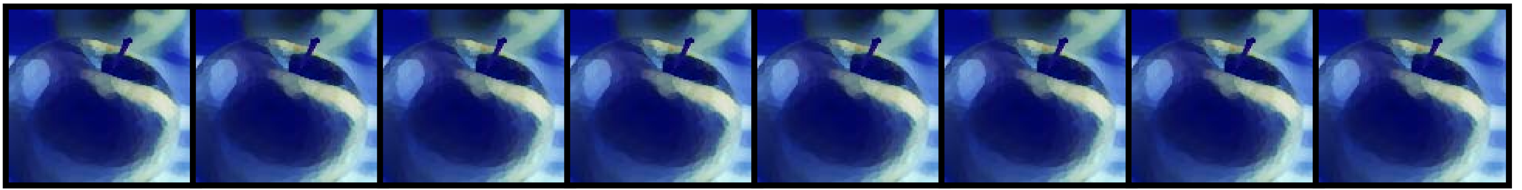
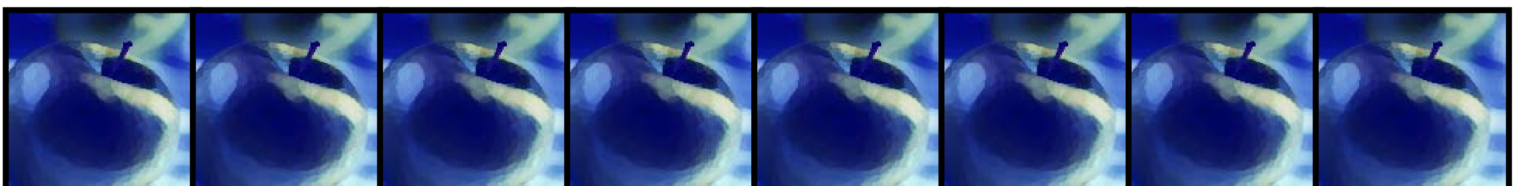


PUBLIC HEALTH SYSTEM ASSESSMENT



PUBLIC HEALTH SYSTEM ASSESSMENT

A. PURPOSE

The purpose of the system assessment was to identify how organizations and institutions contribute to the delivery of public health services in Oneida County in order to understand the existing infrastructure and identify potential gaps or challenges in different areas. As a county of 235,469 people, Oneida County is home to a number of organizational entities. This assessment is meant as a descriptive profile rather than a complete index or evaluation of all current activity. Within these parameters, this assessment provides for a clear overview and preliminary analysis of the public health system in Oneida County.

B. APPROACH

The Committee identified the Oneida County Health Coalition as a local group representing diverse organizations within the local public health system. At least 9 types of organizational partners are represented within this organization:

- Public health agencies
- Government agencies related to public health
- Community health care providers
- Hospitals and health systems
- Policy and advocacy organizations
- Educational institutions
- Social service providers
- Business

TEN ESSENTIAL SERVICES

1. *Monitor health status*
2. *Diagnose and investigate health problems*
3. *Inform, educate and empower people*
4. *Mobilize community partnerships*
5. *Develop policies & plans to support health*
6. *Enforce laws and regulations that protect health and ensure safety*
7. *Link people to needed personal health services*
8. *Assure a competent workforce*
9. *Evaluate health services*
10. *Research health problems*

Next, the 50 Coalition members were sent a survey that outlined the Ten Essential Services, with questions about the Local Public Health System (LPHS). Respondents were allowed “yes”/”no” answers and space for comments. The survey tool was adapted from the document entitled *CDC The National Public Health Performance Standards, Local Public Health Performance Assessment*

The completed survey was returned by 42% of Health Coalition members. Results were tallied and summarized.

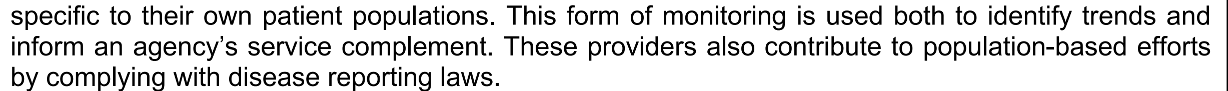
C. SURVEY RESULTS

SECTION 1 – HEALTH SYSTEMS PROFILE

Service 1: Monitor health status to identify community health problems

Of the 21 respondents, 51% recognized the community health assessment process as a monitoring system. Close to 25% agree the LPHS does not use state-of-the-art technology to support health profile databases and 24% don’t know how the LPHS monitors health status. The most active and population-focused monitoring activities are carried out through routine surveillance activities of public health. The Oneida County Health Department conducts a majority of this work, conducting surveillance of communicable diseases and other reportable conditions. The Communicable Disease program routinely analyzes available data to identify the prevalence and distribution of certain health problems across the county.

Many partners (e.g., community health centers, policy and advocacy organizations, coalitions and hospitals) often rely on health department reports and other agencies to track trends and identify issues in the community. Partners who actively deliver health care services (community health centers and hospitals) often conduct more focused monitoring through the consideration of data



specific to their own patient populations. This form of monitoring is used both to identify trends and inform an agency's service complement. These providers also contribute to population-based efforts by complying with disease reporting laws.

Databases reflective of calls to issue-specific telephone hotlines represent another mechanism for monitoring health status. This approach is used by a range of partners including governmental agencies (Oneida County Child Advocacy Center) and policy and advocacy organizations (YWCA's-Domestic Violence, Rape hotline).

Challenges to service delivery: Despite the level and scope of activity conducted, challenges exist to Oneida County's success in this area. Public Health collects and disseminates a wealth of data on a range of health status indicators. Its success is dependent upon provider compliance with disease reporting laws. While compliance is high for certain conditions, it is believed that under reporting in some areas, such as sexually transmitted diseases, may be significant. Efforts by all health system partners to fully monitor health status to identify community health problems often requires the piecing together of date derived from multiple sources and often arrayed in inconsistent manners.

Service 2: Diagnose and Investigate Health Problems and Health Hazards in the Community

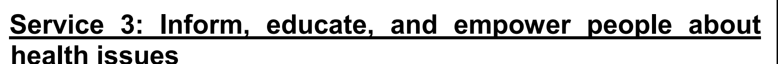
Of the 21 Coalition respondents, 48% recognize the LPHS as fulfilling this function, 24% said "no" and 28% "don't know". Most active in this area is Public Health and related governmental agencies. OCHD conducts this work through its communicable disease surveillance work, which includes contact tracing. The environmental health lead poisoning screening and abatement activities, investigation of food outbreaks and other epidemiologic investigations are also included. Some of these investigations are conducted in collaboration with the state health department. NYSDOH also provides comprehensive public health laboratory services for Oneida County and provides funding to support several OCHD activities, such as lead screening and tuberculosis control.

Targeted screenings represent a principle method to diagnose and investigate community health threats.

Targeted screenings represent a principle method used by hospitals and community health care providers to diagnose and investigate community health threats. Screenings occur in a range of areas (cardiovascular health, cholesterol, hearing, tuberculosis, diabetes, etc.). These providers also diagnose, report, and in some instances conduct contact tracing for communicable diseases in patients and their families, and staff.

Other partners contribute to service delivery in this area by reporting health problems and threats to OCHD or other governmental agencies for follow-up, or collaborating with public health agencies to investigate hazards.

Challenges to service delivery: While efforts to diagnose and investigate health problems in Oneida County are broad in scope, the level of this activity is continuously challenged by precarious funding patterns. When Oneida County experiences a decrease in communicable disease rates (e.g., tuberculosis or sexually transmitted diseases) federal and state support for investigative and prevention staff and other program needs is typically reduced. This weakens the public health infrastructure and leaves the county vulnerable and less capable of responding when rates again begin to rise.



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

Over two-thirds of the Coalition member respondents recognized significant activities in this service area. Of note, 19% responded "don't know".

With the exceptions of the governmental role in disseminating health status and related data to communities and other stakeholders, and the role of philanthropy in funding efforts in this area, organizations conduct fairly similar types of interventions.

Educational programs (through health fairs, classes, and other on-and-off site programming); screening; and outreach are the most common activities reported in this service. The range of topic covered, as diverse as the partners themselves, includes smoking cessation, teenage substance abuse, hypertension, breast health, domestic violence, diabetes, HIV prevention, nutrition, etc. Educational and outreach efforts are also used to inform consumers about how to access such programs. Telephone assistance lines are also used to provide information and empower people about health and issue-specific policy and advocacy groups (e.g. breast cancer and domestic violence).

Providers across most partner categories report the use of media campaigns, newsletters, speaker's bureaus, forums, seminars, and conferences as a means for education and empowerment. Such efforts target both consumer and providers. And along with programming and direct counseling, most organizations report the distribution of health education materials.

Challenges to service delivery: While all agencies report activity in this area, the effectiveness of these programs is often not evaluated. For example, many organizations distribute health education materials as a key method of education and empowering the consumer. While individuals may have more information as a result, this alone does not imply that a change in behavior or attitude will result. Additionally, some of the information distributed may not be accurate and could contribute to more confusion by the consumer if it contradicts what others are saying about a certain issue.

Service 4: Mobilize community partnerships to identify & solve health problems

A solid 76% of those surveyed agree that the LPHS utilizes communication strategies to strengthen organizational linkages and inform community constituents about public health issues and services. Additionally, they strongly agreed that partnerships exist to assure coordination of public health activities. Just over 20% or respondents replied "don't know" to this service area.

As part of its leadership role, OCHD has established a 52-member Health Coalition. Partnerships evolve for several reasons: to address specific public health issues (e.g. violence, asthma, substance abuse, infant mortality, and access to care) or to serve specific populations (e.g. seniors or a certain geographic community). While a majority of Oneida County partnerships include representation from a wide range of agencies, some are formed to address the specific needs of a client population and thus may only involve one or two agencies with formalized linkage agreements or memoranda of understanding. Communities also have coalitions that address broad issues of community well being. Many neighborhood associations and block clubs have agendas that are not limited to, but often include, issues of public health.

Increasingly, partnerships appear to be forming specifically in response to a grant requirement in order to submit a "collaborative" application.

Challenges to service delivery: Oneida County appears to have an abundance of partnerships, yet few are formed to consider the overall public health needs of the community-at-large. The Oneida County Health Coalition will serve as a local, broadly focused health improvement partnership.

Service 5: Develop policies and plans that support individuals and community health efforts

Survey results revealed that approximately 65% do not believe or are not sure if the LPHS has an established health improvement process, while 70% believe that the LPHS has developed strategies to address community health objectives. Also, 45% of respondents believe that the local public health entity assures participation of stakeholders in the implementation of a community health improvement plan.

In general, policy and planning efforts focus on three areas: changing laws, improving programs and services through policy changes, and developing plans to strengthen services. Efforts to change laws related to public health are most commonly engaged in by public health and related governmental agencies, policy and advocacy organizations, coalitions, and at times, the religious community.

Governmental entities, policy and advocacy groups, hospitals and community health care providers (among others) are active in local, state and federal policy advocacy, often through participation on task forces and policy boards. Service delivery plans have been created through the collaborative efforts of agencies convened to address specific issues.

Challenges to service delivery: Despite the volume and broad scope of policy and advocacy work being carried out, Oneida County does not have a coordinated public health agenda nor a sustainable constituency. This impedes efforts to educate and convince policymakers of the best choices to support public health activities.

Only governmental agencies have the authority to enforce laws and regulations

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

Two thirds (75%) of respondents believe that the LPHS provides information regarding regulations in which they are required to comply.

While several partners indicated they carry out this service, in actuality, only governmental agencies have the authority to enforce laws and regulations. While non-governmental agencies lack the authority to enforce laws and regulations, providers in several partner categories see themselves as contributing in this area. Hospitals, for example, contribute through the in-house enforcement of regulations, practices, and standards, while policy and advocacy organizations may contribute by working with hospital review organizations that establish standards, such as the Joint Commission for Accreditation for Health Care Organizations. Still others see their role as compliance with mandatory reporting laws around both infectious diseases and child abuse.

Challenges to service delivery: Government agencies enforce laws and regulations that protect health and ensure safety. At times, the same agency may be inspected by multiple agencies each looking for compliance with a different regulation. While there is some degree of coordination between agencies, it appears limited; additional exploration may reveal duplication of efforts or opportunities for greater efficiency.

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

Seventy five percent of respondents believe that the LPHS identifies populations who may encounter barriers to health care while fifty-five percent believe the LPHS assured coordination of services to those populations.

Many partners, including public health and related governmental agencies, community health providers, hospitals, and coalitions, employ community outreach workers and case managers to link persons with needed health care services.

The public health department, the community clinics and the hospitals assure provision of health care. Social service agencies work with community clinics or in coordination with OCHD to provide health access. Agencies sponsor screenings at their facility and individuals that needs further treatment are connected to a system of care. This is an effective method of linking consumers by easing entry into the system through a known entity.

Challenges to service delivery: Resources in the area of linkages may be adequate, since most agencies state they are currently involved in these activities and see it as an important component of their work. However, this information is not coordinated among agencies and there may be a duplication of efforts. Additionally, many of the resources lists may not be complete, since it is a challenge to maintain a list that has the best, up-to-date, easily accessible, and culturally competent

resources in the area. While a number of sites provide health care services directly when it would otherwise be unavailable, more collaboration among all providers would ease the burden on current providers and make care accessible throughout the county.

Service 8: Assure a competent public health and personal healthcare workforce
Eighty-seven percent of the respondents, knowledgeable of LPHS, felt we have a competent public and personal health care workforce. Although many agencies (53%) believe organizations within the LPHS have formalized public health workforce standards, almost an equal number of agencies (47%) have no or are not aware of formalized public health workforce standards within the LPHS. Approximately one out of three agencies have not identified education and training needs, nor promoted development of leadership skills within the LPHS.

Most active are educational institutions including public health, medical, and nursing schools, where this service is core to their mission. Competencies are assured through a combination of classroom teaching, community placements, and accreditation and self-evaluation. Partners in several categories (public health agencies, community health care providers, hospitals, coalitions and policy/advocacy) help to assure a competent workforce by serving as placement sites for student internships.

Partners report assuring the competence of their own workforce through continuing education and in-house trainings on policies and specific issues, such as cultural competence and domestic violence. Partners often rely on active quality assurance and continuous quality improvement programs.

Challenges to service delivery: While competencies are assessed for graduate level trainings, undergraduate and community health worker programs do not have agreed upon basic proficiencies. Additionally, except with specific degree programs (medicine), or specific organizational requirements, public health does not require continuing education units.

Service 9: Evaluate effectiveness, accessibility, and quality of personal and population-based health services
LPHS has done an outstanding job in identifying community organizations that contribute to the delivery of Essential Public Health Services. However, the need remains to continue to evaluate the accessibility, quality, and effectiveness of both population-based health services and personal health services for the community.

Beyond program data, agencies track effectiveness through larger existing databases, monitoring such issues as maternal and child health indicators, asthma prevalence, and the hospital admissions related to ambulatory sensitive conditions.

To evaluate accessibility, agencies track utilization data, look at service access, and otherwise monitor use. Agencies also assess utilization through consumer/patient surveys. These surveys, with questions about client satisfaction are also used to evaluate quality.

Challenges to service delivery: Agencies and funding sources often do not provide sufficient amount of money or resources for thorough evaluations, and for some partners, it is difficult to choose to direct resources away from services. Even more difficult is the lack of appropriate measure of effectiveness and accessibility. Quality issues are even more subjective.

Service 10: Research for new insights and innovative solutions to health problems
LPHS partnering with institutions of higher learning, research organizations to conduct research, and the LPHS organization encouraging innovative solutions are all key factors in the 75% to 80% favorable rating received toward fostering innovation and linking with institutions of higher learning. An area that needs to be reviewed is the capacity to initiate or participate in timely health system research.

Hospitals have research grants that focus on a variety of issues including asthma or cancer. Foundations fund agencies to research issues and find innovative solutions.

Hospitals often conduct research using their patient populations as subjects, while educational institutions often work collaboratively with other partners (e.g. public health departments, community health centers or public schools) to identify and gain access to their subjects.

Challenges to service delivery: Most research studies are long-term and the findings are primarily distributed through academic conferences and journals. Therefore, the turnaround time is long and doesn't serve the practitioner who could utilize the information in adjusting their interventions with the consumer.

SECTION TWO – LOCAL HEALTH DEPARTMENT CAPACITY PROFILE

The mission of public health is to fulfill "society's interest in assuring conditions in which persons can be healthy". Public health engages both private and public organizations and individuals in accomplishing this mission. Responsibilities encompass preventing epidemics and the spread of disease, protecting against environmental hazards, preventing injuries, encouraging healthy behavior, helping communities to recover from disasters; and ensuring the quality and accessibility of health services.

TABLE 33 – OCHD CAPACITY PROFILE

The Department of Health has several units:	# of Employees
Health Administration	15
Public Health Nurses (Clinic)	8
Home Health Care Agency	24
Environmental Health Unit	20
WIC Program	17
Early Intervention Program	12
And several grant programs:	
Physically Handicapped Children Program	2
Lead Screening Program	4
Community Health Outreach Program	5
Community Wellness	7
Education Handicapped Program	4
Immunization Consortium Program	2
Breast Health Partnership Program	1
Emergency Preparedness Program	4

The local health department (LHD), known as the Oneida County Health Department (OCHD), works in collaboration with other private and public organizations in the community to ensure these responsibilities are met. The LHD is a part of the County's public health infrastructure that provides the resources needed to deliver the essential public health services to every community.

OCHD Infrastructure: Among one of the largest departments within Oneida County's workforce of 1587 full-time and 194 part-time employees, the Health Department maintains 125 employees.

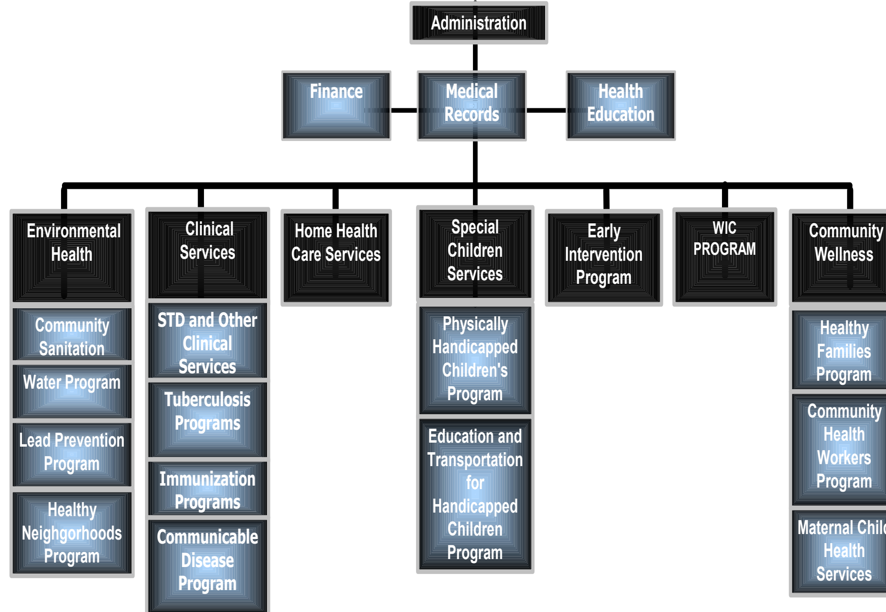
The *Current Organizational Structure* chart (Figure 13) depicts the overall structure of the department.

Every public health program requires health professionals who are competent in crosscutting and technical skills, the capacity to assess and respond to community health needs and up-to-date information systems. OCHD relies on NYSDOH to support the implementation of programs, through consultation, technical and financial support.

Health data collection and surveillance systems are crucial to assessment and evaluation of the community's health. OCHD requires up-to-date information systems and technological support to meet these needs. The local health department must have up-to-date knowledge, skills, and abilities

to deliver services effectively and carryout the core functions of assessment, policy development, and assurance of services.

Figure 13 - OCHD Current Organizational Structure Chart



Data and Information Systems: All workers need access to Internet or other electronic information systems appropriate to their job functions. Access requires hardware, software that can browse the Internet and can be used to analyze health information databases, and training on the effective use of the Internet and database systems. Appropriate training on data sources and how to transform the data retrieved from theses systems into information that can be used to develop public health policy is needed.

All kinds of public health data needs to be accessible to the public including health outcomes, utilization statistics measures from managed care organizations, infrastructure data, health risk data and community report cards that provide a snapshot of a community's health. Although much data is available throughout the community, it is housed in separate isolated systems throughout various agencies.

Increase use of geocoding in health data systems will provide the basis for more cost-effective disease surveillance and intervention. A major challenge will be to increase public access to GIS information without compromising confidentiality.

In addition to a basic knowledge of public health, all public health workers should have specific competencies in their areas of specialty, interest, and responsibility. Individuals must have certain competencies or levels of expertise. Their combined areas of expertise enable the organization to provide essential public health services. Including references to these competencies in the formal personnel system make achieving these standards possible. Position descriptions or performance evaluations are likely sources of data.

ONEIDA COUNTY HEALTH DEPARTMENT ORGANIZATIONAL CAPACITY ASSESSMENT

As part of the 2005-2010 Community Health Assessment, Oneida County Health Department (OCHD) performed an internal assessment of organizational capacity, *The Assessment Protocol for Excellence in Public Health* (APEXPH) by the National Association of County and City Health Officials (NACCHO) was utilized. This document provides a tool for internal assessment to assist in improving

organizational performance. Indicators include authority to operate, community assessment, policy development, and major administrative areas. Ten senior staff members completed the survey.

I. INDICATORS FOR AUTHORITY TO OPERATE

▣ Legal Authority

OCHD senior staff perceived the legal authority to operate as having high priority for the department by 70% of respondents. Despite recognizing the importance, staff admitted knowledge gaps in the area of public health law. Currently, staff identified legal authority as being met within the local jurisdiction, however more than 50% are unclear about agreements for exercising joint powers with neighboring jurisdictions.

▣ Intergovernmental Relations

Again, authority to operate, specifically in regards to intergovernmental relations, is supported by over 60% of senior staff as a high priority issue. The current status of these relationships in unknown to at least 50% of staff. It is believed that these relationships are in place at least partially at all local and state levels by close to 40% of staff.

▣ Legal Counsel

Over 90% of senior staff that responded, recognized legal counsel as sufficient to provide advice, as needed, to be important and currently met by the department. Procedures for enforcement of board authorities and responsibilities documented were deemed moderately important by over 50% of staff with more than half admitting no knowledge of current status.

Summary

In summary, 73% of senior staff recognized the legal authority to operate as being of high importance for the function of the department. Despite this importance, at least 50% of staff admitted insufficient knowledge of public health law and legal counsel provisions.

II. INDICATORS FOR COMMUNITY RELATIONS

▣ Constituency Development

At least 65% of senior staff perceived constituency development to be of high importance. The current status of this function was identified as fully met by 31%, with the role of the medical consultant assisting in maintaining relationships with the private medical community, as the strongest factor recognized by all, in both perception and current status. At least 39% of staff reported this function to be partially met, not met at all by 9%, with up to 21% claiming no knowledge of the status.

▣ Constituency Education

Overall, constituency education is seen as highly important by 55% or senior staff, moderately important by 40% of staff and 5% stating a low importance to this health department function. The current status within the department is recognized as fully met by at least 35%, partially met by 30%, not met by 20% and 15% unaware of the status.

▣ Documentation

Only 30% of staff perceived this function to be of high importance for the department. At least 60% claim a moderate importance and 10% low. Corresponding with current status, 20% of staff identify this as fully met, 40% as partially met and close to 40% are unaware of the status.

Summary

In summary, at least 50% of senior staff see community relations as highly important. Constituency development was perceived as the most important factor, along with constituency education. This function was said to be fully met by only 30%.

90% perceived having the public health role, mission, goals and accomplishments publicly reviewed at least every four years was as highly important

III. INDICATORS FOR COMMUNITY HEALTH ASSESSMENT

▣ **Mission and Role**

Overall, 62% viewed this issue of high importance. Having the public health role, mission, goals and accomplishments publicly reviewed at least every four years was perceived as highly important by 90%. Identified as a gap by 40% and unmet or of unknown status, was a written description of public health services, programs and authorities of municipalities within the county.

▣ **Data Collection and Analysis**

This function is generally perceived as highly important by at least 70% of senior staff. Areas perceived as of lower importance and currently not met or of unknown status included statistical analysis of birth and death certificates along with collection of state data locally specific to assess the health of the community.

▣ **Resource Assessment**

Close to 30% perceived this function to be of high importance and over 50% moderately important. These functions which included shared service delivery, pooling training needs and sharing of expertise are viewed as currently met only partially and by less than 50% of staff.

▣ **Planning and Development**

Perceived as highly important by over 75%, this function includes education and experience in planning and evaluation, use of health data in the community planning process, a standard, ongoing process to predict trends and develop long term plans, including a published strategic plan. This important function was assessed to be fully met by only 25% of staff, with 65% claiming partially met status.

▣ **Evaluation and Assurance**

At least 50% perceived this to be highly important with current status being fully met by less than 10%. This function includes program impact indicators, having community health objectives that are time limited and measurable and reviewing and revising community health programs on the basis of the community health plan.

Summary

Generally, staff scored this indicator as highly important with current status met in regards to data collection. Areas of weakness included evaluation of such data collected at the local and state level to assess community health, evaluate community programs and plan for the future. Additionally, collaborating with the community for efficiency of service delivery, along with sharing of expertise was identified as needing improvement.

IV. INDICATORS FOR PUBLIC POLICY DEVELOPMENT

▣ **Community Health Assessment and Planning**

These functions are perceived to be highly important by at least 75% of staff. The community health assessment process is assured yet staff sees gaps in community collaboration along with a lack of review and revision, if necessary, by the policy board.

▣ **Community Health Policy**

Close to 60% or senior staff perceived this function to be of moderate importance. According to the survey results, less than 20% identify it as fully met and nearly 30% only partially met. 30% are uncertain of the organization’s status with this issue.

▣ **Public Policy and Public Health Issues**

Close to 45% of senior staff perceived the interaction of local government and local public health for collaboration on health issues as highly important, 37 % as moderately important and 18% as low importance. At least 30% identify this function as currently not met at all.

Summary

Indicators for public policy and development are strongest in community health assessment and weakest in collaboration needs and influence for public policy development and decision making.

V. INDICATORS FOR ASSURANCE OF PUBLIC HEALTH SERVICES

▣ **Public Policy Implementation**

Between 70-80% of staff perceived this issue as highly important and 20% of moderate importance. Just over 30% perceived this function to be fully met, close to 30% as partially met and the remainder either not met, not relevant or of unknown status. The relationship between the department and the policy board and its use of authority and support to meet the health needs of the community scored low among staff.

▣ **Personal Health Services**

Over 70% of senior staff perceived health services of high importance. Just over 50% describe this function as partially met. Accessibility regardless of ability to pay and provision of environmental health services scored highest in this area being only partially met.

▣ **Involvement of Community in the Public Health Delivery System**

The perception of importance in these areas was evenly split between highly and moderately important. Assessing health risks of employees, development of health policy issues in colleges, schools and industry, and assuring health protection and health promotion in community based organizations are all areas only partially met, not met at all or of unknown status according to senior staff.

Summary

These indicators are perceived as highly to moderately important especially in the area of Personal Health services and Public Policy Implementation. Involvement of Community was perceived as less important with current status levels scoring low, including unknown status or even unable to answer the questions, leaving a blank response. This may be explained by misunderstanding the questions, a clear knowledge gap on the part of senior staff, or a gap in the department in this focus area.

VI. INDICATORS FOR FINANCIAL MANAGEMENT

▣ **Budget Development and Authorization**

At least 70% of staff perceived this issue to be highly important. Conversely, 10-20% perceived it to be not relevant. Currently, close to 50% see issues to be fully met, 30% partially and the remainder uncertain of the department's status. Status of a contingency fund to deal with public health emergencies and health department receipt of tax funds scored highest in the areas of unknown status.

▣ **Financial Planning and Financial Resource Development**

Overall, close to 50% of staff scored the issues in this area to be highly important to the department. The current status is identified as fully met by only 20% of respondents, partially met by 50% and not met at all by just over 10%. The remainder claim non-relevancy or unknown status of the issue. Use of local matching funds in grants and contracts to provide health services locally were areas of unknown status along with available sources of state and federal funding to the department and other local organizations.

▣ **Financial Reporting and Administration**

At least 60% perceived this function to be of high importance and most of 40% as moderately important. Approximately 50% identify this function as fully met, close to 40% as partially met with at least 10% claiming unknown status. 40% did not know if new policy board members are oriented to the health department financial management system. 50% felt this would be moderately important for the department.

▣ **Audit**
50% of senior staff perceived financial audit to be highly important, yet close to 60% see it as fully met currently, 30% partially met, 10% not met at all or of unknown status.

▣ **Documentation**
Just over 50% perceived financial documentation as highly important. Financial journals, ledgers, registers and financial reports are kept using acceptable accounting procedures as fully met according to 90% of senior staff. 30% of staff are unsure if a written procedure exists for participating in state and federal grants, public and private foundations, approved by the policy board and available to staff and the public.

Summary
Several areas within the Financial Planning and Financial Resource Development indicator scored high in perception yet most scored low in being fully met, several were strong in partial status with a consistent number not met at all or status unknown. It may be necessary to identify knowledge gap amongst staff versus an actual gap in these areas within the department.

VI. INDICATORS FOR PERSONNEL MANAGEMENT

▣ **Policy Development and Authorization**
At least 60% of staff perceived this issue to be highly important with written job description, including minimum qualifications for each department position unanimously of high importance. This function is viewed as fully met by 80% of staff. The issue of personnel recruitment, selection and appointment procedures being documented was perceived as highly important by 70%, yet only 10 % believed it to be fully met.

▣ **Personnel Administration and Reporting**
At least 60% of staff perceived this area to be of high importance. Individual areas were seen as met fully by some. Areas that scored highly were responsibility of the health director for internal administration of the department along with maintenance of confidentiality for all personnel records. Areas that scored low include administration of union contract provisions in a well-coordinated manner with documented provisions for non-union employees. Additionally, a written appraisal of the director's performance by the policy board was of unknown status or not met at all by 70% of staff.

▣ **Staffing and Plan and Development**
Close to 70% of senior staff perceived this function to be of high importance. Just over 20% state it to be fully met, close to 50% partially met with several issues of unknown status. Notably, 80% see the ability to fill new and vacant positions in a timely manner as highly important with 70% stating the current status to be not met at all.

▣ **Personnel Policy and Procedure Audit**
Only 30% viewed this area as being of high importance and another 30% as moderately important. Few identified the current status as partially met with higher numbers as not met at all or not relevant.

▣ **Documentation**
At least 50% of all senior staff perceived this area of high importance. Notably, regarding a standard, written description of the health department personnel management system available to policy board members, department staff and the public was of unknown status by 50% of staff. The areas of

documentation of personnel transactions and maintaining up-to-date files for every employee scored highest in perceived importance by 70% of staff.

Summary
Issues within personnel management are perceived to be of high importance amongst a majority of staff, yet functionally are identified as not met or only partially met repeatedly. This area may prove to be one of needing staff development and education along with plan development in order to identify how best to function within the county structure.

VII. INDICATORS OF PROGRAM MANAGEMENT

▣ **Organization and Structure**
At least 70% of senior staff perceived this function as one of high importance and most staff saw the current status to be fully or at least partially met. Scoring was highest for a current organizational chart along with maintaining emergency contact staff.

▣ **Evaluation**
All areas within this category scored if not high than moderately high in perceived importance. Functionally, few scored as being fully met, with most partially met.

▣ **General Information Systems**
Again, these areas scored high to moderately high in importance, yet the current status is only partially met currently. Many areas were noted to be of unknown status.

▣ **Shared Resources**
Senior staff perceived this sharing of resources to be of high to moderate importance overall. Currently this area is met fully 40-50% and partially met even less. One staff person felt this function to be not relevant for the department. And 30% admitted to status unknown.

Summary
The areas of program evaluation, information systems and shared resources were clearly perceived as weak within the department, despite scoring moderate to high in importance.

VIII. INDICATORS FOR POLICY BOARD PROCEDURES

A strong 35-40% of senior staff recognize these indicators to be of high importance. 20-40% were seen as not relevant to the department. The current status of these issues was divided amongst respondents. Many answered the current status to be unknown.

Summary
Based on the variation of responses, this indicator may require internal discussion amongst senior staff to clarify the issues and definition of a health department policy board within our current county and Department structure.