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UK UNIVERSITY OF KENTUCKY
College of Public Health

National Longitudinal Survey of Public Health Systems (NLSPHS):
2016 Comparative Report of Survey Results

# Morrow County Health Department

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UK Center for Public Health Systems & Services Research
College of Public Health
University of Kentucky

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This report contains preliminary data from the 2016 survey. All errors are the responsibility of the authors.

## INTRODUCTION

We are pleased to share with you a report of results from the ***2016 National Longitudinal Survey of Public Health Systems*** Comprehensive Public Health System Assessment you completed as part of the Public Health National Center for Innovation activities in your state. The attached report compares responses received from your department with aggregate measures reported by other responding departments in your state. This report has been prepared as a courtesy to you, and will not be disseminated to anyone outside the PHNCI project team. We hope you will find this information interesting and helpful.

**Study Overview**. As you may recall, the purpose of this study is to examine the availability of public health activities in communities in states engaged in PHNCI related activities (WA, OR and OH), along with the organizations that contribute to performing these activities.

**Survey Instrument**. The survey instrument used in 2016, 2014, 2012, 2006, and 1998 was developed by Dr. C. Arden Miller at the University of North Carolina and Dr. Bernard Turnock at the University of Illinois-Chicago. This instrument was designed and validated as a screening tool to assess the availability of 20 recommended public health activities in the jurisdictions served by local health departments. Each of these activities reflects one of the three core public health functions as identified by the Institute of Medicine in 1988 (assessment, policy development, and assurance). See the appendix to this report for more information on the instrument.

**Study Population**: The study population consists of the all local health departments in Ohio, Oregon, and Washington that completed the 2016 survey. A total of 72% of health departments in Ohio responded to the survey, 79% in Oregon, and 100% in Washington.

**Important Limitations**. It is important to recognize that the instrument does not provide a comprehensive assessment of all the important public health activities that may or may not be available at the local level. Additionally, the instrument relies on self-reported information provided by public health agency administrators and therefore is subject to common sources of measurement error associated with self-reported data. Validation studies have shown that these sources of error have relatively little effect on the accuracy of population estimates constructed from the instrument, but they can have larger effects on the accuracy of individual observations such as those provided for your individual jurisdiction in this report.

**Your Report and Feedback**. This report provides customized, comparative results for your jurisdiction along with an appendix that describes how measures are constructed. This report was generated using an automated program, so errors are possible. We welcome your comments and feedback regarding this information, **particularly if you note any errors or inaccuracies in the data**. Additionally, we would be glad to send you copies of subsequent analyses and reports from this study. Please contact our reseach team at richard.ingram@uky.edu .

Thank you for your invaluable assistance in making this study possible. Your contributions provide the critical knowledge and information that will enable continued improvements in public health.

Note: responses from your agency are available for 2016

## AVAILABILITY OF PUBLIC HEALTH ACTIVITIES

Measures of the availability of public health activities were constructed from responses to 20 questions asking whether or not a specific public health activity was performed in your jurisdiction. **Figure 1** shows the overall proportion of these activities that were reported as available in your jurisdiction, compared to the average of respondents from your state and to all U.S. jurisdictions included in the survey. **Table 1** provides detailed information on the availability of each of the 20 activities.

**Figure 1: Proportion of Public Health Activities Available in the Jurisdiction**

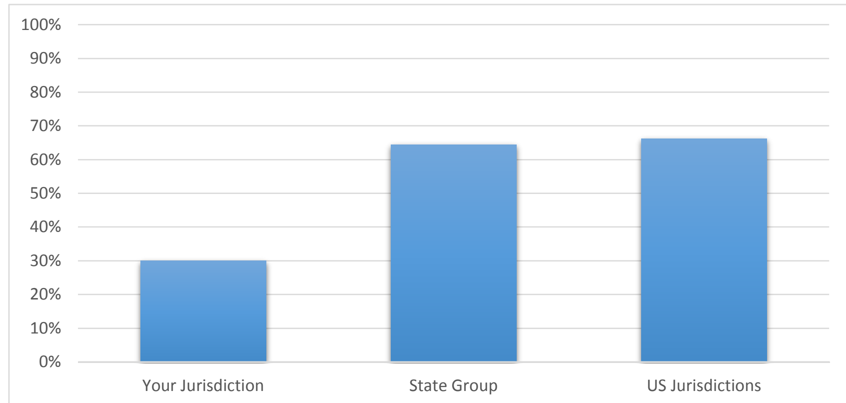



**Table 1: Availability of Public Health Activities within Local Communities**

| Activity | Your Jurisdiction 2016 | State Group (Percent Yes) 2016 | US Jurisdictions (Percent Yes) 2016 |
|---|---|---|---|
| 1 Community needs assessment | Yes | 87% | 82% |
| 2 Behavioral risk factor survey | Yes | 67% | 60% |
| 3 Adverse health events investigation | Yes | 100% | 98% |
| 4 Public health laboratory services | No | 95% | 94% |
| 5 Analysis of health determinants & resources | No | 70% | 64% |
| 6 Analysis of preventive services use | No | 37% | 31% |
| 7 Communication network of health organizations | Yes | 87% | 82% |
| 8 Inform elected officials about health issues | Yes | 77% | 79% |
| 9 Prioritization of community health needs | No | 80% | 76% |
| 10 Implementation of health initiatives in priority areas | No | 80% | 76% |
| 11 Community participation in health planning | No | 57% | 57% |
| 12 Resource allocation planning | No | 48% | 41% |
| 13 Resource deployment consistent with plan | No | 62% | 58% |
| 14 LHD organizational assessment | No | 41% | 47% |
| 15 Provision/linkage to needed health services | No | 42% | 46% |
| 16 Evaluation of public health services | No | 35% | 36% |
| 17 Monitor/improve program processes and outcomes | No | 52% | 43% |
| 18 Health information provision to the public | No | 79% | 79% |
| 19 Health information provision to the media | Yes | 84% | 80% |
| 20 Implementation of mandated PH activities | No | 7% | 94% |
| Percent of assessment activities available (#1-6) | 50% | 76% | 71% |
| Percent of policy development activities available (#7-13) | 29% | 70% | 67% |
| Percent of assurance activities available (#14-20) | 14% | 49% | 64% |
| Overall percent of activities available | 30% | 64% | 66% |

## PERCEIVED EFFECTIVENESS OF PUBLIC HEALTH ACTIVITIES

Measures of the perceived effectiveness of public health activities were constructed from responses to questions asking how well each public health activity is performed within the jurisdiction, using a five-point Likert scale ranging from "fully meets needs" to "meets no needs." **Figure 2** shows the aggregate measure of perceived effectiveness across all activities that were reported as available in your jurisdiction, compared to "state group" jurisdictions and to all U.S. jurisdictions included in the survey. **Table 2** provides detailed information on the perceived effectivness of each of the 19 activities (activity #20 was excluded from this measure).

**Figure 2: Perceived Effectiveness of Public Health Activities**

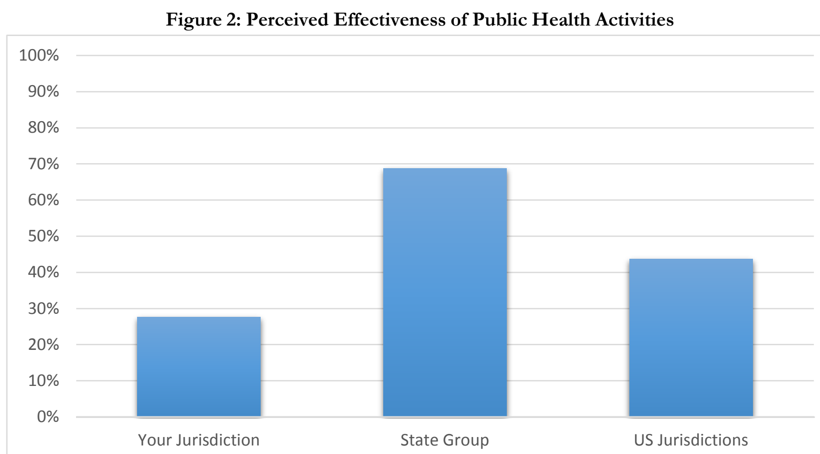



**Table 2: Perceived Effectiveness of Public Health Activities**

| Activity | Your Jurisdiction 2016 | State Group 2016 | US Jurisdictions 2016 |
|---|---|---|---|
| 1 Community needs assessment | 100% | 80% | 64% |
| 2 Behavioral risk factor survey | 100% | 71% | 39% |
| 3 Adverse health events investigation | 100% | 87% | 84% |
| 4 Public health laboratory services | 0% | 75% | 76% |
| 5 Analysis of health determinants & resources | 0% | 70% | 42% |
| 6 Analysis of preventive services use | 0% | 63% | 18% |
| 7 Communication network of health organizations | 75% | 69% | 54% |
| 8 Inform elected officials about health issues | 75% | 63% | 49% |
| 9 Prioritization of community health needs | 0% | 78% | 55% |
| 10 Implementation of health initiatives in priority areas | 0% | 69% | 48% |
| 11 Community participation in health planning | 0% | 69% | 39% |
| 12 Resource allocation planning | 0% | 49% | 21% |
| 13 Resource deployment consistent with plan | 0% | 52% | 29% |
| 14 LHD organizational assessment | 0% | 72% | 33% |
| 15 Provision/linkage to needed health services | 0% | 57% | 27% |
| 16 Evaluation of public health services | 0% | 58% | 20% |
| 17 Monitor/improve program processes and outcomes | 0% | 53% | 24% |
| 18 Health information provision to the public | 0% | 63% | 49% |
| 19 Health information provision to the media | 75% | 71% | 56% |
| Average for assessment activities (#1-6) | 50% | 76% | 54% |
| Average for policy development activities (#7-13) | 21% | 65% | 42% |
| Average for assurance activities (#14-19) | 13% | 63% | 35% |
| Overall average - all activities available | 28% | 69% | 44% |

Likert rating scale: 100%=activity fully meets needs; 75%=meets most needs; 50%=meets half of needs; 25%=meets some needs; 0%=Meets no needs or not available

## LOCAL HEALTH DEPARTMENT CONTRIBUTION TO PUBLIC HEALTH ACTIVITIES

Measures of the local health department's contribution to public health activities were constructed from responses to questions asking how much of the total community effort for each public health activity is contributed by the local department, using a five-point Likert scale ranging from "all effort" to "no effort." **Figure 3** shows the aggregate contribution measure across all activities that were reported as available in your jurisdiction, compared to "state group" jurisdictions and to all U.S. jurisdictions included in the survey. **Table 3** provides detailed information on contributions to each of the 19 activities (activity #20 was excluded from this measure).

**Figure 3: Proportion of Effort Contributed by Local Health Department**

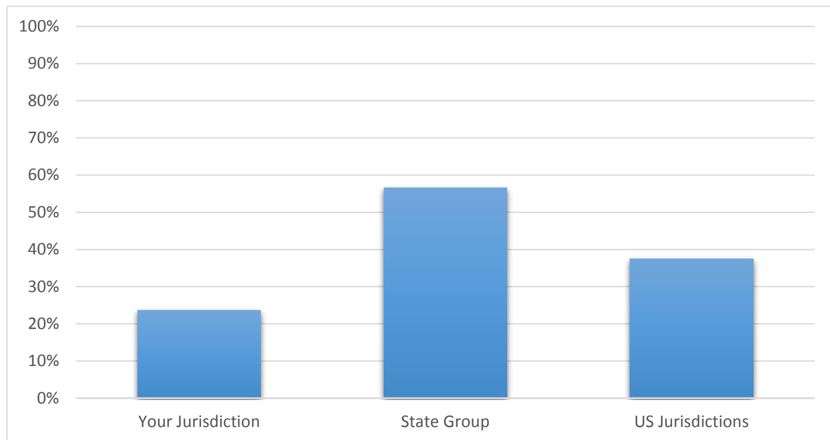


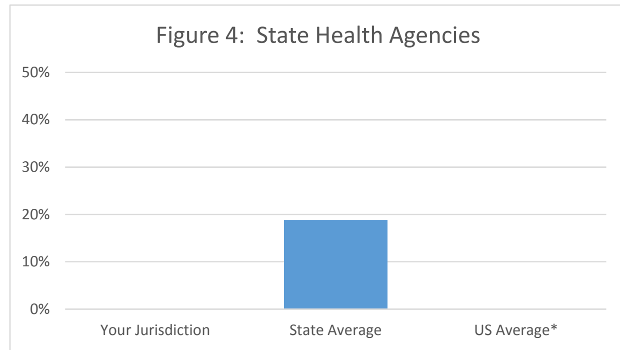

**Table 3: Proportion of Effort Contributed by the Local Health Department**

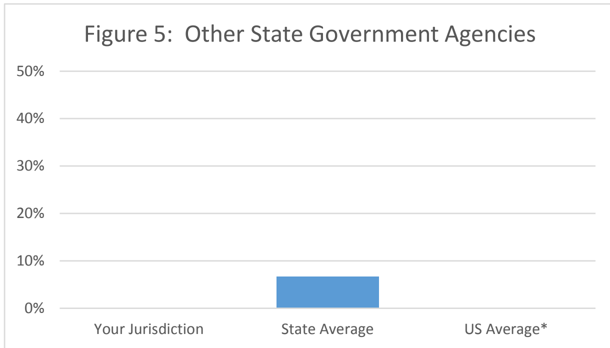
| Activity | Your Jurisdiction 2016 | State Group 2016 | US Jurisdictions 2016 |
|---|---|---|---|
| 1 Community needs assessment | 75% | 56% | 47% |
| 2 Behavioral risk factor survey | 50% | 45% | 22% |
| 3 Adverse health events investigation | 75% | 79% | 76% |
| 4 Public health laboratory services | 0% | 39% | 38% |
| 5 Analysis of health determinants & resources | 0% | 53% | 34% |
| 6 Analysis of preventive services use | 0% | 51% | 14% |
| 7 Communication network of health organizations | 75% | 52% | 41% |
| 8 Inform elected officials about health issues | 100% | 65% | 54% |
| 9 Prioritization of community health needs | 0% | 56% | 44% |
| 10 Implementation of health initiatives in priority areas | 0% | 50% | 39% |
| 11 Community participation in health planning | 0% | 51% | 32% |
| 12 Resource allocation planning | 0% | 50% | 23% |
| 13 Resource deployment consistent with plan | 0% | 44% | 30% |
| 14 LHD organizational assessment | 0% | 84% | 39% |
| 15 Provision/linkage to needed health services | 0% | 44% | 23% |
| 16 Evaluation of public health services | 0% | 66% | 23% |
| 17 Monitor/improve program processes and outcomes | 0% | 67% | 30% |
| 18 Health information provision to the public | 0% | 61% | 49% |
| 19 Health information provision to the media | 75% | 65% | 54% |
| Average for assessment activities (#1-6) | 33% | 55% | 39% |
| Average for policy development activities (#7-13) | 25% | 53% | 38% |
| Average for assurance activities (#14-19) | 13% | 64% | 36% |
| Overall average - all activities | 24% | 57% | 38% |

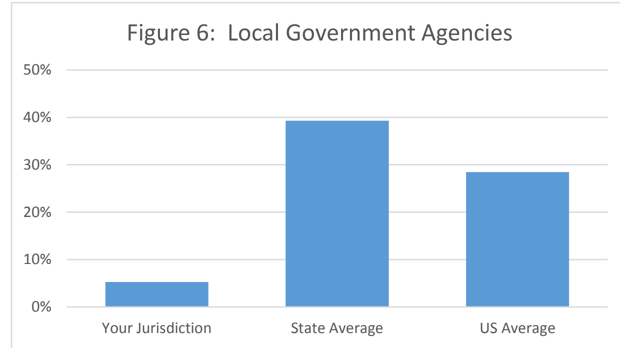
Likert rating scale: 100%=LHD contributes all effort; 75%=most effort; 50%=about half of effort; 25%=some effort; 0%=no effort or not available

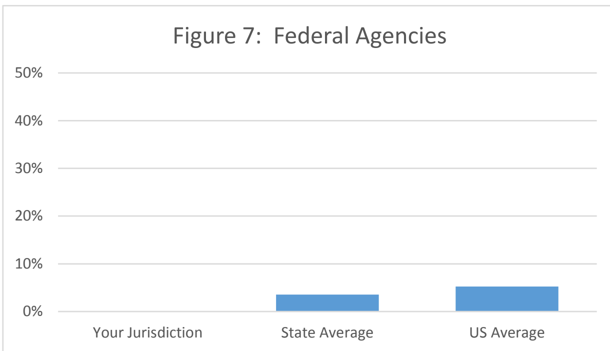
## SCOPE OF PARTICIPATION BY OTHER ORGANIZATIONS

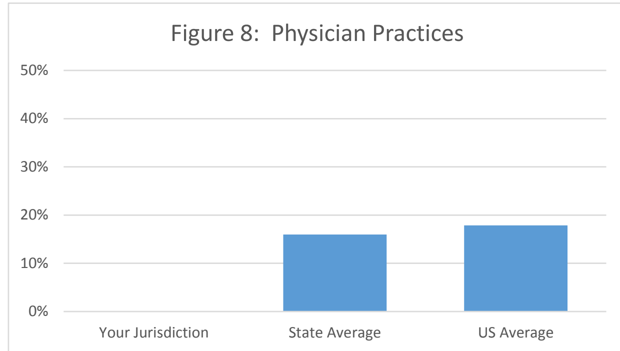
Measures of the extent to which other organizations participate in performing public health activities were constructed from responses to questions asking about the types of other organizations that contribute to each public health activity. For each type of organization, we computed the proportion of the 19 public health activities to which they contribute (activity #20 was excluded from this measure). **Figures 4-16** show these participation measures for the most prevalent organizational categories (not all categories are shown).

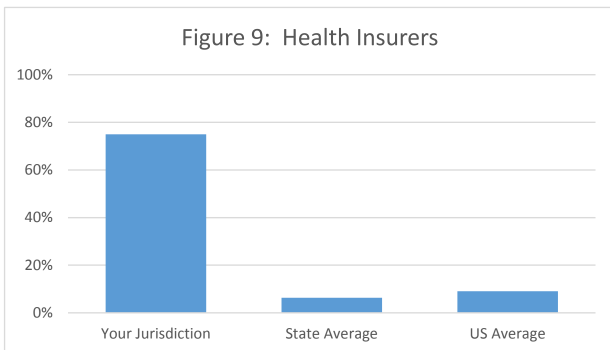


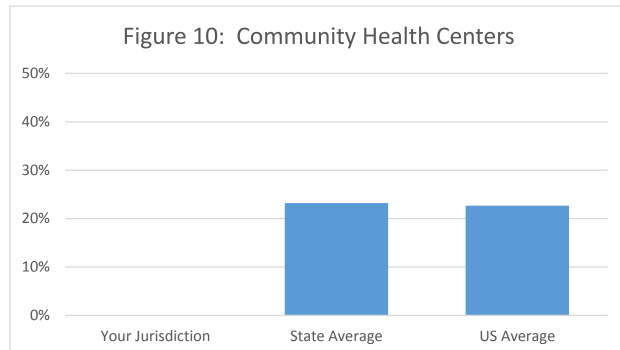



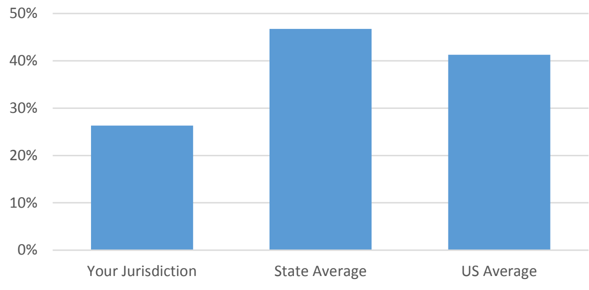



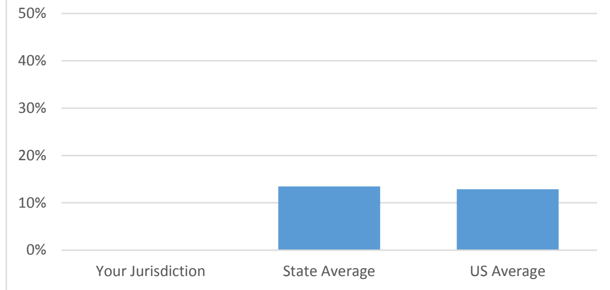



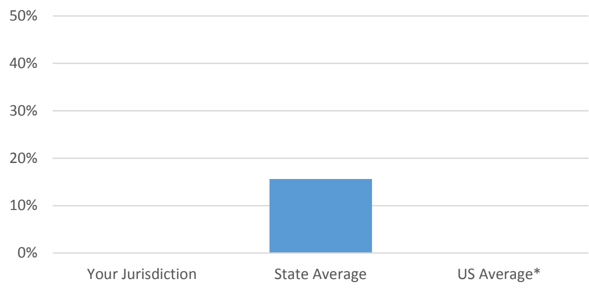



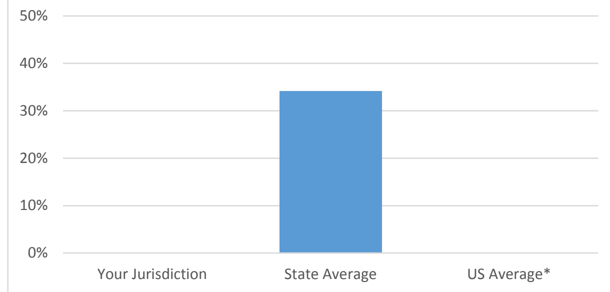

*US Average is not available

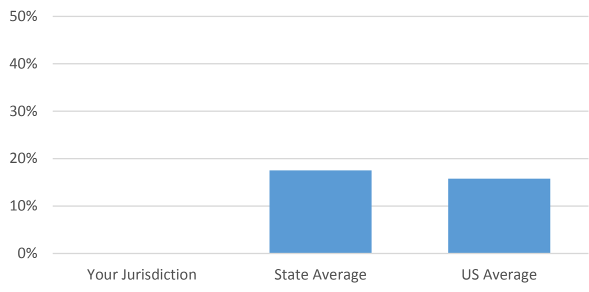
## SCOPE OF PARTICIPATION BY OTHER ORGANIZATIONS (CONTINUED)

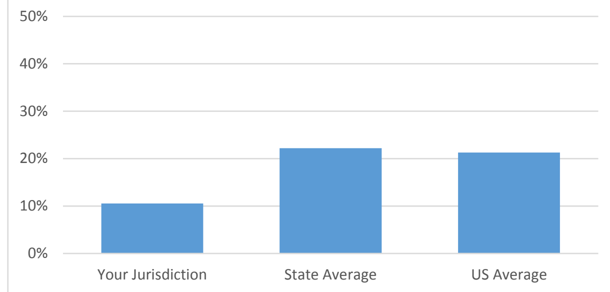



*US Average is not available

## APPENDIX: SURVEY INSTRUMENT

The survey instrument used in this study was developed through a series of studies on local public health practice sponsored by the U.S. Centers for Disease Control and Prevention. For a description, see Turnock BJ, Handler AS, Miller CA. 1998. Core function-related local public health practice effectiveness. *Journal of Public Health Management and Practice* 4(5):26-32. The 20 primary questions used on the survey instrument are:

1. In your jurisdiction, is there a community needs assessment process that systematically describes the prevailing health status in the community?
2. In the past three years in your jurisdiction, has a survey of the population for behavioral risk factors been conducted?
3. In your jurisdiction, are timely investigations of adverse health events conducted on an ongoing basis—including communicable disease outbreaks and environmental health hazards?
4. Are the necessary laboratory services available to the local public health agency to support investigations of adverse health events and meet routine diagnostic and surveillance needs?
5. In your jurisdiction, has an analysis been completed of the determinants of and contributing factors to priority health needs, the adequacy of existing health resources, and the population groups most effected?
6. In the past three years in your jurisdiction, has an analysis of age-specific participation in preventive and screening services been conducted?
7. In your jurisdiction, is there a network of support and communication relationships that includes health-related organizations, the media, and the general public?
8. In the past year in your jurisdiction, has there been a formal attempt to inform officials about the potential public health impact of decisions under their consideration?
9. In your jurisdiction, has there been a prioritization of community health needs that have been identified from a community needs assessment?
10. In the past three years in your jurisdiction, have community health initiatives been implemented consistent with priorities established in the community needs assessment?
11. In your jurisdiction, has a community health action plan been developed with community participation to address priority community health needs?
12. In the past three years in your jurisdiction, were plans developed to allocate resources in a manner consistent with the community health action plan?
13. In your jurisdiction, have resources been deployed as necessary to address priority health needs identified in a community health needs assessment?
14. In the past three years in your jurisdiction, has the local public health agency conducted an organizational self-assessment?
15. In your jurisdiction, are age-specific priority health needs effectively addressed through the provision of or linkage to appropriate services?
16. In your jurisdiction, have there been regular evaluations of the effects of public health services on community health status?
17. In the past three years in your jurisdiction, has the local public health agency used professionally recognized process and outcome measures to monitor programs and to redirect resources as appropriate?
18. In your jurisdiction, is the public regularly provided with information about current health status, health care needs, positive health behaviors, and health care policy issues?
19. In the past year in your jurisdiction, have reports on public health issues been provided to the media on a regular basis?
20. In the past three years in your jurisdiction, has there been an instance in which the local public health agency has failed to implement a mandated program or service?

## ABOUT PHNCI

The Public Health National Center for Innovations (PHNCI) was established to help foster a multi-sector learning community that will help identify and test new and innovative practices to improve public health capacity. In this role, PHNCI serves as the hub for national public health innovations.

PHNCI is the brainchild of the Public Health Accreditation Board, with support and funding from the Robert Wood Johnson Foundation (RWJF). At the core of PHNCI's initial body of work is a learning community comprised of three pilot states (Ohio, Oregon, and Washington) implementing the transformations required to provide the foundational public heath services and ensure health equity. These innovations will serve as pathways for the nation's health departments as they work to be conveners, providers and strategists that our communities need to improve health and well-being. PHNCI's work is guided by an Advisory Committee, comprised of national leaders and subject matter experts.

Moving forward, PHNCI will continue to focus on health development, testing and dissemination of models of innovation and will serve as the coordinating body for a number of allied, national initiatives being applied at health departments across the country. PHNCI will encourage innovations in public health, in part, by engaging a network of stakeholders, including representatives from all levels of public health practice, health policy, financing, and other sectors.

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