

Placer County Local Public Health System Assessment



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Public Health Division Accreditation Team



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Background

In August 2022, the Placer County Public Health Division (PCPHD) convened multidisciplinary community partners to conduct an assessment of the local public health system in Placer County. This assessment is a part of the PCPHD Accreditation initiative, which uses the Mobilizing for Action through Planning and Partnerships (MAPP) framework, a community-driven strategic planning process for improving community health. MAPP is not an agency-focused assessment process; rather it is a six-phase interactive process that can improve the efficiency, effectiveness, and performance of local public health systems. In accordance with this framework, the PCPHD Accreditation Team will incorporate the findings from the Local Public Health System Assessment (LPHSA) with the three remaining assessments to identify strategic issues and formulate goals and strategies to address them.

Facilitators

The Placer County Public Health Accreditation Team

Participating Organizations

Alzheimer's Association	Placer County Office of Education
American Heart Association	Placer County Personnel
Chapa-De Indian Health	Placer County Public Health
Health Education Council	Placer County Women, Infants, & Children (WIC)
Kaiser Permanente (KP)	Placer Food Bank
KidzCommunity	Placer Independent Resource Services (PIRS)
Latino Leadership Council	Seniors First
Placer County Adult System of Care	Sutter Health
Placer County Children's System of Care	
Placer County Environmental Health Division	

Introduction: What is a Local Public Health System?

A local public health system (LPHS) comprises all the entities that contribute to the public's health in a jurisdiction and includes a broad range of perspectives and expertise. These entities are an interconnected web of public, private, and voluntary organizations that includes but is not limited to:

- Local public health departments
- Healthcare providers
- Public safety agencies
- Human service and charitable organizations
- Recreation and arts-related organizations
- Education and youth development organizations
- Environment organizations
- Economic and philanthropic organizations

Figure 1 illustrates the intersected nature of a public health system. The National Public Health Performance Standards (NPHPS) provide a framework to evaluate the capacity and performance of public health systems. This tool is valuable in identifying areas of system improvement, strengthening partnerships, and enhancing communication and collaboration¹.

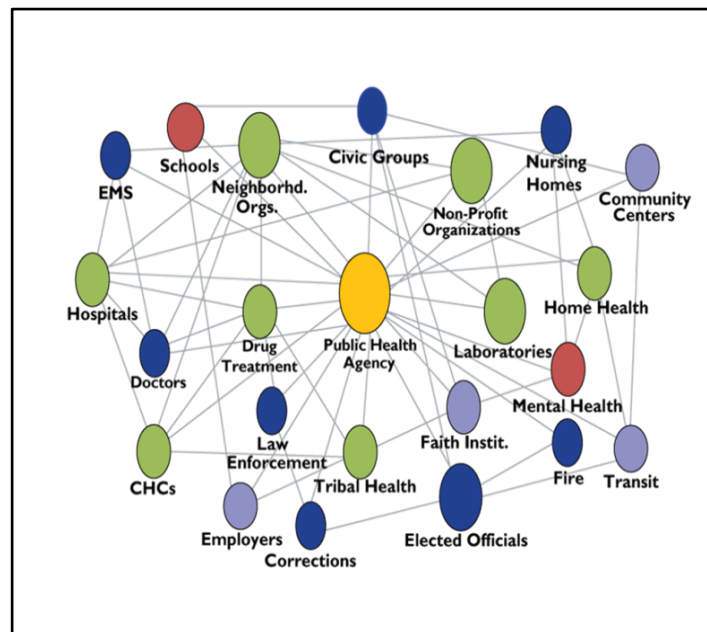


Figure 1: The Public Health System

¹ CDC, National Public Health Performance Standards, <https://www.cdc.gov/publichealthgateway/nphps/index.html>

The Ten Essential Public Health Services

Developed in 1994, the Ten Essential Public Health Services (EPHS) framework describes the public health activities that all communities should undertake (Figure 2). The EPHS framework was recently updated in 2020 to align with current and future public health practice. The NPHPS tool uses these services as the basis for developing optimal performance standards. The framework includes the following activities:

1. Assess and monitor population health status, factors that influence health, and community needs and assets.
2. Investigate, diagnose, and address health problems and hazards affecting the population.
3. Communicate effectively to inform and educate people about health, factors that influence them, and how to improve them.
4. Strengthen, support, and mobilize communities and partnerships to improve health.
5. Create, champion, and implement policies, plans, and laws that impact health.
6. Utilize legal and regulatory actions designed to improve and protect the public's health.
7. Assure and effective system that enables equitable access to the individual services and care needed to be healthy.
8. Build and support a diverse and skilled public health workforce.
9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement.
10. Build and maintain a strong organizational infrastructure for public health².

² CDC, 10 Essential Public Health Services,
<https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html>

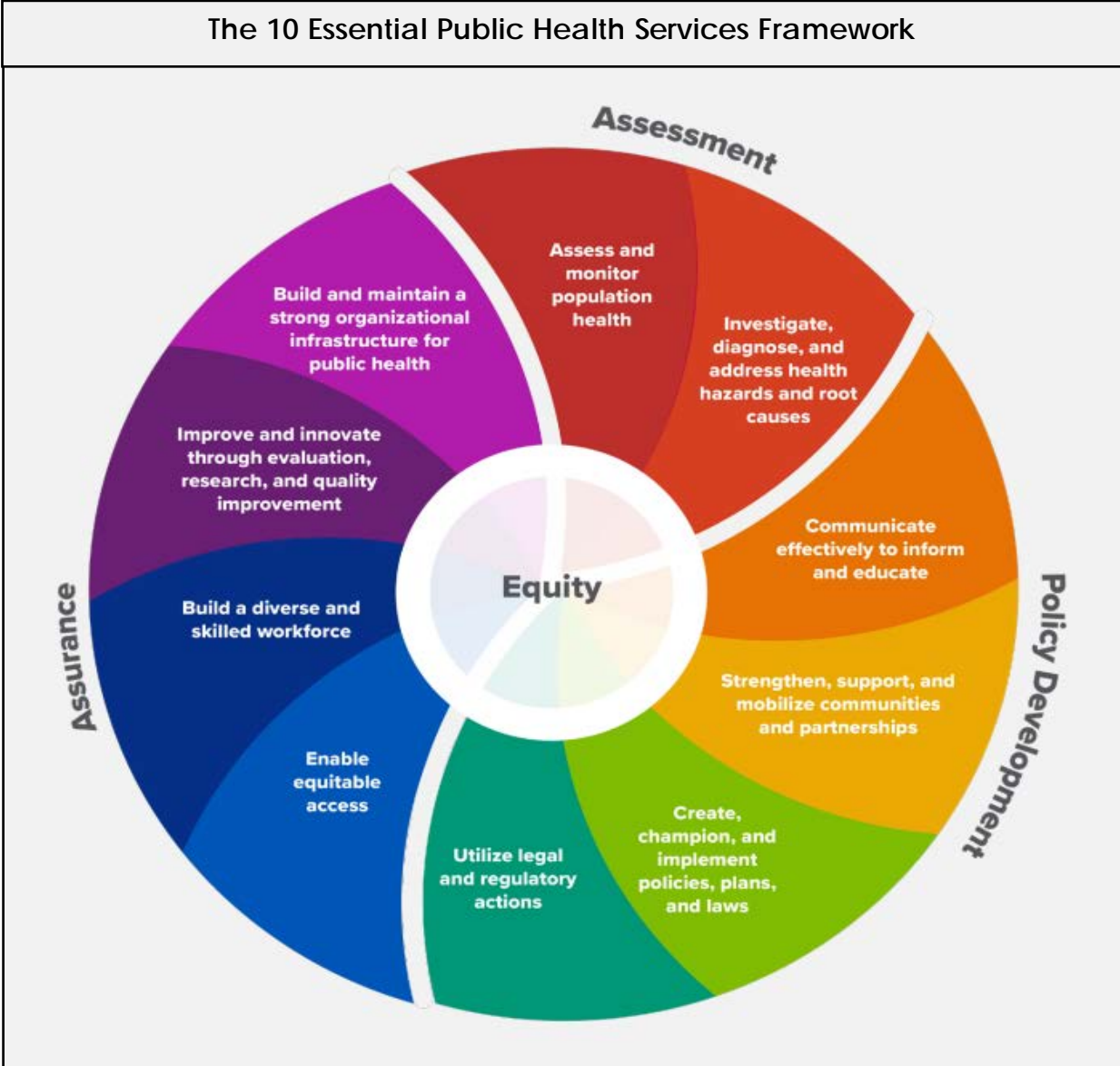


Figure 2: The 10 Essential Public Health Services Framework

These services provide the foundation for any public health activity, as well as the structure for national voluntary public health accreditation. The NPHPS also describe an optimal level of performance and capacity, which a public health system may use to help assess its performance and identify continuous quality improvement opportunities. For example, the LPHSA seeks to answer, “What are the components, activities, competencies, and capacities of our local public health system?” and “How well are the essential public health services being delivered to our community?”³ The results of this assessment will provide baseline

³ NACCHO, Version 3.0 Local Implementation Guide, https://www.naccho.org/uploads/card-images/public-health-infrastructure-and-systems/2013_1209_NPHPS_LocalImplementationGuide.pdf

data for upcoming endeavors to improve the quality of public health practice in Placer County.

Methodology

The PCPHD Accreditation Team brainstormed to identify individuals and organizations that best represent each of the 10 EPHS given their expertise and background. Participants were sent invitations detailing information on the LPHSA and the assigned EPHS. The PCPHD convened a total of five 1.5 hour workgroups with 4-12 attendees per session (Appendix A). Each workgroup was assigned different standards to discuss and rate (Figure 3). One note-taker was present to record discussion items such as strengths, weaknesses, and short or long-term opportunities for system improvements. As well, approximately two facilitators were present for each workgroup.

Workgroup and EPHS Groupings	
Workgroup	Essential Public Health Service and LPHSA Responsibilities
A	<p>EPHS 1 – Monitor health status to identify community health problems.</p> <p>EPHS 2 – Diagnose and investigate health problems and health hazards in the community.</p> <p>EPHS 5 – Develop policies and plans that support individual and community health efforts.</p> <p>EPHS 6 – Enforce laws and regulations that protect health and ensure safety.</p>
B	<p>EPHS 3 – Inform, educate, and empower people about health issues.</p> <p>EPHS 4 – Mobilize community partnerships to identify and solve health problems.</p>
C	<p>EPHS 7 – Link people to needed personal health services and assure the provision of health services.</p> <p>EPHS 9 – Evaluate effectiveness, accessibility, and quality of personal/population-based health services.</p>
D	<p>EPHS 8 – Assure a competent public and personal health care workforce.</p>
E	<p>EPHS 10 – Build and maintain a strong organizational infrastructure for public health.</p>

Figure 3: Workgroups and EPHS Groupings

Scoring

The PCPHD Accreditation Team evaluated current efforts using Zoom polls during each workgroup session. To do this, participants utilized a voting guide to rate the performance measures for each EPHS based on their perception of how well services were being delivered (Figure 4). After reviewing the Zoom poll results, participants discussed the extent to which the LPHS was meeting that standard and provided additional input to their ranking. Each group used the majority rank to arrive at the final score before moving on to the next performance measure. If there was a tie, discussion continued, and participants were invited to further clarify their positions.

V O T I N G G U I D E	Optimal Activity (76-100%)	Greater than 75% of the activity described within the question is met.
	Significant Activity (51-75%)	Greater than 50% but no more than 75% of the activity described within the question is met.
	Moderate Activity (26-50%)	Greater than 25% but no more than 50% of the activity described within the question is met.
	Minimal Activity (1-25%)	Greater than zero but no more than 25% of the activity described within the question is met.
	No Activity (0%)	0% or absolutely no activity.

Figure 4: Voting Guide and Scoring Definition

Data Limitations

The NPHPS Version 3.0 Local Assessment Instrument requires participants to rate the LPHS based on their experience and perception of its performance. Utilizing this method may contribute to biased answers through self-reporting. In addition, there were variations in the breadth of knowledge of participants. For example, some attendees were more closely connected to public health activities through their occupations and were more knowledgeable of certain aspects of service delivery compared to others. Interpretation of assessment questions also varied across participants. Overall model standard scores were an average of the question scores within that model standard, while overall essential service scores were an average of the model standard scores within that essential service. While averages tend to be easier to calculate and generally show a depiction of the true value, they do not provide a complete picture of a distribution and are sensitive to extreme values.

Additionally, participants did not have the opportunity to rank EPHS 6 Model Standard 1 due to time constraints and COVID-19 barriers in 2022. Therefore, the PCPHD Accreditation Team adopted the scores from 2016 to ensure consistency within the report. While scores weren't collected for EPHS 6 Model Standard 1, participants still had the opportunity to discuss the topic and share their feedback. This qualitative data is summarized later in this report. Also, the National Association of County and City Health Officials (NACCHO) Version 3.0 Local Assessment Instrument and the NPHPS Score Sheet that have been provided for this assessment have not been updated to reflect the revised 2020 EPHS framework. Therefore, the Accreditation Team was unable to input data for EPHS 10 into the NPHPS Score Sheet (see Figure 5 below).

Furthermore, the Accreditation Team did not conduct the optional Priority of Model Standards Questionnaire due to time constraints and COVID-19 barriers. Staffing changes also contributed to information gaps, as data collection and workgroup coordination were conducted by the previous Accreditation Team. The PCPHD Accreditation Team acknowledges these findings do not reflect the performance or capacity of any single agency or organization.

Findings

The scores from the LPHSA were recorded into the NPHPS Score Sheet to tabulate the results. Each essential service (ES) score represents the overall level to which the LPHS is meeting the performance standards therein. Scores can range from the minimum value of 0% (No Activity) to the maximum value of 100% (Optimal Activity). Below is a detailed analysis of the findings.

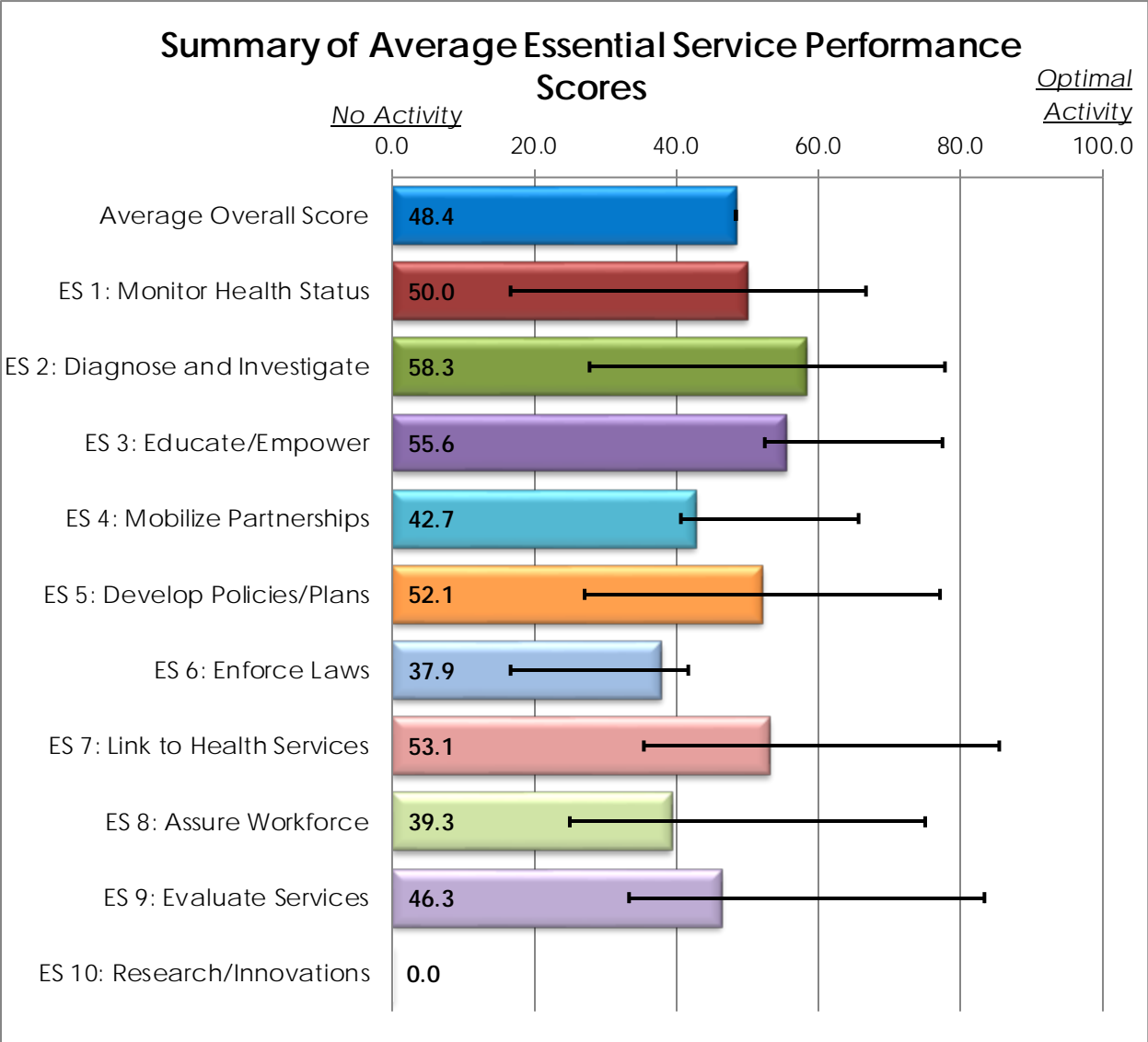


Figure 5: Summary of Average Essential Service (ES) Performance Scores. *Please note that scores for ES 6 Model Standard 1 were adopted from results collected in 2016 due to time constraints and COVID-19 barriers in 2022. Since the NPHPS Score Sheet does not reflect the revised 2020 EPHS framework, the Accreditation Team was unable to input data for EPHS 10.

Figure 5 illustrates the overall assessment score and the average score for each ES. Examining these scores can immediately give a sense of the local public health system’s greatest strengths and weaknesses. The black bars identify the range of reported performance score responses within each essential service.

Most participants rated Placer as having moderate or significant activity in most essential service areas. Specifically, ES 2 (diagnose/investigate) and ES 3 (educate/empower) had some of the highest scores, while ES 6 (enforce laws) and ES 8 (assure workforce) had some of the lowest scores.

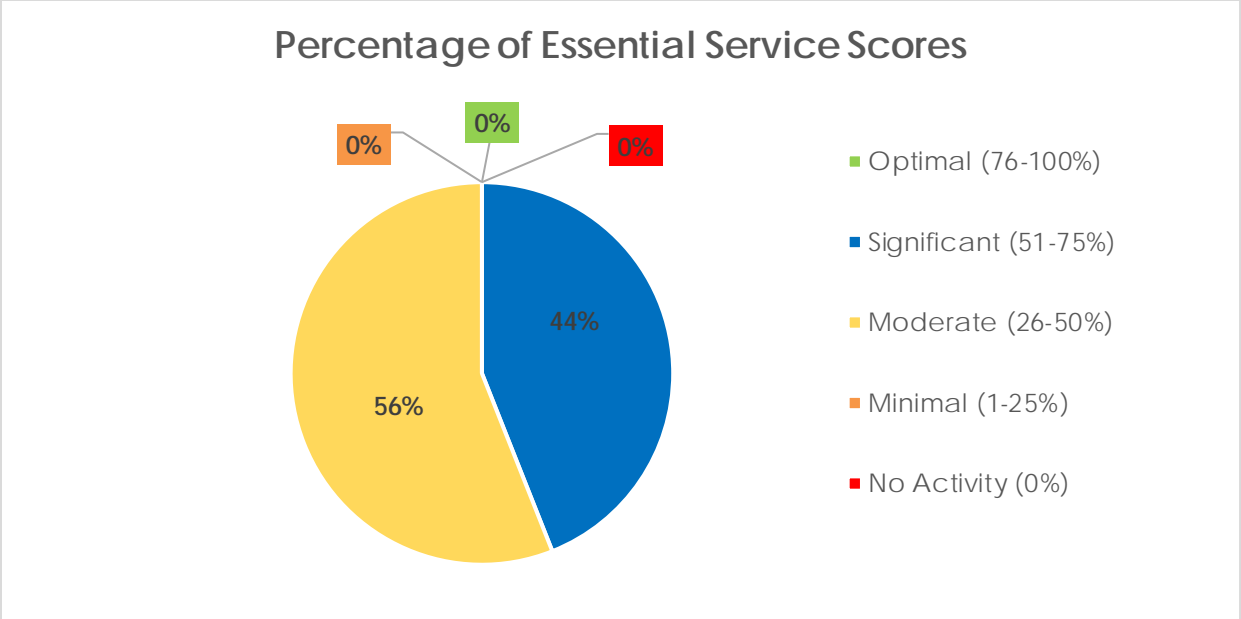


Figure 6: Percentage of Essential Service Scores

Figure 6 represents the percentage of ES scores that fall within the five activity categories. All essential services were rated as having either moderate or significant activity.

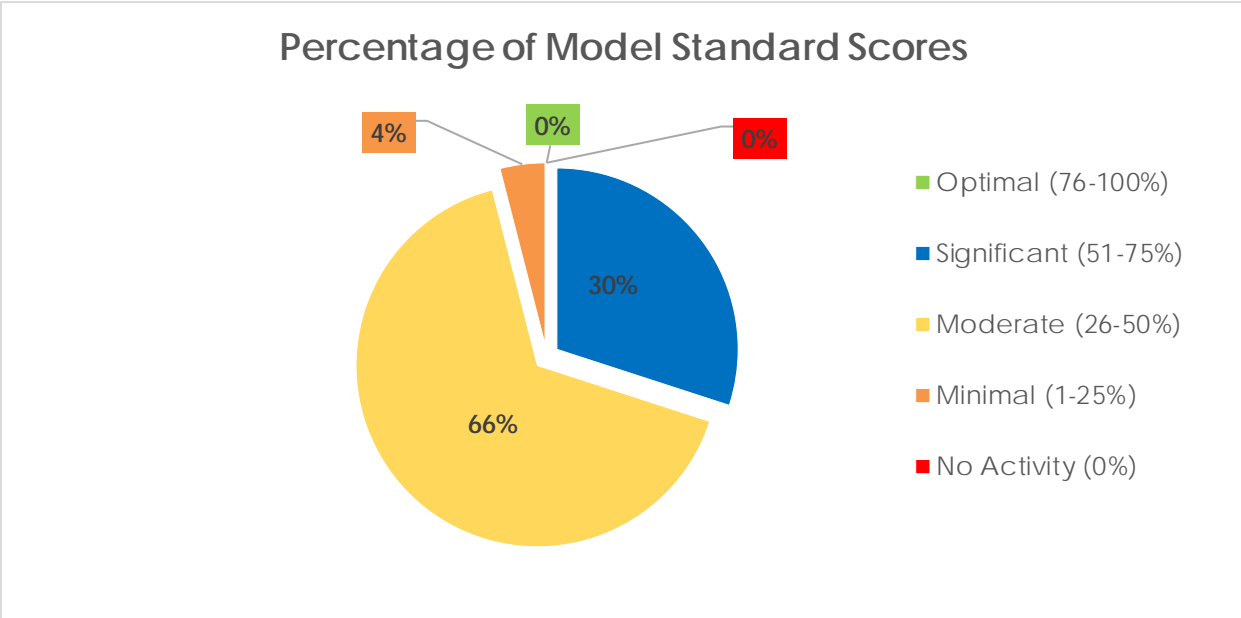


Figure 7: Percentage of Model Standard Scores

Figure 7 represents the percentage of model standard scores that fall within the activity category. The majority of model standards were rated as having either minimal, moderate, or significant activity.

Summary of Placer County LPHSA Qualitative Comments

EPHS 1 – Monitor Health Status to Identify Community Health Problems

Model Standard 1.1: Population-Based Community Health Assessment

At what level does the local public health system:		
1.1.1	Conduct regular community health assessments?	Moderate
1.1.2	Continuously update the community health assessment with current information?	Minimal
1.1.3	Promote the use of the community health assessment among community members and partners?	Moderate

Participants easily identified entities that assess the health of the community regularly. The Maternal, Child, and Adolescent Health (MCAH) Program completes a community health assessment (CHA) once every five years. Local hospitals in Placer County conduct community health needs assessments every three years and may be closer to improving health outcomes than other organizations. The local public health department previously conducted a CHA in 2017 and has dedicated staff to completing an updated version in 2024.

One of the limitations identified was the lack of a community-owned approach since each organization and program have their own specific purpose and goals. Data collected during this time was also impacted and potentially skewed by the COVID-19 pandemic.

Model Standard 1.2: Current Technology to Manage and Communicate Population Health Data

At what level does the local public health system:		
1.2.1	Use the best available technology and methods to display data on the public's health?	Significant
1.2.2	Analyze health data, including geographic information, to see where health problems exist?	Moderate
1.2.3	Use computer software to create charts, graphs, and maps to display complex public health data?	Moderate

Workgroup participants represented a variety of program areas, including the Communicable Disease Program where staff use surveillance systems to reduce the incidence and prevent additional cases of disease. Kaiser Permanente and other hospitals pull data from a centralized location, and the California state level data is also compiled in one place. The Be Well Placer Dashboard also contains

a variety of county-level health data which is accessible to the community and key stakeholders.

A limitation participants mentioned was that while data is more widely available, it's not often shared with partners on a regular basis. Additionally, several programs and agencies rely on state software systems and must work within their capacity.

Model Standard 1.3: Maintenance of Population Health Registries

At what level does the local public health system:		
1.3.1	Collect data on specific health concerns to provide the data to population health registries in a timely manner, consistent with current standards?	Moderate
1.3.2	Use information from population health registries in community health assessments or other analyses?	Moderate

The LPHS has access to health registries and databases such as California Reportable Disease Information Exchange (CaREDIE), Electronic Death Recording Systems, HIV, Birth System, etc. During the COVID-19 pandemic, information and data sharing was critical and led to the development of a COVID-19 Data Dashboard. This was regularly updated to share information about testing, cases, hospitalizations, deaths, and vaccinations county-wide.

Although the LPHS has access to these databases, familiarity with the databases is limited due to the vast amount of data information and each department only utilizing specific databases related to their initiatives. Additionally, participants discussed how state registries are restrictive and present problems at the local level. However, the utilization of these registries and databases presents an opportunity for increased sharing of health information and data between health departments and agencies.

EPHS 2 – Diagnose and Investigate Health Problems and Health Hazards

Model Standard 2.1: Identification and Surveillance of Health Threats

At what level does the local public health system:		
2.1.1	Participate in a comprehensive surveillance system with national, state and local partners to identify, monitor, share information, and understand emerging health problems and threats?	Moderate

2.1.2	Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies and emerging threats (natural and manmade)?	Significant
2.1.3	Assure that the best available resources are used to support surveillance systems and activities, including information technology, communication systems, and professional expertise?	Moderate

At the public health level, surveillance work identified included communicable disease surveillance and bioterrorism preparedness. For example, Placer County demonstrates professional expertise in disease surveillance and diagnosis. The local health department specifically has multiple epidemiologists on staff who support surveillance efforts.

The LPHS also has strong health hazard communications through utilizing California Health Alert Network (CAHAN) alerts, state conference calls, and warning center alerts. Many of these communications are outlined in the Placer County Health and Human Services (HHS) All Hazards Plan, which was last updated in 2020. Participants mentioned that competing health emergencies can put a strain on staff.

Model Standard 2.2: Investigation and Response to Public Health Threats and Emergencies

At what level does the local public health system:		
2.2.1	Maintain written instructions on how to handle communicable disease outbreaks and toxic exposure incidents, including details about case finding, contact tracing, and source identification and containment?	Moderate
2.2.2	Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters?	Moderate
2.2.3	Designate a jurisdictional Emergency Response Coordinator?	Significant
2.2.4	Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines?	Moderate

2.2.5	Identify personnel with the technical expertise to rapidly respond to possible biological, chemical, or and nuclear public health emergencies?	Moderate
2.2.6	Evaluate incidents for effectiveness and opportunities for improvement?	Moderate

The Public Health Emergency Preparedness (PHEP) Program, Communicable Disease Program, and the Environmental Health Division all have written protocols and standard operating procedures that are reviewed and updated on a regular basis. For example, Placer County has a comprehensive HHS All Hazards Plan that identifies and describes the roles, responsibilities, and activities of the local health department during public health emergencies. While the plan streamlines emergency response processes, participants identified the need for additional training and resources to increase knowledge and awareness of the emergency response procedures. In addition, pre-hospital, hospital, and environmental health have been responsive to public health emergencies.

Model Standard 2.3: Laboratory Support for Investigation of Health Threats

At what level does the local public health system:		
2.3.1	Have ready access to laboratories that can meet routine public health needs for finding out what health problems are occurring?	Significant
2.3.2	Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards?	Significant
2.3.3	Use only licensed or credentialed laboratories?	Significant
2.3.4	Maintain a written list of rules related to laboratories, for handling samples (collecting, labeling, storing, transporting, and delivering), for determining who is in charge of the samples at what point, and for reporting the results?	Minimal

Placer County partners with the Sacramento County Public Lab (SCPL) for laboratory needs, such as testing and reporting. Although they have an extensive lab that can meet public health needs, it serves most of the surrounding counties which may delay laboratory results since these services are located outside of the county. Many participants agreed that most people are unaware about the partnership with the SCPL. Additionally, some participants identified the need for additional planning and review of lab shipping requirements.

EPHS 3 Inform and Educate and Empower People about Health Issues

Model Standard 3.1: Health Education and Promotion

At what level does the local public health system:		
3.1.1	Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies?	Significant
3.1.2	Coordinate health promotion and health education activities to reach individual, interpersonal, community, and societal levels?	Moderate
3.1.3	Engage the community throughout the process of setting priorities, developing plans and implementing health education and health promotion activities?	Moderate

The LPHS performs strongly as it promotes health and provides education via community forums and other communication channels. Community-based organizations and programs establish benchmarks, survey the population, and build coalitions to work towards collaborative action in public health. A variety of programs collaborate with community partners to provide outreach and disseminate educational materials. The Healthy Brain Initiative is one example that coordinates with partners to promote health and well-being to targeted communities.

Participants identified the need for more educational efforts targeted at policymakers. Additionally, participants highlighted the importance of leveraging existing partnerships to promote health education coordination and collaboration efforts.

Model Standard 3.2: Health Communications

At what level does the local public health system:		
3.2.1	Develop health communication plans for relating to media and the public and for sharing information among LPHS organizations?	Moderate
3.2.2	Use relationships with different media providers (e.g. print, radio, television, and the internet) to share health information, matching the message with the target audience?	Moderate

3.2.3	Identify and train spokespersons on public health issues?	Minimal
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The LPHS has competent public speakers that act as subject-matter experts (SMEs) on certain public health issues. Several community partners (hospitals, community-based organizations, etc.) individually distribute health information in various forms including newsletters, videos, journals, social media, and public forums. While several organizations and programs utilize a variety of communication channels to share information, some communities experience technology barriers and cannot access this information. Additionally, the HHS Department has developed a department-wide Communication Plan to provide a roadmap for strong communication messaging; however, several staff are unaware of it.

Participants identified the need for more funding opportunities for designated mass media campaigns (i.e., television, radio, and billboard ads), as well as additional partnerships with media providers. There is also a need for more collaborative information sharing to reduce duplication of efforts.

Model Standard 3.3: Risk Communication

At what level does the local public health system:		
3.3.1	Develop an emergency communications plan for each stage of an emergency to allow for the effective dissemination of information?	Significant
3.3.2	Make sure resources are available for a rapid emergency communication response?	Significant
3.3.3	Provide risk communication training for employees and volunteers?	Moderate

The HHS All Hazards Plan outlines a guide for disseminating emergency information to the general public and to those directly impacted by an emergency. This describes specific protocols for sharing information, which includes the utilization of radios, mobile, email, and CAHAN alerts. Challenges exist with addressing language barriers and distinctive cultural considerations within the community.

EPHS 4 Mobilize Community Partnerships to Identify and Solve Health Problems

Model Standard 4.1: Constituency Development

At what level does the local public health system:		
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4.1.1	Maintain a complete and current directory of community organizations?	Moderate
4.1.2	Follow an established process for identifying key constituents related to overall public health interests and particular health concerns?	Moderate
4.1.3	Encourage constituents to participate in activities to improve community health?	Moderate
4.1.4	Create forums for communication of public health issues?	Minimal

The LPHS regularly updates the Placer County Network of Care websites, which provides information about health, wellness, and services that are available within the county. This directs individuals to 211 Placer, a resource and information hub that connects people with community programs and services through a searchable web page and 24/7 local call center. Additionally, the Placer Collaborative Network (PCN) brings together community leaders to develop creative solutions for change, and ultimately, improve the quality of life for those living in Placer County. While over 30 community leaders participate in the PCN, the LPHS could benefit from more participation by the general public. There is also an established process for gaining community feedback built into the Be Well Placer’s website. However, community members may be unaware of this feature. Participants also identified the need to increase communication with and outreach to religious-based organizations.

Model Standard 4.2: Community Partnerships

At what level does the local public health system:		
4.2.1	Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community?	Significant
4.2.2	Establish a broad-based community health improvement committee?	Minimal
4.2.3	Assess how well community partnerships and strategic alliances are working to improve community health?	Minimal

According to participants, the LPHS historically has strong partnerships with community stakeholders. In fact, the LPHS features a number of organizations that host and participate in coalitions and collaborative forums, including Kids First, the Sierra Community House, and the Latino Leadership Council. A variety of other meetings regularly convene community partners willing to work to improve health

in Placer County. In addition, the well-established Campaign for Community Wellness is a coalition of community members, non-profit organizations, education, and law enforcement partners working to increase wellness in the community.

While the COVID-19 pandemic postponed a variety of in-person coalition meetings, technology applications, such as Zoom and Teams, enabled partners to convene virtually online. However, participants still identified the need for alternative meeting times, since many community members were unable to attend during work hours. As well, participants identified the importance of including health outcome and assessment data into meeting agendas to determine the success of community partnerships.

EPHS 5: Develop Policies and Plans that Support Individual and Community Health Efforts

Model Standard 5.1: Governmental Presence at the Local Level

At what level does the local public health system:		
5.1.1	Support the work of a local health department dedicated to the public health to make sure the essential public health services are provided?	Moderate
5.1.2	See that the local health department is accredited through the national voluntary accreditation program?	Moderate
5.1.3	Assure that the local health department has enough resources to do its part in providing essential public health services?	Moderate

The Public Health Division has dedicated staff to ensure essential public health services are provided to the Placer County community. For example, the Division has a team dedicated to achieving Public Health Division Accreditation by the Public Health Accreditation Board (PHAB), a 501(c)(3) organization that administers the national public health accreditation program. The COVID-19 pandemic also increased community awareness of public health issues facing the community. Not only did this contribute to public health workforce expansion, but it also helped the Division advance efforts to uncover public health problems and seek solutions.

Moving forward, participants identified the opportunity to develop specific workgroups to ensure strategic plans, which are required for national accreditation, are implemented, reviewed, and updated on a regular basis.

Additionally, the Division is continually looking for new and innovative ways to promote essential public health services throughout the Placer County community.

Model Standard 5.2: Public Health Policy Development

At what level does the local public health system:		
5.2.1	Contribute to public health policies by engaging in activities that inform the policy development process?	Moderate
5.2.2	Alert policymakers and the community of the possible public health impacts (both intended and unintended) from current and/or proposed policies?	Moderate
5.2.3	Review existing policies at least every three to five years?	Moderate

There are a variety of important initiatives that engage members within the entire LPHS. Some of these initiatives include the Placer County Tobacco-Free Coalition, Placer County Aging and Cognition Coalition, Placer Food Security Coalition, and the Placer County Oral Health Alliance. During coalition meetings, members may have the opportunity to discuss the impact of policies on certain public health topics.

While the Public Health Division is able to contribute to various public health policy discussions, there is opportunity for greater involvement, particularly around built environment and climate impact. Political constraints on public health messages also restrain growth in certain areas of policy development. In addition, participants mentioned that minimal funding outside of state programs constrains innovation in public health policy development.

Model Standard 5.3: Community Health Improvement Process and Strategic Planning

At what level does the local public health system:		
5.3.1	Establish a community health improvement process, with broad-based diverse participation, that uses information from both the community health assessment and the perceptions of community members?	Moderate

5.3.2	Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps?	Moderate
5.3.3	Connect organizational strategic plans with the Community Health Improvement Plan?	Moderate

The last Community Health Improvement Plan (CHIP) was implemented between 2017-2021. Currently, the Public Health Division has dedicated staff to update and implement the CHIP.

Model Standard 5.4: Plan for Public Health Emergencies

At what level does the local public health system:		
5.4.1	Support a workgroup to develop and maintain preparedness and response plans?	Moderate
5.4.2	Develop a plan that defines when it would be used, who would do what tasks, what standard operating procedures would be put in place, and what alert and evacuation protocols would be followed?	Significant
5.4.3	Test the plan through regular drills and revise the plan as needed, at least every two years?	Moderate

As mentioned previously, the comprehensive HHS All Hazards Plan identifies and describes the roles, responsibilities, and activities of the local health department during public health emergencies. Other topic-specific response plans, as well as numerous forums to discuss emergency preparedness, also exist within the LPHS.

While Placer County has an HHS All Hazards Plan, it needs to be updated more regularly. As well, participants identified the need to implement standard emergency response drills, exercises, and training for public health staff on a regular basis. The local health department could utilize Placer Learns, a learning management system, to make emergency response training available to HHS employees.

EPHS 6 Enforce Laws and Regulations that Protect Health and Ensure Safety

Model Standard 6.1: Review and Evaluation of Laws, Regulations, and Ordinances

At what level does the local public health system:		
6.1.1	Identify public health issues that can be addressed through laws, regulations, or ordinances?	Minimal

6.1.2	Stay up-to-date with current laws, regulations, and ordinances that prevent, promote, or protect public health on the federal, state, and local levels?	Significant
6.1.3	Review existing public health laws, regulations, and ordinances at least once every five years?	Minimal
6.1.4	Have access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances?	Moderate

A variety of local government agencies, including Placer County Mosquito and Vector Control, Air Pollution control, Animal Services, and Environmental Health, adhere to policies related to health issues. Each of these agencies are regulated

Figure 8: Please note that scores for ES 6 Model Standard 1 were adopted from results collected in 2016 due to time constraints and COVID-19 barriers in 2022.

by and follow state and federal laws governing public health work. For Public Health, the Division does not have the authority to take part in enforcement activities outside of tuberculosis compliance. Local hospitals in the LPHS are also diligent in adhering to laws and regulations.

Participants identified no formal review of existing public health laws, regulations, and ordinances at the system level. Instead, there is only an informal review of laws based on program and/or organizational criteria and needs. Another limitation is the lack of understanding of how the local health department functions in regard to state and federal laws. Moving forward, participants identified the need to continue to build and expand partnerships with stakeholders that influence laws and regulations in Placer County.

Model Standard 6.2: Involvement in the Improvement of Laws, Regulations, and Ordinances

At what level does the local public health system:		
6.2.1	Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances?	Minimal
6.2.2	Participate in changing existing laws, regulations, and ordinances, and/or creating new laws, regulations, and ordinances to protect and promote the public health?	Minimal
6.2.3	Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances?	Minimal

An informal process to identify issues in existing laws, regulations, and ordinances exists in the LPHS. In fact, the Placer County Tobacco Prevention Program is working on implementing tobacco retail density and zoning policies in Placer County, with the goal to minimize the presence of future tobacco retailers within 1,000 feet of a school and within 500 feet of another tobacco retailer. Local hospitals are also engaged in the process of building robust regulatory relationships on an ongoing basis.

Model Standard 6.3: Enforcement of Laws, Regulations, and Ordinances

At what level does the local public health system:		
6.3.1	Identify organizations that have the authority to enforce public health laws, regulations, and ordinances?	Minimal
6.3.2	Assure that a local health department (or other governmental public health entity) has the authority to act in public health emergencies?	Moderate
6.3.3	Assure that all enforcement activities related to public health codes are done within the law?	Moderate
6.3.4	Educate individuals and organizations about relevant laws, regulations, and ordinances?	Moderate
6.3.5	Evaluate how well local organizations comply with public health laws?	Moderate

According to participants, the authority of the county health officer to make high-level decisions is well-understood. However, roles in enforcement activities could be more clearly defined across entities within the LPHS. In addition, the Public Health Division has strong health programs that help inform the public on current and upcoming changes in laws. For example, the Vital statistics Program provides a variety of information to help people understand and comply with state laws focused on vital records.

EPHS 7: Link People to Needed Personal Health Services and Assure the Provision of Healthcare when otherwise Unavailable

Model Standard 7.1: Identification of Personal Health Service Needs of Populations

At what level does the local public health system:		
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7.1.1	Identify groups of people in the community who have trouble accessing or connecting to personal health services?	Significant
7.1.2	Identify all personal health service needs and unmet needs throughout the community?	Moderate
7.1.3	Defines partner roles and responsibilities to respond to the unmet needs of the community?	Moderate
7.1.4	Understand the reasons that people do not get the care they need?	Moderate

As previously mentioned, the Public Health Division conducted a CHA in 2017 and has dedicated staff to completing an updated version in 2024. This successfully identifies populations who have trouble accessing or connecting to personal health services. Participants also identified a number of community partners that work to identify health needs in a culturally competent manner, including the Latino Leadership Council, First 5 Placer, and the Sierra Native Alliance. Many of these partners also have considerable knowledge of where to access available health-related resources. In fact, the HHS Department provides a wide variety of health-related information on topics ranging from mental health to Medi-Cal eligibility to tobacco control. Having multiple divisions under one overarching department improves linkage and coordination to essential health services.

Moving forward, participants identified the need for increased communication and cross-collaboration efforts to help streamline service provision. The integration of California Advancing and Innovating Medi-Cal (CalAIM), an initiative to make the Medi-Cal program more equitable and person-centered, is one strategy that will improve the coordination of services and eliminate duplication of efforts.

Model Standard 7.2: Assuring the Linkage of People to Personal Health Services

At what level does the local public health system:		
7.2.1	Connect (or link) people to organizations that can provide the personal health services they may need?	Moderate
7.2.2	Help people access personal health services, in a way that takes into account the unique needs of different populations?	Moderate
7.2.3	Help people sign up for public benefits that are available to them (e.g., Medicaid or medical and prescription assistance programs)?	Moderate

7.2.4	Coordinate the delivery of personal health and social services so that everyone has access to the care they need?	Moderate
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Between HHS programs and other community-based organizations, there are a variety of resources available to assist people in receiving public benefits. However, language continues to be one of the largest barriers to applying for public benefits and other assistance programs. Therefore, participants identified the need for more immediate access to additional interpreting services. Another area of improvement involved updating resource lists more frequently to ensure accurate information.

EPHS 8: Workforce Assessment, Planning and Development

Model Standard 8.1: Workforce Assessment, Planning, and Development

At what level does the local public health system:		
8.1.1	Set up a process and a schedule to track the numbers and types of LPHS jobs and the knowledge, skills, and abilities that they require whether those jobs are in the public or private sector?	Moderate
8.1.2	Review the information from the workforce assessment and use it to find and address gaps in the local public health workforce?	Minimal
8.1.3	Provide information from the workforce assessment to other community organizations and groups, including governing bodies and public and private agencies, for use in their organizational planning?	Minimal

The Public Health Division previously developed a 2018-2023 Workforce Development Plan and has dedicated staff to completing an updated version in 2024. The Division will use the information in the assessment to identify and address gaps in the local public health workforce. For example, one barrier that participants discussed was how it's difficult to recruit for positions located in the North Lake Tahoe area. The Sierra Community Medical Foundation, a collaboration effort developed by the Placer-Nevada County and the Yuba-Sutter-Colusa County Medical Societies, is another asset that aims to address the gaps in medical services within the community.

More recently, there has also been growing interest and awareness of the value of internships in the public health field. Additionally, the ability to hire extra help staff during the COVID-19 pandemic helped address hiring gaps, as several extra help staff have gone on to receive permanent positions within the local health department. Participants also identified the importance of offering a hybrid work schedule to retain employees.

Model Standard 8.2: Public Health Workforce Standards

At what level does the local public health system:		
8.2.1	Make sure that all members of the public health workforce have the required certificates, licenses, and education needed to fulfill their job duties and meet the law?	Significant
8.2.2	Develop and maintain job standards and position descriptions based in the core knowledge, skills, and abilities needed to provide the essential public health services?	Moderate
8.2.3	Base the hiring and performance review of members of the public health workforce in public health competencies?	Minimal

The local health department ensures that members recruited within the public health field have the required certificates, licenses, and educational background needed to fulfill their job duties. However, participants identified the need to create and implement a framework for new staff that reviews the Public Health Division’s mission, vision, values, and services, as well as provides training opportunities on the Ten Essential Public Health Services and Core Competencies for Public Health Professionals. Other suggestions for improvement included collaborating with Human Resources (HR) on public health workforce recruitment, developing a workforce development taskforce, and embedding the core competencies into public health evaluations.

Model Standard 8.3: Life-long Learning Through Continuing Education, Training, and Mentoring

At what level does the local public health system:		
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8.3.1	Identify education and training needs and encourage the workforce to participate in available education and training?	Minimal
8.3.2	Provide ways for workers to develop core skills related to essential public health services?	Moderate
8.3.3	Develop incentives for workforce training, such as tuition reimbursement, time off for class, and pay increases?	Minimal
8.3.4	Create and support collaborations between organizations within the public health system for training and education?	Minimal
8.3.5	Continually train the public health workforce to deliver services in a cultural competent manner and understand social determinants of health?	Minimal

According to participants, employees are generally encouraged to complete training across departments and organizations. Placer Learns provides multiple training opportunities on a variety of topics, including the provision of culturally competent services. For example, Placer County’s Systems of Care offers a Cultural Broker Dialogue Series which aims to expand cultural awareness, facilitate rich cross-cultural dialogue, and build skills for effective engagement to improve outcomes for diverse communities.

In addition, some private sector organizations within the LPHS have more resources which may result in greater workforce training incentives, such as tuition reimbursement. While collaboration across organizations related to training and education may exist, strategies need to be implemented that increase awareness of these opportunities.

Model Standard 8.4: Public Health Leadership Development

At what level does the local public health system:		
8.4.1	Provide access to formal and informal leadership development opportunities for employees at all organizational levels?	Minimal
8.4.2	Create a shared vision of community health and the public health system, welcoming all leaders and community members to work together?	Moderate
8.4.3	Ensure that organizations and individuals have opportunities to provide leadership in areas where they have knowledge, skills, or access to resources?	Moderate

8.4.4	Provide opportunities for the development of leaders representative of the diversity within the community?	Moderate
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Attendees attribute shared visioning to the MAPP endeavor, a community-drive strategic planning process to achieve health equity. It provides a structure for communities to assess their most pressing population health issues and align resources across sectors for strategic action. The MAPP process was most recently conducted in 2022 as part of the Public Health Division Accreditation process.

The local health department encourages participation in leadership and management development learning opportunities. In fact, staff have participated in the Placer Learns Supportive Supervisor Series, UC Davis Management Development Series, and National Association of Counties (NACo) High Performance Leadership Academy. Also, the local health department provides regular communication to employees about promotional or transfer opportunities within the department. One limitation identified was how leadership opportunities were postponed during the COVID-19 pandemic.

EPHS 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-based Health Services

Model Standard 9.1: Evaluation of Population-Based Health Services

At what level does the local public health system:		
9.1.1	Evaluate how well population-based health services are working, including whether the goals that were set for programs were achieved?	Moderate
9.1.2	Assess whether community members, including those with a higher risk of having a health problem, are satisfied with the approaches to preventing disease, illness, and injury?	Minimal
9.1.3	Identify gaps in the provision of population-based health services?	Moderate
9.1.4	Use evaluation findings to improve plans and services?	Moderate

According to participants, LPHS employees have the knowledge and skillset to effectively engage key strategic partners during the program evaluation process. Although organizations may evaluate their programs, participants agreed that they do not share results collectively. Therefore, participants identified the need

to develop a standardized process of disseminating information across organizations and throughout the community in a more systematic manner.

Placer County also lacks a large institution that conducts local public health research. Suggestions for improvement included creating research positions, coordinating with local colleges to develop research opportunities, and collaborating with larger institutions outside of Placer County. Additionally, participants mentioned the importance of incorporating a “health equity lens” throughout the evaluation process.

Model Standard 9.2: Evaluation of Personal Health Services

At what level does the local public health system:		
9.2.1	Evaluate the accessibility, quality, and effectiveness of personal health services?	Moderate
9.2.2	Compare the quality of personal health services to established guidelines?	Moderate
9.2.3	Measure satisfaction with personal health services?	Minimal
9.2.4	Use technology, like the internet or electronic health records, to improve quality of care?	Moderate
9.2.5	Use evaluation findings to improve services and program delivery?	Moderate

Several programs in the LPHS are required to conduct evaluations due to funding requirements. Therefore, evaluations are primarily conducted at the program level to gather data and improve the quality and effectiveness of service delivery in the community. Participants also expressed interest in developing a performance management and quality improvement committee to further advance and improve quality assurance efforts within the local health department. Another opportunity for improvement involved identifying new technology and software solutions to progress quality efforts.

Model Standard 9.3: Evaluation of the Local Public Health System

At what level does the local public health system:		
9.3.1	Identify all public, private, and voluntary organizations that provide essential public health services?	Moderate
9.3.2	Evaluate how well LPHS activities meet the needs of the community at least every five years, using guidelines that describe a model LPHS and	Moderate

	involving all entities contributing to essential public health services?	
9.3.3	Assess how well the organizations in the LPHS are communicating, connecting, and coordinating services?	Moderate
9.3.4	Use results from the evaluation process to improve the LPHS?	Moderate

The LPHS has a variety of public, private, and voluntary organizations that provide essential public health services. While public services are located on the local health department’s website, there is not one comprehensive list of public, private, and voluntary organizations that provide these essential services. Participants also identified the need for organizations to improve the coordination of services with other partners. By doing this, organizations can enhance communication efforts and highlight these services in the community.

More recently, the local health department has had funding opportunities to support multiple epidemiologists who gather, collect, and compare data results to the state and other California counties. The LPHS can use this data to share program information and success stories. While this data can also be used to evaluate LPHS activities, there needs to be more of a concerted effort to track public health goals and objectives on a regular basis. This can be done through the development and implementation of a performance management system, which can lead to recurring tracking of public health measures and improvements in service delivery to the public.

EPHS 10: Build and Maintain a Strong Organizational Infrastructure for Public Health

Model Standard 10.1: Developing a Public Health Infrastructure

At what level does the local public health system:		
10.1.1	Develop an understanding of the broader organizational infrastructures and roles that support the local public health system in a jurisdiction (e.g., government agencies, elected officials, and non-governmental organizations)?	Minimal
10.1.2	Exhibit effective and ethical leadership, decision making, and governance?	Moderate
10.1.3	Utilize communications and strategic planning capacities and skills?	Moderate

10.1.4	Ensure robust information technology services that are current and meet privacy and security standards?	Significant
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Having a strong public health infrastructure enables the LPHS to respond to community needs, especially during a time of crisis. In fact, the COVID-19 pandemic brought public health issues to the forefront of conversation. This created the need for additional job positions to support the work of current public health staff.

Participants also mentioned how regular messaging about program updates, staffing changes, and accomplishments could encourage staff buy-in and prevent burnout. Another opportunity for improvement that was discussed involved communicating Public Health Accreditation and strategic planning efforts on an ongoing basis.

Model Standard 10.2: Managing Resources Effectively

At what level does the local public health system:		
10.2.1	Ensure that appropriate, needed resources are allocated equitably for the public’s health?	Moderate
10.2.2	Manage financial and human resources effectively?	Moderate
10.2.3	Ensure accountability, transparency, and inclusiveness with all partners and the community in all aspects of practice?	Moderate

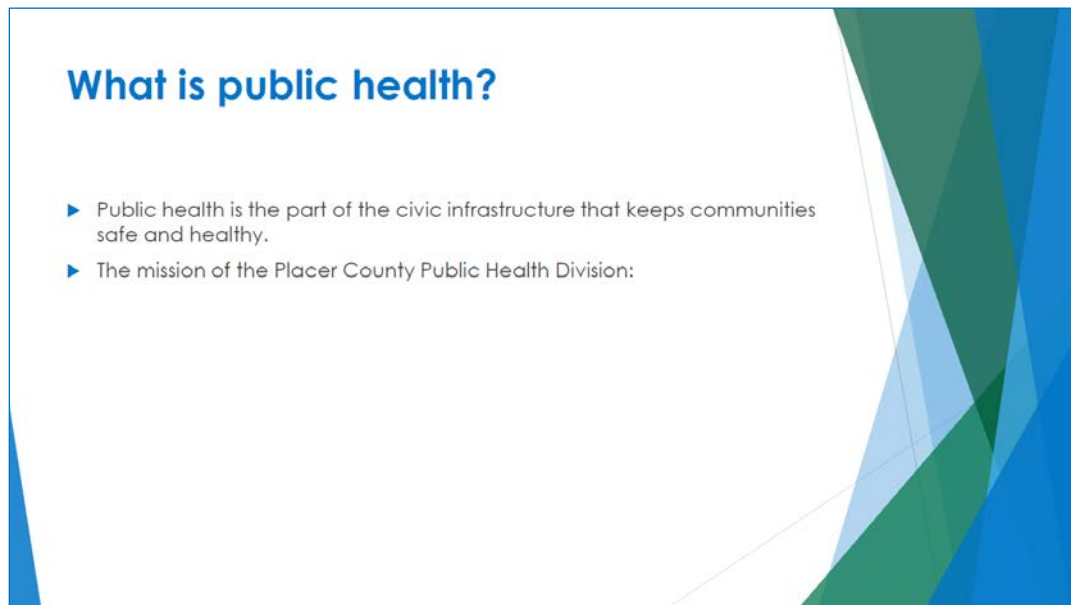
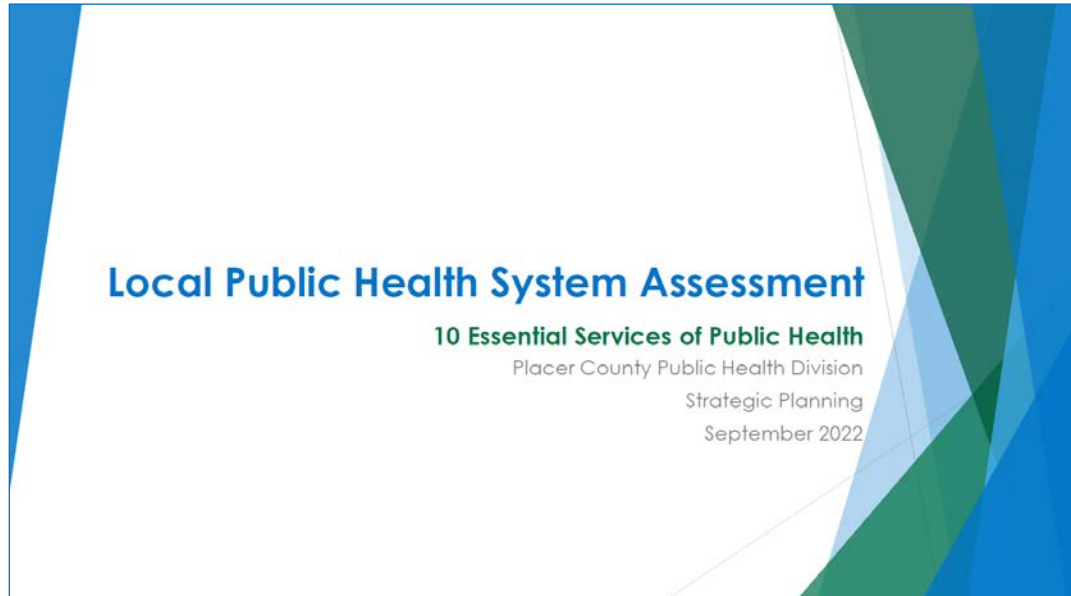
While the LPHS has a strong public health infrastructure, having a decentralized system in the local health department can produce barriers and prevent progress in certain areas. In order to maintain a strong infrastructure, participants identified the need to enhance the Division’s relationship with HR and improve the fiscal structure.

Additionally, participants discussed how the LPHS reduces duplication of services and sustains relationships with stakeholders by sharing public health partnerships and collaboration activities. Areas for improvement included developing a community SharePoint to streamline resource allocation, as well as highlighting successful partnerships during National Public Health Week.

Conclusion

Participants involved in the LPHSA provided a wide variety of feedback and insight on all essential public health services. The valuable input from participants will be used to provide baseline qualitative data for upcoming initiatives to improve the quality of public health efforts in Placer County. LPHSA results will also be utilized to identify gaps, prioritize strategic issues, and develop goals and strategies to address them.

Appendix A: Placer County LPHSA Workgroup Template



Ten Essential Public Health Services

The core functions of public health are divided into

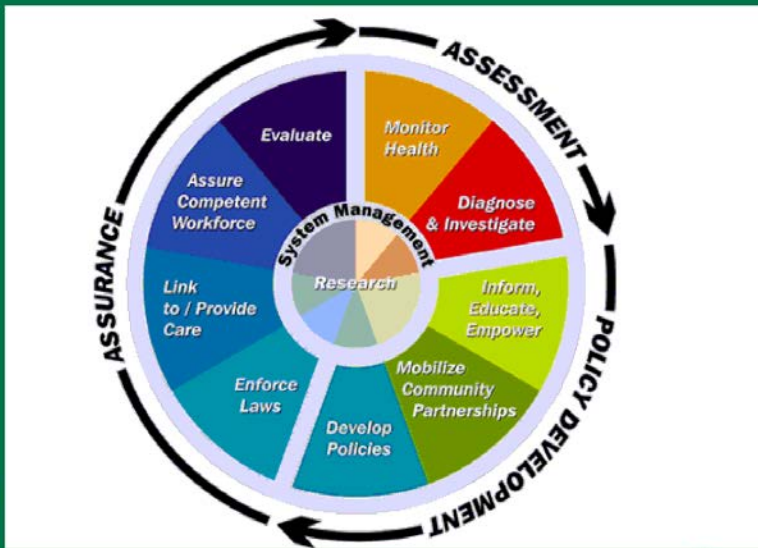


The Ten Essential Public Health Services fall into one of the three categories:

Assessment

Policy Development

Assurance



Assessment Goals

- ▶ The Local Public Health System Assessment (LPHSA) focuses on all of the organizations and entities that contribute to the public's health.
- ▶ It answers the following questions:
 - ▶ What are the components, activities, competencies, and capacities of our local public health system?
 - ▶ How are the Essential Services being provided to our community?

Appendix B: Placer County LPHSA Invitation Letter



Hello Public Health Partner,

The Placer County Public Health Division (PCPHD) would like to invite you to participate as a subject matter expert (SME) in the Local Public Health Strengths Assessment (LPHSA). The LPHSA is a nationally recognized assessment to evaluate the PCPHD's performance in regards to the [10 Essential Public Health Services](#). SMEs will provide insight on areas of strength in our community as well as highlight opportunities for growth and expansion to better support our community's growing needs.

The intent of this evaluation process is to inform the priorities, goals, and interventions for the 2023-2028 Placer County Community Health Improvement Plan (CHIP). The CHIP is a long-term, systematic effort to address public health problems and is critical for developing policies and defining actions to target efforts that promote health. PCPHD conducts this evaluation process every five (5) years.

The PCPHD will hold focus groups from August 15 - August 26 to receive feedback around various components of the LPHSA. The focus groups will last for 1.5 hours and will be held virtually through Zoom (calendar invites to follow). Participants may be asked to participate in up to 2 focus groups.

Please respond to this email to let us know if you would like to participate by [DATE].

If you find that you are unable to attend after the calendar invites are sent, please let us know and we will work to ensure a representative from your organization is engaged in this effort.

Thank you in advance for your consideration,

Sincerely,

Public Health Accreditation Team

Public Health Division • 11484 B Avenue • Auburn, CA 95603

