Multnomah County Community Health Assessment

Interviews with Local Public Health System Stakeholders About Future Opportunities and Challenges

Local Public Health Care System and Forces of Change Assessments

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Public Health
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INTRODUCTION

This report presents the findings from the Local Public Health System and Forces of Change Assessments conducted from September 2010 through August 2011. This study includes the last two of four complementary assessments based on the National Association of County and City Health Officials' (NACCHO) Mobilizing for Action through Planning and Partnerships (MAPP) model.

MAPP is a community planning process developed to identify strategic issues and recommendations to improve public health through the involvement of community members and stakeholders from community based organizations, advocacy organizations, and government. The process is facilitated by public health leaders and is intended to increase the efficiency, effectiveness, and ultimately, the performance of local public health systems.

Mobilizing for Action through Planning and Partnerships (MAPP)

The standard NACCHO MAPP process includes the following four assessments:

(1) The Community Themes and Strengths Assessment identifies the issues people living in Multnomah County think are the most important health related issues.

(2) The Community Health Status Assessment describes the health of the community through quantitative data on key health indicators (e.g., leading causes of death, rates of first trimester prenatal care).

(3) The Local Public Health System Assessment highlights the strengths and challenges of our current local public health system.

(4) The Forces of Change Assessment identifies the political, social, and economic issues that could affect the local public health system's ability to address health-related priorities.

Multnomah County Modifications to the MAPP Model

The Multnomah County Assessment was tailored to capitalize on the community engagement efforts previously conducted by community-based organizations and local government. These changes meant the Community Themes and Strengths Assessment could build on community input previously collected.

Additionally, the Local Public Health System Assessment and Forces of Change Assessment were combined. Since the information for each of these assessments needed to be obtained by many of the same individuals, staff combined them into one survey and conducted in-depth interviews with more than 50 leaders in public health, local government, community-based services, transportation, education, employment, and planning. These individuals were most qualified to speak to both the current capacity and future opportunities (and unknowns) affecting the local public health system.

Local Public Health System Assessment

The Local Public Health System (LPHS) Assessment is a critical part of a Community Health Assessment. The goal of this assessment is to identify strengths and weaknesses within the local public health system, identify areas for improvement, and assess the capacity of the system to address public health issues that are identified through the other components of the Community Health Assessment.

The National Association of County and City Health Officials (NACCHO) recommends that communities answer the following questions as part of a comprehensive LPHS:

(1) What are the components, activities, competencies, and capacities of our local public health system?

(2) How are the 10 Essential Services of Public Health being provided to our community?

The Ten Essential Public Health Services

Developed in 1994 by the Centers for Disease Control and Prevention, the 10 Essential Services of Public Health provide a working definition of public health and a guiding framework for the responsibilities of local public health systems. The 10 Essential Services are:

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

Forces of Change Assessment

The Forces of Change Assessment is the final part of the Community Health Assessment process. The main goal is to look at what social, political, or economic issues could affect the capacity for the public health system to work on issues identified in other parts of the community health assessment. This is an especially pertinent component of this assessment because of the current economic climate and changes with health care reform.

METHODOLOGY

Definition of Public Health

There are currently several opinions within the field about what sectors and services should be included as part of the "public health system." For the purposes of this assessment, the public health system was defined as all departments, organizations, and agencies who work on the traditional/core public health services or the "social determinants of health," including public, private, and nonprofit organizations. This broad definition allowed us to use a wide lens to examine capacity and all the different elements that are needed to create a healthy, thriving community.

Identification of Stakeholders

The project team partnered with the Community Health Assessment Advisory Group to identify a list of key stakeholders to interview for the LPHS and Forces of Change Assessments. Stakeholders were selected based on their experience, expertise, and ability to represent the different components and levels of work within the public health system. State and local health departments, other government entities, and community-based organizations were included in the list. The variety of stakeholders provided a wide array of perspectives at both the big-picture and the on-the-ground levels. Given the large role the local health department plays in the public health system, multiple individuals from the Health Department were included as key stakeholders.

Interview Questions

The Health Assessment and Evaluation team within the Health Department developed four interview questions for the assessment. The questions based on the NACCHO MAPP model to ensure the wording of the questions allowed for maximum participation of the interviewees. Previous assessments had shown that most stakeholders are not directly familiar with the Ten Essential Public Health Services, so the questions were developed to illicit discussion on services, overall strengths, challenges, and recommendations for the public health system. The questions were vetted and approved by the Community Health Assessment Advisory Group prior to implementation. The final interview questions were:

- What do you see as your role in the local public health system or in contributing to the health of the community?
- How would you describe (summarize) your department or agency's role in the local public health system?
- What opportunities, assets, and strengths do you see that affect or could potentially impact public health or your work? (Upcoming changes like collaborations, funding, technology, legislation, etc.)
- What challenges do you see that may affect public health or your work? (Upcoming changes like collaborations, funding, technology, legislation, etc.)

Interview Process and Data Analysis

Project staff conducted 43 interviews with over 50 stakeholders between the months of September 2010 and August 2011. Interviews were conducted one-on-one or with groups of stakeholders who worked for the same organization. All interviews began with a brief description of the background of the project using the Project Purpose Diagram (see Appendix B) followed by the four interview questions. Notes were taken by the project staff during all interviews and then analyzed in aggregate at the conclusion of the interviews for recurring themes and key points.

ASSESSMENT FINDINGS

Interview transcripts were analyzed for recurring themes and key points. This analysis resulted in the identification of seven distinct topic areas:

(1) Roles within the Public Health System
(2) Health Care Reform & Transformation
(3) Funding
(4) Collaboration & Partnerships
(5) The Continuum of Prevention
(6) Equity & Health Disparities
(7) Community & Public Health Data Needs

The findings for each topic area are presented in this section and are followed by summary sections on the strengths and opportunities and challenges within the local public health system. Many of the findings in this report are in the form of recommendations and strategic visions that were identified by multiple stakeholders. All of the quotations included in this report are attributable to an individual interview, but have been paraphrased based on the written notes from the interview. The perspectives of all of the different stakeholders (health department, government agency, community-based organization) are presented together in this report to show a complete picture of the local public health system.

Key Findings

1. One of the major roles of public health is to be "at the table" to show how health matters and how health is connected to other issues. Being at the table is also critically important during health care reform to shape the role of public health and secure funding for public health services.

2. Collaboration is an essential part of the development and delivery of effective public health services. We need more deliberate partnerships and collaborative efforts that support our strategic vision. Clear roles for partners that are based on experience and expertise must be identified for all collaborative relationships.

3. Prevention must be considered on multiple levels, and public health work must be balanced between upstream and downstream approaches.

4. Equity must be incorporated into all public health work. In order to do this, leadership must dedicate resources to educate staff and the public about equity and health and dedicate funds for the implementation of equity tools. Equity work needs to be driven by community needs that have been identified through community health assessments, and it must include culturally specific services and practices.

5. There are current gaps in access to relevant data. Critical gaps include culturally competent data collection, data at the local levels, and the ability to access data across technology/data systems.

I. ROLES WITHIN THE PUBLIC HEALTH SYSTEM

The role of public health was a core theme that was discussed in almost every interview. This theme was often raised during conversations about recent and upcoming changes in the public health system, such as the shift to a focus on addressing the social determinants of health, the impending changes resulting from health care reform and the current economic environment. Within all of these conversations, stakeholders asserted that it was essential that public health employ a systems perspective that addresses issues with "upstream, strategic thinking."

> *It is important to have a systematic, strategic perspective on public health work; consider how you are fulfilling the ten essential services.*

> *No more siloed prevention methods, we need a broader systems perspective and a shift toward prevention and upstream thinking.*

Stakeholders discussed how the shift to addressing social determinants of health and health care reform has resulted in a broadening of the public health system, with a focus on creating environmental and system-wide change for sustainable impact across communities. This shift means that, now, more than ever, health needs to be included in conversations across many different sectors.

> *One of the key roles of the public health system is to be "at the table" to show the connection between health and other issues such as housing, transportation, land use planning, education, and employment policies. This role is particularly important when working with partners that have not traditionally considered health as part of their role. By engaging in these conversations and policy decisions, the impact on health can be discussed and factored into the development of services and systems.*

Stakeholders discussed two distinct roles within the public health system: the role of the local health department and the role of other organizations that participate in the public health system. The following two sections present key themes for each of these roles.

Role of the Local Health Department

Stakeholders had very specific ideas about what the role of the local health department should be compared with other entities in the public health system. Stakeholders discussed the provision of the core public health services as being an indispensable role of the local health department. (See page 4 for the Ten Essential Public Health Services).

> *We need to consider the ten essential services in all the work we do. In every program and project we have to think about how it addresses all the essential services.*

> *There is no substitute for a health department.*

Stakeholders stressed the importance of the role of health departments to collect and analyze community data to identify emerging issues and strategically develop a plan to respond to new and/or changing needs.

> *The health department's major responsibility is to ground ourselves in the epidemiology of our community.*

> *Government public health has a specific role that is different than advocacy organizations. We have to look at the data and look at what's working and what's not working. We have to be a little detached from what we do.*

Deliberate Collaborations

Stakeholders identified collaboration with other organizations as an important component of the health department's role. Additionally, stakeholders argued that the health department should be more deliberate in defining and articulating its role within these partnerships so that everyone has a clear understanding of each organization's expected contribution. This strategic thinking will help to ensure that each organization is working within the most appropriate role and will help to reduce duplication of efforts.

> *With Communities Putting Prevention to Work (CPPW), we have kind of created a role for ourselves as the technical assistance and capacity people and I think that is the right role for us. We have the capacity for this and need to keep those relationships up so we can all work on this important work.*

> *We need to partner with other organizations to increase accessibility and empower other organizations.*

Community Engagement

Meaningful engagement of communities was brought up in many interviews as another important component of the health department's role. Stakeholders argued that this type of engagement is essential in order to identify and fulfill community needs, and as a result, a large part of the County's role should be focused on community engagement.

> *We hope that care that is given and interactions with the public are educational, effective, and reach goals with the community.*

> *We need to stay connected with our communities and the community's needs, both formally and informally.*

Role of Other Organizations and Agencies in the Local Public Health System

As part of this assessment, many stakeholders who were not directly associated with the local health department were interviewed.

These individuals described the different roles of their organizations within the public health system, their relationship with health department work, and the kind of work they currently do and hope to do in the future.

Many of these organizations discussed their shifting focus on community engagement, but some organizations that already had that component in place were beginning to focus on health. Stakeholders discussed how both of these types of organizations will be beneficial in partnerships in order to bring both strengths to the table.

These other entities included advocacy organizations, direct service organizations, culturally-specific community-based organizations, funders, and other government agencies such as city government, transportation, etc.

Some non-government agencies described how their roles complement government organizations and agencies:

> *We are able to push harder than government entities. We don't have the constraints that public agencies have.*
>
> *We can do business in a way that might not be viable at the County.*

Some organizations who have not traditionally had a "health focus" described the transition toward incorporating a health lens and how this is a big step toward equity and more systems-wide approaches.

> *We are creating a culture of health.*
>
> *We focus on broad collaboration between ethnic-specific groups.*
>
> *We work directly on equity and cultural competency.*

After analyzing transcripts, it seems that there are opportunities for ideal partnerships, as some organizations that have strengths in community engagement are beginning to invest resources and efforts into health, and organizations who have traditionally worked in health are looking for new ways to engage their communities.

Public Perception of Public Health

In addition to discussing the role of the public health system, many stakeholders discussed public perceptions about public health. A key theme identified during the interviews was that the system needs to do a better job of telling its story, but that it is "difficult to communicate the value of public health." Another topic discussed by stakeholders was the importance of getting away from public health jargon, for example, terms like "the social determinants of health" in order to make our language and practice more accessible to the public.

We want to change the public perception of public health.

We have not been good at talking about our role. The public in general does know what public health is, but we have not been good at talking about it.

Due to the nature of public health work and its focus on prevention, one of the key challenges highlighted by many stakeholders was the difficulty to demonstrate the value of public health and measure true outcomes. In most cases, public health success is the prevention of disease or health hazard, and it is extremely difficult to measure something that doesn't exist.

The general public doesn't see a lot of this work because of focus on prevention.

If we are doing a good job, then people don't notice public health. It is only when we are not that people notice us.

We need to focus on outcomes, is the work you're doing meeting outcomes? That's what sells it, and we need to have that. We need to measure the work we're doing.

Education for Public Health Professionals

Although not discussed in all interviews, some stakeholders asserted the importance of education for public health professionals as a critical step to preparing for the future role of public health. This idea was discussed as a key part of a "systems perspective" and how it is essential in order to have a "strategic and deliberate future plan." A few stakeholders discussed the gap between the Master of Public Health (MPH) programs and professional public health positions.

Some stakeholders discussed the missed opportunity to partner with educational institutions to ensure that opportunities are provided to future public health professionals including internships. Several stakeholders also discussed the importance of strengthening curricula and practice within medical and public health schools about recognizing and reporting communicable diseases. Partnering with educational institutions was brought up repeatedly as an important resource and missed opportunity for the local health department.

Our MPH education system in Multnomah County is lacking in terms of preparing people for the current practice of public health… we need better internship opportunities and a greater focus on the public health system itself.

It is important to hire young people and attempt to get a multidisciplinary perspective.

We could be collaborating with schools on research and evidence-base practices.

There needs to be a commitment to get education and public health linked. If there is a commitment, it is not very well communicated.

II. HEALTH CARE REFORM & TRANSFORMATION

On March 23, 2010, The Affordable Care Act, a federal health insurance reform bill, was passed by Congress and was written into law. The goal of this new law is to ensure Americans have secure, stable, affordable health insurance[1], and the implementation of many components of the legislation is currently underway. In Oregon, state officials passed a similar legislative package that will make it easier for families and small businesses to purchase health insurance through Oregon's Health Insurance Exchange, and they also put forth a proposal to improve the way that health care is delivered through the Oregon Health Plan.[2]

In many interviews, stakeholders discussed health care reform and/or transformation and the way it will impact the public health role with regard to shifts in cultural competence, prevention, data gathering practices, technology, electronic health records, evidence-based and best practices, and potential new partnerships.

Health Care Reform is a pressing topic and many stakeholders discussed, in general, what they think health care transformation will look like:

> *There will be a focus on increased quality, reliability, and availability of care for all Oregonians.*
>
> *It will lower and contain the cost of health care so it is sustainable for everyone.*
>
> *People will be working at the top of their licenses rather than doing busy work.*
>
> *There will be a renewed focus on primary care.*

The following sections represent the different ways that this transition will impact the public health system based on what was discussed by stakeholders during the interviews.

Future Role of Public Health

Because the current political and social environments are seen as being in a period of transition, there was a major focus on what the future role of public health will be. Many stakeholders posed questions and discussed the challenges about what the appropriate roles for public health will be within this new structure:

> *What will the core public health services look like with health care reform?*

1 Understanding the affordable care act. Retrieved from http://healthreform.gov
2 Health system transformation. Retrieved from http://health.oregon.gov/

We need to consider how much direct service we should be providing and what we can do that others cannot.

How can we contribute prevention?

Many stakeholders discussed the importance of planning for public health's future role and how important it is that we position ourselves as a system in a way that makes sense with the changing health environment, especially with the unknown changes that will occur with health care reform and transformation.

It is essential to identify a vision for the future based on local conditions.

How can public health in the present prepare itself to be relevant in the future?

There was consensus among many stakeholders that the role of public health is in a transition period and what will happen next is really unclear.

We don't have agreement on what the future role of public health is.

The current clinical system might not be needed in 2014 or it might look drastically different.

Overall, most agreed that, as a system:

We need to keep people energized about the change. Stay creative and nimble.

Opportunities Resulting from Health Care Transformation

Many stakeholders focused on the many opportunities that health care reform and transformation will present. These opportunities will allow public health to better define its role and position itself to be the most relevant for the changing health environment. The following list describes the different potential opportunities that stakeholders discussed.

Being "at the table"

The importance of taking advantage of health care reform and the opportunities that it presents was a major recurring theme. Stakeholders described the importance of being at the table to ensure that a public health perspective is considered in conversations across sectors.

We need to position ourselves, as a system, in a way that allows us to take advantage of the transformation and ensure that public health is a strong voice at the table during the transitions.

With health care reform, we need to be at the table in order to fight for money to go toward public health services—not only prevention, but surveillance, data, and education. It is essential to have money go toward that and this is a unique opportunity.

Reorganization and Internal Transformation

Many stakeholders believed that Health Care Reform will open up many opportunities by enabling public health to reorganize itself and focus on internal strengths.

It destabilizes the environment and forces us to look at how we're doing things and Multnomah County is well positioned to take advantage of this opportunity.

Health Care Reform is a good opportunity for public health to talk to itself and look at the ten essential services. Health Care Reform makes this interaction mandatory and that is a good opportunity for us.

It is about reform, but ultimately if it is focused on outcomes, then it positions public health to shine. We have the expertise in data, surveillance, evidence-based and best practices.

New Partnerships

Some stakeholders discussed health care reform in terms of opportunities for new partnerships. Many professionals discussed the importance of collaborating with the health care delivery system.

It is a very good opportunity to partner with traditional health systems. We will bring the public health perspective and the focus on the medical home model.

Health care reform is a huge opportunity. The language around partnerships, prevention, coordination, and evidence-based care are all in the vision. So if these things hold and the money follows, we are in a really good place to take advantage of that.

Challenges

A few stakeholders were weary of changing the system too quickly and described how this transition needs to be considered carefully.

Health care transformation is going to take a long time to do, and there will be a lot of challenges. We don't want to keep the system how it is, but we can't move all the money to prevention all at once, we have to keep a balance.

We need to change the health care system, so that it makes sense from a business perspective to focus on prevention.

One challenge in terms of the role of public health is that with chronic disease and the social determinants of health, the public health role is not as clear as it is with communicable disease.

It is difficult to know our role because, with chronic disease, the causal pathways are multifactorial and very complex.

We need to shift the model in the next few years, we will keep case investigations, but add upstream, community-based work.

III. FUNDING

Funding and budgetary issues were brought up in almost every interview. Most stakeholders asserted that limited funding is one of the biggest barriers to implementing the services and programs they would like to provide. In addition to insufficient dollars, stakeholders described inefficiencies and barriers that result from most established funding streams, such as grants and federal programs. The majority of public health funding is issue specific and does not easily allow for collaboration, community building, or upstream prevention work. For example, local health departments are often reimbursed for the number of medical visits they provide, but not for the necessary outreach and education with communities.

More than half of the stakeholders asserted that a change is needed in the way we fund public health, and many stakeholders were optimistic that this change would occur as a result of health care reform.

> *We need long term, sustainable, comprehensive funding and relationships. We need to combine rather than compartmentalize programs.*
>
> *Funding is very siloed and there is no funding for community health work. The way we frame the issues and questions will help change the funding streams. We cannot continue to frame issues in terms of disease-specific prevention. Disease specific grants don't work… they don't provide the culturally-specific prevention we need.*
>
> *We need to do all of our work in coalitions, but funding is all done in silos, so it's very tricky.*
>
> *Funding is so issue-specific that it is hard to run an organization.*

Budget Cuts

Local Health Departments and community service providers have experienced significant budget cuts every year for the past several years. As a result of these cuts, some stakeholders described difficulties in maintaining an adequate workforce, maintaining the quality of services, and identifying new ways of maintaining services for an increasing number of people. Some stakeholders also described the need to prevent and manage burnout among staff. Key stakeholder comments on the impact of budget cuts to public health include:

> *There have been major cuts in the nursing workforce in the past few years, it's a huge challenge.*
>
> *It is extremely difficult to maintain quality right now. We are currently going through a reorganization to figure out workloads.*

We have fewer people to do more creative work and when people get tired, relationships and creativity go first.

Services that aren't mandated will be the first to go and that could be really bad.

IV. COLLABORATION & PARTNERSHIPS

Collaboration was the single most discussed topic in these discussions and was described as a key tenet to a strong local public health system. All stakeholders asserted that collaboration was essential and highlighted the need for collaboration between community-based organizations, community members, legislative and advocacy organizations, governmental agencies, and the private sector.

> *Oregon is saturated with so many people doing good things that everyone sees their role as central, but we need to take all these small pieces and connect them together, especially organizations whose missions are not directly connected to health. We end up competing instead of collaborating and that is not sustainable. We lose opportunities because it is difficult to acknowledge other organizations' strengths.*
>
> *We cannot be working in silos. It's very important to work in collaborations. Coordinating all these pieces better would make a huge difference.*
>
> *We need to engage with communities on common goals toward mutual goals and a bigger picture look at the issues.*

A key reason for collaboration that was articulated by stakeholders was the need to ensure that all stakeholders, including traditionally un-represented communities, are at the table throughout the process of program and policy development and implementation.

> *Voices must be at the table so issues don't get overlooked.*
>
> *We need to be at the table with the County and other government entities to make sure that issues are being discussed.*
>
> *Some communities are hard to tap in to. They have different priorities, so we get to a final product without everyone at the table so there is a big gap in collaboration.*

In addition to consensus on the need for collaboration, there was wide-spread agreement on the need to transition toward deliberate, institutionalized collaborations, with clear and appropriate roles for each partner organization. Stakeholders felt this approach to collaboration would create increased accountability between partners and system-wide, sustainable approaches that are relevant to communities.

> *The health department needs more consistency in terms of involvement.*

We need a clear rubric that outlines how we work in partnerships. We need a catalyst to pool together appropriate partners and a systematic way of identifying people for key roles such as education, prevention, and health promotion.

We need to build some type of infrastructure so that we have people who work with community organizations and keep those relationships sustainable on a higher level in order to get at the common outcomes. We need more capacity to support that work. We actually need people in these positions who get the social determinants and why these relationships and collaborations are so important. We need joint participation in order to really make a lasting impact.

Stakeholders provided multiple examples of the need for increased collaboration, and through these discussions a key theme of coordination and leadership rose to the surface. With the new focus on addressing root causes of health disparities it is more important than ever to coordinate and collaborate with a large number of partners from a variety of sectors. While each individual organization has resources to bring to the table, no single organization can address a problem on its own. One stakeholder provided this description of the problem:

We are unable to get traction on pulling people together and we think that, if we work together, the system has the capacity to adequately address specific health issues. For example, let's look at diabetes. There is no leadership within the county on this issue and it is very difficult for a CBO to take the lead without a new huge funding stream. We want to do a full on, comprehensive approach to diabetes in order to really address it… especially culturally appropriate management. We have the outreach capacity to engage a large number of people and, collectively, we have the cultural capacity and expertise to do this work, but we need help with the coordination across all the entities and the development of a community-wide initiative.

Stakeholders also described the need to engage non-traditional partners in public health work. Organizations focused on education, workforce development, the built environment, and the private sector were mentioned in several discussions. The need to partner with the business community was seen as particularly important.

Public health has not been very good at partnering with business or bringing business to the table and this is going to be an important transition.

Throughout the conversations, the importance of partnerships with grassroots and community-based organizations was highlighted by stakeholders. The relationships that culturally identified community-based organizations have with their communities should be seen as a true asset, and many stakeholders discussed the concept of a "decentralized" model where funding and decision-making authority was contracted out to community-based organizations.

> *We have deep, long term relationships with our communities and don't think they are viewed as the true resources that they are.*
>
> *There is the opportunity to work with organizations that have very strong ties with the community and good culturally specific strategies.*
>
> *We need to give direct power over making decision to the community. We give out a lot of money to non-profits for capacity building, mobilizing constituencies, community grant making. We created a whole new structure to address community issues.*

As described in the previous section, funding was discussed as a huge barrier to effective collaboration. Many stakeholders discussed the need for specific funding streams that better support collaborative efforts, such as dedicated funding to support community outreach, education, and engagement.

> *We need to think more about collaboration with funding decisions. Who should be at the table?*
>
> *Some communities are hard to tap in to… Specific funding streams that address this gap would be very beneficial.*

Community Engagement and Capacity Building

In addition to stating the need for community-based organizations and leaders to be collaboratively engaged in public health work, many stakeholders discussed the need to develop and implement specific strategies to build community capacity to effectively participate in these partnerships. Stakeholders discussed community engagement, empowerment, and leadership development as essential to developing this capacity and improving health outcomes. Increasing the presence of community health workers was identified as one key strategy to support this work.

> *We need to move from community engagement to community empowerment… there needs to be an investment in capacity and a shift in thinking. Community needs the capacity to move through every step of the engagement process. We need a community empowerment model grounded in specific, tangible outcomes and results. We need a community health model grounded in the community.*

We want to improve health and health outcomes, and being empowered will do that. So getting people involved at the policy level is transformative. We want to be able to include people from all different sectors… have people telling their story, connecting with decision-makers, and demystifying the process… this will create a new dimension of social capital and civic engagement, and will be a huge opportunity for equity.

How does building community connect to health? Involvement in community and self empowerment leads to people taking better care of themselves and their community. We need more people of color in city advisory committees… our main goal is to increase representation of people of color on government decision-making boards.

There is a huge opportunity for Community Health Workers to do this work. Community Health Workers are connected with community needs.

V. THE CONTINUUM OF PREVENTION

About half of the stakeholders interviewed discussed issues related to prevention. Many described how important it is to address health issues through multiple levels of prevention, from individual and family behavior to local policies and the built environment, and to identify which levels of intervention will be the most effective and/or appropriate. The need to provide and strategically coordinate "upstream" and "downstream" approaches was discussed by many stakeholders:

> *We're trying to figure out how to work more upstream because our focus has been so individual focused.*
>
> *On the prevention side, we need comprehensive solutions. We use an upstream model, but acknowledge that downstream, you need to be able to pull people out of the water.*
>
> *There are some things that occur best at the local level and some things that occur best at the state or policy level; you need to figure out which are which.*

With the overall shift toward upstream, preventive approaches, this issue was described as a key component of a balanced, comprehensive public health system and of strategic, deliberate public health planning.

Nutrition and education were two topics that were described as important examples of upstream public health prevention work.

> *Food insecurity can have a tremendous impact on families… it can have a severe impact on the future of kids, can contribute to domestic violence and child abuse, and it can really have an impact on health.*
>
> *Education is the social determinant that has the greatest impact on health and well-being… it will change the system in the future.*
>
> *We need to focus on opportunities to affect real and sustainable change on a population level. For example, we should focus on improvements in literacy over slight increases in immunization rates.*

Stakeholders provided several examples of successful public health prevention programs that are currently being implemented, including the Communities Putting Prevention to Work grant and the Early Learning Council. These programs, and others like them, are seen as innovative, forward thinking approaches that will create real, sustainable change.

VI. EQUITY & HEALTH DISPARITIES

Issues related to equity and health disparities were central to most discussions with stakeholders. The Multnomah County Health Equity Initiative has adopted working definitions of health disparities and health inequities. Health disparities are "differences between population groups in the presence of disease, health outcomes, or access to care." Health inequities are "health disparities that result from a variety of social factors such as income inequality, economic forces, educational quality, environmental conditions, individual health behavior choices, and access to health care." Within Multnomah County, several populations experience significant health disparities and inequities. Stakeholders described these issues as wide-spread problems that can, and should, be affected at every level.

> *There have been so many years of discussions about people's perceptions and looking at the data, and while data is very important, it is not causing the disparities and inequities to improve. It is something else. I think it is power and privilege and until we can name that in every instance, it will be there in every instance. This is a big challenge.*

Focus on Social Determinants of Health

The social determinants of health are "the circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics."[3] They include factors such as income, education, and race/ethnicity. Stakeholders discussed the importance of shifting public health work to focus on the "social determinants of health" and how this is essential in order to address issues related to equity and health disparities. Many stakeholders discussed how this looks in their work:

> *Diversity and equity are integrated into everything we do.*

> *In our work, we use an equity lens because high school graduation is an equalizer of health disparities… education gives you options and opens up your possibilities*

> *We are using the health equity lens, looking at the social determinants and looking at the maternal life course as organizing principles.*

Culturally Specific Services and Practices

Many stakeholders discussed the importance of culturally specific services and practices as key to addressing health disparities. This idea was discussed in relation to the importance of more relevant and defined roles in collaborations and partnerships. Stakeholders argued that the County should work with culturally specific organizations to provide these services and practices.

[3] *Social Determinants of Health*. Retrieved from http://www.cdc.gov/socialdeterminants/

The health department should take better advantage of the culturally identified community based organizations that have strong cultural capacity and relationships with communities throughout the county.

Some stakeholders discussed the need for evidence-based or best practice services that can be adapted to make them more relevant to specific communities:

How can we make chronic disease self-management programs culturally competent?

In our work, when adapting an evidence-based intervention, we have to think a lot about assimilation and acculturation and what that means.

Many culturally-identified organizations described their work and roles as being focused on equity and cultural competency. Many organizations and agencies described how they are beginning to focus on equity and participation issues across all their other work. They described reviewing all their policies and programs based on this refocusing effort.

There were some frustrations that there is not the infrastructure or resources to do the culturally competent work that organizations are attempting to do:

We want to do a full on, comprehensive approach to diabetes, to really address it. Especially culturally appropriate management. We have the cultural capacity to do this work, but we need help with the coordination over all the entities.

There is not enough work on prevention in a culturally competent way. Not enough work being done on accessing resources, especially care. Expanding capacity at the community level. We want to expand the community health worker model that has worked in other populations.

Disease specific grants don't work, they don't provide the culturally-specific prevention we need.

Diverse Workforce and Deliberate Partnerships

Two issues that were regularly discussed as essential in order to be able to truly address equity and health disparities were developing a diverse, culturally competent workforce and having deliberate partnerships with culturally specific organizations.

It isn't enough for the County to hire people from culturally diverse backgrounds. We need to continually ask ourselves if we are living this.

Some stakeholders described the missed opportunity to do important equity work across organizations.

There are so many different equity initiatives, we need to engage in this conversation together or it is one big missed opportunity.

We need to be much more deliberate about health equity work.

Community-Driven Public Health

Some stakeholders argued that public health must be driven by community engagement and input in order to be relevant and truly meet community needs. Many stakeholders discussed how they stay connected with community needs both formally with assessments and informally with community networks and partnerships.

Community Health Assessments need to drive public health.

We all need to support and contribute to public health. It is the public's health. Sometimes I think that the legislature doesn't see the role of public health and the responsibility that goes with that.

We need to be assessment-driven in order to streamline into more of a strategic plan.

In our work, we do regular public processes in order to increase relevance to the community.

VII. COMMUNITY & PUBLIC HEALTH DATA NEEDS

Many stakeholders described some of the shortfalls with accessing relevant data, especially related to program outcomes; they described disconnected data systems between health care systems and public health organizations.

> *Data is key to making policy change and the current system is not set up to facilitate being able to get good data. There are serious gaps in this.*

Some stakeholders described current efforts to work with the county and other government agencies on data gathering techniques in order to fill some of these gaps. Some government entities also described their focus on changing the way data is collected.

> *We identify ways to ensure data collection is conducted in a way that enables us to get good data. We try to enhance collection and dissemination of data, especially by race, ethnicity, and in a more culturally competent way.*

Sharing data between multiple partners and the gaps that exist in being able to access important data was another issue identified during several interviews. One stakeholder described the gap between interventions and their outcome data.

> *Our department completed a large-scale community engagement effort and then needed the outcome data on emergency department and hospital utilization and could not access this data because hospital and county data are separate.*

Some stakeholders discussed not being able to get data on the scale that is helpful, especially for grant writing. Stakeholders discussed needing data that was broken down into smaller neighborhood or community levels. One example described how data that is lumped together may be a limitation:

> *Like cervical cancer, it is very bad within specific Asian populations, but you can't see this in the data because it is lumped with all Asians and, overall, we have pretty low rates. This makes it impossible to get grants for this.*

Technology

Electronic Medical and/or Health Records were discussed in many stakeholder interviews. Public health professionals saw them as a huge opportunity to connect and strengthen our data collection system. Many stakeholders discussed the current technology and data collection methods as being huge barriers with regard to meeting data needs and connecting systems.

> *Systems right now don't talk to each other.*

We don't have the technology to see patients across different departments.

We need a single entry point for people, need to streamline this so that there is a network and the patient's information is streamlined. There is an opportunity for cross-system outreach and client information across systems.

Many stakeholders described some of the questions and challenges related to this transition and embracing the new technology.

It is difficult to let go of the way we used to do things. How do we ensure accountability with new technology?

Technology and how we move from setting to setting will be a big challenge. How can we use technology most effectively?

We have to adapt EHR to public health services and there will be a lot of challenges navigating the Medicaid and Medicare systems, there is a huge learning curve.

STRENGTHS & CHALLENGES IN THE LOCAL PUBLIC HEALTH SYSTEM

In addition to the seven focus areas that resulted from the analysis of these interviews, there were some general strengths and challenges of the LPHS discussed by many public health stakeholders.

Strengths

Throughout the conversations, many stakeholders discussed the overarching strengths and opportunities of the local public health system. As noted throughout the report, stakeholders reported that the LPHS has a lot of stakeholder engagement, health is understood as a key issue in multiple sectors, and there is a focus on prevention and implementing policy, system, and environmental change.

Some stakeholders specifically spoke about the strengths of the Multnomah County Health Department. Stakeholders often described a strong local health department that has a focus on prevention and data and works to develop and implement innovative solutions.

> *Multnomah County Health Department has very good, dedicated people trying to make it work.*

> *Strong leadership, great staff, people who are well educated, passionate, committed, a lot of experience delivering services. Good strategic sense of the issues and where we're going.*

> *Multnomah County has a very good clinical system, good reporting and monitoring.*

> *A lot of capacity, a progressive board, good clinical system*

Challenges

Throughout the interviews, stakeholders identified several challenges in addition to the challenges described throughout the report, such as the uncertainties about health care reform, funding and budget limitations, and meaningful collaboration that do not fit within the seven identified themes. Some of these challenges relate to the system as a whole, and others are specific to individual services and community needs.

System Challenges

A few stakeholders discussed how the public health system is often forced to respond to issues rather than doing new, innovative work:

> *The health department is always responding to things, it makes it very difficult to get new stuff done.*

We are always protecting what we have in place, minimizing losses rather than being expansive.

Some other downfalls were described by stakeholders:

We are not really showing our effectiveness because we spend a lot of time coordinating with ourselves.

We need to be a lot more creative about using our resources.

All departments are so separate, we need to collaborate, and we need to break down the silos.

Gentrification and Changing Demographics

A key issue brought up by many stakeholders was the gentrification and demographic changes occurring throughout the County. Driven primarily by the cost of housing, many minority communities, including both established residents and new individuals to the Portland area, have been migrating to Mid and East Multnomah County. This dramatic change in demographics has resulted in a lack of resources for many populations in these areas of the county. This was discussed by stakeholders as an important area to consider when we think about what the future role of public health will look like in Multnomah County.

We need to incorporate the drift and displacement into planning, especially for transportation and accessing resources.

For me, the County is like the people's government and works with those who are most vulnerable. But with those people being displaced we don't have the services to really reach them. The resources in East County are very disjointed and it is difficult to know how and where to do outreach. We need to direct resources to that area.

Oral Health

Oral health was described as a huge access issue and a gap in the local public health system.

Oral health is a huge barrier to people getting jobs. People with missing teeth are not going to get jobs. And there is a lot we can do to prevent this.

Dentists need to be more at the table, this is a challenge because it is more individual focused. We really need an advocate group to address this gap.

Many stakeholders mentioned policies, like fluoridation, as being key to decreasing health disparities around oral health.

Mental Health

Mental Health issues were described as another gap in the current local public health system.

> *There is no where to release people diagnosed with mental health issues, they are released right back where they came from.*
>
> *The mental health system has too many layers. We cannot reduce emergency department inappropriate use unless we fix the mental health system.*
>
> *We don't have the resources to address the high number of mental health issues presented.*

Project Respond, the mobile mental health crisis response team that serves Multnomah County, was discussed as a major asset to the Local Public Health System in supporting mental health. Stakeholders argued that Project Respond and other mental health organizations are essential components of the Local Public Health System, but that we are not doing a good job at supporting them structurally.

Appendix A

The following table provides a list of the organizations whose staff was interviewed as part of the LPHS Assessment. Individual names are not included to protect confidentiality.

Community-based Organizations & Additional Stakeholders	
African American Health Coalition	NW Health Foundation
Archimedes Movement	Oregon Public Health Institute
Bus Project	Partners for a Hunger Free Oregon
Coalition for a Livable Future	Trimet
Coalition of Communities of Color	Upstream Public Health
IRCO	Urban League of Portland
City Stakeholders	
Bureau of Planning & Sustainability	Housing Authority of Portland
City of Gresham Urban Design & Planning	Portland Office of Neighborhood Involvement
City of Portland Bureau of Transportation	
Multnomah County Stakeholders	
Executive Management and Elected Officials	
Health Department Director	County Chair
Health Officer	County Commissioner
Health Department Programs	
Aging & Disability Services	Grant Development
Community Health Services	Health Equity
CHS: HIV Hep C Prevention	Immunizations
Community Wellness & Prevention	Integrated Clinical Services
Disease Reporting	Mental Health & Addiction Services
Community Services	Nursing Practice
Early Childhood Services	Office of Health and Social Justice
Environmental Health	School Based Health Centers
State-level stakeholders	
Office of Multicultural Health	Oregon Health Authority

Appendix B

Multnomah County Community Health Assessment: Overview of Process and Purpose[4]

"What do people living in Multnomah County think are the most important health or health-related issues?" (8/10-3/11)	**"How healthy is our community?"** (10/10-3/11)	**"What are the strengths and challenges of our current local public health system?"** (9/10-4/11)	**"What are the political/social/economic issues that could affect the ability to address health-related priorities?"** (11/10-4/11)
1. Compile findings from community engagement processes. 2. Identify what else we need to ask and who we need to hear from. 3. Implement data collection plan developed as a result of step #2.	1. Compile traditional health assessment data and additional (if available) data that relate to community-identified issues 2. Identify data not currently available that would help measure population health community.	1. Ask stakeholders about their current and desired role in the broader public health system. 2. Examine the ten essential functions of public health to identify strengths and weaknesses in the system	1. Brainstorm with Advisory Group members, interview stakeholders, review policy, review literature, etc.

Findings from four assessments will be used to inform public health planning.
Issues that fall outside of the Health Department's scope of practice will be shared with appropriate stakeholders.
The Health Department will look for ways to collaborate with stakeholders to address these issues.
(3/11-6/11)

[4] The ultimate goal is optimal community health—a community where residents are healthy, safe, and have a high quality of life. Here, a "healthy community" goes beyond physical health alone. According to the World Health Organization, "Health is a dynamic state of complete physical, mental, spiritual and social well-being and not merely the absence of disease or infirmity."

Appendix C
MULTNOMAH COUNTY COMMUNITY HEALTH ASSESSMENT REPORTS

The following six reports, written by the Health Assessment and Evaluation and Grants Development Teams, describe the methodology and findings of the multiple components of the Multnomah County Community Health Assessment.

Multnomah County Community Health Assessment Mobilizing for Action through Planning and Partnerships (MAPP) to Identify Health-Related Priorities
Summary Report, August 2011
Christine Sorvari, MS and Erin Mowlds, MPH

Multnomah County Community Health Assessment: Identifying the Most Important Health Issues through Multiple Community Engagement Processes
Community Themes and Strengths Assessment, August 2011
Christine Sorvari, MS

Multnomah County Community Health Assessment: Discussions with People Living In Mid-County and East County
Focus Group Report, August 2011
Erin Mowlds, MPH and Christine Sorvari, MS

Multnomah County Community Health Assessment: A Survey of Multnomah County Residents
Survey Report, August 2011
Maya Bhat, MPH and Emily Francis, MPH

Multnomah County Community Health Assessment: Using Quantitative Data to Measure the Community's Health
Community Health Status Assessment, August 2011
Claire Smith, MURP

Multnomah County Community Health Assessment: Interviews with Local Public Health System Stakeholders about Future Opportunities and Challenges
Local Public Health Care System & Forces of Change Assessments, August 2011
Erin Mowlds, MPH and Nicole Hermanns, MA

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