



SACRAMENTO COUNTY

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

SPRING 2016

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Sacramento County Department of Health and Human Services

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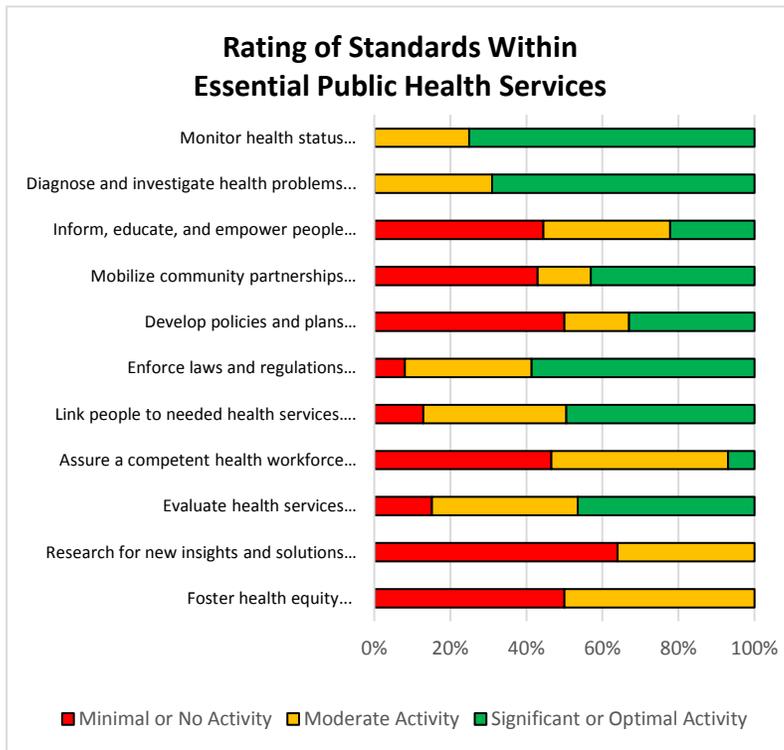
Sierra Health Foundation

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SPRING 2016 - EXECUTIVE SUMMARY

The Sacramento County Department of Health and Human Services, Division of Public Health (SCPH) undertook a Local Public Health System Assessment to better understand the activities and capacities of the overall public health system and how well essential public health services are being provided in Sacramento County. The process engaged 34 public health stakeholders in assessing 114 recommended activities across 11 essential public health services. The assessment was modeled on the National Public Health Performance Standards Local Assessment Instrument. Findings provide a foundational understanding of where strengths can be leveraged and gaps can be addressed through policies, programs, or other strategies.



Across all the rated standards, 30% of the standards received a rating of Minimal or No Activity occurring in Sacramento County; 33% received a rating of Moderate Activity occurring in Sacramento County; and 36% received a rating of Significant or Optimal Activity occurring in Sacramento County.

The **most favorably rated essential services** were monitoring health status; diagnosing and investigating health problems; enforcing laws and regulations that protect health and ensure safety; linking people to needed personal health services; and evaluating the effectiveness, accessibility, and quality of services.

The **least favorably rated essential services** were researching for new insights and innovative solutions to health problems; developing policies and plans that support health efforts; fostering health equity by ensuring all people full and equal access to opportunities; assuring a competent public health and personal care workforce; and informing, educating, and empowering people about health issues.

A number of themes emerged across the essential services. Among the most **frequently cited strengths** were the abundance of health assessments conducted in the area; the willingness of stakeholders to collaborate; and the expediency of SCPH in alerting stakeholders to emerging community health issues. Conditions **frequently cited as challenges** included siloed, uncoordinated work; inadequate communication and information sharing among providers; insufficient detail of health data to be able to pinpoint disadvantaged populations; and insufficient resources available to fulfill needed public health activities.

Through the assessment process, participants suggested more than two dozen actions for improving the overall state of public health. Analysis of the strengths, challenges, opportunities, and recommendations offered by assessment participants led to the development of six cross-cutting recommendations to drive systemic impact on the public health system.

- A) Target and actively solicit non-traditional public health champions.
- B) Seek funding resources from outside the local geography.
- C) Establish a central, multi-sector, multi-issue community health coalition.
- D) Establish a county-wide health information exchange.
- E) Define goals for and evaluate impact of all public health activities.
- F) Collect more precise level of detail in reporting.

INTRODUCTION

The Sacramento County Department of Health and Human Services, Division of Public Health (SCPH) undertook a Local Public Health System Assessment (LPHSA) to better understand the activities and capacities of the overall public health system and how well essential public health services are being provided in Sacramento County. The assessment emphasized examination of all systems and factors that play into the state of the public's health in Sacramento County, whether public or private, social or environmental, institutional or individual. A broad, cross-system examination was needed because the public's health is dependent on a number of different systems operating effectively and in a coordinated fashion. Understanding the efficacy of what is in place and where gaps exist is necessary to make improvements in policies, programs, and other strategies that will best serve the community. Although the process was initiated and sponsored by SCPH, findings are presented to inform the community as a whole.

PROCESS

Sacramento County Public Health engaged Valley Vision to design and conduct the Local Public Health System Assessment. The assessment design was rooted in the National Public Health Performance Standards Local Assessment Instrument (NPHPSLAI), which examines 108 model standards across ten essential public health service areas. Using this instrument as the foundation for the LPHSA assured that examination centered on a recognized, established set of optimal standards.

In addition to collecting feedback on the 108 standards and 10 essential public health service areas outlined in the NPHPSLAI, Valley Vision and SCPH added an eleventh essential service and corresponding standards regarding health equity. The health equity standard was added to further emphasize the importance of equity in health services, environments, and other social determinants.

To complete the assessment, input was captured from 34 individuals representing 26 different public, private, or community-based entities. To gather input, Valley Vision grouped the Essential Public Health Services into three categories: (1) health assessment activities, (2) health policy development and enforcement activities, and (3) health promotion activities. Key stakeholders in each of these three categories were identified and recruited to attend the assessment session relevant to their expertise (Appendix A). One session was held for each of the three categories. Upon the conclusion of each assessment session, the attendee list was reviewed to determine if additional input was needed to assure a well-rounded collection of feedback. One-on-one interviews were held when additional perspectives and/or expertise was needed to round out the input.

In advance of assessment sessions, participants were provided with the respective essential services and associated model standards and rating scales to be reviewed at their session. The assessment sessions consisted of four key components:

- 1) **Rating of model standards.** Attendees collectively provided a rating for each of the model standards reviewed on a five-point likert scale: No Activity, Minimal Activity, Moderate Activity, Significant Activity, and Optimal Activity. The ratings were set by session attendees based on consensus.
- 2) **Discussion of strengths, weaknesses, and opportunities for model standards.** Attendees were asked to identify and discuss strengths, weaknesses, and opportunities in Sacramento County.
- 3) **Prioritizing activities.** After rating and discussion of individual essential services and standards, participants discussed the 11 essential services as a whole and identified what needs to be prioritized in our community to facilitate the delivery of the essential service.

- 4) **Concluding thoughts.** Participants were asked to respond to a set of three questions designed to capture the key conclusions and themes from the session’s discussion: (1) What did you hear that will stick with you; (2) If you could make one change to the local public health system, what would it be; and (3) What are you most optimistic about?

Participant responses for all four key components were recorded and projected to the attendees in real time during the sessions. Upon completion of the assessment sessions, Valley Vision staff analyzed findings for key themes and recommendations.

FINDINGS

Ratings varied considerably between essential services as well as among standards within essential services. Overall, 30% of the standards received a rating of Minimal or No Activity; 33% received a rating of Moderate Activity; and 36% received a rating of Significant or Optimal Activity. The Essential Services that received the most favorable ratings were:

- Essential Service 1 – Monitor health status to identify health problems. 100% of standards rated as moderate, significant, or optimal;
- Essential Service 2 – Diagnose and investigate health problems and health hazards. 100% of standards rated as moderate, significant, or optimal;
- Essential Service 6 – Enforce laws and regulations that protect health and ensure safety. 92% of standards rated as moderate, significant, or optimal;
- Essential Service 7 – Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable. 88% of standards rated as moderate, significant, or optimal; and
- Essential Service 9 – Evaluate the effectiveness, accessibility, and quality of personal and population-based health services. 84% of standards rated as moderate, significant, or optimal.

Conversely, the Essential Services that received the least favorable ratings were:

- Essential Service 10 – Research for new insights and innovative solutions to health problems. 64% of standards rated as minimal or no activity.
- Essential Service 5 – Develop policies and plans that support individual and community health efforts. 50% of standards rated as minimal or no activity;
- Essential Services 11 – Foster health equity by ensuring all people full and equal access to opportunities that enable them to lead healthy lives. 50% of standards rated as minimal or no activity.
- Essential Service 8 – Assure a competent public health and personal care workforce. 47% of standards rated as minimal or no activity.
- Essential Service 3 – Inform, educate, and empower people about health issues. 44% of standards rated as minimal or no activity.

The following pages summarize input received from assessment session participants for each of the essential public health services. Findings reflect session discussions and not the official opinion of SCPH or Valley Vision. All ratings were based on consensus opinion of assessment session participants. Information in the “Themes and Key Findings” boxes reflect synthesized comments of individual participants.

Essential Service 1: Monitor health status to identify health problems.

At what level does the Local Public Health System...	No Activity	Minimal	Moderate	Significant	Optimal
Standard 1.1: Population based community health assessment					
1.1.1 Conduct regular Community Health Assessments?				X	
1.1.2 Update the Community Health Assessment with current information continuously?				X	
1.1.3 Promote the use of the Community Health Assessment among community members and partners?			X		
Standard 1.2: Current technology to manage and communicate population health data					
1.2.1 Use the best available technology and methods to display data on the public's health?				X	
1.2.2 Analyze health data, including geographic information, to see where health problems exist?					X
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.)?				X	
Standard 1.3: Maintaining population health registries					
1.3.1 Collect timely data consistent with current standards on specific health concerns in order to provide the data to population health registries?			X		
1.3.2 Use information from population health registries in Community Health Assessments or other analyses?				X	

THEMES AND KEY FINDINGS

Strengths

- **Community completes numerous assessments.** Community has access to Community Health Assessments, Community Health Needs Assessments, County Health Status Profiles, and specialty assessments, like those conducted for particular geographies or health conditions.
- **County Public Health Division shares data.** The County Public Health Division readily and proactively shares data with providers, community groups, and others.
- **Accessibility of data.** Data is available to users through online platforms at local, state, and national levels, including www.behealthysacramento.org.
- **Adherence to data reporting requirements.** Providers and Sacramento County effectively report health data to all required registries.

Challenges

- **Assessments don't necessarily lead to action.** Assessments are completed and available, but clear connections between findings and resulting policy, program, or system change are limited.
- **Assessments are often siloed and incompatible.** Assessments are typically completed for a specific project with specific requirements and nuances. Therefore, it is difficult to use the same datasets for multiple uses. Further, the technological platforms that capture and/or present the data are unable to communicate with one another.
- **Lack of promotion of data/information.** Data and assessment findings are not shared broadly or promoted. Those on the "inside" know where to go for data, but most interested parties or potential users are unaware of how to access information.

Opportunities

- www.behealthysacramento.org. The site could be used as a common, searchable online portal where all community assessments and reports could be posted. Having a single clearinghouse would improve access and utilization of existing information.

Recommended Actions

- **Actively promote the www.behealthysacramento.org website.** The site houses valuable information, but very few are aware of its existence. The site should be a first source of examination for any entity seeking health-related data and information in Sacramento County.
- **Create "upload" functionality on www.behealthysacramento.org website.** Adding uploading functionality to the website would allow the site to serve as a clearinghouse for locally generated health reports. To be useable, uploaded information must be catalogued, categorized, and searchable by multiple variables (e.g. topic, timeframe, geography). Site must also clearly state that the validity of any of the uploaded reports has not been verified.
- **Hold periodic convenings to prioritize health issues.** Holding annual or biennial open-invitation reviews of health data and information would allow stakeholders to better gauge community perception of priority health issues.

Essential Service 2: Diagnose and investigate health problems and health hazards.

At what level does the Local Public Health System...	No Activity	Minimal	Moderate	Significant	Optimal
Standard 2.1: Identifying and monitoring health problems and health hazards					
2.1.1 Participate in a comprehensive surveillance system with national, state, and local partners to identify, monitor, and share information and understand emerging health problems and threats?				X	
2.1.2 Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies, and emerging threats (natural and manmade)?			X		
2.1.3 Ensure that the best available resources are used to support surveillance systems and activities, including information technology, communication systems, and professional expertise?			X		
Standard 2.2: Investigating and responding to public health threats and emergencies					
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?				X	
2.2.2 Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters?				X	
2.2.3 Designate a jurisdictional Emergency Response Coordinator?				X	
2.2.4 Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines?					X
2.2.5 Identify personnel with the technical expertise to rapidly respond to possible biological, chemical, or and nuclear public health emergencies?				X	
2.2.6 Evaluate incidents for effectiveness and opportunities for improvement (such as After Action Reports, Improvement Plans, etc.)?			X		
Standard 2.3: Identifying and monitoring health problems and health hazards					
2.3.1 Have ready access to laboratories that can meet routine public health needs for finding out what health problems are occurring?				X	
2.3.2 Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards?			X		
2.3.3 Use only licensed or credentialed laboratories?					X
2.3.4 Maintain a written list of rules related to laboratories, for handling samples (including collecting, labeling, storing, transporting, and delivering), determining who is in charge of the samples at what point, and reporting the results?					X

THEMES AND KEY FINDINGS

Strengths

- **Adherence to policies and procedures.** County and all institutional partners have strong policies and procedures in place to respond to public health threats.
- **Trainings related to threats and emergencies.** There is broad-based participation in emergency/disaster training and simulation activities. Training opportunities are frequent.
- **Network of laboratories.** Certified public health laboratories are available to support one another and share expertise, as needed, leading to expedited response.

Challenges

- **Limited resources.** Response to data and information is inhibited due to inadequate staffing and resources throughout the system.
- **Incomplete access to information.** Not all surveillance systems are publicly accessible. Additionally, some information relating to public health disasters is shared on a need-to-know basis leaving some stakeholders unaware.
- **Inconsistency between providers.** Capacities vary considerably from provider to provider making universal messaging and response difficult.

Opportunities

- **Protocols for events with media implications provide a model for communicating other issues.** The processes in place to respond to public health or other emergency situations are strong. Implementing similar strategies to communicate non-emergency issues would help keep community highly informed of changing conditions.

Recommended Actions

- **Improve coordination between public and private labs.** Improving coordination between public and private labs, including credentialing requirements and processes, could expand capacity, reduce duplication, and lead to shared resources.
- **Find new funding opportunities from external organizations.** New resources need to be brought into the area to expand resources available.

Essential Service 3: Inform, educate, and empower people about health issues.

At what level does the Local Public Health System...	No Activity	Minimal	Moderate	Significant	Optimal
Standard 3.1: Health education and promotion					
3.1.1 Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies?			X		
3.1.2 Coordinate health promotion and health education activities at the individual, interpersonal, community, and societal levels?				X	
3.1.3 Engage the community throughout the process of setting priorities, developing plans, and implementing health education and health promotion activities?		X			
Standard 3.2: Health communication					
3.2.1 Develop health communication plans for media and public relations and for sharing information among Local Public Health System organizations?		X			
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?			X		
3.2.3 Identify and train spokespersons on public health issues?		X			
Standard 3.3: Risk communication					
3.3.1 Develop an emergency communications plan for each stage of an emergency to allow for the effective dissemination of information?				X	
3.3.2 Make sure resources are available for a rapid emergency communication response?			X		
3.3.3 Provide risk communication training for employees and volunteers?		X			

THEMES AND KEY FINDINGS

Strengths

- **Abundance of reports/assessments.** Numerous reports and plans exist on a diverse topics. Community organizations and others regularly produce new reports.
- **Training.** County public health provides training for spokespersons.
- **Crisis response.** Communications plans for crisis response are in place and updated regularly allowing for rapid scalability.

Challenges

- **Delay in data reporting.** Public reporting from surveillance data systems is too slow to allow for real-time response.
- **Data has insufficient level of detail for race/ethnicity and other population-types.** Specific population-level data (e.g., categories under Asian or Latino) are often unavailable which mask health challenges within specific communities.
- **Insufficient resources available for outreach.** Limited resources prevent specialized outreach and education campaigns from being created for specific audiences.
- **Prevention resources have diminished.** Prevention services have beneficial long term outcomes, however, they are often cut before immediate intervention services when budgets are tight.
- **Inconsistent sharing of expertise and networks.** Individual agencies have relationships and competencies, but skills and knowledge are infrequently shared across or among providers.
- **Difficulty reaching new audiences.** Input is often sought and information distributed through the same entities/individuals. This creates fatigue in those individuals/entities, and may not provide a comprehensive view of overall community needs.

Opportunities

- **Model the communication tools and efforts used for emergency/disaster preparation and response.** Similar strategies could be applied to other public health issues and areas to promote broader awareness and understanding.
- **Maximize use of technology.** Technology can help expedite reporting as well as communication.
- **Spread messages frequently and consistently.** Health promotion and behavior change messages need to be continually at front of mind. Audiences need recurring exposure.
- **Regularly convene stakeholders.** Recurring meetings to discuss health issues and risks provides a venue for stakeholders to build working relationships as well as set priorities and common agendas.

Recommended Actions

- **Implement trainings on collaboration.** Stakeholders need more practical training on how to collaborate. Even when desire exists, ability may lack.
- **Advocate for prioritization of prevention services.** Prevention services have positive, long-term impacts with potential for large return on investment.
- **Obtain more detailed client data.** The status of some populations go unacknowledged due to lack of data (e.g., refugee populations, LGBTQ populations, some race/ethnic groups.)

Essential Service 4: Mobilize community partnerships to identify and solve health problems.

At what level does the Local Public Health System...	No Activity	Minimal	Moderate	Significant	Optimal
Standard 4.1: Constituency development					
4.1.1 Maintain a complete and current directory of community organizations?				X	
4.1.2 Follow an established process for identifying key constituents related to overall public health interests and particular health concerns?	X				
4.1.3 Encourage constituents to participate in activities to improve community health?				X	
4.1.4 Create forums for communication of public health issues?			X		
Standard 4.2: Community partnerships					
4.2.1 Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community?				X	
4.2.2 Establish a broad-based community health improvement committee?	X				
4.2.3 Assess how well community partnerships and strategic alliances are working to improve community health?		X			

THEMES AND KEY FINDINGS

Strengths

- **Service provider directory.** 2-1-1 Sacramento maintains a database of service providers across many service needs.
- **Receptiveness to community input.** Public, private, and community-based agencies seek input from the community in shaping priorities and designing programs.
- **Variety of providers.** Many different services providers with specialty in reaching particular populations

Challenges

- **Heavy reliance on non-profit organizations for access to constituent groups.** Non-profit organizations have developed trust and relationships with some hard-to-reach populations. Capacity of organizations is often limited, which also limits availability of their networks.
- **No standing community health improvement committee.** Groups form on an ad hoc basis to discuss and address specific issues, but there is no ongoing, overarching committee to help coordinate work and initiate “big picture” discussions.

Opportunities

- **Faith-based organizations.** Faith-based organizations have strong connections and could be strong partners in outreach and implementation.
- www.behealthysacramento.org. The website is operational and with added functionality could be used as a hub for data, reports, communication, and outreach.

Recommended Actions

- **Create a single, coordinated community-wide health improvement plan.** Without centralized priorities and goals, stakeholders are pulled in different directions, diffusing impact of efforts.
- **Align topic-specific groups under a single umbrella organization.** Communication and awareness among the different public health initiatives must improve. Similar goals and/or populations are often addressed in different efforts, but resources are not optimized due to lack of familiarity or acknowledgement of common goals.

Essential Service 5: Develop policies and plans that support individual and community health efforts.

At what level does the Local Public Health System...	No Activity	Minimal	Moderate	Significant	Optimal
Standard 5.1: Governmental presence and the local level					
5.1.1 Support the work of the local health department to make sure the 10 Essential Public Health Services are provided?			X		
5.1.2 See that the local health department is accredited through the PHAB's voluntary, national public health department accreditation program?		X			
5.1.3 Ensure that the local health department has enough resources to do its part in providing Essential Public Health Services?		X			
Standard 5.2: Public health policy development					
5.2.1 Contribute to public health policies by engaging in activities that inform the policy development process?				X	
5.2.2 Alert policymakers and the community of the possible public health effects (both intended and unintended) from current and/or proposed policies?	X				
5.2.3 Review existing policies at least every three to five years?		X			
Standard 5.3: Community health improvement process and strategic planning					
5.3.1 Establish a CHIP, with broad-based diverse participation, that uses information from the Community Health Assessment, including the perceptions of community members?			X		
5.3.2 Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps?		X			
5.3.3 Connect organizational strategic plans with the Community Health Improvement Plan?		X			
Standard 5.4: Planning for public health emergencies					
5.4.1 Support a workgroup to develop and maintain emergency preparedness and response plans?				X	
5.4.2 Develop an emergency preparedness and response plan that defines when it would be used, who would do what tasks, what standard operating procedures would be put in place, and what alert and evacuation protocols would be followed?				X	
5.4.3 Test the plan through regular drills and revise the plan as needed, at least every two years?				X	

THEMES AND KEY FINDINGS

Strengths

- **Outreach and information sharing.** County does a good job of reaching out to partners to provide alerts.
- **Openness to collaboration.** Government and community are open to engaging in collaborative opportunities.
- **Community involvement in public health advocacy.** A growing number of organizations and community groups are mobilizing to advocate for public health. The public health impacts of policies are being vocalized on a more frequent basis.
- **Community Health Needs Assessments.** Hospital systems collaborate to develop Community Health Needs Assessments every three years, which includes hospital system-specific plans.
- **Emergency preparedness.** County and region have strong plans in place around emergency preparedness and response. Efforts are well-coordinated with exercises and trainings practiced routinely.

Challenges

- **Insufficient resources available.** Providers operate in survival mode, making long-term strategic thinking and planning difficult.
- **System is economy dependent.** The capacity of the public health system is highly dependent on the economy and public budgets.
- **System is reactionary.** Policies and programs tend to change based on a crisis that has occurred instead of being preventive in nature.
- **There is no central community health improvement plan.** Many plans exist, but they are often disjointed or duplicative and don't lead to identifying common agendas.

Opportunities

- **Access to statewide policy makers.** Proximity of the State Capital provides convenient access to policy experts and makes the geography a prime location for piloting projects.
- **Build from emergency preparedness plans and planning efforts.** Stakeholders have mobilized around emergency preparedness and response. Similar energy and approaches could be applied to other public health matters.
- **Affordable Care Act.** The Affordable Care Act's expansion of access to care and resources for preventive services will continue to expand opportunities for advancing overall community health.
- **System are beginning to converge.** Alcohol and Drug and Mental Health are beginning to coordinate services. Other systems are beginning to actively seek out connectivity of services and outcomes.

Recommended Actions

- **Actively promote the interplay of public health and other fields.** Broad understanding of joint responsibility could help leverage new resources.
- **Develop community-wide, multi-agency improvement plans.** Complex challenges require coordinated engagement of multiple systems.

Essential Service 6: Enforce laws and regulations that protect health and ensure safety.

At what level does the Local Public Health System...	No Activity	Minimal	Moderate	Significant	Optimal
Standard 6.1: Reviewing and evaluating laws, regulations, and ordinances					
6.1.1 Identify public health issues that can be addressed through laws, regulations, or ordinances?			X		
6.1.2 Stay up-to-date with current laws, regulations, and ordinances that prevent health problems or that promote or protect public health on the federal, state, and local levels?				X	
6.1.3 Review existing public health laws, regulations, and ordinances at least once every three to five years?			X		
6.1.4 Have access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances?				X	
Standard 6.2: Involvement in improving laws, regulations, and ordinances					
6.2.1 Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances?			X		
6.2.2 Participate in changing existing laws, regulations, and ordinances, and/or creating new laws, regulations, and ordinances to protect and promote public health?			X		
6.2.3 Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances?		X			
Standard 6.3: Enforcing laws, regulations, and ordinances					
6.3.1 Identify organizations that have the authority to enforce public health laws, regulations, and ordinances?				X	
6.3.2 Ensure that a local health department (or other governmental public health entity) has the authority to act in public health emergencies?				X	
6.3.3 Ensure that all enforcement activities related to public health codes are done within the law?				X	
6.3.4 Educate individuals and organizations about relevant laws, regulations, and ordinances?				X	
6.3.5 Evaluate how well local organizations comply with public health laws?				X	

THEMES AND KEY FINDINGS

Strengths

- **County effectively shares regulatory information.** County Public Health Division expeditiously and effectively shares information with affected stakeholders on changing regulations and environments to assure entities remain in compliance.
- **Law enforcement involvement.** Law enforcement actively participates in public health issues and has a newly formed communicable disease work group.
- **Community highly participatory in regulatory development in particular areas.** Community response and participation in developing policies for smoking and tobacco use is a strong example of how impactful community-led initiatives can be.
- **Mandated reporting assures engagement.** Reporting that is mandated by Federal, State, or other measures spurs communication and action.

Challenges

- **The region has a history of being late adopters/implementers of policy/initiatives.** Local providers, policy makers, and other stakeholders often wait to see how regulations are implemented elsewhere before taking action locally.
- **Incomplete participation.** Many organizations choose not to engage in advocacy efforts or are prohibited from engaging in advocacy efforts.
- **Insufficient resources to address multiple needs.** Without adequate resources available, responses must be prioritized and some important issues remain unaddressed.

Opportunities

- **Access to statewide policy makers.** Proximity of the State Capital provides convenient access to policy experts and makes the geography a prime location for piloting projects.

Recommended Actions

- **Dedicate more resources to enforcement.** Enforcement of public health related regulations is not consistent. Additional resources are needed to provide sufficient person power and training.
- **Clearly define roles and breadth of service for public health enforcement entities.** The diversity of entities responsible for enforcing regulations with public health implications can lead to redundancy or unclear division of responsibilities. The entities need to regularly communicate to ensure common interpretations, and understanding of roles and responsibilities.
- **Integrate communication and reporting systems among public health enforcement entities.** Sharing information across enforcement entities promotes commonly informed, more efficient systems.

Essential Service 7: Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable.

At what level does the Local Public Health System...	No Activity	Minimal	Moderate	Significant	Optimal
Standard 7.1: Identify personal health service needs					
7.1.1 Identify groups of people in the community who have trouble accessing or connecting to personal health services?			X		
7.1.2 Identify all personal health service needs and unmet needs throughout the community?				X	
7.1.3 Defines partner roles and responsibilities to respond to the unmet needs of the community?		X			
7.1.4 Understand the reasons that people do not get the care they need?				X	
Standard 7.2: Ensure people are linked to personal health services					
7.2.1 Connect or link people to organizations that can provide the personal health services they may need?			X		
7.2.2 Help people access personal health services in a way that takes into account the unique needs of different populations?				X	
7.2.3 Help people sign up for public benefits that are available to them (e.g., Medicaid or medical and prescription assistance programs)?				X	
7.2.4 Coordinate the delivery of personal health and social services so that everyone in the community has access to the care they need?			X		

THEMES AND KEY FINDINGS

Strengths

- **Schools are a strong partner.** Schools work closely with families to improve access to care. 98% of children have health coverage.
- **Strong navigator programs.** Navigators are working in emergency departments and in hard-to-reach communities. Navigators do a good job of understanding cultural needs/issues.
- **Integrated enrollment system.** An integrated enrollment system exists to help streamline application processes.
- **Social service providers offer linkages to care.** Nonprofit service providers understand enrollment processes and are increasingly able to refer or connect clients to health care options.

Challenges

- **Maintaining individuals in care.** Resources are insufficiently dedicated to following up with individuals after they have first entered the system. Many individuals immediately fall out of care or do not follow up with treatment plans. Tracking referrals is difficult.
- **Data unavailable at segmented level.** Greater detail on populations without health coverage is needed (e.g., by race/ethnicity, at neighborhood level, etc.) to allow micro-targeting.
- **Artificial boundaries.** Services and programs are often limited to jurisdictional boundaries. The boundaries create challenges because people are very mobile.
- **Inadequate overall safety net.** The system of safety net services is insufficient to address the myriad reasons why people do not access and enroll in care. Inability to get people into needed services in a timely fashion creates barriers.
- **Inadequate referral network.** There is not a comprehensive referral network, nor established relationships between providers to foster connectivity.

Opportunities

- **Affordable Care Act has expanded opportunities and affordability of care.** Funding opportunities and regulatory changes need to be closely monitored and rapidly leveraged at the local level.
- **211 Sacramento provides a centralized referral source.** The routine updating of service information needs to be encouraged for all providers.

Recommended Actions

- **Pursue greater investment for public health initiatives.** More resources are needed to deliver the breadth of public health services. Resources must be sought from local, statewide, and national sources.
- **Launch a local Health Information Exchange and regularly convene stakeholders.** Communication and relationship building will lead to efficiencies and improved leveraging of existing resources.
- **Implement best or promising practices.** New initiatives should be based on proven practices and implemented with complete fidelity.
- **Convene a central public health leadership group.** Establishing a group of influential champions who are able to prioritize and advance community health issues is needed to raise the profile of public health.

Essential Service 8: Assure a competent public health and personal care workforce.

At what level does the Local Public Health System...	No Activity	Minimal	Moderate	Significant	Optimal
Standard 8.1: Workforce assessment, planning, and development					
8.1.1 Complete a workforce assessment, a process to track the numbers and types of Local Public Health System jobs—both public and private sector—and the associated knowledge, skills, and abilities required of the jobs?		X			
8.1.2 Review the information from the workforce assessment and use it to identify and address gaps in the Local Public Health System workforce?		X			
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?		X			
Standard 8.2: Public health workforce standards					
8.2.1 Ensure that all members of the local public health workforce have the required certificates, licenses, and education needed to fulfill their job duties and comply with legal requirements?				X	
8.2.2 Develop and maintain job standards and position descriptions based in the core knowledge, skills, and abilities needed to provide the 10 Essential Public Health Services?			X		
8.2.3 Base the hiring and performance review of members of the public health workforce in public health competencies?		X			
Standard 8.3: Life-long learning through continuing education, training, and mentoring					
8.3.1 Identify education and training needs and encourage the public health workforce to participate in available education and training?			X		
8.3.2 Provide ways for public health workers to develop core skills related to the 10 Essential Public Health Services?			X		
8.3.3 Develop incentives for workforce training, such as tuition reimbursement, time off for attending class, and pay increases?		X			
8.3.4 Create and support collaborations between organizations within the Local Public Health System for training and education?			X		
8.3.5 Continually train the public health workforce to deliver services in a cultural competent manner and understand the social determinants of health?		X			
Standard 8.4: Public health leadership development					
8.4.1 Provide access to formal and informal leadership development opportunities for employees at all organizational levels?		X			
8.4.2 Create a shared vision of community health and the Local Public Health System, welcoming all leaders and community members to work together?			X		
8.4.3 Ensure that organizations and individuals have opportunities to provide leadership in areas where they have knowledge, skills, or access to resources?			X		
8.4.4 Provide opportunities for the development of leaders who represent the diversity of the community?			X		

THEMES AND KEY FINDINGS

Strengths

- **Strong intern programs.** Active intern programs exist that recruit from high school and college levels.
- **Strong commitment to hiring standards.** Employers adhere to minimum qualification requirements.
- **Ongoing training is widely available.** Numerous online and in-person training opportunities exist, covering a number of areas of interest.
- **Emerging movement toward identifying shared vision across entities.** Stakeholders are engaging in more shared conversations and planning around specific priorities.

Challenges

- **Limited resources.** Resources that are available are targeted to direct service, leaving little for training and future planning.
- **Lack of consistency across providers.** Training programs and requirements vary from provider to provider.
- **Incomplete information.** There is no formal assessment of workforce capacities, needs, or gaps to inform planning.
- **Advancement opportunities are limited.** With stagnant budgets, field has not grown creating compaction issues and limited opportunities for individuals to grow into leadership positions.
- **Systemic emphasis on the social determinants of health has not yet been achieved.** Stakeholder training throughout the public health system should address social determinants.
- **Positions require multiple proficiencies.** Public health practitioners require both technical and personal skills, which can be a difficult combination to find.
- **Position descriptions do not necessarily reflect best practice standards.** Updating job requirements/qualifications is a tedious process, resulting in infrequent updates.

Opportunities

- **Accreditation.** County's accreditation effort will necessitate assessment of the workforce capacities and gaps.
- **Institutes of higher education.** Multiple universities in the area make training and partnership opportunities more abundant.
- **Continuing Education Requirements.** Many in the public health field have continuing education requirements.
- **Proximity to Capital.** Access to policy makers and administrators presents opportunities to influence decision makers at local and state levels.

Recommended Actions

- **Secure resources for incentives.** Incentives will encourage workers to pursue educational opportunities.
- **Heavily promote all leadership development programs throughout public health community.** Participating in leadership development programs that are not exclusive to public health will build capacities and also forge relationships with non-traditional partners.

Essential Service 9: Evaluate effectiveness, accessibility, and quality of personal and population-based health services.

At what level does the Local Public Health System...	No Activity	Minimal	Moderate	Significant	Optimal
Standard 9.1: Evaluating population-based health services					
9.1.1 Evaluate how well population-based health services are working, including whether the goals that were set for programs and services were achieved?		X			
9.1.2 Assess whether community members, including vulnerable populations, are satisfied with the approaches taken toward promoting health and preventing disease, illness, and injury?				X	
9.1.3 Identify gaps in the provision of population-based health services?					X
9.1.4 Use evaluation findings to improve plans, processes, and services?			X		
Standard 9.2: Evaluating personal health services					
9.2.1 Evaluate the accessibility, quality, and effectiveness of personal health services?				X	
9.2.2 Compare the quality of personal health services to established guidelines?				X	
9.2.3 Measure user satisfaction with personal health services?				X	
9.2.4 Use technology, like the Internet or electronic health records, to improve quality of care?			X		
9.2.5 Use evaluation findings to improve services and program delivery?			X		
Standard 9.3: Evaluating the local public health system					
9.3.1 Identify all public, private, and voluntary organizations that contribute to the delivery of the 10 Essential Public Health Services?				X	
9.3.2 Evaluate how well Local Public Health System activities meet the needs of the community at least every five years, using guidelines that describe a model LPHS and involving all entities contributing to the delivery of the 10 Essential Public Health Services?		X			
9.3.3 Assess how well the organizations in the Local Public Health System are communicating, connecting, and coordinating services?			X		
9.3.4 Use results from the evaluation process to improve the Local Public Health System?			X		

THEMES AND KEY FINDINGS

Strengths

- **Client needs and satisfaction assessments.** Community based organizations do a considerable amount of needs and satisfaction assessments. However, results are not widely distributed or known.
- **System navigation support services.** Services to help clients navigate multiple systems are becoming more widely available.
- **Collaborative opportunities.** Multiple collaborations exist to help focus priorities. The “umbrella” collaboratives, such as Healthy Sacramento Coalition, foster inter-system discussion.

Challenges

- **Evaluation typically limited to short-term impacts.** Program evaluation typically focuses only on short-term impacts of work. Long-term efficacy is uncertain.
- **Time delay of indicators.** Public Health indicator reporting is typically two or more years behind, which inhibits real-time decision making.
- **Limited sharing of data.** Data are collected for a variety of uses, but not commonly shared among all stakeholders.
- **Limited capacity to act on findings from assessments and health improvement plans.** Studies are completed without long-term resources that will allow for implementation.
- **Technology systems are incompatible with one another.** Ability to access, share, or combine data is limited because the technology systems are unable to communicate.
- **Competition for resources.** The lack of resources creates competition and impedes collaboration.

Opportunities

- **Technology.** With technological advances, availability of data and ability to blend data from different sources could become more feasible.

Recommended Actions

- **Create and promote use of common impact evaluation tools.** The impact of programs is inconsistently measured, making efficacy difficult to gauge. All efforts must operate with an ability to measure results. Providers must also be trained on how to prepare and conduct evaluation.
- **Foster strategies that help improve coordination and communication among providers.** Providers often pursue public health activities in isolation. Stronger inter-provider relationships and awareness will help streamline efforts and identify common goals.
- **Develop a county-wide Health Information Exchange.** A common platform to post and access data and information is essential to achieving widespread coordination.

Essential Service 10: Research for new insights and innovative solutions to health problems.

At what level does the Local Public Health System...	No Activity	Minimal	Moderate	Significant	Optimal
Standard 10.1: Fostering innovation					
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?	X				
10.1.2 Suggest ideas about what currently needs to be studied in public health to organizations that conduct research?	X				
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?			X		
10.1.4 Encourage community participation in research, including deciding what will be studied, conducting research, and sharing results?		X			
Standard 10.2: Linking with institutions of higher education and/or research					
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?			X		
10.2.2 Partner with colleges, universities, or other research organizations to conduct public health research, including community-based participatory research?		X			
10.2.3 Encourage colleges, universities, and other research organizations to work together with Local Public Health System organizations to develop projects, including field training and continuing education?			X		
Standard 10.3: Capacity to initiate or participate in research					
10.3.1 Collaborate with researchers who offer the knowledge and skills to design and conduct health-related studies?		X			
10.3.2 Support research with the necessary infrastructure and resources, including facilities, equipment, databases, information technology, funding, and other resources?		X			
10.3.3 Share findings with public health colleagues and the community broadly, through journals, Web sites, community meetings, etc.?			X		
10.3.4 Evaluate public health systems research efforts throughout all stages of work from planning to effect on local public health practice?		X			

THEMES AND KEY FINDINGS

Strengths

- **Best practices being compiled and posted on BeHealthySacramento.org.** The Healthy Communities Initiative is collecting and making best practices available on the website.
- **Involvement of community in research, planning, and producing materials.** The region has a strong history of involving the audience in helping identify challenges and design solutions.
- **Institutions of higher education offer support to local work.** Institutions provide access to interns as well as academic expertise in fields of interest.

Challenges

- **Funding is largely prescribed.** Funding for local public health initiatives is often prescribed in its use leaving limited opportunity for innovation or testing of new ideas.
- **Public health stakeholders frequently reactive in nature.** Capacity of local public health stakeholders is often directed to responding to immediate needs rather than long-term, innovative solutions.
- **Relationships with local universities are practice focused, not research focused.** The local university resources are more commonly called upon to support practice and implementation rather than local research.
- **Research is not a priority.** Community assessments to determine conditions are common, but detailed research to explore causes and response strategies is limited.

Opportunities

- **Multiple universities in the region.** Institutes of higher education offer knowledge and access to expertise and resources, but are underutilized locally.
- **Local expertise in Community Based Participatory Research.** A leading expert in the field of CBPA resides locally and could be called upon to provide technical assistance.

Recommended Actions

- **Expand resources for public health research.** New partners and external funders must be actively sought to expand innovation in local public health issues and practices.
- **Broaden partnerships with higher education institutions.** Local colleges and universities should play instrumental roles in local public health efforts. Relationship building and regular opportunities for interaction should be leveraged.

Essential Service 11: Foster health equity by ensuring all people full and equal access to opportunities that enable them to lead healthy lives.

At what level does the Local Public Health System...	No Activity	Minimal	Moderate	Significant	Optimal
11.1 Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis?	X				
11.2 Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness?		X			
11.3 Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of culturally and linguistically appropriate services on health equity and outcomes and to inform service delivery?			X		
11.4 Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area?			X		
11.5 Utilize a culturally and linguistically diverse workforce that are responsive to the population in the service area?			X		
11.6 Offer language assistance and easy-to-understand materials and signage to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health services?		X			

THEMES AND KEY FINDINGS

Strengths

- **Community is engaged in shaping programs and policies.** Opportunities to provide input are regularly made available and specific audiences are sought out for contributions.
- **Healthy Sacramento Coalition.** The Healthy Sacramento Coalition has emphasized services in underserved neighborhoods.
- **Best practices being compiled and posted on BeHealthySacramento.org.** The Healthy Communities Initiative is collecting and making best practices available on the website.
- **Diverse workforce.** Community based organizations, in particular, have very diverse workforce to best appeal to target audiences.

Challenges

- **Conversational discomfort.** Open discussion about health equity necessitates discussion of sensitive topic areas which are often avoided in public settings.
- **Culture is a secondary consideration.** Decisions and recommendations made by healthcare workers frequently do not account for cultural norms of the patient.
- **Data/Information availability.** Information with cultural specificity is not being communicated or reported regularly. Data collection categories are limited. Variance among groups of the same race/ethnicity can be masked due to lack of detail. Data by sexual orientation is very limited.
- **Breadth of languages spoken.** Many languages are spoken in the region and linguistic needs change regularly. Meaning and intent can easily be lost in translation when requiring a third party intermediary.
- **High staff turn-over.** Community based organizations often have high staff turnover, requiring continual rebuilding of individual relationships with hard-to-reach populations.

Opportunities

- **Cultural broker program.** The Reducing African American Child Deaths Steering Committee ICPC Work Group is developing a local Cultural Broker Program to work with Child Protective Services.
- **Shared resources.** Interpreters, navigators, and brokers could be shared across entities to achieve economies of scale.
- **Growing emphasis on health equity.** An expanding number of diverse entities are prioritizing health equity.

Recommended Actions

- **Embed health equity in all public health discussions.** Difficult conversations must be deliberately pushed in the short-term to build community understanding and long-term comfort in having the dialogue.
- **Implement more promotores-type programming.** Promotores have proven impact and could be mobilized to address a number of issues.
- **Catalogue and actively promote cultural and linguistic resources.** Inform providers to assure a complete referral network.
- **Increase required fields in public health reporting.** Further customize fields for race/ethnicity and sexual orientation to better capture possible health disparities.

SYSTEMIC RECOMMENDATIONS

The following provides overarching, systemic recommendations proposed by the Valley Vision consulting team. The recommendations are chiefly informed by the recommendations made during the assessment sessions and are targeted at systems-level strategies. Pursuing these recommendations will have cross-cutting benefit to all of the eleven essential services.

Recommendation A: Target and actively solicit non-traditional public health champions.

Intent: Leverage new resources. Foster policy implementation. Gain attention of larger audience.

Rationale: Public health is an issue that impacts all sectors of the community, but receives little attention from those not directly involved in the field. Assessment session participants repeatedly commented about the lack of resources and limited support for public health issues. More public health advocates are needed at the highest levels of decision making and influence to create urgency and momentum behind public health efforts. Champions from non-traditional sectors are needed to promote public health messages and advocate for public health issues.

Recommendation B: Seek funding resources from outside the local geography.

Intent: Build capacity of system. Expand flexibility of programs and services. Reduce competition for scarce local dollars.

Rationale: Funding and lack of resources were identified as challenges for nearly every essential service. With limited local dollars targeted to public health, other opportunities must be pursued. Providers of all types in Sacramento County must take a more proactive approach to securing dollars, including not simply responding to funding opportunities, but soliciting funding for innovative approaches. Funding should be used to expand training opportunities, as well as programs and services. To the extent possible, funding opportunities should be shared broadly through networks to encourage a collaboration-first approach in order to maximize the resources of all stakeholders.

Recommendation C: Establish a (or repurpose an existing) central, multi-sector, multi-issue community health coalition.

Intent: Centralized review of public health data. Set priorities and common goals. Observe impact of public health related programs. Facilitate connections and partnerships.

Rationale: The abundance of needs assessments, reports, and plans was commonly identified as a strength by assessment session participants. However, the lack of inter-provider familiarity of reports or activities was commonly identified as a challenge. Better coordination of all providers and initiatives is needed to optimize impact and best leverage available resources. A recognized, respected central committee would help identify needed connections, as well help set community-wide priorities to ensure that processes are bolstering one another.

Recommendation D: Establish a county-wide Health Information Exchange.

Intent: Improve access to information. Simplify communication.

Rationale: Technology provides opportunities to broadly collect and share information across systems, as well as to the public. Improved use of technology was stated by assessment participants as a potential solution to overcome a variety of barriers. Using a common communication platform (such as www.behealthysacramento.org) to post all data, reports, and alerts, would help interested parties quickly find information needed to take action.

Recommendation E: Define goals and universally evaluate impact of public health services.

Intent: Monitor progress. Justify investments. Identify promising practices. Create efficiency.

Rationale: Faced with limited resources, the value of every dollar of investment must be optimized. Ineffective programs should not take resources away from other promising efforts. Measuring impact will allow for informed decisions, leading to continually improving future outcomes.

Recommendation E: Collect more precise level of detail in reporting

Intent: Identify health disparities.

Rationale: Categories for data collection do not fully reflect nuances that exist within certain population-types. For example, data are rarely collected for refugee populations, homeless populations, sub-sets of Asian, White or Latino populations, and the LGBTQ populations. Gathering data at a more finite level will allow for more customized interventions and targeting of services and programs.

APPENDIX A

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT PARTICIPANTS

Participating Organizations	Group Session	Individual Interview*
Area Congregations Together		X
Breathe California	X	
Building Healthy Communities Initiative	X	
CARES	X	
Child Death Review Team	X	
Federal Bureau of Investigation	X	
Health Education Council	X	
Health Net	X	
Health Professions High School	X	
Hospital Council of Northern California	X	
Kaiser Permanente	X	
La Familia Community Counseling Center	X	
Sacramento City Unified School District	X	
Sacramento County Department of Health and Human Services	X	
Sacramento County Environmental Management Department	X	
Sacramento County Office of Education	X	
Sacramento County Primary Care Services	X	
Sacramento County Public Health	X	
Sacramento Covered	X	
Sacramento LGBT Community Center	X	
Sierra Health Foundation		X
Slavic Assistance Center	X	
Sutter Health	X	
UC Davis Center for Reducing Health Disparities		X
United Way California Capital Region	X	
Valley Vision		X
Walk Sacramento	X	

*Conducted when organization was unable to attend group assessment session but had specific information/insight needed to more completely understand a specific service or standard.