

Essential Service #1: Monitor health status to identify community health problems

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Monitor Health

Seventeen members of the local public health system assessed the delivery of Essential Service 1.

More than half of the questions received a score of no activity or minimal activity. Overall, participants felt that the local public health system provided a modest level of activity (34%) for EPHS 1. Tracking community health status and using information technology were two activities identified for future improvement.

2
Diagnose & Investigate

3
Inform, Educate, Empower

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Mobilize Community Partnerships

5
Develop Policies

6
Enforce Laws

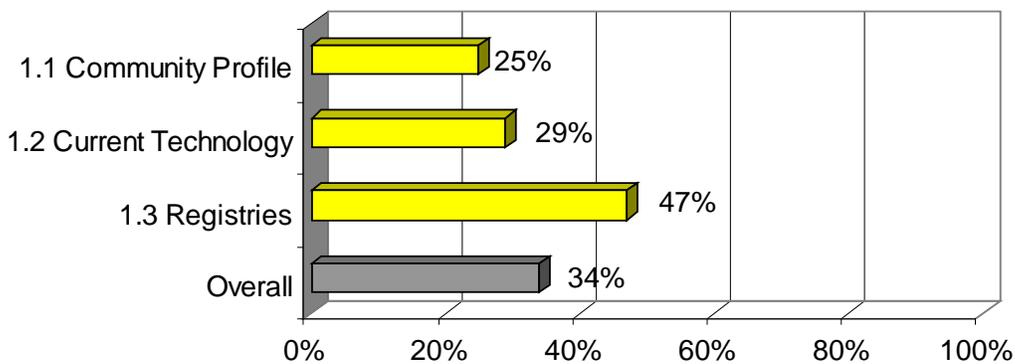
7
Link to/Provide Care

8
Assure Competent Workforce

9
Evaluate

10
Research

Figure 4: EPHS 1 - Monitor Health Status



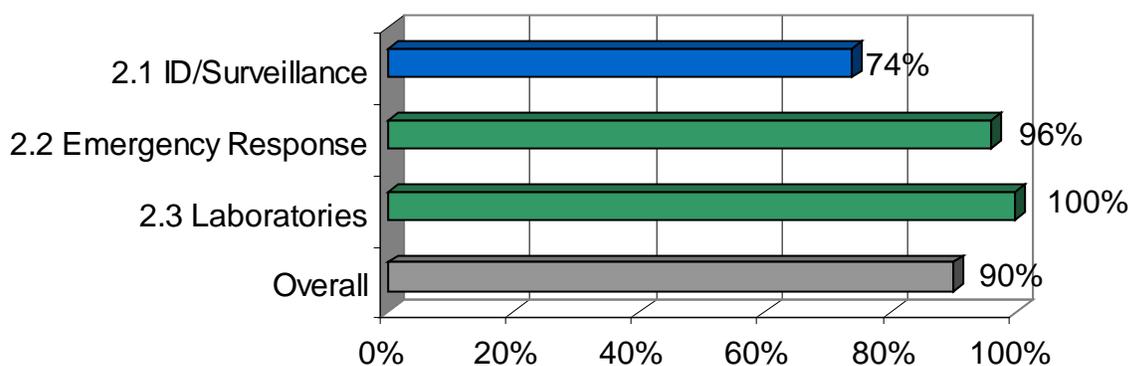
EPHS 1 participants felt that the LPHS did a good job of identifying and monitoring specific health issues, but communicating and exchanging this information were deemed problematic. LPHS stakeholders had varying levels of expertise when it came to using technology for collecting and sharing data. The group also noted that since community stakeholders did not participate in the data collection process, the generalizability of the data was questionable. Last, the group identified the lack of population-specific data as a major weakness of the LPHS.

Essential Service #2: Diagnose and investigate health problems and health hazards in the community

Eighteen members of the local public health system assessed the delivery of Essential Service 2.

Participants felt that the local public health system provided an optimal level of activity (90%) for EPHS 2. The identification and surveillance of infectious and chronic diseases received a significant rating, falling one percentage point short of the gold standard.

Figure 5: EPHS 2 - Diagnose/Investigate



EPHS 2 participants identified strong levels of communication and coordination within the LPHS. National, state, and local surveillance systems were considered highly integrated and particularly sophisticated for biohazard events. However, some participants felt that LPHS protocol and epidemiological procedures for radiological threats should be reviewed. The County's surge capacity and state lab access were also identified as areas for future improvement. Participants also felt that the LPHS should expand its reach, using the data it collects to develop best practices.

EPHS 2 participants felt that the LPHS' failure to track chronic disease, youth violence, mental health, and unintentional injuries undermined the system's ability to detect disease.

1
Monitor
Health

2
Diagnose &
Investigate

3
Inform,
Educate,
Empower

4
Mobilize
Community
Partnerships

5
Develop
Policies

6
Enforce
Laws

7
Link to/
Provide
Care

8
Assure
Competent
Workforce

9
Evaluate

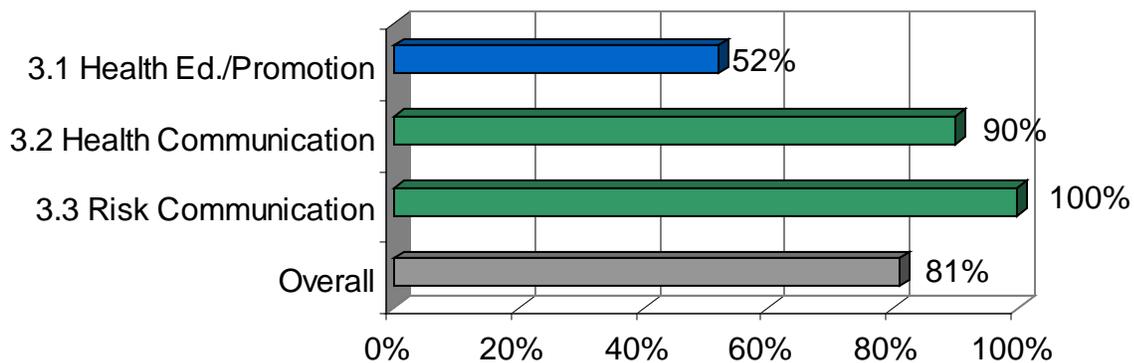
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Research

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

Eighteen members of the local public health system assessed the delivery of Essential Service 3.

Participants felt that the local public health system provided an optimal level of activity (81%) for EPHS 3. While the system's capacity to communicate general health information and health alerts was considered optimal, the ability to conduct health education and promotion activities was minimally significant (52%).

Figure 6: EPHS 3 - Educate/Empower



Participants highlighted the work of the LPHS' environmental health programs. Targeted health promotion activities, like the Saving Babies and the Blue Ribbon campaigns, were also cited as examples where the LPHS informed, educated, and empowered individuals about healthy behaviors.

However, EPHS 3 participants felt that the LPHS lacked consistent and standard processes for promoting personal and community health. The implementation of evidence-based policies varied throughout the LPHS. Participants noted a need for greater program evaluation and better communication with community stakeholders and the general public, especially in the area of chronic disease. It was noted that state-level data were widely available, but were not disaggregated at the county-level. While the LPHS worked well in coordinating and communicating its efforts at the state and federal levels, coordination at the local level was considered weak.

1
Monitor
Health

2
Diagnose &
Investigate

3
Inform,
Educate,
Empower

4
Mobilize
Community
Partnerships

5
Develop
Policies

6
Enforce
Laws

7
Link to/
Provide
Care

8
Assure
Competent
Workforce

9
Evaluate

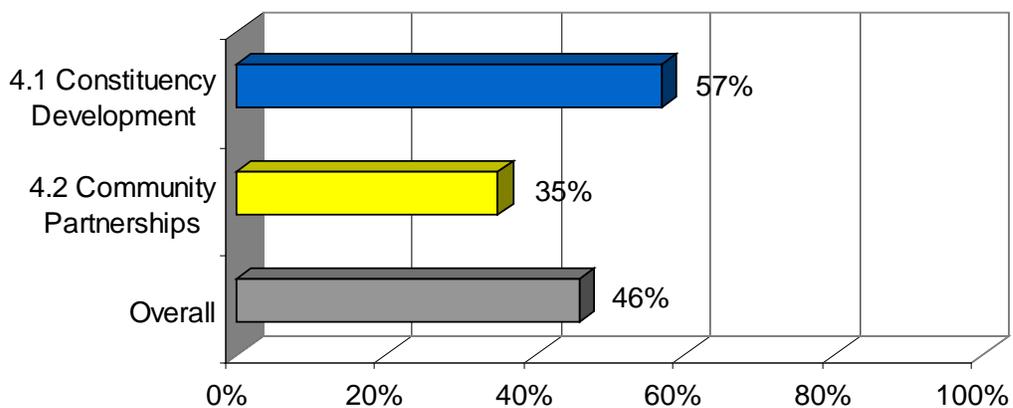
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Research

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

Twenty-seven members of the local public health system assessed the delivery of Essential Service 4.

Participants felt that the local public health system provided a moderate level of activity (46%) for EPHS 4. While the system's capacity to establish collaborative partnerships was slightly significant (57%), the ability to sustain these collaborations was considered moderate (35%).

Figure 7: EPHS 4 - Mobilize Partnerships



EPHS 4 participants recognized Fairfax County's use of advisory boards to solicit input on public health programs. Efforts to recruit volunteers within the County's hospitals, firehouses, and nursing homes were also considered successful. The group commended the LPHS' ability to mobilize in the wake of an identified health need (i.e. pandemic flu plan) but system-wide, strategic coordination with the LPHS was considered inadequate.

Moreover, it was noted that members from the immigrant community were underrepresented or missing from key community partnerships. This exclusion may explain why people were unaware or unfamiliar with public health services and the organizations that provide them.

1
Monitor
Health

2
Diagnose &
Investigate

3
Inform,
Educate,
Empower

4
Mobilize
Community
Partnerships

5
Develop
Policies

6
Enforce
Laws

7
Link to/
Provide
Care

8
Assure
Competent
Workforce

9
Evaluate

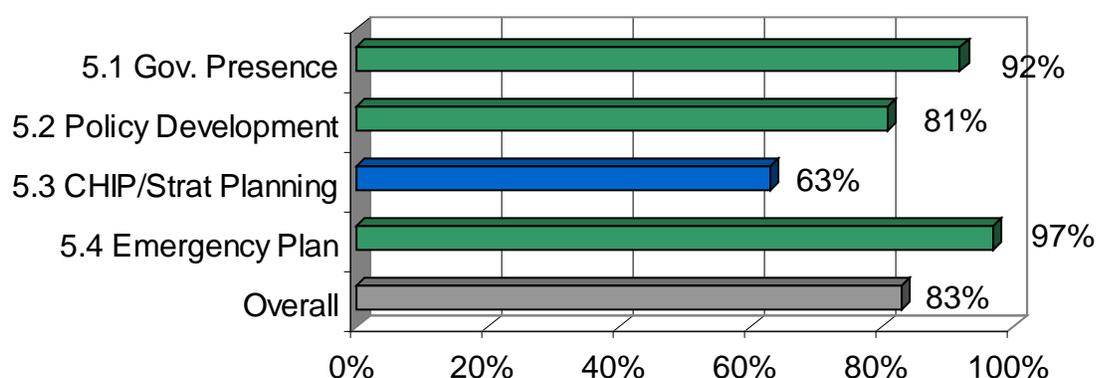
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Research

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

Twelve members of the local public health system assessed the delivery of Essential Service 5.

Participants felt that the local public health system provided an optimal level of activity (83%) for EPHS 5. Within the overall system, however, the coordination of strategic planning and community improvement activities was considered significant, not optimal.

Figure 8: EPHS 5 - Develop Policies/Plans



EPHS 5 participants pointed to several Fairfax County Health Department initiatives targeting specific health goals. Generally speaking, policy development was considered government-driven; community stakeholder involvement was limited, and in some cases, non-existent. When participation outside of Fairfax County occurred, it usually happened at the end of the planning and development process.

Participants also identified the need for better data to help inform and engage the community in the policy development process. Many felt that the County, including the Health Department, failed to share data. Participants considered the County website an optimal way to facilitate data sharing and community education.

Lastly, participants noted that health policies were rarely reviewed, but many cited a lack of resources as the primary impediment to accomplishing this objective.

1
Monitor
Health

2
Diagnose &
Investigate

3
Inform,
Educate,
Empower

4
Mobilize
Community
Partnerships

5
Develop
Policies

6
Enforce
Laws

7
Link to/
Provide
Care

8
Assure
Competent
Workforce

9
Evaluate

10
Research

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

1
Monitor
Health

2
Diagnose &
Investigate

3
Inform,
Educate,
Empower

4
Mobilize
Community
Partnerships

5
Develop
Policies

6
Enforce
Laws

7
Link to/
Provide
Care

8
Assure
Competent
Workforce

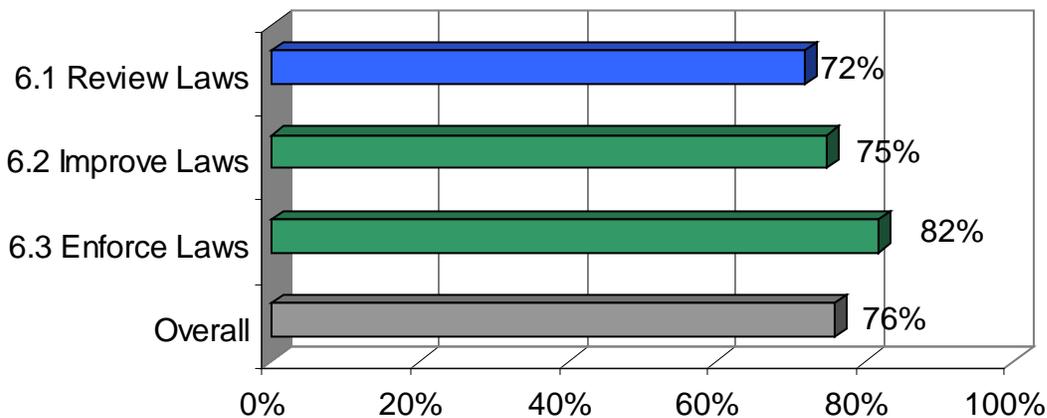
9
Evaluate

10
Research

Twelve members of the local public health system assessed the delivery of Essential Service 6.

Participants felt that the local public health system provided a minimally optimal level of activity (76%) for EPHS 6.

Figure 9: EPHS 6 - Enforce Laws



EPHS 6 participants noted that the LPHS worked well to address specific health needs, such as emergency preparedness. However, the system was considered reactionary in how it addressed the region's health needs. Only when a problem was identified did the system respond. In areas where compliance was difficult to achieve, such as population health, policies were few and far between.

A lack of coordination in enforcing laws was also observed. Some felt that regional differences in how laws are written and applied explained why collaboration among LPHS partners was difficult. Moreover, many laws failed to address, and in some cases, exacerbated existing health disparities. Greater sensitivity should be given to how laws may disproportionately affect some populations.

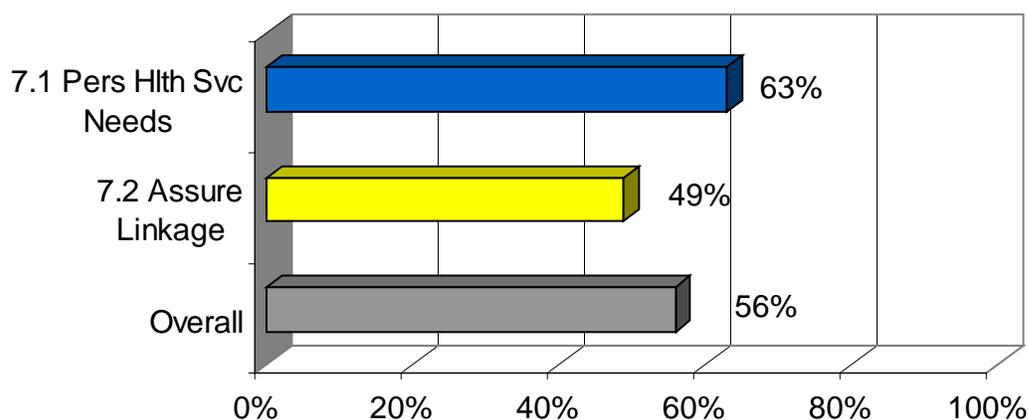
Like the previous EPSH, existing laws and regulations were infrequently reviewed and revised. A lack of system-wide resources was attributed to this shortcoming.

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

Twenty-seven members of the local public health system assessed the delivery of Essential Service 7.

Participants felt that the local public health system provided a minimally significant level of activity (56%) for EPHS 7. Based on group discussion, it was felt that the system was capable of identifying persons in need of health services, but did not do as good a job of making the connection between people and services.

Figure 10: EPHS 7 - Link to Health Services



EPHS 7 participants commended Fairfax County's ability to provide a host of public health services. Enrollment initiatives were considered effective; individuals were able to receive critical health care services.

However, long waiting lists precluded access to some services. Funding was another deterrent as scarce resources limited the number and type of services offered in the community. Given the region's diversity, cultural and linguistic barriers limited care utilization within the immigrant community. Services within the LPHS were not easily accessible using the region's existing transportation infrastructure.

Despite identifying potential barriers to care, it was not clear what the true service level needs were within the community. Services were severely limited for some populations, including individuals with cognitive disabilities and for people recently incarcerated. Better data collection would help answer service utilization questions. Additionally, the lack of coordination among LPHS providers limited access to care and contributed to duplication of services within the system.

1
Monitor
Health

2
Diagnose &
Investigate

3
Inform,
Educate,
Empower

4
Mobilize
Community
Partnerships

5
Develop
Policies

6
Enforce
Laws

7
Link to/
Provide
Care

8
Assure
Competent
Workforce

9
Evaluate

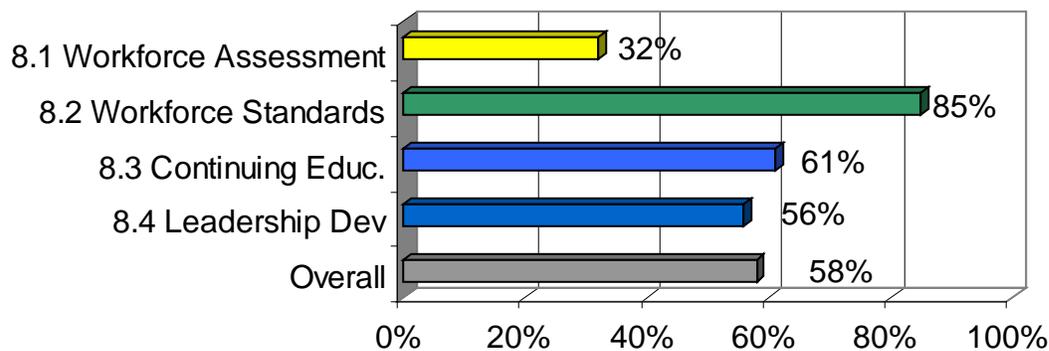
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Research

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

Fifteen members of the local public health system assessed the delivery of Essential Service 8.

Participants felt that the local public health system provided a minimally significant level of activity (58%) for EPHS 8. One area identified for improvement was the assessment of competencies, skills, and knowledge of the public and personal health workforce.

Figure 11: EPHS 8 - Assure Workforce



EPHS 8 participants recognized the efforts of individual organizations within the LPHS to assess, plan, and develop their respective work force. However, system-wide initiatives were considered fragmented. Results from agency assessments were not shared with LPHS partners, leading to system-wide redundancy.

1
Monitor
Health

2
Diagnose &
Investigate

3
Inform,
Educate,
Empower

4
Mobilize
Community
Partnerships

5
Develop
Policies

6
Enforce
Laws

7
Link to/
Provide
Care

8
Assure
Competent
Workforce

9
Evaluate

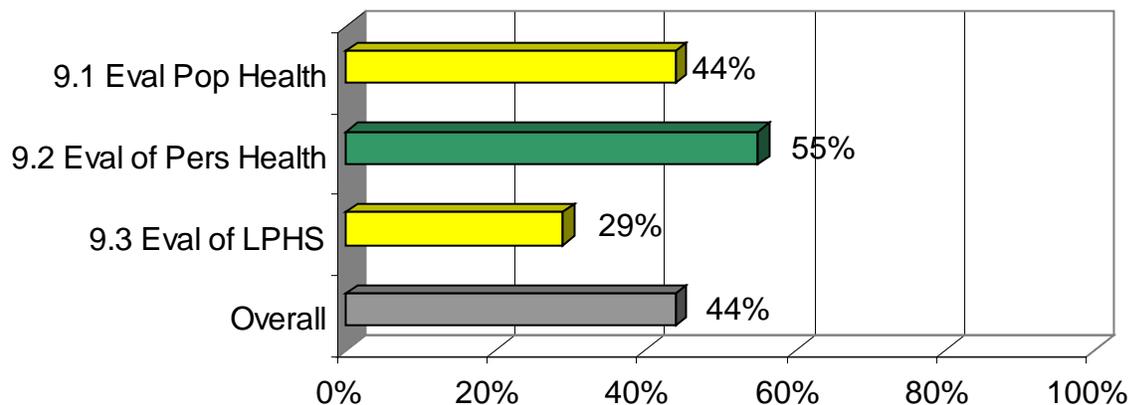
10
Research

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

Seventeen members of the local public health system assessed the delivery of Essential Service 9.

Participants felt that the local public health system provided a moderate level of activity (42%) for EPHS 9. Several areas were identified for improvement within this EPHS, including the need for evaluating the accessibility, quality, and effectiveness of population-based health services, in addition to the overall efficacy of the local public health system.

Figure 12: EPHS 9 - Evaluate Services



EPHS 9 participants felt that LPHS hospitals provided good quality assurance measures and that government agencies were responsive to citizen concerns. However, participants felt that the system was weakest in collaborating and sharing information. The LPHS was considered compartmentalized with no standardization of assessment or evaluation activities. When system-wide assessments were conducted, the results were generally not shared with the public.

1
Monitor
Health

2
Diagnose &
Investigate

3
Inform,
Educate,
Empower

4
Mobilize
Community
Partnerships

5
Develop
Policies

6
Enforce
Laws

7
Link to/
Provide
Care

8
Assure
Competent
Workforce

9
Evaluate

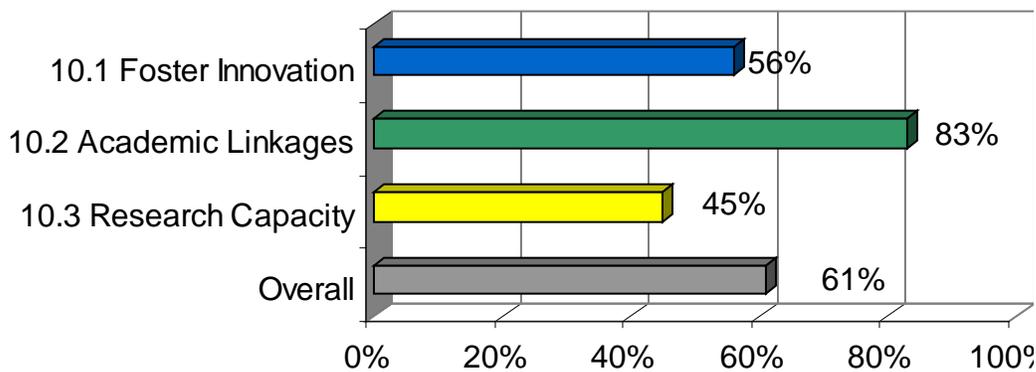
10
Research

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

Fifteen members of the local public health system assessed the delivery of Essential Service 10.

Participants felt that the local public health system provided a significant level of activity (61%) for EPHS 10. The local public health system's capacity to initiate and/or participate in research was identified as the area in greatest need of improvement.

Figure 13: EPHS 10 - Research/Innovations



EPHS 10 participants cited the efforts of the Fairfax County Health Department in initiating best practices research and forging strong, collaborative relationships with local universities and research institutions. However, participants noted that the capacity of all LPHS organizations to conduct research analysis was not uniform. Furthermore, LPHS research priorities were not well defined. Research results were rarely communicated to the public or to other LPHS partners. Generally speaking, participants felt the region was “data rich, but information poor.”

1
Monitor
Health

2
Diagnose &
Investigate

3
Inform,
Educate,
Empower

4
Mobilize
Community
Partnerships

5
Develop
Policies

6
Enforce
Laws

7
Link to/
Provide
Care

8
Assure
Competent
Workforce

9
Evaluate

10
Research