NLSPHS Feedback Report 2014

University of Kentucky

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Customized Report for data$lhdname2014[i], rdata$**state2[i]**

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This report contains preliminary data from the 2014 survey. All errors are the responsibility of the authors.

Introduction

We are pleased to share with you a customized report of results from the ***2014 National Longitudinal Survey of Public Health Systems***—a survey of a national cohort of local health departments conducted initially in 1998 and again in 2006, 2012, and 2014. The attached report compares responses received from your department with aggregate measures reported by other responding departments. This information has been prepared as a courtesy to you, *and will not be disseminated to others*. We hope you will find this information interesting and helpful.

Study Overview: As you may recall, the purpose of this study is to examine the availability of public health activities in communities across the nation, along with the organizations that contribute to performing these activities. The longitudinal nature of this study provides the opportunity to examine how public health systems are organized and how they change over time.

Survey Instrument: The survey instrument used in 2014, 2012, 2006, and 1998 was developed by Dr. C. Arden Miller at the University of North Carolina and Dr. Bernard Turnock at the University of Illinois-Chicago. This instrument was designed and validated as a screening tool to assess the availability of 20 recommended public health activities in the jurisdictions served by local health departments. Each of these activities reflects one of the three core public health functions as identified by the Institute of Medicine in 1988 (assessment, policy development, and assurance). See the appendix to this report for more information on the instrument.

Study Population: The study population consists of the ~~497~~ local health departments that reported serving jurisdictions of at least 100,000 residents in 1997. A total of 78% of these departments responded to the survey in 1998, 68% responded in 2006, 70% responded in 2012, and ~~81%~~ responded in 2014.

Peer Groups: Peer groups of local health departments were identified through a statistical clustering procedure that grouped departments based on similarities in several characteristics: population size of the jurisdiction served by the department; proportion of the population that is nonwhite; per capita personal income in the jurisdiction; and involvement in providing environmental health services. Each department was placed in one of 16 peer groups for comparative analysis.

Important Limitations: It is important to recognize that the instrument does not provide a comprehensive assessment of all the important public health activities that may or may not be available at the local level. Additionally, the instrument relies on self-reported information provided by public health agency administrators and therefore is subject to common sources of measurement error associated with self-reported data. Validation studies have shown that these sources of error have relatively little effect on the accuracy of population estimates constructed from the instrument, but they can have larger effects on the accuracy of individual observations such as those provided for your individual jurisdiction in this report.

Your Report and Feedback: This report provides customized, comparative results for your jurisdiction along with an appendix that describes how measures are constructed. This report was generated using an automated program, so errors are possible. We welcome your comments and feedback regarding this information, ***particularly if you note any errors or inaccuracies in the data***. Additionally, we would be glad to send you copies of subsequent analyses and reports from this study. Please contact our reseach team at publichealthPBRN@uky.edu.

Thank you for your invaluable assistance in making this study possible. Your contributions provide the critical knowledge and information that will enable continued improvements in public health.

Note: responses from your agency are available for the following years of the survey:

Availability of Public Health Activities

Measures of the availability of public health activities were constructed from responses to 20 questions asking whether or not a specific public health activity was performed in your jurisdiction. **Figure 1** shows the overall proportion of these activities that were reported as available in your jurisdiction, compared to similar "peer group" jurisdictions and to all U.S. jurisdictions included in the survey. Error bars denote 95% confidence intervals that can be used to assess whether your jurisdiction is significantly above/below the peer and US benchmarks. **Table 1** provides detailed information on the availability of each of the 20 activities.

Figure 1: Proportion of Public Health Activities Available in the Jurisdiction

Table 1: Availability of Public Health Activities within Local Communities

Activity	Your Jurisdiction	Peers (2014)	USA (2014)
1. Community needs assessment			
2. Behavioral risk factor survey			
3. Adverse health events investigation			
4. Public health laboratory services			
5. Analysis of health determinants & resources			
6. Analysis of preventive services use			
7. Communication network of health organizations			
8. Inform elected officials about health issues			
9. Prioritization of community health needs			
10. Implementation of health initiatives in priority areas			
11. Community participation in health planning			
12. Resource allocation planning			
13. Resource deployment consistent with plan			
14. LHD organizational assessment			
15. Provision/linkage to needed health services			
16. Evaluation of public health services			
17. Monitor/improve program processes and outcomes			
18. Health information provision to the public			
19. Health information provision to the media			
20. Implementation of mandated PH activities			
Percent of assessment activities available (#1-6)			
Percent of policy development activities available (#7-13)			
Percent of assurance activities available (#14-20)			
Overall percent of activities available (weighted by function)			

Perceived Effectiveness of Public Health Activities

Measures of the perceived effectiveness of public health activities were constructed from responses to questions asking how well each public health activity is performed within the jurisdiction, using a five- point Likert scale ranging from "fully meets needs" to "meets no needs." **Figure 2** shows the aggregate measure of perceived effectiveness across all activities that were reported as available in your jurisdiction, compared to similar "peer group" jurisdictions and to all U.S. jurisdictions included in the survey. Error bars denote 95% confidence intervals that can be used to assess whether your jurisdiction is significantly above/below the peer and US benchmarks. **Table 2** provides detailed information on the perceived effectivness of each of the 19 activities (activity #20 was excluded from this measure).

Figure 2: Perceived Effectiveness of Public Health Activities

Note: percentages reflect percentage of maximum score

Table 2: Perceived Effectiveness of Public Health Activities

Activity	Your Jurisdiction Average Rating		Peer Group Average Rating		US Jurisdictions Average Rating	
	2014	*2006*	*1998*	*2014*	*2006*	*1998*
1 Community needs assessment	75%	–	75%			
2 Behavioral risk factor survey	25%	–	75%			
3 Adverse health events investigation	75%	–	75%			
4 Public health laboratory services	75%	–	75%			
5 Analysis of health determinants & resources	50%	–	25%			
6 Analysis of preventive services use	0%	–	0%			
7 Communication network of health organizations	50%	–	0%			
8 Inform elected officials about health issues	25%	–	75%			
9 Prioritization of community health needs	75%	–	75%			
10 Implementation of health initiatives in priority areas	25%	–	50%			
11 Community participation in health planning	50%	–	25%			
12 Resource allocation planning	0%	–	25%			
13 Resource deployment consistent with plan	25%	–	25%			
14 LHD organizational assessment	75%	–	75%			
15 Provision/linkage to needed health services	0%	–	25%			
16 Evaluation of public health services	0%	–	0%			
17 Monitor/improve program processes and outcomes	0%	–	0%			
18 Health information provision to the public	50%	–	0%			
19 Health information provision to the media	50%	–	75%			
Average for assessment activities (#1-6)	50%	–	54%			
Average for policy development activities (#7-13)	36%	–	39%			
Average for assurance activities (#14-19)	29%	–	39%			
Overall average - all activities (weighted by IOM function)	38%	–	44%			

Likert rating scale: 100%=activity fully meets needs; 75%=meets most needs; 50%=meets half of needs; 25%=meets some needs; 0%=Meets no needs or not available

Local Health Department Contribution to Public Health Activities

Measures of the local health department's contribution to public health activities were constructed from responses to questions asking how much of the total community effort for each public health activity is contributed by the local department, using a five-point Likert scale ranging from "all effort" to "no effort." **Figure 3** shows the aggregate contribution measure across all activities that were reported as available in your jurisdiction, compared to similar "peer group" jurisdictions and to all U.S. jurisdictions included in the survey. Error bars denote 95% confidence intervals that can be used to assess whether your jurisdiction is significantly above/below the peer and US benchmarks. **Table 3** provides detailed information on contributions to each of the 19 activities (activity #20 was excluded from this measure).

Figure 3: Proportion of Effort Contributed by Local

Health Department

100%

1998 2006 2014

80%

60%

40%

20%

0%

Your jurisdiction Peer group US Average

Table 3: Proportion of Effort Contributed by the Local Health Department

Activity Your Jurisdiction *2014 2006 1998* Peer Group Avera	ge Rating *2014 2006 1998* US Jurisdict	ions Average Rating
1 Community needs assessment 75% – 50%		
2 Behavioral risk factor survey 0% – 25%		
3 Adverse health events investigation 75% – 75%		
4 Public health laboratory services 0% – 25%		
5 Analysis of health determinants & resources 75% – 75%		
6 Analysis of preventive services use 0% – 0%		
7 Communication network of health organizations 25% – 0%		
8 Inform elected officials about health issues 50% – 75%		
9 Prioritization of community health needs 75% – 75%		
10 Implementation of health initiatives in priority areas 25% –	50%	
11 Community participation in health planning 75% – 75%		
12 Resource allocation planning 0% – 100%		
13 Resource deployment consistent with plan 25% – 100%		
14 LHD organizational assessment 100% – 100%		
15 Provision/linkage to needed health services 0% – 75%		
16 Evaluation of public health services 0% – 0%		
17 Monitor/improve program processes and outcomes 0% – 0%		
18 Health information provision to the public 50% – 0%		
19 Health information provision to the media 75% – 75%		
Average for assessment activities (#1-6) 38% – 42%		
Average for policy development activities (#7-13) 39% – 68%		
Average for assurance activities (#14-19) 38% – 42%		
Overall average - all activities (weighted by IOM function) 38%	– 50%	

Likert rating scale: 100%=LHD contributes all effort; 75%=most effort; 50%=about half of effort; 25%=some effort; 0%=no effort or not available

Scope of Participation by Other Organizations

Measures of the extent to which other organizations participate in performing public health activities were constructed from responses to questions asking about the types of other organizations that contribute to each public health activity. For each type of organization, we computed the proportion of the 19 public health activities to which they contribute (activity #20 was excluded from this measure). **Figures 4-12** show these participation measures for the most prevalent organizational categories (not all categories are shown). Error bars denote 95% confidence intervals that can be used to assess whether your jurisdiction is significantly above/below the peer and US benchmarks.

80%

60%

40%

20%

0%

State Government Agencies

Your juris. Peer group US Average

100%

80%

100%

Local Government Agencies Federal Agencies

80%

60%

60%

40%

40%

20%

20%

0%

Your juris. Peer group US Average

0%

Your juris. Peer group US Average

100%

80%

100%

Hospitals Physician Practices

80%

60%

60%

40%

40%

20%

20%

0%

Your juris. Peer group US Average

0%

Your juris. Peer group US Average

100%

80%

100%

Community Health Centers Health Insurers

80%

60%

60%

40%

40%

20%

20%

0%

Your juris. Peer group US Average

0%

Your juris. Peer group US Average

1998 2006 2014

Appendix: Survey Instrument

The survey instrument used in this study was developed through a series of studies on local public health practice sponsored by the U.S. Centers for Disease Control and Prevention. For a description, see Turnock BJ, Handler AS, Miller CA. 1998. Core function-related local public health practice effectiveness. *Journal of Public Health Management and Practice* 4(5):26-32. The 20 primary questions used on the survey instrument are:

1. In your jurisdiction, is there a community needs assessment process that systematically describes the prevailing health status in the community?
2. In the past three years in your jurisdiction, has a survey of the population for behavioral risk factors been conducted?
3. In your jurisdiction, are timely investigations of adverse health events conducted on an ongoing basis— including communicable disease outbreaks and environmental health hazards?
4. Are the necessary laboratory services available to the local public health agency to support investigations of adverse health events and meet routine diagnostic and surveillance needs?
5. In your jurisdiction, has an analysis been completed of the determinants of and contributing factors to priority health needs, the adequacy of existing health resources, and the population groups most effected?
6. In the past three years in your jurisdiction, has an analysis of age-specific participation in preventive and screening services been conducted?
7. In your jurisdiction, is there a network of support and communication relationships that includes health- related organizations, the media, and the general public?
8. In the past year in your jurisdiction, has there been a formal attempt to inform officials about the potential public health impact of decisions under their consideration?
9. In your jurisdiction, has there been a prioritization of community health needs that have been identified from a community needs assessment?
10. In the past three years in your jurisdiction, have community health initiatives been implemented consistent with priorities established in the community needs assessment?
11. In your jurisdiction, has a community health action plan been developed with community participation to address priority community health needs?
12. In the past three years in your jurisdiction, were plans developed to allocate resources in a manner consistent with the community health action plan?
13. In your jurisdiction, have resources been deployed as necessary to address priority health needs identified in a community health needs assessment?
14. In the past three years in your jurisdiction, has the local public health agency conducted an organizational self-assessment?
15. In your jurisdiction, are age-specific priority health needs effectively addressed through the provision of or linkage to appropriate services?
16. In your jurisdiction, have there been regular evaluations of the effects of public health services on community health status?
17. In the past three years in your jurisdiction, has the local public health agency used professionally recognized process and outcome measures to monitor programs and to redirect resources as appropriate?
18. In your jurisdiction, is the public regularly provided with information about current health status, health care needs, positive health behaviors, and health care policy issues?
19. In the past year in your jurisdiction, have reports on public health issues been provided to the media on a regular basis?

20. In the past three years in your jurisdiction, has there been an instance in which the local public health agency has failed to implement a mandated program or service?

Each question includes a series of 3 subquestions. Download a full copy of the survey instrument at: http://works.bepress.com/glen_mays/38/

About the Public Health PBRN Program

The Robert Wood Johnson Foundation's ***Public Health Practice-Based Research Networks Program*** supports research on the organization, financing, and delivery of public health services using the infrastructure of practice-based networks (PBRNs). A Public Health PBRN brings multiple public health agencies into collaboration with an academic research partner to design and conduct studies in real-world practice settings. Currently, more than 25 public health PBRNs operate across the U.S., involving more than 900 local and state public health agencies, professional associations, and community partners, along with more than 30 universities. The program supports research through several different mechanisms, including (1) large-scale Research Implementation Awards (RIAs) conducted by established networks; (2) Quick-Strike Research Fund (QSRF) awards that support short-term, time-sensitive studies on emerging issues; and (3) multi-network studies wherein multiple PBRNs collaborate to implement studies across large and diverse collections of public health settings.

The Public Health PBRN National Coordinating Center coordinates the development individual and multi- network studies on a variety of topics related to the organization, financing, and delivery of public health services. This Center is based at the University of Kentucky and supported by the Robert Wood Johnson Foundation. For more information on the PBRN Program, contact us through the information below:

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