

Finding the balance: *Aligning public health resources with community needs*

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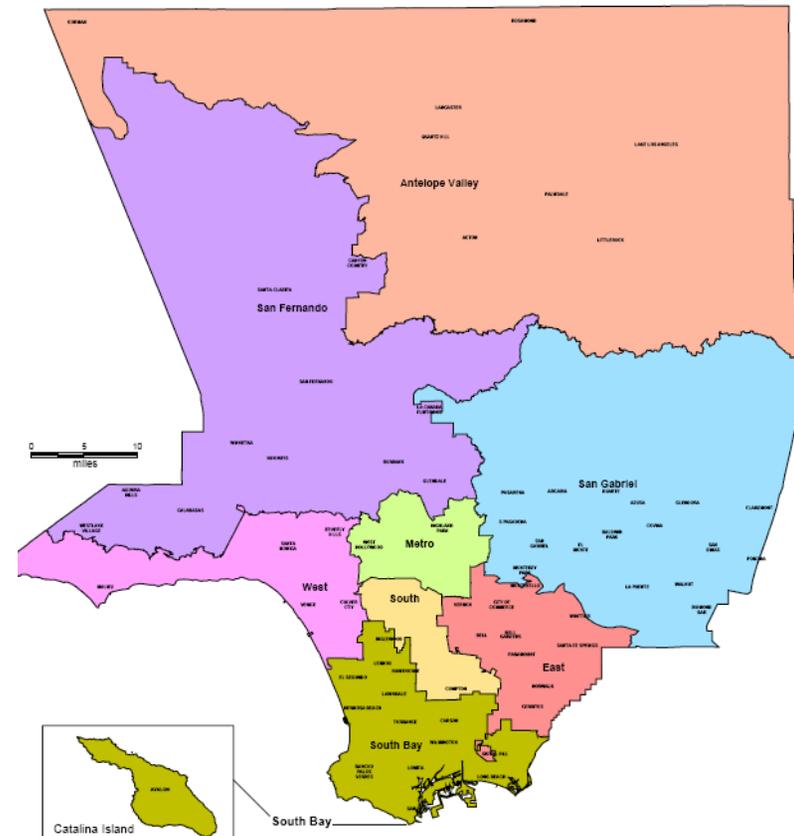
Goals of Area Health Office Assessment

- To improve our ability to address the most pressing health issues in our communities
- To ensure that we are making the best use of our valuable field resources
- To ensure that resources are distributed among geographic areas according to need



Los Angeles County

- More than 10 million residents
- 4,000 square miles
- 88 incorporated cities plus unincorporated areas
- Diverse population and geography
- Divided into 8 Service Planning Areas (SPAs) for planning and service delivery purposes



Leading Causes of Death and Premature Death

Leading causes of death		Leading causes of <i>premature</i> death	
1	Coronary heart disease	1	Coronary heart disease
2	Stroke	2	Homicide
3	Lung cancer	3	Motor vehicle crash
4	Emphysema/COPD	4	Suicide
5	Pneumonia/Influenza	5	Lung cancer
6	Diabetes	6	Liver disease
7	Colorectal Cancer	7	Drug overdose
8	Alzheimer's disease	8	Stroke
9	Breast Cancer	9	Diabetes
10	Homicide	10	HIV

Source:

Mortality in Los Angeles County 2004. Leading Causes of Death and Premature Death.
A publication of the Los Angeles County Department of Public Health. July 2007.



Area Health Offices

- Four Area Health Offices, comprised of two SPAs each
- Headed by an Area Health Officer
- Responsible for:
 - Surveillance and case management for communicable disease cases and suspects
 - Community education and engagement
 - Clinical services for TB, STD, and immunizations



Area Health Office Assessment

- Focused primarily on fieldwork, not clinical services
- Only included fieldwork done by Area Health Office staff, not categorical programs
- Completed by Department of Public Health's Office of Planning, Evaluation, and Development



Context

- Much of the fieldwork is done by PHNs
- Public Health Nursing Practice model
 - Home visits
 - Focus on health and social service needs of family
- PHN salary increase
 - Are we making highest and best use of PHNs?



Methodology

- Interviews with AHO staff and other Department programs
- Ride-alongs with PHN's and PHI's
- Literature review
- Interviews and survey of other jurisdictions
- Analysis of workload, demographic, and morbidity data



Resource Distribution Formula

Need:

- Population
- Population in poverty
- Incidence of TB, STD, and acute communicable diseases
- Poverty served as a proxy for other poor health outcomes

Resources:

- Staff by SPA
- Assessed by type (PHN, PHI, community workers, medical, administrative)



Selected Findings

- AHOs are balancing communicable disease work with chronic disease prevention and emergency preparedness
 - Performance measures
 - PHN Practice Model
 - Community liaisons
- Yet communicable disease drives much of the workload



Selected Findings

Advantages and Disadvantages to Conducting Disease Investigations by Home Visit

Advantages:

- Turns disease investigation into “teachable moment”
- Family-focused; average of 2 individuals/family served
- Broad reach; average of 3.5 interventions/family

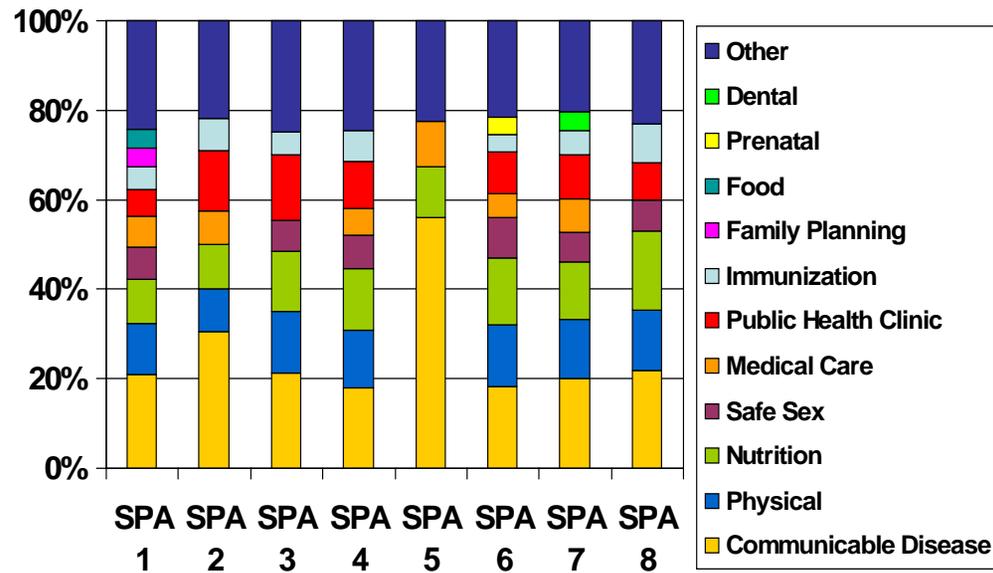
Disadvantages:

- Resource intensive
- Unclear whether we’re serving the highest priority population



Selected Findings

Intervention Categories Making up Approximately 75% of All PHN Interventions Done in the SPAs

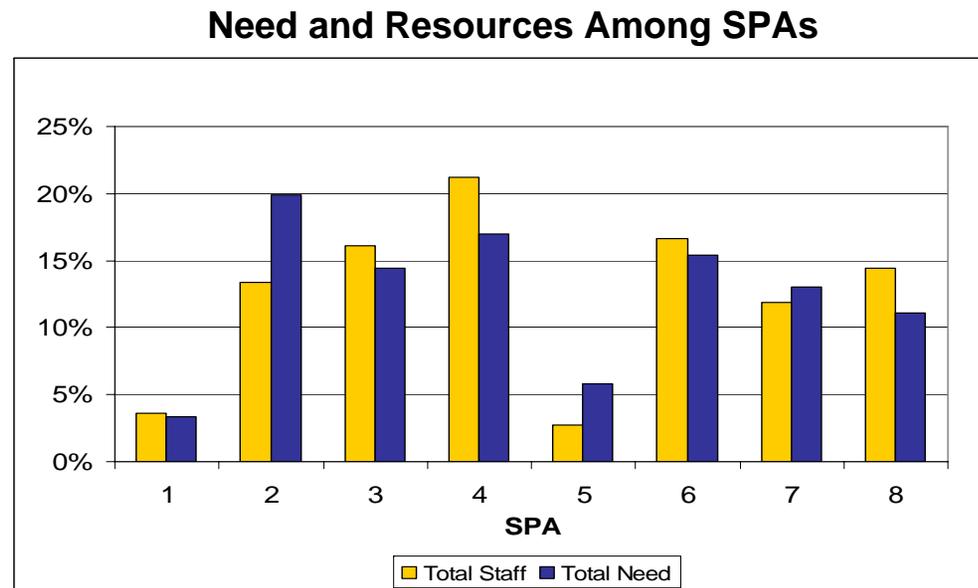


(Source: NPMS data, FY2006 Fourth Quarter through FY2007 Second Quarter)



Selected Findings

- Distribution of staff across SPAs inconsistent with distribution of need



- Maldistribution is relative; no workload standards to define number of staff “needed”



Selected Findings

- Much time is spent filling out forms and entering duplicative data into multiple systems.
 - Many TB forms
 - Multiple stand-alone surveillance and case management systems that do not interact
 - Complex process; many hands touch the data



Implementation of Recommendations

- Developing criteria for deciding which community efforts warrant PHN participation
- Revising communicable disease follow-up protocols
 - What diseases
 - What method
 - What to do with newly freed-up time
- Conducted nursing workload survey
- Redistributing staff among SPAs



Implementation of Recommendations

- Analyzing TB forms for potential reduction
- Conducting a business analysis to examine our surveillance work processes and assess alternatives for integrating or reducing systems
- Piloting a streamlined disease reporting system
- Created one location on our website where all providers can access reporting forms, regardless of disease



Questions?

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