Norfolk Public Health System Assessment Report

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Norfolk Health District
VDH VIRGINIA DEPARTMENT OF HEALTH

THE CITY OF NORFOLK
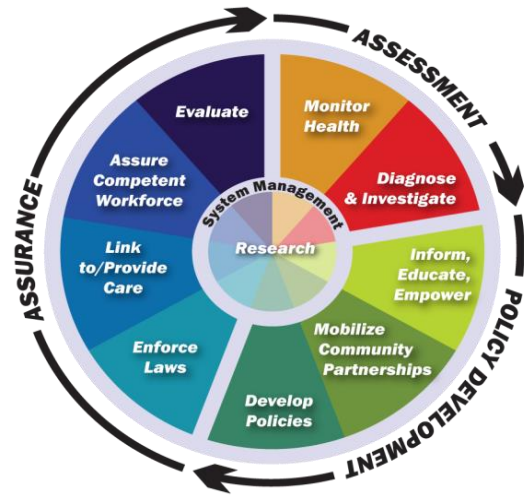
EXECUTIVE SUMMARY

In December 2015, the Norfolk Department of Public Health (NDPH) convened a daylong meeting with community partners to conduct a Local Public Health System Assessment (LPHSA). The LPHSA is a process designed by the Centers for Disease Control and Prevention (CDC) to help communities assess the extent to which ten Essential Public Health Services are being performed in their community (Figure 1). The intent of the assessment is to provide a snapshot of strengths and challenges of Norfolk's public health system. It also identifies short- and long-term opportunities for improvement. Norfolk's LPHSA was completed as part its community health planning process called Mobilizing for Action through Planning and Partnerships (MAPP).

Figure 1: Essential Public Health Services

Source: CDC

Trained facilitators led small group discussions around each of the Essential Services. In these discussions, participants shared examples of activities and initiatives within Norfolk that are happening related to the Essential Service they were discussing. When scoring, facilitators asked participants to consider the work of the entire public health system and not just the work of individual organizations within the system. The scoring options included five levels of activity: no activity, minimal activity, moderate activity, significant activity, and optimal activity.

Overall, Norfolk's Local Public Health System (LPHS) received a performance score of **SIGNIFICANT**. This means that a "significant" amount of activity (greater than 50% but no more than 75%) related to the ten Essential Services is underway. The majority of the Essential Services also received a score of **SIGNIFICANT**. Figure 2 provides the percentage of the Essential Services scores that fall within each of the five activity levels.

The key themes of the discussion were Norfolk's commitment to collaboration among community partners and the use of data–driven decision-making. The results of the assessment emphasized the strong partnerships and collaborations within the community; effective and coordinated emergency planning; and a variety of existing health education and promotion programs across organizations. The assessment also highlighted the need for increased communication and data sharing. It identified the need to meaningfully engage and build community leadership. Lastly, participants stressed the need for proactivity and system-level strategy to improve health.
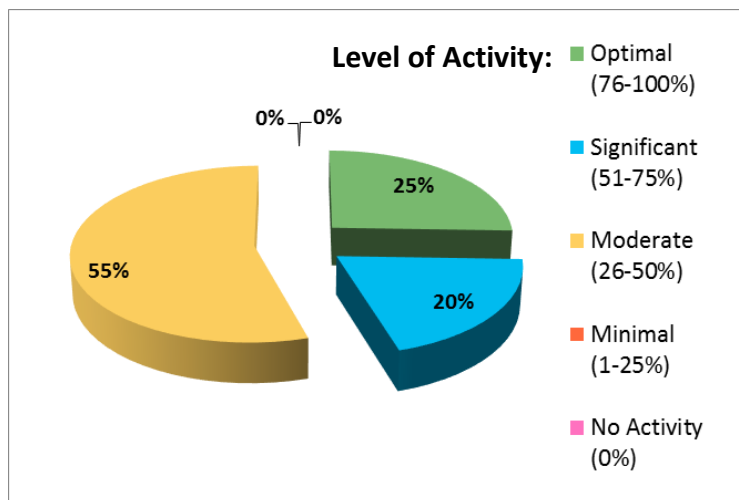

Figure 2. Percentage of the Essential Services within the Five Activity Categories

INTRODUCTION

In December 2015, the Norfolk Department of Public Health (NDPH) convened a daylong meeting with community partners to conduct a Local Public Health System Assessment (LPHSA). The LPHSA is a process designed by the Centers for Disease Control and Prevention (CDC) to help communities assess the extent to which ten Essential Public Health Services are being performed in their community (Figure 1). The CDC identifies these Essential Services as important public health activities that all communities should undertake. The intent of the assessment is to provide a snapshot of strengths and challenges of Norfolk's public health system. It also identifies short- and long-term opportunities for improvement. Norfolk's LPHSA was completed as part its community health planning process called Mobilizing for Action through Planning and Partnerships (MAPP).

One of the goals of the LPHSA is to provide a space for partners and organizations within Norfolk's local public health system (LPHS) to meet each other, share information about programs and initiatives underway and identify collaboration opportunities. Figure 2 (below) provides an illustration of the different partners involved in Norfolk's Public Health System. A total of 81 participants representing 45 organizations took part in Norfolk's LPHSA. A list of participating organizations is found in Appendix A.

Figure 1: Essential Public Health Services
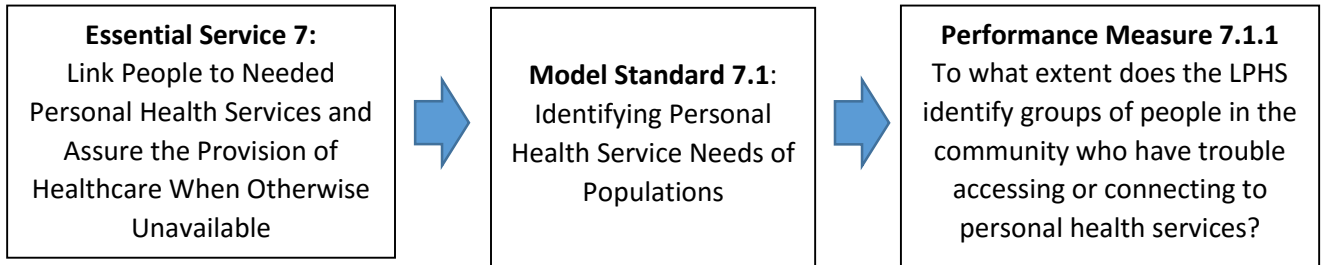

Source: CDC

Figure 2: Public Health System
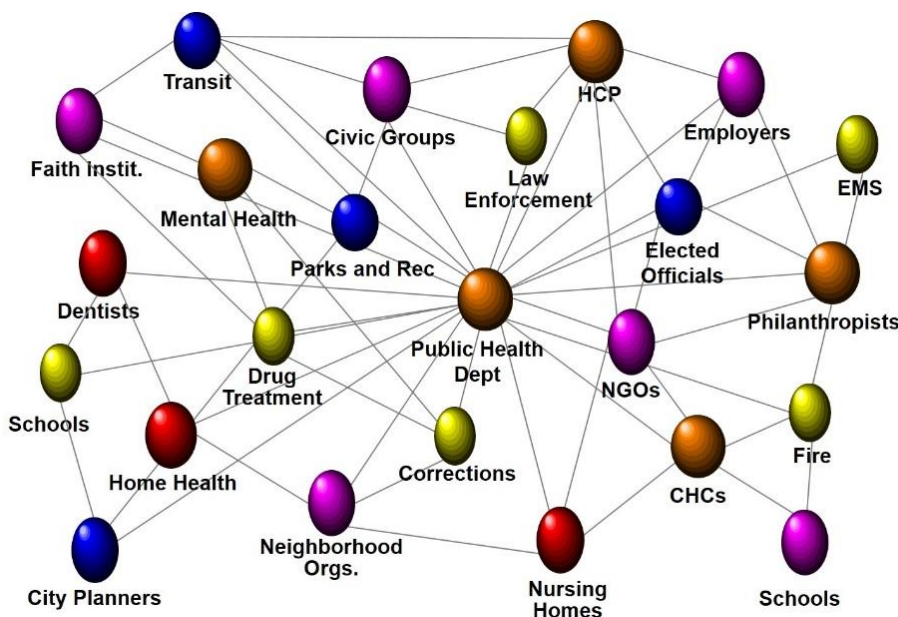
Source: CDC

Assessment Process

Within the Local Public Health System Assessment, each of the ten Essential Services include two to four Model Standards. The Model Standards describe important work that should be happening within a high performing public health system. Each Model Standard has two to four Performance Measures. The Performance Measures ask questions about the extent to which specific activities are happening in order to describe the overall level of public health work happening within a Model Standard.

Example:

| **Essential Service 7:** Link People to Needed Personal Health Services and Assure the Provision of Healthcare When Otherwise Unavailable | → | **Model Standard 7.1**: Identifying Personal Health Service Needs of Populations | → | **Performance Measure 7.1.1** To what extent does the LPHS identify groups of people in the community who have trouble accessing or connecting to personal health services? |

Trained facilitators led small group discussions around each of the Essential Services. In these discussions, participants shared examples of activities and initiatives within Norfolk that are happening related to the Model Standard and the Essential Service they were discussing.

For instance, in the discussion related to Model Standard 7.1 (from the example above), participants talked about the wide variety of health services provided within Norfolk and described the challenges of addressing the cultural and linguistic needs of the clients they were serving. After a full discussion of the work happening within a Model Standard, facilitators asked participants to score each of the Performance Measures. In the case of Performance Measure 7.1.1, "To what extent does the LPHS identify groups of people in the community who have trouble accessing or connecting to personal health services?"

When scoring, facilitators asked participants to consider the work of the entire public health system and not just the work of one or two organizations within that system. The scoring options included five levels of activity: no activity, minimal activity, moderate activity, significant activity, and optimal activity. Table 1 describes the levels of activity for each scoring option.

Table 1. Summary of Scoring Options

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

Source: CDC

After each participant provided a preliminary score for a Performance Measure, facilitators asked participants to share why they had given a certain score and continued leading a discussion about activities within Norfolk related to that Performance Measure. This process continued until the participants in a small group reached a consensus on a final score for every Performance Measure.

The level of activity within Norfolk's Public Health System could vary a great deal within a Model Standard and Essential Service. In order to determine an overall score of optimal, significant, moderate, minimal, or no activity for each of the Model Standards, scores for the Performance Measures were averaged. An average score was also calculated for each of the ten Essential Services based on the scores of the Model Standards. An example of how these scores were derived can be seen below, using Essential Service 7.

Based on the scores, each of the Essential Services were given a score of optimal, significant, moderate or minimal. An overall score for Norfolk's public health system was also determined.

Table 2: Example of Scoring Process

Essential Service 7: Link to Health Services	**MODERATE** **Total score: 43.8% Activity**
Model Standard 7.1 Identifying Personal Health Service Needs of Populations	**MODERATE** **Sub-total: 37.5% Activity**
Performance Measure 7.1.1 At what level does the LPHS identify groups of people in the community who have trouble accessing or connecting to personal health services?	Moderate – 50%
7.1.2: At what level does the LPHS Identify all personal health service needs and unmet needs throughout the community?	Minimal – 25%
7.1.3: At what level does the LPHS define partner roles and responsibilities to respond to the unmet needs of the community?	Minimal – 25%
7.1.4: At what level does the LPHS understand the reasons that the people do not get the care they need?	Moderate – 50%
Model Standard 7.2 Ensuring People Are Linked to Personal Health Services	**MODERATE** **Sub-total: 50.0%**
Performance measure 7.2.1: At what level does the LPHS connect or link people to organizations that can provide the personal health services they may need?	Moderate – 50%
7.2.2: At what level does the LPHS Help people access personal health services in a way that takes into account the unique needs of different populations?	Moderate – 50%
7.2.3: At what level does the LPHS help people sign up for public benefits that are available to them?	Significant – 75%
7.2.4: At what level does the LPHS coordinate the delivery of personal health and social services so that everyone in the community has access to the care they need?	Minimal – 25%

Overall, Norfolk's Local Public Health System (LPHS) received a performance score of **SIGNIFICANT**. This means that a "significant" amount of activity (greater than 50% but no more than 75%) related to the ten Essential Services is underway.

The scores and level of activity varied a great deal across the Essential Services as Table 3 illustrates. The Norfolk LPHS scored an "optimal" (greater than 75% of the activities described by the Essential Service are being performed) in Essential Service 2 related to diagnosing and investigating health, as well as Essential Service 6 related to enforcing laws. The Norfolk LPHS scored a "moderate" (greater than 25%, but no more than 50% of the activity is being performed) for Essential Services related to educating and empowering the community (ES 3), linking residents to health services (ES 7), and research (ES 10). The Norfolk LPHS scored a "significant" (greater than 50% but no more than 75%) in all other Essential Services.

Table 3. Summary of Essential Service (ES) Performance Scores

Essential Service (ES) Scoring
OPTIMAL: *Greater than 75% of the activity described within the Performance Measures is met.*   • Essential Service 2: Diagnose and Investigate Health Problems and Health Hazards   • Essential Service 6: Enforce Laws and Regulations That Protect Health & Ensure Safety
SIGNIFICANT: *Greater than 50%, but no more than 75% of the activity described within the Performance Measures is met.*   • Essential Service 1: Monitor Health Status to Identify Community Health Problems   • Essential Service 4: Mobilize Community Partnerships to Identify and Solve Health Problems   • Essential Service 5: Develop Policies and Plans That Support Individual and Community Health Efforts   • Essential Service 8: Assure a Competent Public Health and Personal Healthcare Workforce   • Essential Service 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services
MODERATE: *Greater than 25%, but no more than 50% of the activity described within the Performance Measures is met.*   • Essential Service 3: Inform, Educate, and Empower People about Health Issues   • Essential Service 7: Link People to Needed Personal Health Services and Assure the Provision of Healthcare When Otherwise Unavailable   • Essential Service 10: Research for New Insights and Innovative Solutions to Health Problems

The majority of the Essential Services received a score of **SIGNIFICANT**. Figure 3 provides the percentage of the Essential Services scores that fall within each of the five activity levels. Half of the Essential Services are being performed at a "significant" level of activity related to the public health activities described in the standards.

All performance scores for Essential Services and Model Standards are provided in Appendix B.

Figure 3. Percentage of the Essential Services within the Five Activity Categories.
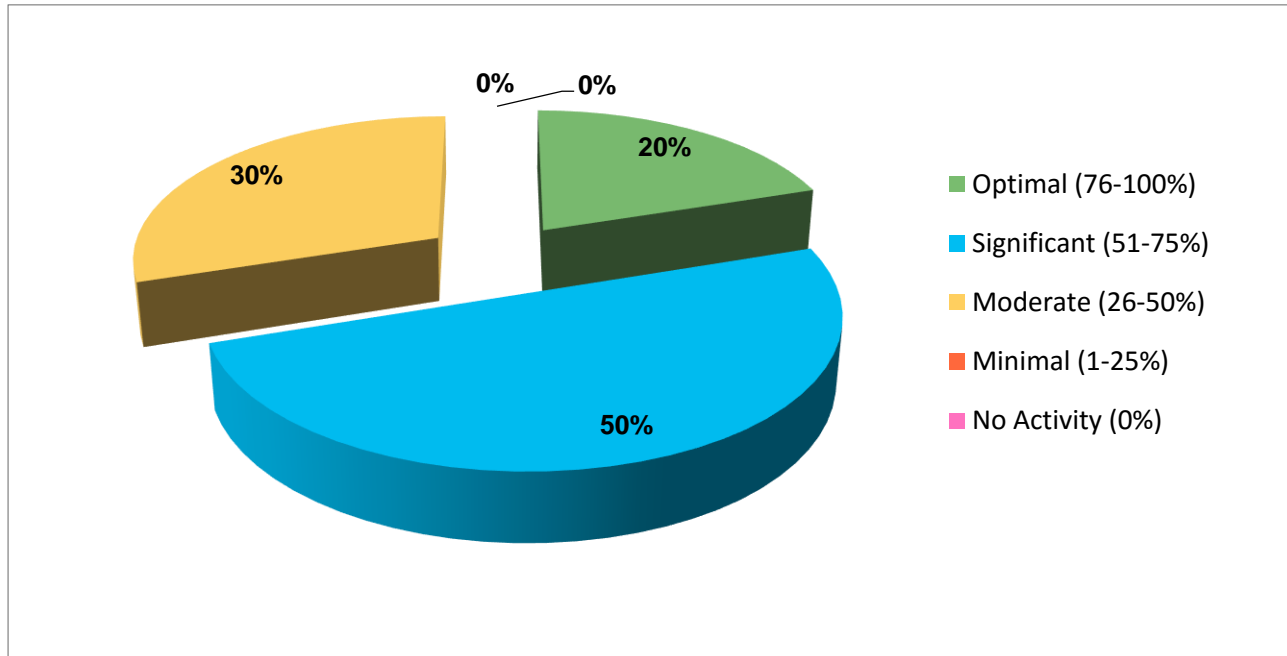

Figure 4 shows a different picture of the level of activity being performed in Norfolk. While 70% of the Essential Services received a significant or optimal rating (Fig. 3), only 45% of the Model Standards received a significant or optimal rating. This means that the level of activity within an Essential Service varies greatly.
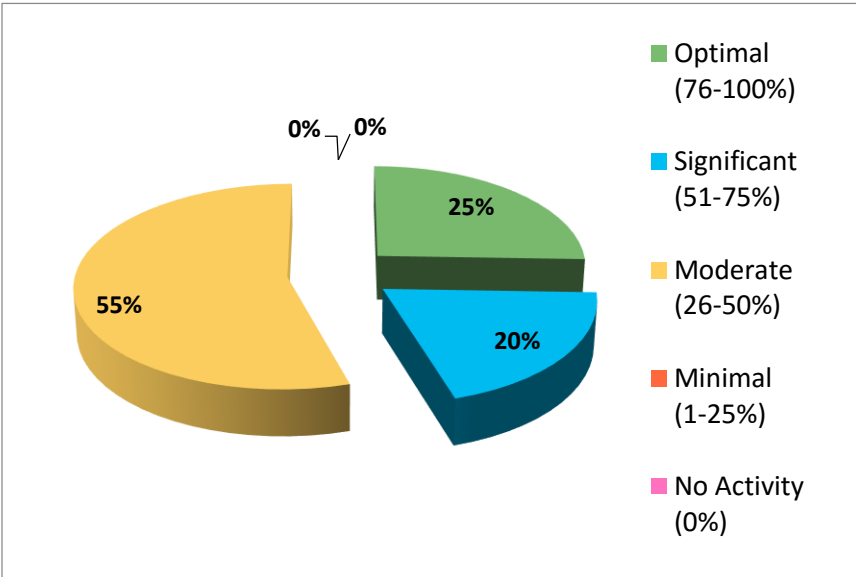
Figure 4. Percentage of the Model Standard Scores within the Five Activity Categories.

The following section provides a brief description of the Essential Services, the scores for the Model Standards and a summary of the key points that were raised in the small group discussions. During the discussion, participants were asked to think about short- and long-term improvement opportunities. The opportunities identified provide a guide for potential activities to consider to strengthen the level of activity within the Essential Services.

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

Essential Service Performance Rating: Significant	
Model Standard 1.1: Population-Based Community Health Assessment	Significant
Model Standard 1.2: Current Technology to Manage and Communicate Population Health Data	Significant
Model Standard 1.3: Maintaining Population Health Registries	Significant

Essential Service 1 focuses on the assessment of community health on a regular basis. This includes the availability of appropriate resources and technology for data collection. Additionally, this essential service evaluates how well various entities in the community are collaborating to accomplish these goals. This Essential Service was rated at "significant" performance.

Overall, there is a lot of data collected and available within Norfolk. This resource can be capitalized upon by increasing sharing and access to the data across organizations, jurisdictions and the community. There are a number of opportunities to raise the community's appreciation for the data and how it drives decision-making through coordinated outreach efforts.

Strengths	Challenges	Short-Term Opportunities	Long-Term Opportunities
There is a lot of data collected on a frequent basis. The registries that are required by law are reliable.	Data is perceived to be unavailable to the public Data is perceived to go unused or be out of date by the time it is used Multiple data collection efforts result in fatigue among the populations surveyed Organizations are hesitant to share data for many reasons (financial, confidentiality, legal restrictions, political/funding concerns, etc.) Some vulnerable populations may not be included	Create partnerships between organizations to encourage data sharing and coordinate survey efforts Increase communication to community groups & individuals about the data available and survey results Increase understanding of mental health needs Utilize Emergency Medical Services (EMS) to increase access to distressed households	Coordinate outreach across the community (including to Civic Leagues, PTA, Social Media) related to data findings Highlight how data drives planning and implementation to increase the public's acceptance of these efforts Explicitly link programs to the previous data collection efforts Share data among government agencies and across jurisdictions

Essential Service #2
Diagnose and Investigate Health Problems and Health Hazards in the Community

Essential Service Performance Rating: Optimal	
Model Standard 2.1: Identifying and Monitoring Health Threats	Optimal
Model Standard 2.2: Investigating and Responding to Public Health Threats and Emergencies	Optimal
Model Standard 2.3: Laboratory Support for Investigating Health Threats	Optimal

Essential Service 2 measures the local public health system's ability to identify health issues accurately. Epidemiological investigation is key to accomplishing this service. The public health system must have adequate capacity and infrastructure to perform these tasks effectively. This Essential Service received an "optimal" score. There is strong collaboration, coordination and communication within Norfolk related to this Essential Service. Laboratories, monitoring tools, and surveillance systems are highly effective. There are opportunities to improve how information is disseminated to the public, improve partners' understanding of roles and responsibilities during emergencies or outbreaks, and to increase data sharing and utilization.

Strengths	Challenges	Short-Term Opportunities	Long-Term Opportunities
Integration between NDPH, hospitals and laboratory NDPH epidemiologists continuously monitor disease trends as part of a comprehensive surveillance system Collaborative efforts between NDPH Environmental Health and Utilities for water quality testing. Effective tool being used to monitor and detect the occurrence of health problems (Syndromic Surveillance). Emergency preparedness plans developed and tested regularly Medical Reserve Corp (MRC) facilitates the mobilization of volunteers during a disaster State laboratory (DCLS) provides high quality service, including after hours and 24/7 emergency support. It also maintains an online list of certified laboratories across VA.	Some perceive that additional information needs to be provided to community related to outbreaks, water quality, beach safety Limited funding may hamper some organizations. Isolation of health system components – additional meaningful data and information sharing is needed Lack of clarity on the LHPS designee serving as the Emergency Response Coordinator within the jurisdiction (varies on the situation)	Develop strategies to disseminate relevant information to the public Seek funding opportunities to support surveillance and investigation activities. Explore new topics to be funded (e.g., drug use) Develop and distribute a current list of personnel within the jurisdiction with the technical expertise to respond during an emergency	Develop a system to increase the utilization of information produced by different data systems, including GIS

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

Essential Service Performance Rating: Moderate	
Model Standard 3.1: Health Education and Promotion	Moderate
Model Standard 3.2: Health Communication	Moderate
Model Standard 3.3: Risk Communication	Significant

Essential Service 3 deals largely with designing and promoting health education activities and ensuring this information is accessible to all audiences through social marketing, media advocacy and community partnerships. This Essential Service was rated at "moderate" performance. Key improvement opportunities identified by the small group centered on how to improve the way information was shared among agencies and within the community. The group felt that the Norfolk community would benefit from organizations working together to improve communication channels and jointly developing key messages to promote to the media and to the community.

Strengths	Challenges	Short-Term Opportunities	Long-Term Opportunities
Willingness of partners to collaborate to address problems

Norfolk Police Department has a bi-weekly radio program that has been effective in providing community information and addressing concerns

Health Department is strong collaborator with partners and leader in emergency planning

Existing relationships with media

City has a Resilience Officer and plans to hire a Marketing Director

Highly successful information campaign in most recent disaster response through social media and media channels | System is perceived to be reactive instead of proactive

Regular negative portrayal of Norfolk in media

Major barriers in sharing information to public and distrust of information received

Some members of the public do not know where to find information

Organizations do not always know what resources and information their partners are providing | Develop hub to circulate resource guides available to the community

Work with media to develop positive stories to promote work being done within Norfolk

Identify public health issues that impact multiple partners and enhance existing common communication campaigns

Coordinate information sharing (e.g., policy changes, resource opportunities, service changes) across partners and community | Increase sharing and transparency of data among partners and across community

Highlight how data drives decision-making

Shift efforts towards prevention instead of reaction

Develop a system for disseminating information to partners |

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

Essential Service Performance Rating: Significant	
Model Standard 4.1: Constituency Development	Moderate
Model Standard 4.2: Community Partnerships	Significant

Essential Service 4 centers on collaboration throughout the public health system, including the necessary engagement of organizations that indirectly impact the health of the population, such as translators and interpreters, law enforcement officers, and volunteers. Standards related to this essential service assess identification of stakeholders and the extent of their engagement in the system holistically. This Essential Service was rated at "significant" performance.

Strengths	Challenges	Short-Term Opportunities	Long-Term Opportunities
Lots of outlets exist to engage the community Great availability of resources Diverse and numerous free or low cost programs available Effective coalition among youth serving organizations that allows for good information sharing Numerous coalitions and committees (e.g., Hampton Roads Parenting Education Network, Healthy Norfolk) Some program directories already exist Data availability helps identify opportunities. It also drives services and budget.	Difficulty in keeping information to partners current Lack of program accessibility for non-English speakers Key barriers (e.g., language and transportation) to participation in programs not always addressed Despite multitude of programs, potential users may have difficulty navigating the system to find resources Directory silos "Group think" – A lack of diversity of ideas can lead to less innovation Lack of geriatric programs Unclear to what degree coalitions are measuring their effectiveness Not all organizations feel linked in to community. Feeling that some organizations "chase issues" and are not proactive.	Create forum for stakeholders to share information, identify gaps/barriers and opportunities Public/private resource sharing: develop a master list of organizations and resources	Increase number of bilingual staff and programs accessible to vulnerable populations, including non-English speakers

Essential Service #5
Develop Policies and Plans that Support Individual and Community Health Efforts

Essential Service Performance Rating: Significant	
Model Standard 5.1: Governmental Presence at the Local Level	Moderate
Model Standard 5.2: Public Health Policy Development	Moderate
Model Standard 5.3: Community Health Improvement Process and Strategic Planning	Moderate
Model Standard 5.4: Planning for Public Health Emergencies	Optimal

The focus areas of Essential Service 5 are governmental presence at the community level as well as the development of policies and planning to protect and improve the health of the community. The existing policies in the community are evaluated to assess how effectively they protect the public health. Planning and emergency response are largely examined for this essential service, emphasizing the importance of coordination among community entities. The score of "significant" was mostly due to activities related to emergency planning.

Strengths	Challenges	Short-Term Opportunities	Long-Term Opportunities
Strength and variety of existing health education and promotion programs across organizations Strong partnerships within community to provide programming Immunizations provided for any child at any age School nutrition program focused on decreasing sugar and increasing fruits and vegetables Strong Medical Reserve Corp program City becoming more health-conscious (i.e., opportunities for physical activity, farmers markets) Highly effective Local Emergency Planning Committee	Preventive and health promotion services of NDPH have been significantly reduced having secondary impact to other programs - pulling resources to address community needs Low age-appropriate preschool immunization rates Public funding ended for dental program for children Limited physical fitness standards and testing within the schools Gyms in new schools being combined with other uses such as cafeterias – limiting access Limited opportunity to encourage physical fitness within schools Lack of mental health resources Reactive vs proactive Under prepared to accommodate people with special needs during emergencies Emergency Operations and Preparedness Plan needs to be updated	Launch an immunization promotion campaign coordinated with child service providers Incorporate "Walking Classrooms" in to the school day. The classrooms would incorporate learning and physical activity Develop emergency operations plan to address needs of special populations or revise existing emergency operations plans to incorporate special needs populations and the needs of pets	Encourage Norfolk schools to adopt the CDC recommendation for PE time Seek additional grant funds to provide dental care. Identify additional resources for hospitals or CSB to address mental health needs Update City's Emergency Operations and Preparedness Plan

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

Essential Service Performance Rating: Optimal	
Model Standard 6.1: Reviewing and Evaluating Laws, Regulations and Ordinances	Optimal
Model Standard 6.2: Involvement in Improving Laws, Regulations, and Ordinances	Optimal
Model Standard 6.3: Enforcing Laws, Regulations, and Ordinances	Optimal

Essential Service 6 focuses on the review, evaluation, and revision of laws and regulations designed to protect health and safety. Proper education and awareness of citizens expected to abide by these laws must also be included. Examples of enforcement activities in areas of public health include the protection of drinking water, regulation of care provided in health care facilities and programs, seat belt and child safety seat usage, and childhood immunizations.

This Essential Service was rated at "optimal" performance. Norfolk agencies work well together to create changes to the code and enforce those changes. There are opportunities to be more proactive than reactive to address code issues and to increase interagency information sharing.

Strengths	Challenges	Short-Term Opportunities	Long-Term Opportunities
Deputy City Attorney supportive in instituting changes

Fire/Protect can promulgate rules to adapt to current circumstances in case of emergency

Community leaders and directors are accessible and responsive

Local code is perceived to be strictly enforced and quick to adapt when needed

Strong understanding of roles and responsibilities

Strong interagency collaboration | Changes in code are more reactive than proactive

It takes longer for state-funded agencies to adopt change due to process requirements

Grandfathering of businesses or other entities that provides exemptions from existing regulations

Some laws, regulations or ordinances should include stricter requirements for compliance.

Assessment of compliance of institutions varies based on resources

Lack of resources and manpower

Lack of notification of changes in regulations across agencies | Look at state vs. local processes for adopting changes and considering a new procedure such as adopting by reference

Cap or take away grandfathering related to compliance with updated laws, regulations or ordinances

Increase manpower for enforcement of codes (particularly VDAC and DEQ)

Develop system for sharing code and policy changes across agencies and community | Review and update ordinances and regulations every 3-5 years

Cap or take away grandfathering related to compliance with updated laws, regulations or ordinances

Increase manpower and resources for enforcement of codes (particularly VDAC and DEQ) |

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

Essential Service Performance Rating: Moderate	
Model Standard 7.1: Identifying Personal Health Service Needs of Populations	Moderate
Model Standard 7.2: Ensuring People Are Linked to Personal Health Services	Moderate

Essential Service 7 requires the appropriate linking of individuals to personal health care services. Barriers must be acknowledged to correctly address the service needs of specific populations. Cultural appropriateness must be measured and gaps evaluated. This Essential Service was rated at "moderate" performance. Within Norfolk, service providing partners are aware of each other and work to coordinate service provision, despite this collaboration there is a recognized need to increase communication, further delineate roles and responsibilities and to strengthen system capacity to meet the needs of vulnerable populations.

Strengths	Challenges	Short-Term Opportunities	Long-Term Opportunities
Variety and number of programs offered Interest & commitment to serve vulnerable populations Educational opportunities for providers to learn about rising issues (e.g. homelessness, human trafficking, etc.) Service providers have a strong understanding of who the partners are Good system of providers Health and social services co-located across city Utilization of EVMS students to provide services	Healthcare environment constantly changing. Providers are not always aware of changes in partners' services. Responsibilities of providers not defined in formal agreements so services and accountability are not always transparent to community or fellow partners Effectively addressing cultural and linguistic barriers to service Misconceptions about what safety net is, what services can be provided, and to whom	Define roles and responsibilities Increase awareness of among service providing partners of opportunities to share information and improve communication channels (i.e. planning counsel – safety net) Outline limitations of partners Develop communication campaign for community to help public understand what to expect of safety net providers	Improve infrastructure to meet unique needs of vulnerable populations Increase culturally competent and bilingual staff Strengthen regional collaboration to build safety net services Develop campaign to encourage medical home or urgent care use rather than the ER Build capacity for cancer screening More mobile clinics

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

Essential Service Performance Rating: Significant	
Model Standard 8.1: Workforce Assessment, Planning, and Development	Moderate
Model Standard 8.2: Public Health Workforce Standards	Optimal
Model Standard 8.3: Life-Long Learning through Continuing Education, Training, and Mentoring	Moderate
Model Standard 8.4: Public Health Leadership Development	Moderate

Essential Service 8 recognizes the importance of establishing an effective public health workforce. Training, continued education, cultural competence, creation and implementation of clear standards, and consistent evaluation of the workforce are the areas described in this service. Essential Service 8 scored "significant" overall, with some notable inequities among the model standards. In Norfolk, the public health workforce is credentialed, attends continuing education opportunities and is hired based on skill. There are concerns about having an adequate workforce to provide care in certain areas including child psychiatry and geriatrics. There also concerns about training future community and workforce leaders and giving them a decision-making voice.

Strengths	Challenges	Short-Term Opportunities	Long-Term Opportunities
Feedback is sought from preceptors of interns on future skills needed

NACCHO surveys

Universities ability to respond to demand

National organizations play important role related to workforce development

Liability concerns force institutions to assure credentials

Liability concerns drive institutions to require continuing education

Hiring based on competency of professional | Child psychiatry shortage

Lack of data on workforce gaps

Pool of medical students is expanding more rapidly than residency spots

Funding shortage for geriatric care

Instructor shortage for geriatrics

Aging workforce

Some care providers outside institutions (e.g., unlicensed daycare) escape credential process

Institutions require credentials and continuing ed, but do not reward it

Funding constraints

Timing of learning opportunities can be inconvenient

Organizations often send designated representatives who are not empowered to make decisions or negotiate on behalf of their organizations | Incentivize additional training opportunities

Encourage organizations to empower their representatives at local meetings | Train more providers

Consider needs of workers when offering training opportunities

Give community leaders a voice and a place at the table |

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

Essential Service Performance Rating: Significant	
Model Standard 9.1: Evaluating Population-Based Health Services	Moderate
Model Standard 9.2: Evaluating Personal Health Services	Significant
Model Standard 9.3: Evaluating the Local Public Health System	Moderate

The focus of Essential Service 9 is to evaluate the Norfolk Public Health System on the accessibility and quality of its health services and the effectiveness of its individual and population-based public health programs. These evaluations are intended to provide the information necessary for allocating resources and redesigning programs to meet emerging and developing needs on both the individual and population levels within Norfolk. Data sharing was an area of particular interest – both sharing data among agencies as well as with the public. The service receive a rating of "significant" as a whole.

Strengths	Challenges	Short-Term Opportunities	Long-Term Opportunities
Data outcomes taught

Targeted improvements based on zip codes

Medicare looks at client satisfaction

Planning Council and EVMS annually review data for action planning

Private sector must participate in Medicare-funded satisfaction surveys

Providers have performance metrics

Private sector regularly uses surveys

Increased consumer knowledge and prescription information due to use of patient health portals

Evaluation results used to develop Quality Improvement Projects, modify or discontinue programs

Increased frequency of evaluation among agencies over the years

Increased utilization of data and partners

Patients participate in care team meetings at some organizations | No entity looking at overall service; each agency/provider is focused on their specific population

Lack of data sharing

Lack of population-health focus

Lag in data processing/no immediate feedback

Underreporting from Medicaid users/ uninsured due to lack of medical home

Agencies cannot access each others' EMR systems (technology challenge)

Not all organizations participate in assessments despite attempts to include them | Change focus to population-health

Develop system and agreements for increased data sharing | Develop a dashboard (similar to what the United Way is discussing/ implementing that is outcomes based)

Sharing data to focus on systems change

Use zip codes to identify areas of concern and target efforts

Develop policy changes for frequently reported family problems with DMAS service |

Essential Service #10
Research for New Insights and Innovative Solutions to Health Problems

Essential Service Performance Rating: Moderate	
Model Standard 10.1: Fostering Innovation	Moderate
Model Standard 10.2: Linking with Institutions of Higher Learning and/or Research	Moderate
Model Standard 10.3: Capacity to Initiate or Participate in Research	Moderate

Essential Service 10 places an emphasis on developing innovative solutions and exploring a variety of tactics to problem solving. The assessment measures the community's capacity to undertake epidemiological analyses and take advantage of higher learning institutions and other organizations as research partners. This essential service received a "moderate" rating.

In Norfolk, there are a number of existing partnerships with academic institutions already underway as well as opportunities for additional partnerships among public agencies, non-profit organizations and private institutions. Information and data sharing is a barrier and time constraints necessitate a reactive instead of a proactive approach to program planning and service provision.

Strengths	Challenges	Short-Term Opportunities	Long-Term Opportunities
EVMS MPH students are matched with LPHS organizations to help research issues identified by the LPHS. EVMS-ODU partnership for academic research EVMS/Sentara partnership allows for the sharing of information	Unexploited opportunities for research. When providing care, time has to be spent responding to emergencies with no time left for strategic evaluation Severe funding constraints "Free flow of information" is difficult and serves as a barrier to relationships Lack of access to database of information Results of all research efforts may not be known	Think about innovation/program development & research as working toward the same goal Partner with Planning Council on research opportunities	NDPH can partner with EVMS to develop customer satisfaction surveys Develop partnerships within the private sector to expand research capacity and information sharing (e.g., DOC)

Conclusion

The purpose of this report is help the partners within Norfolk's Public Health System have a common understanding of its strengths and challenges. This report also provides a framework for thinking about short- and long-term improvement opportunities. Due to resource constraints, no community can receive "optimal scores" across all the Essential Services. It is more important that partners think critically together about priority areas across the Essential Services and Model Standards. They can then use this report as a guide to identify areas of opportunity to build on its strengths and increase activity and collaboration.

The enthusiastic participation, discussion and results of Norfolk's Local Public Health System Assessment highlighted the dedication of partners across the public health system towards improving the health of the Norfolk community. Key themes of the discussion were a commitment to collaboration and using data to drive decision-making. Results of the assessment emphasized the:

- Strong partnerships and collaborations within the community to provide planning, programs, and services across all the Essential Services;
- Effective and coordinated emergency planning across the Essential Services; and the
- Strength and variety of existing health education and promotion programs across organizations.

As noted previously, Norfolk's public health system is particularly strong in delivering Essential Service 2 related to diagnosing and investigating health as well as Essential Service 6 related to enforcing laws.

The assessment also highlighted the need for increased communication and resource sharing across partners within the system (even in areas where strong partnerships and collaborations existed). The need for data sharing, including the need to increase coordination around data sharing as well as to reduce barriers and fears of data sharing, was raised in nearly every Essential Service discussion group. Another theme of the Essential Service discussions was the need to more effectively communicate with the Norfolk community-at-large related to services and programs, how data is used, and health education or emergency preparedness information. A number of linguistic and cultural barriers exist that service providers struggle to address when providing services, conveying information, or encouraging participation in an activity. Many of the discussion groups also identified the need to meaningfully engage and build community leadership. Lastly, participants felt that many public health activities within Norfolk were reactive instead of proactive and that partners were focused on their own programs and services instead of coordinating with the system to promote population-based health.

Within the Essential Service discussions, participants expressed an enthusiasm that issues raised by the LPHSA questions were being discussed and a hopefulness that the discussions would strengthen the system and drive change. A number of short- and long-term opportunities for improvement were identified within the discussions that can be acted upon by partners immediately or included in future health planning efforts.

Appendix A

Organizations who participated in the Norfolk Local Public Health System Assessment

5 Points Farm Market

American Heart Association

Bon Secours DePaul Hospital

Children's Health Investment Program (CHIP)

CHKD

City of Norfolk - City Manager's Office

City of Norfolk - Department of Utilities

City of Norfolk - Neighborhood Development

City of Norfolk Animal Control

City of Norfolk Community Services Board

City of Norfolk Dept. of Human Services

City of Norfolk- EOC

City of Norfolk - Recreation Parks & Open Spaces

City of Norfolk- Utilities

City of Norfolk - Neighborhood Development

Civic Leagues

Department of Environmental Quality (DEQ)

EcoCycling

Elizabeth River Project

Endependence Center

EVMS

Farm Fresh

Girls on the Run

Healthy Norfolk

LabCorp

Norfolk Department of Health

Norfolk Academy

Norfolk Fire Marshal/ Hazmat

Norfolk Police Department

Norfolk Public Schools - School Board

Norfolk Redevelopment & Housing Authority

Nursing Student - Sentara School of Nursing

Old Dominion University

Pastor Roundtable, City Manager's

Pastor's Coalition

Planning Council

Second Chances

Sentara Leigh Hospital

Sentara Norfolk General Hospital

The Williams School

Tidewater Community College

United Way of Southampton Roads

Va. Department of Agriculture & Consumer Services (VDACS)

VDH- Eastern Region Office

VDH-Department of Shellfish

Appendix B

Overall Performance, Priority, and Contribution Scores by Essential Public Health Service and Corresponding Model Standard

Model Standards by Essential Services	Performance Scores
ES 1: Monitor Health Status	**66.7**
1.1 Community Health Assessment	66.7
1.2 Current Technology	58.3
1.3 Registries	75.0
ES 2: Diagnose and Investigate	**97.2**
2.1 Identification/Surveillance	91.7
2.2 Emergency Response	100.0
2.3 Laboratories	100.0
ES 3: Educate/Empower	**47.2**
3.1 Health Education/Promotion	33.3
3.2 Health Communication	33.3
3.3 Risk Communication	75.0
ES 4: Mobilize Partnerships	**54.2**
4.1 Constituency Development	50.0
4.2 Community Partnerships	58.3
ES 5: Develop Policies/Plans	**52.1**
5.1 Governmental Presence	41.7
5.2 Policy Development	33.3
5.3 CHIP/Strategic Planning	41.7
5.4 Emergency Plan	91.7
ES 6: Enforce Laws	**89.2**
6.1 Review Laws	87.5
6.2 Improve Laws	100.0
6.3 Enforce Laws	80.0
ES 7: Link to Health Services	**43.8**
7.1 Personal Health Service Needs	37.5
7.2 Assure Linkage	50.0
ES 8: Assure Workforce	**52.4**
8.1 Workforce Assessment	41.7
8.2 Workforce Standards	91.7
8.3 Continuing Education	45.0
8.4 Leadership Development	31.3
ES 9: Evaluate Services	**54.2**
9.1 Evaluation of Population Health	50.0

9.2 Evaluation of Personal Health	75.0
9.3 Evaluation of LPHS	37.5
ES 10: Research/Innovations	**41.7**
10.1 Foster Innovation	43.8
10.2 Academic Linkages	50.0
10.3 Research Capacity	31.3
Average Overall Score	**59.9**
Median Score	**53.3**

Understanding Data Limitations of the LPHSA

There are a number of limitations to the NPHPS assessment data due to self-report, wide variations in the breadth and knowledge of participants, the variety of assessment methods used, and differences in interpretation of assessment questions. Data and resultant information should not be interpreted to reflect the capacity or performance of any single agency or organization within the public health system or used for comparisons between jurisdictions or organizations. Use of NPHPS generated data and associated recommendations are limited to guiding an overall public health infrastructure and performance improvement process for the public health system as determined by organizations involved in the assessment.

All performance scores are an average; Model Standard scores are an average of the question scores within that Model Standard, Essential Service scores are an average of the Model Standard scores within that Essential Service and the overall assessment score is the average of the Essential Service scores. The responses to the questions within the assessment are based upon processes that utilize input from diverse system participants with different experiences and perspectives. The gathering of these inputs and the development of a response for each question incorporates an element of subjectivity, which may be minimized through the use of particular assessment methods. Additionally, while certain assessment methods are recommended, processes differ among sites. In addition, there are differences in knowledge about the public health system among assessment participants. This may lead to some interpretation differences and issues for some questions, potentially introducing a degree of random non-sampling error.

[Source: Centers for Disease Control and Prevention]