

AMERICAN SAMOA PUBLIC HEALTH SYSTEM SUMMARY OF RESULTS OF THE LOCAL PUBLIC HEALTH PERFORMANCE ASSESSMENT October 2011

BACKGROUND

The American Samoa Department of Health (DOH) is leading a Territory-wide effort to identify strengths and weaknesses in its public health infrastructure with the ultimate goal of improving access to and quality of health care services.

As part of this effort, public health and community-based agencies have worked over the past few months to complete a *data-driven* **Local Public Health Performance Assessment** that analyzes the current state of health care in terms of 10 essential services (listed at right). The results of this comprehensive assessment will lead to the development of a **Public Health Performance Management Plan** to guide health care service delivery throughout the Territory.

The Public Health Assessment was implemented in three phases:

- **Phase One:** an assessment of the Local Public Health Systems (LPHS);
- **Phase Two:** a review of the data from the local assessments of each Essential Service; and
- **Phase Three:** identification of priorities to strengthen the health system.

THE PROCESS

Using the Centers for Disease Control and Prevention (CDC) and National Public Health Performance Standards Program (NPHPSP) **Local Public Health Assessment Tool**, eight key representatives from health, government, social services, and community-based providers completed a survey in July 2011 that assessed the delivery of each of the ten Essential Services of Public Health (ESPH), including the availability of services, capacity for handling specific events, level and capacity of inter-agency communication, and current public health activities. The data from the assessment was compiled and sent to the CDC for statistical analysis. The CDC report provided an individual score for each of the 10 ESPH and for the individual model standards per service. Based on a scale of 1-100, this score indicates how well area agencies and community partners are delivering each ESPH. A lower score indicates an area of greater need. Survey respondents also participated in a 2-day, facilitated meeting in which they were asked to provide greater detail on their responses. This information was captured, analyzed, and summarized in relation to each performance area. Finally, they completed a Priority questionnaire also designed by NPHPSP that asked them to prioritize health performance areas in terms of their importance within their own health system.

The following summary report highlights the key results of the Local Health Performance Assessment Tool, as well as participants' insights and prioritization of public health performance areas needing greatest focus and attention.

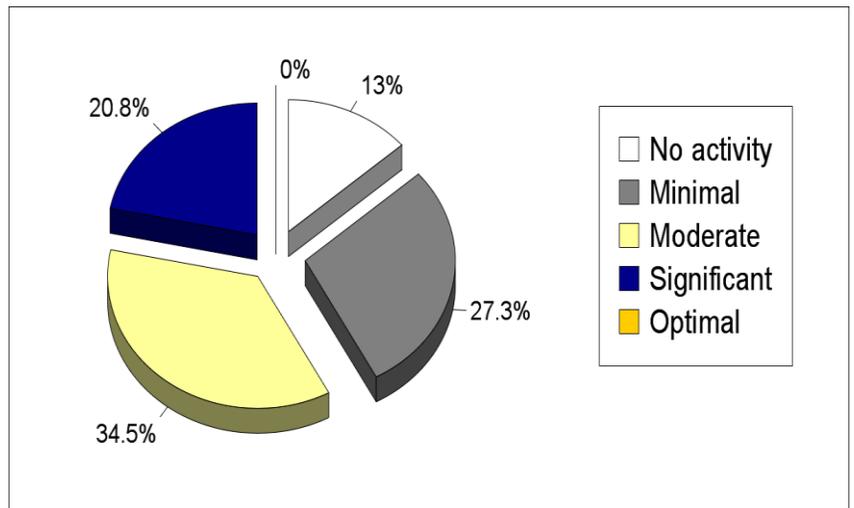
Ten Essential Services of Public Health

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 ensure the provision of healthcare when otherwise unavailable
8. Assure a competent public and personal 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

SUMMARY OF LOCAL PUBLIC HEALTH ASSESSMENT RESULTS

American Samoa received an overall score of 47 on the LPHS using a scale of 1 to 100. This score summarizes the perceived overall delivery and capacity of public health services across the territory.

Figure 1: Percentage of all questions scored in each level of activity

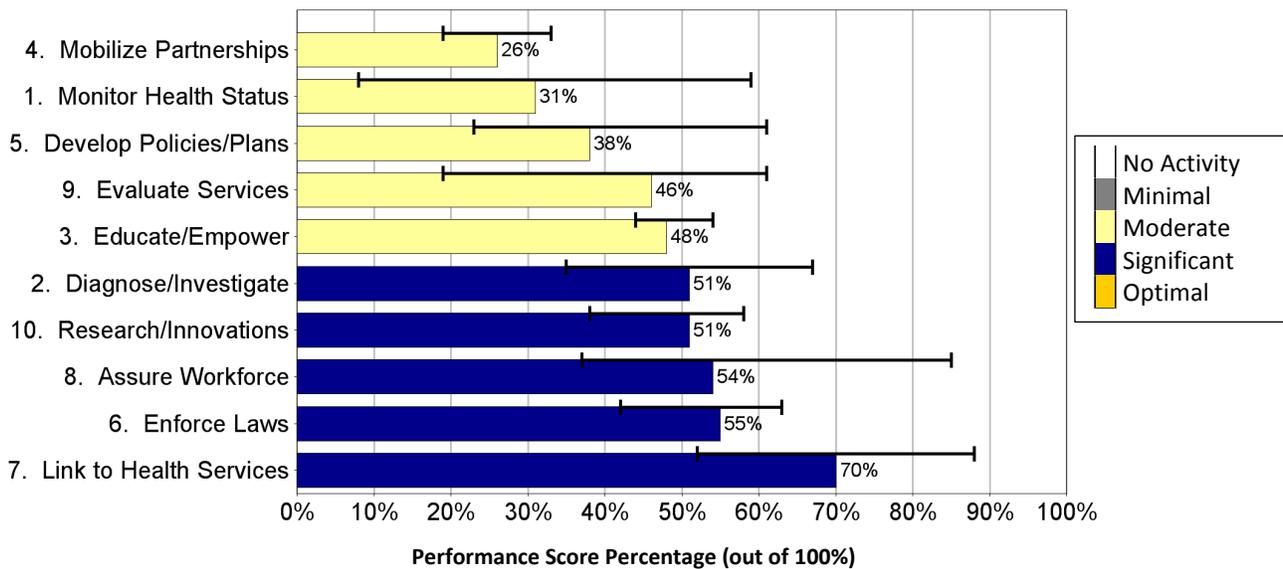


According to the assessment, approximately 21% of the 10 Essential Services are being significantly delivered; the remaining 69% are only partially delivered or not delivered at all. Figure 1 displays the percentage of all scored questions (N=324) that fall within each level of activity. This breakdown provides a closer snapshot of the system's performance.

American Samoa LPHS Assessment revealed **strongest activity** in “Linkage to Health Services in the Community” (ESPH #7) and “Enforcement of Laws” (ESPH #6) and **weakest activity** levels in “Mobilize Partnerships” (ESPH #4) and “Monitor of Health Status” (ESPH #1, see Figure 2).

During the assessment discussions, participants often advocated for building upon the successfully functioning ESPH to improve the capacities of those less active services.

Figure 2: Rank ordered performance scores for each Essential Service, by level of activity



KEY AREAS FOR IMPROVEMENT

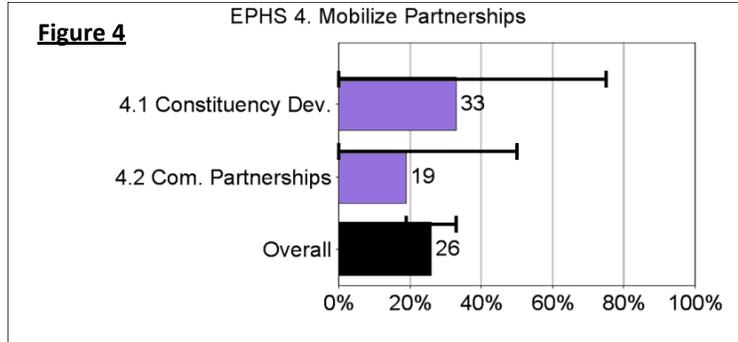
1. Health System Planning

As displayed in Figure 3, the performance score of 38/100 for the ESPH #5, “Develop Policies/Plans,” reflects a perceived deficit in coordinated health care system planning. According to one participant, “There is no shared vision [...] as a whole Samoa public health system” (July 20, 2011). Indeed, some of the assessment participants had never seen or heard about the ESPH or National Public Health Performance Standards Program prior to this assessment. Also, repeated throughout the discussions was the need for a *Comprehensive and Territory-Wide Health Strategic Plan*. Specifically, participants emphasized that this plan must target health infrastructure, cross-referrals, and agency/entity

collaboration and develop the motivation criteria for program staff to effectively accomplish these Territory-wide improvements.

2. Community Partnerships

The low performance score for ESPH #4, **“Mobilize Community Partnerships,”** (26 out of 100) reveals a perceived lack of collaboration and coordination both within the public sector and between the public and community sectors. All members cited examples of what one participant described as the “silo phenomenon” and attributed it to **“little to zero collective planning”** (July 20, 2011). When asked to clarify the “silo phenomenon,” one participant defined it: “when agencies and organizations, both government and non-governmental, are internally accountable and to our funders [...] we do not always respond to local expressed needs.” They articulated that a major consequence of these silos is a strongly perceived lack of connection between territory operations and local problems, issues, and priorities.



3. Health Care Monitoring

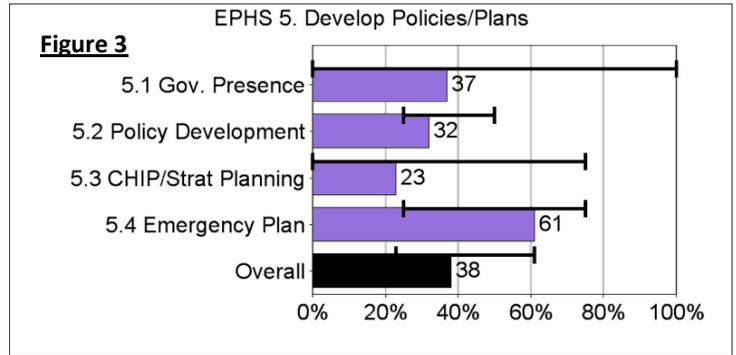
Capacity for local health profile data is perceived to vary across public health agencies. **ESPH #1, “Monitor Health Status,”** received an overall score of 31/100. The population-based **Community Health Profile (CHP)**, one of three indicators used to assess the community’s ability to monitor health status, was ranked at a very low score (19/100), as American Samoa has never developed a CHP. The CDC-

recommended CHP is a **standardized set of broad-based surveillance measures** related to health status and health risk at individual and community levels. It allows health sectors to display data trends in health status, along with associated risk factors and health resources that can assist the local sector to prioritize the health issues through strategic planning and action, resource allocation, and population-based health status monitoring. Although it was not the lowest ranking indicator in this priority area, participants agreed that the creation of a CHP was **“the first step”** in identifying high priority issues impacting the health and well-being of residents in the community (discussion, July 21 2011).

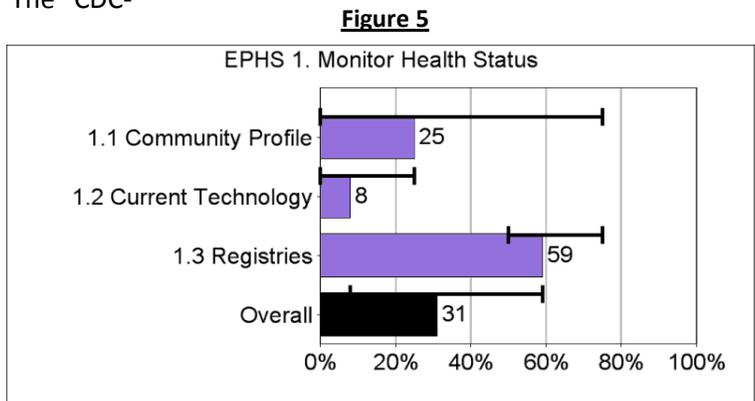
PRIORITIZATION OF PUBLIC HEALTH PERFORMANCE AREAS

After reviewing the assessment tool results and discussing their meaning, a Priority of Model Standards Questionnaire optional survey (also developed by the CDC) was administered asking participants to rank the areas of health performance from 1 to 10 (10 being the highest) in terms of their priority within their own health care agency/entity.

As indicated in Table 1, in terms of *low performing services*, ESPH #4, **“Mobilize Community Partnerships,”** ESPH #5, **“Develop Policies and Plans,”** and ESPH #9 **“Evaluate Effectiveness, Accessibility and Quality of Personnel”**



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ranked as high priorities by all respondents. Comments reflected the perception that community health concerns are being addressed “piecemeal,” without processes for prioritization, goal-setting, resource allocation, evaluation, or accountability.

Five significantly-performing ESPHs, however, were also ranked as high priority areas, a finding also reflected by participants’ comments. In particular, ESPH#7, “**Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable,**” was perceived both as a majority strength (ranked at 70/100) and also an effort that must be regularly maintained and monitored to ensure its effectiveness (priority rating of 10/10). Several participants discussed that they collaborate with other partners, such as WIC, old age homes and the disability program, to best identify and reach vulnerable populations. They also noted that while they rank the ESPH#8 (“**Assure a Competent Public and Personal Health Care Workforce**”) as 54% active, they qualified this “significant” ranking by noting that while the LBJ Hospital and Department of Health and Human Services (DHSS) have protocols on training and upgrading staff competencies, no such system exists at the DOH. Moreover, participants emphasized that workforce standards, especially licensure/credentialing of professional staff, are a high priority and “**much valued by staff and management,**” but rarely implemented due to “**lack of adequate funds**” (discussion, July 21, 2011).

Essential Service	Average Priority Rating by respondent	Actual Performance Score (level of activity)
Table 1		
Quadrant I (High Priority/Low Performance) - These important activities may need increased attention.		
4. Mobilize Community Partnerships to Identify and Solve Health Problems	9	26% (Moderate)
5. Develop Policies and Plans that Support Individual and Community Health Efforts	10	38% (Moderate)
9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	9	46% (Moderate)
Quadrant II (High Priority/High Performance) - These activities are being done well, and it is important to maintain efforts.		
2. Diagnose And Investigate Health Problems and Health Hazards	10	51% (Significant)
6. Enforce Laws and Regulations that Protect Health and Ensure Safety	10	55% (Significant)
7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	9	70% (Significant)
8. Assure a Competent Public and Personal Health Care Workforce	9	54% (Significant)
10. Research for New Insights and Innovative Solutions to Health Problems	9	51% (Significant)
Quadrant III (Low Priority/High Performance) - These activities are being done well, but the system can shift or reduce some resources or attention to focus on higher priority activities.		
3. Inform, Educate, And Empower People about Health Issues	8	48% (Moderate)
Quadrant IV (Low Priority/Low Performance) - These activities could be improved, but are of low priority. They may need little or no attention at this time.		
1. Monitor Health Status To Identify Community Health Problems	8	31% (Moderate)

CONSIDERATIONS FOR NEXT STEPS

The Department of Health's commitment to leading in the development of a **Public Health Performance Management Plan** is timely and provides opportunity to improve and better align the entire health care system.

The Local Public Health Systems (LPHS) tool and Priority Questionnaire clearly indicate several areas where the American Samoa health system can build capacity in serving the overall health needs of its residents and, ultimately, improving the community's health status.

While health care professionals surveyed perceive the current system functions adequately in some areas, such as health education, public health notification and enforcement, and linkage to services, significant attention is needed in other high priority areas, such as **data-driven planning, building community partnerships, and quality assurance monitoring**. The roots of many of these issues are perceived to be a lack of system wide planning, program and service evaluation, and accountability, particularly between federal agencies and local agencies/service organizations. Overall, improvements should aim at **better alignment of resources and priorities** across public health agencies and in coordination with community-based health services.

If you would like a soft copy of this report or the full CDC report, please email Lemala Thompson at lemalathompson@gmail.com.