisions and lead to an improved public health system and improved public health.

NPHPS tools are used to:

- Identify partners and community members in the public health system
- Engage those partners in health assessment and health improvement planning
- Promote improvement in agencies, systems, and communities

The NPHPS is a valuable tool to strengthening local partnerships and ensure that a strong system is in place for responding effectively to day-to-day public health issues and public health emergencies.

NPHPS instrument users at all levels report numerous benefits, including:

- Improvement in organizational and community communication and collaboration
- Usefulness in educating participants about public health and the interconnectedness of activities
- Strengthening of the diverse network of partners
- Identification of strengths and weaknesses
- Provides a benchmark for public health practice improvements

Three documents were used to guide the Davis County process: the NPHPS Local Instrument (Version 3.0); the NPHPS Local Implementation Guide (Version 3.0); and the NPHPS Local Facilitator's Guide (Version 3.0).

The local instrument is organized by Essential Service. Each Essential Service has several components or practice areas referred to as Model Standards. A total of 30 Model Standards (two to four Model Standards per Essential Service) describe key aspects of an optimally performing LPHS. Performance Measures determine the level at which the system performs related to the Model Standard. These measures are posed as questions to which participants respond. Each Model Standard lists two to five Performance Measures for a total of 108 questions that receive a specific score that is based on LPHS partners' consensus.

Groupings

During the meeting, introduction participants received information about the activities contained in each Essential Service and were given examples of the type of community partners that would be a good fit for each group. With this limited guidance participants self-selected one of five groups. Each group covered 2 Essential Services. Individuals from the same agency were encouraged to join different groups. To equally distribute participants, rooms were set up to accommodate a maximum of 12.

Group 1:
Essential Services 1 & 2

Group 2:
Essential Services 3 & 4

Group 3:
Essential Services 5 & 6

Group 4:
Essential Services 7 & 9

Group 5:
Essential Services 8 & 10

Facilitators and Recorders

Five facilitators and five recorders were recommended and selected primarily from within the local health department along with a couple from outside the department. A week prior to the assessment they participated in a two hour training which focused on effective principles of facilitation, how to achieve consensus in scoring, key points for documentation, time management, and role playing a mock assessment.

Group Process

Once groups were formed and gathered in meeting rooms there was time for introductions, signing the role, ground rules, permission to record, and a description of the assessment process. For each model standard the group followed these steps:

- Read Model Standard (Paragraph)
- Discussion Questions to Draw Out Examples of Activities in the Community (consider awareness, involvement, frequency, quality, comprehensiveness, usability)
- Score Performance Measures
- Further Discussion as Needed/Re-Vote if Necessary
- Gathering Consensus on Final Score

Scoring

The table below characterizes levels of activity for Essential Services and Model Standards; they are the response categories for each Performance Measure in the Local Instrument.

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

Score cards for each individual were prepared in advance using the templates in the NPHPS Guides.



Participants received this scoring guidance from their group facilitator:

- Score based on the level to which the Davis County Public Health System meets the performance measure (Not just your individual agency or the local health department)
- Use score cards to vote (everyone votes at same time)
- Score based on your honest perception
- Scores will not be recorded for each individual only as collective
- Raise hand or white card to request further discussion before voting
- Prepare to provide examples and explanation to inform group and increase understanding of your score

Follow-up

Two groups were not able to finishing scoring all measures in the time allotted. We had decided ahead of time that if this occurred we would send the final measures out to be scored via a SurveyMonkey email. Brainstorming the public health system activities that were happening while everyone was together was most important to inform the scoring and get accurate results. Facilitators were directed that if they found they were running short on time they would at least have a discussion about all the activities and participants would be asked to finish scoring later.

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

1.1.1-3 Population-Based Community Health Assessment

Participants agreed that the LPHS performed optimal level of activity in conducting regular community health assessments and updating with current information. A wide range of health information is gathered continually, including infectious disease status, health behaviors, obesity rates, demographics, and other health trends. These health data are regularly gathered from many sources. A comprehensive community health assessment (CHA) is completed every five years. The information is published on the Davis County Health Department website.

Participants indicated that the LPHS could improve in the area of promoting the availability and uses of the CHA among community members and LPHS partners. Many group members responded that they did not know how to find the CHA or updates. They recognized that it may be accessible to all but it is not known to all. It is clear that the LPHS could do a better job presenting the information to partners and getting their input. This group would like to receive information and notification when the CHA is updated and available. There is a need to identify the best ways to communicate to partners that data is available.

1.2.1-3 Current Technology to Manage and Communicate Population Health Data

It was indicated by participants that Davis County utilizes current technology and software to analyze data and create charts and graphs. There is a possibility that better software may be available. An example of an area that is lacking in Davis County is the use of Geographic Information System (GIS) mapping. The group was not aware of any anyone in the LPHS that is a GIS expert. There was a recommendation to use social media to mine for health data and communicate population health data. Discussion pointed to the fact that a lot of population health data is available through a variety of public health systems but the problem seems to be sharing the information with partners and the public in a timely manner.

1.1: Population-Based Community Health Assessment (CHA)		
	At what level does the LPHS...	
1.1.1	Conduct regular community health assessments?	Optimal
1.1.2	Continuously update the community health assessment with current information?	Optimal
1.1.3	Promote the use of the community health assessment among community members and partners?	Split (Significant & Moderate)
1.2: Current Technology to Manage and Communicate Populations Health Data		
	At what level does the LPHS...	
1.2.1	Use the best available technology and methods to display data on the public's health?	Split (Optimal & Significant)
1.2.2	Analyze health data, including geographic information, to see where health problems exist?	Split (Optimal & Significant)
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.)?	Significant
1.3: Maintenance of Population Health Registries		
	At what level does the LPHS...	
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?	Optimal
1.3.2	Use information from population health registries in community health assessments or other analyses?	Optimal

1.3.1-2 Maintaining Population Health Registries

The group was not familiar with population health registries. They relied on Davis County Health Department staff to explain what diseases are being reported and recorded and how data on health concerns is collected, analyzed, and shared. The group believes that the information from the registries is available to those who need it but it is not understood by the general public.



Essential Service 2—Diagnose and Investigate Health Problems and Health Hazards

2.1.1-3 Identifying and Monitoring Health Threats

Overall, participants agreed that Davis County showed mostly optimal activity in identification and surveillance of health threats. For example, weekly flu reports are published, which has been helpful to see the trend and progression of flu across the county. Local health departments across the state of Utah also share disease trends with each other. Disease reporting to the State and CDC is completed electronically in a seamless and timely manner.

2.2.1-6 Investigating and Responding to Public Health Threats and Emergencies

Davis County is well-prepared for a public health emergency. Many simulation drills, training, and exercises take place at the local and state levels. Example exercises and table top trainings have involved Hill Air Force Base, Clearfield Job Corps, Sheriff's Department, Health Department, Emergency Responders, Medical Reserve Corps, and others. There is a County Emergency Operation Plan and cities, hospitals, and other agencies all have written emergency plans which are updated regularly.

One area of improvement that was identified was in-home health and hospice emergency planning. The group determined disaster preparation for home-health and hospice should be clearly set. (Due to time constraints, scoring for model standard 2.2 occurred after the meeting via online survey.)

2.1: Identification and Surveillance of Health Threats		
	At what level does the LPHS...	
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?	Optimal
2.1.2	Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies and emerging threats (natural and manmade)?	Optimal
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?	Split (Optimal & Significant)
2.2: Investigation and Response to Public Health Threats and Emergencies		
	At what level does the LPHS...	
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?	Optimal
2.2.2	Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters?	Split (Optimal & Significant)
2.2.3	Designate a jurisdictional Emergency Response Coordinator?	Split (Optimal & Significant)
2.2.4	Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines?	Optimal
2.2.5	Identify personnel with the technical expertise to rapidly respond to possible biological, chemical, or and nuclear public health emergencies?	Optimal
2.2.6	Evaluate incidents for effectiveness and opportunities for improvement?	Optimal
2.3 Laboratory Support for Investigation of Health Threats		
	At what level does the LPHS...	
2.3.1	Have ready access to laboratories that can meet routine public health needs for finding out what health problems are occurring?	Optimal
2.3.2	Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards?	Optimal
2.3.3	Use only licensed or credentialed laboratories?	Optimal
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?	Optimal

2.3.1-4 Laboratory Support for Investigating Health Threats

To investigate health threats, Davis County has established partnerships to have full access to licensed state and local labs, including local hospital labs. There are multiple labs in the area to use depending on timelines and circumstances. Every lab has a manual to follow with instructions and procedures for collecting, transporting, and testing specimens.



Essential Service 3—Inform, Educate, and Empower People about Health Issues

3.1.1-3 Health Education and Promotion

Participants agreed that significant activity occurs to provide analyses of community health status and recommendations for health promotion policies. The Davis County Health Department, Davis County Board of Health, Alzheimer’s Association, Head Start, and the Family Connection Center use a variety of methods to connect with policy makers, stakeholders, and the public. One area of success has been in suicide prevention where legislation allows for multiple parent nights across the county to address current issues facing youth. Suicide prevention is a focus. Skills are taught and resources are provided.

3.1: Health Education & Promotion		
	At what level does the LPHS...	
3.1.1	Provide policy makers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies?	Significant
3.1.2	Coordinate health promotion and health education activities at the individual, interpersonal, community, and societal levels?	Split (Significant & Moderate)
3.1.3	Engage the community throughout the process of setting priorities, developing plans, and implementing health education and health promotion activities?	Moderate
3.2: Health Communication		
	At what level does the LPHS...	
3.2.1	Develop health communication plans for media and public relations and for sharing information among LPHS organizations?	Moderate
3.2.2	Use relationships with different media providers (e.g. print, radio, television, the Internet) to share health information, matching the message with the target audience?	Moderate
3.2.3	Identify and train spokesperson on public health issues?	Significant
3.3: Risk Communication		
	At what level does the LPHS...	
3.3.1	Develop an emergency communications plan for each stage of an emergency to allow for the effective dissemination of information?	Significant
3.3.2	Make sure resources are available for a rapid emergency communication response?	Significant
3.3.3	Provide risk communication training for employees and volunteers?	Significant

The group is concerned that health education for the population is very siloed. There is a lot of encouragement for behavior change on the individual level, but not necessarily on an interpersonal, community, or societal level. Community partners agreed that there are vast amounts of programs for children and seniors, but there is a gap for populations in-between. Participants agreed that although health promotion and education are very prominent within organizations in the LPHS, these efforts do not trickle down to impacted communities and the general public. Other issues include reduced funding resulting in the decline of health promotion program collaboration and partnerships. Some partners are not receiving communication. Relationships need to be restored.

3.2.1-3 Health Communication

County communication plans do exist and there is great communication and sharing of information within some LPHS businesses/organizations. Some expressed concern about not enough communication and others expressed concern about information overload. Community partners feel that we have great information, but we must strive to understand how to better target and disperse messages in order to reach the populations that need them. Several organizations have designated public information officers (PIOs). The LPHS uses a variety of media resources to attempt to distribute information (i.e. Facebook, news, radio, The Clipper, word-of-mouth, etc.). Public relation efforts and targeted media could be improved to ensure that the information is reaching the target audience.

3.3.1-3 Risk Communication

Significant activity levels were reported for risk communication.

Training for PIOs and agency leaders is done very well and crisis and emergency communication standards and plans have been developed. Systems in place include Reverse 911, Utah Notification and Information System (UNIS), and others. Areas of improvement include providing training to employees who have non-emergency preparedness jobs and those not in leadership positions.

Increasing communication between cities regarding their emergency plans was also recommended.



Essential Service 4—Mobilize Community Partnerships to Identify and Solve Health Problems

4.1.1-4 Constituency

Development

The Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) are excellent examples of constituency development. They brought community partners together, established workgroups to address areas in need of improvement, and are ongoing processes. The LPHS has a strong desire to

work together to improve community health. A great example of constituent involvement is Josh Hansen from Continue Mission, an organization serving veterans. He is very active in community health improvement efforts to prevention suicide and improve access to behavioral health services. The group agreed that constituents have been identified, but there could be more formal policies and procedures established to bring key constituents together around public health interests and concerns. It was recommended that all residents be encouraged to participate in community health improvement processes and activities.

Davis County has several directories of community organizations. The best example is the Davis County Behavioral Health Resource Directory. Participants discussed that directories for other issues are needed. Current, complete, and comprehensive directories are very difficult to maintain.

There was limited discussion about forums that have been created for communication of public health issues.

4.2.1-3 Community Partnerships

Establishing community partnerships and forming a community health improvement committee have been assessed to be at the optimal level. Strong relationships with church groups, hospitals, and schools and other community groups have been formed to improve the health of the community. Community partners discussed the success of the CHIP with significant partner involvement and strategies developed. They felt that partnerships and plans are working well. They voiced concern as to whether follow-up evaluations occur to measure the success of established programs.

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

Essential Service 5

Develop Policies and Plans that Support Individual and Community Health Efforts

5.1.1-3 Governmental Presence at the Local Level

Overall, participants indicated that there were optimal levels of government involvement at the local level ensuring essential public health services are provided. The DCHD takes the lead on most essential public health services. They are also the lead agency forming partnerships and connections to ensure essential services are provided. Local leaders and community partners are very supportive of efforts by the DCHD to become an accredited public health agency. There was discussion about budget cuts that have reduced the workforce. Workloads have increased as a result.

5.2.1-3 Public Health Policy Development

The LPHS guides local public health policies. System partners collaborate with community stakeholders to develop policies. Examples include involving body artists, mobile food carts, and e-cigarette retailers in town hall meetings and public hearings to discuss health regulations affecting their industries. At the state level, the Director of Health does most of the communicating with lawmakers about public health implications of current and proposed laws. It was suggested that Board of Health members could also support these efforts by communicating with legislators. Social media and public hearings are utilized to alert policy makers and the community of possible public health impacts from current and proposed policies. Public health policies and regulations are constantly being reviewed.

5.1: Governmental Presence at the Local Level		
	At what level does the LPHS...	
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?	Optimal
5.1.2	See that the local health department is accredited through the national voluntary accreditation program?	Optimal
5.1.3	Assure that the local health department has enough resources to do its part in providing essential public health services?	Optimal
5.2: Public Health Policy Development		
	At what level does the LPHS...	
5.2.1	Contribute to public health policies by engaging in activities that inform the policy development process?	Optimal
5.2.2	Alert policymakers and the community of the possible public health impacts (both intended and unintended) from current and/or proposed policies?	Optimal
5.2.3	Review existing policies at least every three to five years?	Optimal
5.3: Community Health Improvement Process and Strategic Planning		
	At what level does the LPHS...	
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?	Optimal
5.3.2	Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps?	Optimal
5.3.3	Connect organizational strategic plans with the Community Health Improvement Plan?	Significant
5.4: Plan for Public Health Emergencies		
	At what level does the LPHS...	
5.4.1	Support a workgroup to develop and maintain preparedness and response plans?	Optimal
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?	Optimal
5.4.3	Test the plan through regular drills and revise the plan as needed, at least every two years?	Moderate

5.3.1-3 Community Health Improvement Process and Strategic Planning

Participants agreed that the LPHS is performing optimally to develop strategies which improve community health. Agencies in the LPHS are participating in community health improvement processes. An example provided was the collaboration between DCHD, Breathe Utah, and Utah Clean Cities to provide air pollution education in schools. Another example is the partners and community organizations that are working to implement strategies to increase physical activity and decrease obesity like the “Davis Moves” wellness program for the Davis School District.



5.4.1-3 Planning for Public Health Emergencies

Planning for public health emergencies was rated to be at the optimal level for work done to develop and maintain preparedness/response plans and operating procedures. Many LPHS partners participate in task forces and coalitions focused on local and regional emergency preparedness. The county’s hazmat taskforce was said to be the best in the state. The county’s all-hazards emergency preparedness and response plan was said to be very extensive and involves multiple agencies. An area for improvement would be to include an executive summary of the plan for a quick overview of its contents.

LPHS organizations test the plan through simulations, training and exercises. For example, LPHS partners participated in a FEMA training/exercise specially designed for them in Emmitsburg, MD. Participants discussed that there could be better testing of plans. More people should be involved and key people should take leadership roles. LPHS partners could also benefit from more information about the role of volunteers during emergency situations.

Some of the optimal scores in this section are closer to the lower end of optimal. When participants took into consideration the range of 76-100% activity associated with optimal they felt it was appropriate.

Essential Service 6—Enforce Laws and Regulations that Protect Health and Ensure Safety

6.1.1-4 Reviewing and Evaluating Laws, Regulations, and Ordinances

The activity of reviewing and evaluating public health policies was scored at the optimal level. Participants agreed that the LPHS is proactive when it comes to identifying potential public health issues before they become a problem. The LPHS stays up-to-date with current laws and regulations to protect public health on all levels, and the laws and regulations are reviewed and updated regularly. LPHS partners participate in changing laws and regulations to protect and promote health, and provide technical assistance in drafting language for proposed laws and regulations. For example, the LPHS assisted in creating regulations on e-cigarette manufacturing.

6.2.1-3 Involvement in Improving Laws, Regulations, and Ordinances

The DCHD provides technical support to agencies and residents affected by existing laws, regulations and ordinances or the lack thereof. The health department is proactive in researching potential state and federal legislation on emerging topics. Examples include e-cigarettes and vehicle emissions.

6.3.1-5 Enforcing Laws, Regulations, and Ordinances

Participants unanimously agreed that the LPHS enforces laws and regulations at an optimal level. State code (26a) gives the local health department the authority to enforce laws, which is a large measure of authority to enforce public health laws. The LPHS provides information to individuals and organizations that are required to comply with certain laws requiring licenses, applications, renewals, etc. It is important to the LPHS to get the word out to those affected by laws, regulations, and ordinances. Education is often done through face-to-face interactions. An example includes working with the food industry during inspections and offering in-person food handler's classes where education is provided to help them understand rules and regulations. The LPHS works hand-in-hand with legal counsel to approach enforcement situations in the correct way with communication, due process, and giving businesses an opportunity to correct issues. Ensuring compliance of institutions and businesses in the community is done through routine inspections.

6.1: Review and Evaluation of Laws, Regulations, and Ordinances		
At what level does the LPHS...		
6.1.1	Identify public health issues that can be addressed through laws, regulations, or ordinances?	Optimal
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?	Optimal
6.1.3	Review existing public health laws, regulations, and ordinances at least once every five years?	Optimal
6.1.4	Have access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances?	Optimal
6.2: Involvement in the Improvement of Laws, Regulations, and Ordinances		
At what level does the LPHS...		
6.2.1	Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances?	Optimal
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?	Optimal
6.2.3	Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances?	Optimal
6.3: Enforcement of Laws, Regulations, and Ordinances		
At what level does the LPHS...		
6.3.1	Identify organizations that have the authority to enforce public health laws, regulations, and ordinances?	Optimal
6.3.2	Assure that a local health department (or other governmental public health entity) has the authority to act in public health emergencies?	Optimal
6.3.3	Assure that all enforcement activities related to public health codes are done within the law?	Optimal
6.3.4	Educate individuals and organizations about relevant laws, regulations, and ordinances?	Optimal
6.3.5	Evaluate how well local organizations comply with public health laws?	Optimal

Essential Service 7 Link People to Needed Personal Health Services and Assure the Provision of Health Care When Otherwise Unavailable

7.1.1-4 Identification of Personal Health Service Needs of Populations

Participants indicated that the LPHS could do a better job identifying populations experiencing the greatest barriers and need. This is the first time many of the participants had convened to jointly discuss this topic. Because of this, determining unmet health service needs and defining roles and responsibilities to respond to needs has not taken place at a significant level. LPHS partners agree there is an overwhelming need for services.

Some of the reasons people do not get the care and treatment they need include: high cost of healthcare, fear of seeking help, and the self-reliant culture of Davis County residents. The group feels additional information and assessment is needed to identify other unknown barriers and possible solutions.

7.1: Identification of Personal Health Service Needs of Populations		
	At what level does the LPHS...	
7.1.1	Identify groups of people in the community who have trouble accessing or connecting to personal health services?	Moderate
7.1.2	Identify all personal health service needs and unmet needs throughout the community?	Moderate
7.1.3	Defines partner roles and responsibilities to respond to the unmet needs of the community?	Split (Moderate & Minimal)
7.1.4	Understand the reasons that people do not get the care they need?	Minimal
7.2: Assuring the Linkage of People to Personal Health Services		
	At what level does the LPHS...	
7.2.1	Connect (or link) people to organizations that can provide the personal health services they may need?	Split (Significant & Moderate)
7.2.2	Help people access personal health services, in a way that takes into account the unique needs of different populations?	Moderate
7.2.3	Help people sign up for public benefits that are available to them (e.g., Medicaid or medical and prescription assistance programs)?	Significant
7.2.4	Coordinate the delivery of personal health and social services so that everyone has access to the care they need?	Split (Moderate & Minimal)

7.2.1-4 Assuring the Linkage of People to Personal Health Services

Participants acknowledged that while the LPHS connects people to healthcare organizations, there are gaps in the linkage, and a definite need for follow-up to determine whether people actually accessed and utilized the healthcare organization(s) they were referred to. Emergency responders are on the front line responding to mental health issues. They need to know what services other agencies provide and how to refer when issues arise.



Participants desire a centralized database containing health and human service resource information that can be utilized by providers and the public. They recommend increased education for community members and agencies. The public needs to know what resources are available and where to find them. Service providers/agencies need to be informed about one another's resources. Communication and collaboration between agencies needs to be improved. A LPHS with an optimal performance score in this area would provide a "no wrong door" approach to accessing health services.

Essential Service 8—Assure a Competent Public and Personal Health Care Workforce

8.1.1-3 Workforces Assessment Planning and Development

Workforce assessments are being completed every five years and this information is being used to provide appropriate services to those in need and to improve gaps in the workforce. There could be improvement in keeping track of the number of and types of LPHS jobs in the community.

8.2.1-3 Public Health Workforce Standards

Participants determined that significant activity occurs so that public health job descriptions are developed, hired, and maintained based on the 10 Essential Public Health Services. Job requirements include skills and knowledge to serve the community. Most of the workforce is monitored well to ensure that they are keeping up with their required licenses and certificates.

8.3.1-5 Life-long Learning through Continuing Education, Training and Mentoring

There is significant activity to ensure continuing education and training needs are identified and addressed. Agencies incentivize employee continuing education and training by offering time off and pay increases to participate. Tuition reimbursement is rare. Participants indicated that there is still work to be done with continuing education and training for some staff to keep them up-to-date on current issues. In addition, the training for the workers could be improved to be culturally competent for minority populations in Davis County, such as hispanic communities and senior populations.

8.1: Workforce Assessment, Planning, and Development		
	At what level does the LPHS...	
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?	Split (Significant & Moderate)
8.1.2	Review the information from the workforce assessment and use it to find and address gaps in the local public health workforce?	Split (Significant & Moderate)
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?	Split (Significant & Moderate)
8.2: Public Health Workforce Standards		
	At what level does the LPHS...	
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?	Split (Optimal & Significant)
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?	Split (Optimal & Significant)
8.2.3	Base the hiring and performance review of members of the public health workforce in public health competencies?	Split (Optimal & Significant)
8.3: Life-Long Learning through Continuing Education, Training, and Mentoring		
	At what level does the LPHS...	
8.3.1	Identify education and training needs and encourage the workforce to participate in available education and training?	Significant
8.3.2	Provide ways for workers to develop core skills related to essential public health services?	Split (Significant & Moderate)
8.3.3	Develop incentives for workforce training, such as tuition reimbursement, time off for class, and pay increases?	Significant
8.3.4	Create and support collaborations between organizations within the public health system for training and education?	Split (Optimal & Moderate)
8.3.5	Continually train the public health workforce to deliver services in a cultural competent manner and understand social determinants of health?	Significant
8.4: Public Health Leadership Development		
	At what level does the LPHS...	
8.4.1	Provide access to formal and informal leadership development opportunities for employees at all organizational levels?	Moderate
8.4.2	Create a shared vision of community health and the public health system, welcoming all leaders and community members to work together?	Split (Optimal & Significant)
8.4.3	Ensure that organizations and individuals have opportunities to provide leadership in areas where they have knowledge, skills, or access to resources?	Significant
8.4.4	Provide opportunities for the development of leaders representative of the diversity within the community?	Moderate

8.4.1-4 Public Health Leadership Development

Leadership development opportunities exist, but are very limited to those who already hold leadership positions. Participants determined that more opportunities are needed for training for all employees. An increase in diversity of leadership in the workforce and in the community was recommended. They also agreed on the need to bring together the LPHS, community leaders and community members to work on solving public health issues.

Essential Service 9 Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

9.1.1-4 Evaluation of Population-Based Health Services

Moderate activity is occurring to evaluate whether population-based health services are working. Significant activity to measure community members' satisfaction with approaches to prevent illness and injury exists. Partners use evaluations to improve plans and services.

9.2.1-5 Evaluation of Personal Health Services

Personal health service agencies offer quality services according to established guidelines. There is concern that the LPHS struggles to anticipate gaps in healthcare services. Issues are addressed once there is a problem.

9.3.1-4 Evaluation of the Local Public Health System

This section is unique because it asks at what level the local public health system conducts assessments like this one and if the results are used to improve the system. This is relatively new territory for public health partners and the process is just beginning. Because of this effort to bring together public health partners for an assessment process, it was determined that there is moderate activity for this standard. There is room for improvement identifying all the organizations in the community that provide public health services. LPHS partners need help to understand what activities each agency is involved in. (Due to time constraints, scoring for model standard 9.3 occurred after the meeting via online survey.)

9.1: Evaluation of Population-Based Health Services		
	At what level does the LPHS...	
9.1.1	Evaluate how well population-based health services are working, including whether the goals that were set for programs were achieved?	Moderate
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?	Significant
9.1.3	Identify gaps in the provision of population-based health services?	Moderate
9.1.4	Use evaluation findings to improve plans and services?	Significant
9.2: Evaluation of Personal Health Services		
	At what level does the LPHS...	
9.2.1	Evaluate the accessibility, quality, and effectiveness of personal health services?	Significant
9.2.2	Compare the quality of personal health services to established guidelines?	Optimal
9.2.3	Measure satisfaction with personal health services?	Significant
9.2.4	Use technology, like the internet or electronic health records, to improve quality of care?	Significant
9.2.5	Use evaluation findings to improve services and program delivery?	Significant
9.3: Evaluation of the Local Public Health System		
	At what level does the LPHS...	
9.3.1	Identify all public, private, and voluntary organizations that provide essential public health services?	Moderate
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?	Moderate
9.3.3	Assess how well the organizations in the LPHS are communicating, connecting, and coordinating services?	Significant
9.3.4	Use results from the evaluation process to improve the LPHS?	Split (Significant & Moderate)

Essential Service 10—Research for New Insights and Innovate Solutions to Health Problems

10.1.1-4 Fostering Information

Most of the research conducted by DCHD is informal, since the local public health agency lacks necessary resources and expertise for formal research. LPHS partners have significant involvement in identifying areas that need further research. LPHS partners keep up-to-date with current best practices in public health. In the last 5-10 years, evidence-base drives almost all decisions for funding and practice within the LPHS.

It was suggested that the community be encouraged to participate in all aspects of research including identifying what needs to be studied, conducting the study, and sharing the results.

10.2.1-3 Linkage with Institutions of Higher Learning and/or Research

Davis County has strong partnerships with local universities, research institutions (such as Intermountain Healthcare), and the Utah Department of Health to conduct and carry out research projects. Examples of collaborative research projects include: absenteeism in schools; cancer clusters; diesel vehicle impact on air quality; memory loss/dementia and caregiver support, etc. Research like this is becoming more frequent.

It is fortunate that there are high caliber universities nearby. DCHD provides internship opportunities for university students to train the next generation of public health workers.

10.3.1-4 Capacity to Initiate or Participate in Research

The LPHS performs at a significant level in sharing the findings of research with colleagues and the community. Results of the diesel vehicle opacity study have been shared at local, state and national levels. Results are shared in a variety of ways such as in publications, during public meetings, on websites and at conferences. There is moderate activity to support research. It was stated that there is never enough funding for what needs to happen. Better, more efficient research is possible with collaboration and combined resources.

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

Areas of improvement identified by the participants include providing agencies and staff with time and resources to conduct their own research and providing them with the opportunities to determine which evidence-based methods are best for the community.

There is significant activity evaluating public health system research and its impact. Implementing research findings can be difficult due to lack of political will and resident support.



Community Themes

1. When it comes to the 10 Essential Public Health Services, Davis County excels in these areas: Essential Service 2: Diagnosing and Investigating Health Problems and Health Hazards; Essential Service 5: Developing Policies and Plans that Support Individual and Community Health Efforts; and Essential Service 6: Enforcing Laws and Regulations that Protect Health and Ensure Safety.
2. The LPHS has successfully worked together on a community health improvement process including activities such as the CHA and CHIP.
3. Population based public health services are evidence-based and quality personal healthcare services are being delivered according to guidelines.
4. The need to improve Essential Service 7: Linking People to Needed Personal Health Services has been identified in previous assessments and was reaffirmed by this process.
5. There is a need to identify all organizations in the community that provide public and personal health services. LPHS partners need opportunities to learn what activities each agency is involved in.

Opportunities for Improvement/Recommendations

1. Promote availability and use of the CHA and other assessments among partners and the community. Identify new communication channels to broadly disseminate CHA documents, summaries, snapshots, etc.
2. Health promotion and education activities are common within LPHS agencies, however, these efforts do not trickle down to impacted communities and the general public. Work on strategies to better communicate health education activities and health promotion messages. Improve public relation efforts and target media to ensure that the information is reaching the target audience. Work at building key relationships for effective health promotion program collaboration and partnerships.
3. Develop centralized database/directory with details about community organizations, their services, and health resources. It would also be helpful to have information/resource sharing forums where agencies can network and become familiar with each other's services.

Implementation Tips

Suggestions for taking action to improve areas identified in LPHS assessment.

- Use a systems approach—build on the collaboration begun during the assessment.
- Follow up with performance improvement priorities.
- Select key measures to monitor and manage.
- Link measurement to improvement.
- Plan before taking action—take the time to set priorities and determine strategy.
- Align strategies with partner organizations.

LPHS Assessment Evaluation

Process Improvement Suggestions

- Allocate more time to divide into groups. Ensure well rounded representation from the community in each group and see that group sizes are not too lopsided prior to dismissing for assessment work. Recommend a more guided self-selection process or pre-assign groups.
- Would not use numeric labels for groups. It was confusing because essential services are also numbered but those numbers didn't match the group number.
- Allow room for more than one Health Department representative per group to participate.
- It may be best to leave the percentages off the scoring cards and scoring tables. This was a source of much discussion since there is such a wide range for the score, i.e. 76-100%. If you equate this to a school grade you would be scoring "Optimal" for associated Grades from A-C. For many, the description of the activity level was easier to score without percentages being taken in to consideration.
- Training for facilitators and recorders could be improved. Provide recorders with template and recommended format for notes that will be submitted in order to prepare final report. Some facilitators adapted scoring process. Decide if this is allowed ahead of time and under what circumstances.
- Provide supporting materials in advance so participants are better versed about what activities are taking place and which agencies are involved in providing essential public health services so that performance can be accurately assessed.

Participants completed a meeting evaluation. Results can be found in **Appendix III**.

For More Information

If you have questions about this report or would like more detailed results from the Local Public Health System assessment or partner meeting contact:

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Davis County Health Department
22 S State Street
Clearfield, Utah 84015
isa@daviscountyutah.gov
Office Number: 801-525-5212

Appendix

- I. Local Public Health System Partner Meeting Agenda
- II. Local Public Health System Partner Meeting Participant List
- III. Local Public Health System Partner Meeting Evaluation Results

Appendix I – Agenda



Public Health System Assessment
 Wednesday, October 28th, 2015
 11:30 a.m. - 2:00 p.m.

Davis County Health Department
 22 South State Street
 Clearfield, Utah

Agenda

- 11:30 **Welcome & Orientation, 2nd Floor Classroom**
- 11:50 **Break into Groups/Box Lunch**
- 12:00 - 2 **Convene Groups & Conduct Assessment**
- **Participant Introductions**
 - **Define Essential Services & Model Standards**
 - **Discussions & Scoring Process**
 - **Strengths/Weaknesses Summaries**

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 healthcare when otherwise unavailable.
8. Assure competent public and personal healthcare 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.

Group 1:
 Essential Services 1 & 2
 CD/EPI Conference Room, 2nd Floor

Group 2:
 Essential Services 3 & 4
 Classroom, 2nd Floor

Group 3:
 Essential Services 5 & 6
 Admin Conference Room, 3rd Floor

Group 4:
 Essential Services 7 & 9
 Board Room, 3rd Floor

Group 5:
 Essential Services 8 & 10
 Environmental Health Hearing Room, 2nd Floor

Appendix II – Participant List

Group 1 (Essential Services 1 & 2)		
Name	Organization	Email Address
Sue Larson	Medical Reserve Corps Volunteer	lspearvat@msn.com
Johnnie Cook	Davis Volunteer Medical Clinic	jvcmdfaafp@gmail.com
Douglas Pierson	Hill Air Force Base Public Health	douglas.pierson@hill.af.mil
Cheryl Carter	Health Choice UT	cherylcarter@iasishealthcare.com
Lois Mulholland	Medical Reserve Corps Volunteer	loismul@gmail.com
Chris Ipsen	Davis Head Start/Early Head Start	cipsen@dsdmail.net
Jan Call	Medical Reserve Corps Volunteer	bjcallhome@gmail.com
Dennis Wyman	Davis County Sheriff's Office Paramedic Advisor	dwyman@co.davis.ut.us
Dan Yeaman	Davis County Sheriff's Office Paramedic	dyeaman@co.davis.ut.us
Tara Glenn	Clearfield Job Corps	newlife369@gmail.com
Sarah Willardson	Davis County Health Department	swillardson@co.davis.ut.us

Notes: This group was heavily influenced by Medical Reserve Corps Volunteers and those involved in Essential Service 2 (surveillance and emergency response). Only a couple participants had been involved in assessment work or use population health registries from Essential Service 1. An additional health department staff would have been helpful.

Group 2 (Essential Services 3 & 4)		
Name	Organization	Email Address
Ivy Melton Sales	Davis County Health Department	ivy@co.davis.ut.us
Karlene Kidman	Layton Community Action Council	karlenelyc@msn.com
Diane Townsend	Davis Hospital	dtownsend@iasishealthcare.com
Loretta M. Cole	Clearfield Job Corps	cole.loretta@jobcorps.org
Ann Benson	Davis County Health Department	annbenson1000@yahoo.com
Emma Cartwright	Family Connection Center	ecartwright@utahfcc.org
Mark Dewsnup	Davis Head Start	mdewsnup@dsdmail.net
Josh Hansen	Continue Mission- Veteran	jhansen@continuemission.org
Beccie Nielsen	Davis Helps/QPR Instructor	girl087@gmail.com
Debi Todd	Davis Behavioral Health	debit@dbhutah.org
Christy Hutchinson	Davis School District, Prevention	chutchinson@dsdmail.net
Laura Keirstead	Alzheimer's Association	lowen@alz.org
Becky Simons	Lakeview Hospital	RebeccaElin.Simons@Mountainstarhealth.com
Lyle Elmore	Medical Reserve Corps Volunteer	lmore42@gmail.com

Notes: This large group included community representatives with many years of experience in Davis County and heavy involvement in community health improvement efforts.

Group 3 (Essential Services 5 & 6)		
Name	Organization	Email Address
Dennis Keith	Davis County Health Department	dkeith@co.davis.ut.us
Neal Geddes	Davis County Attorney's Office	ngeddes@co.davis.ut.us
Randy Lewis	Davis County Board of Health	randylewis@solch.com
Scott Zigich	Davis School District	szigich@dsdmail.net
Jim Smith	Davis County Commissioner	jsmith@daviscountyutah.gov
Sharon Hoel	Davis County VIPS	Hoelsf@aol.com
Levi Roberts	Utah Transit Authority	lroberts@rideuta.com
Amber Thirkill	Family Connection Center	athirkill27@gmail.com

Notes: This group included Board of Health members and community leaders known to be very supportive of public health efforts.

Group 4 (Essential Services 7 & 9)		
Name	Organization	Email Address
Bryan Smith	Davis County Animal Control	bsmith@daviscountyutah.gov
Brian Cook	Davis County Board of Health	ebcook2@gmail.com
Gene Lopez	Family Connection Center	alopez@utahfcc.org
Lorna Koci	Bountiful Community Food Pantry	lornakoci@bountifulfoodpantry.org
Kristy Cottrell	Davis County Health Department	kcottrell@daviscountyutah.gov
Curt Watson	Family Counseling Service	fcscurtwatson@gmail.com
Alicia Villalva	Midtown Community Health Center	avillalva@midtownchc.org
Dena Eckardt	Davis Hospital and Medical Center	deckardt@iasishealthcare.com
David Olsen	Clinton Fire Department	dolsen@clintoncity.com
Ralph Vaughan	Davis County Senior Services Board	ralphvaughan@comcast.net
Chad Hansen	State of Utah Adult Protective Services	cbhanse@utah.gov
Brian Allen	Health Choice Utah--Medicaid	ballen@iasishealthcare.com

Notes: This group included a wide range of service providers with heavy influence from human service agencies.

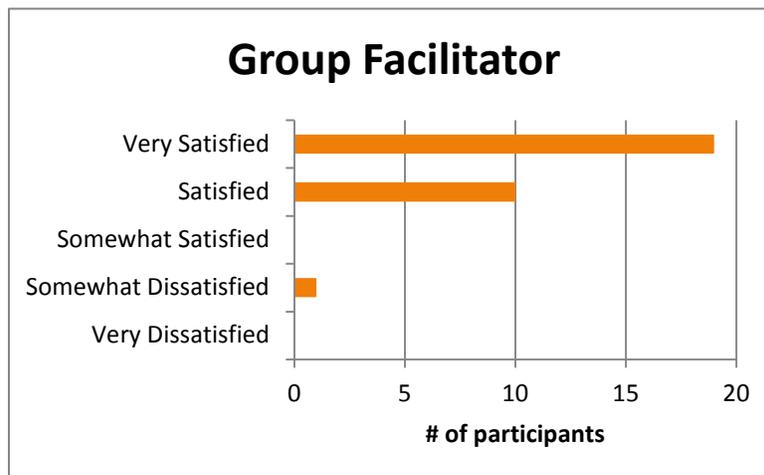
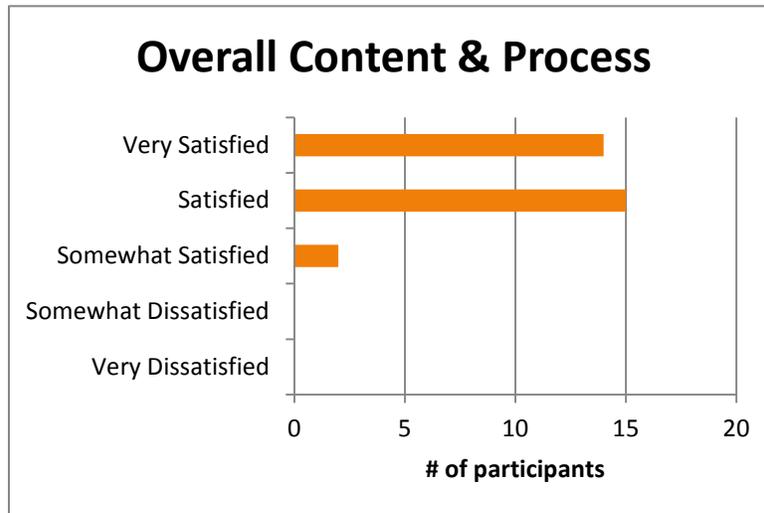
Group 5 (Essential Services 8 & 10)		
Name	Organization	Email Address
Raquel Lee	Family Counseling Service	fcsrlee@gmail.com
Justin Benavides	Clinton Fire Department	jbenavides@clintoncity.com
Brian Hatch	Davis County Health Department	brianl@co.davis.ut.us
Kristin Holt	WGU Nursing Student	kristin.holt@imail.org
Peggy Matlin	Division of Aging/Department of Human Services	pmatlin@utah.gov

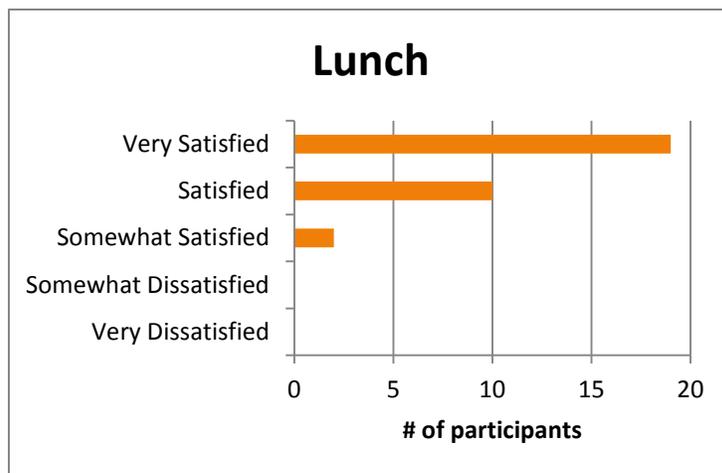
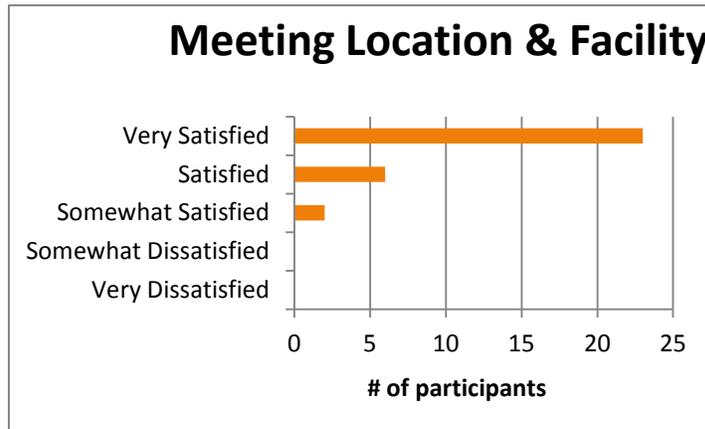
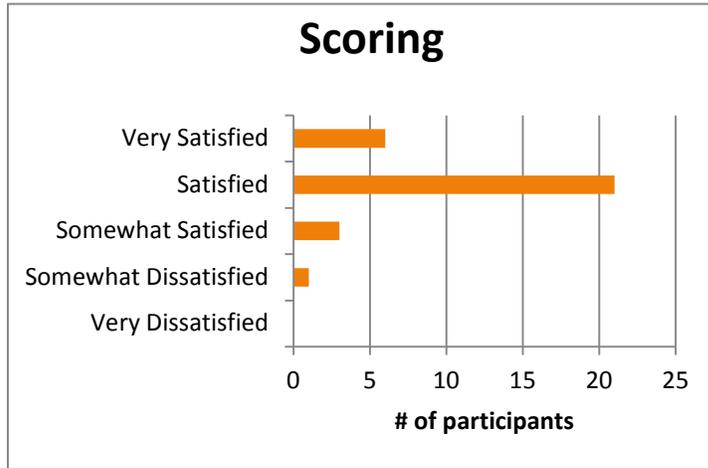
Notes: This group was the smallest group and could have benefited from additional partners, specifically academia/research partners.

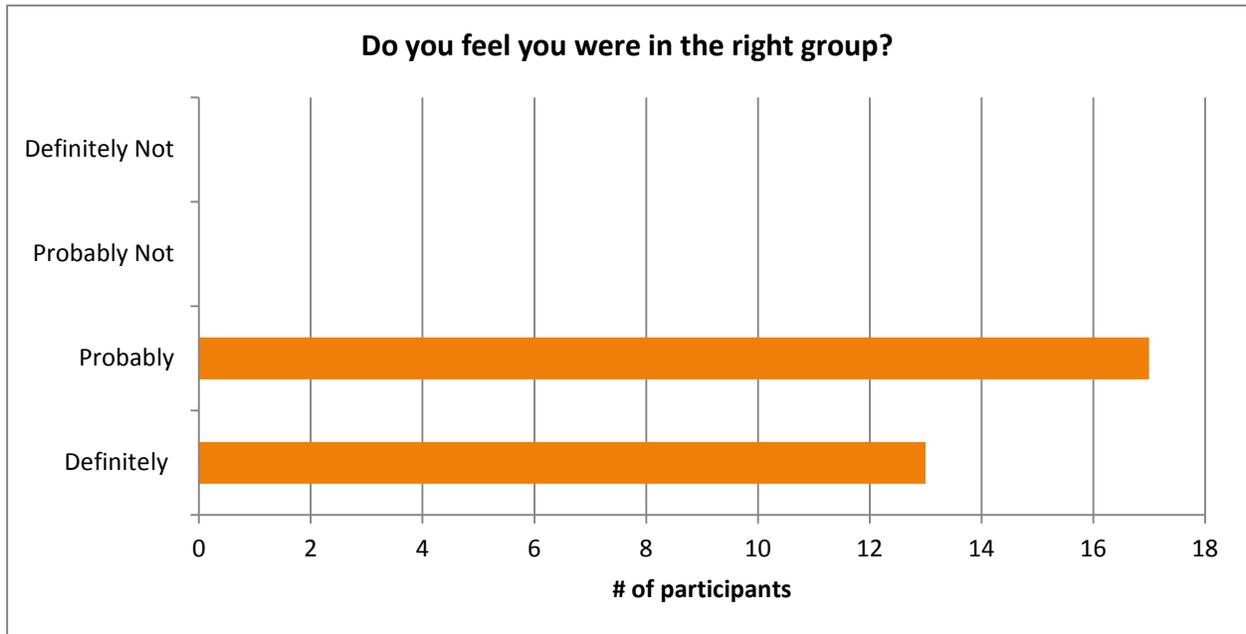
Appendix III – Evaluation

Participant Evaluation Results
Davis County Public Health System Assessment
October 28, 2015

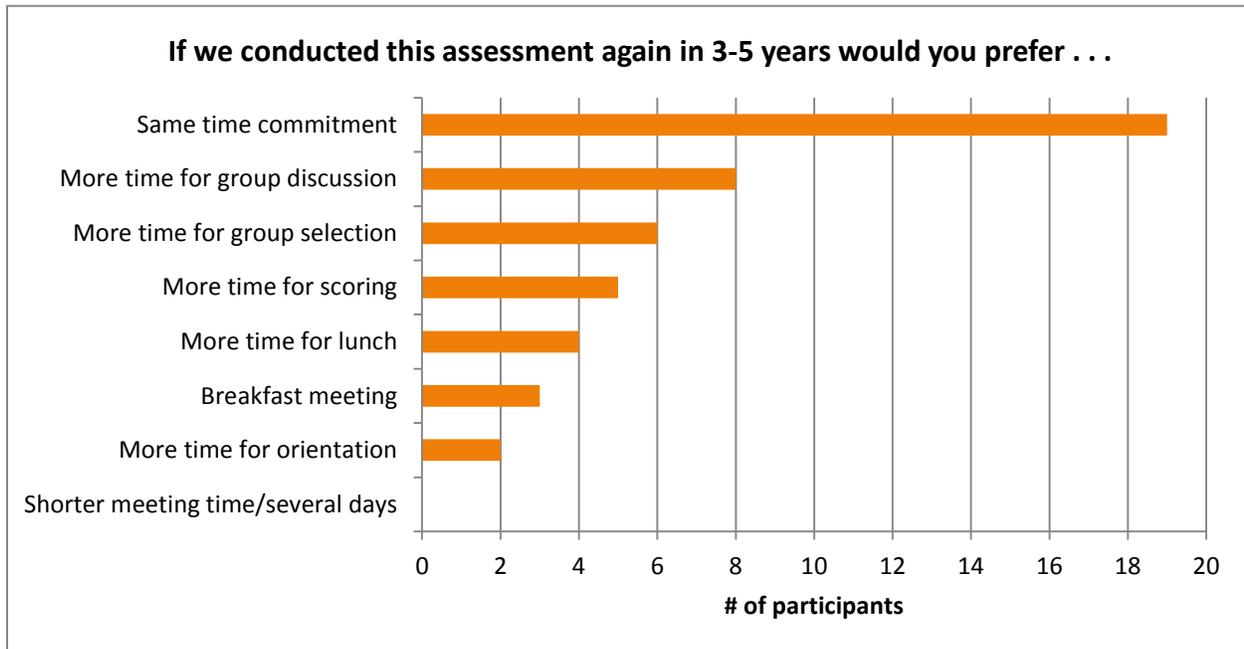
Of the 50 meeting participants, 31 completed the participant evaluation. The evaluation was conducted through SurveyMonkey online. Participants were emailed a link to the survey several days after the event. The response rate is 62%. The following graphs show participant satisfaction for components of the assessment, process, and meeting.







Comments: Could have fit naturally into more than one group, some in my group were obviously in wrong group with little to contribute to discussion



Comments: Pre-assign groups, send out materials to study in advance

Do you have any suggestions for improving future meetings with community partners?

- Get volunteers involved
- More health department representation
- Discussion should be about the public health system as a whole and not a critique of one agency
- More information about the services the health department and other partners have to offer
- Roles and responsibilities were not defined
- Better food
- Qualified personnel who are involved in the process would make for better information/discussion
- Electronic materials that could be reviewed about information that was discussed
- Scoring was too broad. Would have preferred tighter groupings.

What do you hope to see happen as a result of the Davis County Public Health System Assessment?

- More training about the roles of the health department, healthcare entities, and volunteers in the public health system
- Partners will realize their role
- Link between system partners will be stronger
- Resources will be shared
- Cooperation/coordination among the many organizations engaged in common cause
- More upfront education about partner contributions and current activities being conducted within the public health system
- Educate about the difference between health education, health programs, and healthcare
- Improved communication among agencies and to the public
- Action in areas with identified need
- Better health for Davis County
- Share results