



## Delaware County Council

Government Center Building

201 W. FRONT STREET  
MEDIA, PENNSYLVANIA

AREA CODE 610-891-4270  
FAX NUMBER 610-892-9788  
[www.co.delaware.pa.us](http://www.co.delaware.pa.us)

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**To:** Delaware County Council  
**From:** Mario J. Civera, Jr.  
**Date:** April 25, 2011  
**Re:** Implementation Plan – Johns Hopkins Report

I am pleased to submit this plan to County Council addressing the implementation of the recommendations contained in the *Profile of Health and Public Health Service Delivery in Delaware County, Pennsylvania* presented to Delaware County Council by the Johns Hopkins Bloomberg School of Public Health. Since receiving the Johns Hopkins Report, the County has been gathering additional information and taking other actions directed towards implementing a series of responses that blends the best features of the current system and the Johns Hopkins Report's recommendations.<sup>1</sup>

| <b>Recommendations of<br/>The<br/>Johns Hopkins Report</b>   |   |
|--|---|
| <u>Leadership</u> - Designate and develop public awareness and recognition of a Delaware County public health leader   | <u>Research to Strengthen Infrastructure and Obtain Additional Resources</u> - Conduct further research on how best to enhance the County's public health system, with particular regard to strengthening infrastructure and obtaining additional resources |
| <u>Collaboration, Communication and Coordination</u> – Build on existing public health efforts through increased collaboration, communication and coordination | <u>Oversight and Evaluation</u> - Establish a County public health task force, or other similar entity, with the responsibility and authority to oversee and evaluate the implementation of these recommendations   |

Improvements can - and will - be made in Delaware County's public health structures and processes, and the County is looking both to the Johns Hopkins Report and other sources for guidance and assistance.

<sup>1</sup> Final Report - Profile of Health and Public Health Service Delivery in Delaware County, Pennsylvania, March 11, 2010 (the "Johns Hopkins Report"). The entire report may be viewed or downloaded from the County's web site at <http://www.co.delaware.pa.us/>.

Described in this plan are the principal steps being taken and a proposed schedule to accomplish each of the elements of it in an organized and effective manner. County staff is prepared to move forward on each of the initiatives discussed below.

## **OVERVIEW**

The charge which County Council gave in commissioning the Johns Hopkins Report was for the consultants to identify gaps in the County's public health system and make recommendations as to how the County should address them. In response, Hopkins framed its task:

The ultimate matter, however, in the view of the investigators, is felt to hinge on the broader issue of what is the overall public health status of Delaware County residents and how can it be improved? Thus, the recommendations offered are not focused on a specific public health structure, but rather are geared toward building on existing strengths in the County to support enhancing the County's public health system with the ultimate goal of forward movement of health for all Delaware County residents. In working to improve health for all Delaware County residents, the health status indicator findings provide opportunities to further address health disparities in the County.<sup>2</sup>

The common thread running through the Johns Hopkins Report is its conclusion that while the County's public health efforts are generally effective, they are impeded by a lack of public awareness of what actually is happening as well as a need for an increased focus on coordination and collaboration.

Delaware County is in the heart of a region which provides world class health care, and is well-served by several major hospital systems. Their facilities and professionals are an integral part of the County's public health and primary care infrastructure and play a major role in keeping residents healthy and informed. The County also benefits from the presence, personnel and actions of local governments and school districts which are connected with their communities, provide a unique perspective on issues and problems and make substantial contributions to how they are addressed. In many respects, those entities represent the backbone of the public sector's surveillance and response system.

Delaware County, by adopting a coordinative model rather than an top-down structure favored by some other areas, acknowledges that it would be difficult to "command" certain aspects of individual behavior, actions by other participants in the highly dispersed and complex environment that is modern health care, or the rapid changes which constantly occur. The County's structure resembles observations made in a major report on public health collaboration published in the late 1990s:

...professionals and organizations in medicine and public health are under intense pressure. All are facing challenges to their stature and authority, all are concerned about their economic viability, and all are having difficulty carrying out their professional roles. At the same time, certain aspects of the current environment are increasing the relevance of each sector's perspectives, resources, and skills to the other sector. Striking shifts in the health system are making the medical and public health sectors increasingly dependent on one another. New incentives are making it advantageous for professionals and organizations in the two sectors to

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<sup>2</sup> Johns Hopkins Report, p. 71.

work more closely together. And new organizational structures are making cross-sectoral interactions easier and more efficient to carry out. In this environment, continuing on separate tracks is not in the best interest of either medicine or public health. Today, professionals and institutions in the two sectors need each other and can help each other—not only in addressing their patients’ and populations’ health problems, but also in promoting their own professional and economic health.<sup>3</sup>

With that concept in mind, and as part of its process in responding to the Johns Hopkins Report’s findings and recommendations, County Council has reached out to the Pennsylvania Department of Health, the principal providers of health care services in the County, a cross-section of local governments and their health agencies, school districts and the Delaware County Intermediate Unit, physicians, advocates and others who have an understanding of what is being done – and what might be done - to address the public health needs of County residents. Those stakeholders were given the opportunity to express their views about the Johns Hopkins Report and its recommendations (as well as related issues not addressed in the report ) and to offer their support for and involvement in improving Delaware County’s public health system. Those conversations have largely confirmed the Johns Hopkins Report’s findings and recommendations and have helped the County develop the approach to them described below.

### **Public Health Issues**

The Johns Hopkins Report offers observations about health indicators, and echoes some other studies which have considered how Delaware County stands in comparison to other localities in Pennsylvania and across the nation. Given the County’s unique demographic characteristics – seen in the disposition of urban-rural-suburban, wealthy-poor and older-younger residents - it is clear that the County is far from uniform and that those differences have a significant impact on the type and location of public health issues. That reality requires a well-focused approach rooted in an understanding that not all public health problems are prevalent in all areas of the County, not all issues can be addressed in the same manner, and that local knowledge of the affected communities is a vital element in developing and implementing appropriate responses.

As discussed in greater detail below, it is clear that there are some issues and particular needs which can be addressed more effectively by County intervention than others, and the County should continue to focus its primary efforts in those areas. That focus, however, will not require abandonment of work in other areas, and will be adjusted from time to time as the result of an ongoing assessments of where the County’s limited resources are likely to do more good for more people, as well as a commitment to avoid duplication and unnecessary bureaucratic burdens. As the Medicine & Public Health Report notes:

...making headway on the types of health problems that the public and policymakers care about requires considerably more than what public health professionals and agencies can do on their own. On the one hand, today’s most pressing health problems have multiple, intertwined medical, social, and economic causes. Equally important, the shifts in patient populations, clinical

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<sup>3</sup> *Medicine & Public Health: The Power of Collaboration*, Roz D. Lasker and the Committee on Medicine and Public Health, The New York Academy of Medicine (“Medicine & Public Health”), 1997. p. 32. <http://www.cacsh.org/pdf/MPH.pdf>. That study also makes substantial observations about the evolution of the public health-medicine balance.

services, and financing streams that characterize the current environment are making it essential for the public health sector to work with and through the mainstream medical sector....<sup>4</sup>

*The County's traditional roles in the area of immunization, preparedness, collaboration, coordination and other health matters will not be diminished.*

### **Delaware County's Public Health Structure**

Delaware County's public health-related responsibilities are primarily discharged by its Intercommunity Health and Emergency Services departments. Intercommunity Health plays the principal public health role, was created by the County Home Rule Charter, and its functions are described in the County Administrative Code.<sup>5</sup>

Intercommunity Health cooperates with the County's Department of Emergency Services concerning planning for and response to disasters and other emergencies, as well as health-related activities which occur on a broader scale, such as mass immunizations and public health emergencies.<sup>6</sup> Both agencies work closely with other County offices, the Commonwealth and Federal governments, municipalities, school districts, the Delaware County Intermediate Unit, health care providers and others involved in health care. The County draws upon the skills and time of literally thousands of other entities and individuals in the cause of promoting and protecting public health, with the goal of integrating those resources into the larger effort:

[the public health] system consists of the broad range of organizations and partnerships needed to carry out the essential public health services, such as hospitals, voluntary health organizations, other nongovernmental organizations, and the business community. A final approach links the term *public health infrastructure* to the local health agency. Explaining infrastructure in this way acknowledges that the local public health agency represents the foundation of the public health enterprise, delivering services to protect community health.<sup>7</sup>

### **Activities of the Department of Intercommunity Health**

In an area as large and diverse as Delaware County, the needs of each community and its residents vary greatly, and the County Home Rule Charter's approach to public health places great emphasis on the value and knowledge of local resources such as health officers, local governments, first responders and health care providers. Intercommunity Health has effectively pulled those resources together to provide a wide array of services as needed, and several recent examples which show the far-reaching activities of the County's public health personnel include:

- Extensive work on the further enhancement of the County's role in management of and access to the Strategic National Stockpile (SNS). SNS is a Federal program administered by the Centers for Disease Control and Prevention (CDC) which maintains large quantities of medicine and medical supplies to protect the American public if there is a public health emergency. In addition, the County's Pandemic Plan was enhanced by

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<sup>4</sup> Medicine & Public Health, p. 41.

<sup>5</sup> Delaware County Home Rule Charter, §1.4-428.f. and Delaware County Administrative Code, §6-95.

<sup>6</sup> Delaware County Administrative Code §6-75.

<sup>7</sup> *Strengthening The Nation's Public Health Infrastructure: Historic Challenge, Unprecedented Opportunity*, Edward L. Baker Jr. and Jeffrey P. Koplan, *Health Affairs*, Volume 21, Number 6, November/December, 2002. p.17.

exercises designed to test the use of each plan and ensure the ready and effective implementation of the programs. This is an ongoing effort within the County involving multiple partners from a wide range of organizations. An annual review of the County's SNS Plan by the Pennsylvania Department of Health, as well as by the CDC, highlighted the strength and efficacy of the County's plans.

- The threat of H1N1 influenza prompted the County to partner with the Pennsylvania Department of Health to facilitate the availability of the H1N1 vaccine. Intercommunity Health spearheaded immunization clinics with school districts across the county, ensuring that every child had access to the vaccine. Intercommunity Health has also assisted the Pennsylvania Department of Health with county-wide public access vaccine clinics.
- In 2010, a rise in the number of Pertussis cases was noted throughout the County. Intercommunity Health worked closely with the Pennsylvania Department of Health to offer clinics targeting the immunization of adults in an effort to stem the tide of the escalating number of cases. In addition, a public education campaign was initiated by Intercommunity Health in partnership with the Delaware County Immunization Coalition to ensure widespread community understanding of the issue.
- In the fall of 2010, Intercommunity Health provided Delaware County residents with a comprehensive, continually updated listing of public access seasonal flu vaccine clinics via the Internet as well as through the Crozer-Keystone Health System Immunization Hotline. As part of the effort, Intercommunity Health assisted the Pennsylvania Department of Health with a drive-thru flu shot clinic held at Tinicum Fire Company in October of 2010. This clinic enabled the County to successfully test its emergency medication distribution model as outlined in the County's SNS Plan, and valuable lessons were learned.
- Intercommunity Health has provided local health officers with training on topics such as bed bugs, food-borne illness investigations and the requirements of Act 106 of 2010, which affects food establishment inspections. The Delaware County Local Boards of Health Association meets regularly to share information and discuss important topics related to public health and their duties and responsibilities, and Intercommunity Health works closely with the group and its members.
- Intercommunity Health plays a leadership role in coordinating efforts to create awareness and effect a reduction in the suicide rates within the County through the Delaware County Suicide Prevention & Awareness Task Force. The Task Force's 2010 annual conference focused on teens, social networking and suicide.
- The County has collaborated with the Insuring Delaware County's Children Today group to provide leadership in increasing the number of the County's children who are enrolled in the Pennsylvania Children's Health Insurance Program (CHIP) through broad-based community outreach and education. It coordinated a CHIP holiday information initiative in partnership with numerous family restaurants throughout the County.
- With state financial assistance, Intercommunity Health has implemented and supervised an effective West Nile Virus Surveillance and Control Program in the County for several years. This program, offered through a partnership with the Penn State Cooperative

Extension, included all aspects of efforts to ensure the tracking of the disease and the reduction of possible exposure to it, and also included a public education campaign.

- Intercommunity Health worked with the Delaware County Teen Pregnancy Prevention Coalition on a conference pertaining to the understanding of the teen-age brain and texting sexting. It also actively participates with multiple organizations in ongoing efforts to reduce teen pregnancies across the County.

While the list is far from complete, it provides an overview of the many areas which Intercommunity Health touches - in all corners of the County – as well as showing the range of concerns which it addresses. That broad base of connections and achievement is the foundation for the County’s work going forward.

**RESPONSES TO SPECIFIC RECOMMENDATIONS OF THE JOHNS HOPKINS REPORT**

As noted above, the Johns Hopkins Report makes four recommendations. While each has a discrete focus and covers specific concerns, all share an emphasis on issues of communication, collaboration and coordination.

**Johns Hopkins Report Recommendation 1:**  
Leadership - *Designate and develop public awareness and recognition of a Delaware County public health leader.* Outreach efforts revealed strong perceptions and concerns regarding a public health leadership void in the County, particularly in the areas of emergency preparedness and general public health outreach and communication. A public health leader needs to be identified, with specific roles and functions delineated. Most importantly, this leadership role needs to be communicated and demonstrated to the public.

The table below (and those which follow for each of the other recommendations) address each of the points in the Johns Hopkins Report. The column to the right of each response speaks to when the activity is estimated to be undertaken, stated in terms of which quarter of each year rather than assigning specific dates, many of which are underway or have been completed

| <b>Delaware County Response to Recommendation 1:</b>   |                |
|--|----------------|
| Designation of the roles and functions of the County’s Senior Medical Advisor, the “public health leader” recommended by the Johns Hopkins Report.   | <b>2011 Q2</b> |
| Selection of the Senior Medical Advisor.   | <b>2011 Q2</b> |
| Begin the process to integrate the Senior Medical Advisor into the County’s public health and emergency preparedness/response systems.   | <b>2011 Q2</b> |
| Development of formal and documented processes for oversight and assessment of status and progress of the County’s response to the Johns Hopkins Report’s recommendations and other initiatives. | <b>2011 Q3</b> |
| Communication and demonstration of the role of the Senior Medical Advisor.   | <b>2011 Q3</b> |

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|---|----------------|
| <b>Delaware County Response to Recommendation 1:</b>  |                |
| Briefing of County Council by the Senior Medical Advisor and Director of Intercommunity Health concerning efforts to date with respect to implementation of the recommendations made in the Johns Hopkins Report. | <b>2011 Q4</b> |

The County agrees that its public health efforts would benefit by having a sharper focus and a more visible and accessible public presence – and believes that the actions being described in this plan will contribute to those goals. It does, however, take exception to the observation in the Johns Hopkins Report as to a perception of a “void” in terms of leadership in planning for and responses to emergency preparedness and public health outreach/communication, and believes that the County’s approach has been effective and well-connected to both the community and the health system which serves it.

The report’s criticism in this regard is directed at both emergency preparedness and public health. The Departments of Emergency Services and Intercommunity Health, on their own and in conjunction with many other private and public sector participants, have been shown to be among the most capable, proactive and involved local government agencies in the Commonwealth in the area of emergency planning and preparedness.

In addition to its contributions to emergency preparedness efforts, prevention and education initiatives, and responses to disasters and other events which have an actual or potential public health impact, Intercommunity Health is an active and visible leader in critical activities throughout the County. It brings together people and institutions with disparate interests and priorities and facilitates their work towards common and important goals.

Notwithstanding concerns about the characterization of the County’s current efforts in the Johns Hopkins Report, the County understands that it must more effectively communicate what it is doing, and agrees with the recommendation that it should designate (in the term used in the Johns Hopkins Report) a “public health leader”.

**The County Senior Medical Advisor**

Delaware County Council has appointed Dr. George K. Avetian as Senior Medical Advisor to serve as a resource for the County generally and for Council and the Department of Intercommunity Health in particular as it continues to play its leadership role in public health. Dr. Avetian has deep roots in the community and unequalled experience with the real-life health needs of people in the County.

The Senior Medical Advisor will become a major part of the County’s planning for, and response to, events which have an impact on public health, provide a professional/global perspective on the County’s public health activities (as well as those of other participants in the system), establish peer relationships within the provider community and also be the “public face” of Delaware County public health for many of those matters.

The Senior Medical Advisor is being integrated immediately into all aspects of the County’s public health and emergency management activities, and Dr. Avetian also brings to his new position experience as a special deputy who has worked with the Delaware County Sheriff’s Department on emergency preparedness and response

The Senior Medical Advisor reports to the County Executive Director, and together with the directors of the Intercommunity Health and Emergency Services Departments, will consult with Council and County agencies on public health matters and participate in the development of policy and in critical decisions relating to public health. Among the duties are:

- To advise the Executive Director, County Council and County agencies on public health matters and the public health aspects of emergency planning, preparedness and response.
- In coordination with the Executive Director and County agencies, serve as the acknowledged professional presence and spokesperson evidencing the County's commitment both to protecting and improving the health and wellness of its residents.
- Complement the work of the Executive Director, County Council and County agencies in establishing community educational programs and providing leadership in the promotion of health initiatives in the County.
- Provide scientifically-based health policy analyses and advice to the Executive Director, County Council and others as to critical medical and public health issues of relevance to the County.
- Support implementation by the County of its actions taken in response to the recommendations provided in the Johns Hopkins Report.

It is clear that this appointment, and the goals that go with it, are as much a first step as a result, in that what is put in place will have to be flexible enough to respond to needs as they emerge, facilitate necessary changes and coordinate activities going forward:

Public health leaders must understand and deal with the multidimensional public health problems of today and the future. Some of the straightforward challenges of the past (an uncomplicated infectious disease, for example) were amenable to straightforward solutions (produce a vaccine and deliver it to all who are potentially susceptible). Today, many problems (such as teen pregnancy, drug abuse, and sexually transmitted diseases) are intertwined with seemingly intractable social and economic ills. These issues demand that leaders in public health be equipped differently than the leaders of yesterday. Even active professionals, who have been working in the field for some time, are not prepared for the current and future challenges facing public health.<sup>8</sup>

### **Outreach and Communication**

An initial task of the Senior Medical Advisor is to assist the County in developing higher visibility for its programs and initiatives, and stimulate more substantive participation in the public health discourse within and impacting the County. That supports one aspect of this particular recommendation, which is to take steps to present a more complete and accessible picture of public health in the County.

The County's response to communications issues is discussed in greater detail below, but the appointment of the Senior Medical Advisor creates an opportunity for the County to present a more clearly stated vision of a coordinated and comprehensive approach to public health issues,

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<sup>8</sup> *Why the Problem of Leadership in Public Health?* William L. Roper, Milbank Memorial Fund, 1994. <http://www.milbank.org/mrlead.html#wtpol>.

supported by a communications/public education strategy that is both focused and flexible. It is critical for the County to move beyond an episodic presence in the public mind to a well-founded perception of the County as being a “go to” source of public health information and support.

It is clear that a principal theme of the Johns Hopkins Report is the perceived need to substantially upgrade the processes by which the County gets information out to the public and to other parts of the public health universe, and how it facilitates the flow of information among the many participants in the system. It is clear that the task is not solely one which must or should be borne by the County, but it is also clear that the County plays a critical role and should improve what it does.

The director of the Department of Intercommunity Health is now working with the Senior medical Advisor to help him obtain as comprehensive a picture as possible of what the County does in the area of public health, through meetings with stakeholders, other interested parties and additional research. While it is clear that the Senior Medical Advisor brings extensive local and professional knowledge to the position, this effort is designed to fill in any gaps in his personal knowledge about the County’s efforts and systems.

Although there will be constant communication throughout this process, during the Fall of 2011 the Director of the Department of Intercommunity Health and the Senior Medical Advisor will formally report to County Council, providing an overview of what has been done , and setting out tasks to be accomplished and initial observations on the principal challenges and processes by which the County’s responses to Johns Hopkins Report’s recommendations are being implemented. While part of Recommendation 2 notes that “Evaluation mechanisms should be put in place to assure that these efforts are achieving desired goals,” such mechanisms should be applied to more than just the communication, collaboration and coordination measures suggested by that recommendation.

Integral to this part of the effort will be an assessment of how best to build on the strengths and credibility of structures now involved in the County’s public health process, while addressing issues – both present and emergent - above and beyond those noted in the Johns Hopkins Report.

**Johns Hopkins Report Recommendation 2:**

Collaboration, Communication and Coordination - *Build on existing public health efforts through increased collaboration, communication and coordination.* Outreach efforts indicated a number of valuable, on-going public health initiatives in Delaware County, yet these efforts often were not coordinated or well-known to the public. A centralized system for general public health information and services was cited as a major public health need. Building on the agencies and organizations in the community that provide regular and ongoing services and information on a variety of public health issues and concerns, the County should design expanded and coordinated communication, collaboration and service structures. These structures will allow residents to gain awareness of and have ample access to available public health services and information. Additionally, these efforts should be aimed at not only the general population, but also targeted to underserved populations. Evaluation mechanisms should be put in place to assure that these efforts are achieving desired goals.

| <b>Delaware County Response to Recommendation 2:</b>   |                |
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| Create the Delaware County Public Health Information Working Group to define the scope of the information systems in the public and private sectors which might be available to support the Delaware County public health system, and also to support other aspects of implementation of this recommendation.  | <b>2011 Q3</b> |
| Begin assessment of current County-controlled data systems and capacities relating to public health and define public health information goals.  | <b>2011 Q3</b> |
| Affiliate with federal and state-level health information programs.  | <b>2011 Q3</b> |
| Identify practical, legal and regulatory constraints on data collection, interchange, use and similar issues; suggest specific steps to be taken to address those constraints.   | <b>2011 Q4</b> |
| Define priorities in the development of “access to available public health services” and as to means to promote delivery to underserved populations.   | <b>2011 Q4</b> |
| Identify agreed-upon metrics for assessment of public health services and outcomes.  | <b>2011 Q4</b> |
| <p>Continue steps to enhance availability through County systems of information, such as:</p> <ul style="list-style-type: none"> <li>• <u>From</u> non-County sources: <ul style="list-style-type: none"> <li>○ Pennsylvania Department of Health</li> <li>○ CDC</li> <li>○ Local hospital systems</li> <li>○ Others</li> </ul> </li> <li>• <u>To</u> non-County sources: <ul style="list-style-type: none"> <li>○ notices to be posted on hospital systems’ web sites or disseminated through their internal information systems concerning such things as mass immunization events).</li> <li>○ distribution through County Medical Society</li> <li>○ School districts/County Intermediate Unit</li> <li>○ Others</li> </ul> </li> <li>• Training and seminar presentations (e.g., food safety inspection training).</li> <li>• Enhanced County web page and links.</li> <li>• Social media, newsletters, email contacts and similar channels.</li> <li>• Upgraded integration with other agencies’ information systems.</li> </ul> | <b>2012 Q1</b> |
| Make changes to County-controlled data systems to enhance the availability of public health and health services information to support improved coordinated communication, collaboration and service structures, and make recommendations for complementary changes to non-public systems.   | <b>2012 Q1</b> |

| <b>Delaware County Response to Recommendation 2:</b>   |                |
|--|----------------|
| Work with other public health stakeholders (i.e., state/local agencies, health care providers and others) to determine the scope and nature of applicable data systems and capacities, prospects for operating systems for data development and interchange, and necessary changes to facilitate the goals of this recommendation.                               | <b>2012 Q1</b> |
| Issue a plan and schedule for the County to implement: <ul style="list-style-type: none"> <li>• An enhanced public health information system.</li> <li>• An enhanced public health services information system.</li> <li>• Enhanced information, coordination, collaboration and service structures with particular focus on underserved populations.</li> </ul> | <b>2012 Q2</b> |

While the first recommendation of the Johns Hopkins Report (addressing leadership) focuses on defining the task, identifying key participants, developing a new approaches and providing the public and others with an overview of those changes, the thrust of this recommendation is on improving systemic relationships and outputs with a view towards providing County residents and others with more accurate and timely information. The effort can be divided into several discrete but highly interdependent areas of information/data issues, data management and interchange, public information, and priorities/resources issues. It is critical that the County approach this task in a comprehensive and flexible way, unencumbered by preconceptions.

The task list set out above devotes its initial attention to determining what information the County already has or can obtain, and the systems it can use to do so. It thereafter moves on to an evaluation of what might be done to appropriately employ existing or augmented capacity to address agreed-upon goals. In the end, the result of completion of this task list will be a more integrated and effective public health information system which is flexible enough to respond to community needs and an ever-changing technological, health care and regulatory environment. Throughout implementation of the County’s response to this recommendation its singular focus must be on optimizing the connection between information and services, not just the aggregation and control of information.

While the concept of total access to all information is in principle attractive, the County recognizes that management of information relating to public health must be well-considered in light of applicable functions, capacity, available resources and legal/regulatory constraints. The Health Insurance Portability and Accountability Act (“HIPAA”) places limitations on access to and use of personal health information, health care providers are subject to other regulatory requirements which constrain use and sharing of information, and the American Recovery and Reinvestment Act (“ARRA”, Federal economic stimulus legislation passed in 2009), the Patient Protection and Affordable Care Act, and the Health Care and Education Reconciliation Act of 2010 (the last two acts together comprising the Federal health reform statute enacted in 2010) set out standards and goals for health information technology and electronic health records that must be taken into account.

### **Information/Data Issues**

This recommendation is very broadly stated, but its apparent focus is on first using existing structures as the foundation upon which to build improved information capacity, enhanced data

exchange, better coordination, and (most of all) increased public accessibility. That is a logical approach, in the sense that it uses legacy systems and their existing data to stimulate improvement, even if those systems might eventually be changed. It is inevitable that not all parts of the current system work well, and this approach anticipates that objective assessments will be made - and actions taken - to address those shortcomings and promote the use of limited resources more effectively.

From that perspective the recommended approach is both reasonable and methodologically sound, but leaves many questions unanswered. The County, in implementing this recommendation, will incrementally address each of its elements, and to the extent possible make interim changes to current systems over the short term to optimize their performance and utility. Critical to that task, however, is identifying the “base case” while taking the steps necessary to ensure that the goals set out in the recommendation can be achieved in a cost-effective and useful manner.

The County has assumed a coordinating role in public health and in so doing also has assumed some responsibility to identify and address issues of communication, collaboration and coordination between and among it and other stakeholders and public health initiatives. That requires an understanding of the actual and potential synergy among elements of the system which serves the County (as well as the impact of the shortcomings of such synergy). That information – if accurate, kept up-to-date and made accessible to those who need it - will be of substantial value in the identification of and response to areas of duplication and gaps.

### Data Management

The first task in the area of data management is for the County to convene a Delaware County Public Health Information Working Group made up of MIS professionals and representatives of the County and public health stakeholders to consider what should be done to achieve the policy goals set out in this recommendation, which the County believes requires defining the scope of the information and associated systems in the public and private sectors necessary to support the Delaware County public health system in a way that meets policy goals. It is particularly important for this group to be made up of people who understand and are in touch with the dynamic challenges presented by current issues in health-related data management.

Lewis Carroll, author of *Alice in Wonderland*, wrote “If you don't know where you are going, any road will get you there.” That comment is as true now as it was more than a century ago, so the challenge is to both identify a destination and chart a course to get there. Integral to that task are:

- An assessment of current County-controlled public health data systems and capacities, which necessarily will involve a review of data flow to and from the County. The first step in that process is to ensure that all County-generated/received public health data is held in a secure, accessible and useful form, and to identify both deficiencies and current initiatives. While that step may seem to be almost too basic to be a “critical path” item, experience in similar efforts has shown that bypassing such threshold issues can cripple reform efforts and waste large amounts of time and money. Also, the increased emphasis on electronic health records and interoperability make it ever-more critical that systems are thoughtfully designed and well-administered with a view towards secure functional integration with other systems:

Developed to serve the needs of individual programs – often with program-specific funding from federal agencies – public health information systems frequently operate as stand-alone “silos” using homegrown applications and non-standard data structures and content. These systems receive much of their data from healthcare providers via paper-based reports, or, in some cases, via program-specific, web-based interfaces. In only very limited cases have electronic information exchanges between providers and public health been established, some using proprietary data content and format ‘standards,’ others using nationally-adopted standards. As a result, providers are often asked to report to different public health information systems the same data on multiple forms and through multiple interfaces, creating costly redundancies. Varying data formats, content, and customized IT products further limit (or preclude) data linkages across these systems without significant additional work. According to national data, public health data systems currently suffer from underreporting, lack of representativeness, lack of timeliness, inconsistency of case definitions across systems, and inability to integrate data across systems. Fragmented public health data systems limit the ability of public health to respond to public health emergencies, effectively coordinate healthcare services, and deliver community-based disease prevention interventions. Lack of integration leads to duplication of efforts and increased costs.<sup>9</sup>

*The Johns Hopkins Report’s recommendations, while necessary, cannot be implemented in a vacuum, and the effort to address this particular recommendation cannot be allowed to produce yet-another stand-alone “silo” of statistics on a web page or in a data bank. More has to be done, but in a thoughtful and coordinated way.*

- Identification of practical, legal and regulatory constraints on data collection, interchange, use and similar issues, including an assessment of legal reporting responsibilities and data access issues. One example of part of this inquiry would be to determine what information is required to be reported to the Commonwealth, by whom, and who can access that data and when, as well as the way those issues relate HIPAA and other confidentiality concerns.
- Affiliation and cooperation with federal and state-level health information programs, more necessary than ever due to a significantly increased state role in implementing the massive changes in health care IT imposed through provisions of ARRA and Federal health reform. Those measures offer the potential for significant financial assistance in addition to creating many new requirements.
- Identify and implement changes which can be made in existing systems (both public and private sector) in the near future to upgrade performance directed towards achieving the goals set out in this recommendation.

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<sup>9</sup> “Business Case: The Role of Public Health in National Health Information Technology Standardization”, Data Standards Committee, Public Health Data Standards Consortium, 2010, p. 6.  
[http://www.phdsc.org/standards/pdfs/PHDSC\\_Business\\_Case\\_Public\\_Health\\_HIT-Standardization.pdf](http://www.phdsc.org/standards/pdfs/PHDSC_Business_Case_Public_Health_HIT-Standardization.pdf)

It is on those initial steps that the actions which follow will be based, all aimed towards achieving a high degree of appropriate integration in a cost-effective way.

### Public Access to Public Health Information

As noted above, the County expects as a result of its initial efforts to address this recommendation to identify steps which can be taken over the next several months to make and/or promote basic changes to County-controlled and private sector data systems to enhance the availability of useful public health and public health services information, and to support improved coordinated communication, collaboration and service structures. It is likely that those efforts will fall short of producing an ideal result, but they can nonetheless represent significant positive change. Thereafter, the County intends to effect other changes reflecting upgraded interchanges with non-public participants in the public health system which serves the County.

For the County's response to these recommendations to be effective over the long term it is necessary to consider how best to coordinate public health initiatives and programs, and creatively apply what has been learned in one part of the public health system to the benefit of other parts, and then adapt/employ the many elements of the public health information infrastructure accordingly. It is in this context that the County can play a significant and positive coordination and leadership role. The role of the information aspect of the larger effort is to support steps to stimulate efforts to fill gaps in critical public health services, reduce areas of unnecessary overlap and build capacity as needed to both address ongoing issues and emergent situations.

The County, as anyone who wants to get their message out effectively, has to deal with the new and constantly changing reality of how information is transmitted, received and assimilated. A summary of a recent poll highlighted the degree to which the "read the newspaper, watch the evening news" paradigm has shifted in a remarkably short time, all of which has substantial implications for public health and other public policy issues:

The overwhelming majority of Americans (92%) use multiple platforms to get their daily news, according to a new survey conducted jointly by the Pew Research Center's Internet & American Life Project and Project for Excellence in Journalism.

The internet is now the third most-popular news platform, behind local and national television news and ahead of national print newspapers, local print newspapers and radio. Getting news online fits into a broad pattern of news consumption by Americans; six in ten (59%) get news from a combination of online and offline sources on a typical day.

The internet and mobile technologies are at the center of the story of how people's relationship to news is changing. In today's new multi-platform media environment, news is becoming portable, personalized, and participatory:

- Portable: 33% of cell phone owners now access news on their cell phones.
- Personalized: 28% of internet users have customized their home page to include news from sources and on topics that particularly interest them.

- **Participatory:** 37% of internet users have contributed to the creation of news, commented about it, or disseminated it via postings on social media sites like Facebook or Twitter.

In addition, people use their social networks and social networking technology to filter, assess, and react to news. And they use traditional email and other tools to swap stories and comment on them. Among those who get news online, 75% get news forwarded through email or posts on social networking sites and 52% share links to news with others via those means.

Despite all of this online activity, the typical online news consumer routinely uses just a handful of news sites and does not have a particular favorite. And overall, Americans have mixed feelings about this “new” news environment. Over half (55%) say it is easier to keep up with news and information today than it was five years ago, but 70% feel the amount of news and information available from different sources is overwhelming.<sup>10</sup>

The poll which the summary above depicts, as well as other studies which address similar topics, speaks to the need for the County and others who are working with public health issues to ensure that information is made available in accessible ways, through multiple media channels, and which adapt to changing circumstances, such that the message will be received and understood by as broad a cross-section of the community as possible, particularly those with limited literacy, disability issues and English language challenges. If that is done effectively and consistently over time the County’s information dissemination system will become a more generally accepted and accessed provider of credible and timely public health information. As described above, the presence of the Senior Medical Advisor will provide the added professional presence which is necessary to attract media attention and enhance credibility with the public and other stakeholders.

Public information efforts directed to – and designed for - particular populations also are crucial to the success of initiatives focusing on the special concerns of those persons. It is clear that the impact of public health problems are not limited to a particular demographic group, and it is equally clear that targeted efforts – outreach, education, public information and intervention as necessary – can play a role in limiting their effects and associated disparities. As discussed elsewhere in this plan, there is no doubt that public health issues impact different populations in different ways. No “one size fits all” approach to service delivery will be effective, and the same is true for information dissemination.

Not all initiatives work well, and even well-implemented efforts are not successful all of the time. It is important that credible and agreed-upon metrics be identified at an early stage, to ensure that the goals of the effort are subject to measurement, but also to build the argument for adoption of objective standards for assessment before it is established who would benefit (or who would be adversely impacted) by their application.

### **Areas of Public Health Focus**

The concept stated in this recommendation of “expanded and coordinated communication, collaboration and service structures” directed towards “ample access to available public health

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<sup>10</sup> *Understanding the Participatory News Consumer*, Kristen Purcell, Lee Rainie, Amy Mitchell, Tom Rosenstiel, Kenny Olmstead, March 1, 2010. <http://www.pewinternet.org/Reports/2010/Online-News.aspx>.

services” is one which will require substantial work by interested parties to develop priorities and resource/implementation plans to meet those priorities. Any discussion of such matters must recognize the impact of national health reform, in terms of its emphasis on expansion of coverage and associated subsidies, added priorities and the overall sense of uncertainty which many have about how all of the elements of the plan will effect them individually, much less what will be seen in terms of impact on the broader public health landscape.

That is no less true for health providers than families, and one of the few certainties is that there will be effects on the public health system, and that local and state agencies will have to respond to as-yet unknown challenges. That places a premium of the County exhibiting flexibility and agility, both in terms of what it does and its role across the public health spectrum.

Any county-level public health effort (whether in Delaware County or elsewhere) in addition to preparing for emergencies and responding to immediate needs, must apportion its resources in a way that identifies areas where the County can do the most good and (at least to some extent) where the public believes the resources should be deployed. Public agencies must strike the proper balance between leadership and response to the public’s interest.

The United States Department of Health and Human Services has recognized the importance of drawing on local resources and setting priorities, as noted in its recent plan to reduce health disparities, a particularly relevant element of which is to:

**Reduce disparities in population health by increasing the availability and effectiveness of community-based programs and policies.** The actions under this strategy include the implementation of both universal and targeted interventions to close the modifiable gaps in health, longevity, and quality of life among racial and ethnic minorities.<sup>11</sup>

That element of the HHS plan aligns with the public health goals of the County and the recommendations of the Johns Hopkins Report.

It should not be surprising to learn that the American public does not have a consistent view of public health matters, a conclusion illustrated by poll results published in a recent edition of *Health Affairs*.

When asked in 2008 and 2009 to say in their own words what two diseases or medical conditions they thought posed the greatest threat to Americans, the public ranked cancer at the top of the list. In both years, 57 percent of the public named cancer as one of the two greatest health threats to Americans. . . . The next greatest perceived health threats in 2009 were heart disease, HIV/AIDS, influenza (all types), diabetes, and obesity. The proportion naming influenza as one of the greatest health threats was significantly higher in 2009, when there was an outbreak of H1N1 flu, than in 2008. Over longer periods of time, the public’s perception of health threats can change a great deal. In 1940, Americans were asked to choose the most serious national health problem from a list of options. Syphilis was the public’s top national health concern (46 percent), followed by cancer (29 percent), tuberculosis (16 percent), and polio, or infantile paralysis (9

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<sup>11</sup> *HHS Action Plan to Reduce Racial and Ethnic Health Disparities - A Nation Free of Disparities in Health And Health Care*, United States Department of Health and Human Service, April, 2011, p.25.

percent). Of these health threats, only cancer remains high on the public's list of health threats today.<sup>12</sup>

There is also a division of thought reported in that same poll about various public health-related government agencies and national health policy overall, which could support a conclusion that the Johns Hopkins Report's observations about possible Delaware County-specific concerns are actually more indicative of general reservations about the public health system:

Polls show considerable dissatisfaction overall with the nation's public health system, mixed feelings about state public health agencies, and a positive impression of the Centers for Disease Control and Prevention (CDC).

....

In 2009, 52 percent rated the performance of their state's public health department as excellent or good; 43 percent rated it as fair or poor. There was no significant difference in these ratings between Democrats and Republicans. When asked to compare the importance of the activities of their state health department with other activities of their state government, a majority (62 percent) said they were about equally important. About one-fourth (24 percent) said the state health department's activities were more important than most other activities, while 12 percent said they were less important. ...Only 33 percent of Americans reported in 2009 that they had ever had any contact with their state health department.

....

The public gave lower ratings to their state health department's response to chronic illnesses and health problems related to individual behavior. Only about four in ten rated their state health department as doing an excellent or good job at reducing obesity by encouraging healthy lifestyles and at reducing tobacco use. In addition, Americans rated relatively low their state health department's impact on preventing chronic illnesses—such as heart disease, cancer, and arthritis—that threaten the public today.<sup>13</sup>

Taking into account comments in the Johns Hopkins Report and in other sources about health indicators for residents of the County (and residents of particular areas of the County as well) and how they compare with similar data about people who live elsewhere, it is critical for the County to identify the degree to which it and its colleagues in the public health sphere have the capacity to effect meaningful change among various health conditions and conduct in furtherance of desired goals.

There should be no doubt that Delaware County has an interest in all aspects of public health. That said, the County must establish its primary public health goals within the universe of issues where it has an opportunity to be successful, be relentless in addressing them, and not invest an inappropriate level of resources on goals which are in the control of others. As stated by the CDC more than 30 years ago:

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<sup>12</sup> *Americans' Conflicting Views About The Public Health System, And How To Shore Up Support*, Robert J. Blendon, John M. Benson, Gillian K. SteelFisher, and John M. Connolly, *Health Affairs* 29, No. 11 (2010): 2033–2040. <http://content.healthaffairs.org/cgi/reprint/29/11/2033> (“Health Affairs Poll”).

<sup>13</sup> Health Affairs Poll.

Public health programs traditionally have been accountable for their effectiveness and have had to exist within resource constraints. Choices among competing priorities and intervention strategies have been and will continue to be made regardless of the information available. Prevention effectiveness integrates the best available information into the value of those choices.

The prevention-effectiveness initiative has helped to catalyze the integration of the principles of evidence-based medicine into public health. A central feature of this approach is the focus on health outcomes. By examining the links between interventions, intermediate impacts, and health outcomes, synthetic analyses can be developed as tools to assist in selecting the best intervention strategies. These tools assist in clarifying the objectives, the strategies available to achieve those objectives, the logic of the causal pathways, and the evidence that supports the links in those pathways. In addition to facilitating understanding of problems and potential solutions, these tools provide a basis for developing practice guidelines and, in the future, adapting those guidelines to communities with differing demographics, risk profiles, and health concerns.<sup>14</sup>

The many regional and local public health efforts made in both the private and public sector, as noted in the Johns Hopkins Report and elsewhere, represent a constantly changing mix of initiatives. Each has differing target groups, resources available/used, results obtained and current/anticipated barriers to hoped-for results.

### **Evaluation and Metrics**

This recommendation asserts a need for standards which the County can use to determine where its efforts are succeeding, and where improvements might be made. As noted in the response to Recommendation 1, the County endorses the identification and use of metrics to assess areas of accomplishment and those which require improvement. Indicators will evolve over time, as systems to monitor results become more refined and judgments are made as to areas where the County is in the best position to help its residents reach desirable outcomes. It would appear that while Delaware County has unique concerns, there are many templates available to guide the formulation of appropriate metrics and standards. An example of a benchmark system which might be of relevance to the County's effort is one issued by CDC and the Health Resources and Services Administration relating to emergency preparedness, which is described in detail in a 2005 Congressional Research Service Report.<sup>15</sup>

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<sup>14</sup> *Mortality and Morbidity Weekly Report*, Centers for Disease Control, January 31, 1997, Vol. 46. No. 4, p. 75. <http://ftp.cdc.gov/pub/publications/mmwr/wk/mm4604.pdf>.

<sup>15</sup> *An Overview of the U.S. Public Health System in the Context of Emergency Preparedness*, Congressional Research Service, Sarah A. Lister, Updated March 17, 2005. <http://www.fas.org/sgp/crs/homsec/RL31719.pdf>. Another publication has been issued by the Florida Department of Health, *Communities navigating to a healthier future, Florida MAPP Field Guide*, which describes a detailed program for assessment and benchmarking. [http://www.doh.state.fl.us/planning\\_eval/CHAI/Resources/FieldGuide/contentsFguide.htm#LPHSA](http://www.doh.state.fl.us/planning_eval/CHAI/Resources/FieldGuide/contentsFguide.htm#LPHSA).

**Johns Hopkins Report Recommendation 3:**

Research to Strengthen Infrastructure and Obtain Additional Resources - *Conduct further research on how best to enhance the County's public health system, with particular regard to strengthening infrastructure and obtaining additional resources.* In order to effectively implement these recommendations and sustain these efforts, a strengthened public health infrastructure with additional resources will be required. Further research in the areas below will aid in this effort.

- Examination of public health structures not only in the Commonwealth of Pennsylvania, but throughout the country geared towards identifying approaches suitable for Delaware County;
- Exploration of potential public health funding opportunities including non-governmental sources, as well as collaborations with interested parties, such as local, state and national organizations, academic institutions, and other relevant entities; and
- Analysis of Pennsylvania public health laws to identify possible options to address identified public health infrastructure and resource gaps.

| <b>Delaware County Response to Recommendation 3:</b>   |                |
|--|----------------|
| Review of Pennsylvania public health laws and regulations.   | <b>2011 Q2</b> |
| Assessment of public health structures in the Commonwealth and nationwide; confer on a regular basis with other public health agencies and stakeholders. | <b>2011Q3</b>  |
| Identification of possible funding opportunities.  | <b>2012 Q2</b> |

The County will continually evaluate ways to improve its use of public health resources, in addition to continuing its ongoing efforts to identify other sources of support. The County, in both its emergency preparedness function and with respect to public health efforts, has had considerable success in obtaining funding for its programs, and will build on those successes.

As the Johns Hopkins Report notes, the “additional resources” aspect of this recommendation can be addressed by looking to both government and non-government sources, as well as by crafting working relationships with other entities and across government boundaries. Given the unsettled and uncertain nature of funding generally (and particularly given the budget challenges faced by the Commonwealth), creativity will be required to take advantage of opportunities as they appear. That said, ARRA and health reform have created significant new funding streams for particular areas of concentration, public health among them.

One of the functions of the Senior Medical Advisor, in conjunction with Intercommunity Health, Emergency Preparedness and other County officials will be to cooperate with local officials and work to develop joint efforts to identify and apply for funding to supplement existing resources and/or address special projects and needs. Consideration will also be given to proposing or supporting legislative and regulatory changes which could assist the County, local governments

and others to play a more meaningful and effective role in the Commonwealth’s public health infrastructure.

There are numerous public health resources which serve the County, and their structure and inter-relationships are necessarily complex in light of the needs they address and the County’s geographic and demographic diversity. In short, there is no way for the County to “simplify” health delivery systems beyond a certain point. The issues themselves are too complex and the role of the County – or any county – is too limited to make that a realistic goal. Among the participants in the process are:

- County Health Advisory Board
- County agencies and staff
- Local government
- Local health officials
- Educational institutions (from Pre-K through the Delaware County Intermediate Unit, colleges and other venues)
- Health care providers and social service agencies
- Non-profit/charitable/community groups (e.g., faith-based, United Way, civic organizations)
- Commonwealth of Pennsylvania
- Managed care organizations and insurers
- Citizen groups

The elements of the “strengthened public health infrastructure” anticipated by the Johns Hopkins Report will be determined through the process described above in the discussion of the County’s approach to Recommendation 2, with respect to both identified needs and available resources (both current and future). As noted below in the discussion of Recommendation 4, the County will broaden its outreach and provide expanded opportunities to confer with others with respect to those needs and opportunities.

State law and regulations constantly change as they pertain to public health, as do the approaches taken to address public health and emergency preparedness by state and local governments, and in all cases options are constrained and influenced by available resources. The County, through its frequent contact with other government units and participation in associations and local government groups, is well-informed about the issues faced by other public health agencies, and most particularly those in the southeastern corner of the Commonwealth. The County will promote and participate in periodic gatherings of local health officials over and above those facilitated by the Pennsylvania Department of Health.

**Johns Hopkins Report Recommendation 4:**

*Oversight and Evaluation* - Establish a County public health task force, or other similar entity, with the responsibility and authority to oversee and evaluate the implementation of these recommendations. In order to assure the implementation of these recommendations and the sustainability of these efforts, a task force, or similar entity, should be established. In order to assure the effectiveness of this task force, it is recommended that members be appointed by County elected officials and include representation from government agencies, non-profit and community groups, and health care provider organizations. Additionally, the task force should be granted the

responsibility and authority to oversee implementation of these study recommendations, as well as the development and tracking of specific performance measures to be presented to County officials and the public on a regular basis.

| <b>Delaware County Response to Recommendation 4:</b>   |                |
|--|----------------|
| Appoint an oversight and evaluation task force to monitor and report on the County's implementation of the Johns Hopkins Report  | <b>2011 Q2</b> |
| Refine the role of the County Health Advisory Board.   | <b>2011 Q3</b> |
| Develop a more refined process for the flow of information to and from the Health Advisory Board in order to allow County Council and the County Executive Director to receive more immediate benefits from the work and insight of the Board.                           | <b>2011 Q3</b> |
| Hold public meetings of the Board which will provide an opportunity to discuss relevant issues, solicit input from the community and to receive reports from County officials on the progress of and constraints relating to the Johns Hopkins Report's recommendations. | <b>2011 Q4</b> |

The initial focus of attention on the oversight and evaluation process anticipated by this recommendation will be directed to the Health Advisory Board and an expansion of its current role. Its membership already has been expanded to include representatives of more of the providers of primary care which serve the County. In addition, as recommended in the Johns Hopkins Report, an oversight and evaluation task force is being formed, with the sole purpose of ensuring that the recommendations made by report and the Plan developed by the County are implemented. The discussion above concerning Recommendation 2 addresses the identification of metrics by which the County's success in addressing the recommendations can be judged. The County will call upon both the Health Advisory Board and the oversight and evaluation task force to lend their expertise as part of the oversight function.