Local Public Health System Performance Assessment

County of Fairfax, Virginia

To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County

March 9, 2009

Dear LPHSA Participant,

I am pleased to send you the results of the Local Public Health System Assessment conducted in November 2008. As you will recall, this assessment reviews the components, activities, competencies, and capacities of our local public health system and provides invaluable information for improving our delivery of the 10 Essential Public Health Services.

The LPHSA is one of four assessments that comprise the Mobilizing for Action through Planning and Partnerships (MAPP) process. In view of unprecedented budgetary challenges and workforce shortages, the importance of a community-driven strategic planning process such as MAPP is more urgent. We are faced, however, with the reality of having to facilitate the MAPP process in a more deliberate fashion to ensure a successful community health improvement process. To that end, the Health Department will be working to strengthen the resource and programming infrastructure needed to support this critical initiative. We look forward to convening the Community Coalition in the fall of 2009. Again, we thank you for your continued interest and support as we move forward with the MAPP process.

Please take a moment to review the report. We appreciate your partnership and invaluable contribution to the development of this document and look forward to your continued commitment and involvement. You may send any comments or questions about the LPHSA to Sherryn Craig at sherryn.craig@fairfaxcounty.gov or Jeffrey Edge at Jeffrey.edge@fairfaxcounty.gov.

Sincerely,

Gloria Addo-Ayensu, MD, MPH
Director of Health

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Executive Summary

The Local Public Health System Assessment (LPHSA) is the first step in a comprehensive strategic planning and community health improvement process, known as MAPP—Mobilizing for Action through Planning and Partnership. Information collected from the LPHSA will be used to identify and prioritize strategies to improve public health practice and performance.

The LPHSA is one of three instruments in the National Public Health Performance Standards Program (NPHPSP). Key stakeholders (e.g. local health department and other governmental agencies, healthcare providers, human service organizations, schools and universities, faith institutions, youth development organizations, economic and philanthropic organizations, environmental agencies, etc.) are invited to participate and complete the assessment. Participants have the opportunity to discuss and determine how their organization/entity is performing in comparison to each of the thirty model standards.

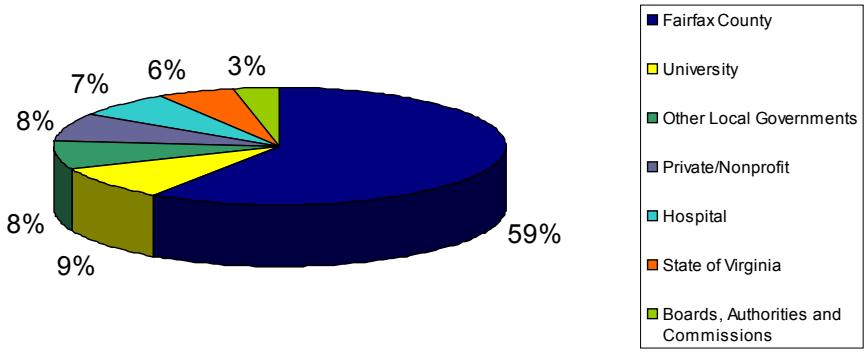
The model standards are based on the 10 Essential Public Health Services (EPHS) framework (Appendix A). The EPHS represent the spectrum of public health activities that should be provided in any jurisdiction. The instrument is divided into ten sections—one for each of the Essential Services and includes 2-4 model standards that describe the key aspects of an optimally performing public health system. Participants respond to the assessment questions based on five levels of activity:

NO ACTIVITY	0% or absolutely no activity
MINIMAL ACTIVITY	Greater than zero, but no more than 25% of the activity described within the question is met.
MODERATE ACTIVITY	Greater than 25%, but no more than 50% of the activity described within the question is met.
SIGNIFICANT ACTIVITY	Greater than 50%, but no more than 75% of the activity described within the question is met.
OPTIMAL ACTIVITY	Greater than 75% of the activity described within the question is met.

Each model standard is followed by assessment questions that serve as measures of performance. The responses to these questions indicate how well the model standard—which portrays the highest level of performance or "gold standard"—is being met. Data collected from the assessment is submitted to the Centers for Disease Control and Prevention, which produces a report summarizing the results. Responses to the assessment questions, the LPHSA report, and the comments recorded during group discussion are used to develop improvement strategies for the local public health system.

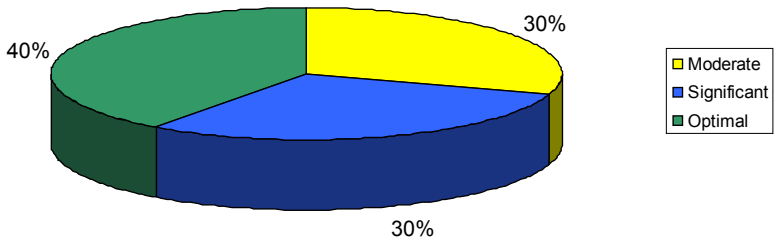
The LPHSA was conducted on November 17, 2008. Participants were divided into five groups. Each group scored questions for two of the ten Essential Public Health Services (EPHS) (Figure 1). In total, 89 members from 37 Local Public Health System (LPHS) organizations/agencies participated in the Local Public Health System Performance Assessment (Appendix B).

Figure 1: Local Public Health System Assessment Participation



Based on the data collected, respondents felt that the LPHS was performing at significant or optimal levels in seven of the ten EPHS (Figure 2).

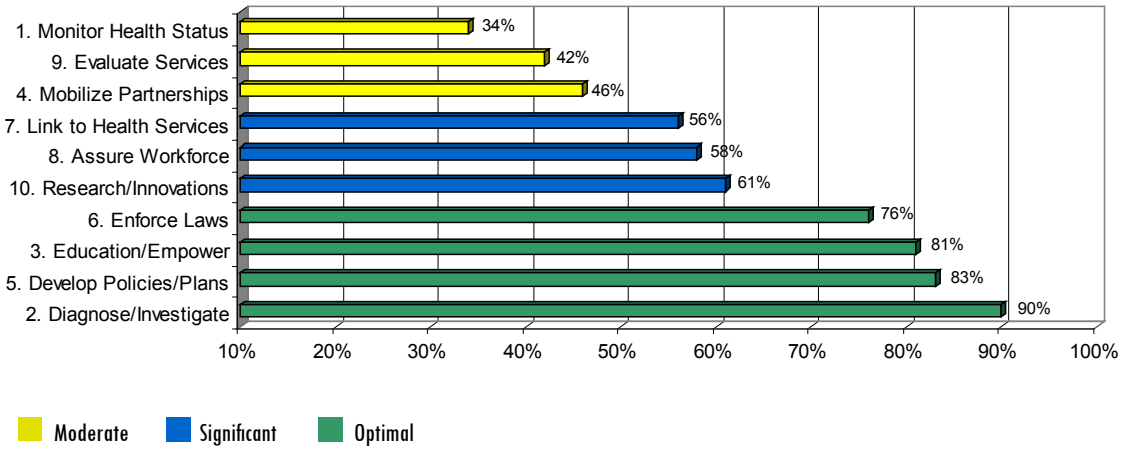
Figure 2: Percentage of Essential Public Health Services by Activity Level



Strengths and Weaknesses

Respondents noted the system's capacity to diagnose and communicate health hazards, develop policies, enforce laws and regulations, maintain public health workforce standards, and collaborate with academic and research-based institutions. Conversely, respondents identified data collection and evaluation and collaborative partnerships as areas the LPHS should strengthen and improve (Figure 3).

Figure 3: Ranked Essential Public Health Services Performance Scores



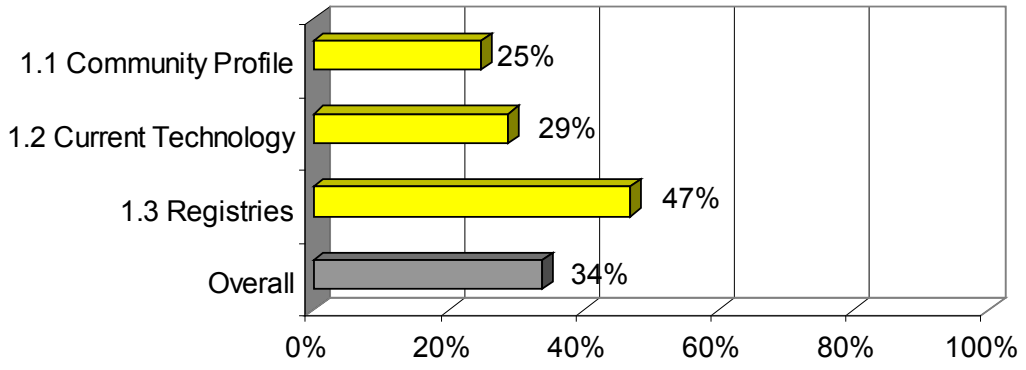
Appendix D and E provide a more detailed account of the LPHS' strengths and weeknesses.

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

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.

Figure 4: EPHS 1 - Monitor Health Status



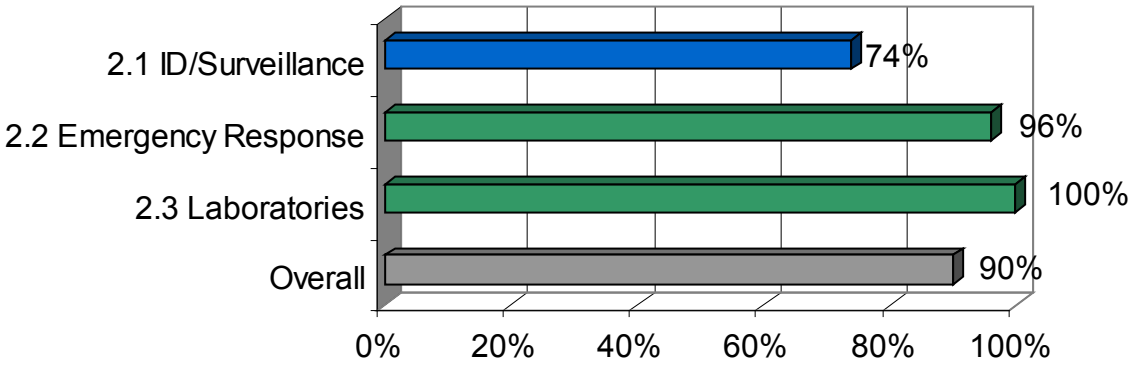
EPHS 1 participants felt that the LPHS did a good job of identifying and monitoring specific health issues, but communicating and exchanging this information were deemed problematic. LPHS stakeholders had varying levels of expertise when it came to using technology for collecting and sharing data. The 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.

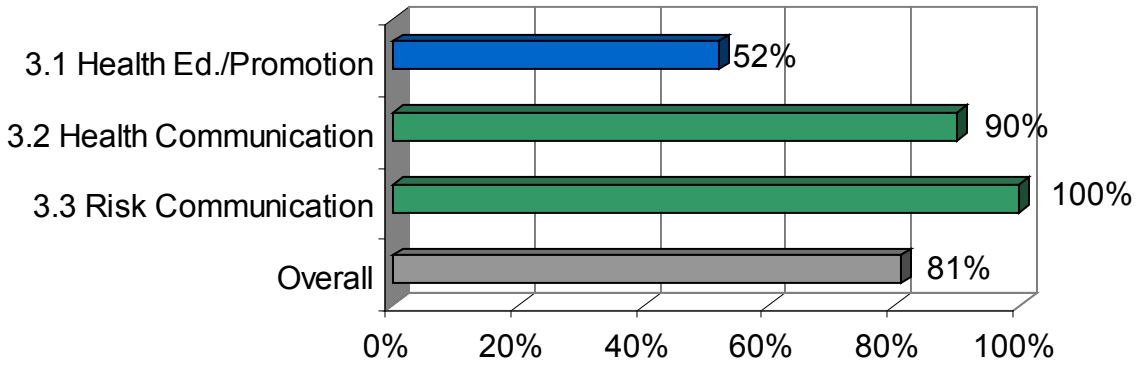
EPHS 2 participants felt that the LPHS' failure to track chronic disease, youth violence, mental health, and unintentional injuries undermined the system's ability to detect disease.

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.

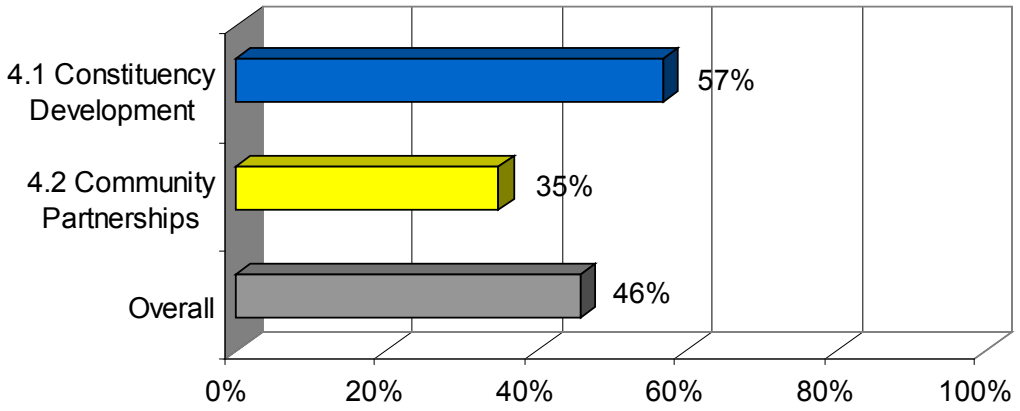
However, EPHS 3 participants felt that the LPHS lacked consistent and standard processes for promoting personal and community health. The implementation of evidence-based policies varied throughout the LPHS. Participants noted a need for greater program evaluation and better communication with community 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.

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 Countys' 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.

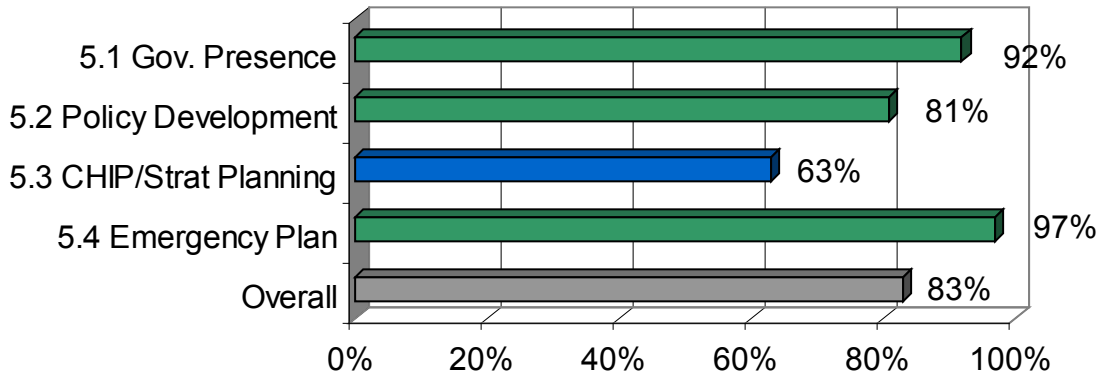
Moreover, it was noted that members from the immigrant community were underrepresented or missing from key community partnerships. This exclusion may explain why people were unaware or unfamiliar with public health services and the organizations that provide them.

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.

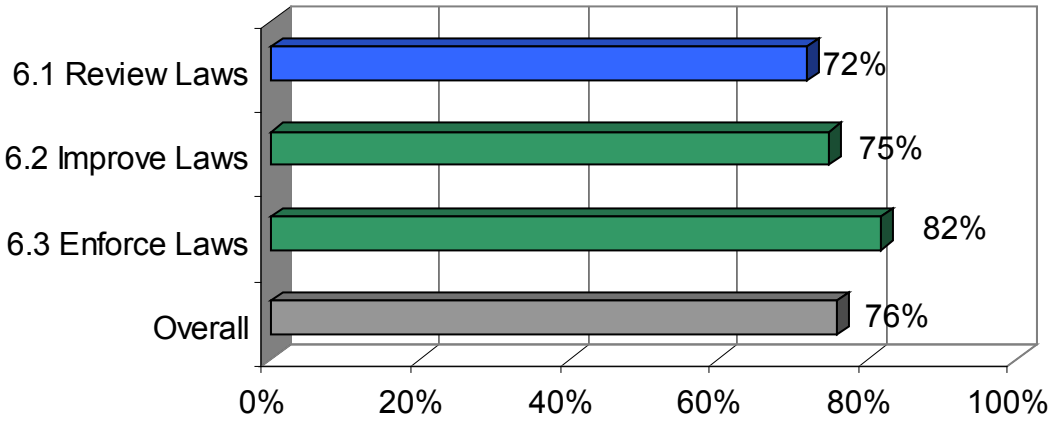
Lastly, participants noted that health policies were rarely reviewed, but many cited a lack of resources as the primary impediment to accomplishing this objective.

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

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.

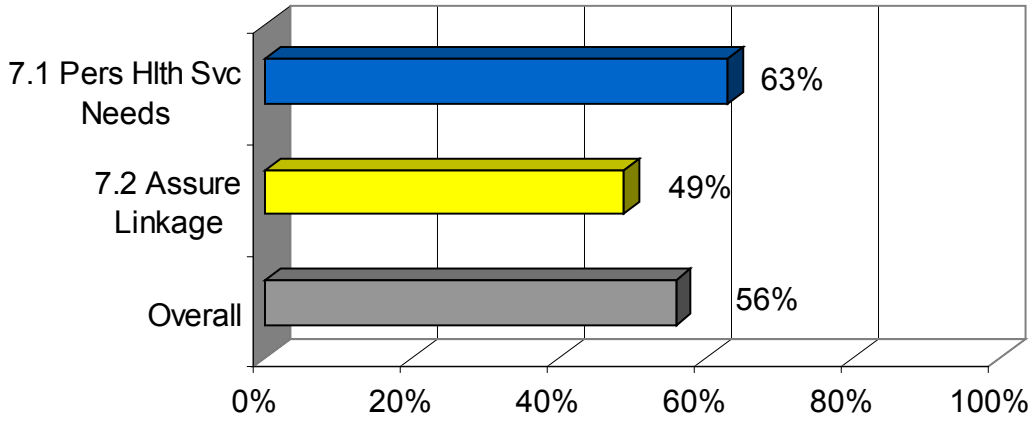
Like the previous EPSH, existing laws and regulations were infrequently reviewed and revised. A lack of system-wide resources was attributed to this shortcoming.

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.

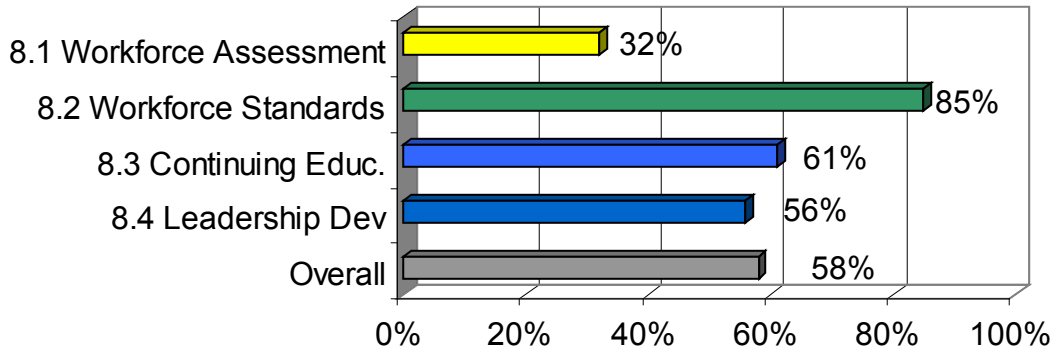
Despite identifying potential barriers to care, it was not clear what the true service level needs were within the community. Services were severely limited for some populations, including individuals with cognitive disabilities and for people recently incarcerated. Better data collection would help 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.

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



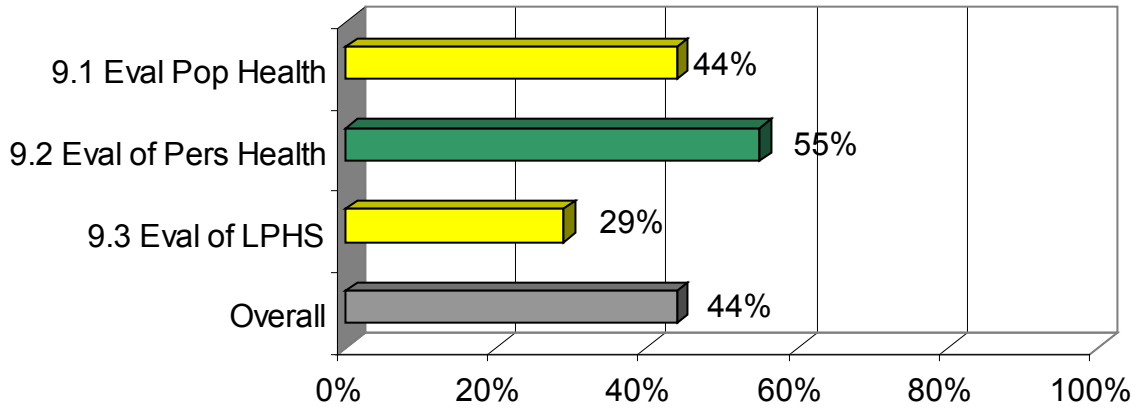
EPHS 8 participants recognized the efforts of individual organizations within the LPHS to assess, plan, and develop their respective work force. However, system-wide initiatives were considered fragmented. Results from agency assessments were not shared with LPHS partners, leading to system-wide redundancy.

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



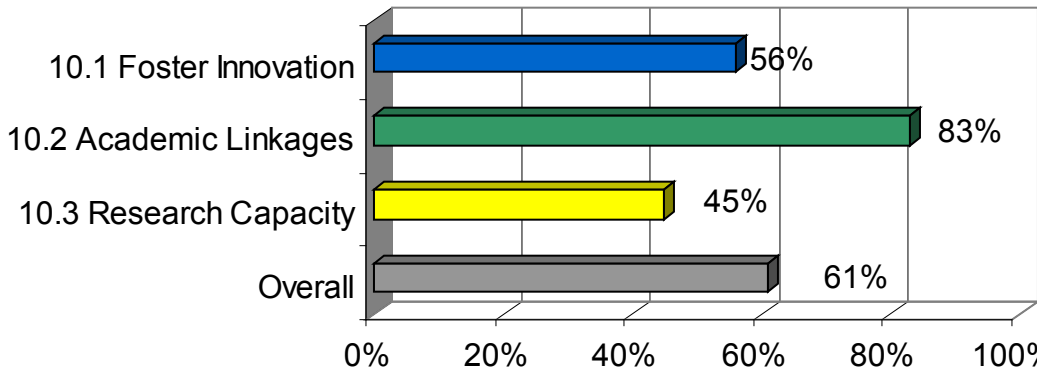
EPHS 9 participants felt that LPHS hospitals provided good quality assurance measures and that government agencies were responsive to citizen concerns. However, participants felt that the system was weakest in collaborating and sharing information. The LPHS was considered compartmentalized with no standardization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

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."

Appendix A: LPHSA Participants

LPHSA Participants			
#	Last Name	First Name	Agency
1	Abdalla, MD	Wagida	George Mason University
2	Addo-Ayensu, MD, MPH	Gloria	Fairfax County Health Department
3	Armitage	Louise	City of Fairfax
4	Arndt	Sharon	County Office of the County Executive
5	Bluhm	Tena	Commission on Aging
6	Blum	Marlene	Health Care Advisory Board
7	Brewster	Maribeth	Virginia Department of Health
8	Bruce	Karla	Fairfax County Community & Recreation Services
9	Cahill	Anne	Fairfax County Department of Systems Management for Human Services
10	Caldwell	Lucy	Fairfax County police Department
11	Cappello	Theresa	Marymount University
12	Caruso	Donna	Arlington County Health Department
13	Chisholm	Sandy	Fairfax County Department of Systems Management for Human Services
14	Ciampini	Jim	Fairfax County Zoning Enforcement
15	Clement	Thomas	OSHER Lifelong Learning Institute, George Mason University
16	Cole	Pam	Fairfax County Health Department
17	Collier	Charles	City of Falls Church
18	Craig	Sherryn	Fairfax County Health Department
19	Crooks	Judy	Fairfax County Department of Family Services
20	Crow	Tom	Fairfax County Health Department
21	Diaz	Juani	Fairfax County Department of Family Services
22	Douglas	Charlene	George Mason University
23	Downing	Diane	Arlington County Health Department
24	Eiffert	Bob	Fairfax County Health Department
25	Ellis	Dan	City of Falls Church
26	Emerson	Barbara	Fairfax County Department of Humas Resources
27	Engle	Janet	Northern Virginia Hospital Alliance, Regional Hospital Coordinating Center
28	Fay	Susan	Fairfax County Health Department
29	Fones	Nancy	Virginia Department of Health
30	Foroobar	Rosalyn	Fairfax County Health Department
31	Frank	Inez	Fairfax County Department of Administration for Human Services
32	Fujii	Karen	Fairfax County Health Department
33	Gertzog	Chip	Fairfax County Department of Systems Management for Human Services

#	Last Name	First Name	Agency
34	Groce	Dot	Fairfax County Department of Systems Management for Human Services
35	Hubbell	Janet	Fairfax County Department of Systems Management for Human Services
36	Hudson	John	Fairfax County Office of Emergency Management
37	Ibanga	Grace	National Association of County and City Health officials
38	Jorgenson	JoAnne	Fairfax County Health Department
39	Joye	Adrian	Fairfax County Health Department
40	Joyner	Dallice	Northern Virginia Area Health Education Center
41	Khayam	Zohreh	Fairfax County Department of Family Services
42	Kitchen	Mary Sue	Fairfax County Health Department
43	Konigsberg, MD	Charles	Alexandria
44	Kremer	Ian	Alzheimer's Association
45	Kudless	Mary	Fairfax/Falls Church Community Services Board
46	Lawrence	David	Fairfax County Health Department
47	Lee	Robert	Virginia Onsite Wastewater Recycling Association
48	Lomrantz	Andrea	Fairfax County Office of Public Private Partnerships
49	Lynch	Judy	Fairfax County Department of Human Resources
50	Mack, RN	Dewayne	Northern Virginia Training Center
51	McConnell	Penny	Fairfax County Public Schools
52	McDermott	Wes	Fairfax County Health Department
53	McHugh	Marilyn	Fairfax County Office of the County Attorney
54	Milgrim	Michelle	Fairfax County Health Department
55	Miracle	Kris	Fairfax County Department of Human Resources
56	Mitchell	Cassandra	Fairfax County Health Department
57	Narbut	Chris	Fairfax County Health Department
58	Parkin, PhD	Rebecca	George Washington University
59	Parris-Hicklin	Ingrid	Fairfax County Office of Public Private Partnerships
60	Peirce	Alyson	Fairax County Department of Administration for Human Services
61	Person	Jim	Fairfax County Office of Public Affairs
62	Pettit, MD	Denise	Virginia Department of Health
63	Phelps	Mary	Fairfax County Department of Family Services
64	Pumphrey	Cathy	Fairfax/Falls Church Community Services Board
65	Raybon	Denise	Fairax County Department of Systems Management of for Human Services
66	Rieger	Anne	INOVA
67	Remsburg	Robin	School of Nursing, College of Health & Human Services, GMU
68	Resnick	Beth	Johns Hopkins Center for Excellence in Community Environmental Health Practice
69	Roatch	Richard	Fairfax County Fire and Rescue
70	Roberts, PhD	Welford	National Environmental Health Association

#	Last Name	First Name	Agency
71	Robinson	Cindy	Reston Hospital Center
72	Roquet	David	Fairfax County Department of Family Services
73	Sampah	Felicia	INOVA
74	Satouri, MD	Raja'a	Fairfax County Health Department
75	Schaart	Maria	INVOA
76	Severo	Shauna	Fairfax County Health Department
77	Shaban	Karen	Fairfax County Office of the County Executive
78	Siciliano	Jennifer	INOVA
79	Sommer	Sandra	Virginia Department of Health
80	Starbird	Grace	Area Agency on Aging
81	Stevens	Chris	Fairfax County Health Department
82	Stocks	Judith	Fairfax County Department of Administration for Human Services
83	Tatum	Deborah	Northern Virginia Training Center
84	Ternus, PHD, RN, CNS	Mona	George Mason University
85	Trace	John	Fairfax County Police Department
86	Varghese, MD	Reuben	Arlington County Health Department
87	Wilder, MD	David	Virginia Department of Health
88	Yetman	John	Fairfax County Health Department
89	Yow	Barbara	Fairfax County Health Department

Appendix B: The 10 Essential Public Health Services

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

- Identification of health risks and determination of health service needs.
- Attention to the vital statistics and health status of groups that are at higher risk than the total population.
- Identification of community assets and resources that support the local public health system (LPHS) in promoting health and improving quality of life.
- Utilization of appropriate methods and technology, such as geographic information systems, to interpret and communicate data to diverse audiences.
- Collaboration among all LPHS components, including private providers and health benefit plans, to establish and use population health information systems, such as disease or immunization registries.

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

- Epidemiological investigations of disease outbreaks and patterns of infectious and chronic diseases and injuries, environmental hazards, and other health threats.
- Active infectious disease epidemiology programs.
- Access to a public health laboratory capable of conducting rapid screening and high volume testing.

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

- Health information, health education, and health promotion activities designed to reduce health risk and promote better health.
- Health communication plans and activities such as media advocacy and social marketing.
- Accessible health information and educational resources.
- Health education and health promotion program partnerships with schools, faith communities, work sites, personal care providers, and others to implement and reinforce health promotion programs and messages.

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

- Identifying potential stakeholders who contribute to or benefit from public health, and increase their awareness of the value of public health.
- Building coalitions to draw upon the full range of potential human and material resources to improve community health.
- Convening and facilitating partnerships among groups and associations (including those not typically considered to be health-related) in understanding defined health improvement projects, including preventive, screening, rehabilitation, and support programs.

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

- An effective governmental presence at the local level.
- Development of policy to protect the health of the public and to guide the practice of public health.
- Systematic community-level and state-level planning for health improvement in all jurisdictions.
- Alignment of LPHS resources and strategies with the community health improvement plan.

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

- The review, evaluation, and revision of laws and regulations designed to protect health and safety to assure that they reflect current scientific knowledge and best practices for achieving compliance.
- Education of persons and entities obligated to obey or to enforce laws and regulations designed to protect health and safety in order to encourage compliance.
- Enforcement activities in areas of public health concern, including, but not limited to the protection of drinking water; enforcement of clean air standards; regulation of care provided in health care facilities and programs; re-inspection of workplaces following safety violations; review of new drug, biologic, and medical device applications; enforcement of laws governing the sale of alcohol and tobacco to minors; seat belt and child safety seat usage; and childhood immunizations.

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

- Identifying populations with barriers to personal health services.
- Identifying personal health service needs of populations with limited access to a coordinated system of clinical care.
- Assuring the linkage of people to appropriate personal health services through coordination of provider services and development of interventions that address barriers to care (e.g., culturally and linguistically appropriate staff and materials, transportation services).

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

- Assessment of workforce (including volunteers and other lay community health workers) to meet community needs for public and personal health services.
- Maintaining public health workforce standards, including efficient processes for licensure/credentialing of professional and incorporation of core public health competencies needed to provide the Essential Public Health Services into personnel systems.
- Adoption of continuous quality improvement and life-long learning programs for all members of the public health workforce, including opportunities for formal and informal public health leadership development.

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

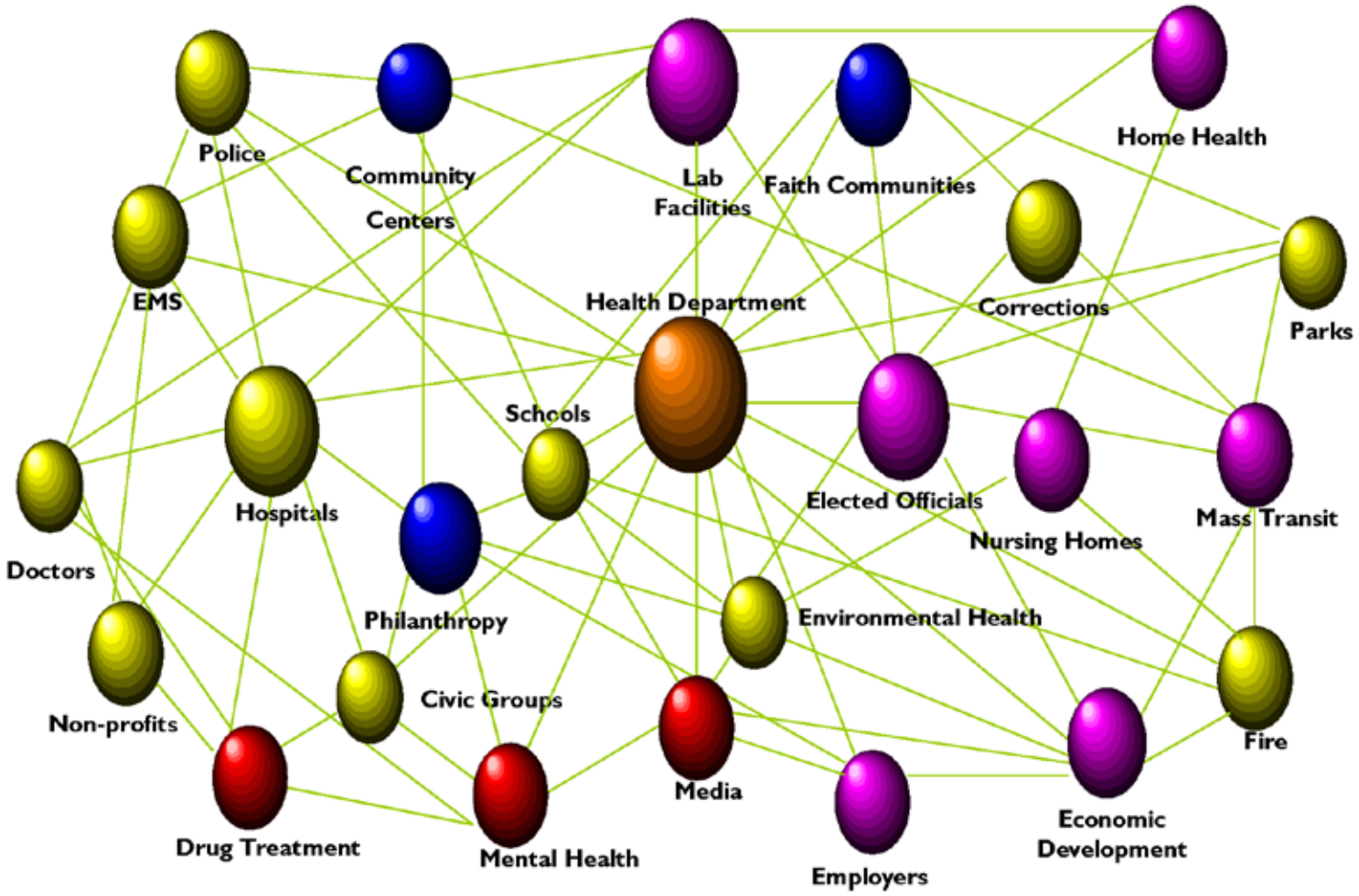
- Assessing the accessibility and quality of services delivered and the effectiveness of personal and population-based programs provided.
- Providing information necessary for allocating resources and reshaping programs.

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

- A continuum of innovative solutions to health problems ranging from practical field-based efforts to foster change in public health practice, to more academic efforts to encourage new directions in scientific research.
- Linkages with institutions of higher learning and research.
- Capacity to mount timely epidemiological and health policy analyses and conduct health systems research.

What is the "Local Public Health System?"

The local public health system refers to all of the organizations and entities in a community that contribute to the health of the people who live and work there. To many, "public health" implies only the local health department. While the role of the local health department is critical to the health of the community, it is but one part of the system.



Source: NACCHO

The graphic above describes a broader system and identifies groups that contribute to all of the 10 Essential Services of Public Health. Both the MAPP (Mobilizing for Action through Planning and Partnership) process and National Public Health Performance Standards Program look at the efficacy of the system, rather than merely the contribution of the Health Department.

Appendix D: Local Public Health Services: Strengths

	Strengths
EPHS 1	• Educated workforce and technology infrastructure facilitate data collection efforts • Health and data collection needs have been identified within the LPHS
EPHS 2	• Strong levels of communication and coordination within the LPHS • National, state, and local surveillance systems are highly integrated and sophisticated, particularly for biohazard events • The LPHS is appropriately staffed with epidemiologists and professionals trained to respond to health events
EPHS 3	• Strong environmental health programs educate the public on food safety, asbestos, and lead • Successful education and health promotion campaigns • Use of culturally competent health messages • Risk communication plans, including those for influenza and vector-borne diseases are comprehensive and effective • Strong levels of communication and coordination with State and Federal entities • Ability to track and monitor public inquiries
EPHS 4	• Ability to Coordinate and engage community partners when an immediate need arises • Adequate use of referral systems to ensure questions are answered appropriately • The County is open to community dialogue and convenes Advisory Boards to solicit community feedback • Successful volunteer recruitment in the County results in extensive volunteering at hospitals, firehouses, and nursing homes
EPHS 5	• Disease prevention strategy has expanded beyond the government to include non-government stakeholders • The Health Department compiles measurable health data
EPHS 6	• The LPHS is engaged on special health needs, emergency preparedness, and communicable disease surveillance and response • Community feedback is solicited through the public hearing/meeting process
EPHS 7	• Fairfax County provides a large range of health services, relative to surrounding jurisdictions • Population health needs are identified • Enrollment initiatives are successful and connect people with services
EPHS 8	• County agencies are conducting workforce needs assessments and developing workforce plans • County agencies have developed job standards, certification requirements and core competencies • The LPHS provides job training and meets education needs • The LPHS orients students to different agencies
EPHS 9	• LPHS hospitals provide quality and assurance measures • Government agencies survey the community and respond to resident concerns • LPHS assessments are based on national standards
EPHS 10	• Strong, collaborative partnerships exist between the Fairfax County Health Department and local universities • The LPHS, particularly the Health Department, initiates research projects

Appendix E: Local Public Health Services: Weaknesses

Weaknesses	
EPHS 1	• Population data (e.g. mental health, death and injury, chronic disease) is not disaggregated at the county-level • Lack of agreement on data definitions • Agency-wide access to data collection technologies varies • Limited communication and information exchange among LPHS stakeholders, especially between the Health Department and other organizations • Not all LPHS stakeholders are engaged in the identification of community health problems
EPHS 2	• Lack of surveillance for chronic disease, youth violence, mental health, and unintentional injury • Time lag in disease reporting • Ability to communicate timely to the community is weak • Surveillance protocols and laboratory processes are unclear
EPHS 3	• Program evaluation is not widely used throughout the LPHS • Limited use of diverse media outlets; existing media contacts are not maximized • Little communication regarding chronic disease and domestic violence • Difficulty implementing programs system-wide
EPHS 4	• Cooperation and coordination among LPHS stakeholders for overall planning and decision are infrequent • Lack of communication among agencies makes it difficult to compile a list of organizations and services in the county • Failure to identify and include the immigrant community in community partnerships • Focus groups and online tools for consumer feedback are implemented on the government level, but results are neither shared nor used
EPHS 5	• Comprehensive and periodic policy review is limited and does not include LPHS stakeholders
EPHS 6	• Capturing policymakers' attention on specific health issues is challenging • The LPHS operates reactively; outside feedback is solicited when a problem or need is identified • Laws regarding quarantine, closures and cancellations are not consistent with other communities in the DC-metropolitan area • Regulation and enforcement of laws are not standardized throughout the region
EPHS 7	• Service utilization rates are not tracked within the County • Long waiting lists prevent those who need assistance from seeking services • Communication and collaboration among service providers, including the County, is limited • Services are duplicated throughout the LPHS • Cultural and language barriers prevent access to appropriate services • Patients have difficulty obtaining prescription medications • Transportation to obtain services is difficult, especially for low-income families
EPHS 8	• System-wide workforce needs assessments are fragmented • Results from County agency assessments are not communicated system-wide • Efforts to collaborate and coordinate workforce planning are non-existent
EPHS 9	• The health system is compartmentalized, with little collaboration or standardization of assessment/evaluation activities • Assessment results, particularly by hospitals, are not shared within the system • Data that is collected is not accessible or available for use, including data gathered from electronic health records
EPHS 10	• Smaller government agencies may not have the resources to seek out information on best practices • Community participation in the research and development of best practices is limited

Gaps	
EPHS 1	• Lack of information on what data are collected or available within the LPHS • No method for sharing data among LPHS stakeholders • No media strategy for communicating information to the public regarding community health problems
EPHS 2	• No application of collected data
EPHS 3	• County level data are unavailable • Lack of coordination among LPHS stakeholders regarding health plans and community programs • No standard protocol for communicating information on community health
EPHS 4	• Consumers are unaware or unfamiliar with public health services and the organizations that provide them • Contacts for constituent groups are not available, making it difficult to reach out for feedback or solicit information
EPHS 5	• Services are not targeted to populations at increased risk for morbidity and mortality • The community is unaware of existing policies or agents authorized to change them
EPHS 6	• Little policy development in the areas of health disparities, childhood obesity, and chronic disease prevention • Lack of agency collaboration or input in the policy development process • Lack of system-wide awareness on the disproportionate affect of laws and regulations on minority populations • Comprehensive and periodic review of existing ordinances is limited
EPHS 7	• Lack of knowledge on where barriers exist in the system • Services are severely limited for specific groups, including individuals with cognitive disabilities and people released from jail
EPHS 8	• Technology (e.g. podcasts, Internet-based learning tools) is not used to provide system-wide training • A common communication platform is not available within the LPHS
EPHS 9	• Services are rarely assessed for unmet needs • Quality measures are tracked for long-term care and hospitals, but not for primary-care • Non-governmental organizations within the LPHS do not have a system for tracking and responding to resident concerns
EPHS 10	• Research results are not communicated to public or LPHS stakeholders • Access to data and analysis is limited across LPHS stakeholders • System-wide research priorities do not exist

Improvements	
EPHS 1	• Develop strategies for collecting county-level data to better identify community health problems • Create a data inventory/warehouse that details who owns the data and how it can be accessed • Align LPHS data collection with *Healthy People 2010 and 2020*
EPHS 2	• Expand surveillance focus to chronic diseases • Review surveillance protocols and laboratory processes, especially in the areas of radiological threats and surge capacity • Increase physician-reporting compliance
EPHS 3	• Expand health education and promotion activities to include chronic disease and domestic violence • Increase community involvement through enhanced communication activities (i.e. media campaigns) and outreach at neighborhood-based centers
EPHS 4	• Establish contact with the immigrant community and solicit information on needs and services • Reach out to other core constituencies that are underrepresented on current Advisory Boards • Increase use of on-line forums, town hall meetings, and/or focus groups to identify community health needs
EPHS 5	• Increase community outreach and engage LPHS stakeholders on health issues/programs • Increase awareness about County policies and share available data publicly and system-wide • Complete vulnerability assessment and risk communication plans
EPHS 6	• Ensure health disparities are considered and addressed in the policy development process • Review public safety laws and make necessary revisions
EPHS 7	• Identify populations facing barriers accessing prescription medication • Improve services for individuals recently released from jail • Examine transportation access issues • Improve health service delivery to immigrant populations • Enhance language services • Provide services in culturally appropriate settings
EPHS 8	• Promote programs like Fairfax Leadership and Neighborhood College and community grant writing workshops for nonprofit organizations • Formalize the LPHS in order to enhance stakeholder collaboration and workforce development
EPHS 9	• Enhance communication and collaboration within the LPHS • Ensure community complaints are addressed at all points in the LPHS • Increase program and service evaluation
EPHS 10	• Increase efforts to communicate research results to the community and LPHS stakeholders • Establish a data clearinghouse (possibly web-based) where researchers can learn about system-wide research initiatives and outcomes