

# Teton County's Local Public Health System Analysis

Conducted Fall 2014

An initial analysis of Teton County's Local Public Health System (LPHS) was conducted to collect information about how agencies within the LPHS interact and connect. In October 2014 an online data collection and analysis tool called "PARTNER tool" was sent to 48 agencies that make up the LPHS in Teton County, WY. (PARTNER tool was developed by Dr. Varda an Associate Professor at the School of Public Affairs, University of Colorado Denver.) Thirty of the 48 agencies responded to the survey (63%).

This is the first time that the LPHS has been examined in Teton County. The results from the survey provides a baseline network score for the Public Health System.

## Background

The system maps in the figures below indicate that the LPHS has a very integrated and connected network of agencies. These maps show that, currently, agencies in the LPHS are working together to provide resources, programs, and education to Teton County residents. These results provide insight to show where the LPHS can become even more interconnected to help reduce duplication of efforts, while ensuring that all residents can access public health programs to improve their overall health.

## Results

### *Coalition Density*

The "density" score or overall connectedness of the LPHS was 46.2%. To receive a density score of 100% every agency in the LPHS would need to be connected to every other agency. Increasing our density score is one strategy that can be used to strengthen our LPHS.

### *Degree Centralization*

The "degree centralization" score for the LPHS was 47.3%. The term degree centralization refers to how connected the agencies of the public health system are, as a whole. High scores in this area indicates that an agency is interconnected to many agencies in the LPHS.

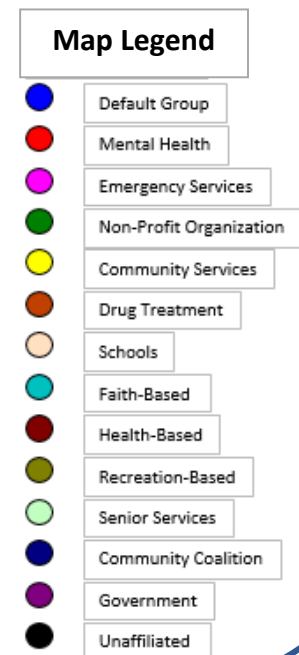
The “trust” score was 72.5% for the LPHS. This value indicates the level of trust among the agencies in the LPHS.

## Complete Network Map

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Figure1. Local Public Health System Network Map

A legend categorizing the types of LPHS agencies for all of the network maps.



### ***Cooperative Activities***

Figure 3 represents “cooperative activities” that occur between agencies in the LPHS. The survey tool describes the term cooperative activities as involving, exchanging information with, attending meetings with, and offering resources to partners. In Figure 3, thick lines on the network map indicate a strong working relationships between those agencies. Thin lines represent weaker ties between agencies. A weak tie indicates that agencies both work together and share resources less often. It should be noted that these agencies may be filling a specific niche to the community’s overall health.

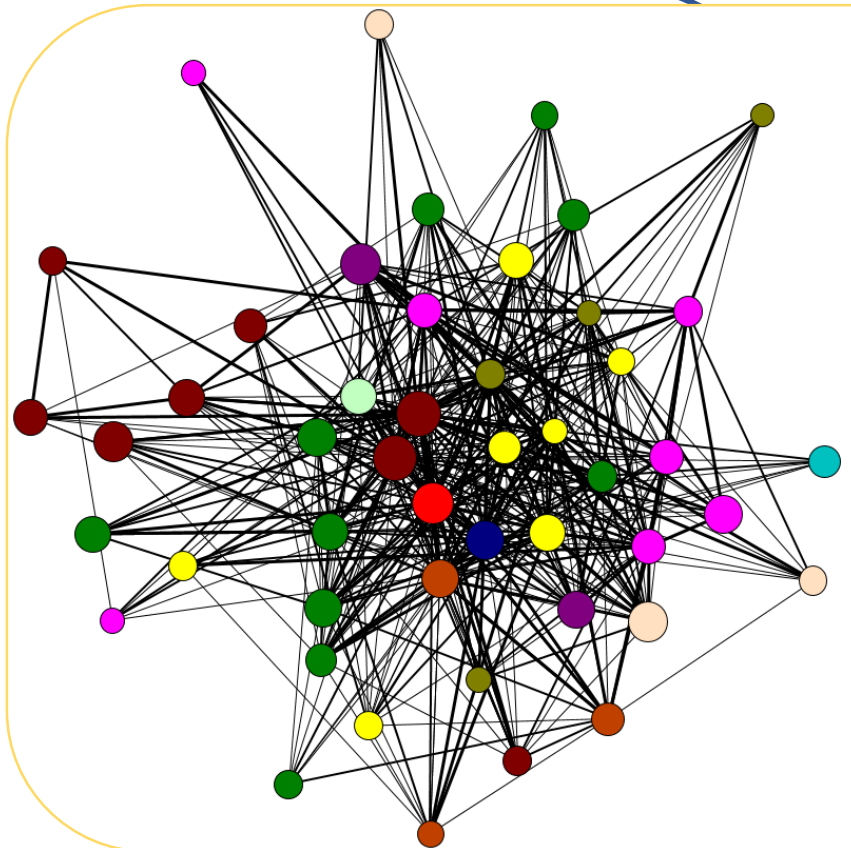


Figure 3. Cooperative Activity Network Map

### ***Coordinated Activities***

Figure 4 represents “coordinated activities” among the agencies in the LPHS. The survey tool defines coordinated activities as activities with the addition of intentional efforts to enhance each other’s capacity for the mutual benefit of programs. An example of coordinated activities occurs when separate grant programs share administrative processes. All agencies in the LPHS are involved in at least one coordinated activity.

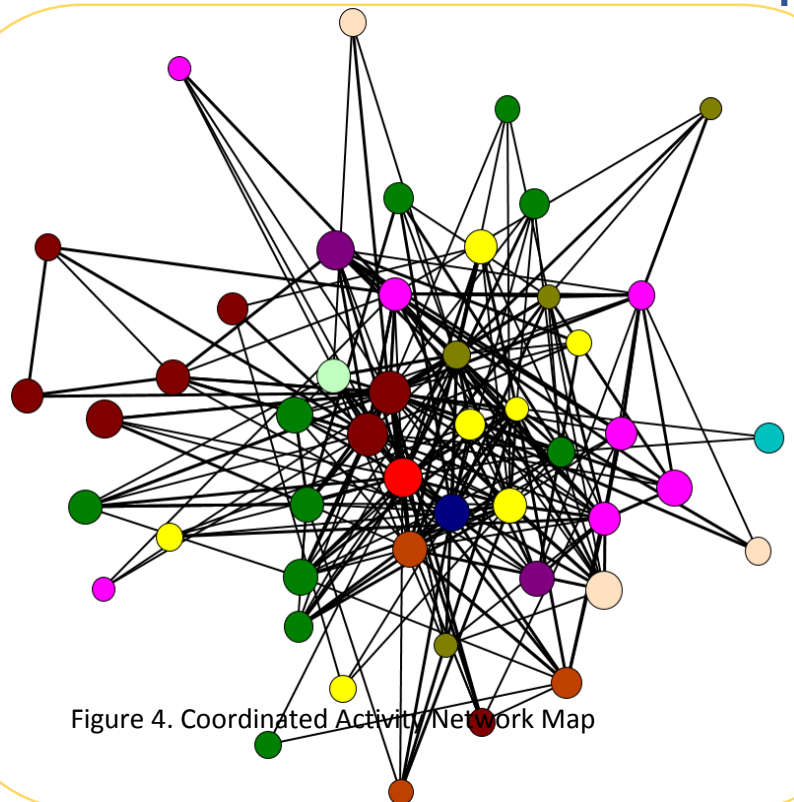


Figure 4. Coordinated Activity Network Map

### ***Integrated Activities***

Figure 5 represents the “integrated activities” in the LPHS. The survey tool defines integrated activities as cooperative and coordinated activities plus the act of using commonalities to create a unified center of knowledge and programming that supports work in related content areas. An example of this type of activity would be developing and utilizing shared priorities for funding effective prevention strategies.

### ***Value Scores***

Agency respondents were asked to rate how they value the other agencies’ power/influence, level of involvement, and resource contribution to the LPHS on a scale of one to four, with one equaling not at all and four equaling a great deal.

### ***Power/Influence***

The quality of power/influence was defined in the survey as, “the level at which an organization/program/department holds a prominent position in the community by being powerful, having influence, successful as a change agent, and showing leadership.” As seen in Figure 6, the average power/influence score was 2.9 out of a maximum score of 4. Twenty-two agencies in the LPHS received scores of a three or higher for level of power/influence.

### ***Level of Involvement***

The definition of level of involvement used in the survey was, “the degree to which an organization/ program/department is strongly committed and active in the partnership and gets things done.”

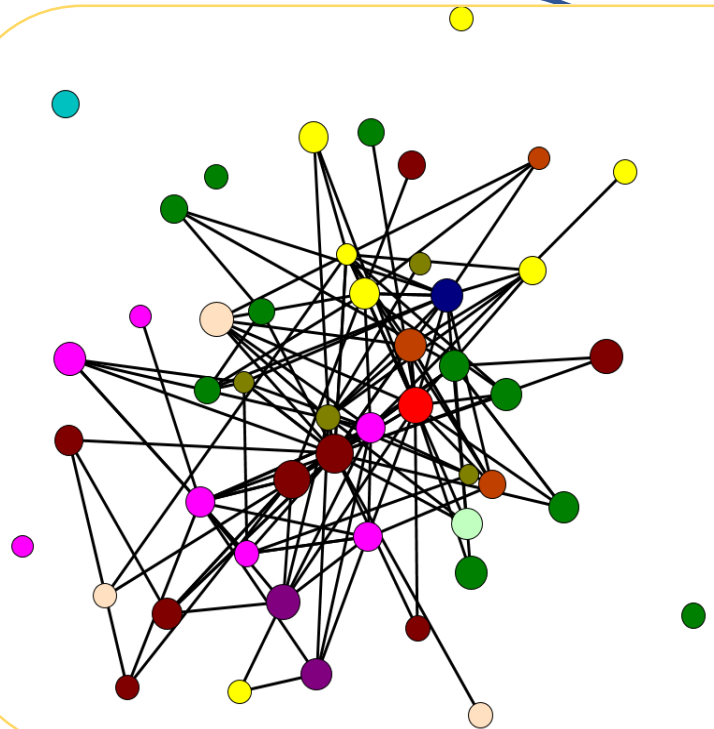


Figure 5. Integrated Activity Network Map

The average level of involvement score was also 2.9, as seen in Figure 7. Twenty three agencies in the local public health system received score of a 3 or higher.

### ***Resource Contribution***

Resource contribution was defined by the survey as, “the volume of resources an organization/program/department brings to the partnership like funding, information, or other resources.” The average resource contribution score was 2.78, as seen in Figure 8. Eighteen agencies received scores of over a 3 for resource contribution.

## Trust Scores

### Total Trust

The total trust score indicates the level of trust among the agencies in the LPHS. To determine “total trust” agencies were asked how reliable, how open to discussion, and how in support of their own mission statement other LPHS agencies are. The average total trust among agencies was 3.18, as seen in Figure 9. Thirty-five agencies received total trust scores of a 3 or higher.

## Connectivity Scores

### Relative Connectivity

“Relative connectivity” is described by the survey tool as an estimate of how much each member agency is theoretically benefiting by being part of the LPHS. This score is determined by three components: trust, value, and number of connections. The average score for agencies in the local public health system was 46%, as seen in Figure 10.

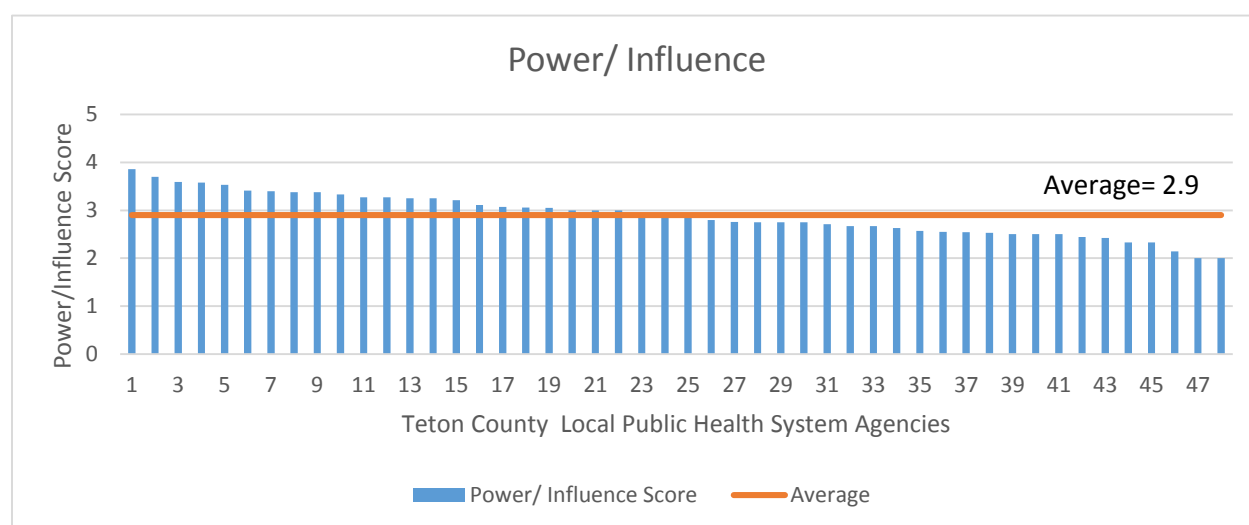


Figure 6. Power/Influence Scores of Teton County Local Public Health System Agencies.

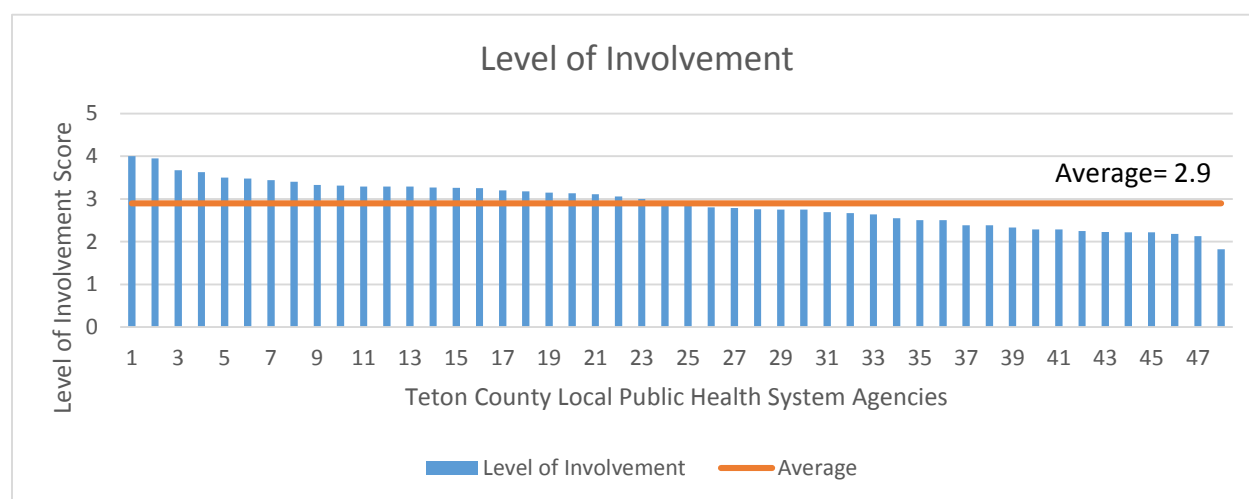


Figure 7. Level of Involvement Scores of Teton County Local Public Health System Agencies.

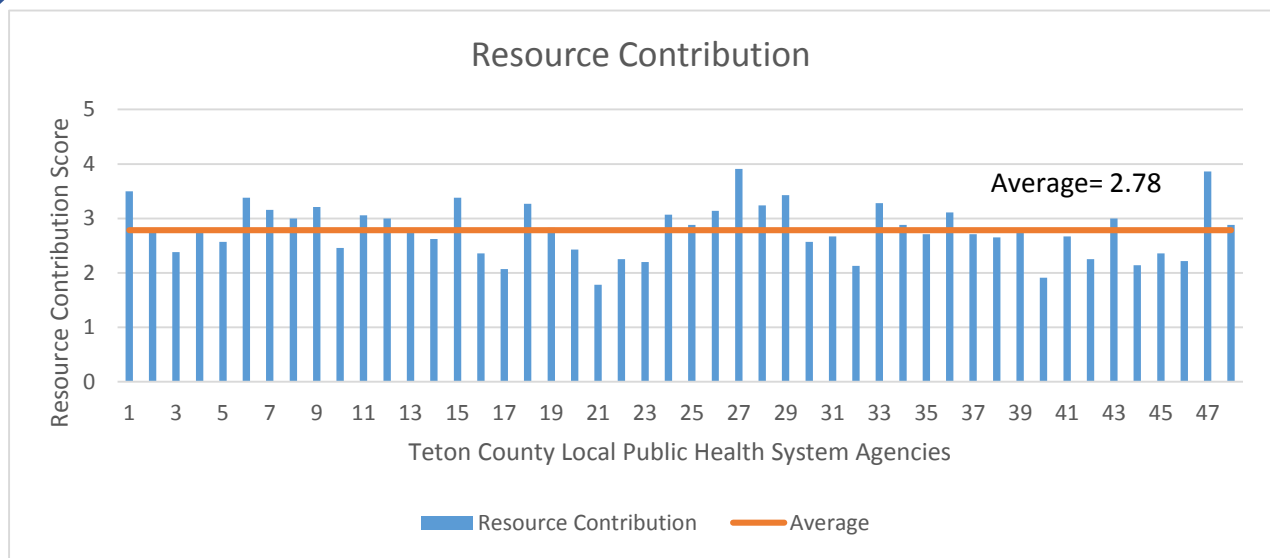


Figure 8. Resource Contribution Scores of Teton County Local Public Health System Agencies.

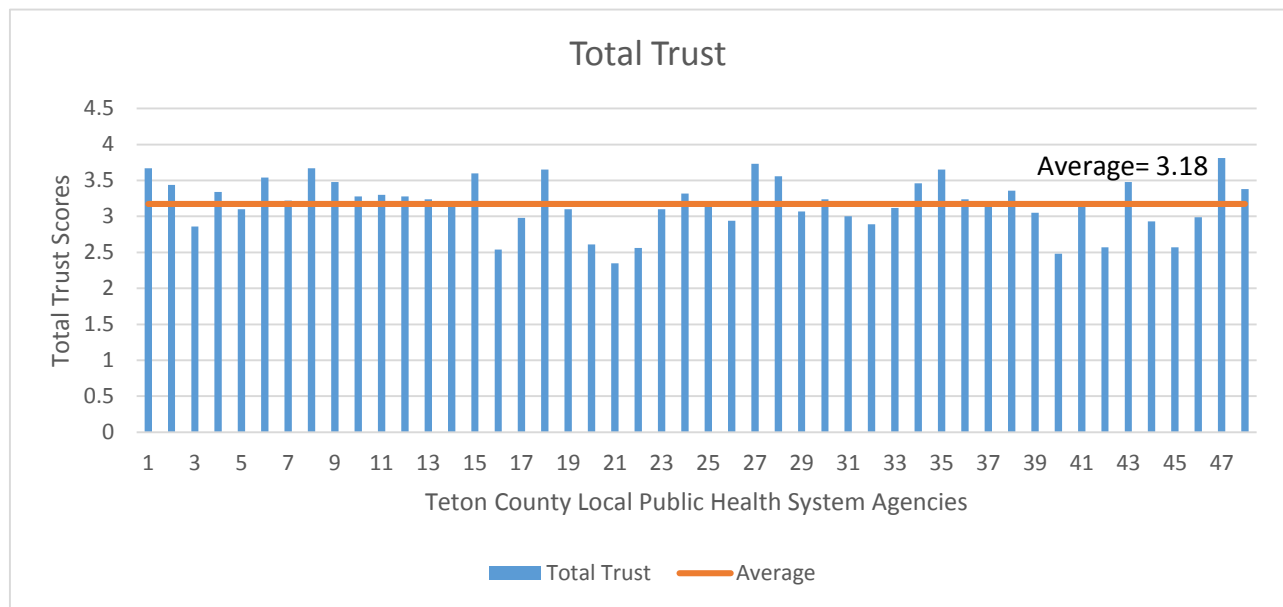


Figure 9. Total Trust Scores of the Teton County Local Public Health System Agencies.



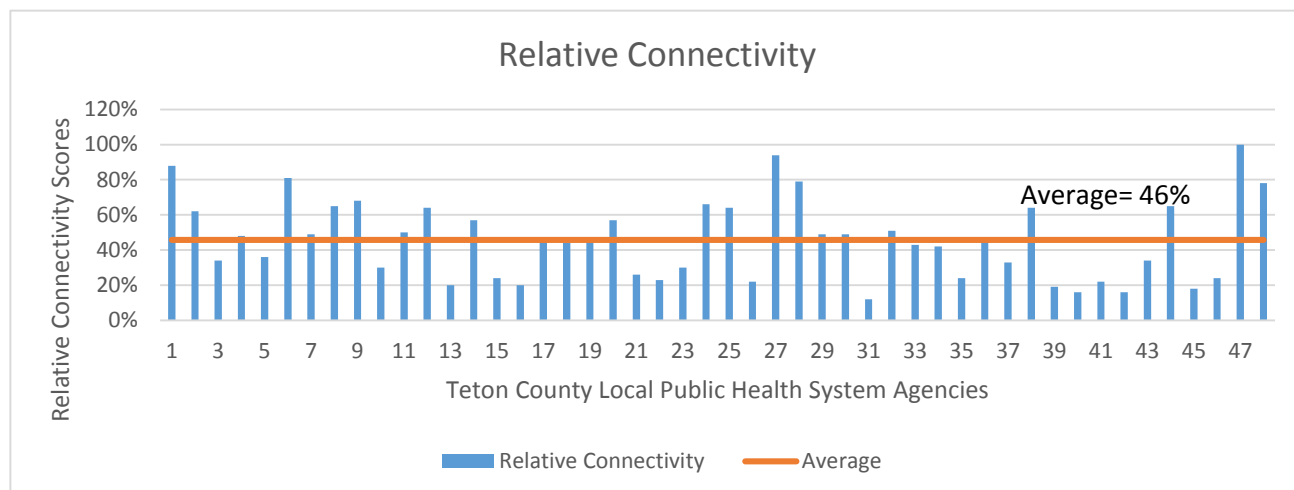


Figure 10. Relative Connectivity Scores of the Teton County Local Public Health System Agencies.

## Outcomes

### Current Outcomes

The survey tool asked respondents to identify the outcomes achieved by the LPHS, as seen in Figure 11. “Public awareness” received the greatest number of responses, followed closely by “health education services”, “health literacy”, “educational resources.”

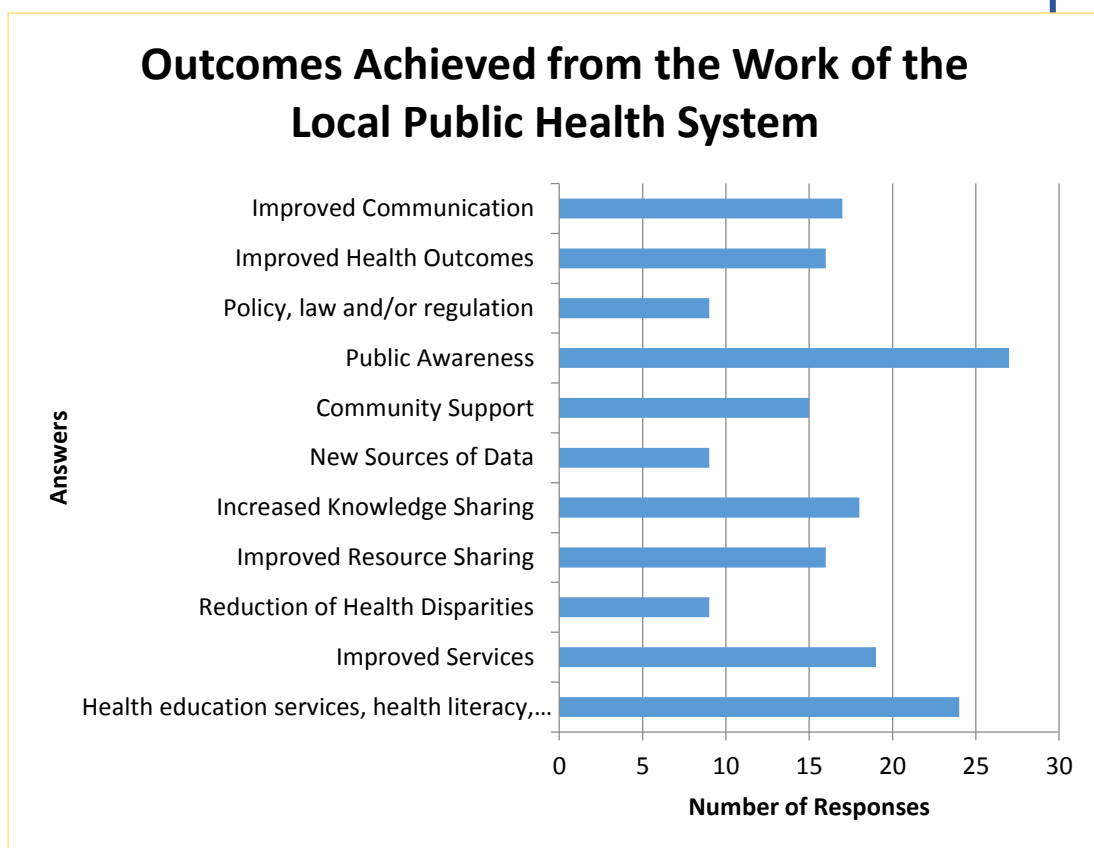


Figure 11. Outcomes Achieved From the Work of the Local Public Health System Agencies.

### ***Most Important Outcomes***

Respondents identified “improved health outcomes” as the most important outcome from the LPHS (see Figure 12). “Health education services, health literacy, and educational resources” were the next most chosen outcome.

### ***Aspects of Success***

The survey tool asked respondents which aspects of the LPHS contribute to its success (see Figure 13). “Bringing together diverse stakeholders” received the greatest number of responses, followed by “informal relationships created” and “exchanging information/knowledge.”

## **Most Important Outcome of the Local Public Health System**

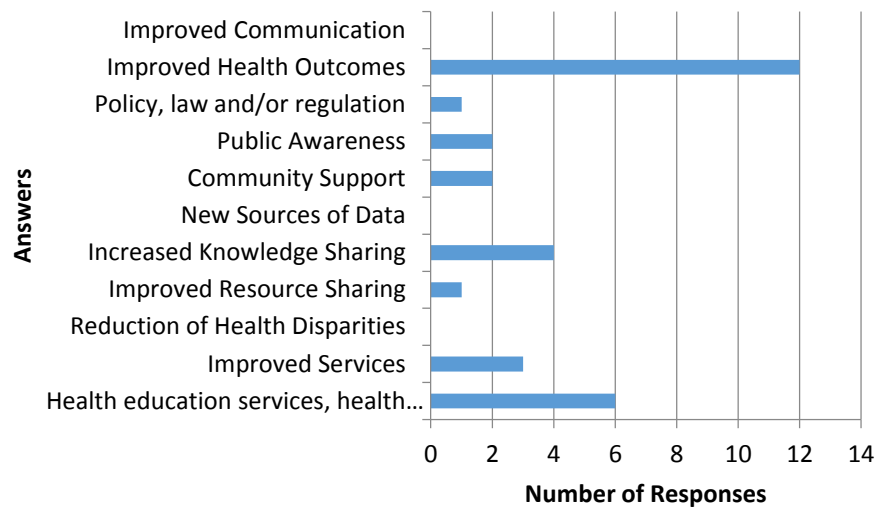


Figure 12. Most Important Outcome of the local Public Health System.

## **Aspects of the Local Public Health System that Contribute to its Success**

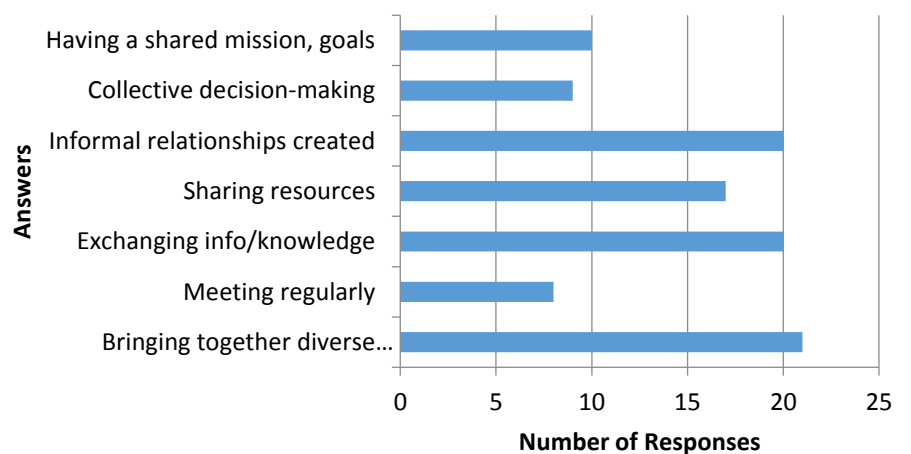


Figure 13. Aspects that Contribute to the Success of the Local Public Health System.



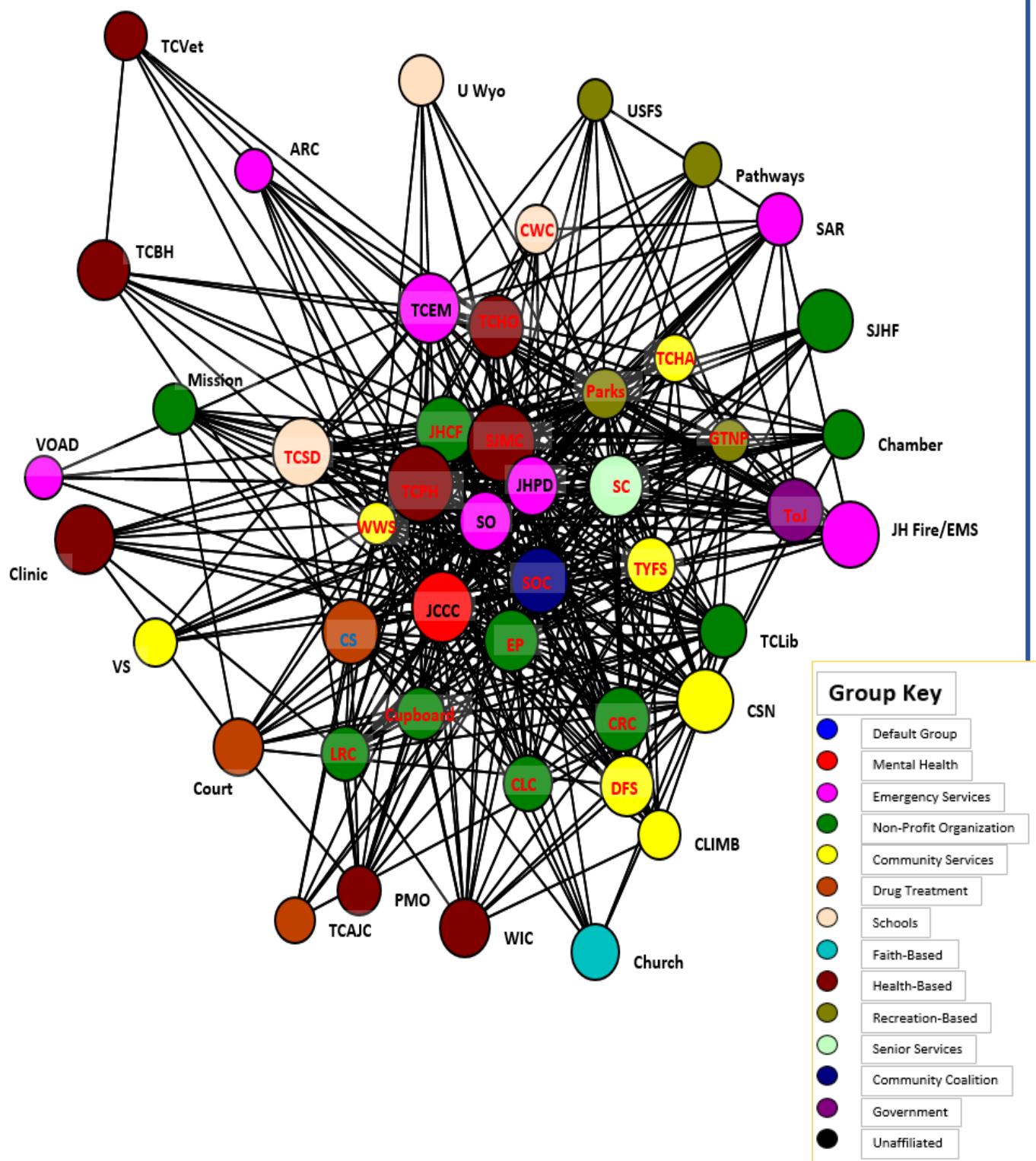
## Discussion

The Teton County Local Public Health System agencies do well working together and collaborating on different projects. The network maps support this conclusion by showing that all of the agencies are connected when looking at both cooperative and coordinated activities. There are only a few agencies that need to establish connections during integrated activities.

Overall the LPHS agencies have a high regard for each other, with the average total trust score being a 3.18.

Recommendations to improve the Teton County LPHS include: to continuing to work collaboratively together and reaching out to alternative agencies when new opportunities to collaborate arise.

## Appendix 1. Teton County Local Public Health System Map



## Appendix 2. List of Local Public Health System Agencies

American Red Cross	Teton County Search and Rescue
Central Wyoming College	Teton County School District
Children's Learning Center	Teton County Sheriff
CLiMB Wyoming	Teton County Vet
Community Resource Center	Town of Jackson
Community Safety Network	Teton Youth and Family Services
Curran Seeley	Senior Center of Jackson Hole
Department of Family Services	United States Forest Service
El Puente	University of Wyoming Extension
Episcopal Church	Victim Services
Food Cupboard	Volunteer Organizations Active in Disasters
Free Clinic	Women, Infants, and Children (WIC)
Good Samaritan Mission	Wyoming Workforce Services
Grand Teton National Park	
Jackson Hole Community Counseling Center	
Jackson Hole Community Foundation	
Jackson Hole Fire/EMS	
Jackson Hole Police	
Jackson Hole Wyoming Chamber of Commerce	
Latino Resource Center	
Prevention Management Organization	
St. John's Hospital Foundation	
St. John's Medical Center	
Systems of Care	
Teton County Access to Justice Center	
Teton County Board of Health	
Teton County Community Pathways	
Teton County Court Supervised Treatment Program	
Teton County Emergency Management	
Teton County Government	
Teton County Health Officer	
Teton County Housing Authority	
Teton County Library	
Teton County Parks and Recreation	
Teton County Public Health	

